

A meeting of the **Borders NHS Board** will be held on **Thursday, 29 June 2023** at **10.00am at Peebles Burgh Hall, High Street, Peebles, EH45 8AG.**

**AGENDA**

<b>Time</b>	<b>No</b>		<b>Lead</b>	<b>Paper</b>
<b>10.00</b>	<b>1</b>	<b>ANNOUNCEMENTS &amp; APOLOGIES</b>	Chair	<i>Verbal</i>
<b>10.01</b>	<b>2</b>	<b>REGISTER OF INTERESTS</b>	Board Secretary	Appendix-2023-35
<b>10.02</b>	<b>3</b>	<b>MINUTES OF PREVIOUS MEETING</b> 30.03.23	Chair	<i>Attached</i>
<b>10.03</b>	<b>4</b>	<b>MATTERS ARISING</b> Action Tracker	Chair	<i>Attached</i>
<b>10.05</b>	<b>5</b>	<b>STRATEGY</b>		
10.05	5.1	Borders Child Poverty Report	Director of Public Health	Appendix-2023-36
10.15	5.2	Children & young people's services plan 2023-26 and integrated children & young people's plan annual progress report 2022/23	Director of Nursing, Midwifery & AHPs	Appendix-2023-37
10.20	5.3	Mainstreaming Report	Director of Public Health	Appendix-2023-38
10.25	5.4	Scottish Borders Health & Social Care Partnership Strategic Framework 2023-2026	Director of Planning & Performance	Appendix-2023-39
10.30	5.5	Scottish Borders Health & Social Care Integration Joint Board Directions	Director of Planning & Performance	Appendix-2023-40
<b>10.35</b>	<b>6</b>	<b>FINANCE AND RISK ASSURANCE</b>		
10.35	6.1	Resources & Performance Committee minutes: 02.03.23	Board Secretary	Appendix-2023-41
10.36	6.2	Endowment Fund Board of Trustees minutes: 06.02.23, 13.03.23	Board Secretary	Appendix-2023-42
10.37	6.3	Audit Committee minutes: 12.12.22, 27.03.23	Board Secretary	Appendix-2023-43

10.38	6.4	Audit & Risk Committee Chair Update Report	Audit Committee Chair	Appendix-2023-44
10.40	6.5	Finance Report	Director of Finance	Appendix-2023-45
10.45	6.6	Annual Report & Accounts <i>(In line with legislation restricted to Board members only)</i>	Director of Finance	Appendix-2023-47 <i>To Follow Withdrawn</i>
10.50	6.7	External Annual Audit Report <i>(In line with legislation restricted to Board members only)</i>	Director of Finance	Appendix-2023-48 <i>To Follow Withdrawn</i>
10.55	6.8	Endowment Annual Accounts <i>(In line with legislation restricted to Board members only)</i>	Director of Finance	Appendix-2023-49 <i>To Follow Withdrawn</i>
11.00	6.9	Private Patients Funds Annual Accounts <i>(In line with legislation restricted to Board members only)</i>	Director of Finance	Appendix-2023-50 <i>To Follow Withdrawn</i>
11.05	6.10	Audit Committee Assurance Report <i>(In line with legislation restricted to Board members only)</i>	Audit Committee Chair	Appendix-2023-46 <i>To Follow Withdrawn</i>
<b>11.10</b>	<b>7</b>	<b>QUALITY AND SAFETY ASSURANCE</b>		
11.10	7.1	Clinical Governance Committee minutes: 16.01.23, 22.03.23	Board Secretary	Appendix-2023-51
11.11	7.2	Quality & Clinical Governance Report	Director of Quality & Improvement	Appendix-2023-52
11.21	7.3	Healthcare Associated Infection – Prevention & Control Report	Director of Nursing, Midwifery & AHPs	Appendix-2023-53
11.31	7.4	Pharmacy Aseptic Service	Medical Director	Appendix-2023-54
<b>11.35</b>	<b>8</b>	<b>ENGAGEMENT</b>		
11.35	8.1	Staff Governance Committee minutes: 08.12.22	Board Secretary	Appendix-2023-55
11.36	8.2	Public Governance Committee minutes: 01.02.23	Board Secretary	Appendix-2023-56
11.37	8.3	Area Clinical Forum Minutes: 24.01.23	Board Secretary	Appendix-

				2023-57
11.38	8.4	Industrial Action	Director of HR, OD, & OH&S	Verbal
11.40	8.5	Whistleblowing Annual Report 2022/23	Director of HR, OD, & OH&S	Appendix-2023-58
11.45	8.6	Involving People Framework	Director of Planning & Performance	Appendix-2023-59
<b>11.50</b>	<b>9</b>	<b>PERFORMANCE ASSURANCE</b>		
11.50	9.1	NHS Borders Performance Scorecard	Director of Planning & Performance	Appendix-2023-60
<b>11.57</b>	<b>10</b>	<b>GOVERNANCE</b>		
11.57	10.1	Consultant Appointments	Director of HR, OD & OH&S	Appendix-2023-61
11.58	10.2	Board Committee Memberships	Chair	Appendix-2023-62
11.59	10.3	Scottish Borders Health & Social Care Integration Joint Board minutes: 01,02,23, 15.03.23, EO 19.04.23	Board Secretary	Appendix-2023-63
<b>11.59</b>	<b>11</b>	<b>ANY OTHER BUSINESS</b>		
<b>12.00</b>	<b>12</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
		Thursday, 5 October 2023 at 9.00am at <b>Kelso Town Hall, Kelso.</b>	Chair	<i>Verbal</i>

**THE BOARD WILL RECONVENE IN PRIVATE  
FOR MATTERS OF RESERVED BUSINESS**



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Register of Interests</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Karen Hamilton, Chair</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 1 Purpose

**This is presented to the Board for:**

- Decision

**This report relates to a:**

- Government policy/directive

**This aligns to the following NHSScotland quality ambition(s):**

- Person Centred

## 2 Report summary

### 2.1 Situation

2.1.1 The purpose of this report is to include the revised declarations of interest for Dr Lynn McCallum and Mr Tris Taylor in the formally constituted NHS Borders annual Register of Interests as required by Section B, Sub Section 4, of the Code of Corporate Governance.

### 2.2 Background

2.2.1 In accordance with the Board's Standing Orders and with the Standards Commission for Scotland Guidance Note to Devolved Public Bodies in Scotland, members are required to declare annually any private interests which may be material and relevant to NHS business.

### 2.3 Assessment



The Register of Interests is made up of details received from members regarding any private interests which may be material and relevant to NHS business and constitute the Register of Interests.

The Register is made publicly available both through the NHS Borders website and on request, from the Board Secretary, NHS Borders, Headquarters, Education Centre, Borders General Hospital, Melrose TD6 9BD.

### **2.3.1 Quality/ Patient Care**

Not applicable.

### **2.3.2 Workforce**

Not applicable.

### **2.3.3 Financial**

Not applicable.

### **2.3.4 Risk Assessment/Management**

Regulatory requirement.

### **2.3.5 Equality and Diversity, including health inequalities**

An HIA is not required for this report.

### **2.3.6 Climate Change**

Not applicable

### **2.3.7 Other impacts**

Not applicable

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 Route to the Meeting**

Not applicable.

## **2.4 Recommendation**

The Board is asked to **approve** the inclusion of the revised declarations of interests for Dr Lynn McCallum and Mr Tris Taylor in the Register of Interests.

## **3 List of appendices**

The following appendices are included with this report:


- Appendix No 1, Declaration of Interests Dr Lynn McCallum
- Appendix No 2, Declaration of Interests Mr Tris Taylor

**Register of Interests of Board Members**

This register has been drawn up in accordance with the Standards Commission for Scotland, Standards in Public Life: Model Code of Conduct for Members of Devolved Public Bodies.

Board Member: DR LYNN McCALLUM (*please insert your full name in capital letters*)

<b>Registerable Interest</b>	<b>Members Interest</b>
<p><b>Remuneration</b> Remuneration by virtue of being</p> <ul style="list-style-type: none"> <li>• employed or self employed</li> <li>• the holder of an office</li> <li>• a director of an undertaking</li> <li>• a partner in a firm</li> <li>• undertaking a trade, profession or vocation or any other work</li> <li>• allowances in relationship to membership of an organisation</li> </ul>	N/A
<p><b>Related undertakings</b> Any directorships held which are not themselves remunerated, but where the company (or other undertaking) in question is a subsidiary of, or a parent company of, a company (or other undertaking) for which a remunerated directorship is held.</p>	N/A
<p><b>Contracts</b> Any contract between NHS Borders and the member or a firm in which the member is a partner, or an undertaking in which the member is a director or has shares (as described below), under which goods or services are to be provided or works executed, which has not been fully discharged.</p>	N/A
<p><b>Houses, land and buildings</b> Any right or interest owned by the member in houses, land or buildings which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders</p>	N/A
<p><b>Shares and securities</b> Any interest in shares which constitute a holding in a company or organisation which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders and the nominal value of the shares is; greater than 1% of the issued share capital of the company or other body; greater than £25k.</p>	N/A
<p><b>Gifts and hospitality</b> Any relevant gifts or hospitality received by the member or the members spouse or cohabitee, company or partnership.</p>	N/A
<p><b>Non financial interests</b> Any non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders, such as membership or holding an office in other public bodies, clubs, societies and organisations, such as trade unions and voluntary organisations.</p>	Member of the BMA (British Medical Association)

Signed 

Date 24 April 2023

**Register of Interests of Board Members**

This register has been drawn up in accordance with the Standards Commission for Scotland, Standards in Public Life: Model Code of Conduct for Members of Devolved Public Bodies.

Board Member: TRIS TAYLOR..... *(please insert your full name in capital letters)*

<b>Registerable Interest</b>	<b>Members Interest</b>
<p><b>Remuneration</b> Remuneration by virtue of being</p> <ul style="list-style-type: none"> <li>• employed or self employed</li> <li>• the holder of an office</li> <li>• a director of an undertaking</li> <li>• a partner in a firm</li> <li>• undertaking a trade, profession or vocation or any other work</li> <li>• allowances in relationship to membership of an organisation</li> </ul>	Employed by Keltbray
<p><b>Related undertakings</b> Any directorships held which are not themselves remunerated, but where the company (or other undertaking) in question is a subsidiary of, or a parent company of, a company (or other undertaking) for which a remunerated directorship is held.</p>	Nil
<p><b>Contracts</b> Any contract between NHS Borders and the member or a firm in which the member is a partner, or an undertaking in which the member is a director or has shares (as described below), under which goods or services are to be provided or works executed, which has not been fully discharged.</p>	Nil
<p><b>Houses, land and buildings</b> Any right or interest owned by the member in houses, land or buildings which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders</p>	Nil
<p><b>Shares and securities</b> Any interest in shares which constitute a holding in a company or organisation which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders and the nominal value of the shares is; greater than 1% of the issued share capital of the company or other body; greater than £25k.</p>	Nil
<p><b>Gifts and hospitality</b> Any relevant gifts or hospitality received by the member or the members spouse or cohabitee, company or partnership.</p>	Nil
<p><b>Non financial interests</b> Any non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of NHS Borders, such as membership or holding an office in other public bodies, clubs, societies and organisations, such as trade unions and voluntary organisations.</p>	Nil

Signed ..... 

Date ...16.06.23.....

Minutes of a meeting of the **Borders NHS Board** held on Thursday 30 March 2023 at 10.00am in the Volunteer Hall, Galashiels.

**Present:**

- Mrs K Hamilton, Chair
- Mrs H Campbell, Non Executive
- Mr J Ayling, Non Executive
- Dr K Buchan, Non Executive
- Mr J McLaren, Non Executive
- Mr R Roberts, Chief Executive
- Mr A Bone, Director of Finance
- Dr L McCallum, Medical Director
- Mrs S Horan, Director of Nursing, Midwifery & AHPs

**In Attendance:**

- Miss I Bishop, Board Secretary
- Mrs J Smyth, Director of Planning & Performance
- Mr A Carter, Director of HR, OD & OH&S
- Mr G Clinkscale, Director of Acute Services
- Mrs L Jones, Director of Quality & Improvement
- Mr S Whiting, Infection Control Manager
- Dr K Allan, Associate Director of Public Health
- Mrs C Oliver, Head of Communications & Engagement

## **1. Apologies and Announcements**

- 1.1 Apologies had been received from Cllr D Parker, Non Executive, Mrs F Sandford, Non Executive, Mrs L O'Leary, Non Executive, Ms S Lam, Non Executive, Mr T Taylor, Non Executive, Dr S Bhatti, Director of Public Health, Dr J Bennison, Associate Medical Director BGH, Dr A Cotton, Associate Medical Director MH&LD, Dr T Young, Associate Medical Director P&CS and Mr C Myers, Chief Officer Health & Social Care.
- 1.2 The Chair welcomed a range of attendees to the meeting, including members of the public and press.
- 1.3 The Chair confirmed the meeting was quorate.
- 1.4 The Chair commented that in an attempt to be more inclusive the Board would be meeting in person at a range of venues across the region.

## **2. Declarations of Interests**

- 2.1 The Chair reminded the Board that the declarations of interest for Mr John McLaren had been circulated on Friday for inclusion in the register.

- 2.2 The Chair asked that the declarations for Mr Tris Taylor be withdrawn whilst a matter was clarified. A new declaration would then be submitted to the next Board meeting for inclusion in the register.
- 2.3 The Chair sought any verbal declarations of interest pertaining to items on the agenda

The **BOARD** approved the Register of Interests.

### **3. Minutes of the Previous Meeting**

- 3.1 The minutes of the previous meeting of Borders NHS Board held on 2 February 2023 were approved.

### **4. Matters Arising**

- 4.1 **Action 2022-1:** Mr Andrew Bone commented that not all of the implications of the PCIP were built into the Financial Plan. Mr Ralph Roberts commented that the action was closed in terms of the TUPE issue, however funding of the delivery of the PCIP remained a significant risk to the organisation.
- 4.2 The Chair noted the original point was closed and asked that the risk be added to the Strategic Risk Register and a new action be formed for the Board to monitor the Strategic Risk in regard to the PCIP.
- 4.3 **Action 2023-1:** Mrs June Smyth advised that health inequalities appeared in the Terms of Reference of the Public Governance Committee and suggested the item be marked as complete.
- 4.4 **Action 2023-2:** Mrs Laura Jones commented that the action remained “in progress”. She intended to bring a paper to the June Board meeting that linked adverse event reporting and staff concerns.

The **BOARD** noted the Action Tracker and agreed to close actions 2022-1 and 2023-1.

### **5. NHS Borders Pharmaceutical Care Services Plan Update**

- 5.1 Dr Lynn McCallum commented that as agreed with the Board in 2021, the Pharmaceutical Care Services Plan (PCSP) was approved for 3 years with an annual update to be brought to the Board in March/April. The report before the Board contained an updated Action Plan and there had been no further updates to the full PCSP.
- 5.2 The Action Plan had been updated by the Pharmacy Senior Management Team, with actions completed in 2022/23 and others expected to be achieved in 2023/24. The PCSP was a statutory plan which evaluated the current service provision, identified any gaps and supported any future decision making process on any future application for a new community pharmacy in the Scottish Borders. A fully revised Pharmaceutical Care Services Plan will be formulated for the next 3 year period 2024-27 by Malcolm Clubb, Lead Pharmacist Community Pharmacy.

- 5.3 Mrs Harriet Campbell commented that the Lloyds Pharmacy group appeared to be selling a lot of their buildings and she enquired about the impact on the Scottish Borders. Dr McCallum advised that she would ask Mrs Alison Wilson for an update to be emailed to the Board.
- 5.4 Mr Andrew Bone suggested it should be entered on to the risk register in terms of the level of impact on primary care services.
- 5.5 Mr James Ayling enquired if Pharmacy First plus had been a successful initiative. Dr McCallum commented that GPs provided the support and training of advance practice roles in Community Pharmacies. The roles were based on people electing to be trained and given the sparsity of practices across the Borders those roles were not currently taking any significant activity from GPs.
- 5.6 Mrs Campbell commented that a number of matters were to have been completed in 2021/22 but remained outstanding and she enquired if they were still being progressed. Dr McCallum advised that she would seek an update from Mrs Wilson for the Board.

The **BOARD** noted the report.

## **6. Resources & Performance Committee minutes: 19.01.23**

The **BOARD** noted the minutes.

## **7. Endowment Fund Board of Trustees minutes: 03.10.22**

The **BOARD** noted the minutes.

## **8. Financial Plan 2023-24**

- 8.1 Mr Andrew Bone provided an overview on the content of the paper and highlighted several points including: the requirement to breakeven and if unable to the need to prepare a financial recovery plan; the status of the Board at stage 3 of the performance escalation framework for financial sustainability; the increase to the Board's recurrent deficit from £13.1m at the end of March 2020 to £23.6m at the end of March 2023; further increase to this deficit to a projected outturn position of £30.4m at end of March 2024 before savings; planned recurring savings of £20m over 3 years; actions required to deliver those savings; and net forecast position of £20-£25m gap per year over the next 3 years.
- 8.2 Dr Lynn McCallum commented that he Medicines Resource Group were focused on the cost of drugs and the potential to use cheaper alternatives where appropriate. However, the resource to physically make those substitutions was not always available.
- 8.3 Further discussion focused on: the process of communicating to patients about a move from one drug to another; ScriptSwitch prescribing; values based medicine and polypharmacy; ensuring primary drivers were about improving care and any financial savings were a consequence of that; talk of waste and value lands better with people than talking about savings; discussions with the Scottish Government

and NHS Scotland in regard to the prescribing of extremely high cost drugs; and public messaging.

- 8.4 Mr Ralph Roberts reminded the Board that at the point of agreeing the financial plan the Board needed to understand that it was agreeing a financial plan that did not balance and was not in line with the Boards' accountabilities. It was possible that the Scottish Government would require the Board to revise the plan to reach a balanced position.
- 8.5 Mr James Ayling enquired about the realism of the savings and if any scenario planning had been undertaken for "what ifs". Mr Bone confirmed that the sensitivities of key variables were explored.
- 8.6 In terms of the NHS Scotland capital programme Mr Bone highlighted that: it had been paused for at least 6 months and potentially 12 months; the programme was over subscribed; any cases not already progressing then went into a queue; Boards were expected to bring forward their updated property strategies to describe capital requirements for the next 20-30 years; and locally there were existing commitments for the next 12 months to mitigate risks and complete a small number of specific projects which utilised all available resources during that period.

The **BOARD** approved the Medium Term Financial Plan in order to meet its requirement to set the annual budget for the Board.

Given the financial position outlined in the plan did not meet the requirements outlined by the Scottish Government, the **BOARD** approved version 2.1 of the Financial Recovery Plan (Annex 1) and sought a further update of the document at the end of Quarter One.

## **9. Provision of resources to the Scottish Borders Integration Joint Board**

- 9.1 Mr Andrew Bone advised the Board that the provision of resources to the Integration Joint Board (IJB) was a requirement within the Scheme of Integration. As the NHS Borders financial plan did not balance, neither did the budgetary offer to the IJB. He highlighted that there were legacy savings of £5m that remained outstanding for the IJB as well as further savings required to finance the investments outlined in the plan. Negotiations were taking place with the Chief Financial Officer of the IJB in regard to the budget offered and relevant savings targets. Further to this he advised that there was a level of unallocated savings which remained held by the Board and for which an element was likely to relate to the IJB; the allocation of those savings to business units and the IJB was deferred to future years.
- 9.2 The Chair recalled that prior to the pandemic, conversations had commenced on how savings targets would be delegated out, but with the onslaught of the pandemic those conversations had been suspended along with all savings targets.
- 9.3 Further discussion focused on: inefficiencies and waste; policy direction to shift activity from acute to primary care; reasonable financial offer to the IJB from Scottish Borders Council; drivers to the problem, accountability and resolution; initial budget offer made by the end of March and a final financial budget agreed by the end of June; and a dispute resolution procedure was in place if required.



The **BOARD** approved the Initial Budget offer to the Scottish Borders Integrated Joint Board, noting that further work would be undertaken to set a Final Budget by the end of June 2023.

## **10. Finance Report**

10.1 Mr Andrew Bone provided an overview of the report and highlighted that after 11 months the Board was reporting a £12.5m overspend against a year end forecast of £12.2m. A number of actions were being progressed to bring the position in line with the forecast position.

The **BOARD** noted that the Board is reporting an overspend of £12.50m for eleven months to end of February 2023.

The **BOARD** noted the position reported in relation to COVID-19 expenditure and how that expenditure had been financed.

The **BOARD** noted the financial performance expectation set out by the Scottish Government following the Board's Quarter One Review was that the board achieve an outturn performance in line with the Financial Plan (£12.2m deficit), and although there was a variation from that outturn last month, the Board was now expecting to achieve an outturn of £12.2m deficit.

The **BOARD** noted progress against the actions described within the Financial Recovery Plan submitted to Scottish Government in November.

## **11. Clinical Governance Committee minutes: 09.11.22**

The **BOARD** noted the minutes.

## **12. Quality & Clinical Governance Report**

12.1 Mrs Laura Jones provided an overview of the content of the report and highlighted: the Clinical Governance Committee were exploring a heightened level of risk of clinical pressures across the system; nurse staffing plan and continued pressure; medical workforce hotspots included dermatology, haematology, psychiatry; introduction of Miller House; opening of Borders View; multi agency discharge event held; deep dive point of prevalence of all patients across the system within interim care beds and the results revealed that 39% of people were in the wrong place with equated to 197 people and that was fundamental to workforce and demand issues; mortality remained within normal limits; continuing to review covid deaths; and pressure damage change in profile.

12.2 Dr Lynn McCallum commented on the vulnerability of particular services in relation to the medical workforce and that she was seeking national and regional solutions where possible. Although other Health Boards had the same issues with certain specialty services.

12.3 Mr Andy Carter enquired about the potential for using artificial intelligence (AI) to resolve some of the service issues. Dr McCallum commented that AI was already used in dermatology services in some other areas and it was likely that NHS

Borders would also move to that solution. She suggested AI might be utilised for more services that were not acute hospital dependent.

- 12.4 Mr Gareth Clinkscale commented that work was being taken forward with the Centre for Sustainable Delivery to look at IA and the dermatology service. He advised that one fifth of the total patients awaiting outpatient appointments were dermatology cases. In terms of radiology services, some external provision had been put in place as well as work with NHS Lothian at the weekends to protect cancer waiting times. In acute each service was risk assessing its self to see how sustainable it was and then a workforce map would be produced to cover the next 3 years.
- 12.5 Mrs Sarah Horan commented that in regard to nurse staffing there was an opportunity through education environments to encourage students to move into nursing. The international nurse recruitment initiative had been a success and there were now staff from other areas of the UK keen to move to the Borders. She highlighted the shortage of suitable accommodation locally as a key risk to nurse and medical recruitment.
- 12.6 Mr Carter commented that discussions were taking place with Housing Associations to secure accommodation for health workers in both the short and longer term.

The **BOARD** noted the report.

### **13. Infection Prevention & Control Report**

- 13.1 Mr Sam Whiting provided an overview of the content of the report and drew the attention of the Board to: page 11 section 10 outbreaks, since the last meeting there had been 8 strains of covid across the Borders and now there was 1 dominant strain across Scotland; there were 11 multi bedded rooms closed across 6 locations and 2 were in community hospitals; section 6 hand hygiene, the educational session held with domestic services staff had taken place on 8 March and was well attended; para 6.8 the planned audit activity had been postponed due to the focus given to outbreak management; there were plans to resume quality improvement activity focusing on education when capacity allowed; and world hand hygiene day.
- 13.2 The Chair enquired if it was right that on occasion it was better to wash your hands than use gloves. Mrs Sarah Horan confirmed that there were some situations where hand washing was more appropriate. The over use of gloves was a covid legacy in a negative way and the Infection Control Team were addressing it.
- 13.3 Mrs Laura Jones commented that the Clinical Governance Committee had considered a detailed paper on the organisations estate in relation to infection control.

The **BOARD** noted the report.

### **14. Staff Governance Committee minutes: 28.10.22**

The **BOARD** noted the minutes.

### **15. Public Governance Committee minutes: 10.11.22**

The **BOARD** noted the minutes.

## **16. Area Clinical Forum Minutes: 29.11.22**

The **BOARD** noted the minutes.

## **17. NHS Borders Performance Scorecard**

- 17.1 Mrs June Smyth provided an overview of the content of the report and drew the attention of the Board to several issues including: as the meeting had been brought forward a week not all of the narrative sections had been updated; the previous request of building in health protection data was being progressed with public health colleagues; the update on delayed discharges had been received after the reports had been released but would be circulated to Board members for information.
- 17.2 Mr Gareth Clinkscale drew the attention of the Board to: the significant improvement in diagnostic waiting times which had reduced from 1800 to just over 900; external radiology and external endoscopy; the January cancer position and continued trend of 62 day performance; focusing in on patients that did not meet their pathways; resilience for the cancer waiting times plan over the year; submitted waiting times sets funding and trajectories and waiting on the confirmation of funding; and the backlog to stabilise and absorb extra patients that move onto the list.
- 17.3 The Chair enquired if the shortages in haematology and dermatology would impact on waiting times. Mr Clinkscale commented that there would be no impact on haematology, however in regard to dermatology there was a high risk as out of 1500 patients, 300 were waiting on a dermatology appointment. He advised that whilst there was a workforce plan being worked up to move to a nurse led model, regional conversations were being pursued.

The **BOARD** noted performance as at the end of February 2023.

## **18. Code of Corporate Governance Sectional Update**

- 18.1 Miss Iris Bishop advised that the report was a sectional update to the Code of Corporate Governance (CoCG) as recommended to the Board following review by the Audit Committee. She highlighted 2 specific points being, an action from the Audit Committee held on 12 December 2022 to include definitions in the Introduction section into alphabetical order. That action had been completed and would be in the final version uploaded to the website, however the section in the pack was from that December Audit meeting so it was not in alphabetical order.
- 18.2 Secondly the Audit Committee had met earlier in the week and had discussed the title of that Committee having looked at the second Blueprint for Good Governance and she invited Mr James Ayling to provide some feedback to the Board on that discussion.
- 18.3 Mr Ayling commented that the Blueprint referred to the "Audit & Risk Committee" and in order to align the Audit Committee to the Blueprint the Committee was keen to ask that the Board confirm it was content to agree that new title with immediate effect.

The **BOARD** approved the updated Introduction Section and Section A of the Code of Corporate Governance.

The **BOARD** approved the renaming of the Audit Committee to the Audit & Risk Committee.

## **19. Blueprint for Good Governance Update**

- 19.1 Miss Iris Bishop advised the Board that the second edition of the Blueprint for Good Governance was published on 23 December 2022 and was presented to the Board for information. An information sharing session was being held on 26 April hosted by the Scottish Government to explain the second edition of the Blueprint and several members of the Board would be attending that event. A few items had already been identified that would require attention over the coming months such as the change in title of the Audit Committee.
- 19.2 Miss Bishop explained that a self assessment against the second edition Blueprint would be issued to all Boards by the Scottish Government over the summer period through an online survey. She further commented that the action plan from the first Blueprint was complete and attached for formal approval by the Board of its completion status.
- 19.3 The Chair commented that the second edition Blueprint had been well received by all of the Health Boards and had been through several iterations before its final format which was to emphasise a once for Scotland approach to governance across NHS Scotland.
- 19.4 Mrs Harriet Campbell enquired if the information sharing session would be recorded. Miss Bishop confirmed that it would and that she would share the recording as soon as it was available.

The **BOARD** noted the report.

The **BOARD** formally approved the action plan from the first edition of the Blueprint as complete.

## **20. Board Committee Memberships**

- 20.1 Miss Iris Bishop set out the changes to the committee memberships since the last version presented to the Board on 1 December 2022.
- 20.2 The Chair commented that it was a moveable feast with an increased number of requirements and expectations placed on Non Executives. She advised that Chairs continued to debate the demands placed on and the remuneration levels of Non Executives.
- 20.3 Mr Andrew Bone commented that at the last Counter Fraud update it had been suggested that the Counter Fraud Champion role should be undertaken by a Non Executive. That was not the case in all Boards and he flagged that it could be a request in the future.

- 20.4 The Chair advised that Childrens Services were also now looking for a champion from the Non Executive cohort.
- 20.5 Mr James Ayling enquired how the role of a champion was measured and the Chair advised that it was not an exact science.

The **BOARD** formally approved the attendance of Harriet Campbell at the Organ Donation Committee and recognise Lucy O'Leary as the Digital Champion.

## **21. Consultant Appointments**

- 21.1 Dr Lynn McCallum commented that in regard to the challenges in respiratory medicine she was delighted that a trainee consultant had chosen to come to NHS Borders at the end of their training in August. In addition another consultant had shown interest in the other vacant position.
- 21.2 Dr McCallum commented that to grow our own consultants was of great benefit to the organisation. In the future in terms of medical workforce planning she was keen to create roles with a view to developing caesar equivalent training which would take specialty doctors and train them through the caesar process and guarantee them a consultant position at the end of the process.
- 21.3 Mr Andrew Bone enquired about primary care in terms of GP training through a similar programme. Dr McCallum advised that there was not an equivalent caesar programme for trainee GPs however support was being provided to them with the GP career start programme.

The **BOARD** noted the report.

## **22. Scottish Borders Health & Social Care Integration Joint Board minutes: 16.11.22; 21.12.22**

The **BOARD** noted the minutes.

## **23. Any Other Business**

The **BOARD** noted there was none.

## **24. Date and Time of next meeting**

- 24.1 The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday, 29 June 2023 at 10.00am at Peebles Town Hall, Peebles.

## Borders NHS Board Action Point Tracker

Meeting held on 6 October 2022

Agenda Item: Primary Care Improvement Plan Update

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2022-1	7	<p>Mr John McLaren enquired about workforce risks, the GMS oversight group, the TUPE of staff from GP Practices to NHS Borders, the impact of recruitment of staff on the organisations carbon footprint and any potential cost pressure of the GMS contract.</p> <p>The Chair suggested the questions on workforce raised by Mr McLaren be placed on the action tracker and a direct response be sought.</p> <p>The <b>BOARD</b> agreed to add the questions on workforce on to the action tracker.</p>	Andy Carter	<p><b>In Progress – Update 02.02.23:</b> Full consultation took place between the staff/their representatives and NHSB Management, facilitated by HR. The Practice-employed staff were formally transferred over to NHSB in the spirit of TUPE (Transfer of Undertakings Protection of Employment Regs) and this meant that they moved over as near to their previous employer pay point as possible, whilst still complying with our commitment to a Living Wage.</p> <p>Financial implications are being built into the Board’s Financial plan – to be discussed at the Board development session and future Board meeting.</p> <p><b>Update 30.03.23: Complete:</b> Mr Andrew Bone commented that not all of the implications of the PCIP were built into the Financial Plan. Mr Ralph Roberts commented that the action was closed in terms of the TUPE issue, however funding of the delivery of the PCIP remained a significant risk to the organisation.</p>

				The Chair noted the original point was closed and asked that the risk be added to the Strategic Risk Register and a new action be formed for the Board to monitor the Strategic Risk in regard to the PCIP.
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### Meeting held on 2 February 2023

**Agenda Item:** 01.12.22: Minute 6: Health Inequalities Report

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2023-1	4.1	Mr Tris Taylor asked that an action be added to the Action Tracker in regard health inequalities activities being remitted to the Public Governance Committee to provide assurance on health inequalities.	<b>Tris Taylor, June Smyth</b>	<b>Update 30.03.23: Complete:</b> Mrs June Smyth advised that health inequalities appeared in the Terms of Reference of the Public Governance Committee and suggested the item be marked as complete.

**Agenda Item:** Quality & Clinical Governance Report

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2023-2	11.4	Mr John McLaren suggested there should be a process put in place to capture staff concerns. The Chair suggested it be noted on the action tracker as a piece of work to be delegated to the Clinical Governance Committee to pursue.	<b>Fiona Sandford Laura Jones</b>	<b>In Progress: Update 30.03.23:</b> Mrs Laura Jones commented that the action remained “in progress”. She intended to bring a paper to the June Board meeting that linked adverse event reporting and staff concerns.

### Meeting held on 30 March 2023

**Agenda Item:** Matters Arising

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2023-3	4.2	The Chair noted the original point was closed (Action 2022-1) and asked that the risk be added to the Strategic Risk Register and a new action be formed for the Board to monitor the Strategic Risk in regard to the PCIP.	<b>Laura Jones</b> <b>Andrew Bone</b> <b>Chris Myers</b>	



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Borders Child Poverty Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Dr Sohail Bhatti, Director of Public Health</b>
<b>Report Author:</b>	<b>Fiona Doig, Head of Health Improvement/Strategic Lead Alcohol and Drugs Partnership</b>

## 1 Purpose

**This is presented to the Board for:**

- Discussion

**This report relates to a:**

- Legal requirement

**This aligns to the following NHS Scotland quality ambition(s):**

- Person Centred

## 2 Report summary

### 2.1 Situation

The Child Poverty (Scotland) Act 2017 requires Local Authorities and Health Boards to jointly prepare a Local Child Poverty Action Plan and an Annual Progress Report.

A report has been prepared to update on progress in Scottish Borders in relation to the Action Plan for 2022-23 and outlines the planned actions for 2023-24. This report provides the Community Planning Partnership and Scottish Government with an update on progress made in the Scottish Borders against activities within the Action Plan for 2022-23 and sets out planned actions for 2023-24.

### 2.2 Background

The Child Poverty (Scotland) Act 2017 requires Local Authorities and Health Boards to jointly prepare a Local Child Poverty Action Plan and an Annual Progress Report. Tackling child poverty in the Scottish Borders is governed through the Community

Planning Partnership (CPP). A Child Poverty Action Group steers this work and consists of Scottish Borders Council, NHS Borders and key partners.

The CPP has oversight and approval duties associated with the local Child Poverty Report and Action Plan but delegates delivery to the Child Poverty Action Group.

The report presented is aligned to the Scottish Government's tackling child poverty delivery plan 2022 to 2026, Best Start, Bright Futures. Best Start, Bright Futures outlines that almost 90% of children in poverty in Scotland live within these six priority family types:

1. Lone parents
2. Families with a disabled child or parent
3. Families with 3+ children
4. Minority ethnic families
5. Families where the youngest child is under 1
6. Mothers aged under 25

The report outlines the challenges faced in Scottish Borders including:

- One in five of our children still live in poverty (after housing costs)
- In 2022, the gross weekly full-time workplace-based wage in the Scottish Borders was £69 less per week than the average for Scotland
- The proportion of employees (18+) earning less than the real living wage in the Scottish Borders was 21.7% in 2021-22, notably higher than the Scottish average of 14.4%.
- The Borders Housing Network distributed over 2,200 fuel bank vouchers in 2022/23

It also outlines some headlines in relation to tackling child poverty including:

- 96.6% of young people have positive initial destinations when leaving school compared to 95.7% nationally (2021/22)
- Borders Modern Apprentice achievement rate is 81.5% compared to 75% nationally
- Approx. 2,695 children benefitted from a warm clothing payment of £100 paid from the Council's £1.2m cost of living support package
- Nineteen schools and one community group will benefit from funding from the Council's cost of living support package to support free breakfast clubs across the Scottish Borders

The Report outlines the local approach to developing a Scottish Borders Child Poverty Index (SBCPI) to use alongside the Scottish Index of Multiple Deprivation (SIMD). The SBCPI uses components including DWP/HMRC income data; free school meals; clothing grants and Educational Maintenance Allowance to provide further insights. Data is presented for individual data zones of which there are 143.

Key observations from the SBCPI include the following:

- All datazones have children in low income families and all localities had a least one datazone with 40% or more children in Low Income Families
- 78% of datazones had 10% or more children registered for Free School Meals

- 87% of data zones had 10% or more children eligible Clothing Grant

## 2.3 Assessment

The Report outlines key areas of progress over 2022-23 in the following areas:

- Employability
- Education
- Information and advice
- Housing and energy
- Health and wellbeing
- Digital exclusion
- Food
- Financial inclusion
- Money worries

The Report also outlines the actions undertaken in response to the Cost of Living crisis by Scottish Borders Council including allocation of funding to community groups to support local projects and provision of on-line resources for families in Borders. NHS Borders was represented in the Cost of Living Operational Group and our Communications Team supported information sharing.

An overview of progress on all actions is included in Appendix 1B of the Report. Specific actions for NHS Borders include:

- Delivery of Project 'Search' to support young people with a learning disability or autism into work.
- Health Visitors asking about money worries at every contact. In 2022-23 there were 500 referrals resulting in an uplift in benefits of £1.2million.
- Promoting the Money Worries App

Highlighted actions for 2023-24 are presented on page 28 of the Report and detailed actions are included in Appendix 1E. These align with Best Start, Bright Futures as follows:

- providing the opportunities and integrated support parents need to enter, sustain, and progress in work
- maximising the support available for families to live dignified lives and meet their basic needs
- supporting the next generation to thrive

Specific actions for NHS Borders include:

- Building staff capacity through training (e.g. food training for Breakfast Club staff; mental health awareness, Money Guiders training)
- Provision of breastfeeding groups; healthy start vitamins and weaning groups for families

It is expected that challenges associated with the cost of living crisis will continue to impact disproportionately on families with children and there is a clear role for NHS

Borders to equip staff to provide signposting to services for families experiencing poverty.

### **2.3.1 Quality/ Patient Care**

This report outlines a positive impact on families experiencing hardship. It could be anticipated that ongoing hardship for families will impact on service demand.

### **2.3.2 Workforce**

Actions outlined for NHS Borders in 2023-24 are provided through existing resource, however, it could be anticipated that increasing hardship and distress in our communities could impact negatively on staff health and wellbeing.

### **2.3.3 Financial**

Actions outlined for 2023-24 are provided through existing resource. The impact on families is positive where support is accessed.

### **2.3.4 Risk Assessment/Management**

Inability to support anti-poverty actions is likely to increase demand on services and staff wellbeing. Describe relevant risk assessment/mitigations.

### **2.3.5 Equality and Diversity, including health inequalities**

By providing targeted interventions and supports to mitigate or address child poverty this report contributes to the Fairer Scotland Duty to reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions.

It contributes to our Equality Outcomes and in particular outcome 5: We work in partnership with other agencies and stakeholders to ensure that our communities are cohesive and there are fewer people living in poverty and the health inequality gap is reduced.

An impact assessment has been completed.

### **2.3.6 Climate Change**

n/a

### **2.3.7 Other impacts**

n/a

### **2.3.8 Communication, involvement, engagement and consultation**

The Board has carried out its duties to involve and engage external stakeholders where appropriate.

### **2.3.9 Route to the Meeting**

This has been previously considered by the following groups as part of its development.

- Board Executive Team 20 June 2023

## **2.4 Recommendation**

This report is for

- **Discussion** – Examine and consider the implications of a matter.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1 Scottish Borders Local Child Poverty Report 2022/23 and Action Plan

# Appendix 1

## Scottish Borders Local Child Poverty Report 2022/23 and Action Plan 2023/24

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## Foreword and Introduction

This report covers progress made in tackling child poverty in the Scottish Borders in 2022/23 and sets out planned actions for 2023/24.

Scottish Borders Council, NHS Borders, Community Planning Partners, and the Child Poverty Action Group recognise the importance of tackling child poverty, and are determined to make a difference to children, young people, and families in the Scottish Borders. This Plan sets out our strategic approach and commitment to undertake priority areas of work and key actions to alleviate child poverty.

The Child Poverty (Scotland) Act 2017 sets out the Scottish Government's statement of intent to eradicate child poverty in Scotland by 2030.

The Act requires that Local Authorities and Health Boards jointly prepare a Local Child Poverty Action Plan Report and an Annual Progress Report. The annual progress report should describe activities undertaken and planned locally to contribute towards the child poverty targets set out in the Act.

We are currently facing significant challenges at a national and local level. We are in the midst of a cost-of-living crisis, there are record levels of inflation, a difficult labour market, poverty levels are rising, and we are still recovering from the covid-19 pandemic.

In the Scottish Borders we continue to experience low economic growth and wages, as well as transport and infrastructure issues. All of our children, young people and their families are likely to be affected by these challenges, and we must play our part in addressing them. We will work with partners at both a national and local level as we take action throughout 2023/2024.

The Scottish Borders faces significant challenges, for example:

- **One in five** of our children still live in poverty (after housing costs)
- In 2022, the gross weekly full-time workplace-based wage in the Scottish Borders was **£69 less per week** than the average for Scotland.
- The proportion of employees (18+) earning less than the real living wage in the Scottish Borders was **21.7%** in 2021-22, notably higher than the Scottish average of **14.4%**.
- The Borders Housing Network distributed over **2,200** fuel bank vouchers in 2022/23.

There are many positive headlines which show our commitment towards tackling child poverty, for example:

- **96.6%** of young people have positive initial destinations when leaving school compared to 95.7% nationally (2021/22).
- Borders Modern Apprentice achievement rate is **81.5%** compared to 75% nationally.
- Approx. 2,695 children benefitted from a warm clothing payment of £100 paid from the Council's £1.2m cost of living support package.
- Nineteen schools and one community group will benefit from funding from the Council's cost of living support package to support free breakfast clubs across the Scottish Borders.

We continue to align to Scottish Government's tackling child poverty delivery plan 2022 to 2026, [Best Start, Bright Futures](#). This sets out how we will work together to deliver on Scotland's national mission to tackle child poverty. It is a plan for all of Scotland and recognises the contribution that all parts of society must make to deliver the change needed for children and families.

The [Council Plan](#) from April 2023 sets out a framework for Council decision-making and operations. The strategic context and vision of the plan recognises poverty as a challenge and commits to Scottish Borders-wide actions to make improvements to poverty levels. This Local Child Poverty Report aims to help to meet that outcome. We welcome the inclusion of this commitment in the



Council Plan.

The Scottish Borders [Anti-Poverty Strategy](#) sets out the way in which the Council and its partners will aim to work together to help reduce poverty across the region.

We recognise that partnerships are key to the achievement of the outcomes we plan for our children, young people and families in the Scottish Borders and thank the Child Poverty Action Group and the Community Planning Partnership for their contributions to the Plan.

**Councillor Caroline Cochrane – Chair of Community Planning Partnership**

**David Robertson – Chief Executive, Scottish Borders Council**

**Ralph Roberts – Chief Executive, NHS Borders**

## **National Context**

### **Best Start Bright Futures**

Scottish Government's tackling child poverty delivery plan 2022 to 2026, [Best Start, Bright Futures](#) sets out how we will work together to deliver on Scotland's national mission to tackle child poverty.

It represents the next chapter of Scottish Government's aim to tackle and reduce child poverty and take into account the wider factors impacting on poverty and the standard of living for families. It focuses on: immediate action to support families now; sustained action to create the integrated support that families need to move into work; changing the system to provide the support parents need; and investing long term in both children's outcomes and economic transformation that will create a fairer, more equal Scotland.

### **National Child Poverty Targets**

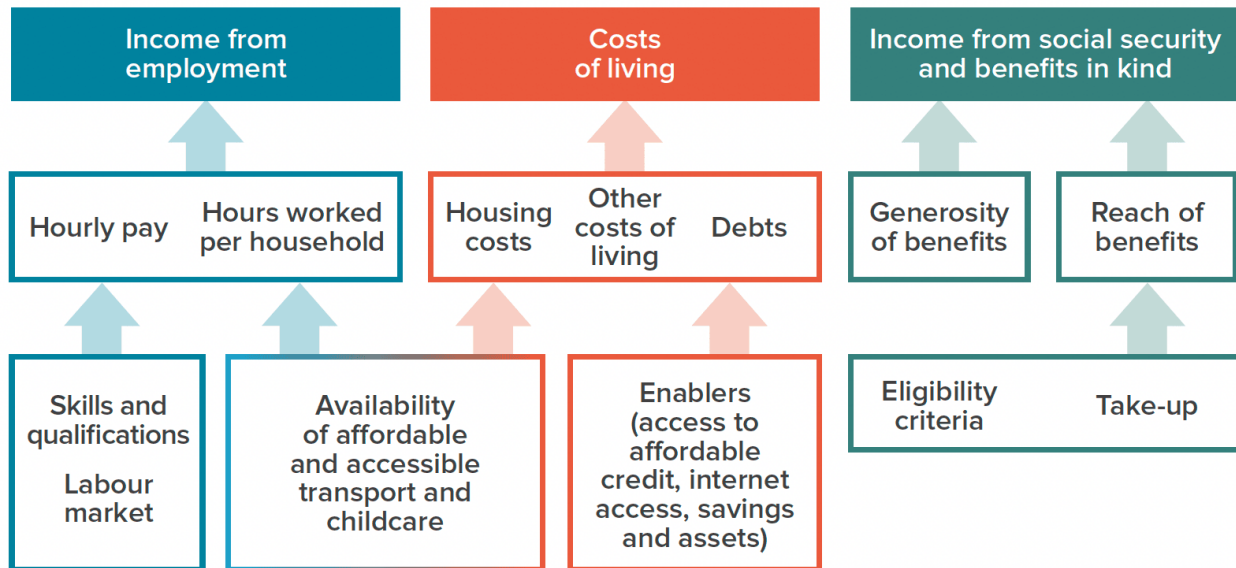
The interim targets below must be met during the life of the national delivery plan (2023-2026), with final targets to be met by 2030, aligning with the timescales for Scotland to keep The Promise.

- **Fewer than 18% of children living in families in relative poverty in 2023-24, reducing to fewer than 10% by 2030.** This means fewer than one in ten children living in households on low incomes by 2030, compared to the average UK household.
- **Fewer than 14% of children living in families in absolute poverty in 2023-24, reducing to fewer than 5% by 2030.** This means fewer than one in twenty children living in low-income households where living standards are not increasing by 2030.
- **Fewer than 8% of children living in families living in combined low income and material deprivation in 2023-24, reducing to fewer than 5% by 2030.** This means fewer than one in twenty children living in low-income households who cannot afford basic essential goods and services by 2030.
- **Fewer than 8% of children living in families in persistent poverty in 2023-24, reducing to fewer than 5% by 2030.** This means fewer than one in twenty children living in households in poverty for three years out of four by 2030.

## Drivers of Child Poverty

The direct drivers of poverty fall into three main categories – income from employment, costs of living and income from social security. We remain focused on actions around these themes, as summarised in Figure 1 below.

Figure 1 – Drivers of child poverty



Source: [Best Start, Bright Futures](#)

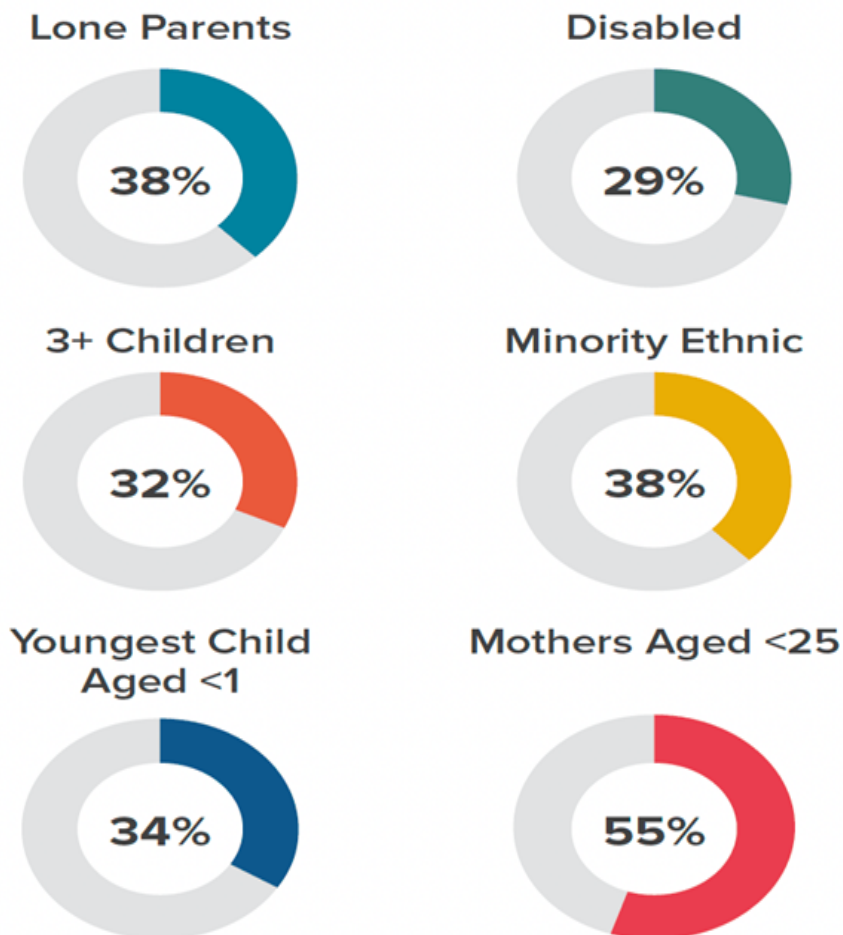
## Fairer Scotland Duty

The Fairer Scotland Duty (the Duty) places a legal responsibility on named public bodies in Scotland to actively consider ('pay **due regard**' to) how they can **reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions**. This is a complex, multidimensional problem, closely related to poverty. Having less access to resources can mean that individuals fare worse on outcomes including health, housing, education, or opportunities to work or train, and these negative outcomes can reinforce each other. Adversity in childhood can have life-long impacts, and growing up in poverty is associated with poorer educational attainment, employment prospects and health inequalities. Therefore, it is crucial that public bodies consider the impact that their decisions have on socio-economic disadvantage and the inequality of outcome that both adults and children may experience as a result.

## Families at greatest risk of poverty

The national Child Poverty Delivery Plan continues to focus on supporting the six priority family types. Almost 90% of all children in poverty in Scotland live within these six priority family types. These groups are set out below (Figure 2), with each more likely to experience poverty than all children in Scotland (24%) and households which do not have any of the priority family characteristics (10%). We remain focused on actions to help these families.

Figure 2 – Priority families with children in relative poverty:



Source: [Best Start, Bright Futures](#)

## Local Context

### Child Poverty Data for the Scottish Borders - what do we know?

The headlines below show that we face significant challenges in the Scottish Borders.

- Our children in low-income families (before housing costs) has **risen** from **14.6%** in 2020/21 to **19.7%** in 2021/22, similar to the trend for Scotland.
- 1 in 5 children still live in poverty (after housing costs) in the Scottish Borders
- There is a broad range of percentages of children living in relative low-income families in Scottish Borders Wards. The percentage ranges from 11.6% in the Tweeddale West Ward to 30.6% in the Hawick and Denholm Ward.
- 12.9% of Scottish Borders Households receive Universal Credit.

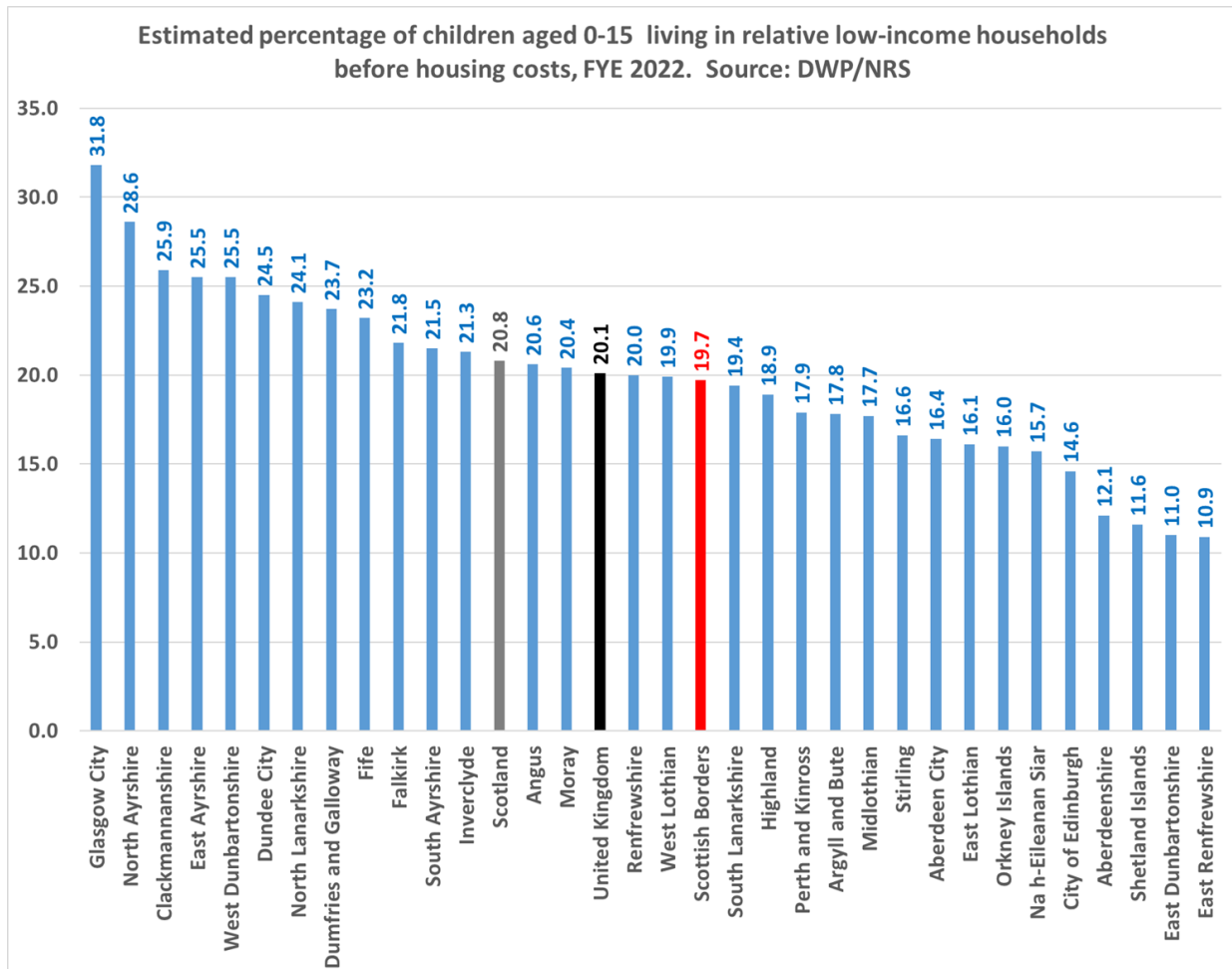
Scottish Government produces a [dashboard](#) that provides a selection of data available at local authority level to help monitor child poverty and its drivers locally. These indicators do not measure child poverty directly in the same way as the indicators used for the national targets, but they can be used to understand the local context and how that might be changing.

[Appendix A](#) shows more detail, including data relating to the nationally identified high priority family groups.

## Children in Low-income Families, before housing costs

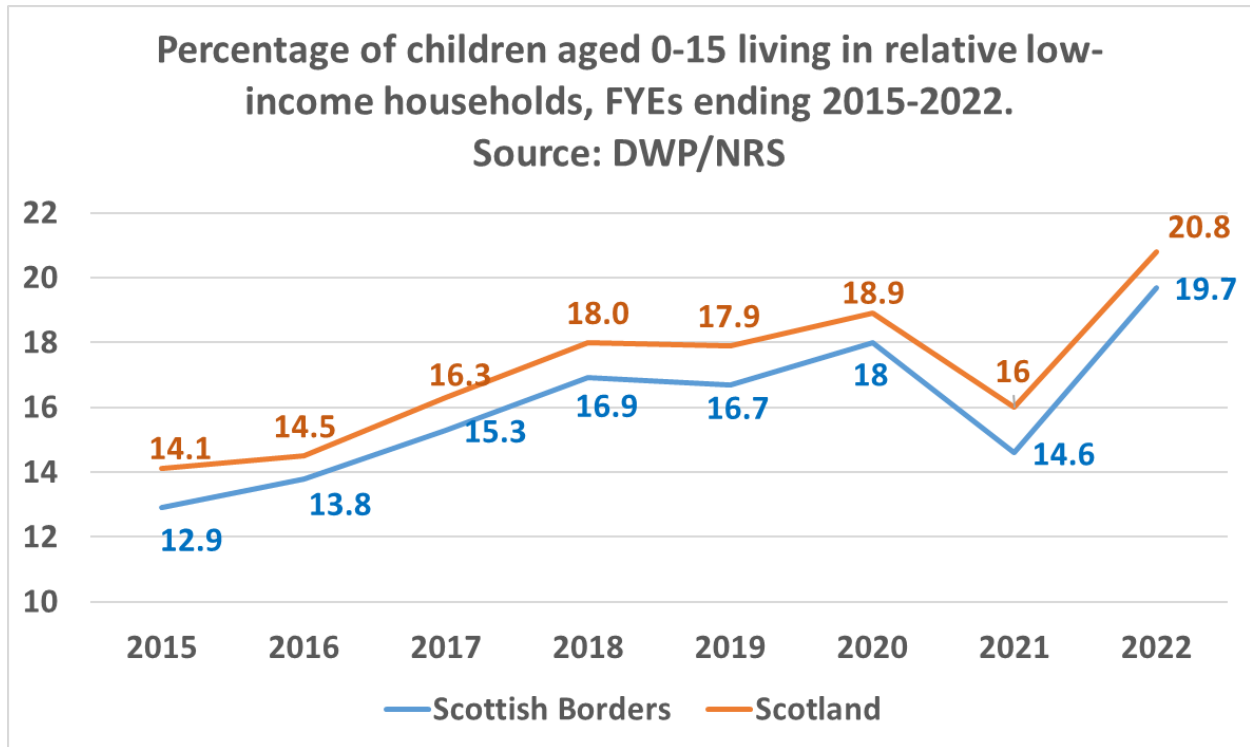
Relative child poverty in a given year is when a family is assessed as having a low household income by the median income standards of the given year. The family must also claim Child Benefit and at least one other household income benefit (Universal Credit, tax credit or Housing Benefit) at any point in the financial year.

The chart below depicts the Scottish Government/DWP figures for the Financial Year Ending (FYE) 2022 at **19.7%** of children aged 0-15 in the Scottish Borders living in relative low-income households. This is below the UK and the Scottish averages of 20.1% and 20.8% respectively.



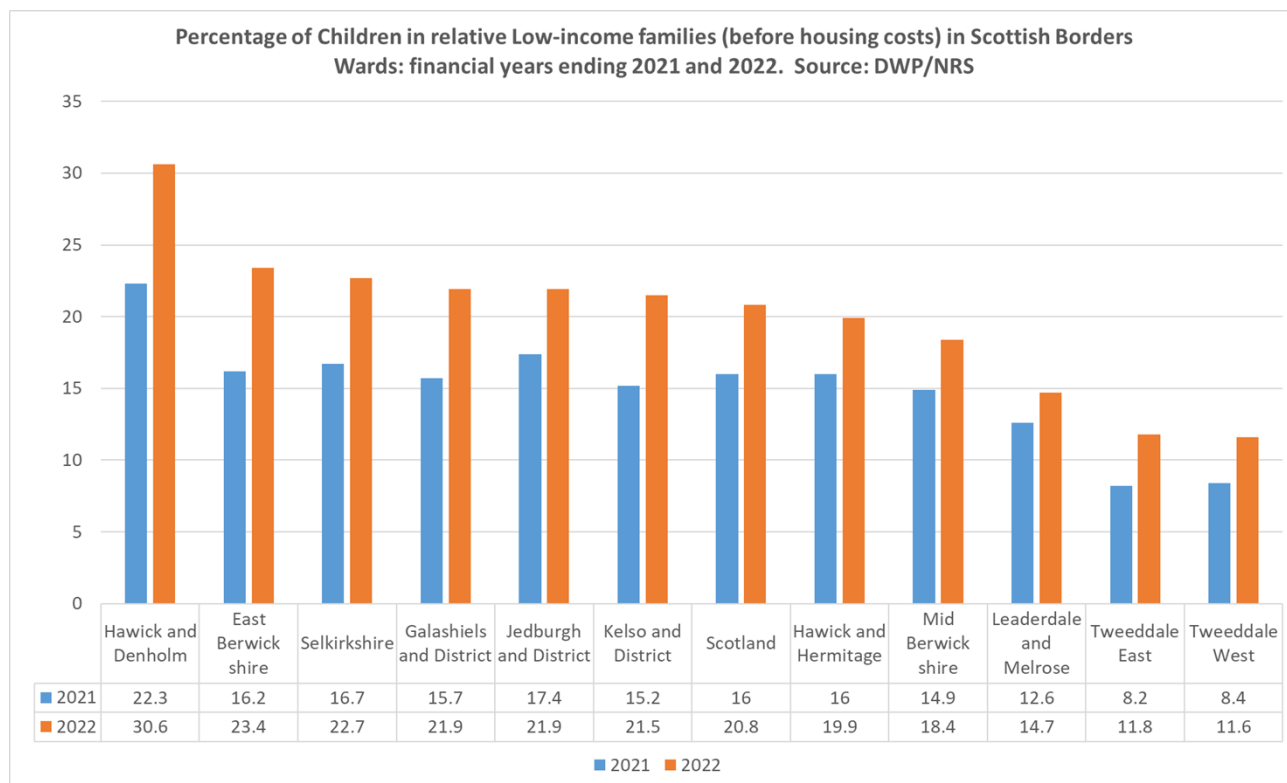
## Children in Low-income households over time, FYEs 2015 to 2022 before housing costs

The line graph below shows the timeline of this measure since FYE 2015, and a sharp rise since 2021 figures, which had indicated an improvement. The rise is likely to be a direct result of the cost-of-living crisis.



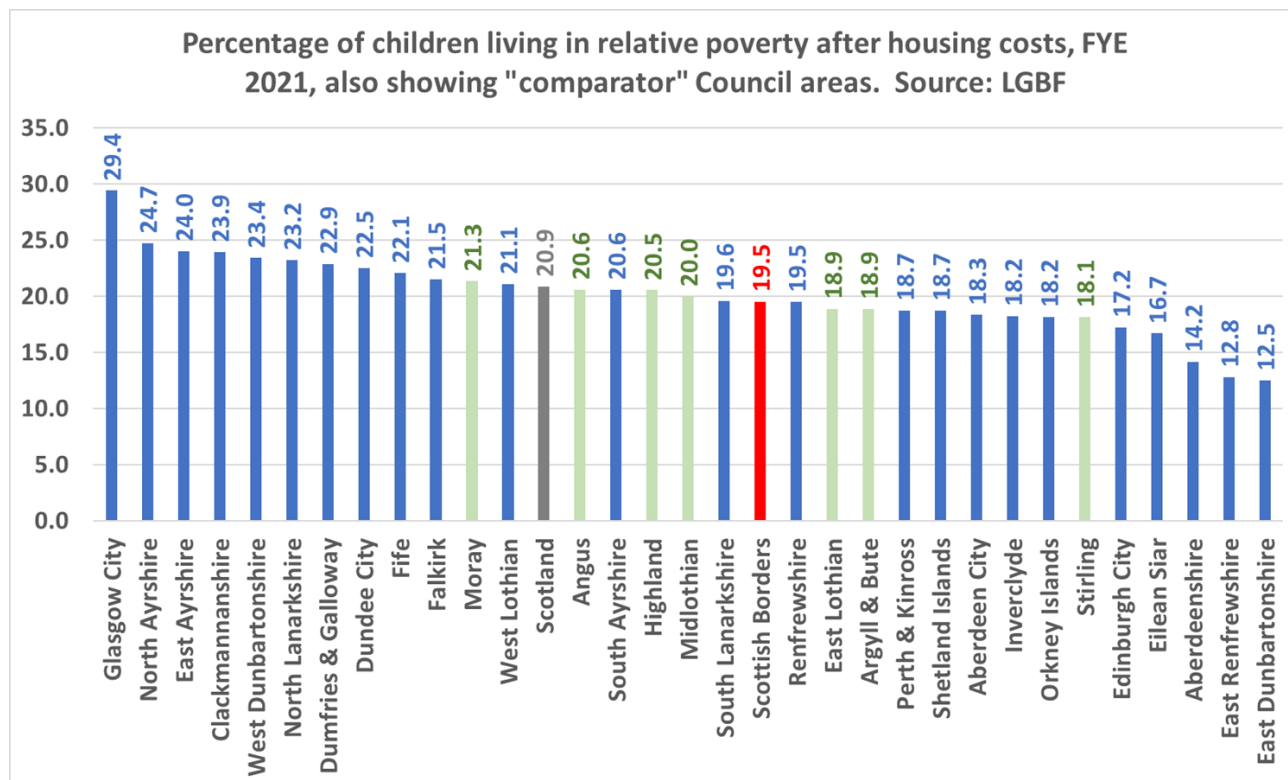
## Children in Low-income Families in Scottish Borders Electoral Wards

The chart below shows the Relative Child Poverty data at Scottish Borders Electoral Ward level for the FYEs 2021 and 2022. This ranges from 11.6% (2022) for Tweeddale West to 30.6% for Hawick and Denholm.



## Children in Low-income Families, after housing costs

The [Local Government Benchmarking Framework \(LGBF\)](#) presents child poverty estimates (after housing costs) at local authority level, which are produced by the End Child Poverty Coalition. This measure is for relative poverty after housing costs, which provides important alignment with the targets set out in the Child Poverty (Scotland) Act 2017 and is therefore regarded as the “key” statistic on child poverty. This data shows the period following the introduction of the first round of the Scottish Child Payment but before the full aftermath of the pandemic and the cost-of-living crisis became apparent.



The chart above shows that the Scottish Borders (red bar) had 19.5% of children living in child poverty in 2020-21. This is slightly below the Scottish average (grey bar) and is very much in the middle of its comparator council areas (green bars). The comparator Local Authorities were chosen by LGBF as they share certain population, urban/ rural and deprivation characteristics with the Scottish Borders. One in 5 children in the Scottish Borders still live in poverty.

Data for 2022 is not yet available but is expected to show a sharp increase in child poverty, which will be countered by the increase in value and range of the Scottish Child Payment from December 2022.

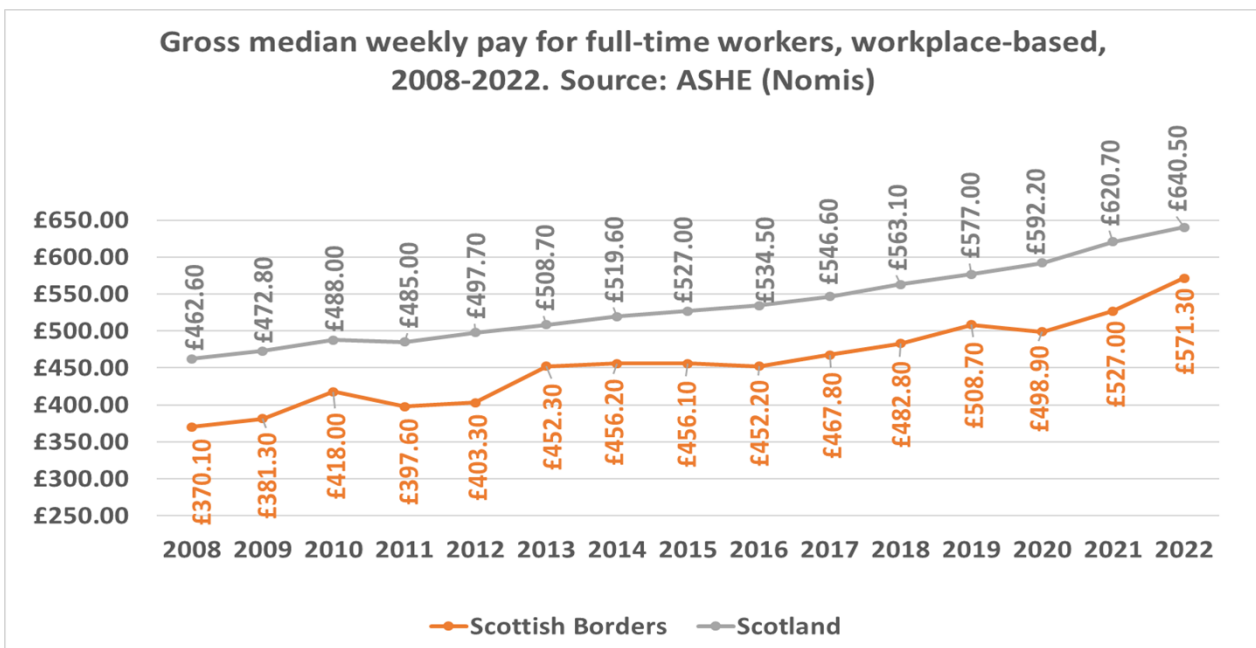


## Average weekly Earnings

In 2022, the **median gross weekly pay** for full time workers living in the Scottish Borders (residence based) in the Scottish Borders was £617, **£23 below** the £640 for Scotland or **96% of the Scottish figure**. The regional pay gap between Scottish Borders and Scotland has greatly improved since 2021 for workers who live in the region. ([Annual Survey of Hours and Earnings - NOMIS](#))



In 2022, the **median gross weekly pay** for full time workers working in the Scottish Borders (workplace based) was £571.30, £69.20 less than the £640.50 for full-time workers working elsewhere in Scotland. This is **89% of the Scottish figure**.



## Households receiving Universal Credit

The table below shows the number and proportion of households in the Scottish Borders receiving Universal Credit compared to Scotland. Overall, the Scottish Borders has a lower proportion of households receiving UC (12.9%) compared to 16.1% for Scotland. In the Scottish Borders there were 3,015 households claiming the 'Child Entitlement' or 5.4% compared to 6.5% for Scotland.

Universal Credit Households November 2022 (provisional figures)	Scottish Borders No of Households	% of All Occupied Households	
		Scottish Borders	Scotland
All Occupied Households	55,557		
All Universal Credit Households (UCH)	7,193	12.9	16.1
UCH with Children	3,140	5.7	6.7
UCH claiming Child Entitlement	3,015	5.4	6.5
UCH Lone Parent	2,115	3.8	5.0
UCH with 3+ Children	613	1.1	1.2
UCH with Child Under Age 1	273	0.5	0.5
UCH with Children - Child Disability Entitlement	275	0.5	0.7
UCH with Children - Adult Disability Entitlement	443	0.8	1.0

Source: DWP/NRS

## The Scottish Borders Child Poverty Index

The Scottish Borders Child Poverty Index (SB CPI) provides additional insight into Child Poverty in the Scottish Borders. The SB CPI was created to work alongside the Scottish Index of Multiple Deprivation (SIMD). SIMD provides a way of looking at deprivation in an area, covering the whole population and does not specifically reflect child poverty.

The SB CPI is a summary of four components, which are:

- Children in Low Income Families (**CiLIF**) – Source is [DWP/HMRC](#).<sup>1</sup> Relative low-income is defined as a family whose equivalised income is below 60 per cent of contemporary median income. Gross income measure is Before Housing Costs (BHC) and includes contributions from earnings, state support and pensions. The SB CPI uses the most recent available year's data, currently there is a one-year lag e.g., for SB CPI 2022 uses the CiLIF data for 2021-22.
- Free School Meals (**FSM**) – Source is SBC. The proportion of pupils recorded for Free School Meals of all pupils in area for school year.
- Clothing Grant (**CLG**) - Source is SBC. The proportion of pupils recorded for Clothing Grant of all pupils in area for school year.
- Educational Maintenance Allowance (**EMA16+**) – Source is SBC. The proportion of pupils who are aged 16 or older (before 01 March of school year) who receive Educational Maintenance Allowance.

<sup>1</sup> \*The calculation of proportion of Children in Low Income Families for the purpose of the Scottish Borders Child Poverty Index differs to 'official statistics' due to the availability of the data from Stat-Xplore. The children in Stat-Xplore are defined as dependent individuals aged under 16; or aged 16 to 19 in full-time non-advanced education or in unwaged government training. (Not just those aged under 16 – unable to group into age bands). The figure for all children is then expressed as proportion of those aged 0 to 15 as published by NRS. It is recognised that this calculation is imperfect, but practical for the purpose of the SB CPI.

The table below shows the results for the Scottish Borders for 2017 to 2022

<b>Child Poverty Index Component / Year</b>	<b>SB CPI 2017</b>	<b>SB CPI 2018</b>	<b>SB CPI 2019</b>	<b>SB CPI 2020</b>	<b>SB CPI 2021</b>	<b>SB CPI 2022</b>
Children in Low Income Families - CiLIF (DWP)*	19.0%	20.7%	20.5%	22.0%	18.0%	<b>23.8%</b>
Free School Meals - FSM (SBC)	10.0%	10.4%	11.6%	15.7%	15.4%	<b>15.8%</b>
Clothing Grant - CLG (SBC)	14.6%	15.1%	15.2%	18.1%	18.0%	<b>18.8%</b>
Educational Maintenance Allowance 16+ - EMA16+ (SBC)	8.2%	6.2%	3.8%	16.0%	10.0%	<b>10.5%</b>

The table below highlights observations for each component of the Scottish Borders Child Poverty Index 2022.

<b>Child Poverty Index Component</b>	<b>2022 Observations</b>
Children in Low Income Families - CiLIF (DWP)*	<ul style="list-style-type: none"> <li>All data zones in the Scottish Borders had Children in Low Income Families.</li> <li>All localities had at least one data zone with 40% or more Children in Low Income Families</li> </ul>
Free School Meals - FSM (SBC)	<ul style="list-style-type: none"> <li>In 78% of data zones 10% or more pupils are registered for Free School Meals in Seemis.</li> </ul>
Clothing Grant - CLG (SBC)	<ul style="list-style-type: none"> <li>In 87% of data zones 10% or more pupils are registered for Clothing Grant in Seemis.</li> </ul>
Educational Maintenance Allowance 16+ - EMA16+ (SBC)	<ul style="list-style-type: none"> <li>In 25% of data zones 10% or more pupils aged 16+ received Educational Maintenance Allowance recorded in Seemis.</li> <li>In 66% of data zones no pupil aged 16+ received Educational Maintenance Allowance a marked difference to previous years.</li> <li>The take-up of EMA was noticeably more frequent in the Tweeddale locality.</li> <li>The non-take-up of EMA in many data zones reduced the number of data zones in the 'Higher' child poverty level group.</li> </ul>

## What are we doing about Child Poverty in the Scottish Borders?

Tackling child poverty in the Scottish Borders is governed through the Community Planning Partnership. A Child Poverty Action Group steers this work and consists of Scottish Borders Council, NHS Borders, and other key partners. They meet to discuss the local approach as well as any response to national developments.

The Community Planning Partnership has oversight and approval duties associated with the Local Child Poverty Report and Action Plan but delegates the delivery of it to the Child Poverty Action Group.

Local Plans outlined below all make a contribution to tackling child poverty too.

### **The Scottish Borders Council Plan**

The [Council Plan](#) from April 2023 sets out a strategic framework for Council decision-making and operations.

### **Anti-Poverty Strategy**

The Scottish Borders [Anti-Poverty Strategy](#) sets out the way in which the Council and its partners will aim to work together to help reduce poverty across the region and recognises that Child Poverty is included in this aim.

### **Children & Young People's Services Plan 2023-2026**

Child Poverty continues to feature as a priority within the Children & Young People's Services Plan 2023-26. The whole family support network outlined in the Plan will work with the Child Poverty Action Group to work towards the following aim:

- *Reduce the number of children in poverty and reduce the impact of living in poverty on families. Ensure that children and their families are given the opportunity to contribute to shaping local policy and actions to reduce the social and economic impact of poverty.*

### **Scottish Borders Community Planning Partnership – Priority themes**

The Scottish Borders Community Planning Partnership work with four priority themes to support communities. These are:

- Enough money to live on
- Access to work, learning and training
- Enjoying good health and wellbeing
- A good place to grow up, live in and enjoy a full life

These themes support our child poverty agenda.

### **Children's Rights**

Local Government in Scotland together with their partners already undertake a volume of work to reduce child poverty locally. This includes annual reporting on the actions they take and plan to take to reduce child poverty. This paper [Understanding Child Poverty as a Children's Right issue](#) explores the relationship between the UNCRC and child poverty.

Our [Children's Rights Report 2021-2023](#) reports on the steps we have taken to fulfil the requirements of the United Nations Convention on the Rights of the Child (UNCRC).

### **Equity Strategy**

Our [Education Equity Strategy 2021-2026](#) has been developed to ensure increased excellence, accelerated progress and embedded equity in our schools and settings to reduce the poverty related attainment gap and improve outcomes for care experienced children and young people (CECYP). The strategy coordinates the Attainment Scotland Funding streams; Pupil Equity Funding, Strategic Equity Funding and CECYP Funding to ensure maximum impact.

## Education Improvement Plan

Our [Education Improvement Plan 2022-2023](#) sets out key strategic improvement priorities for our schools and settings. The National Improvement Framework 2022 (NIF) requires each local authority to prepare and publish annual plans and reports describing the steps they intend to take each academic year to reach each of the five strategic priorities below:

- Placing the human rights and needs of every child and young person at the centre of education
- Improvement in attainment, particularly in literacy and numeracy
- Closing the attainment gap between the most and least disadvantaged children
- Improvement in children's health and wellbeing
- Improvement in employability skills and sustained positive school leave destinations for young people

## The 2022/23 Action Plan Progress Report

Good overall progress has been made against the actions set out in the 2022/23 Action Plan. This is shown in detail in [Appendix B](#), and demonstrates the wide range of activities undertaken to help alleviate child poverty in the Scottish Borders. Highlights include:

Employability	<ul style="list-style-type: none"> <li>• A total of 215 young people volunteered through Live Borders' Active Schools programme.</li> <li>• Tweeddale Youth Action employed 1 young person and supported 5 young people to gain recruitment within local employers.</li> <li>• SBHA recruited 4 Modern Apprentices.</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Equity and Excellence Leads were placed in large SBC Early Learning Childcare (ELC) with progress made in narrowing developmental gaps, assisting to make positive attainment by the end of P1.</li> <li>• ASN youths have been supported with ILF transition funding applications, accessing qualifications both national and local and launching Youth Enterprise Scotland YES teams programme in August 2022 to provide qualification SVQ 3 and access to social innovation and enterprise.</li> </ul>
Information and advice	<ul style="list-style-type: none"> <li>• SOSE has financially supported 5 organisations whose activities indirectly or directly addressed child poverty. Across the organisations, funding support has also enabled the creation of 267 jobs and safeguarded 323 jobs across the Scottish Borders.</li> <li>• CAB utilised 'Our Money Talk Team' Project, funded by Scottish Government. This provided customers with advice on rights and responsibilities, what is available locally and how to access services.</li> </ul>
Housing and energy	<ul style="list-style-type: none"> <li>• SBHA provided 115 tenants with a payment from the Fuel Debt Fund to clear their fuel debt (£150,000 in total payments made), an average of £1,300 per household.</li> <li>• 17 Warm and Well Hubs were established across the Scottish Borders, funded by SBC's Cost of Living support package of £1.2million.</li> </ul>
Health and wellbeing	<ul style="list-style-type: none"> <li>• Over 4170 visits were made by children and young people to Live Borders activities. This provided coordinated access to food, childcare, sports, leisure, and cultural activities during the holidays.</li> </ul>
Digital exclusion	<ul style="list-style-type: none"> <li>• SBHA's Digital Champions network continues to support the 224 households who received a device via Connecting Scotland.</li> <li>• Live Borders received 225 referrals for digital devices. Of the 225 referrals, 77 households included children. A total of 100 chromebooks and 106 ipads were distributed through the Connecting the Borders programme.</li> </ul>
Food	<ul style="list-style-type: none"> <li>• £60,000 was allocated to support the setting up, continuation or provision of a free breakfast club across the Scottish Borders. 19 Schools were successful in their application for funding along with 1 community-based group.</li> <li>• BHA has provided £25,000 to local foodbank and larders from the National</li> </ul>

	<p>Lottery Community Anchor fund, accessed through the Scottish Federation of Housing Associations.</p> <ul style="list-style-type: none"> <li>Over £5,000 worth of supermarket gift cards have been distributed by SBC to local foodbanks and fareshare providers as well as to prominent groups within communities that are supporting individuals with the cost-of-living crisis.</li> </ul>
Financial inclusion	<ul style="list-style-type: none"> <li>A £1.2m cost of living support package was made available in August 2022 and has been used to help families in a variety of ways, including, funding a warm clothing payment of £100 to children in receipt of free school meals/clothing grant/home schooling, which benefitted 2,695 children.</li> <li>Midwives and Health Visitors continued to be proactive in referring expectant and new mothers for benefits checks. In 2022-23 there were 500 referrals resulting in an uplift in benefits of £1.2million.</li> </ul>
Money worries	<ul style="list-style-type: none"> <li>BHA supported £5,200 gains from Scottish Child payments and £674,825 total benefit gains for 2022/23.</li> </ul>

As well as the progress shown in [Appendix B](#), case studies are shown in [Appendix C](#). These case studies provide valuable insight into the work of various Partners across the Scottish Borders.

## The Cost of living

### Anti-Poverty Strategy - Cost of Living Support

Scottish Borders Council approved a report at their Council Meeting on 25 August 2022 on support for the Cost-of-Living crisis. In recognition of the significant challenges that households were facing due to the increased costs of living, a financial support package of £1.2m was established to respond to the needs of communities.

An immediate allocation of **£0.585m** was agreed which enabled a range of support to be put in place quickly. All of this support has helped to tackle child poverty locally. This included:

<b>£150k</b>	Extending existing arrangements with organisations such as CAB, Changeworks etc., to provide additional resources to assist with referrals, energy advice, money advice, signposting, and budgeting
<b>£235k</b>	Warm clothing payment of £100 to each child entitled to either Free School Meals or Clothing Grants - an initial 2,350 children benefitted
<b>£50k</b>	Top up Discretionary Housing Payment (DHP) funding
<b>£100k</b>	Further top up of Scottish Welfare Fund (SWF) funding
<b>£50k</b>	Additional resources to be used to support & process increased take up of benefits

Since August 2022, proposals for the remaining **£0.615m** have been considered and approved by a Cost-of-Living Strategic Board as follows:

<b>£100k</b>	Expansion of the Inclusion Fund
<b>£115k</b>	Support Warm Spaces across the Scottish Borders: <a href="#">Warm spaces   Cost of Living Crisis support   Scottish Borders Council (scotborders.gov.uk)</a>
<b>£96k</b>	Warm & Well, Youth Work Collaborative
<b>£84k</b>	Borders Housing Network, extension of Warm & Well Project, and provision of an additional resource to advise tenants
<b>£19.5k</b>	Live Borders, financial support to ClubSport members in relation to energy
<b>£60k</b>	Breakfast Club pilot for schools within highest SIMD areas
<b>£35k</b>	Additional funding to support increased take up of £100 Warm Clothing Grant – a further 345 children benefitted
<b>£86k</b>	Third Sector Interface & Live Borders, £50k for energy support, £36k for club membership, equipment and clothing support for sports clubs and organisations



## Other Support

In addition, dedicated online support pages were launched on the Scottish Borders Council website. [Financial support and advice](#) | [Cost of Living Crisis support](#) | [Scottish Borders Council \(scotborders.gov.uk\)](#)

The longer-term ongoing issue of poverty across the Scottish Borders continues to be addressed by the Scottish Borders Anti-Poverty Strategy and Action Plan, with progress being reported to the Anti-Poverty Members Reference Group and supported by both the Cost-of-Living Strategic Group and Cost of Living Operational Group. In addition to the £1.2m cost of living support, awards totaling £165k have been made from the Council's Financial Hardship Fund. These relate mainly to food and supermarket gift cards, and have benefitted services such as early years centres, Border Women's Aid, Children 1<sup>st</sup> and Action for Children.

## Budgets and Funding

Significant budgets and funding are attributed to tackling child poverty in the Scottish Borders. Table 1 below sets these out for 2023/24.

Budget/Funding	2023/24
Crisis grants	£156,000
School clothing grants	£391,000
Free sanitary products in schools	£44,000
Free sanitary products in public bodies	£50,000
Educational Maintenance Allowance	£336,000
Pupil Equity Funding	£1,919,000
Strategic Equity Fund	£448,000
Care experienced Children and Young People Fund	£149,000
Whole Family Wellbeing Fund	£669,000
Support for the Cost of living	£376,465
Financial Insecurity Fund	£256,678
Local Authority Covid Economic Recovery Fund (LACER)	£541,220
<b>TOTAL</b>	<b>£5,336,363</b>

In addition to the budgets and funding set out above, Councils can now apply for their share of £4.5 million to support the provision of after school and holiday clubs for Scotland's most disadvantaged communities. Details of the scheme were set out at a National Anti-Poverty summit in Edinburgh on 03/05/2023. No further information is available yet; however, this is an exciting opportunity in tackling child poverty in the Scottish Borders.

Additional child poverty funding streams are also expected, as set out in Best Start, Bright Futures, for No one left behind, employability projects, reducing barriers and child care.

## Financial Inclusion

Financial inclusion actions help families to maximise their income and benefits.

Scottish Borders Council offer a range of different Financial Inclusion services and are involved in several different work streams with a variety of partners. A Cost-of-Living Group meets at a strategic and operational level to discuss and agree actions to help families and referral processes are in place if required.

Financial inclusion support is provided in a number of ways:

- Direct support for families in crisis e.g., Provision of supermarket gift cards, grant payments, summer programmes, Christmas parcels, help with rent or housing costs and goods such as carpets, curtains, or furniture
- Benefits check service to ensure that families are claiming all they are entitled to
- Referral pathways e.g., Health visitors and family nurse partnerships
- Discretionary funding awards e.g., Borders College helping students in financial hardship
- Awareness campaigns to encourage take up of specific benefits e.g., Scottish Welfare

A case study set out in [Appendix C](#) shows the work of the Welfare Benefits Team in Early Years. This highlights the benefits of this service, with 505 clients helped over the year.

## **Scottish Borders Local Employability Partnership**

Scottish Borders Local Employability Partnership (LEP) was formed in September 2021 and continues to meet regularly as the employability landscape changes. Its work was previously incorporated with the Borders Learning and Skills Partnership. Following a self-assessment process, it was considered that there should be a particular focus on employability services to meet the Scottish Government's ambitions for No One Left Behind policy agenda and Employability funding schemes in the Scottish Borders.

The Partnership vision is:

*"We will work together to deliver effective and easily understood employability and skills pathways focused on positive outcomes which are person-centred and lead to sustainable, fair and rewarding work"*

The LEP oversees the allocation of funding from the Scottish Government and the delivery of No One Left Behind and monitors these projects to ensure they meet their required outputs and outcomes. It is acknowledged by the LEP that the best and most effective way out of poverty for people is through employment opportunities. The LEP are committed to providing an effective and relevant range of provision based on need and demand and ensuring that the right support is in place for those who rely on these services. This is done through an evidence-based approach by utilising all available data and resources to co-produce an all-age employability support service that is person centered, more joined up, flexible and responsive to individual needs leading to sustainable, fair, and rewarding work.

The Intensive Family Support Service targets specific areas, including employment, family support and income maximisation for families where generational unemployment is a feature. Over 2022, 28 families were supported with income maximisation.

## **No One Left Behind**

Scottish and Local Government are committed to the shared ambition of [No One Left Behind](#) focusing on the needs of the individual. Adopting a collective partner and person-centred approach to tackle child poverty is one of the overarching priorities to strengthen employability support to mitigate consequences.

At local level, partnership agencies continue to work towards increasing positive pathways and sustained positive destinations for young people.

Recent examples include:

- Employability staff from NOLB and ESS attended 14+ meetings at local high schools along with other partners offering employability related activities from barrier removal to supported employment. Those identified with additional needs have pathway meetings and NOLB Stage 1 are present at those meetings.



- Employability services are regular attenders at pathway and career events.
- Care Experienced young people all have the opportunity of a meeting with a Career Advisor. Borders College works closely with SDS through their further education partnership agreement to provide withdrawal information and to aid the tracking and monitoring of all Care Experienced young people.
- A care experienced tracker is in place which is updated on a monthly basis by SDS and the Virtual Head Teacher. Where young people have not sustained a destination, or are at risk of not sustaining, appropriate interventions are discussed.
- ESS offer bespoke pathways to assist those aged 16+ furthest from the job market, volunteering, or education opportunities. This is conducted through employability training and awareness sessions including 1-1 support for those who require additional support to help overcome barriers to employment, volunteering, and further education.
- Working with parents to help gain employment is performed through joint initial visits between PES/NOLB to identify holistic support offered to the family. Using a 'whole family' approach working to identify the barriers to employment and perpetual cycle of this amongst families.
- Working in partnership with local hotels and restaurants to teach hospitality and catering skills to support young people entering the food industry through the Food Punks Project at Tweeddale Youth Action. Cohorts of students are supported through the school day in addition to the supporting of those aged 16+ into employment through Food Punks via NOLB.

## **Scottish Borders Council - Real Living Wage Employer**

The real Living Wage is an independently calculated rate based on the cost of living and is paid voluntarily by employers. It helps to tackle poverty by putting more money into the pockets of our lowest paid workers, enabling them to earn a wage that reflects living costs and helps to lift families out of in-work poverty.

The rate is currently £10.90 and is calculated annually by The Resolution Foundation on an analysis of the wage that employees need to earn to be able to afford the basket of goods required for a decent standard of living. This basket of goods includes housing, childcare, transport, and heating costs.

As an accredited real Living Wage employer, Scottish Borders Council is committed to encouraging the wider adoption of the real Living Wage by partners, local employers, and suppliers. The Council has adopted the *Scottish Government Best Practice Guidance on Addressing Fair Work Practices*, including the Real Living Wage in Procurement for relevant contracts.

Scottish Borders Council has also included Modern Apprentices within the commitment to being a Real Living Wage employer going forward.

## **Food Conversations**

Food conversations are continuing and have provided information and ideas towards undertaking actions from the Anti-Poverty Strategy Action Plan. The conversations have allowed us to allocate financial inclusion/cost of living funding to areas where the group have identified need. This has resulted in investment in Cyrenians who are providing food larders and cook clubs across the Scottish Borders. Two new locally based jobs have been created to help deliver this. Conversations have progressed and a food conversation action plan will be created to monitor activity. Local links are continuing to be strengthened with the need to food share more effectively a key action.

The Joint Health Improvement Team (JHIT) provided continuation funding to the Community Justice Service (CJS) Eastlands Greenhouse Project for 2022-2023. CJS colleagues have incrementally built on previous partnership success and linked into the Scottish Borders Community Food Grower's Network, this has contributed to a wider distribution of produce and relationships with new partners too including; Broomlands Primary School, Kelso, Café Recharge, We Are With You and Greener Melrose Seed Exchange.

The bulk of the produce grown has continued to be distributed through Action for Children and Early Years Centres networks. Activities have supported children and families to eat a more balanced and nutritious diet through the food security activities of a range of Scottish Borders partners including:

- Low & Slow Cooking Programme
- Burnfoot Community Hub
- Langlee Primary School
- Burnfoot Community Hub
- Galashiels Focus Centre
- Langlee Carnival
- School Holiday Programmes
- Selkirk Cooking Group
- Salvation Army Food Parcels

The produce has also been used to support REHIS Cooking Skills programmes for men and women through core CJS services. Overall, this work continues to reflect early intervention and prevention through good food activities that support the maintenance and development of relationships between children, families, and support services. Health Improvement have connected staff to the project through a site visit to enable them to learn first-hand from service users about their experience of working as part of the gardening team at Eastlands.

Evaluation information can be triangulated to demonstrate the collective impact of this project:

1. Service Users shared their insights into the development of knowledge, skills, and experience, translating this learning into everyday life and being able to give something back to the community.
2. Health Improvement staff fed back on the direct impact for service users and themselves, reflecting on behaviour change in relation to their own food choices and distributing produce to children and families through partners.
3. Galashiels Early Years Centre fed back on the positive impact of having a supply of fresh produce to support their larger provision, distributing surplus food through activities and the school playground to prevent food waste, and offering fresh produce as a snack for children.
4. Action for Children fed back on the positive impact of vegetable distribution providing insights into home cooking as a family, making the most of the produce and the produce that families enjoyed the most.

The CJS Greenhouse project reflects value for money, with minimal budget and maximum impact for all involved. It is our intention to fund this again in 2023-2024 and build on our incremental success.

## **Breakfast Clubs**

**Scottish Borders Council** - £60,000 has been allocated from the Council's Cost of Living Support Fund, to support the setting up, continuation or provision of a free breakfast club offer across the Scottish Borders. Nineteen schools were successful in their application for funding in addition to one community-based group. There is currently a mixed picture across the Scottish Borders with some free to access, some paid provision and a mixture of a free offer and paid places within one setting. Some areas were targeted based on the Child Poverty index, lack of any current provision

and up take on free school meals/clothing grants. Breakfast clubs are now starting up in these settings with support from Public Health, where required, who are offering nutritional advice on how to set up a breakfast club in line with Scottish Government guidelines. The aim is to create an equitable offer across schools and community settings and this work will be evaluated throughout 2023/24.

**Borders College** - Borders College works in partnership with their Students Association to address food poverty through enabling access to basics via the college Larder and, prior to Christmas, themed lunches. Since January, the College has committed to offering students a free breakfast and this will continue for the remainder of the academic year alongside the regular drop in 'Wellbeing' cafes. In addition, Borders College provides supermarket vouchers and grab and go lunch/breakfast bars wherever these may be required.

## **Get into Summer 2022**

Through the summer holiday period of 2022 (4<sup>th</sup> July – 16<sup>th</sup> August 2022), Live Borders worked in partnership with Scottish Borders Council and other key providers to deliver the "Get into Summer" programme. Funded by Scottish Government, all Local Authorities in Scotland were allocated funding to provide an enhanced/new summer holiday provision that allowed children from low-income families to be more fully engaged in opportunities through the holiday period, specifically:

- Children from lone parent families
- Children from ethnic minority families
- Children from families with a disabled adult or child
- Children from families with a young mother (under 25)
- Children from families with a child under 1 year old
- Children from larger families (3+ children)

The funding allowed Live Borders to deliver a comprehensive programme of sport, physical activity, and cultural opportunities and following on from the pilot success in summer 2021, continued to offer free places for identified children through discount codes and in some instances, making whole offers free of charge.

Activities included; a variety of holiday camps in all school clusters (multi activity and sport), a Family Activity Pass for families referred by professional staff, free cinema access for targeted groups and individuals, a range of museum and galleries activities, library workshops, and a partnership disability camp with a local third sector group (Borders Additional Needs Group).

## **Staffing**

Get into Summer has been staffed for Live Borders in three main ways:

- Delivery by core contracted Live Borders staff (Development Officers, Active Schools Coordinators, Facility staff, Cultural staff)
- Recruitment of specific Activity Leaders/Coaches to deliver the holiday camp activity.
- Contracting external bodies to deliver on Live Borders behalf (for large parts of the Museums and Galleries programme).

## **Successes & Challenges**

The Get into Summer project has generally been very successful with the following key benefits identified:

- Increased range of activity offered through the summer via cross service working.
- Opportunity to bring in new revenue streams via Scottish Government funding.
- Participation barriers (financial) have been somewhat removed for families who may have been otherwise not able to attend.

- High occupancy across all activities offered.
- Improved relationships with key partners involved in targeted work (SBC Education, Quarriers)

### Data Analysis

Using adapted versions of the Live Borders Healthier, Happier, Stronger survey alongside standard quantitative data analysis, key findings from the GITS programme are as follows:

- Over 4170 visits made by children and young people to Live Borders GITS activities.
- Activity camps (all) averaged 91% occupancy with 69% of places free of charge for targeted children and young people.
- 47% of children reported an increase in their resilience when having to deal with day-to-day problems through GITS.
- 44% reported an improvement in their self-confidence through participation in GITS.
- 35% reported that they had reduced their feelings of loneliness as a result of their participation in GITS.
- 82% reported that they had greater confidence to attend further sport and physical activity opportunities in their schools and wider communities
- 20 activity leaders employed to lead and support activity through the summer:
  - 80% improved their self-confidence.
  - 67% felt more confident about their future employability.
  - 73% learned or developed new skills.

### BANG Summer Camp July 2022 Participation Figures

The table below shows the overall participant figures from the Summer Camp held in July 2022.

Children/ Young People with Additional Support Needs	33
Parent Carers	31
Young Carers	23
Volunteers	6
Overall Participation	93

### Scottish Borders Council Children and Families Social Work Service

Evidence suggests that direct and indirect impacts of poverty can both operate separately and also interact with other factors to increase or reduce the chances of abuse and neglect. It is within this sphere that children and families social work focus their day-to-day interactions and interventions.

Children and Families social work (C&FSW) fulfils specific statutory duties to children and young people in the Scottish Borders, primarily contained in the following pieces of legislation:

- Children (Scotland) Act 1995
- Adoption and Children (Scotland) Act 2007
- Children's Hearings (Scotland) Act 2011
- Children and Young People (Scotland) Act 2014

C&FSW provides a range of functions and interventions linked to the impact of poverty including:

- an initial response to referrals, investigating concerns that children may be at significant risk of abuse and neglect;
- a comprehensive service for all looked after children, children on the child protection register and those who are at high risk of becoming so;
- work with children affected by disabilities and their families;
- recruitment of and support to foster carers and prospective adopters and assessment of kinship carers;
- residential provision for young people and a satellite unit for young people in transition to independent living;

- support to young people who were previously looked after and;
- specialist assessment and support to young people who have offended and their families.
- support for Unaccompanied Asylum-seeking Young People who are aged over 18 but whose immigration status has not been concluded and therefore have no recourse to public funds.

The statutory role of C&FSW necessitates focusing on those children, young people and families assessed as most in need, supporting them to navigate complex systems which frequently place them in positions of disadvantage, and supporting children and their families who experience poverty to access services or resources that they may not have been able to. Examples include charity applications; sourcing essentials items such as food, household goods, and clothing; the provision of practical support; the provision of funding for utilities such as gas and electricity. Advice is provided by staff within the service to support budgeting on a long-term basis, and support is provided to ensure income maximisation and access to correct benefit payments. Where a child is placed with kinship carers, the set-up costs to purchase bed, bedding, clothes, and other equipment is offered to assist the successful commencement of the placement.

C&FSW also fund childminding where it is assessed to be in the child/family's best interest. Self-directed support, where families have increased choice about the support they receive, is currently primarily focused on children with disabilities, however this is a developing area of practice and Scottish Borders C&FSW will continue to engage with Scottish Government to explore options to extend self-directed support to other families.

Scottish Borders C&FSW also commission or purchase a number of services including:

- Aberlour Child Care Trust are commissioned to provide residential respite and day respite play scheme during school holiday periods for children affected by disabilities, and the Sustain Service for children and young people at risk of becoming looked after.
- Who Cares? Scotland are commissioned to provide an independent advocacy service for children and young people who are within external placements.
- Children 1st are jointly commissioned by C&FSW and the Children & Young People's Leadership Group to provide an Abuse and Trauma Recovery Service for children and young people who have been the victims of abuse.
- C&FSW also make a contribution to Children Hospice Association Scotland (CHAS) for hospice care services.
- Purchased services include a number of foster placements from independent providers and placements for children and young people who require intensive support in a residential setting.

## **Scottish Borders Council Education Services**

Education and Lifelong Learning fulfils specific statutory duties to children and young people in the Scottish Borders, primarily contained in the following pieces of legislation:

- The Education (Scotland) Act 1980
- The Education (Scotland) Act 2016
- The Children and Young People (Scotland) Act 2014
- Standards in Scotland's Schools etc. Act 2000

Education and Lifelong Learning provides a range of functions and interventions linked to the impact of poverty. These are set out below.

A commitment to developing a curriculum that reflects the aspirations of the OECD (Organisation for Economic Co-operation) review. This was commissioned by Scottish Government in 2020 and is an independent review into the Curriculum for Excellence.

We continue to work with the wider national agendas of Developing Young Workforce, No-one Left Behind, Young Person’s Guarantee and the South of Scotland Economic development strategy. Learning for sustainability, UNCRC and The Promise are also integral to the new curriculum and culture.

The Partnership with Parents Framework has been updated. All schools have continued to work closely with parents and have built on new ways of engaging with parents that were established during lockdown. The Psychology of Parenting Programme (PoPP) continued to be successful with almost all parents reporting an improvement in their child’s behaviour at the end of the programme. During periods of restriction (due to Covid 19) PoPP groups were held online ensuring that parents were able to access vital support during this stressful time at home with their children.

A Development plan has been agreed with Education Scotland to update Cost of the School Day work. Updated information will be sent to all schools and settings, with plans to engage schools in further professional learning, develop a framework and support schools with self-evaluation. Where possible, schools continue to use pupil equity funding to ensure those pupils impacted by poverty are supported and do not miss out on experiences. PEF planning will change for 2023/2024 and schools will work more collegiately in clusters to plan together. Schools and settings work in partnership with other local authority and third sector organisations to support families with income maximisation and access to benefits and grants.

### Stretch Aims

Following the refresh of the Scottish Attainment Challenge in March 2022, local authorities are now required to submit stretch aims which are shared annually with the Scottish Government as part of statutory plans and reports. Specific ‘core’ stretch aims are to be submitted for improving outcomes for all while closing the poverty-related attainment gap, these should be both ambitious and achievable within local contexts. These are set out in the table below:

CORE STRETCH AIM	OVERALL LEVELS	SIMD QUINTILE 1	SIMD QUINTILE 5	GAP (Q1 – Q5)
ACEL P1, P4, P7 Literacy Combined	75%	60%	87%	27%
ACEL P1, P4, P7 Numeracy Combined	80%	65%	89%	24%
Achieved 1 or more Qualification at SCQF Level 5 (leavers)	88%	75%	96%	21%
Achieved 1 or more Qualification at SCQF Level 6 (leavers)	66%	45%	86%	41%
Participation measure (16-19 in education, employment or training)	94%	89%	98%	9%
HWB: Attendance – Primary	95%	95%	95%	0
HWB: Attendance – Secondary	95%	95%	95%	0

### Scottish Attainment Challenge (SAC)

In March 2022, Scottish Government launched the refreshed Scottish Attainment Challenge (SAC) with its mission to use education to improve outcomes for children and young people impacted by poverty, with a focus on tackling the poverty-related attainment gap. The development of our previously mentioned stretch aims sets ambitious targets for our local authority to close the poverty related attainment gap at pace. Schools have also been supported to develop their own stretch aims and these are monitored throughout the academic year. To ensure our SAC funding from Scottish Government has maximum impact and to improve outcomes at pace for children and young people impacted by poverty, the [Education Equity Strategy 2021-2026](#) was developed. This includes the establishment of the Equity Strategic Board to oversee and provide governance of SAC funds and their use. The short-term outcomes of the strategy have been achieved and actions are in place to meet the outcomes for years 2-5.

### **Strategic Equity Funding (SEF)**

As part of SAC funding, Scottish Borders will receive incrementally increasing funds annually until 2025/26 to support strategic work to close the poverty related attainment gap. In 2021/22, year 1 of this funding, additional strategic resource in the form of depute headteacher posts have been provided to our 3 primary schools with the largest SIMD Quintile 1 population; Burnfoot Community School, Langlee Primary School, and Philiphaugh Community School. Phase 2 of SEF Funding is in the planning stages but involves a multi-agency and community led consultation and decision-making process to ensure the best use of these funds to narrow the poverty related attainment gap. There will be a focus on pedagogy, curriculum development and learning teaching and assessment.

### **Early Learning and Childcare (ELC)**

Support is targeted in our ELC settings to make best use of Excellence and Equity Leads (EELS) to close the poverty related attainment gap. All our ELC children received a free school meal and snack at no cost to parents.

### **Early Years Centres**

EYC's are located in 4 areas where there is the most need in our communities: Burnfoot, Eyemouth, Langlee and Philiphaugh. The centres provide a family-friendly environment open all year round where families can grow and learn together. Centres provide direct support, signposting and a 'one stop shop' of advice for families. Weekly drop-in sessions help build relationships and provide an informal platform for visiting professionals to meet with parents in a relaxed atmosphere. The centres provide both universal and targeted support. The EYC Manager works directly with groups and individuals and manages and facilitates other professionals to work in and from the centres. The work of the Centres is responsive to the needs of the families. EYC's work with parents:

- To feel empowered, supported and listened to
- To feel positive and skilled about making healthy choices for their family and themselves
- Be able to guide and support their children to thrive, grow, develop, and learn.
- Bring families together, model good practice and support parents to play and learn with their children

EYC's offer food through local food banks to families, parenting groups and other supports.

Work has been carried out to link better with schools and Citizen's Advice Bureau in extending communication about benefits and referral processes to parents/carers with primary age children as they don't have the same opportunities to get information from and be referred by NHS staff as families with children under school age. Information is now being added to the recently developed NHS Money Worries App where it can be easily accessed.

EYC's Guidance on the operation of the centres is being updated and will embed the principles of equality, dignity, and respect for all service users. EYC's are aiming to develop outreach services, including support for families in Jedburgh with funding from the Mental Health and Wellbeing Project in collaboration with partners and families.

### **Post School Transitions**

In partnership with Developing Young Workforce Borders and Skills Development Scotland, we delivered our highly regarded careers and skills event; SkillsQuest Borders for care experienced and other learners in S2 and S3 in April 2023. This focused on developing skills, including budgeting, teamwork and cooking on a budget.

### **Positive Destinations for all Care Experienced and Looked After learners**

Established in 2019, the Scottish Borders Virtual School acts as a local authority champion to promote the educational achievement, attainment, and experience of all of our looked after and care experienced children and young people. The Virtual School Headteacher (VSHT) continues to

support and challenge schools and partners to ensure improved outcomes for care experienced pupils, such as positive destinations.

## **Delivering The Promise - #KeepThePromise**

Just over three years ago the Independent Care Review published 'The Promise' and in February 2020, Scottish Government signed up to the actions set out within it. Keeping the Promise requires Scottish Government to work with partners to bring transformational change. The Implementation Plan shares its ambition and works in harmony with the national child poverty plan - Best Start, Bright Futures. Poverty is one of the 5 fundamentals of The Plan 21-24 and steps must be taken at both a national and local level to alleviate the impact of poverty on families.

*"Children growing up in poverty are over-represented on the child protection register and are more likely to be removed from their families..." (the promise)*

*"There must be significant, ongoing and persistent commitment to ending poverty and mitigating its impacts for Scotland's children, families and communities..." (the promise)*

Scottish Borders Council and Partners recognise the huge potential for transformational change and agree that a shift from crisis intervention to early intervention and prevention is needed. An initial plan was developed in Autumn 2022 to create a Whole Family Support Service with funding received from the Whole Family Wellbeing Fund of £668k.

### **Strategic Governance and the Children and Young People's Planning Partnership**

The development of a new multi-agency children's services partnership governance structure over the past twelve months has been significant. The previous structure was reviewed in terms of delivering the Promise and it was agreed to establish both a new governance board – the Children and Young People's Planning Partnership - and associated work streams. The Promise is regarded as the overall policy driver for the new structure and the 4 work streams reflect the Priority Areas of the Plan 21-24 – A Good Childhood, Whole Family Support, Supporting the Workforce and, Planning and Building Capacity.

The new structure leaves Scottish Borders in a much better position to use the WFWF to develop and transform service approaches to early intervention. The Whole Family Support work stream will be the primary route for developments in these areas.

An Intensive Family Support Service, a Family Group Decision Making Service and a two year Brothers and Sisters Project are already in existence and contribute to the delivery of The Promise. An initial Scottish Borders Whole Family Support mapping exercise has been undertaken in order to understand the complex landscape further. Other projects which linked to this are: the Children and Young People's Emotional Health and Wellbeing Project and Primary Care Mental Health and Wellbeing Project.

### **Partnership Working**

ASN youths are provided with the opportunity to participate and engage with SBC's Promise Team through partnership working with BANG (Borders Additional Needs) and SDS (Skills Development Scotland). Eight youths meet weekly with SBC's Promise Team in relation to Human Rights, self-advocacy and understanding of local and national decision-making responsibilities.

### **The Promise awareness raising sessions**

Awareness of The Promise has continued to be promoted through online and face-to-face presentations and workshops with foster carers, inter-agency colleagues, strategic groups, and external partners. Presentations are adapted and tailored depending on the needs of the particular group.



## Student Poverty: Borders College

Poverty amongst the student body remains an ongoing concern, further exacerbated by the cost-of-living crisis being experienced by all.

Over the last academic year Borders College has continued to mobilise resources to help support students and, as far as possible, help mitigate some of the financial pressures faced in the daily challenges of managing lower incomes in a climate of increasing daily living costs.

A key priority for Borders College is to ensure that students access the funding they are entitled to and to date we have awarded in excess of £1.6M in student support funds. This includes significant levels of Discretionary and Hardship funding awards (currently circa £410K Aug 22-Mar 23) to help mitigate the increase in living and fuel costs and to help alleviate some of the hardship difficulties being experienced by our student community.

Food poverty remains an ongoing issue. This has been addressed in part by the provision of free breakfasts for students, issuing supermarket vouchers, grab and go lunch bags and ensuring access to basic provisions from our student larder for those in need. The student support services and students' association have introduced a number of smaller activities including our 'Kindness at Christmas' initiative to offer donated Christmas gifts to those struggling to provide gifts for family and loved ones and our 'Winter Warmers' initiative where students could donate, swap, or take a warm coat, accessories, or blankets throughout the colder months.

The College continues its laptop loan process to ensure students who require IT equipment have access to what they need, along with data packages where required, to ensure appropriate connectivity to support their learning.

## Challenge Poverty Week – October 2022

Scottish Borders Council, NHS Borders and other partners supported Challenge Poverty Week in October 2022 by highlighting the wide range of information, advice and support that is available to support people experiencing financial hardship. The campaign was publicised through social media channels. The social media plan is shown in [Appendix D](#).

## 2023/24 Actions

Our 2023/24 Actions, from across a range of Partners, are set out in [Appendix E](#). They have been aligned to Scotland's offer to families, as set out in Scottish Government's tackling child poverty delivery plan 2022 to 2026, [Best Start, Bright Futures](#). The plan outlines a commitment to working together to deliver differently in order to tackle child poverty head on, and our actions will contribute to that. The table below provides a sample of the work being undertaken in the Scottish Borders.

<b>Part A: providing the opportunities and integrated support parents need to enter, sustain, and progress in work</b>	
A strengthened employment offer to parents	<p>Collaborative work between Borders College, SBC's Employment Support Services and DWP will be undertaken to shape a delivery plan and actions focusing on tackling child poverty through the provision of skills training and targeted interventions.</p> <p>Skills Development Scotland Advisors will continue to support customers (including parents and carers) requiring Careers Guidance or additional employability support through our ongoing presence in Galashiels Job Centre one day per week and in various outreach locations across the Scottish Borders.</p>

Connectivity and childcare to enable access to employment	<p>A pilot project to link employability and access to childcare is being considered by the Child Poverty Action Group. This will involve working with partners in the Local Employability Partnership and Early Years Teams to offer options for parents to engage in work whilst having access to appropriate childcare to allow them to do so.</p> <p>Border College will provide students with funding to cover childcare requirements to enable them to fulfil attendance, study, and work placement requirements of college qualifications.</p>
Transforming our economy	<p>Collaborative work will continue between SBC Education, Skills Development Scotland, DYW Borders, Borders College and local employers/partners to increase skills and likelihood of young people impacted by poverty achieving a positive destination.</p> <p>SBC's Employability Services will engage with employers to ensure fair, rewarding, and sustainable work opportunities are promoted and supported.</p>
<b>Part B: maximising the support available for families to live dignified lives and meet their basic needs</b>	
A transformational approach to people and place	<p>Borders College will extend a specific mental health counselling service to support students with mental health challenges.</p> <p>Scottish Borders Council (SBC) intends to deliver its vision for Place Making and regeneration.</p>
Enhanced support through social security	<p>Parental Employability Services will continue to provide a comprehensive Income Maximisation assessment to clients to ensure all funding streams are explored for families both unemployed and in work.</p>
Income maximisation	<p>Skills Development Scotland (SDS) will administer a client intervention fund to assist with the removal of barriers to employment e.g., interview clothes and passports. SDS support individuals to complete funding applications including Independent Living Fund.</p> <p>Referrals for the Early Years Financial Inclusion service are received from a variety of sources including NHS, nurseries, schools, and partner organisations. The service will undertake take up campaigns to encourage people to apply for benefits or support where parents might not have been aware of their potential entitlement.</p>
Access to warm and affordable homes	<p>JHIT shall continue to work in partnership with Borders Home Energy Forum members to support fuel poverty interventions.</p> <p>SBC will continue to provide support Housing Benefit and Discretionary Housing Payment applications to assist with rent payments.</p> <p>Berwickshire Housing Association (BHA) shall provide direct and intensive support to prevent tenancy failure and homelessness.</p>
<b>Part C: supporting the next generation to thrive</b>	
Best start to life	<p>SBC Early Years Team will work directly with health visitors to ensure breast feeding and weaning advice and practical support is readily available in Early Years centres for families.</p>
Supporting children to learn and grow	<p>Live Borders will offer drop in craft and reading sessions for children in the Scottish Borders libraries.</p> <p>Strategic Equity Funding will be used by SBC Education to narrow the</p>

	poverty attainment gap through resourcing improvements in pedagogy, curriculum development and learning teaching and assessment.
Post school transitions	Free bus travel for under 22's will continue to be promoted across a range of services.  The Local Employability Partnership and Young Persons Guarantee will refresh the framework to support transitions through 14+ school meetings.

## Conclusion

In accordance with The Child Poverty (Scotland) Act 2017, the Scottish Borders Local Child Poverty Annual Report for 2022/23 describes the activities undertaken and planned locally to contribute towards Child Poverty targets set out in the Act.

It is clear from the Annual Progress Report for 2022/23 that Child Poverty in the Scottish Borders is a prominent issue which Partners take seriously, as shown by their actions, and we are grateful for their contributions to this report as well as their actions on the ground to make a difference to children and their families.

As well as the progress made in 2022/23, we are pleased to set out actions for 2023/24. The Scottish Government national delivery plan for 2022-26 demonstrates a clear commitment to tackling child poverty both nationally and locally. This Local Child Poverty Report and Action Plan recognises that national commitment and provides an insight into the work that Scottish Borders Council, NHS Borders, and Partners all do to play their part.

Working with the Community Planning Partnership, and recognising their contribution through the actions within their four priority themes, we will continue to raise the profile of, and tackle child poverty in the Scottish Borders through 2023/24 and beyond.

## Appendices

### Appendix 1A - Local Child Poverty Context and Statistics

Information provided shows evidence on drivers of child poverty, along with information on the groups of people who are more at risk of experiencing child poverty.

#### Child Poverty Headlines

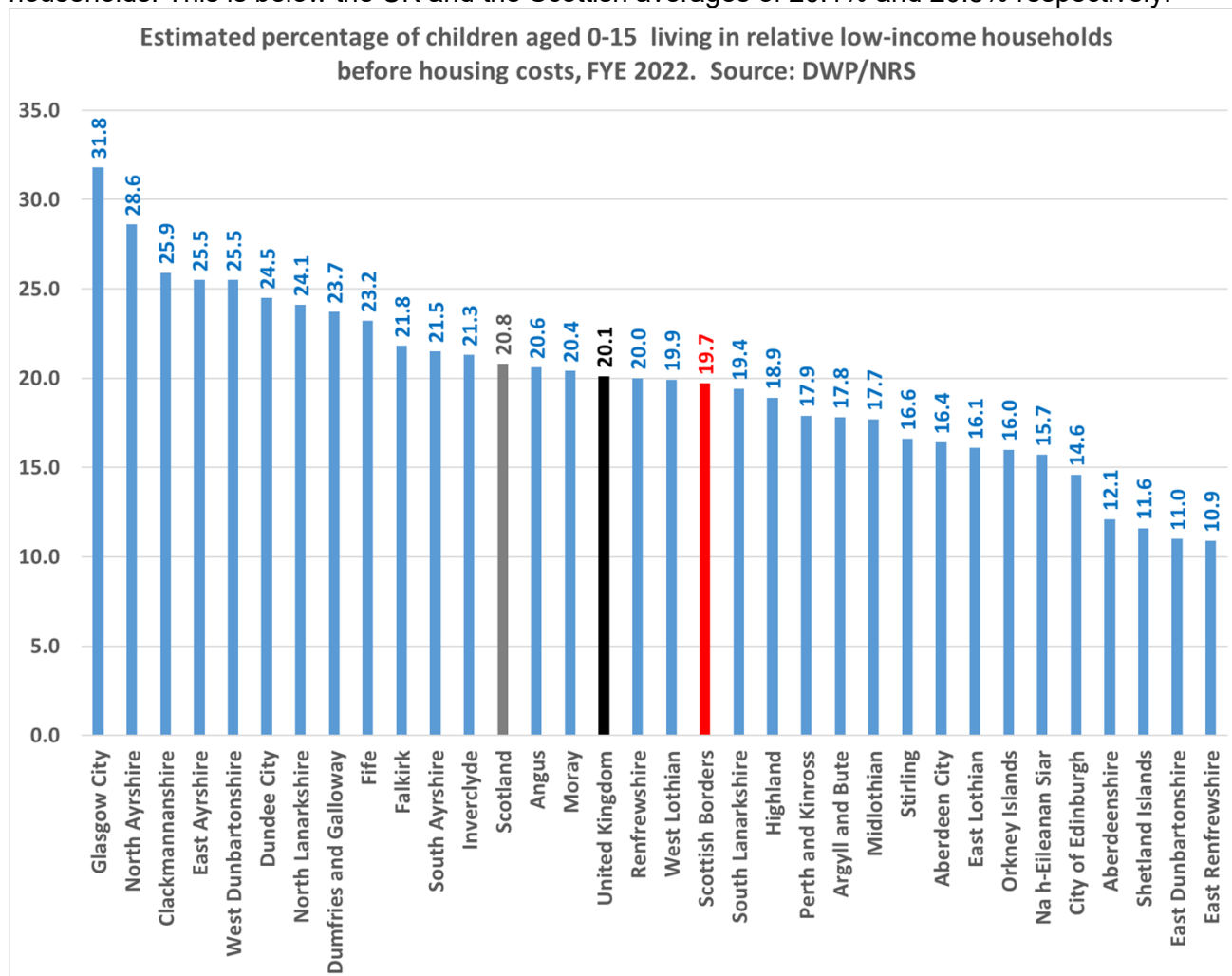
The information in the Headlines section contains indicators that can be used as ‘proxy’ measures of child poverty locally.

The Department of Work and Pensions (DWP) publication “[Children in low income families: local area statistics 2014 to 2022](#)” provides information at local authority and ward level to help monitor child poverty and its drivers locally.

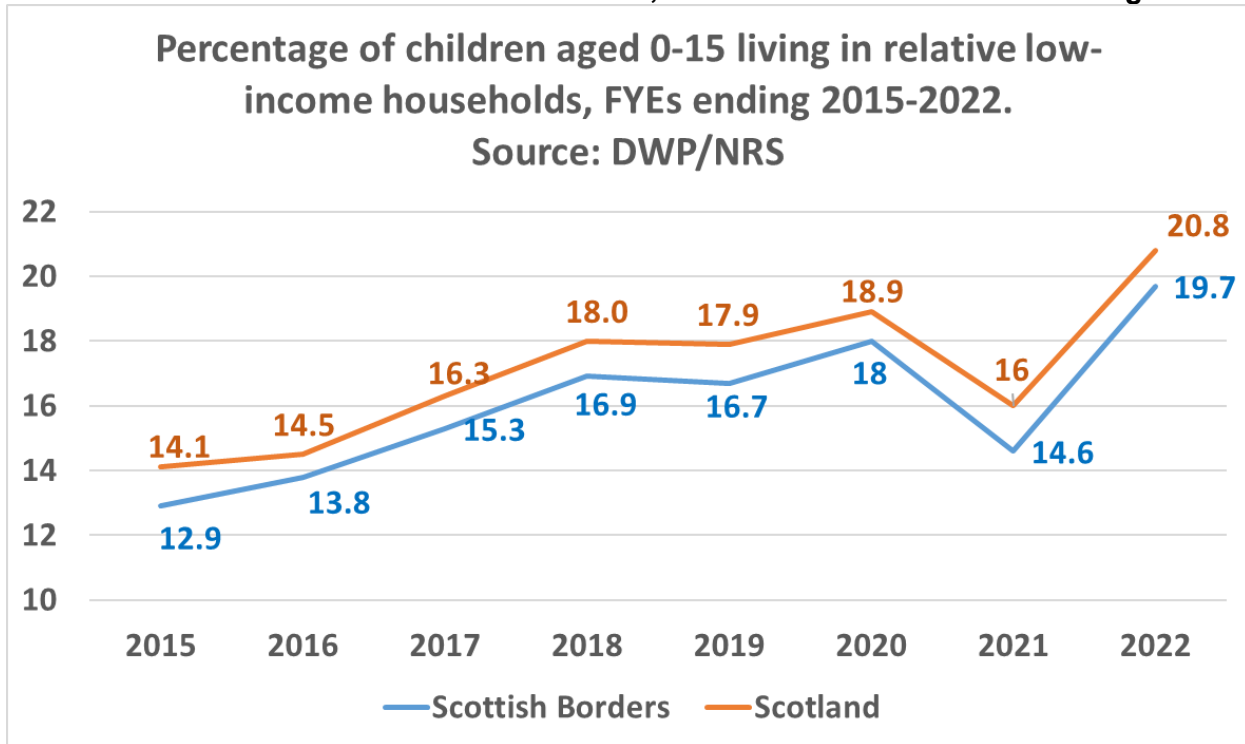
#### Children in Low-income Families, before housing costs

Relative child poverty in a given year is when a family is assessed as having a low household income by the median income standards of the given year. The family must also claim Child Benefit and at least one other household income benefit (Universal Credit, tax credit or Housing Benefit) at any point in the financial year.

The chart below depicts the Scottish Government/DWP figures for the Financial Year Ending (FYE) 2022 at **19.7%** of children aged 0-15 in the Scottish Borders living in relative low-income households. This is below the UK and the Scottish averages of 20.1% and 20.8% respectively.



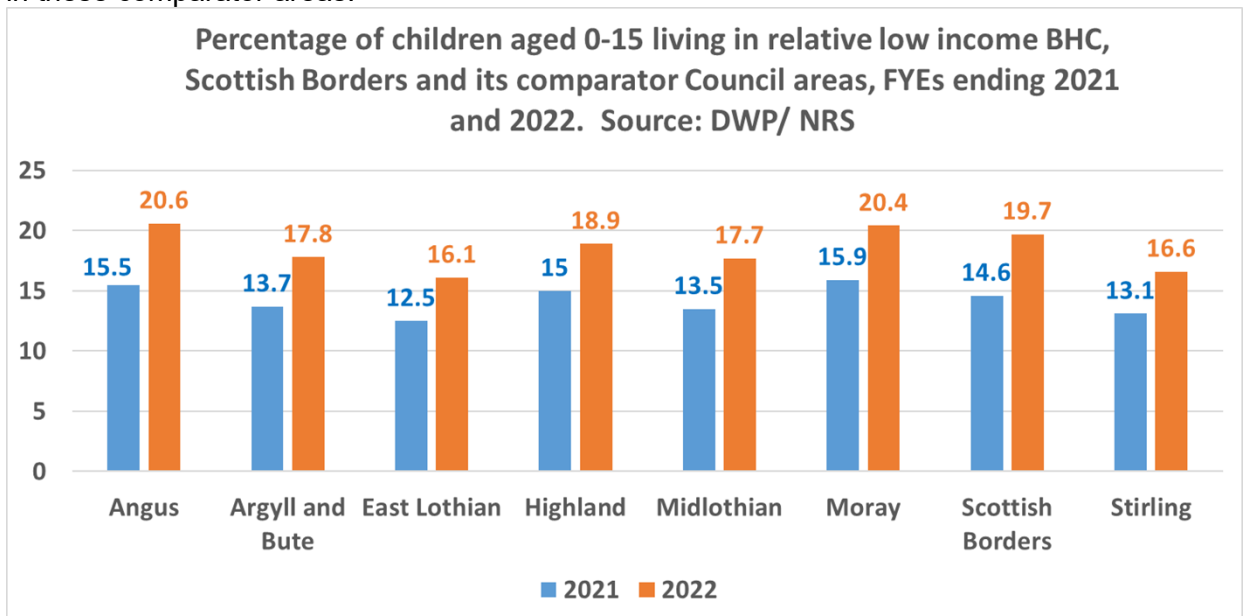
**Children in Low-income households over time, FYEs 2015 to 2022 before housing costs**



The line graph above shows the timeline of this measure since FYE 2015.

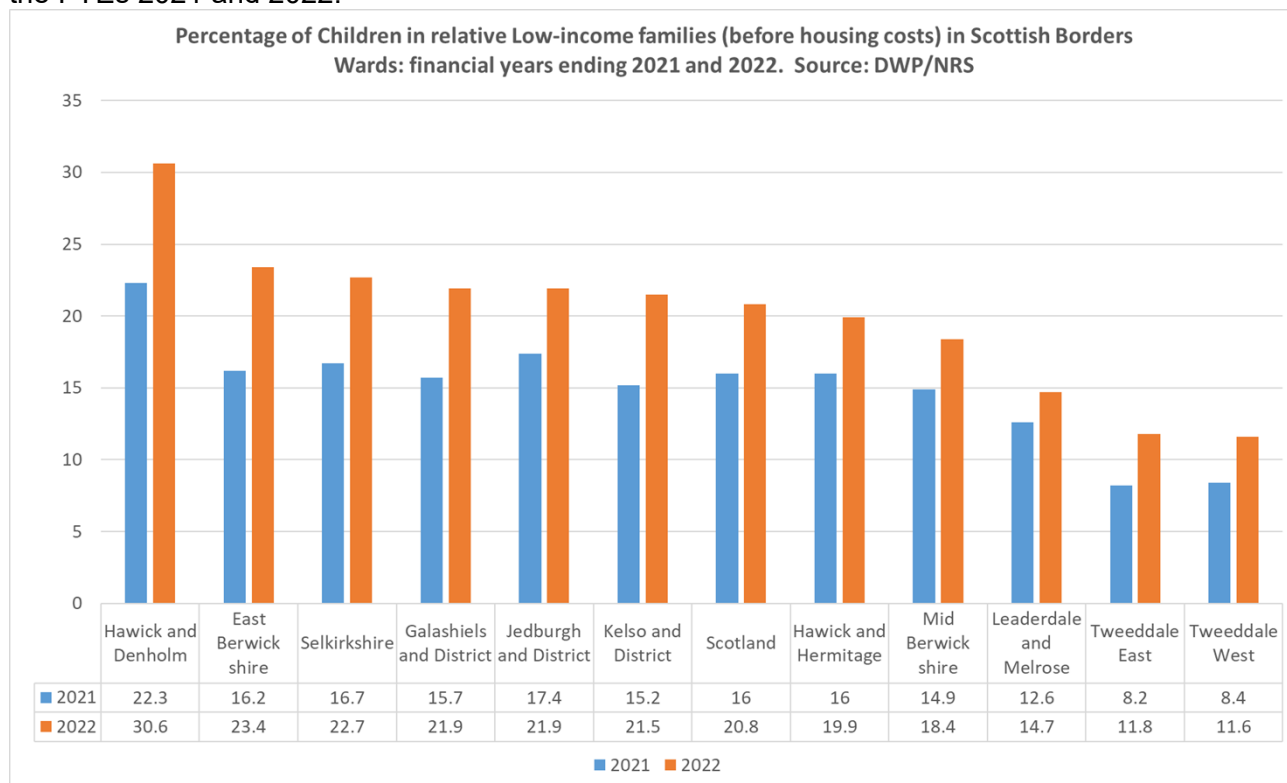
**Changes since the previous year: Scottish Borders and comparator Local Authority areas**

The Scottish Borders is in a benchmarking group with seven other Scottish Local Authorities. The bar chart below shows how relative child poverty in 2021 and 2022 compares with the position in these comparator areas.



## Children in Low-income Families in Scottish Borders Electoral Wards

The chart below shows the Relative Child Poverty data at Scottish Borders Electoral Ward level for the FYEs 2021 and 2022.



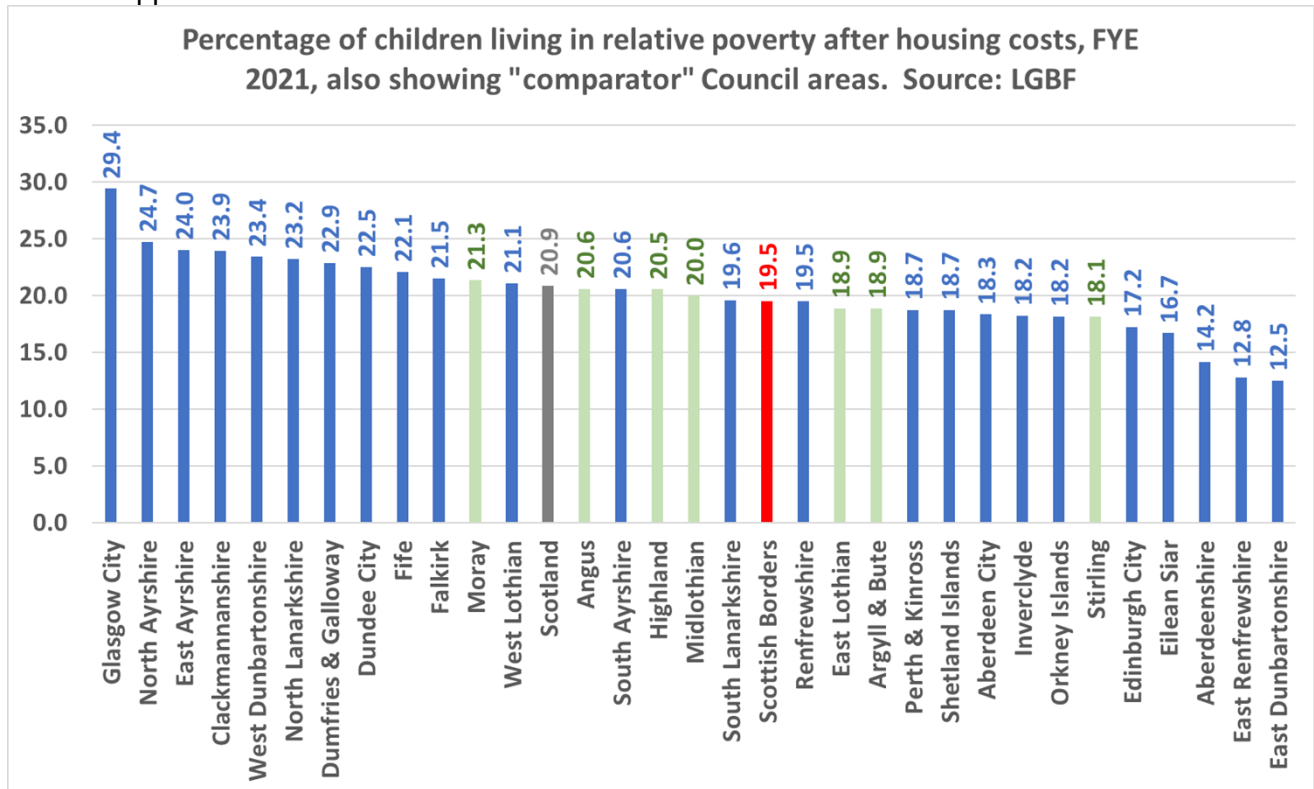
## Numbers of children in relative low-income families, Electoral Wards

The following table gives an indication of the numbers of children who are estimated to be living in relative low-income families in the financial years ending 2021 and 2022.

Number of children in relative poverty (before housing costs) in Scottish Borders Wards				
Ward	2021	2022	% increase 2021-22	No. of children 0-15, 2021
Galashiels and District	400	556	39.0	2,534
Hawick and Denholm	371	500	34.8	1,632
East Berwickshire	289	413	42.9	1,763
Selkirkshire	251	338	34.7	1,489
Jedburgh and District	253	319	26.1	1,455
Kelso and District	218	301	38.1	1,401
Mid Berwickshire	233	291	24.9	1,582
Leaderdale and Melrose	239	277	15.9	1,880
Hawick and Hermitage	190	237	24.7	1,188
Tweeddale East	163	233	42.9	1,981
Tweeddale West	151	210	39.1	1,818

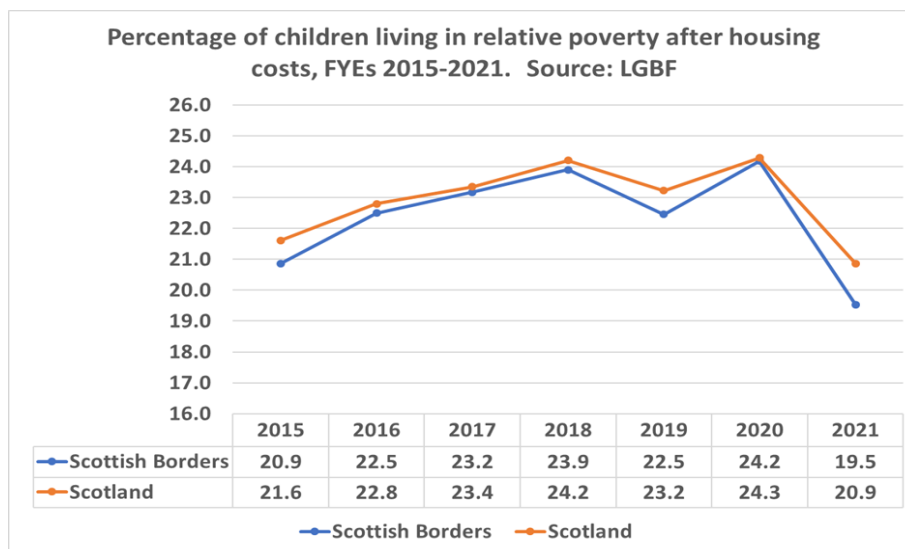
## Children in Low-income Families, after housing costs

The [Local Government Benchmarking Framework \(LGBF\)](#) presents child poverty estimates (after housing costs) at local authority level, which are produced by the End Child Poverty Coalition. This measure is for relative poverty after housing costs, which provides important alignment with the targets set out in the Child Poverty (Scotland) Act 2017 and is therefore regarded as the “key” statistic on child poverty. This data shows the period following the introduction of the first round of the Scottish Child Payment but before the full aftermath of the pandemic and the cost-of-living crisis became apparent.



The chart above shows that the Scottish Borders (red bar) had 19.5% of children living in child poverty in 2020-21 (i.e., in households with a household income that was 60% below the median for that year). This is slightly below the Scottish average (grey bar) and is very much in the middle of its comparator council areas (green bars). The comparator Local Authorities were chosen by LGBF as they share certain population, urban/ rural and deprivation characteristics with the Scottish Borders.

## Children in Low-income households over time, FYEs 2015 to 2021 after housing costs



The trend in the Scottish Borders is similar to the Scottish average but has always been marginally lower. In 2020-21 the proportion of children living in poverty (after housing costs) was the lowest in seven years, although 1 in 5 children still lived in relative poverty. This was during the period where Child Welfare Payment for under 6s had been introduced to address surging levels of child poverty, but before the effects of the pandemic and the cost-of-living crisis had affected child poverty levels. Data for 2022 is not yet available but is expected to show a sharp increase in child poverty, which will be countered by the increase in value and range of the Scottish Child Payment from December 2022.

## Child Poverty Drivers

The three drivers of child poverty considered in this report are:

1. Income from employment
2. Costs of living
3. Income from social security and benefits in kind



## Income from employment

The following section presents evidence from official statistics on topics such as earnings and jobs, particularly in households with children. This does not measure child poverty directly but helps to provide some background context to the current position.

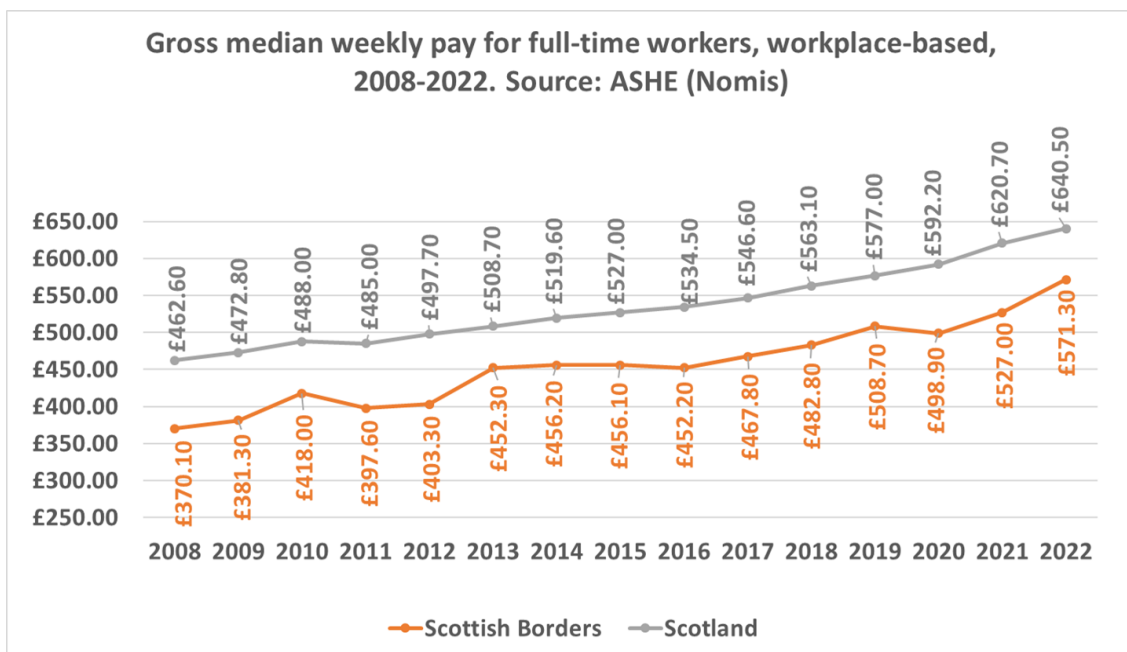
### a) Average weekly Earnings

In 2022, the **median gross weekly pay** for full time workers living in the Scottish Borders (residence based) in the Scottish Borders was £617, **£23 below** the £640 for Scotland or **96% of the Scottish figure**. The regional pay gap between Scottish Borders and Scotland has greatly improved since 2021 for workers who live in the region.

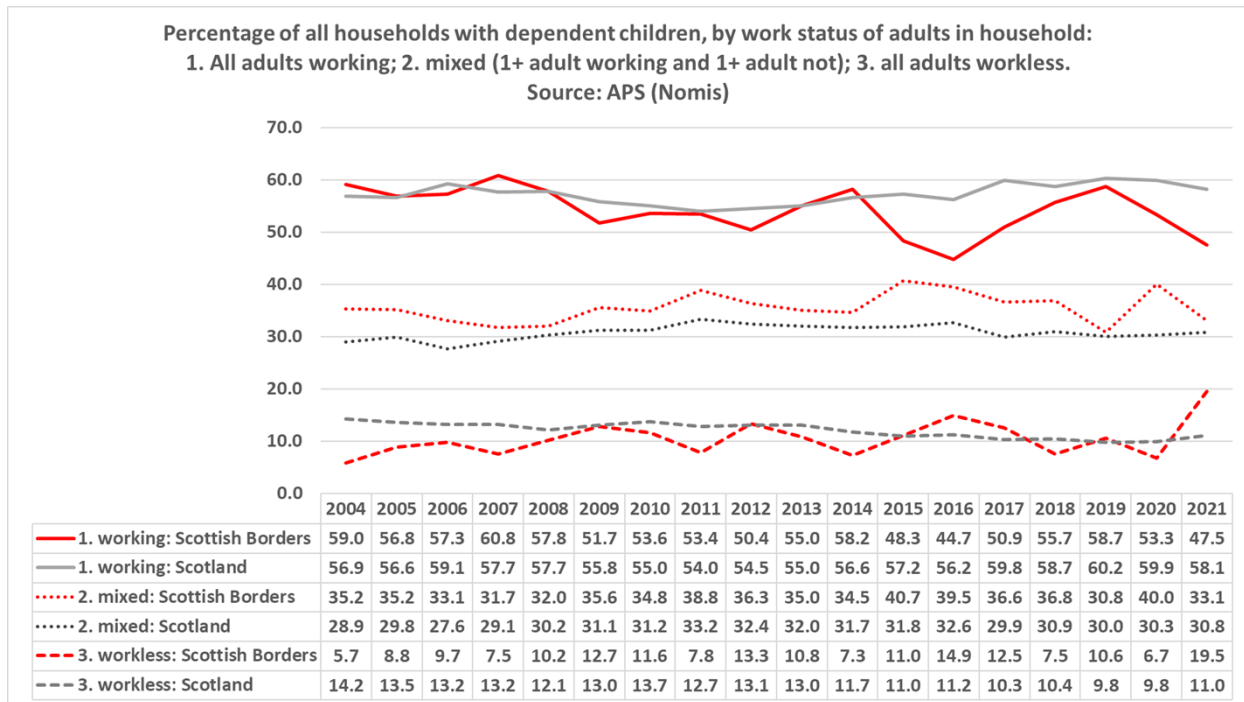
([Annual Survey of Hours and Earnings - NOMIS](#))



In 2022, the **median gross weekly pay** for full time workers working in the Scottish Borders (workplace based) was £571.30, £69.20 less than the £640.50 for full-time workers working elsewhere in Scotland. This is **89% of the Scottish figure**.



## b) Households with Children by work status of adults in household

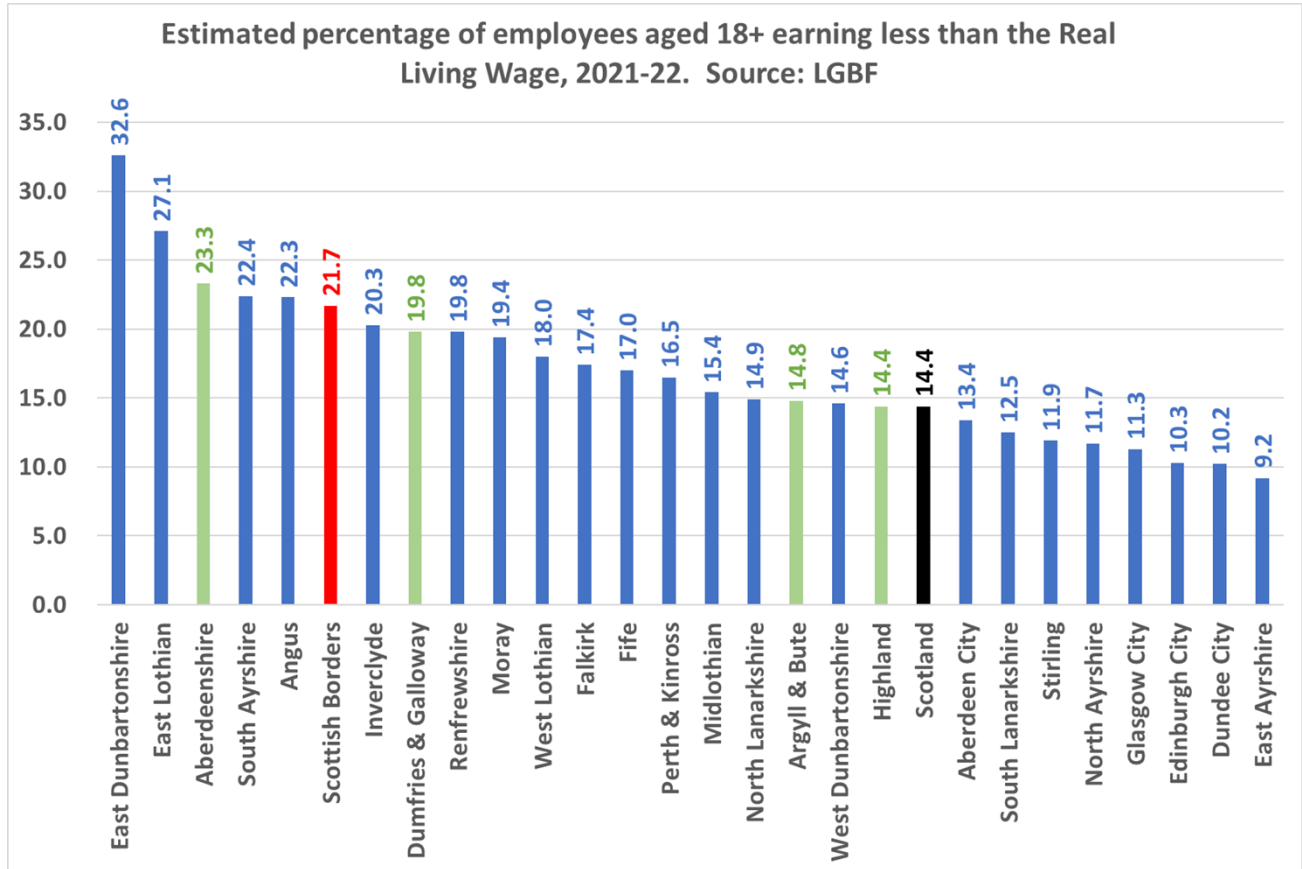


The above timeline shows the work status of adults in households with children between 2004 and 2021. The red lines show the Scottish Borders pattern for each of the three work status indicators. The grey lines show the Scottish average for each.

Reasons for adults with children to not work can be positive (e.g., making a positive decision to look after home and family) but the sharp increase in workless family households since Covid-19 indicates that families in the Scottish Borders are currently finding it more difficult than ever before to find work (or affordable childcare) that suits their circumstances.

### c) Percentage of employees (18+) earning less than the real living wage

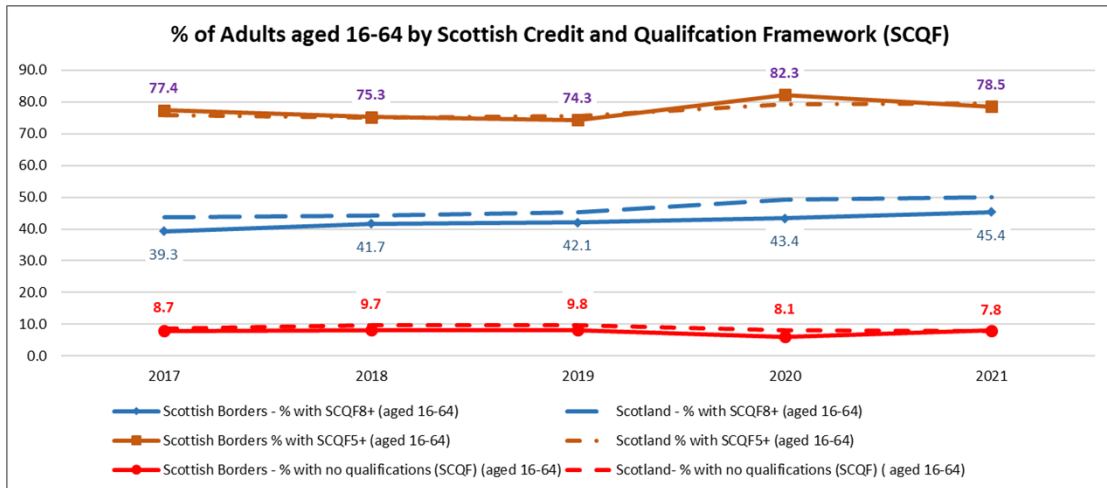
This indicator is a key measure of “inclusive growth,” aimed at monitoring and reducing income inequality. The data is extracted from the Annual Survey of Hours and Earnings (ASHE) for the [Local Government Benchmarking framework \(LGBF\)](#), which also offers comparisons with selected “comparator Council areas.”



The chart above shows that the proportion of employees (18+) earning less than the real living wage in the Scottish Borders (red bar) was 21.7% in 2021-22, notably higher than the Scottish average of 14.4% (black bar). It is the sixth highest proportion out of the 27 Local Authority areas that submitted sufficient data on the measure, and second highest out of its “comparator” Council areas, after Aberdeenshire.

### d) Skills and Qualifications

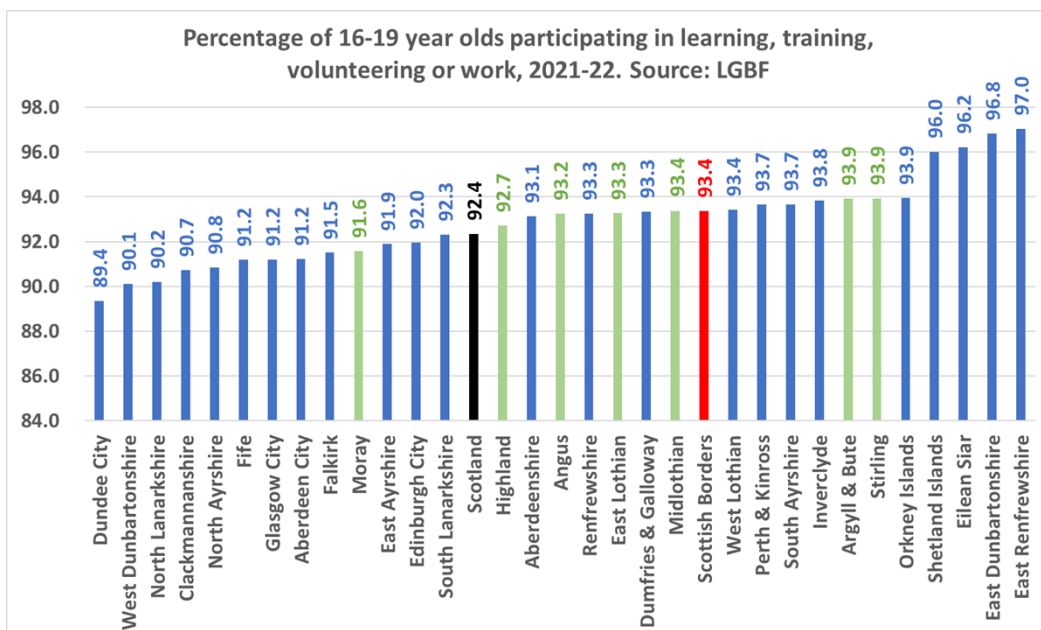
The chart below shows three levels of qualification data from the Annual Population Survey in [Nomis](#), for the Scottish Borders and Scotland. The level of qualifications of adults aged 16-64 in the Scottish Borders has consistently been similar to the level for Scotland, as seen in the graph below. In 2021, 78.5% of adults in the Scottish Borders had at least one qualification at SCQF Level 5 or greater. 45.4% were educated to college degree level, slightly below the Scottish average. 7.8% had no qualifications, which has remained relatively unchanged and similar to the Scottish average since 2017.



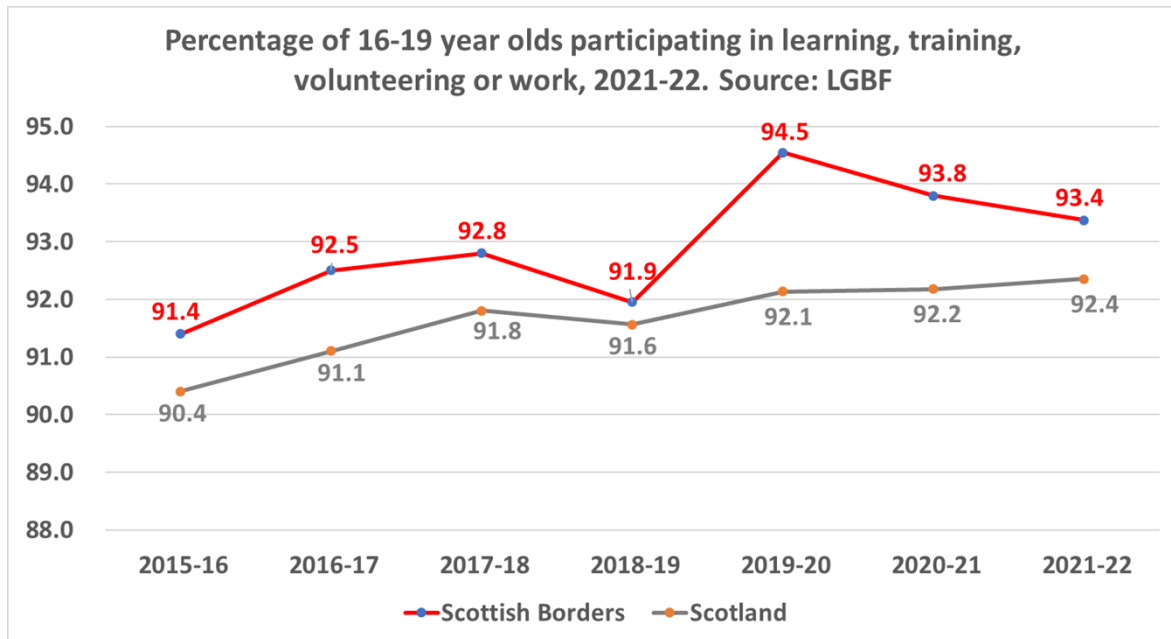
An estimated **6.0%** of working-age people in the Annual Population survey had no qualifications in 2020. This is better than the Scottish average of **8.1%**. (Nomis)

### e) Participation of 16–19-year-olds

This indicator is taken from Skills Development Scotland for the [Local Government Benchmarking framework \(LGBF\)](#), which also offers comparisons with selected “comparator Council areas.” The comparator Local Authority areas for Scottish Borders for this measure are shown with green bars in the chart below. The chart below shows that 93.4% of all 16–19-year-olds (not just new school leavers) were participating in a positive outcome in 2021-22. This is slightly higher than the Scottish average of 92.4% and is among the better results out of the other 7 comparator areas for this measure.



## f) Participation of 16–19-year-olds over time



The timeline above shows that the Scottish Borders has always had a better positive participation rate than the Scottish average, and this reached an all-time high just before the Covid-19 pandemic struck. Most young people were still signed up to a place of work or study throughout the disruption, even if physical attendance was intermittent. Participation rates in Scotland are steadily increasing, despite the pandemic, presenting a challenge to the Scottish Borders to recover quickly from the past three years and maintain its place above the Scottish average.

## g) Rural isolation and Access Deprivation

**48%** of children in the Scottish Borders live in small rural settlements of under 3,000 people in 2020, according to the Scottish Urban-rural Classification system.<sup>2</sup> Settlements with under 3,000 people make up 48% of all neighbourhoods in the Scottish Borders.

**7%** of all Scottish Borders children live in small “remote rural” settlements of under 3,000 people, more than 30 minutes’ drive away from the nearest town.

**41%** of children in small settlements of under 3,000 people are classified as “accessible rural”, i.e., they live within 30 minutes’ drive from their nearest town.

According to the 2020 Scottish Index of Multiple Deprivation, most of the communities outside the main towns in Scottish Borders suffer from access deprivation, meaning that they must live with longer journey times to shops and essential services, and potentially access to employment, than people living in many other regions take for granted.

<sup>2</sup> <https://statistics.gov.scot/home>

## Costs of Living

The following section presents evidence from official statistics on topics such as consumer price inflation, fuel poverty, financial strain on households and personal debt. This does not measure child poverty directly but helps to provide some background context to the current position.

### a) Consumer Price Inflation

The ONS produce the [Consumer Price Inflation](#) each month which provides National Statistics for price indices, percentage changes and insight for the changes. The key findings from the October 2022 report include:

- The Consumer Prices Index including owner occupiers' housing costs (CPIH) rose by 9.6% in the 12 months to October 2022, up from 8.8% in September 2022.
- Despite the introduction of the government's Energy Price Guarantee, gas and electricity prices made the largest upward contribution to the change in both the CPIH and CPI annual inflation rates between September and October 2022.
- Rising food prices also made a large upward contribution to change with transport (principally motor fuels and second-hand car prices) making the largest, partially offsetting, downward contribution to the change in the rates.

### b) Fuel Poverty

A household which has to spend over 10% of its household income on fuel, after housing costs, to keep the home acceptably warm, is said to be in fuel poverty. "Extreme Fuel Poverty" is similarly defined, but with a threshold of over 20% of household income.

The distribution of fuel bank vouchers by the Borders Housing Network from April 2022 – March 2023:

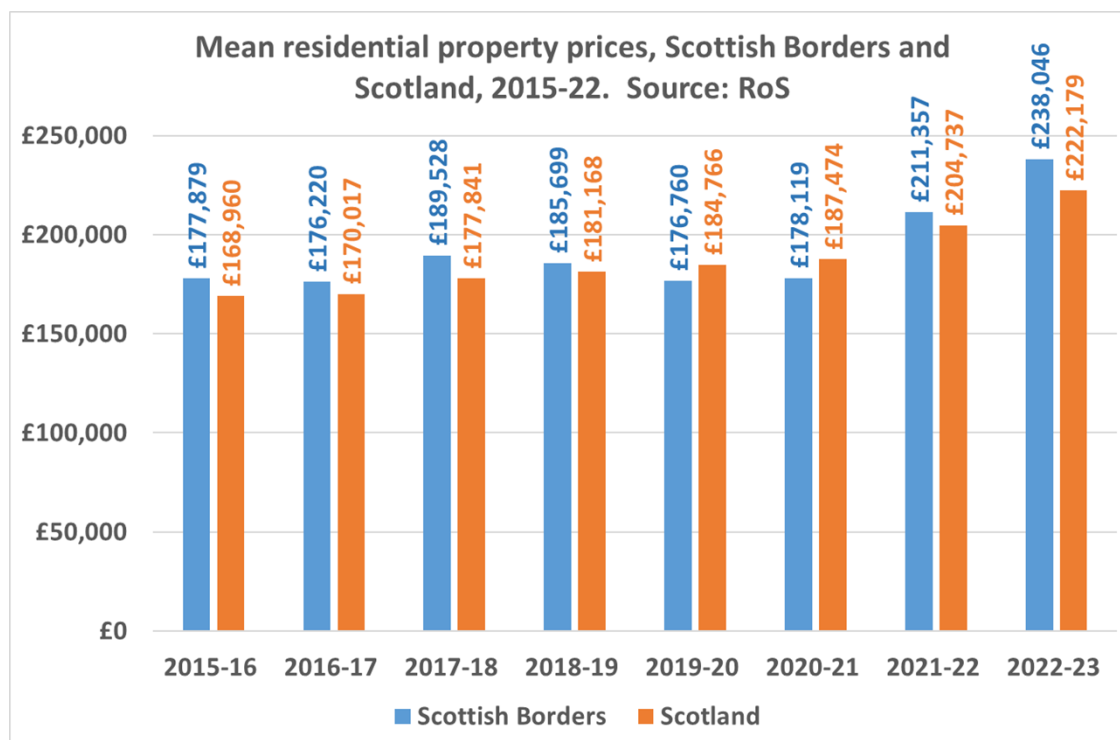
Total distributed	2,247 vouchers
People assisted with fuel debt	4,251 (2,781 adults and 1,470 children)
Total expenditure	£101,990

### c) House Prices

Source: [House price statistics - Registers of Scotland \(ros.gov.uk\)](#)

House prices provide a general indication of the cost of living in an area: the higher the house prices, the more likely the household will have higher mortgage repayments or rent costs, which will directly impact on their cost of living. Between 2015-16 and 2022-23 the mean residential property price in the Scottish Borders has been similar or slightly higher compared to house prices in Scotland as a whole. This indicates that rent and mortgage costs in the Scottish Borders are similar to those elsewhere in Scotland. However, wages in the Scottish Borders have consistently been below the Scottish level indicating that housing costs in Scottish Borders are relatively less affordable, compared to households in Scotland as a whole.

The graph below shows that the average property prices have generally increased in the Scottish Borders since 2015 and have generally been above the Scottish average.



Source: <https://www.ros.gov.uk/data-and-statistics/house-price-statistics>

## Income from social security and benefits in kind

Issues around social security benefits for families with children are listed as the third driver of child poverty. The Children in Low-Income Families indicator shows that most families are already living in at least relative poverty in order to qualify for welfare benefits. Official Statistics around use and take-up of welfare benefits fall into two categories:

1. Families who qualify for benefits and are supported by social security to meet their basic needs
2. Families who fall through the gaps in the social security system or receive inadequate support, and are in crisis

Families living in crisis due to insufficient social security support tend to be undocumented and are therefore very difficult to measure. These figures tend to present in different ways, such as food insecurity and foodbank use, housing insecurity and homelessness, chaotic lifestyles, crisis grants and mental and physical health problems.

Universal Credit (UC) is a single payment for each household to help with living costs for those on a low income or out of work. It is replacing six benefits, commonly referred to as the legacy benefits:

- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Income Support
- Working Tax Credit
- Child Tax Credit
- Housing Benefit

Support for housing costs, children and childcare costs are integrated into Universal Credit. It also provides additions for people with a disability, health condition or caring responsibilities which may prevent them from working.

Claimants are at risk of not receiving the correct amount of Universal Credit, or being refused UC, if their circumstances or household income change frequently, or their living situation is unstable, or if they are not able to produce the correct paperwork, or if they are sanctioned or deducted for any reason. These households who fall through the safety net are then at risk of severe poverty, which is insufficiently documented, and which can manifest itself in other ways, such as debt, food bank use, homelessness, mental health problems, substance misuse and crime.

Although there is almost certainly a level of under-claiming due to households stumbling over the claims process or still awaiting transfer from legacy benefits, the statistics for Households receiving Universal Credit provides an insight into priority families in relative poverty.

#### a) Households receiving Universal Credit

The table below shows the number and proportion of households in the Scottish Borders receiving Universal Credit compared to Scotland. Overall the Scottish Borders has a lower proportion of households receiving UC (12.9%) compared to 16.1% for Scotland. In the Scottish Borders there were 3,015 households claiming the 'Child Entitlement' or 5.4% compared to 6.5% for Scotland.

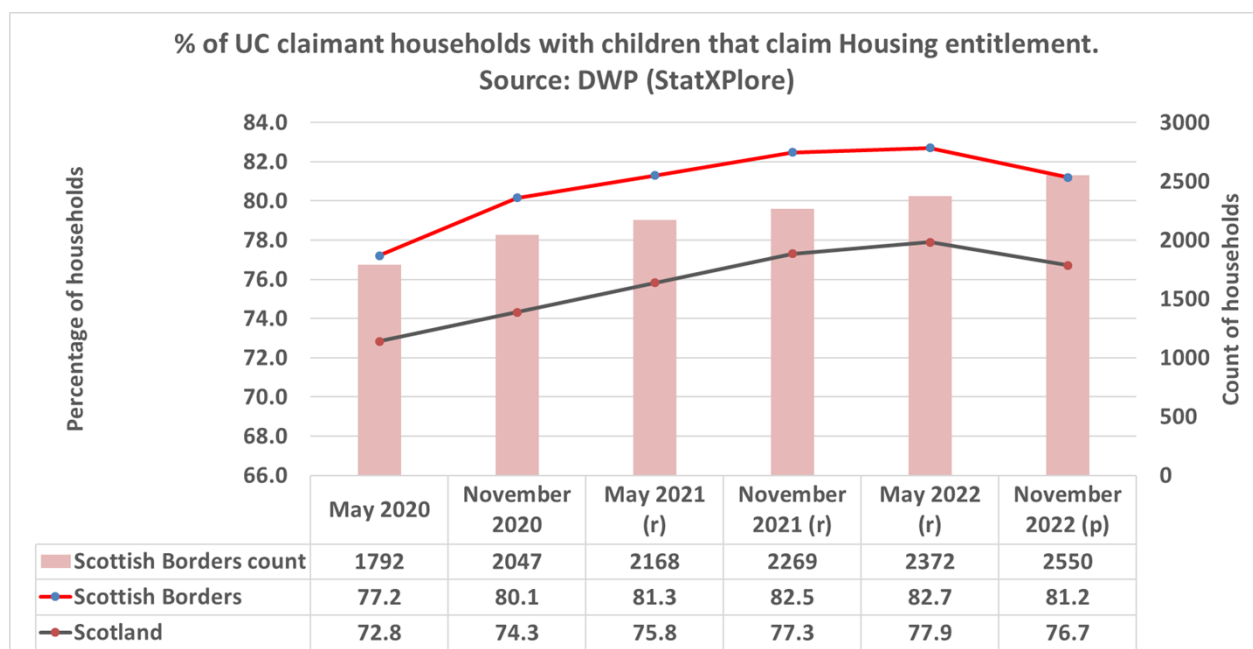
Universal Credit Households November 2022 (provisional figures)	Scottish Borders No of Households	% of All Occupied Households	
		Scottish Borders	Scotland
All Occupied Households	55,557		
All Universal Credit Households (UCH)	7,193	12.9	16.1
UCH with Children	3,140	5.7	6.7
UCH claiming Child Entitlement	3,015	5.4	6.5
UCH Lone Parent	2,115	3.8	5.0
UCH with 3+ Children	613	1.1	1.2
UCH with Child Under Age 1	273	0.5	0.5
UCH with Children - Child Disability Entitlement	275	0.5	0.7
UCH with Children - Adult Disability Entitlement	443	0.8	1.0

Source: DWP/NRS



## b) Households with Children who claim the Housing Entitlement of Universal Credit

The chart below indicates that the majority of households with children who interact with the Universal Credit system need help with their housing costs, and that housing unaffordability is affecting households with children in the Scottish Borders than on average for Scotland. As of November 2022, 81.2% of all Universal Credit-claiming households with children, or 2,550 households in Scottish Borders, claim the entitlement formerly known as Housing Benefit. The numbers below do not provide a full picture of housing insecurity. Housing Benefit is still in operation for some categories of claimant, and people who live in hostels or temporary accommodation are not eligible to apply for help with their housing costs. Applicants to Universal Credit must provide documentary proof of their housing costs. This means that the applicant must have paid their first installment of costs for the housing before they are able to apply for welfare benefits, to be paid in retrospect, which is very difficult for families already in financial and housing insecurity to do. There is inevitably an unknown number of undocumented families who are unable to claim help with their housing costs and are at risk of homelessness.



(p): the figures are provisional

(r): the figures have been revised since the previous statistical release

## c) Food insecurity

### Foodbanks and community food redistribution outlets

Information available on the [SBC website](#) indicates that there are 29 **food redistribution outlets** in the Scottish Borders in 2023, including: food banks, FareShare providers, Early Years Centres, Community cafes and food larders.

The locations were:

- 12 in Berwickshire
- 2 in Cheviot
- 6 in Eildon
- 3 in Teviot & Liddesdale
- 6 in Tweeddale
- 

Another five participating independent food banks noted by the Independent Food Aid Network<sup>3</sup> (IFAN) in the Scottish Borders in March 2023, are based in Galashiels, Selkirk, Jedburgh, Duns and Eyemouth. Local foodbanks differ in their capacity to collect data about users, but reports highlight

<sup>3</sup> <https://www.foodaidnetwork.org.uk/scotland-food-bank-data>

that 25% of their client base are children.

#### **d) Financial, food and material support for children in Education**

Free School Meals are available to all P1-5 children in the Scottish Borders, regardless of circumstances. A separate means-tested Scottish Government-funded scheme of free school meals for P6-S6 pupils is available to eligible households and is administered by the Local Authority.

Other support for families with children in education includes:

- School clothing grant - in 2022-23 this was an annual payment £120-£150 per pupil to assist with the cost of school clothing and footwear.
- Education Maintenance Allowance (EMA) is a UK Government benefit of £30 per week, paid to eligible students aged 16-19 who choose to continue with their education, in an attempt to close the deprivation attainment gap between the most-deprived and the less-deprived areas.

#### **e) Scottish Child Payment**

The Scottish Child Payment is a Scottish Government top-up benefit for households with children that was introduced in February 2021. Initially the weekly payment of £10 was awarded to families claiming universal credit with children aged 0-5.

Since December 2022, the weekly payment was increased to £25 per week and expanded to all children aged 0-15. Official Statistics for this new benefit will be available in 2024.

### **Priority Groups**

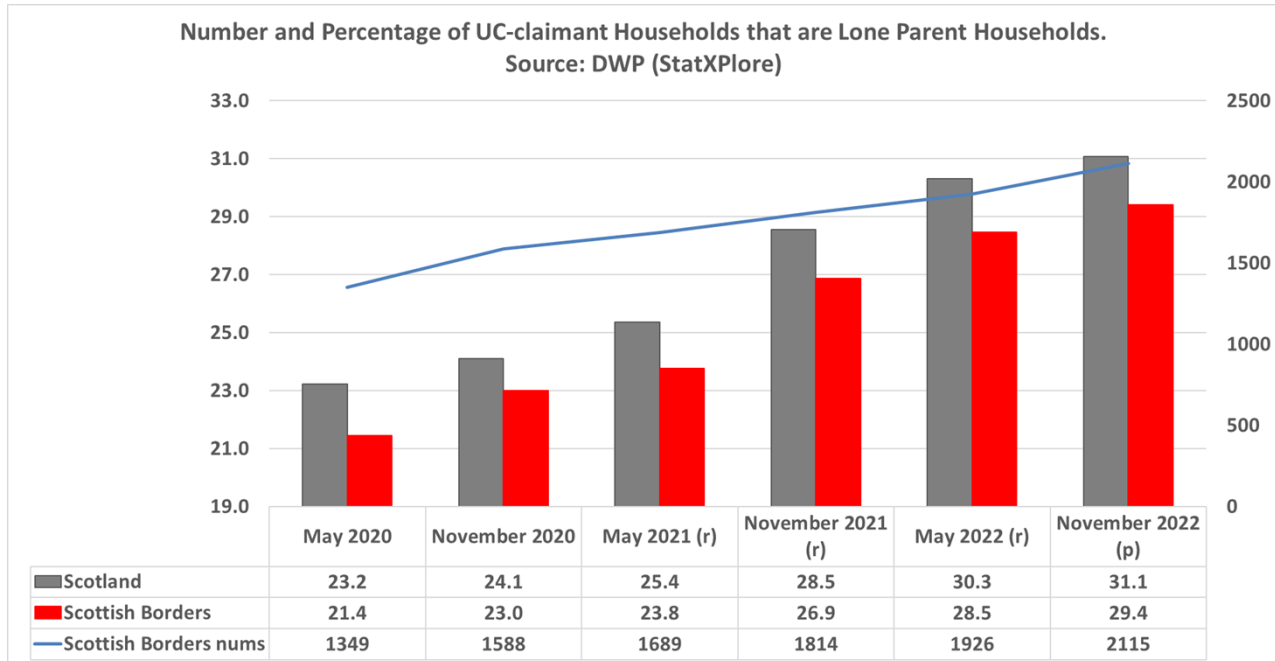
This section provides context on the priority groups identified in '[Best Start, Bright Futures](#)' and profile information on child population. According to [Public Health Scotland](#), more than 8 out of 10 children in relative poverty in Scotland are in at least one of these priority groups:

1. lone-parent families
2. a household where someone is disabled
3. families with three or more children
4. minority ethnic families
5. families with a child under one year old
6. families where the mother is under 25 years of age.

## Priority Group 1: Lone Parents

### a) Lone Parents claiming Universal Credit

The chart below shows that 29.4% of Universal Credit claiming households were Lone Parent Households in the Scottish Borders, in November 2022. This is equivalent to 2,115 households. The proportion has always been below the Scottish average, but it is increasing. The numbers of Lone Parent Households claiming Universal Credit is also increasing, in the Scottish Borders and Scotland.

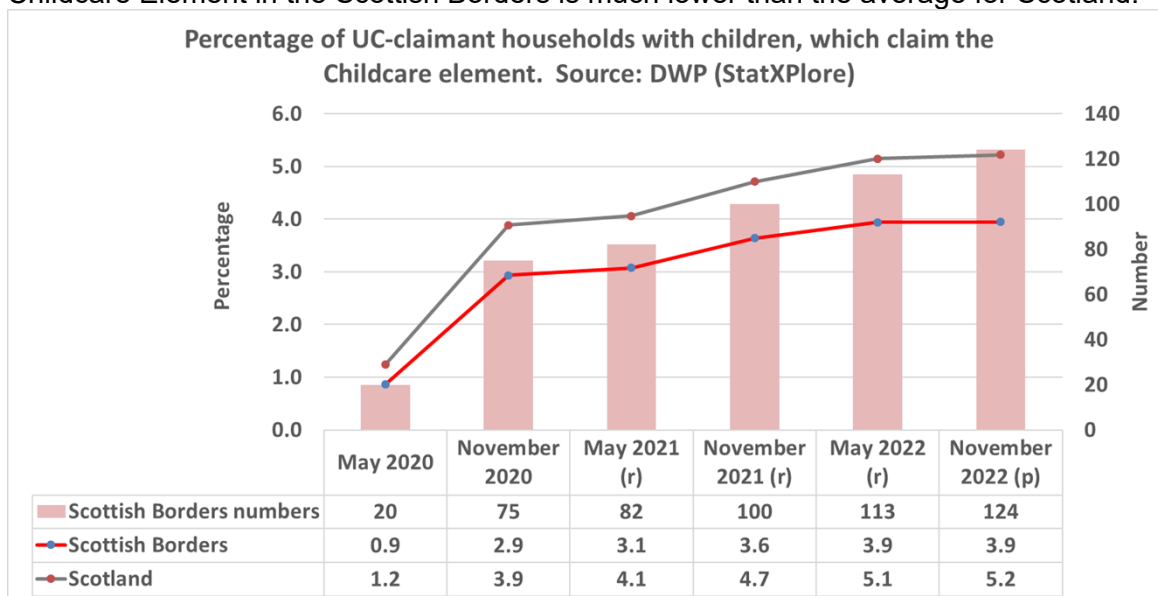


(p): the figures are provisional

(r): the figures have been revised since the previous statistical release

### b) Uptake of Childcare Element of Universal Credit

Not all Universal Credit claimants with children need to be on a particularly low income to qualify for help. The Childcare entitlement is designed to incentivise parents to return to work, and to be inclusive towards lone parents, by paying between a third and a half of formal childcare costs for those who work a certain number of hours per week. The chart below shows that take-up of the Childcare Element in the Scottish Borders is much lower than the average for Scotland.



(p): the figures are provisional

(r): the figures have been revised since the previous statistical release

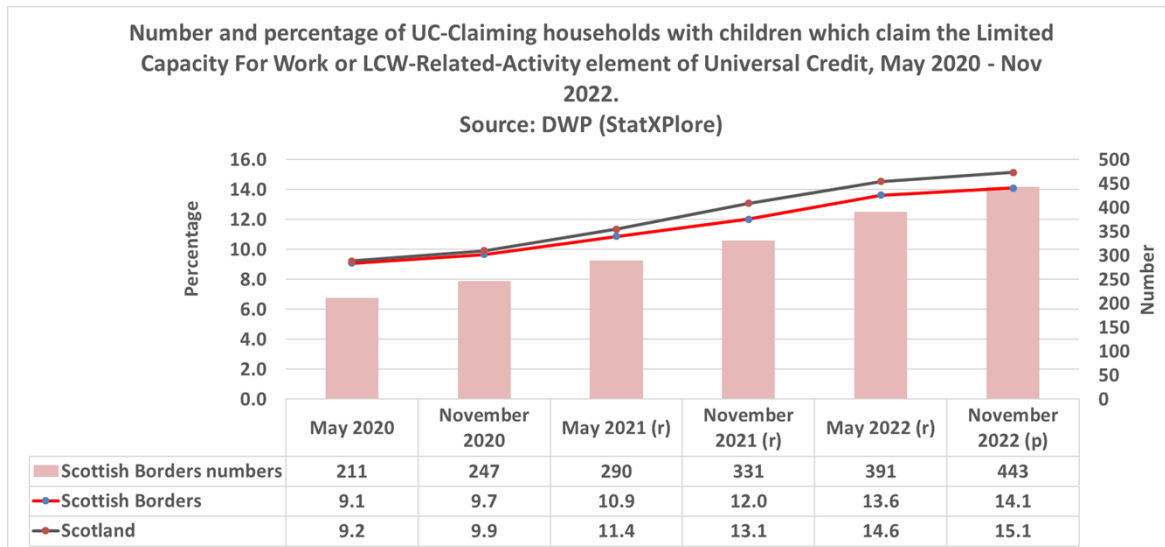
## Priority Group 2: Disabled

Households where the householder or a family member has a disability are more at risk of poverty in a number of ways:

- Difficulty in accessing suitable, well-paid work and reduced work capacity due to the disability
- Difficulty in accessing well-paid work with suitable hours, due to unpaid caring responsibilities towards a disabled family member
- Additional costs incurred directly or indirectly by the disability

### a) Universal Credit – Claiming households with children that claim the limited capacity for work element

The chart below shows the numbers and percentages of households with children where an adult has been awarded the limited capability for work and work related activity component (LCWRA) element of Universal Credit. 14.1% of Scottish Borders UC-claiming households with children receive this entitlement, similar to the Scottish average and showing a similar trend. The number of awards and the proportion of households with children who receive it is steadily increasing. There are currently around 443 UC-claiming households with children in the Scottish Borders who receive the entitlement.

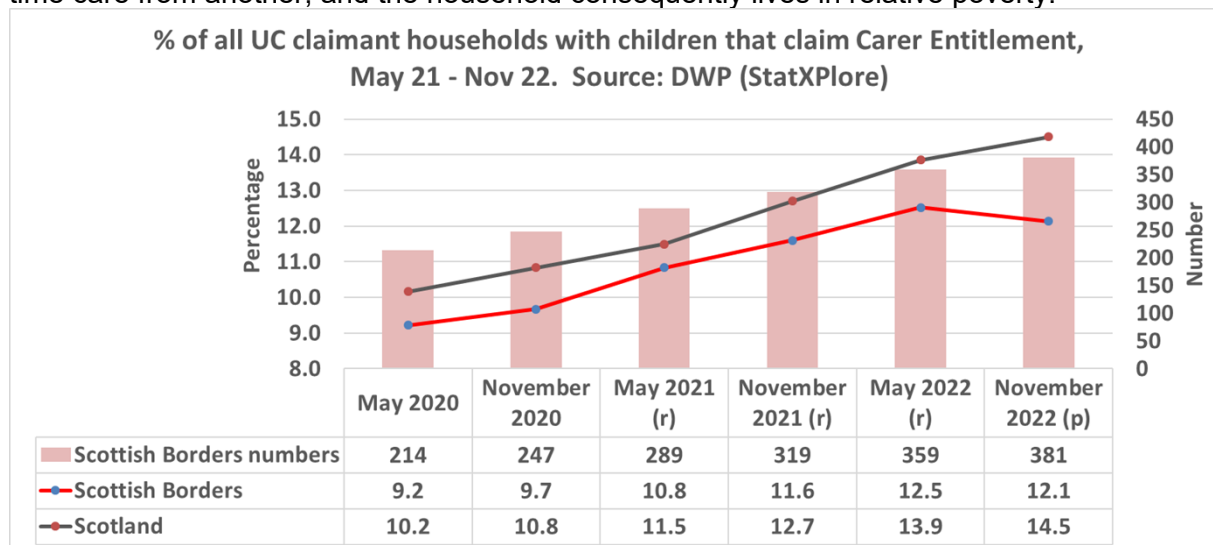


(p): the figures are provisional

(r): the figures have been revised since the previous statistical release

**b) Universal Credit - Claiming Households with children that claim Carer Entitlement**

The chart below shows that 12.1% of UC-Claiming households with children receive the Carer's entitlement, slightly below the Scottish average, but impacting on 381 households. These are households where a child is being impacted because one of their parents or siblings requires full time care from another, and the household consequently lives in relative poverty.



(p): the figures are provisional

(r): the figures have been revised since the previous statistical release

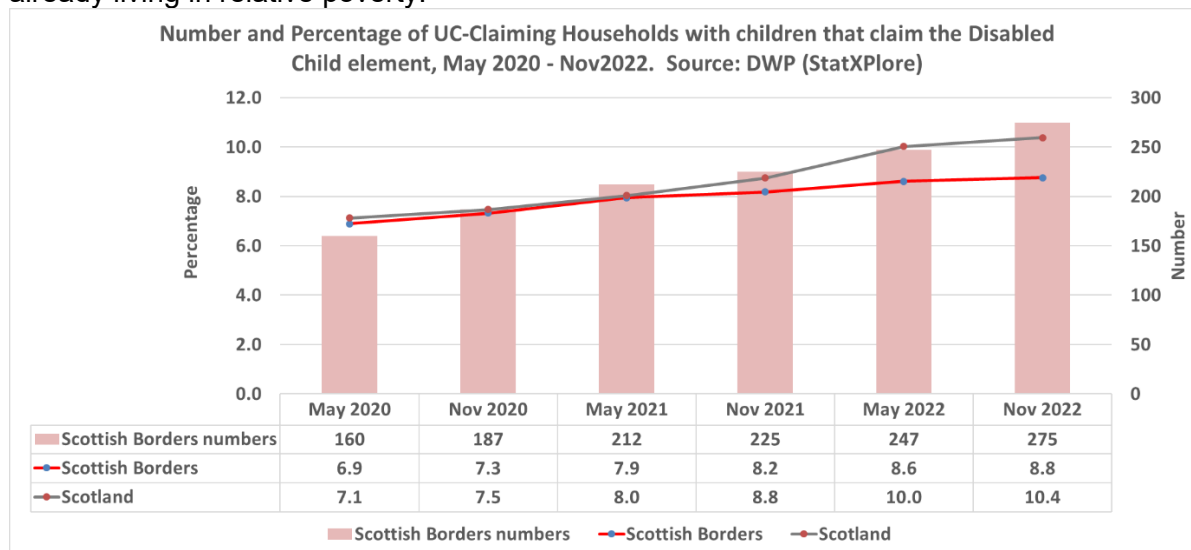
**c) Young Carers**

In Scotland, Young Carers are more common in lone parent families and these Young Carers also contribute the most hours, particularly in the most deprived areas.

The Scottish Borders has a smaller share of lone parent households and deprived areas than average for Scotland, but there were 74 Young Carers recorded by Scottish Borders Council (Seemis MIS) in the 2022-23 academic year.

**d) Universal Credit - Claiming households with children that have a disabled child**

The chart below shows that the percentage of UC-claiming households with children that claim the Disabled Child element affects an estimated 275 households in the Scottish Borders, who are already living in relative poverty.



(p): the figures are provisional

(r): the figures have been revised since the previous statistical release

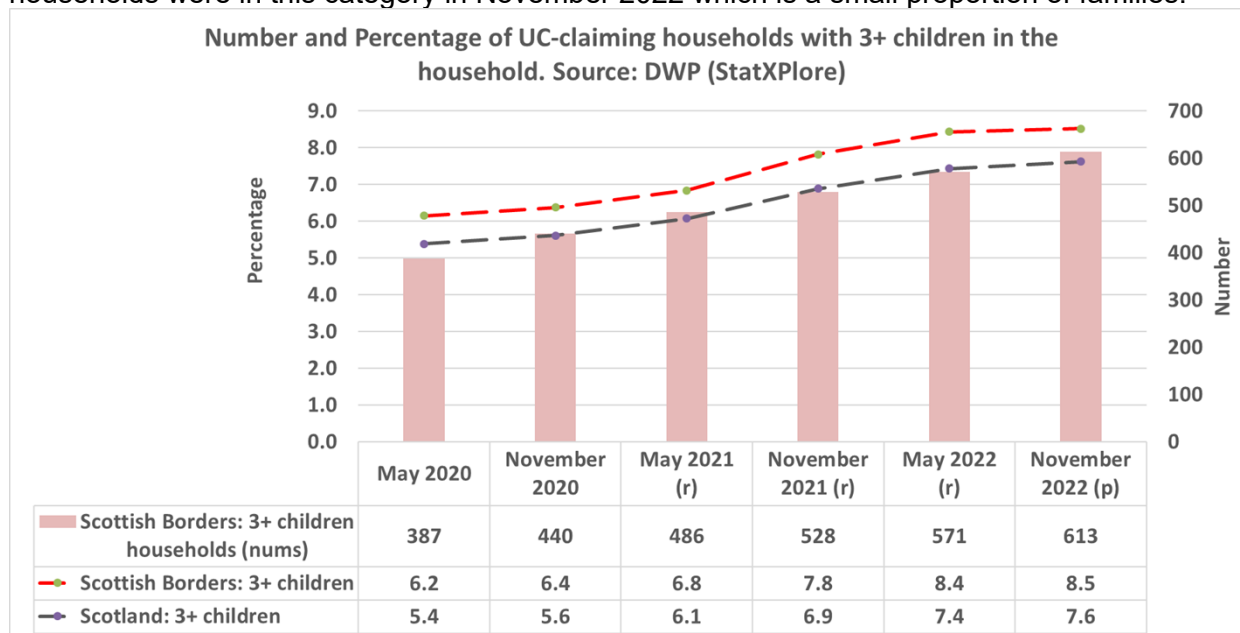
### Priority Group 3: Households with 3 or more children

According to Public Health Scotland, 12% of all families in Scotland have three or more children. They are more at risk of being affected by child poverty because:

- they are disproportionately affected by the two-child policy and the benefits cap
- they face higher costs of living, even before the current crisis
- they are more likely to report they do not manage well financially and are more likely to be living in overcrowded conditions

#### a) Universal Credit claimants with 3+ children

The chart below shows that the proportion of UC claimant households that have three or more children, and who are living in relative poverty in the Scottish Borders, is increasing. Only 613 households were in this category in November 2022 which is a small proportion of families.



(p): the figures are provisional

(r): the figures have been revised since the previous statistical release

### Priority Group 4: Minority ethnic families

According to recent [Scottish Government information](#), minority ethnic adults make up 12% of the population in Scotland. Minority ethnic people are more likely to suffer from poverty and child poverty because:

- they are more likely to live in a larger family with younger parents, which are also priority groups for child poverty
- they face additional barriers applying for, and working in, the better-paid jobs, despite often outperforming their White British peers at school
- as a consequence, they are more likely to be forced into low-paid work with irregular hours, which is contrary to a healthy family work-life balance
- they are also more likely to live with housing insecurity and higher rents in the private rented sector

There is very little information about the correlation between minority ethnic households and child poverty in the Scottish Borders. The uptake of Universal Credit is recorded by age and gender, but not by ethnic group.

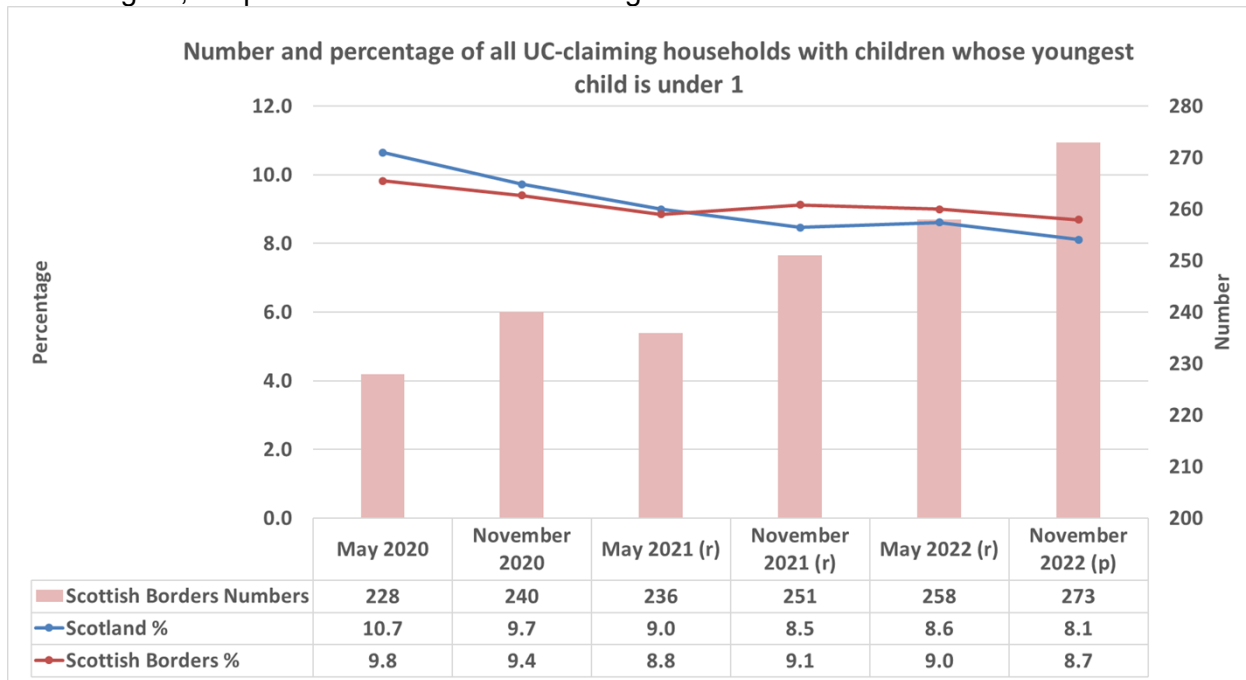
## Priority Group 5: Youngest child aged under 1

Families with a child under 1 are more at risk of child poverty, due to the income deprivation caused by at least one of the parents taking maternity or paternity leave for up to a year.

National Registers of Scotland estimated that there were 871 babies aged under 1 in the Scottish Borders in 2021 and a similar figure is expected for 2022.

### a) Universal Credit – families with children under 1

The chart below shows that there were 273 families with babies under 1 claiming Universal Credit in November 2022. This gives us an estimate of the proportion of families that are claiming assistance due to having a new baby and being on a low income. The number of families claiming help with costs has increased substantially in the Scottish Borders, from 228 in May 2020 to the current figure, despite the flat birth rate in the region.



(p): the figures are provisional

(r): the figures have been revised since the previous statistical release

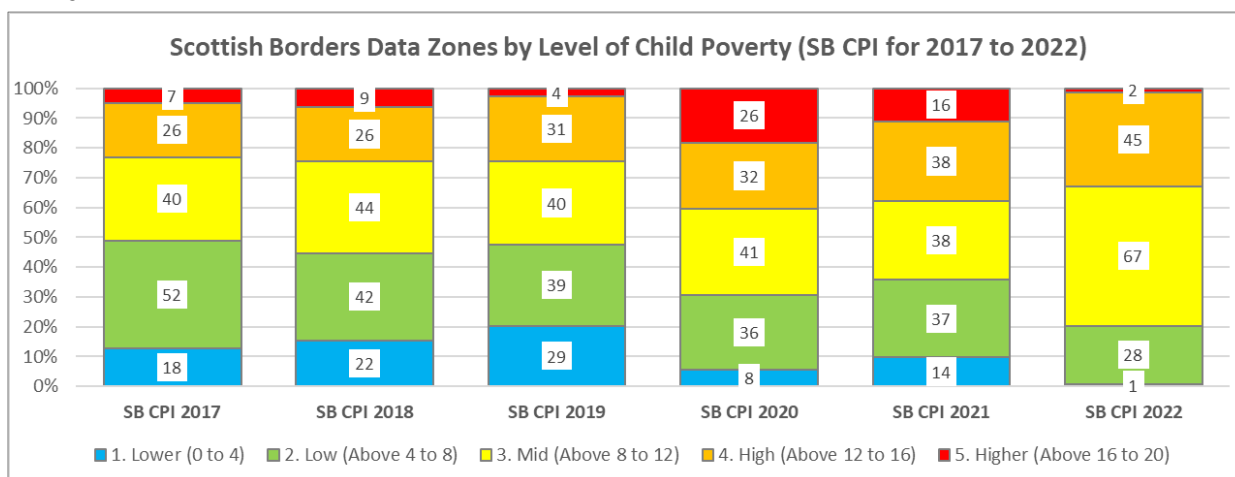
## Priority Group 6: Mothers aged under 25

According to Public Health Scotland, new mothers aged under 25 account for around 23% of new mothers within the Scottish Borders. The proportion of new mothers aged under 25 is decreasing, and there is an increasing long-term demographic trend for more families to delay childbirth until their thirties and forties than ever before.

## Scottish Borders Child Poverty Index 2022

### Overview

The graph below shows the proportion (with number) of data zones by each level of child poverty from 2017 to 2022. The impact of Covid19 and the cost-of-living crisis can be seen in the number/proportion of data zones with Mid/High/Higher levels of child poverty. **51%** of data zones had Mid/High/Higher levels of child poverty in 2017, that increased to **69%** in 2020 and then to **80%** for 2022.



The Scottish Borders Child Poverty Index (SB CPI) provides additional insight into Child Poverty in the Scottish Borders. The SB CPI was created to work alongside the Scottish Index of Multiple Deprivation. SIMD provides a way of looking at deprivation in an area, covering the whole population and does not specifically reflect child poverty.

The SB CPI is a summary of four components, which are:

- Children in Low Income Families (**CiLIF**) – Source is [DWP/HMRC](#).<sup>4</sup> Relative low-income is defined as a family whose equivalised income is below 60 per cent of contemporary median income. Gross income measure is Before Housing Costs (BHC) and includes contributions from earnings, state support and pensions. The SB CPI uses the most recent available year's data, currently there is a one-year lag e.g., for SB CPI 2022 uses the CiLIF data for 2021-22.
- Free School Meals (**FSM**) – Source is SBC. The proportion of pupils recorded for Free School Meals of all pupils in area for school year.
- Clothing Grant (**CLG**) - Source is SBC. The proportion of pupils recorded for Clothing Grant of all pupils in area for school year.
- Educational Maintenance Allowance (**EMA16+**) – Source is SBC. The proportion of pupils who are aged 16 or older (before 01 March of school year) who receive Educational Maintenance Allowance.

<sup>4</sup> \*The calculation of proportion of Children in Low Income Families for the purpose of the Scottish Borders Child Poverty Index differs to 'official statistics' due to the availability of the data from Stat-Xplore. The children in Stat-Xplore are defined as dependent individuals aged under 16; or aged 16 to 19 in full-time non-advanced education or in unwaged government training. (Not just those aged under 16 – unable to group into age bands). The figure for all children is then expressed as proportion of those aged 0 to 15 as published by NRS. It is recognised that this calculation is imperfect, but practical for the purpose of the SB CPI.



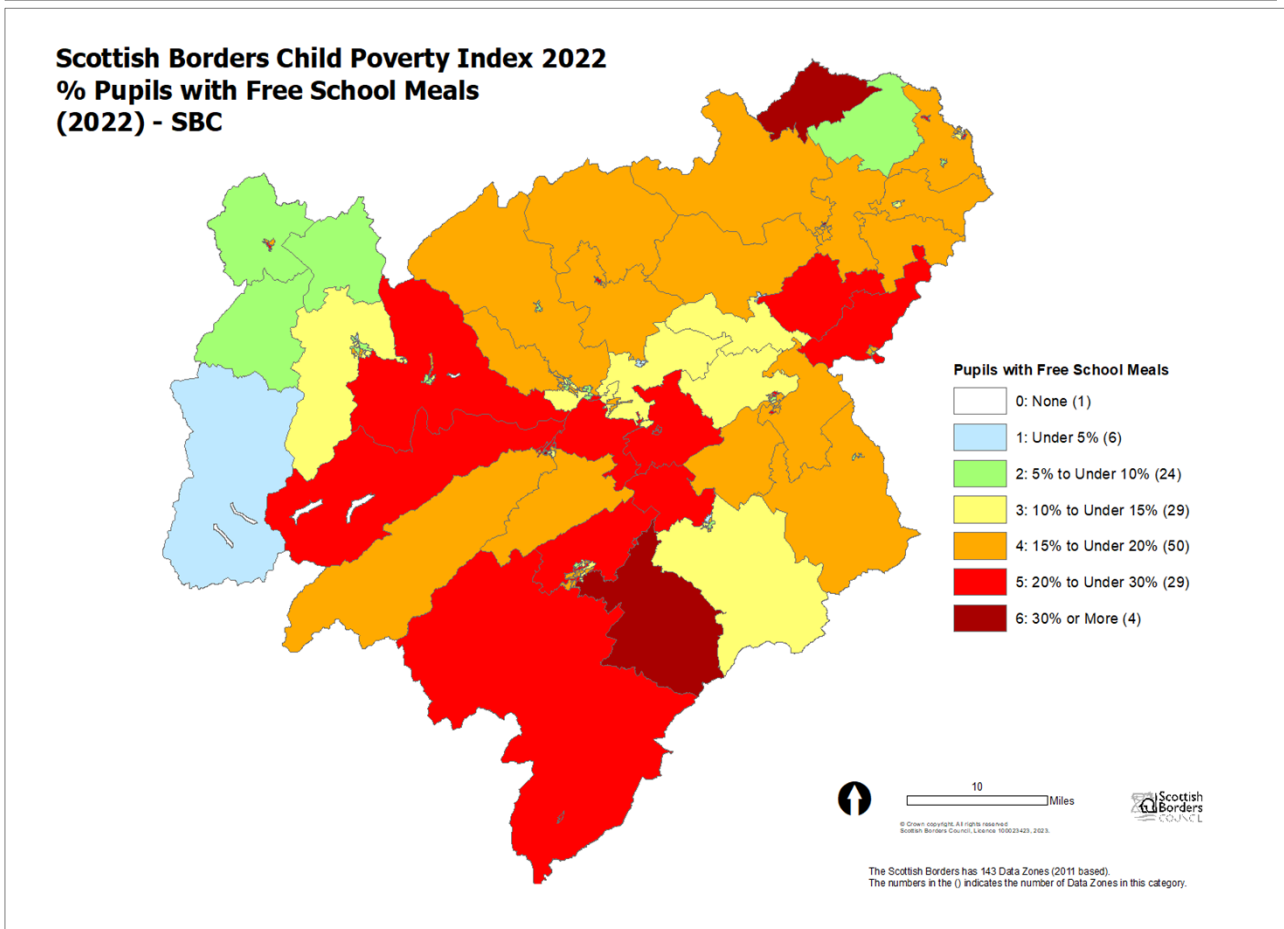
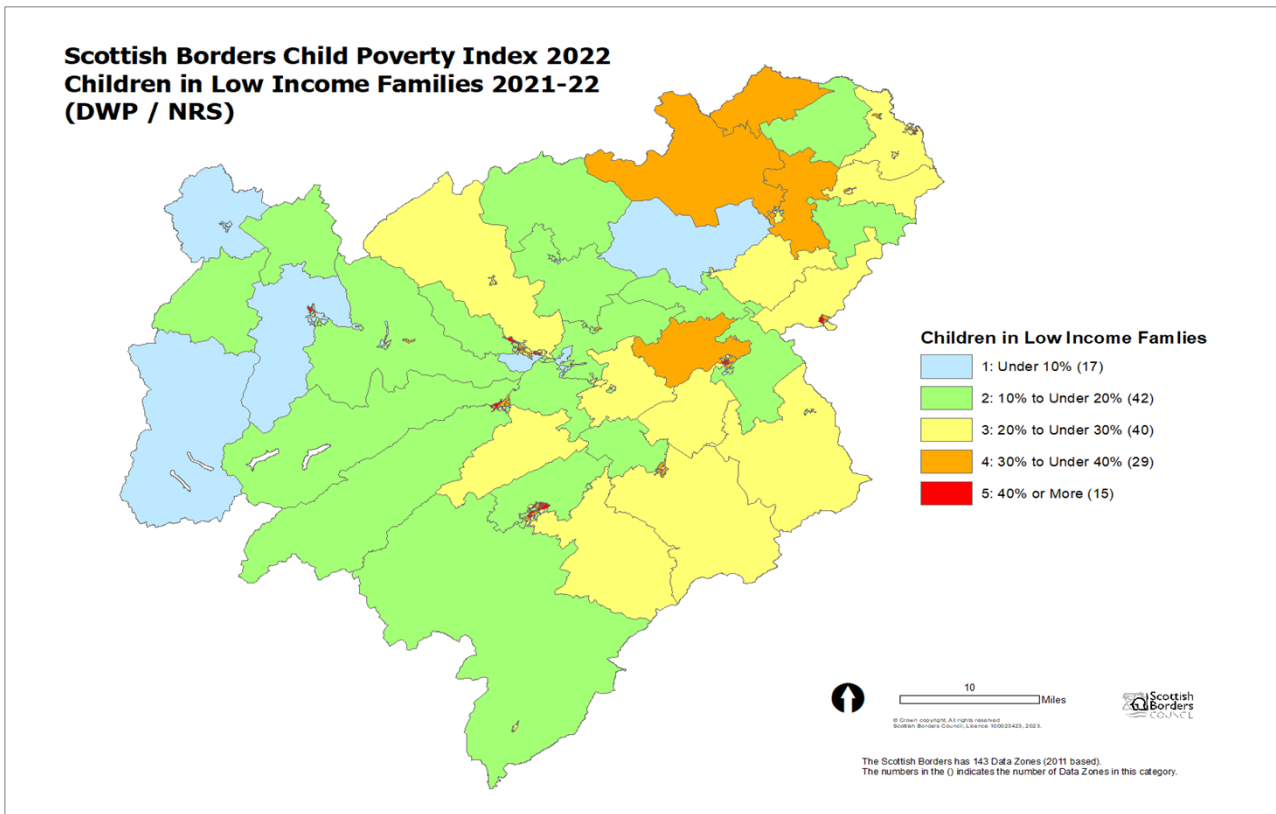
The table below shows the results for the Scottish Borders for 2017 to 2022.

<b>Child Poverty Index Component / Year</b>	<b>SB CPI 2017</b>	<b>SB CPI 2018</b>	<b>SB CPI 2019</b>	<b>SB CPI 2020</b>	<b>SB CPI 2021</b>	<b>SB CPI 2022</b>
Children in Low Income Families - CiLIF (DWP)*	19.0%	20.7%	20.5%	22.0%	18.0%	<b>23.8%</b>
Free School Meals - FSM (SBC)	10.0%	10.4%	11.6%	15.7%	15.4%	<b>15.8%</b>
Clothing Grant - CLG (SBC)	14.6%	15.1%	15.2%	18.1%	18.0%	<b>18.8%</b>
Educational Maintenance Allowance 16+ - EMA16+ (SBC)	8.2%	6.2%	3.8%	16.0%	10.0%	<b>10.5%</b>

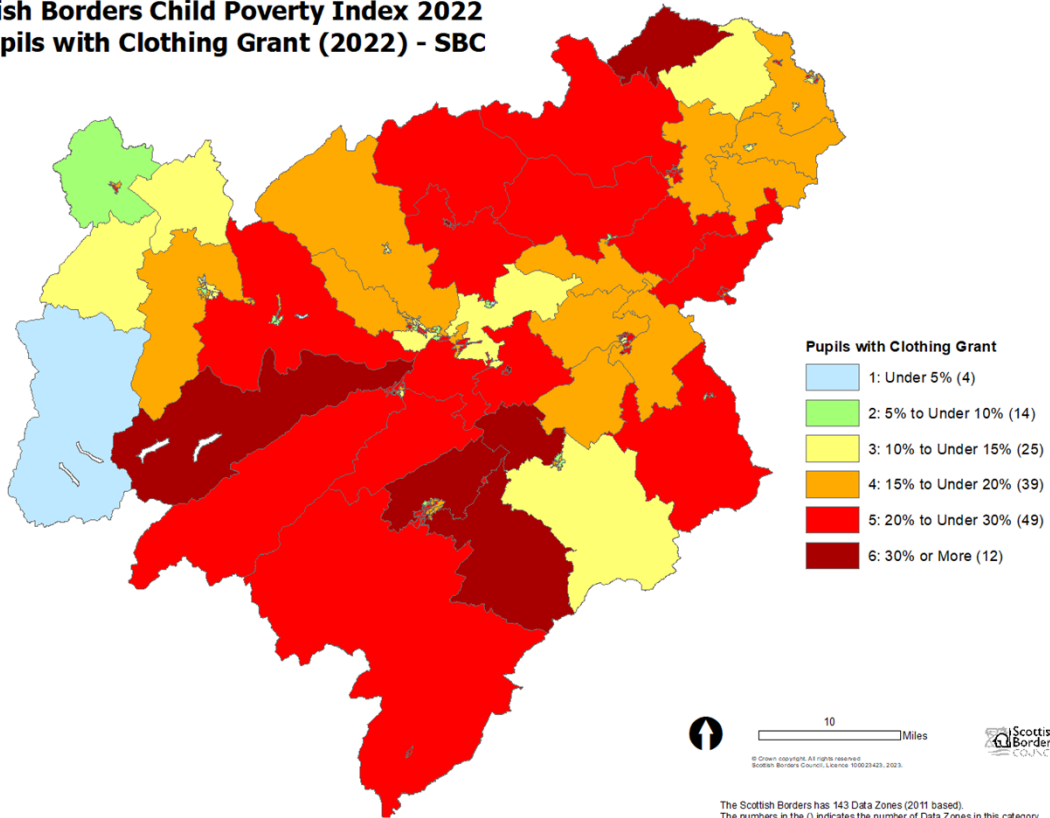
The table below highlights observations for each component of the Scottish Borders Child Poverty Index 2022.

<b>Child Poverty Index Component</b>	<b>2022 Observations</b>
Children in Low Income Families - CiLIF (DWP)*	<ul style="list-style-type: none"> <li>All data zones in the Scottish Borders had Children in Low Income Families.</li> <li>All localities had at least one data zone with 40% or more Children in Low Income Families</li> </ul>
Free School Meals - FSM (SBC)	<ul style="list-style-type: none"> <li>In 78% of data zones 10% or more pupils are registered for Free School Meals in Seemis.</li> </ul>
Clothing Grant - CLG (SBC)	<ul style="list-style-type: none"> <li>In 87% of data zones 10% or more pupils are registered for Clothing Grant in Seemis.</li> </ul>
Educational Maintenance Allowance 16+ - EMA16+ (SBC)	<ul style="list-style-type: none"> <li>In 25% of data zones 10% or more pupils aged 16+ received Educational Maintenance Allowance recorded in Seemis.</li> <li>In 66% of data zones no pupil aged 16+ received Educational Maintenance Allowance a marked difference to previous years.</li> <li>The take-up of EMA was noticeably more frequent in the Tweeddale locality.</li> <li>The non-take-up of EMA in many data zones reduced the number of data zones in the 'Higher' child poverty level group.</li> </ul>

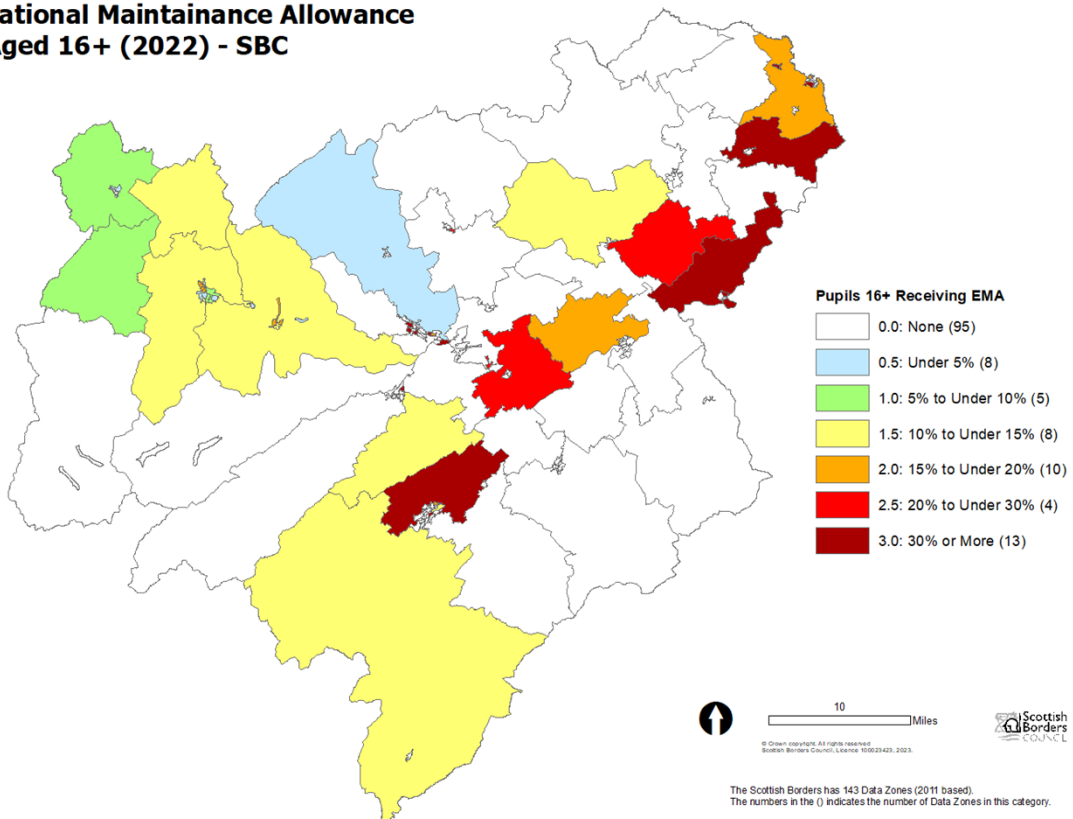
Below are the maps for each component, showing the results for each of the 143 data zones in the Scottish Borders.



**Scottish Borders Child Poverty Index 2022**  
**% Pupils with Clothing Grant (2022) - SBC**

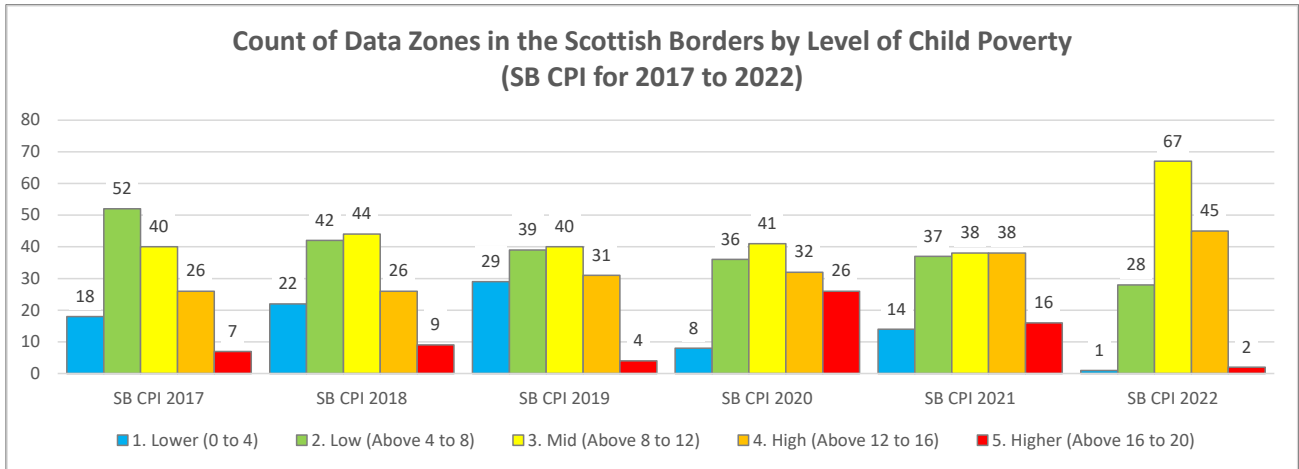


**Scottish Borders Child Poverty Index 2022**  
**% Educational Maintenance Allowance**  
**Pupils Aged 16+ (2022) - SBC**



## Scottish Borders Child Poverty Level Change Over Time

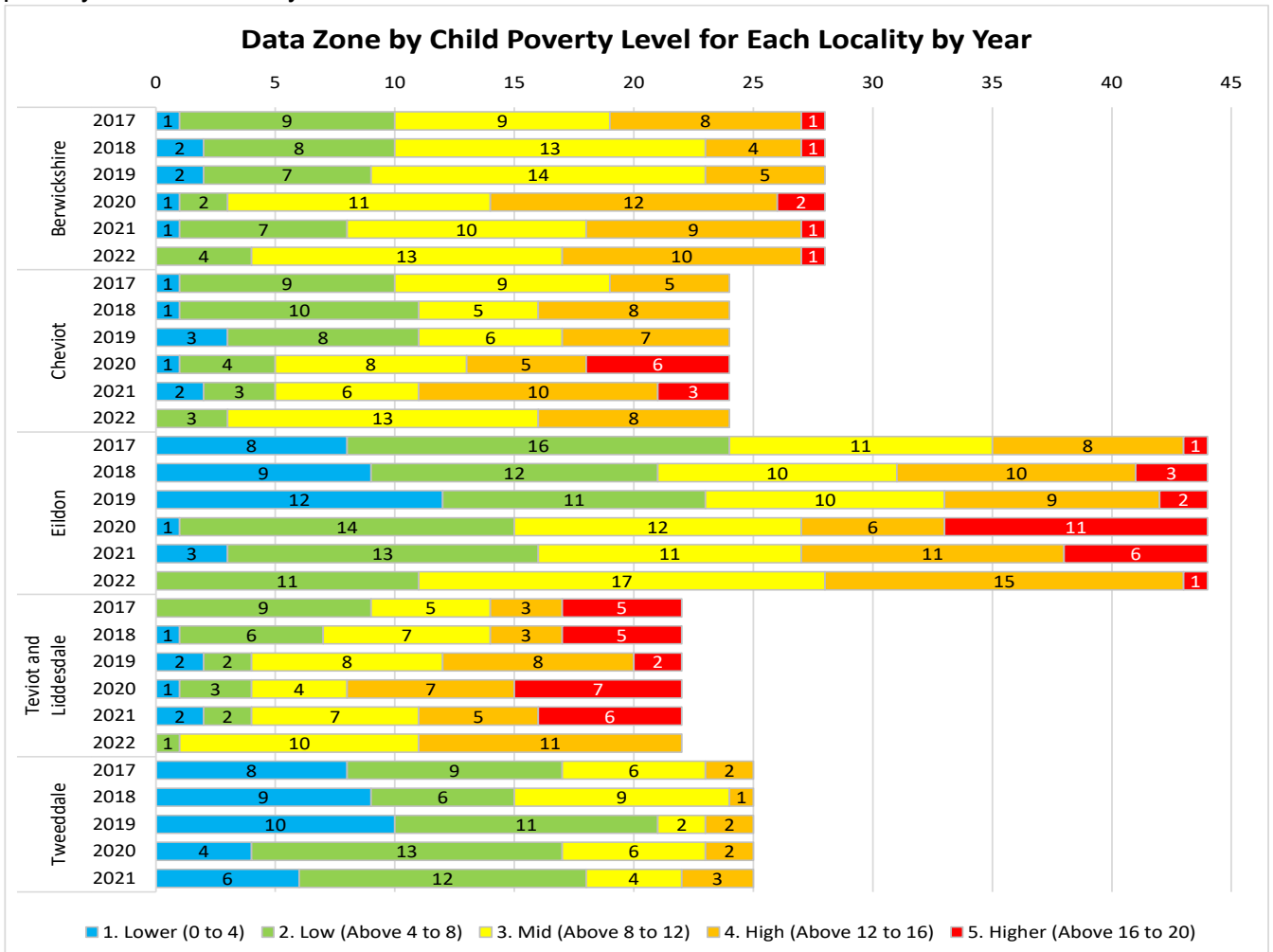
The graph below shows the distribution of data zones by level of child poverty for between 2017 and 2022.



## Level of Child Poverty 2017 – 2022, SBC, Locality and Data Zone

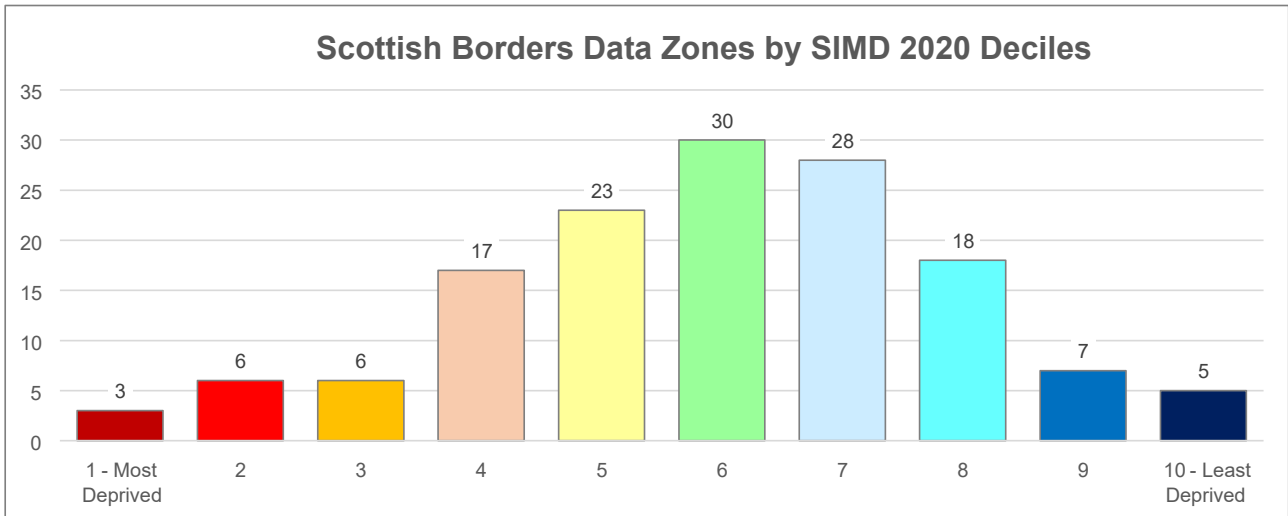
The graph below lists the data zones within each locality along with its SIMD2020 decile and the SB CPI level for 2017, 2018, 2019, 2020, 2022 and 2022.

The graph below shows the distribution of data zones in each of the localities by level of child poverty for each of the years.

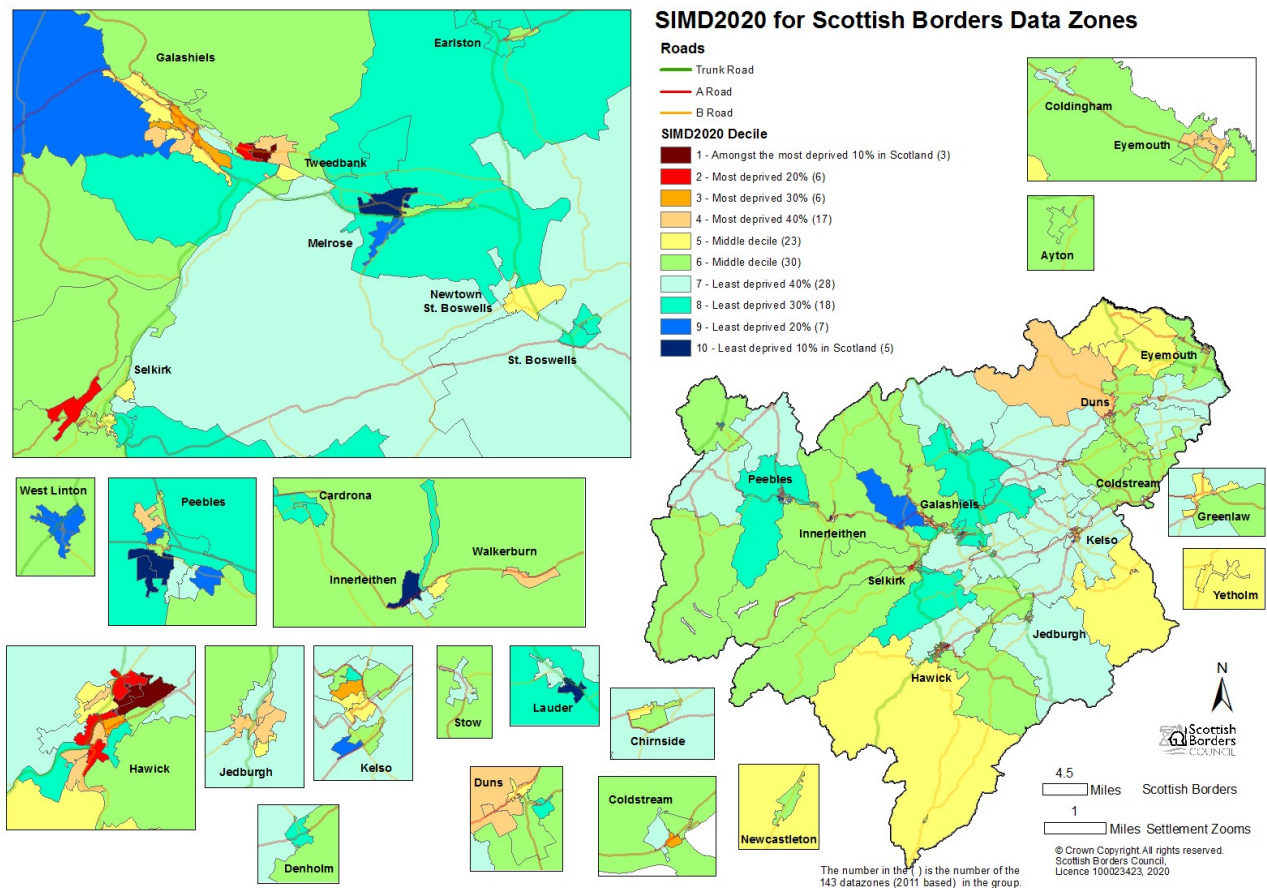


The Scottish Index of Multiple Deprivation (SIMD) is a good tool for identifying overall deprivation, however, it is not poverty specific, or child focused. The SB CPI is a tactile index created to enable better insight into child poverty within the Scottish Borders. This is a basic comparison between SIMD2020 Decile and SB CPI Score.

The graph below shows the count of the 143 data zones in the Scottish Borders by the SIMD 2020 Decile.



The map below shows the Scottish Borders data zones and the SIMD2020 decile.



## Scottish Borders Child Poverty Index 2022: Non-Denominational Primary School Ranking

Each data zone in the Scottish Borders is 'best fit' allocated to a non-denominational primary school. Each non-denominational primary school has a SB CPI2022 score based on the four Scottish Borders Child Poverty Index components which are:

- Percent of Children in Low Income Families (CiLIF) 2021-22 from DWP / NRS
- Percent of Pupils in Receipt of Free School Meals (FSM) 2022 from SBC's SEEMIS
- Percent of Pupils in Receipt of Clothing Grant (CG) 2022 from SBC's SEEMIS
- Percent of Pupils Aged 16+ in Receipt of Education Maintenance Allowance (EMA) 2022 from SBC's SEEMIS (1/2 weighting)

The table below shows the SB CPI 2022 score for each non-denominational primary school and the SB CPI 2022 level for each of the data zones in the school's best fit catchment.

Scottish Borders

12.5 High 1 28 67 45 2 143

SB CPI 2022 ND Primary School Rank	Secondary School	Primary School	School SB CPI 2022 Score (Max 20)	School SB CPI 2022 Level	SB CPI 2022 Level					Count of Data Zones
					Lower	Low	Mid	High	Higher	
1	Eyemouth High School	Coldingham Primary	17.0	Higher					1	1
2	Berwickshire High School	Coldstream Primary	16.0	High			1	3		4
2	Selkirk High School	Philiphaugh Primary	16.0	High				2		2
4	Hawick High School	Burnfoot Primary	15.5	High			1	3		4
4	Earlston High School	St Boswells Primary	15.5	High			1	2		3
6	Eyemouth High School	Cockburnspath Primary	15.0	High				1		1
7	Eyemouth High School	Eyemouth Primary	14.5	High			4	1		5
7	Earlston High School	Newtown Primary	14.5	High			2	1		3
9	Galashiels Academy	Burgh Primary	14.0	High			2	1		3
9	Hawick High School	Stirches Primary	14.0	High		1		1		2
9	Hawick High School	Trinity Primary	14.0	High			1	1		2
12	Selkirk High School	Knowepark Primary	13.5	High		1	2	1	1	5
12	Selkirk High School	Lilliesleaf Primary	13.5	High				1		1
14	Kelso High School	Broomlands Primary	13.0	High			1	3		4
14	Hawick High School	Denholm Primary	13.0	High			1	1		2
14	Hawick High School	Drumlanrig St Cuthberts Primary	13.0	High			5	4		9
14	Kelso High School	Ednam Primary	13.0	High				1		1
14	Earlston High School	Lauder Primary	13.0	High			1	2		3
14	Hawick High School	Newcastleton Primary	13.0	High				1		1
14	Berwickshire High School	Swinton Primary	13.0	High			1	1		2
14	Galashiels Academy	Tweedbank Primary	13.0	High		2		1		3
14	Hawick High School	Wilton Primary	13.0	High			2			2
14	Selkirk High School	Yarrow Primary	13.0	High				1		1
24	Galashiels Academy	Balmoral Primary	12.5	High			2	2		4
24	Galashiels Academy	Langlee Primary	12.5	High		1	1	2		4
26	Jedburgh Grammar	Ancrum Primary	12.0	Mid			1	1		2
26	Berwickshire High School	Duns Primary	12.0	Mid			4	2		6
26	Kelso High School	Edenside Primary	12.0	Mid			4	1		5
26	Kelso High School	Morebattle Primary	12.0	Mid			1			1
30	Eyemouth High School	Ayton Primary	11.5	Mid		1		1		2
30	Berwickshire High School	Chirnside Primary	11.5	Mid		1	1	1		3
30	Galashiels Academy	Fountainhall Primary and Heriot Primary	11.5	Mid			1			1
30	Earlston High School	Westruther Primary	11.5	Mid			1			1
34	Earlston High School	Channelkirk Primary	11.0	Mid			1			1
34	Selkirk High School	Kirkhope Primary	11.0	Mid			1			1
34	Galashiels Academy	St Peters Primary	11.0	Mid		1	1	1		3
34	Peebles High School	St Ronans Primary	11.0	Mid		2	2	1		5

Scottish Borders

12.5 High 1 28 67 45 2 143

SB CPI 2022 ND Primary School Rank	Secondary School	Primary School	School SB CPI 2022 Score (Max 20)	School SB CPI 2022 Level	SB CPI 2022 Level					Count of Data Zones
					Lower	Low	Mid	High	Higher	
38	Galashiels Academy	Clovenfords Primary	10.0	Mid			1			1
38	Jedburgh Grammar	Jedburgh Primary	10.0	Mid		2	4			6
38	Kelso High School	Sprouston Primary	10.0	Mid			1			1
41	Peebles High School	Priorsford Primary	9.5	Mid		2	4			6
42	Earlston High School	Gordon Primary	9.0	Mid			1			1
42	Earlston High School	Melrose Primary	9.0	Mid		1	3			4
44	Peebles High School	Eddleston Primary	8.5	Mid			1			1
44	Peebles High School	Kingsland Primary	8.5	Mid		2	4			6
44	Peebles High School	West Linton Primary	8.5	Mid		1	2			3
47	Peebles High School	Newlands Primary	8.0	Low		1				1
47	Galashiels Academy	Stow Primary	8.0	Low		1				1
49	Earlston High School	Earlston Primary	7.0	Low		3				3
49	Galashiels Academy	Glendinning Primary	7.0	Low		1				1
49	Eyemouth High School	Reston Primary	7.0	Low		1				1
52	Berwickshire High School	Greenlaw Primary	6.0	Low		1				1
52	Kelso High School	Yetholm Primary	6.0	Low		1				1
54	Peebles High School	Walkerburn Primary	5.5	Low		1				1
55	Peebles High School	Broughton Primary	3.0	Lower	1					1

### Level of Child Poverty 2017 – 2022, SBC, Ward, and Data Zone

Area	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
Scottish Borders	3. Mid	3. Mid	3. Mid	4. High	3. Mid	4. High
East Berwickshire	3. Mid	3. Mid	3. Mid	4. High	4. High	3. Mid
Mid Berwickshire	2. Low	2. Low	2. Low	3. Mid	2. Low	4. High
Jedburgh and District	3. Mid	3. Mid	3. Mid	4. High	4. High	3. Mid
Kelso and District	3. Mid	4. High	3. Mid	4. High	3. Mid	4. High
Galashiels and District	3. Mid	3. Mid	4. High	4. High	4. High	3. Mid
Leaderdale and Melrose	2. Low	2. Low	2. Low	2. Low	2. Low	3. Mid
Selkirkshire	3. Mid	3. Mid	3. Mid	4. High	3. Mid	4. High
Hawick and Denholm	4. High	4. High	4. High	5. Higher	4. High	4. High
Hawick and Hermitage	3. Mid	3. Mid	3. Mid	4. High	3. Mid	4. High
Tweeddale East	2. Low	2. Low	2. Low	2. Low	2. Low	3. Mid
Tweeddale West	2. Low	2. Low	2. Low	2. Low	2. Low	3. Mid



## Berwickshire

Area	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
Scottish Borders	3. Mid	3. Mid	3. Mid	4. High	3. Mid	4. High
East Berwickshire	3. Mid	3. Mid	3. Mid	4. High	4. High	3. Mid

Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
S01012309: Ayton	6	2. Low	3. Mid	2. Low	4. High	4. High	2. Low
S01012310: St Abbs and Eyemouth Landward	6	2. Low	2. Low	3. Mid	4. High	4. High	4. High
S01012311: Coldingham	7	5. Higher	5. Higher	3. Mid	5. Higher	5. Higher	5. Higher
S01012312: Reston and Coldingham Moor Area	5	4. High	3. Mid	3. Mid	3. Mid	3. Mid	2. Low
S01012313: Cockburnspath and Area	5	2. Low	3. Mid	2. Low	4. High	3. Mid	4. High
S01012314: Eyemouth - Gungreen	5	4. High	3. Mid	4. High	5. Higher	4. High	4. High
S01012315: Eyemouth - Seafont Harbour	4	2. Low	1. Lower	2. Low	3. Mid	2. Low	3. Mid
S01012316: Eyemouth - Central	4	3. Mid	3. Mid	4. High	4. High	4. High	3. Mid
S01012317: Eyemouth - South	6	3. Mid	2. Low	3. Mid	4. High	4. High	3. Mid
S01012318: Eyemouth - North	4	4. High	4. High	4. High	4. High	4. High	3. Mid
S01012320: Chirnside - West	5	4. High	4. High	4. High	4. High	3. Mid	2. Low
S01012321: Chirnside - East	6	3. Mid	3. Mid	3. Mid	3. Mid	3. Mid	3. Mid
S01012322: Whitsome Allanton and Hutton Area	7	2. Low	2. Low	1. Lower	3. Mid	2. Low	3. Mid
S01012323: Fouliden and Area	7	3. Mid	3. Mid	3. Mid	3. Mid	2. Low	4. High

Area	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
Scottish Borders	3. Mid	3. Mid	3. Mid	4. High	3. Mid	4. High
Mid Berwickshire	2. Low	2. Low	2. Low	3. Mid	2. Low	4. High

Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
S01012300: Greenlaw	5	4. High	4. High	4. High	4. High	3. Mid	2. Low
S01012301: Swinton Leithholm and Fogo Area	6	2. Low	2. Low	2. Low	3. Mid	3. Mid	4. High
S01012302: Cranshaws - Abbey St Bathans Area	4	3. Mid	2. Low	2. Low	3. Mid	3. Mid	4. High
S01012303: Westruther and Polwarth Area	7	1. Lower	1. Lower	1. Lower	1. Lower	1. Lower	3. Mid
S01012304: Gordon and Hume Area	7	2. Low	2. Low	2. Low	2. Low	2. Low	3. Mid
S01012305: Duns - South	6	2. Low	2. Low	3. Mid	4. High	3. Mid	3. Mid
S01012306: Duns - West	4	4. High	3. Mid	3. Mid	4. High	4. High	3. Mid
S01012307: Duns - North	5	3. Mid	3. Mid	3. Mid	3. Mid	2. Low	4. High
S01012308: Duns - East	8	3. Mid	3. Mid	2. Low	3. Mid	3. Mid	3. Mid
S01012319: Preston and Manderston Area	6	3. Mid	3. Mid	3. Mid	2. Low	2. Low	3. Mid
S01012324: Birgham and Ladykirk Area	6	3. Mid	3. Mid	3. Mid	3. Mid	4. High	4. High
S01012325: Coldstream - West	7	2. Low	2. Low	3. Mid	3. Mid	2. Low	4. High
S01012326: Coldstream - South	3	4. High	4. High	3. Mid	4. High	4. High	3. Mid
S01012327: Coldstream - East	6	4. High	3. Mid	3. Mid	4. High	3. Mid	4. High

## Cheviot

Area	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
Scottish Borders	3. Mid	3. Mid	3. Mid	4. High	3. Mid	4. High
Jedburgh and District	3. Mid	3. Mid	3. Mid	4. High	4. High	3. Mid

Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
S01012341: Oxnam and Camptown Area	7	2. Low	2. Low	1. Lower	3. Mid	2. Low	3. Mid
S01012342: Ancrum and Lanton Area	6	2. Low	2. Low	2. Low	3. Mid	3. Mid	4. High
S01012343: Roxburgh Heiton Eckford Area	7	2. Low	2. Low	2. Low	2. Low	3. Mid	3. Mid
S01012346: Dryburgh Charlesfield Maxton Area	7	3. Mid	2. Low	2. Low	3. Mid	3. Mid	4. High
S01012347: St Boswells - East	8	2. Low	2. Low	3. Mid	4. High	4. High	4. High
S01012348: St Boswells - West	8	2. Low	2. Low	2. Low	2. Low	3. Mid	3. Mid
S01012349: Jedburgh - Howden	5	4. High	4. High	4. High	4. High	4. High	3. Mid
S01012350: Jedburgh - Doom Hill	4	4. High	4. High	4. High	5. Higher	4. High	2. Low
S01012351: Jedburgh - East Central	4	3. Mid	3. Mid	4. High	5. Higher	5. Higher	3. Mid
S01012352: Jedburgh - West Central	7	2. Low	3. Mid	3. Mid	5. Higher	4. High	2. Low
S01012353: Jedburgh - Abbey	4	3. Mid	4. High	3. Mid	4. High	4. High	3. Mid



Area	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
Scottish Borders	3. Mid	3. Mid	3. Mid	4. High	3. Mid	4. High
Kelso and District	3. Mid	4. High	3. Mid	4. High	3. Mid	4. High

Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
S01012328: Town Yetholm	5	4. High	4. High	3. Mid	4. High	3. Mid	2. Low
S01012329: Morebattle Hownam and Area	5	2. Low	2. Low	2. Low	3. Mid	3. Mid	3. Mid
S01012330: Kelso S - Pinnaclehill	6	3. Mid	4. High	4. High	3. Mid	4. High	3. Mid
S01012331: Kelso S - Maxwellheugh	9	1. Lower	1. Lower	1. Lower	1. Lower	1. Lower	3. Mid
S01012332: Smailholm Stitchill and Ednam Area	7	3. Mid	3. Mid	2. Low	3. Mid	4. High	4. High
S01012333: Sprouston and Area	7	2. Low	2. Low	1. Lower	2. Low	1. Lower	3. Mid
S01012334: Kelso N - High Croft Orchard Park	6	4. High	4. High	4. High	5. Higher	4. High	3. Mid
S01012335: Kelso N - Hendersyde Oakfield	7	3. Mid	2. Low	3. Mid	2. Low	2. Low	4. High
S01012336: Kelso N - Abbotseat	8	3. Mid	3. Mid	2. Low	3. Mid	4. High	4. High
S01012337: Kelso N - Poynder Park	3	3. Mid	4. High	4. High	5. Higher	5. Higher	3. Mid
S01012338: Kelso S - Bowmont and Edenside	5	3. Mid	3. Mid	3. Mid	4. High	5. Higher	3. Mid
S01012339: Kelso S - Abbey	5	2. Low	2. Low	2. Low	3. Mid	2. Low	4. High
S01012340: Kelso S - Broomlands	6	4. High	4. High	4. High	5. Higher	4. High	4. High

## Eildon

Area	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
Scottish Borders	3. Mid	3. Mid	3. Mid	4. High	3. Mid	4. High
Galashiels and District	3. Mid	3. Mid	4. High	4. High	4. High	3. Mid

Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
S01012271: Heriot - Fountainhall - Stow Landward	6	2. Low	3. Mid	3. Mid	4. High	4. High	3. Mid
S01012272: Stow	7	1. Lower	1. Lower	1. Lower	2. Low	2. Low	2. Low
S01012274: Galashiels - N - Halliburton	6	2. Low	2. Low	2. Low	3. Mid	3. Mid	2. Low
S01012275: Galashiels - N - Town Centre	3	3. Mid	4. High	4. High	5. Higher	5. Higher	3. Mid
S01012276: Galashiels - N - Windyknowe	5	1. Lower	2. Low	1. Lower	2. Low	2. Low	4. High
S01012277: Galashiels - N - Wood St	5	4. High	4. High	4. High	5. Higher	4. High	4. High
S01012278: Galashiels - W - Old Town	4	4. High	4. High	3. Mid	3. Mid	2. Low	3. Mid
S01012279: Galashiels - W - Thistle St	3	4. High	4. High	4. High	5. Higher	5. Higher	3. Mid
S01012280: Galashiels - W - Balmoral Rd	4	3. Mid	4. High	4. High	5. Higher	5. Higher	4. High
S01012281: Galashiels - W - Balmoral Pl	5	3. Mid	4. High	3. Mid	3. Mid	3. Mid	3. Mid
S01012282: Galashiels - S - Netherdale	8	1. Lower	1. Lower	2. Low	2. Low	1. Lower	2. Low
S01012283: Galashiels - S - St Peters Sch	5	4. High	4. High	3. Mid	4. High	4. High	3. Mid
S01012284: Galashiels - S - Huddersfield	3	4. High	4. High	4. High	4. High	4. High	4. High
S01012285: Galashiels - S - Glenfield	7	2. Low	1. Lower	2. Low	2. Low	2. Low	3. Mid
S01012286: Gala - Langlee - East	4	3. Mid	3. Mid	3. Mid	5. Higher	4. High	2. Low
S01012287: Gala - Langlee - Central	1	4. High	5. Higher	5. Higher	5. Higher	5. Higher	4. High
S01012288: Gala - Langlee - West	2	4. High	5. Higher	5. Higher	5. Higher	5. Higher	4. High

Area	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
Scottish Borders	3. Mid	3. Mid	3. Mid	4. High	3. Mid	4. High
Leaderdale and Melrose	2. Low	2. Low	2. Low	2. Low	2. Low	3. Mid

Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
S01012268: Earlston and Melrose Landward	8	2. Low	2. Low	2. Low	3. Mid	3. Mid	2. Low
S01012269: Earlston - West	8	2. Low	2. Low	2. Low	2. Low	2. Low	2. Low
S01012270: Earlston - East	6	2. Low	3. Mid	2. Low	3. Mid	3. Mid	2. Low
S01012289: Gattonside - Darnick - Chiefswood	8	2. Low	1. Lower	1. Lower	1. Lower	1. Lower	2. Low
S01012290: Melrose - Newstead	6	2. Low	2. Low	2. Low	3. Mid	3. Mid	3. Mid
S01012291: Melrose - Dingleton Hill	9	2. Low	2. Low	1. Lower	2. Low	2. Low	3. Mid
S01012292: Melrose - High Street	10	1. Lower	1. Lower	1. Lower	2. Low	2. Low	3. Mid
S01012293: Tweedbank - West	6	2. Low	2. Low	2. Low	4. High	3. Mid	2. Low
S01012294: Tweedbank - North	5	4. High	3. Mid	3. Mid	3. Mid	4. High	2. Low
S01012295: Tweedbank - East	7	3. Mid	2. Low	1. Lower	2. Low	2. Low	4. High
S01012296: Lauder - South	10	2. Low	1. Lower	1. Lower	2. Low	2. Low	4. High
S01012297: Blainslie and Legerwood	8	1. Lower	1. Lower	1. Lower	2. Low	1. Lower	3. Mid
S01012298: Lauder - North	7	3. Mid	3. Mid	1. Lower	3. Mid	2. Low	4. High
S01012299: Oxtton and Area	7	1. Lower	1. Lower	1. Lower	2. Low	2. Low	3. Mid

Area	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
Scottish Borders	3. Mid	3. Mid	3. Mid	4. High	3. Mid	4. High
Selkirkshire	3. Mid	3. Mid	3. Mid	4. High	3. Mid	4. High

Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
S01012344: Newtown St Boswells - South	5	3. Mid	3. Mid	3. Mid	5. Higher	4. High	3. Mid
S01012345: Newtown St Boswells - North	7	2. Low	3. Mid	3. Mid	5. Higher	4. High	4. High
S01012376: Ashkirk Lilliesleaf and Midlem Area	8	2. Low	2. Low	2. Low	2. Low	3. Mid	4. High
S01012377: Bowden and Lindean Area	7	1. Lower	1. Lower	1. Lower	2. Low	2. Low	3. Mid
S01012378: Ettrick Water and Bowhill Area	6	2. Low	2. Low	2. Low	3. Mid	2. Low	3. Mid
S01012379: Yarrow Water and Sunderland Area	6	1. Lower	3. Mid	1. Lower	3. Mid	3. Mid	4. High
S01012380: Selkirk - Shawburn	5	3. Mid	4. High	4. High	4. High	4. High	5. Higher
S01012381: Selkirk - Town Centre	5	2. Low	3. Mid	4. High	5. Higher	4. High	3. Mid
S01012382: Selkirk - Hillside Terrace	8	2. Low	2. Low	2. Low	3. Mid	3. Mid	2. Low
S01012383: Selkirk - Shawpark	7	3. Mid	4. High	3. Mid	3. Mid	3. Mid	3. Mid
S01012384: Selkirk - Dunsdale	6	3. Mid	2. Low	4. High	4. High	4. High	4. High
S01012385: Selkirk - Heatherlie	6	3. Mid	3. Mid	3. Mid	2. Low	3. Mid	4. High
S01012386: Selkirk - Bannerfield	2	5. Higher	5. Higher	4. High	5. Higher	5. Higher	4. High

## Teviot and Liddesdale

Area	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
Scottish Borders	3. Mid	3. Mid	3. Mid	4. High	3. Mid	4. High
Hawick and Denholm	4. High	4. High	4. High	5. Higher	4. High	4. High

Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
S01012356: Denholm	8	2. Low	2. Low	2. Low	3. Mid	3. Mid	3. Mid
S01012357: Minto Cauldmill and Boonraw Area	7	2. Low	3. Mid	1. Lower	1. Lower	1. Lower	4. High
S01012358: Bonchester Bridge and Chesters Area	6	2. Low	2. Low	3. Mid	3. Mid	3. Mid	4. High
S01012359: Hawick - Burnfoot - South East	1	5. Higher	5. Higher	4. High	5. Higher	5. Higher	4. High
S01012360: Hawick - Burnfoot - Central	1	5. Higher	4. High	4. High	5. Higher	5. Higher	4. High
S01012361: Hawick - Burnfoot - West	2	5. Higher	5. Higher	4. High	5. Higher	5. Higher	3. Mid
S01012362: Hawick - Burnfoot - North	2	5. Higher	5. Higher	5. Higher	5. Higher	5. Higher	4. High
S01012368: Hawick West End - Wilton Dean	7	2. Low	2. Low	3. Mid	2. Low	2. Low	3. Mid
S01012372: Hawick North - Commercial Road	2	4. High	5. Higher	4. High	5. Higher	5. Higher	4. High
S01012373: Hawick North - Wilton Hill	5	3. Mid	3. Mid	3. Mid	3. Mid	3. Mid	3. Mid
S01012374: Hawick North - Stirtches	5	2. Low	2. Low	3. Mid	4. High	3. Mid	2. Low
S01012375: Hawick North - Silverbuthall	4	4. High	3. Mid	3. Mid	3. Mid	4. High	3. Mid

Area	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
Scottish Borders	3. Mid	3. Mid	3. Mid	4. High	3. Mid	4. High
Hawick and Hermitage	3. Mid	3. Mid	3. Mid	4. High	3. Mid	4. High

Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
S01012354: Newcastleton	6	2. Low	4. High	3. Mid	4. High	4. High	4. High
S01012355: Teviothead and Hermitage Area	5	3. Mid	3. Mid	3. Mid	4. High	3. Mid	4. High
S01012363: Hawick Central - Wellogate	2	3. Mid	3. Mid	4. High	4. High	4. High	4. High
S01012364: Hawick Central - Trinity	3	3. Mid	3. Mid	4. High	5. Higher	4. High	4. High
S01012365: Hawick Central - Millers Knowes	8	2. Low	1. Lower	1. Lower	2. Low	1. Lower	3. Mid
S01012366: Hawick Central - Town Centre	4	5. Higher	5. Higher	5. Higher	5. Higher	5. Higher	3. Mid
S01012367: Hawick Central - Weensland	6	4. High	4. High	4. High	4. High	3. Mid	3. Mid
S01012369: Hawick West End - Crumhaughill and Parkdail	8	2. Low	2. Low	2. Low	2. Low	2. Low	3. Mid
S01012370: Hawick Central - Drumlanrig	4	2. Low	2. Low	3. Mid	4. High	4. High	3. Mid
S01012371: Hawick West End - Crumhaugh	4	3. Mid	3. Mid	4. High	4. High	3. Mid	4. High

## Tweeddale

Area	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
Scottish Borders	3. Mid	3. Mid	3. Mid	4. High	3. Mid	4. High
Tweeddale East	2. Low	2. Low	2. Low	2. Low	2. Low	3. Mid

Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
S01012256: Peebles - S - Calvary Park	9	2. Low	1. Lower	2. Low	2. Low	2. Low	2. Low
S01012257: Peebles - S - Gallow Hill	7	3. Mid	3. Mid	2. Low	3. Mid	3. Mid	3. Mid
S01012258: Peebles - S - Edderston Rd	10	1. Lower	1. Lower	1. Lower	1. Lower	1. Lower	3. Mid
S01012259: Peebles - S - Caledonian-Springhill	10	1. Lower	1. Lower	1. Lower	1. Lower	1. Lower	2. Low
S01012260: Peebles - S - Victoria Park	7	3. Mid	2. Low	2. Low	2. Low	3. Mid	3. Mid
S01012261: Cardrona	8	1. Lower	2. Low	2. Low	2. Low	2. Low	3. Mid
S01012262: Tweeddale East Landward	6	2. Low	2. Low	2. Low	2. Low	2. Low	4. High
S01012263: Walkerburn	4	4. High	3. Mid	3. Mid	3. Mid	3. Mid	2. Low
S01012264: Innerleithen - North	8	1. Lower	1. Lower	1. Lower	2. Low	2. Low	3. Mid
S01012265: Innerleithen - East	5	3. Mid	3. Mid	4. High	4. High	4. High	3. Mid
S01012266: Innerleithen - South	7	3. Mid	3. Mid	2. Low	3. Mid	4. High	2. Low
S01012267: Innerleithen - West	10	1. Lower	1. Lower	1. Lower	2. Low	2. Low	2. Low
S01012273: Clovenfords and Area	9	2. Low	2. Low	1. Lower	1. Lower	1. Lower	3. Mid

Area	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
Scottish Borders	3. Mid	3. Mid	3. Mid	4. High	3. Mid	4. High
Tweeddale West	2. Low	2. Low	2. Low	2. Low	2. Low	3. Mid

Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level	SB CPI 2022 Level
S01012244: Carllops Romannobridge	6	1. Lower	1. Lower	1. Lower	1. Lower	1. Lower	2. Low
S01012245: West Linton - Lower	9	1. Lower	1. Lower	1. Lower	2. Low	1. Lower	3. Mid
S01012246: West Linton - Upper	9	1. Lower	2. Low	2. Low	2. Low	3. Mid	3. Mid
S01012247: Eddleston and Area	7	2. Low	1. Lower	1. Lower	2. Low	1. Lower	3. Mid
S01012248: Stobo - Blyth Bridge - Skirling	7	3. Mid	3. Mid	2. Low	3. Mid	2. Low	2. Low
S01012249: Broughton and Upper Tweed	6	3. Mid	3. Mid	3. Mid	3. Mid	2. Low	1. Lower
S01012250: Glentress and Manor Valley	8	2. Low	1. Lower	1. Lower	2. Low	2. Low	3. Mid
S01012251: Peebles - N - Connor St	4	4. High	4. High	4. High	4. High	4. High	3. Mid
S01012252: Peebles North - Dalatho	6	2. Low	3. Mid	2. Low	3. Mid	2. Low	2. Low
S01012253: Peebles - N - Cuddyside	6	2. Low	3. Mid	2. Low	2. Low	2. Low	3. Mid
S01012254: Peebles - N - March St	9	2. Low	3. Mid	2. Low	2. Low	2. Low	3. Mid
S01012255: Peebles - N - Eastgate	8	2. Low	2. Low	1. Lower	2. Low	2. Low	2. Low

## Appendix 1B – Scottish Borders Child Poverty Annual Progress Report 2022/23

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
<b>Employability</b> Through these actions we will increase support available to parents, and uptake and awareness of that support, as well as giving parents access to skills, training and opportunities. This will strengthen the employment offer to parents and create new fair work opportunities, plus tackling inequalities which stop parents from entering and participating in the labour market.						
<b>Parental Employability Project</b>						
Continued support for the Parental Employability Project through collaborative development and implementation of Introduction to Childcare Course with Borders College.	1	SBC Borders College	Increased parental income and employment	Parents	A1	Delivery of Introduction to Social Care for Parents working with Parental Employability Support Team.
Support and enhance the Delivery of the Parental Employability Project through new Child Poverty monies and current NOLB funding.	1	SBC	Increase of parental employability	Parents	A1	SBC's Parental Employability Service continue with the provision of Community Drop-ins in both Galashiels and Hawick for parents seeking employability support. Childcare is provided within Burnfoot if required.
<b>14+ and Transitions</b>						
<p>Regular 14+ transition meetings with schools and partners. Signpost resource and support for those eligible students to help secure a positive and sustained destination. Offer taster sessions to try out volunteering.</p> <p>Work with partners including DYW, SDS and employers to start the barrier removal process for those 14+ that are on track to a negative destination. Work with the Employability Support Service (ESS) to develop pathways for young people into Project Search, MA's and Kickstart programmes.</p>	1	SBC Education CLD ESS SDS	Increased 14+ meetings Increased positive and sustained destinations	Children & Young People	A	<p>Regular meetings take place with all secondary schools and partners. Employability staff offer employability related activities, from barrier removal to supported employment.</p> <p>Those identified with additional needs have pathway meetings and NOLB Stage 1 are present at those meetings. Employability services are regular attenders at pathway and career events.</p> <p>The UK Government's Kickstart programme has ended as planned but continue to promote Modern Apprentice opportunities. The 14+ framework has been refreshed and been reviewed to reflect national developments in transitions for ASN young people. The three core</p>

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
						partners that support 'Team Around the School Transitions' are school, SDS and DYW.
Undertake the Borders College 'Care Aware' initiative to provide support and a named person for care experienced young people and student carers.	1	SBC	Increased positive and sustained destinations	Young People	A	Work around transitions, and in particular school/college to post school, continues to be the focus of the YPG priority.
Work with and support ASN young people to better understand their World of Work and barriers they may encounter. This is supported through the ASN Learning Network funded by SDS and facilitated by Inspiring Scotland.	1	BANG Inspiring Scotland SDS	Removal of barriers to work for ASN Young People	Young People	A3	<p>World of Work barriers report finalised. Volunteer opportunities increased with Saltire Award registration.</p> <p>Eight ASN Youths working weekly with SBC The Promise Team on Human Rights, self-advocacy and understanding of local and national decision making responsibilities.</p> <p>ASN Transition planning workshop held on 18<sup>th</sup> January and attended by school DYW Leads and other professionals to promote multi-agency approach to improve transition planning and ensure consistency across Scottish Borders secondary schools. Input from Arc Scotland on the Principles into Practice and mapping current practice and reality of transitions process.</p> <p>The South of Scotland ASN Learning Network received an additional years funding from the South of Scotland Enterprise (SOSE) and is facilitated by Inspiring Scotland. A report on progress shares recordings of spotlight sessions from young people across the region including the Employment Support Service of Scottish Borders Council.</p>

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
YouthBorders will employ a Network Officer to connect and facilitate third sector organisations who provides services for young people / young adults aged 16-25 - this project aims to lead to improved transitions in all aspects of young people's lives. e.g. housing, employment, education, mental health and wellbeing - and will be informed by the lived experience of service users.	2	Youth Borders	Number of young people supported	Young People	C3	Youth Borders host quarterly 'Trusted Connections' network meetings for organisations working with this age group, as well as regular working group meetings.
Continue to support ASN youths with access to safe digital social and peer platforms and are launching a new digital online support service for ASN youths in Sept 2022.	2,3	BANG SDS	Number of families supported	Families	A2	<p>The free ASN Summer Camp 2022 supported over 297 ASN families including Young Carers and ASN youths. In addition 23 ASN Parent Carers in Galashiels and 10 Hawick ASN Parents were supported.</p> <p>SDS continues to develop transition programmes and information through the use of technology to support with transitions from primary to secondary. This includes young people making videos about themselves and secondary teachers delivering elements of curriculum to primary pupils using technology. All schools are using Showbie as transition tool from primary into secondary.</p>
Work in partnership with Borders College to identify support for those students who are winter school leavers, have started college but not aged 16 and ineligible for Borders Young Talent.	1	SBC Borders College	Increased support for winter school leavers	Children & Young People	A	Borders College introduced a mentoring initiative to support those young people most at risk of not sustaining a positive learning journey through College. Progress is tracked and monitored to provide positive interventions to aid successful completion of their programme.
Work with partners to deliver a Careers event aimed at care experienced children and young people in secondary schools.	1	SBC	Delivery of Careers event	Children & Young People	A	Completed in April 2023.

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
Continue delivery of the Project 'Search', which supports young people with a learning disability or autism to transition into work. This is delivered in partnership with NHS Borders and Borders College.	1	SBC EES	Increased employment	Young People	C3	<p>SBC EES continues to offer Project SEARCH an employability course for young people aged 16-29 years old with additional needs based at the Borders General Hospital.</p> <p>During Covid there were extreme challenges with restricted access to the hospital. The Project continued delivering online learning and employability training. With restrictions lifted the 2022/2023 course was conducted from the hospital offering more external work rotations giving the interns the opportunity to work out with a hospital environment. This has provided opportunities for some of the interns to secure paid employment with ongoing support.</p>

**Positive Destinations**

Develop new tracking and monitoring procedures with Skills Development Scotland and Borders College to ensure sustained positive destinations for care experienced children and young people.	1	SBC SDS Borders College	Increase of sustained positive destinations	Children & Young People	A	<p>At Borders College all Care Experienced young people have the opportunity of a meeting with a Careers Advisor. The College works closely with SDS through their further education partnership agreement to provide withdrawal information and to aid the tracking and monitoring of all Care Experienced young people.</p> <p>SDS have a Care experienced tracker in place which is updated on a monthly basis by SDS and SBC's Virtual Head Teacher. Where young people have not sustained a destination, or are at risk of not sustaining, appropriate interventions are discussed.</p>
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Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
Continue to deliver Employability Support, based on the Supported Employment model, to all disadvantaged Borders residents.	1	SBC	Maintain employability support levels for disadvantaged Borders residents	Parents	A1	SBC's Parental Employability Service continued to offer employability support to disadvantaged people in the region. Working with partners and referral organisations, attending team meetings to promote all aspects of the service, marketing of the service through flyers, social media, working with schools to target young people without positive destinations and supporting them to overcome barriers to employment or further education.
Promote the value of youth work and seek investment in to third sector youth work to maximize the number of youth work opportunities which are available to young people in the Scottish Borders; and to advance Scotland's youth work outcomes.	1	Youth Borders	Increased awareness and participation of youth work	Children & Young People	C2	Beyond Earlstoun provides opportunities for young people to participate in youth achievement awards provided by Youth Scotland, Saltire Awards and support for young people with volunteering. Activities are programmed around the outdoors and these groups are well attended with an opportunity to get outdoors and to explore. Eat Sleep Ride CIC have a modern apprenticeship programme as well as offering foundation apprenticeships and GCAS apprenticeships. They also provide work experience, alternative school provision and youth achievement awards.
Work with schools and encourage children and young people to sign up to Saltire Awards.	1, 2	Volunteer Centre Borders	Number of children and young people supported	Children & Young People	B1	During the January to March 2023 period VCB's Youth Volunteering Development Officer gave 9 Saltire Awards and Volunteering/opportunities presentations and group talks to young people. 438 young people attended these talks, learning more about volunteering, opportunities and the benefits of getting involved with the Saltire Awards Scheme.  14 young people signed up to Saltire to



Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
						record their volunteering and 28 young people registered as interested volunteers.
<b>NOLB</b>						
Work in partnership with employers – e.g. SBC on No One Left Behind (NOLB).	1	Eat Sleep Ride CIC	Number of employment opportunities	Parents	A3	One young person was employed in March 2022 through NOLB. Initially homeless, the young person was supported in securing property and in gaining child awareness, mental health and first aid qualifications. An employee recruited through NOLB during the previous year continues at Eat Sleep Ride.
NOLB and Young Person's Guarantee (YPG) offer bespoke pathways to young people to help those 16+ who are furthest from the job market and to overcome barriers to employment, volunteering and further education. PES and IFSS offer this to parents and families.	1	SBC	Increase parental/guardian income	Parents & Young People	A2	SBC's Parental Employment Service continued to offer employability training and awareness sessions including 1-1 support for those who require additional support to help overcome barriers to employment volunteering and further education.
Work with parents on No One Left Behind (NOLB) scheme to help them into employment.	1	SBC	Increase parental/guardian income	Parents & Young People	A2	Joint Initial visits between SBC's Parental Employability Service and No-one Left Behind continued and identified holistic support offered to the family. In adopting a 'Whole family' approach contributed to identifying the barriers to employment and perpetual cycle of this amongst families.
Teach hospitality and catering skills to support young people entering the food industry through the Food Punks Project. Work in partnership with local hotels and restaurants. Support young people referred from the Criminal Justice Service into sustained employment. Support Kickstart placements and NOLB.	1	Tweeddale Youth	Increased employment and work experience opportunities within catering industry	Parents	A3	Food Punks continued to support cohorts of school refusers through the school day as well as encouraging 16+'s into employment, including through Food Punks via NOLB.
Support a new initiative within the Burnfoot community centre to deliver a bespoke employability hub for the residents of Burnfoot in Hawick.	1	SBC	Deliver an employability hub for the residents of Burnfoot	Parents	A1	SBC's Parental Employability Service continued working with partners: SDS, DWP, NOLB Stage 1, Parental Support and SBHA, providing a weekly one stop session offering support within the

	Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
							Burnfoot Community. PES representatives attended sessions at the parent club in Burnfoot.
<b>ASN</b>							
	Work with charities/grassroots who support disadvantaged or marginalised groups to encourage volunteering. Support them to find volunteers through advertising and campaigning.	1,2,3	Volunteer Centre Borders SDS DYW SBC Education	Support given to families in need		B4	ASN Enhanced Work Experience Provision (pilot in Galashiels); this new project initiated by Skills Development Scotland (SDS) aims to ensure that all young people can access work placements despite any extra support they may need. Seven placements have been currently found by VCB.
	Provide targeted learning programmes to support disadvantaged young people to succeed and achieve.	1	SBC CLD Third Sector	Increased learning programmes for disadvantaged young people	Children & Young People	A	Through the YES Teams programme, 12 BANG ASN youths participated in this project which created social enterprise. BANG worked with SDS Borders to co-produce reflective toolkit for career advisors, providing ASN youths with opportunity to participate and engage with The Promise Team.
	Support ASN youths with ILF transition funding applications, accessing qualification both national and local and launching Youth Enterprise Scotland YES teams programme in August 2022 to provide qualification SVQ 3 to ASN youths and access to social innovation, enterprise.	1,3	BANG	Increased successful funding applications	Young People	A3	ILF Transition funding workshops delivered to youths.  1-1 support with ILF transition funding  Warm and Well funding to ASN families December to Match disseminated £5,000 funding.
	Promote ASN supports via social media and referral.	1,2	SBC	Number of families supported and referred	Families	B2	The Intensive Family Support Service targets specific areas including Employment, Family Support and income maximisation for families where generational unemployment is a feature. Over 2022, 28 families were supported with income maximisation.  The Throughcare Aftercare Team encouraged persons to maximise the uptake of available Care Experienced Council Tax Exemption by writing to all

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
						young people eligible for the benefit informing them of this on a 6 monthly basis. The initial mailshot will be sent in April 2023, following collation of necessary contact details.
Raise awareness of Autism with organisations, create a video on Autism by Young people, and an Autism Reflection toolkit to support organisations with Person centred approach. Work with Borders College to launch Quiet induction for ASN/Autism Students.	1	BANG	Number of young people supported	Young People	A3	BANG supported 89 ASN Youths between 11-25 years of age with direct weekly sessions and 13 with targeted support with high demand for the Statutory sector.
Provide training to ASN parents on subjects to support them to manage their emotional health and well-being. In addition we have ASN parent carer volunteers whom we support and we employ ASN parents within our funded projects/ summer camps .The supportive approach supports ASN parents.	1,2	BANG	Uptake of service, and families supported	Parents	A1	BANG launched a new weekly ASN Parent peer support group in Galashiels and Hawick with JHIT funding. Monthly thematic workshops are held from Enquire, Voiceability, Social Security Scotland, Children and Families Social Work, Self-Directed Support, CONTACT and transition with SBC pilot.  Thirty one parent carers attended the Summer Camp held in July 2022.

**Volunteering**

Promote volunteering roles within the CAB Service and an extensive training programme to develop skills and build confidence to return to the workplace particularly after a period of being at home looking after children.	1	CAB	Increase of parents returning to work	Parents	A1	CAB obtained funding through the Robertson Trust. CAB have recruited 1.6FTE Training & Development Officers to recruit and train volunteers to cover all the Scottish Borders Area CAB's.
Deliver cross service volunteer policy and expansion of younger people into volunteering roles in Live Borders.	1	Live Borders	Increased volunteering in Live Borders by younger people	Parents & Young People	C3	Live Borders Volunteer Policy is in operation. 215 young people volunteered through the Active Schools programme.
Support our network to improve the lives of young people through their participation in quality voluntary and community-based youth work.	1	Youth Borders	Increased numbers of volunteers in community-based youth work	Children & Young People	C2	Membership organisations such as Stable Life, Beyond Earlston and Eat Sleep Ride continue to offer quality volunteering opportunities, which offer access to training and learning new skills.

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
Run summer camps and volunteering for juniors, allowing parents to be able to work a full day.	1	Eat Sleep Ride CIC	Attendance level of summer camps	Children & Young People	A2	The Get into Summer programme delivered 8 full day sessions with transport provided. Twenty people benefitted from this with a further 10 junior volunteers involved.
Work with partners to make sure that everyone should have equal access to volunteering opportunities.	1,2	Volunteer Centre Borders	Number of individuals supported	Families	B3	VCB continues to promote and access the Volunteer Scotland Volunteer Friendly Award, VCB has assisted 3 organisations with their volunteer friendly in the last six months, with 3 more recently applying to complete the training/learning to achieve the award.
Promote an employee volunteering scheme with companies/organisations to encourage more people to give up their time to support the local community.	1,2,3	Volunteer Centre Borders SOSE	Evaluation of participants taking part in scheme	Families	A3	SOSE has a live volunteering policy which provides 2 volunteering days per annum. Communities clients are made aware of this at the point of engagement and all opportunities/proactive requests are shared across the organisations.

**Information and Support**

Give information to clients about local opportunities and organisations which may be of interest and support to develop their goals.	1	CAB		Families	A1	CAB use a local information database. Social media and other information sources are utilised to both promote and obtain information which clients may find of interest.
Through our Borders wide employment project, liaise with employers to ensure they know their responsibilities to employees and are paying at least minimum wage.	1,2	CAB	Improved employee care Increased minimum wage recipients	Parents	A3	The ERAS Project has been busy dealing with issues from employees. The pilot is likely to be extended and there is more provision for liaising with employers.
Support employees with enquiries regarding their employment and make them aware of their rights and responsibilities and how to challenge any inequality.	1	CAB	Better employee awareness of rights	Parents	A3	Additional training has been available to ensure that most employee enquiries can be dealt with.
From pregnancy we inform clients of their employment rights and eligibility around maternity allowance or pay, time off and employer's responsibilities. Offer benefit checks due to change of circumstances and information and support on how to claim.	1	CAB	Better understanding of employment and maternity rights	Parents	C1	CAB continue to receive a number of enquiries around maternity rights and pay. Specialist resources are utilised for signposting purposes. On-going contact and changes which result once the baby is born is encouraged.

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
Continue support of the library service with signposting and information for parents.	2	Live Borders	Increased parental use of library service	Parents	A1	Visitor numbers to Live Borders libraries have continued to increase with 119,536 visitors in 2022/2023 compared to 48,858 in 2021/22. There has also been an 86% increase in the use of library pc's with the Public Network reservation rate increasing from 4105 in 2021/22 to 7622 2022/23.
Maximise parental/guardians' income, by signposting to appropriate services. Support all learners in travelling to and from venues for their learning and in some cases provide childcare. Support our 16+ learners who are furthest from the job market with digital devices to help them seek opportunities in learning, volunteering or employment.	1	SBC	Increase parental/guardian income	Parents & Young People	A2	<p>Full Income Maximisation assessments were conducted for all parents working with SBC's Parental Employment Service.</p> <p>On a fortnightly basis, PES representatives attended all DWP Job Centres within the Scottish Borders. Signposting, with support, to access further learning opportunities, therapeutic interventions, health appointments, housing appointments, depending on the individual needs of the parent.</p> <p>Where appropriate parents were supported to apply for devices through Connecting Scotland.</p>
Provide parent employability support through the Financial Inclusion in Early Years Group.	1	NHS Borders SBC	Increased support to parents.	Parents	A1	Employability support is provided by the Early Years Financial Inclusions Team who offer holistic support with benefits checks, signposting and referrals for emergency assistance including Crisis Grants or food parcels.
Support the Ukraine Refugee crisis group to ensure that effective and efficient employment support is available. This is in conjunction with partners in JC+.	1	SBC Job Centre	Ensure there is efficient employment available for Ukrainian Refugees	Parents	A1	<p>An Employment Development Officer post was funded last year, (October 2022), in order to ensure efficient employment opportunities for Ukrainian Refugees.</p> <p>In continued collaboration with Job Centre+ this offers CSCS Course and</p>

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
						individual support and promoting ESOL Classes enrolment and SB College Course applications. Work continues in identifying potential job opportunities and build relationships with employers to ensure Ukrainian refugees have reliable and efficient employment options available to them.
Support the effective planning and delivery of new SG child poverty monies and targets which will include improving access and availability of childcare.	1,3	SBC	Improved access to childcare	Families	A2	Training provided to Duns Community Nursery in the development of their CIC with PES/IFSS providing support to parents. PES worked with partners to ensure the availability of funded places for hard to reach families.
Continue to offer support to disabled clients (both learning and physical) to find and sustain paid work.	1	SBC	Increased employment	Parents	B2	SBC's Parental Employability Service continued to engage with referral sources to promote employability support and opportunities to those who reside in the Scottish Borders with additional support needs and barriers to work. By offering 1-1 key worker wrap around support to individuals to support them to reach their employment goals of finding and sustaining paid employment.
Continue to support all clients to maximise their income through improved jobs and /or increased hours.	1	SBC	Increased income	Parents	B3	Working with a key worker and reviewing client's current circumstances is part of the conversations key workers from SBC's Parental Employability Service have with their clients. This is to ensure persons are supported if they wish to work more hours to maximise their income or potentially when ready to look for another job.
We will support the maximum number of parents into employment which will help their children to have a better start in life.	1	SBC	Increased parental employment	Families	C1	SBC's Parental Employability Service maintains community engagement within Early Years Centres, promotion amongst Social Work, Health, DWP and Education to work with partners to

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
						identify parents with barriers to employment.
Continue growth of the BookBug Programme for young parents and develop signposting along wide collaborative work with "return to work" schemes.	2	Live Borders	Increased parental participation of BookBug programme	Children	A1	Bookbug numbers have continued to increase with 825 sessions in 2022/23 with 4823 children attending and 4775 adults attending with them. In comparison, there were 238 sessions in 2021/22 with 2432 children and 2215 adults attending with them.
Continue to engage with the Job Centre and the PACE team to support and advise individuals facing redundancy.	1	SBC Job Centre PACE	Maintain support to those facing redundancy	Parents	A1	<p>Scottish Borders Local PACE Partnership meet on a quarterly basis to review any PACE activity undertaken.</p> <p>The number of PACE interventions was relatively low throughout 2022/23 with only 2 employers with greater than 20 employees at risk requiring PACE intervention.</p>
The Employability Support Service will continue to work in partnership with employers and employer's representatives to ensure our clients have the best possible chances of securing and sustaining paid jobs. We will support employers to ensure they have any assistance they need to engage with some of the Scottish Borders most disadvantaged citizens.	1,3	SBC	Increased employment	Parents	A3	SBC's Parental Employability Service continue working with employers to form relationships that in turn ensures better understanding of clients' needs and enabling the best support being offered to clients. Providing in work support to the employer and clients enhances the chances of clients sustaining paid employment.
Promote the Young Person's free Bus travel through the National Entitlement Card (NEC) or Young Scot National Entitlement Card (Young Scot NEC).	1,2	SBC CLD	Number of children and young people accessing free bus travel	Children & Young People	A2	The Young Scot app is now included on all I pads in schools.
Work with clients to make them aware of their rights and responsibilities, what is available locally and how to access these services.	1,3	CAB	Number of families supported	Families	A2	This is a particular focus of Our Money Talk Team Project, funded by the Scottish Government (currently funded to end June 2023).



Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
<b>Projects and Programmes</b>						
Get into Summer Entry level job creation for young people to work in culture and leisure services.	1	Live Borders	Increased employment within culture and leisure services for young people	Parents & Young People	C3	Through Live Borders, 20 young people were recruited as Activity Leaders through the summer holidays to lead and support activity camps.
Continue Youth Leadership programme in Sport.	1	Live Borders	Maintain Youth Leadership programme in sport	Parents & Young People	C3	Live Borders supported delivery of Youth Leadership Programmes in Selkirk, Earlston and Kelso High Schools. Leadership programmes took place in Galashiels, Peebles and Duns. The Young Leadership Academy operated across all nine cluster areas taking 18 students through a year-long mentoring and education programme to support their development in sports coaching. Primary 6-7 leadership skills in 23 Primary Schools across the Scottish Borders was re-instated in teaching core skills of teamwork, safety, confidence, resilience, organisation and planning.
Introduction of Borders Employment and Mentoring project (BEAM) by the Borders Housing Network (BHN) to engage social housing tenants and families towards employment.	1	SBC BHN BHA	Increased employment amongst BHN tenants	Parents	A1	A total of 91 referrals were made to BEAM for BHN Tenants. Of these, 50 Tenants engaged with the service and 22 went on to secure employment.
Work with Hawick Employability Pilot Partners to provide employability wraparound support in Burnfoot. Remove barriers to employment by supporting individuals to have a better understanding of their own mental health needs and develop coping strategies.	1	NHS Borders SDS JHIT	Increased employment within Burnfoot	Parents	A1	Burnfoot Employability Hub pilot was launched in September 2022 with various partners including SDS, DWP, ESS, NHS, PES and SBHA. There was a weekly presence every Thursday morning at Burnfoot Community Centre. Despite promotion and various interventions there was low footfall, and the decision was taken by the multi-agency working group to cease in March 2023.



Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
Provide a Skills learning program me through Food and Bike Punks. Provide supported employment opportunities within TYA and signposting to organisations' such as Works+. Connection with local employers also supports post 16 employment opportunities.	1	Tweeddale Youth	Increased supported employment opportunities	Parents	C3	Tweeddale Youth Action supported the employment of 5 young people with local employers and one directly with TYA.  Food and Bike Punks continue to operate, and Food Punks are collaborating with Works+ to feed young people from Tweeddale and to support cookery to existing participants.
Continue to deliver Scottish Borders Council's 'Family Firm' which supports Care experienced young people to transition into work.	1	SBC	Increased employment	Families	C3	SBC's Borders Family Firm is a project that continues to support Care Experienced Young people to transition into work. Further funding is being explored to ensure continuation as current funding from the European Social Fund ended as of March 2023.
Delivery of the Young Persons Guarantee by supporting appropriately aged individuals and creating opportunities for them both within and outwith Scottish Borders Council.	1	SBC	Increased opportunities	Young People	C3	The Young Persons Guarantee Group is a subgroup of the Local Employability Partnership. The group meets regularly and focuses on the needs of young people in the region, ensuring a regional approach creates and offers appropriate employment opportunities.
Continue to employ modern apprentices when possible.	1	BHA	Increased levels of Modern Apprentices	Young People	C3	BHA continues in the recruitment of modern apprentices despite previous attempts to recruit apprentices having very low take-up.
Offer a range of apprenticeship opportunities dependent upon funding. Work with contractors to ensure they offer work experience and apprenticeship opportunities through local schools.	1	BHA	Increased apprenticeships available	Young People	C3	BHA attends careers events at local High Schools and promotes careers in housing. BHA also has good links with job centres and employability networks.
Establish a Foundation Apprenticeship Programme with Borders College and work with Borders Housing Network and Scottish Borders Council on the Borders Guarantee.	1	SBHA SBC Borders College BHN	Increased Apprenticeship employment	Young People	C3	Borders Housing Network continues to work in partnership to enhance apprenticeship opportunities.

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
Continue to support the creation of modern apprentice opportunities at Scottish Borders Council.	1	SBC	Increased Modern Apprentice opportunities	Young People	C3	During 2022/23 SBC recruited 29 modern apprentices and continues to promote and support apprentice opportunities within the organisation.

**Education**  
**Through these actions we will continue to tackle the poverty related attainment gap and support the health and well-being of children and young people. This will in turn help children and young people to achieve better lifelong outcomes, thus helping to break the cycle of poverty.**

**Early Years**

Equity and Excellence Leads to be placed in large SBC Early Learning Childcare (ELC) settings in areas of high deprivation.	1,2	SBC Early Years Team	By end of Primary 1 current attainment data for achieving early level will be above 80%	Families	C2	Equity and Excellence Lead Officers supported 4 schools based on identified need. All are focused on narrowing developmental gaps for individuals in ELC. There is evidence of the gap narrowing in these ELC settings with significant progress being made at Jedburgh, making a difference to attainment by end of P1.
Continue to deliver Psychology of Parenting Project (PoPP) parenting groups targeted at those in highest areas of deprivation.	1,2	SBC Early Years Team	Number of participants	Families	C2	This programme continues and face-to-face delivery is re-starting.
Continue to support free access to Community Centres for nursery provision and also support the development of these groups.	2	Live Borders	Number of families supported and accessing services	Families	A2	Early Years provision is established in Tweedbank, Duns, and Selkirk.

**Projects and Programmes**

Develop an implementation plan following publication of Scottish Government's strategic plan for their childcare commitments.	1,2	SBC Education	Outcomes of implementation plan met	Families	A2	Early stage thinking and discussion is taking place relating to workforce planning in relation to a further expansion of provision for 2-year-olds and 1-year-olds.
Undertake a mentoring initiative to support those most at risk of disengagement to successfully transition through senior phase of school to college and for those at greatest risk of disengagement during their first year at college.	1	SBC	Uptake of Scheme	Children & Young People	B1	A 3-day Skills Quest Event for care experienced young people was conducted in April 2023. Organised by Virtual Head Teacher and DYW, the event focused on developing skills including budgeting, team working and cooking on a budget.

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
Pilot a schools Resource Pack for children and young people that promotes sustainability, linked to the Curriculum for Excellence.	2	SBC Education	Uptake of Scheme	Children & Young People	B1	It is hoped this pilot will be conducted in 2023/24.
Ensure UNCRC and Children's Rights are taken into account in Child Poverty work in the Scottish Borders Future Actions.	1	SBC Partners	Child Poverty work to incorporate UNCRC and Children's Rights	Families	C1	UNCRC and Children's Rights are taken into account in appropriate child poverty actions. Addressing child poverty is a priority of our Children & Young People's Plan, which is written with policy links to the UNCRC articles and engages with children and young people, taking their rights into account.

**Financial Inclusion**  
**Through these actions we will help maximise income of low income households, lifting children out of poverty and combatting the cost of living crisis.**

**Financial Inclusion Fund**

Disperse funds from the Financial Inclusion Fund to those most in need.	3	SBC	Monetary gains, support given	Families	B2	Forty groups have received awards from the Financial Inclusion Fund. This has included projects such as Low and Slow, which has allowed additional community groups to deliver the programme in their local area. £160,000 has been allocated to groups so far.
Continue to support the Financial Inclusion Practitioners Group to raise awareness of financial support (68 current members).	1,2,3	SBC	Number of organisations funded whose activities indirectly or directly address child poverty	Families	B3	£190,000 has been allocated across the Scottish Borders to 10 groups/organisations to support financial inclusion via the financial inclusion fund.
Raise the profile of financial inclusion through the Financial Inclusion Practitioners Group	1,2,3	SBC	Number of organisations funded whose activities indirectly or directly address child poverty	Families	B2	The Financial Inclusion Practitioners Group met 3 times in 2022/23. A multi-agency network was formed as a result. The Cost of Living Strategic and Operational Groups continued this work and have raised the profile of financial inclusion through the dispersal of £1.2M cost of living funds.

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
<b>Benefits</b>						
Encourage families to have a benefit check to ensure they are getting all the support they are entitled to and how their earned income may be supplemented.	1,2	CAB	Increased benefits checks	Families	A1	Income maximisation benefit checks are on offer and are widely accepted. A focus around the changes to The Scottish Child Payment criteria was a priority.
Provide direct support to maximise family income, including help to access Scottish Child payments and all other welfare benefits.	3	BHA	Tracked and evaluated using the Scottish Federation Housing Associations (SFHA) social value toolkit	Families	B4 B2	BHA supported £5,200 gains from Scottish Child payments and £674,825 total benefit gains for 2022/2023. (provisional)
Increase take up of school clothing grants - Extend eligibility for school Clothing Grants to include receipt of Council Tax Reduction in eligibility (and link to take up campaign for Council Tax Reduction) and link to other benefits (e.g., Scottish Child Payment and Best Start Grants).	3	SBC	Increased take up, monetary gains	Families	B3	A take up campaign undertaken in Summer 2022 to identify potential eligible families from data held from other benefits and the process will take place annually. Housing Benefit and Council Tax Reduction applications also include applications for free school meals and clothing grants to maximise take up.
Provide financial inclusion support for early years through maximising take up of child related benefits and resources, and signposting to relevant services including child specific welfare support, access to food resources and clothing grants.	3	BHA	No. of clients, Demographic information (if given), Client financial gain	Children and Young People	B2	BHA supported £5,200 gains from Scottish Child payments and £674,825 total benefit gains for 2022/2023. (provisional)
Make direct winter payments to eligible families with low income (£100 per child) as agreed at Scottish Borders Council meeting on 25.08.22	2,3	SBC	Monetary gains, support given	Children and families	B3	Almost 2,700 children benefitted from this direct payment in 2022.
Provide school leavers or their parents contacting our service with further education options and the financial implications to and for them.i.e., loss of child related benefits and financial support through bursaries and grants for further/higher education.	1	CAB	Improved understanding of further education options and any financial implications	Families	C3	CAB attend school careers events, with enquiries dealt with as and when presented. In particular the loss of child related benefits prompts people to seek CAB's assistance.

	Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
	Provide parents with support to accessing benefits, services and supports parents to advocate. Provide advocacy training for ASN Parents and work 1-1 with ASN parents through advocacy to access other support.	3	BANG	Uptake and successful completion of training	Parents	B3	<ul style="list-style-type: none"> <li>• Social Security Scotland focus groups</li> <li>• 1-1 sessions and group session-supported</li> <li>• 12 ASN parents apply for benefits and Bus Passes</li> <li>• Completed 7 applications for DLA or renewal of DLA</li> <li>• Completed 4 applications with ASN Parents on new Child Grant</li> </ul>
	Continue with Health Visitors asking about money worries at every contact and refer to the SBC Financial Support and Inclusion Team where required.	2,3	NHS Borders SBC JHIT	Record gains made, monitor national child poverty levels, Monitor Scottish Government benefit statistics	Families	B2	Midwives and Health Visitors continue to be proactive in referring expectant and new mothers for benefits checks. In 2022-2023 there were 500 referrals resulting in an uplift in benefits of £1.2million.
<b>Cost of Living</b>							
	Provide financial inclusion support through partnership Community meetings and distributing supermarket gift cards to individuals in crisis (Financial Hardship Fund)	2,3	SBC	Monetary gains, support given	Families	B2	Over £5,000 worth of supermarket gift cards have been distributed to local foodbanks and fareshare providers as well as to prominent groups within communities that are supporting individuals with the cost of living crisis. Further Supermarket Gift cards have supported specific groups such as Violence against Women and Drugs and Alcohol partnership. Social Security Scotland have attended all 5 community meetings and provided updates on how to access welfare and the support that Social Security Scotland provides. Our in-house Welfare Benefits team have also provided regular updates at community meetings
	Proactively promote free school meals (FSM) and clothing grant provision.  Increase take up of free school meals - Identify	2	SBC	Increased uptake	Children & Young People	B3	A take up campaign undertaken in Summer 2022 to identify potential eligible families from data held from other benefits and the process will take

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
<p>people who are potentially eligible but not claiming (particularly those with children who already receive universally free school meals in P1-P5) and link to other benefits (e.g., Scottish Child Payment and Best Start Grants). Increase take up of educational maintenance allowance (EMA) – identify those who are potentially eligible.</p>						<p>place annually. Housing Benefit and Council Tax Reduction applications also include applications for free school meals and clothing grants to maximise take up.</p>
<p>Increase take up of Council Tax Reduction – a campaign to include advertising and direct contact with those who are potentially eligible which will link to Clothing Grant take up.</p>	3	SBC	Increased take up, monetary gains	Families	B3	<p>A phased campaign started in early 2023 to identify and contact potential applicants.</p>
<p>Continue to work on the cost of the school day, using pupil equity funding to support this.</p>	2,3	SBC Education	Monetary gains	Families	B2	<p>Development plan agreed with Education Scotland. Updated information sent to all schools with plans to engage schools in further professional learning, develop a framework and support schools with self-evaluation. Where possible, schools continue to use pupil equity funding to ensure those pupils impacted by poverty are supported and do not miss out on experiences.</p>
<b>Information and Support</b>						
<p>Continue to encourage partners, local employers and suppliers to adopt the real living wage which will increase the level of income coming into a household.</p>	1	SBC Partners	Increased adoption of the real living wage Increased income	Families	B3	<p>Individualised Family Income Maximisation Assessments are undertaken as part of the Introduction to Service for PES/IFSS.</p>
<b>Communities &amp; Partnerships</b>						
<b>From these actions we will work with partnership, third sector and community organisations to provide holistic and whole family support.</b>						
<b>Food Networks</b>						
<p>Work with partners to support Foodbanks, Fare Share, Community Larders and other food organisations to pilot and implement sustainable food options - Low &amp; Slow. The project also provides holistic benefits and fuel/energy &amp; debt</p>	2,3	SBC Food Banks	Participation and Engagement data. Programme	Families	A1	<p>Low and Slow projects are running across 5 areas. Seven Low and Slow projects are running. Cyrenians provide a food larder and cook club in: Jedburgh, Selkirk, Walkerburn and</p>

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
advice to individuals and families.			impact evaluation report			Galashiels.
Develop a Food Network through quarterly Food Conversations with Partners. The Food Network will include a holistic approach to support and information.	2	SBC	Support given	Families	A1, B3	Food conversations have taken place throughout 2022/23 and a food network has been developed and will continue.
Continue to invest in estates and community facilities including community food gardens.	2	BHA	Number of people supported	Families	B1	Two community food gardens in Duns and Ayton run in partnership with Abundant Borders. BHA has also provided £25,000 to local foodbank and larders from the National Lottery Community Anchor fund, accessed through the Scottish Federation of Housing Associations.

**People and Place**

Support Place Planning across the Scottish Borders to develop 5 Locality Plans.	2	SBC	Number of organisations funded whose activities indirectly or directly address child poverty	Families	B1	Meetings in Borderland towns have resulted in a starting point for forming Town Teams in each locality. These plans also aim to incorporate rural areas that are in close proximity. Town Team planning is being led by community members and groups and their skills and experiences are helping to shape other communities' plans.
Active role in place making and capacity building.	2	BHA	Number of people supported	Families	B1	BHA's will maintain its role in local place making and support capacity building where possible with internal and external community support funding.
YouthBorders will develop, grow and strengthen opportunities for collaboration and partnership within and between third sector and community organisations; and with the public sector.	2	YouthBorders	Number of opportunities for young people	Children & Young People	B1	YouthBorders current membership size is 51 organisations and reached 5600 young people in youth work opportunities.
BHA will continue to promote 'Ride Pingo' for its customers across Berwickshire	2	BHA	Number of families supported	Families	A2	Ongoing, via BHA social media channels



Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
Provide transport to families and encourage car sharing among parents.	2,3	Eat Sleep Ride CIC	Number of families supported	Families	A2	Eleven people utilised the Pingo bus to attend sessions. Car sharing is actively encouraged with at least 4 households opting for car share.
<b>Holistic and Whole Family Support</b>						
Wider support and linkage to reduction in child poverty action and policy networks.	2	BHA	Number of organisations funded whose activities indirectly or directly address child poverty	Families	A3	Ongoing whereby BHA continues to access other funding to support poverty reduction in the Scottish Borders.
Provide holistic and whole family support – e.g., equine therapy and access to mental health services.	2,3	Eat Sleep Ride CIC	Evaluation of support given	Families	B1	Thirty-three people accessed therapy support, 56 care parcels were distributed to low income households, and over 45 young people had access to a range of support. This has been provided funding from: Warm and Well, National Lottery, SBC and YouthBorders.
<b>Housing &amp; Energy</b>						
Through these actions we will help to keep housing costs low, provide support with rising energy bills and tackle homelessness for families.						
<b>Tenancy Sustainment</b>						
Continue to assist clients with rent and mortgage arrear issues and at risk of eviction or repossession to look at their income and expenditure, any possible eligibility to additional financial support (e.g., DHP) and negotiate a repayment schedule on their behalf.	2	CAB	Number of families supported	Families	B4	Rent and eviction freezes until 31/3/23 has slowed down with landlords and lenders from moving to these extremes. This allows opportunities to reach repayment of arrears.
Continue to work in partnership with Shelter Scotland for representation to clients at the court stage of the eviction process.	2	CAB Shelter Scotland	Number of families supported	Families	B4	CAB continues the referral partnership with Shelter. Cases which were on hold during the pandemic are now continuing to court stage.
Provision of tenancy sustainment services including financial inclusion advice and BeWell mental health project directly funded by BHA. Comprehensive advice and signposting are also provided for fuel debt, mental wellbeing and other areas that support family households, including children.	2	BHA	Tracked and evaluated using the Scottish Federation Housing Associations (SFHA) social	Families	B1	BHA has a new operating model that includes a dedicated Tenancy Sustainability Team providing financial inclusion, fuel and food support and access to BHA BeWell tenancy support and wellbeing service. Operated by Penumbra, BeWell will expand and



Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
Provide support for young people leaving care through early intervention by tenancy sustainment services at the start of their tenancy			value toolkit			extend its reach to engage young people under 25 with their first tenancy having secured funding from the recent Community Mental Health and Wellbeing funding round.
Work with SBHA Tenants to promote tenancy sustainment and reduce the number of Tenants who lose their home.	2	SBHA	Less tenants evicted, and increase in those able to sustain tenancy for more than one year	Families	B4	SBHA carried out 9 evictions in 2022-23 depicting 0.16% of all SBHA's tenancies. The majority (67%) of the evictions were for non-payment of rent.
Review and update Scottish Borders Rapid Rehousing Transition Plan in order to prevent families from becoming homeless and, where homelessness cannot be prevented, to support families to secure settled, mainstream housing as quickly as possible.	2	SBC	Reduced number of families homeless, increased support provided	Families	B4	The Borders Health and Homelessness Strategic Partnership are in the process of revising the RRTP and accompanying action plan, which is due to be submitted to Scottish Government in June 2024.
<b>Warm Affordable Homes</b>						
Create new social housing though warm, affordable housing and infrastructure	2	BHA	Tracked and evaluated using the Scottish Federation Housing Associations (SFHA) social value toolkit	Families	B4	New build ongoing at Springfield in Duns (phase 3). This is due for completion later this year.
SBHA will build 300 homes over the next 7 years.	2	SBHA	Number of homes completed	Families	B4	SBHA has provided no new homes in 2022-23, however 15 properties have been purchased from the open market of which 10 will be available for social rent and 5 for mid-market rent.
Continue implementation of pilot Housing First Model that meets the needs of people with multiple needs in the Scottish Borders and which, as far as is possible in a rural context, conforms to the 7 principles of Housing First.	2	SBC	Principles of Housing First model adhered to	Families	B4	Housing First delivery continued throughout 2022/2023.

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
<b>Fuel Vouchers</b>						
Provide fuel poverty support including BHN distribution of SG Fuel Support funding and Fuel Bank vouchers to over 2,400 households.	2	BHA BHN	Tracked and evaluated using the Scottish Federation Housing Associations (SFHA) social value toolkit	Families	B4	BHN members have continued to issue vouchers from the Fuel Bank Foundation to tenant households on pre-paid meters. There has been increasingly high demand for this fund with 1,727 vouchers costing £75,206 distributed in calendar year 2022. This support has helped 3,162 people including 1,028 children from some of the lowest income households in the Scottish Borders. BHN also secured a third tranche of SG Fuel Support funds in late 2022. BHN has now been successful in all three rounds of SG Fuel Support Funding and has secured just over £1m additional income to mitigate the impact of fuel poverty in the Scottish Borders.
Provide fuel vouchers to clients where possible.	2	Eat Sleep Ride CIC	Number of fuel vouchers issued	Families	B4	Through Youth Scotland Winter Fund, vouchers were issued to families who were in fuel poverty. Additionally, via the Corra Hardship funding 12 families were supported with 100 fuel payments.
Issue fuel vouchers to SBHA Tenants on pre-paid meters.	2,3	SBHA	Number of vouchers issued	Families	B2	A total of 390 SBHA Tenants were issued with a fuel voucher in 2022-2023.
<b>Warm and Well</b>						
Support ASN youths with ILF transition funding applications.	1,3	BANG	Increased successful funding applications	Young People	A3	Warm and Well funding to ASN families December to Match disseminated £5,000 funding.
Continue with SBHA's affordable warmth service 'Warm and Well', providing energy saving advice (an average of £188 per household savings in the year.	2	SBHA	Number of tenants supported monetary gains	Families	B3	A total of 648 SBHA Tenants accessed SBHA's Warm and Well Service in 2022-23 with the interaction generating a total of £117,000 in savings, an average of £181 per household.
Support Tenants with their heating costs and reduce their fuel debt using £150,000 from the	2,3	SBHA	Number of tenants	Families	B4	A total of 115 Tenants received a payment from the Fuel Debt Fund to

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
Scot Government Fuel Debt Fund for 2022-23.			supported monetary gains			clear their fuel debt (£150,000 in total payments made), an average of £1,300 per household. SBHA will continue to provide this service into 2023-24.  BHN has secured £84,000 from SBC's Cost of Living Fund to continue with the employment of SBHA's Warm and Well Coordinator and to recruit an additional energy adviser to support referrals.
Continue to check for energy savings measures and any concessionary funds and grants available to pass on to clients.	2,3	SBC CAB	Monetary gains and support given	Families	B3	Following a successful and busy 2022/23 delivering the Warm & Well scheme, CAB have secured further funding to allow the continuation of the Warm & Well Scheme to be delivered in partnership with SBC across 2023/24.  In addition to the core income maximisation support and activities have also now been able to secure additional funding and support for an Energy Advisor role within the scheme, further providing support and advice particularly for those households in or at risk of fuel poverty.
<b>Information and Support</b>						
Continue to refer clients to the Homelessness team at SBC and explain process and procedures to client.	2	CAB SBC	Number of referrals made	Families	B4	On-going, when required. Working with the Homelessness Team is very beneficial for the client.
Support partner agencies in helping to reduce household costs through advice, signposting and specific learning programmes.	2	SBC	Uptake of services	Families	B4	PES/IFSS have worked closely with SBHA Energy specialist to apply for funds to reduce debt and look at ways to reduce energy usage. This includes: signposting families to Warm Hubs to ease fuel costs and applications to Cash for Kids for support with 'Heat the

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
						Person not the House'. This grant provided warm bedding, clothes for the whole family and individual support for applications to Housing Associations for fuel vouchers.
Support young people and families to access heating payments to support rising fuel costs (through the Peeblesshire Food Bank). Signpost young people and advocate for them with SBC's Homelessness team.	2	Tweeddale Youth	Number of families supported	Families	B4	In the past year Tweeddale Youth have supported two young people through homelessness and signposted and collaborated with Peeblesshire Foodbank on a cookery project, supported the distribution of ingredients and setting up a Food Punks cookery channel on YouTube to share with food bank participants. <a href="https://www.youtube.com/@foodpunksofficial">https://www.youtube.com/@foodpunksofficial</a> . We have also distributed supermarket vouchers to families in need.
SBHA's Financial Inclusion Team to continue to work with Tenants to support them to generate additional household income via money management and budgeting skills.	2	SBHA	Number of tenants supported, monetary gains	Families	B3	A total of 1,111 SBHA Tenants accessed SBHA's Financial Inclusion Service in 2022-23 generating a total of £610,000 in income for those households (£549 per household).
Continue to deliver SBHA's Wellbeing Framework which is designed to ensure Tenants can access the support and or intervention needed to sustain their tenancy, identifying potential barriers early on and identifying the correct pathway for support.	2	SBHA	Number of tenants supported, number of tenants sustaining tenancies	Families	B1	SBHA's Wellbeing Framework is now fully operational for all new SBHA Tenants. A total of 352 assessments have been carried out with 9% identified as high risk and specialist interventions required to support tenancy sustainment.
Continue to develop strong partnerships with JHIT, CAB and ChangeWorks etc. to support the 9 Low & Slow Projects which aim to reduce energy costs and provide nourishing food.	2	SBC JHIT CAB ChangeWorks	Uptake of Services	Families	B4	ChangeWorks are no longer an active delivery partner but have worked with local partners to continue to provide energy advice to the project. Public Health are delivering an information/train the trainers event in April 2023, with the aim of building capacity so that groups can effectively deliver the provision.

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<b>Health &amp; Wellbeing</b>						
<b>Through these actions we will provide financial, practical and emotional support, helping to tackle and mitigate the impact of poverty as well as preventing it.</b>						
<b>Financial Support</b>						
Liaise with school and small grants / donations to support youth clubs, nurseries, school projects and community activities for children and young people.	2	BHA	Number of families supported	Families	C2	BHA continues to provide small and very limited funds to support community groups, including helping to re-start activities following Covid.
<b>Cost of Living</b>						
Continue to deliver LINKS Eyemouth community led food project that aims to support children and families to try new recipes that focus on healthy, lower budget eating. The project also supports wider wellbeing by promoting social connections and peer support opportunities for families, and the provision of meal bags with healthy recipes and ingredients mainly sourced from surplus foods to reduce food waste.	2	NHS Borders LINKS Eyemouth JHIT	Evaluation of project, and families supported	Families	C2	Between December 2022 and March 2023, the following activities were delivered: <ul style="list-style-type: none"> <li>• 100 Christmas recipe bags,</li> <li>• 4 energy efficiency workshops,</li> <li>• a creative upcycling session,</li> <li>• 12 Low and Slow sessions with 16 participants,</li> <li>• a warm hub provided for families and individuals meeting twice weekly during March 2023.</li> </ul>
Continue to offer free food at youth club drop-in sessions and support young people living independently with food and essentials such as data when required. We also link families and young people with our local food bank and distribute supermarket vouchers to families in need.	2,3	Tweeddale Youth	Number of young people supported	Young People	B3	Tweeddale Youth Action continues to offer free food at most of our drop-ins but the continuing increase in the numbers attending and the cost of food is making this increasingly difficult to staff and fund. We continue supporting young people living independently and distributing supermarket vouchers to families in need.
Following public consultation, a proposal is being considered for further discussion in relation to period poverty.	2	SBC	Number of people supported	Families	B2	Fareshare has agreed to help distribute FPP to food banks and food larders. SBC and Live Borders premises identified for distribution. Locations are promoted through SBC Communications and website.
Continue to establish breakfast clubs in schools. Breakfast clubs are established in a number of schools in areas of greatest need, but the aim is to have one in every school.	2	SBC	Number of breakfast clubs established	Children & Young People	B2	£60,000 has been allocated to support the setting up, continuation or provision of a free breakfast club offer across the Scottish Borders. Nineteen schools

	Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
							were successful in their application for funding along with 1 community based group.
<b>Mental Health</b>							
	Tweeddale Youth Action has a role in maintaining young people's mental health and emotional well-being, offering a safe space for young people to socialise, access information and advice, take part in activities and feel a sense of belonging and connection that they don't always have in other areas of their life. Act as a bridge between activities, opportunities and services that our young people will benefit from.	2	Tweeddale Youth	Uptake of service, and number of young people supported	Young People	B1	Currently open 5 days and 5 evenings per week, Tweeddale Youth Action offers a range of activities, including 5 a side football, art, cookery, film/digital and casual access youth drop-ins. Through Stepping Stones we continue to offer 1:1 and small group work support, feeding vulnerable young people, activities and opportunities available at TYA and wider through partners. We also continue to offer free holiday programmes and trips away. There are 6 other youth organisations across the Borders offering similar support.
	Provide support to children under 12, through the employment of a trauma councillor.	1,2,3	Eat Sleep Ride CIC	Number of children supported	Children	A1	Eat Sleep Ride supported 4 young people, all diagnosed with SEN through CAMHS to 12 sessions and each young person is now re-engaged in education.
	Ensure that clients have timely access to mental health support through the 'No one Left Behind' programme.	1, 2, 3	SBC EES	Number of participants and employment opportunities	Families	B1	A mental health support worker was funded to provide sharp intervention through NOLB. Support and access to appropriate mental health services was provided.

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<b>Disabled</b>						
Continue to provide 15 fortnightly peer-age befriending groups for children and young people with learning disabilities & autism aged 8-25 across the Scottish Borders.	1,2,3	Interestlink Borders	Number of members and families supported, volunteers involved and sessions provided. Annual outcomes survey of members, carers and volunteers.	Children & Young People	B1	Fortnightly befriending groups for children and young people with learning disabilities & autism aged 8-25 across the Scottish Borders continues.
<b>Projects and Programmes</b>						
Continue with expansion of programme and access to free places for museums and galleries, including workshop provision for families to attend.	2	Live Borders	Number of participants	Families	B1	35 creative workshops were offered through the summer of 2022 with an average 69% occupancy and 344 visits. Gala, Hawick, and Peebles programmes were the busiest. Free places were offered to low income families but uptake was low. Heart of Hawick offered free group access to film screenings with 6 groups taking up the offer and 215 individuals accessing free tickets.
Support Early Years Centres to continue to lead on a summer programme of activity with children and families across Eyemouth, Galashiels, Hawick and Selkirk.	1,2	NHS Borders SBC JHIT	Uptake of service and number of children supported	Children	C1	A successful four week summer programme took place. A total of 71 days of learning and play supported 902 children and 425 parents. Over 1500 meals were provided. A wide variety of learning and play activities were on offer. A highlight for many families was a trip to the beach.
Continue to provide free social activities and Summer respite camps in Summer, and school holidays.	2	BANG	Uptake of service, and families supported	Families	A2	BANG launched a new weekly ASN Parent peer support group in Galashiels and Hawick with JHIT funding. Monthly thematic workshops are held from Enquire, Voiceability,

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
						Social Security Scotland, Children and Families Social Work, Self-Directed Support, CONTACT and transition with SBC pilot.
Deliver 'Get into Summer 2022' for children and families of low income households which provides coordinated access to food, childcare, sports, leisure and cultural activities during the holidays.	2	Live Borders	Uptake of service and families supported	Children & Families	A2, B2	Over 4170 visits were made by children and young people to Live Borders activities. This resulted in 91% occupancy in activities with 69% places occupied free of charge to identified children and families of low income. Data includes the specific BANG camp partnership programme for families of children with a disability which saw over 50 attendances per week.
Develop a plan to transform holistic whole family support services through early intervention and prevention activities, to ensure families can access support before they reach crisis point.	1,2,3	SBC	Uptake of service and families supported	Children & Families	B1	A new governance board was developed in 2022/23: (The Children and Young People's Planning Partnership). The new structure leaves Scottish Borders in a much better position to use the WFWF to develop and transform service approaches to early intervention. The Whole Family Support work stream will be the primary route for developments in these areas.
Completion of new pathway to ensure appropriate Mental Health Services and supports are in place.	1,2,3	SBC	Compliance with legislation	Children & Families	B1	<p>The development of an App which will enable children and young people to know which services are available within their own area is under development. It is hoped this will be placed on Ipads for August 2023. Further work will be required on this throughout the next year.</p> <p>A service directory is also being developed which outlines which services are able and how to access them. A draft will be available by summer 2023.</p>



Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
Develop an action plan based upon agreed Health and Wellbeing census outcomes.	1,2,3	SBC Education	Compliance with legislation	Children & Families	B1	<p>The 4 areas for action from the Health and Wellbeing census:-</p> <ol style="list-style-type: none"> <li>1. Bullying – The Respectful Relationship and Anti-Bullying Policy 2023 is in the final draft stage and will include additional resources to support learning setting moving forward.</li> <li>2. Caring responsibilities – Presentation at February 2023 Child Protection Coordinators business meeting by CHIMES (Action for Children) to re-emphasise the importance of support for young carers</li> <li>3. Body Image – summer term PSHE programmes reviewed to ensure an increased focus, using up-to-date materials.</li> <li>4. Loneliness, stress and worry are discussed with children and young people and the appropriate actions taken by their schools to support them.</li> </ol> <p>Kooth and Togetherall support is available for children and young people, in particular with a focus around exam stress. Summer term - further work required to support schools in this area.</p>
Identify 'Nurture Bases' in each locality to support primary school aged children with social and emotional difficulties.	1,2,3	SBC Education	Number of nurture bases identified, and children supported	Children & Young People	B1	Schools and settings to evidence progression in embedding the nurture principles.

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
Full facility family pass trial for those families in most need to support access to a wider range of activity.	2	Live Borders	Number of families accessing services	Families	A2	The number of referrals received totalled 123 from a range of partners. Of these, 46 families (37%) made use of the pass. Teviotdale was the most popular site for attendance with 499 total visits made by families.
Promote summer programmes as relevant to the Berwickshire locality.	2	BHA	Number of families accessing service	Children	A2	Ongoing via BHA social media channels.
Provide life coaching programmes for BHA tenants and work closely with the Bewise group to support parents into employment through husbandry accreditations, support to manage their wellbeing, help filling out benefit forms, accessing support groups, transport costs and support to access public transport.	1,2,3	Eat Sleep Ride CIC BHA Bewise Group	Number of parents supported, and employment gained following participation	Parents	A1	Eat Sleep Ride supported 4 families through this period and worked alongside Penumbra.

**Tackling Digital Exclusion**  
**Through these actions we will expand the Connecting Scotland Programme, and help to provide devices for families in poverty to enable access to appropriate services and support.**

**Connecting the Borders**

Continue roll out of Connecting Borders (Devices, data and mentoring support) with the 12 members of community partnership.	2,3	Live Borders	Evaluation of project, number of families supported	Children & Families	A2	Live Borders had 225 referrals in 2022-2023. Of these, 77 include children in the household. 100 Chromebooks, 106 iPads, 176 MiFi were distributed.
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**Support**

Continue to support households in receipt of a Connecting Scotland device.	1,2,3	SBHA	Evaluation of service, number of families supported	Families	A2	SBHA's Digital Champions network continues to support the 224 households who received a device via Connecting Scotland, to ensure they access all benefits of being online and improve their digital skills. In addition, the Borders Employment Advice and Mentoring (BEAM) project purchased 20 laptop computers and software for Tenants to enhance their job search and job applications.
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Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
BHA has provided hands on digital support for individuals and contributes to Berwickshire networks developments to enable digital access for all.	2	BHA	Number of families supported	Families	A2	Let's Get Digital Berwickshire transferred to BAVS with digital activities delivered under their Berwickshire About project.
Introduce software to increase benefit take up. Software to be acquired which will use information already held to identify people whose information is held within SBC databases and encourage them to apply for benefits where there is potential entitlement, which are not being claimed.	3	SBC	Increased take up, monetary gains	Families	B3	Introduced in early 2023 and several campaigns have started. Increased temporary resource in Financial Inclusion Team will allow this to be expanded in Summer 2023.

**Information & Advice**  
**Through these actions we will help to ensure families receive the support they are entitled to. We will provide support to help overcome barriers to accessing these supports, as well as improving the quality and availability of advice services.**

**Equity Strategy and Funding**

Respond to the opportunities of the Scottish Attainment Challenge, targeting resources where the poverty related attainment gap is greatest to deliver improved attainment in literacy and numeracy.	1,2	SBC Education	Increased attainment	Children & Families	C2	Strategic Equity Funding continues to be used to increase leadership capacity by funding 3 additional Depute Head Teachers at our schools with the highest number of children living in SIMD Quintile 1.
Continue to implement outcomes in the Equity Strategy to target action and resource to address inequalities in attainment and achievement.	1,2	SBC Education	Increased attainment	Children & Young People	C2	All short term outcomes of the equity strategy were achieved or exceeded in year 1. Year 2-3 outcomes are now in progress.

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target groups	Best Start, Bright Futures Indicator**	Update
<b>Economic Growth</b>						
Establish and deliver enhanced inclusive economic growth for the South of Scotland through the Regional Economic Partnership.	1,3	SOSE	Number of organisations funded whose activities indirectly or directly address child poverty	Families	A2	<p>This year SOSE has financially supported 5 organisations whose activities indirectly or directly address child poverty. Across the organisation our funding support has also enabled the creation of 267 jobs and safeguarded 323 jobs across the Scottish Borders.</p> <p>SOSE continues to champion Fair Work and lead by example by strengthening our approach to Fair Work. In 2022/23 we sought to promote the opportunities that Fair Work offers to address the challenges that enterprises face around skills gaps, talent attraction and retention, disengagement and in-work poverty.</p>
<b>Money Worries</b>						
<b>Through these actions we will put money directly in the pockets of low income households, lifting children out of poverty and combatting the cost of living crisis.</b>						
<b>Money Worries App</b>						
Circulate flyers (1 for each area of the Borders) which provide essential contact details for those in crisis.	2,3	SBC	Monetary gains, support given	Families	B3	Continued promotion of the NHS Money Worries App and provided flyers to foodbanks and local fareshare providers.
Continue to promote the Money Worries App to aid people by providing access to information and support to prevent escalating money worries. Deliver Bitesize Information Sessions to 1) Raise Awareness of the NHS Borders Money Worries App, 2) Encourage 'real-time' download of the App, 3) Enable participants to promote and signpost people to the App.	2	NHS Borders	Monetary gains, support given	Parents	A2	The combined total number of users/downloads for the financial year 2022/2023 is 868. Training has since evolved through partnership with the Money & Pensions Service. We have facilitated the first cohort of multi-agency staff through the MAPS Money Guiders self-directed e-learning.

\*Poverty Drivers

- 1 – Income from Employment
- 2 – Costs of living
- 3 – Income from Social Security and benefits in kind

\*\*Best Start, Bright Futures Indicators

- A – Employment offer actions
  - A1 – A strengthened employment offer to parents
  - A2 – Connectivity and childcare
  - A3 – Transforming our economy
- B1 – A transformational approach to People and Place
- B2 – Enhanced support through social security
- B3 – Income maximisation
- B4 – Access to warm affordable homes
- C1 – Best start to life
- C2 – Supporting children to learn and grow
- C3 – Post school transitions

## Appendix 1C - Child Poverty Case Studies

### a) Financial Help in Early Years 2022/23

Referrals to the service for the year were 505 resulting in £1.25m in increased benefits.

In 2022/23 there was an emphasis on increased hardship due to the cost of living. Many families presented with financial difficulties as a reason for referral rather than the usual benefit check. Many cases where persons were financially struggling were only highlighted when specifically asked how they were coping on a week-to-week basis.

For example, a single mum mentioned she had £4.59 in the bank and absolutely nothing in her purse when asked how she was coping. Her case was immediately forwarded for a Community Care Grant or alternative funding from the new Financial Inclusion Fund. These funds have been well received for many struggling families this year with positive reactions on receipt of this unexpected additional money.

SBC arranged for the [Financial Help in the Early Years leaflet](#) to be distributed around all Childminders, Nurseries and Primary Schools in the Scottish Borders including a message to parents that the information was also available on all websites and social media in order to check they were receiving full benefits entitlements. Additional referrals were subsequently received from these sources, particularly Primary Schools. In addition, over 600 leaflets were distributed to Health Visitors this year.

After a marked drop in referrals from non-UK citizens over the last 3 years it is recognised there has been an increase lately from families moving to the UK from places such as India, Portugal, Cape Verdi, Poland, Romania, and Ukraine. A positive response was received from one Ukrainian family who although already claiming Universal Credit did not realise they were also entitled to Scottish Child Payments of £300 per month plus a lump sum of around £800 in Early Learning and School Age Payments.

A notable case was that of a vulnerable teenage mother with a young daughter who had separated from her partner due to prolonged domestic abuse. He had been claiming all the families' benefits and had continued to do so even after the separation. SBC's involvement resulted in this arrangement being terminated and the mother is now in receipt of benefits totalling £12,300 per year and is looking forward to a much brighter future for herself and her daughter.

A mother with 4 children moved to Scotland from England to escape years of domestic abuse. The husband's income had exceeded Benefit limits, so she had no personal source of income when she arrived. Temporarily living with extended family was not working well for all involved. The full range of benefits were soon put in place and with the additional Scottish Benefits of £436 per month plus lump sums totaling £856, the total monthly income was raised from zero to £1,500 per month. She was unaware of the Scottish Benefits and after years of being financially exploited by her husband she was both surprised and delighted to be receiving this extra amount. Shortly after receiving the Benefits the family moved to more suitable accommodation in Edinburgh and are now living safely and happily away from the abusive husband and father.

### b) Volunteering

Volunteering opportunities for people to learn new skills, expand connections and increase self-confidence have been very popular, and many children, young people and families benefit as a result. Examples include:

- Volunteer Centre Borders (VCB) supported and worked with 70 community groups/charities to recruit volunteers with 520 open opportunities for volunteers in the Scottish Borders.

- Ninety-seven volunteers were signposted to community groups and 104 new volunteers identified.
- Four drop-in sessions were held at Galashiels Jobcentre and 1 in Hawick Jobcentre between November-March for customers to find out more about volunteering and opportunities available.
- Citizens Advice Bureaux (CAB) attended 2 provider events in Galashiels Jobcentre. These events had 5/6 organisations attending, and CAB provided an overview of the benefits of volunteering and opportunities available.
- In November 2022 CAB attended the NHS Recovery and Wellbeing course in Galashiels to give an informal talk on the benefits of volunteering and discuss the types of opportunities available.
- During the period of September 2022 to March 2023, VCB concentrated on the unknown destinations of young people to provide joint support to young people who may not have had any help and have little options for the future. CAB work to design new learning and practical experiences for families and young people to take part in the most needed areas in the Scottish Borders.
- A Volunteer co-ordinators Network has been formed to support co-ordinators throughout the Scottish Borders with currently 18 different co-ordinators involved.
- The third 'Loving Our Volunteers' Awards celebration was held in February 2023. This celebration saw 8 categories highlight the work of groups, individuals and volunteer involving organisations across the Scottish Borders. In total 91 guests attended with 24 volunteers shortlisted, 8 winners and 16 runners up in 8 categories. Forty-four organisations were nominated, with 91 nominations altogether.

### **c) Warm and Well**

A fund of £100k was made available across localities throughout the Scottish Borders. Organisations could apply for up to £2k towards the cost of opening additional hours or spaces. A total of £20,861.70 was granted with 17 Warm Hubs created.

In Eildon TD1 Youth Hub utilised funding to open additional hours to existing services running Warm Hubs over 2 days per week over a 9 week period supporting 81 people. Through their existing Fareshare partnership the Youth Hub offered 24 families additional support with excess food at the end of the week.

*“Over the weekend it can be pretty rubbish as we aren’t at school, but by taking home loads of scran from here on a Friday night means that Saturdays aren’t so bad.”*

St Boswells Village Hall introduced Warm-Up Wednesdays running for 14 weeks supporting over 200 community members.

*“It is great that not only can I stay here and not worry about going home to an empty fridge and cold home, but you leave out all the toys and resources, so my son can enjoy taking part in things whilst here.”*

In Berwickshire 4005 people attended the 210 sessions delivered in warm spaces. This was supported by 108 volunteers and 10 paid staff. A co-ordinated approach ensured no duplication and in offering different opening times and days across Berwickshire maximised attendance. Partnerships were formed, children benefitted from food after school on Fridays, volunteers benefitted from the provisions and many who attended lived alone with health conditions or mobility restrictions.

*“A meal and weekly social interaction has been greatly valued as I struggle with mental health and feel the pinch of the cost-of-living expenses.”*

*“I used to just come along myself and now I have people to meet and talk to. I really enjoy it.”*

*“It’s great to have the Brunch Hub as it’s the only time I get out.”*

YouthBorders were allocated £90,000 to distribute between eligible member groups to deliver additional youth work activities or enhance provision to keep young people warm and well over winter. Young people and families experiencing financial hardship, poverty or deprivation were provided with a dignified and rights-based response to the impact of the increased cost of living on young people and their communities. Large grants of £5,000 and smaller grants of £1,500 were available to groups who met the minimum outcomes thresholds for both the young people and the organisations.

Twenty five YouthBorders member organisations received grants. These Youth Groups signposted and referred to appropriate agencies and local supports to support financial inclusion and income maximisation. A total of:

1488 young people benefitted directly from the Warm and Well Funding

5756 people indirectly benefitted from the funding (parents, carers, siblings)

280 additional youth work sessions were conducted

430 households were assisted through signposting for further support

182 vouchers or care packs to young people and their families were distributed consisting of food, blankets, and clothing

Of the 182 vouchers and care packs, these reached 264 children and young people under the age of 18

Parents/Carers quotes:

*“I can’t thank the funders enough. We live in an old and cold house, and I am the only one with a wage coming in with four daughters which causes big problems. It has brought huge joy and is very much appreciated, and X is over the moon. We may be struggling but that was a huge act of kindness. I am a crying mess and can’t believe people would take time to help us in this way.”*

*“I received support to help with the cost of the rising energy prices as I was struggling to make ends meet and put heating on in my home. This took a huge amount of stress from myself and helped us so much.”*

*“I really loved the care packs that were delivered to my door. They helped me cope with my anxieties and made me feel good. I like the cosy blanket and it helps keep me warm in my bedroom because I live in a cold house. The food from Asda’s was the best. I loved the chicken and my family, and my sisters shared it and we all had fun with my family. We are very grateful for everything.”*

#### **d) Whole systems approach to diet and healthy weight with a focus on children and families and reducing health inequalities**

The Whole System Approach to child healthy weight and reducing inequalities commenced in Eyemouth in March 2021. Funding of £50k was awarded in January 2022 to support the delivery of priority themes identified in stakeholder workshops:



Theme 1 - Communication: publication of Eyemouth Living magazine. Developed and distributed by volunteers to homes and community venues in the town. The publication is now moving online.

Theme 2 - Family Participation and Learning: development of a book boxes scheme; engagement with parents and decision makers re play spaces and the implementation of a community lunch.

Theme 3 - Outdoor activities: a junior parkrun has been ongoing since August 2022; improvements have been made in access to cycling safety and resources; a resource pack and associated training has been developed to support outdoor activities provision. An equipment store is available through the community centre.



## Appendix 1D - Challenge Poverty Week 3-9 October 2022

DATE	Messaging
Mon 3	<p>This week we're supporting Challenge Poverty Week by highlighting the wide range of information, advice and support that is available across the region to support people experiencing financial hardship #ChallengePoverty #CostofLivingCrisisSupport</p>  <p><b>Highlight on Money Worries App</b> The NHS Borders Money Worries App provides a wide range of information about support services available nationally and locally in the Scottish Borders. Find out how you can improve your financial health by downloading it from either the Apple App store or Google Playstore. #ChallengePoverty #CostofLivingCrisisSupport</p>  <p><b>Highlight on SBC Cost of Living Support</b> It's #ChallengePoverty week (3-9 October) and a reminder that our website provides detailed information about what grants, benefits and support you may be entitled to. For more information, visit: <a href="http://www.scotborders.gov.uk/costoflivingcrisissupport">http://www.scotborders.gov.uk/costoflivingcrisissupport</a> or call Customer Advice and Support Services on 0300 100 1800. #ChallengePoverty #CostofLivingCrisisSupport</p>
Tues 4	<p><b>Highlight on Energy</b> If you're worried about your energy bills or struggling to stay warm at home, you can find tips for reducing fuel costs and links to help and support here: <a href="http://www.scotborders.gov.uk/costoflivingcrisissupport">http://www.scotborders.gov.uk/costoflivingcrisissupport</a></p>

	<p><b>Highlight on Mental Health</b></p> <p>"Poverty is one of the causes of mental ill health. As more people struggle financially during the cost-of-living crisis, it is more important than ever to look after your mental health and know where to find support if you need it. Find tips for staying well and links to help and support here."</p> <p><a href="http://www.nhsborders.scot.nhs.uk/media/896673/Mental-Wellbeing-support-summary-leaflet.pdf">http://www.nhsborders.scot.nhs.uk/media/896673/Mental-Wellbeing-support-summary-leaflet.pdf</a></p>
Wed 5	<p><b>Highlight on Financial Support</b></p> <p>Did you know <a href="#">Citizens Advice Bureau</a> could help with income maximisation and advice on bills? They also offer a free financial health check service. Find out more information here: <a href="#">Debt and money advice   Scottish Borders Council (scotborders.gov.uk)</a></p> <p>Did you know you can receive financial help during pregnancy and with a child up to school age? Find out more about what support is available and our <a href="#">Financial Help in the Early Years</a> information sheet here: <a href="#">Benefits for parents, children and young people   Financial Assistance and Support   Scottish Borders Council (scotborders.gov.uk)</a></p> <p><u>Social Security Scotland:</u> You can now access face-to-face support when applying for benefits with Social Security Scotland. Book an appointment with a Client Support Adviser by calling 0800 182 2222 or find out more here: <a href="#">Benefits and grants - mygov.scot</a></p>
Thu 6	<p><b>Highlight on Food</b></p> <p>There are various options available if you are struggling with access to food, including: Food banks, Fairshare providers, Early Years Centres, Community cafes and food larders. Find local venues and organisations here: <a href="#">Help with access to food   Cost of Living Crisis support   Scottish Borders Council (scotborders.gov.uk)</a></p> <p>If you're on a low income or receive certain benefits, you may be eligible for free school meals, plus some other benefits such as clothing and footwear grants. Find out more at: <a href="#">Benefits for parents, children and young people   Financial Assistance and Support   Scottish Borders Council (scotborders.gov.uk)</a></p>
Fri 7	<p><b>Highlight on Benefits</b></p> <p>Could you, or someone you know, be missing out on Pension Credit? Pension Credit tops up pension income and can help with day-to-day living costs. You can check your eligibility at <a href="http://www.gov.uk/pension-credit">www.gov.uk/pension-credit</a> or by calling 0800 99 1234</p> <p>The Scottish Child Payment is a weekly payment of £20 per eligible child under 6. You can find more information and how to apply here: <a href="https://www.mygov.scot/scottish-child-payment">https://www.mygov.scot/scottish-child-payment</a></p> <p>The NHS Borders Money Worries App provides a wide range of information about support services available nationally and locally in the Scottish Borders. Find out how you can improve your financial health by downloading it from either the Apple App store or Google Playstore.</p>

## Appendix 1E - Scottish Borders Child Poverty Actions 2023/24

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target group	Best Start, Bright Futures Indicator
<b>Employability</b> Through these actions we will increase support available to parents, and uptake and awareness of that support, as well as giving parents access to skills, training and opportunities. This will strengthen the employment offer to parents and create new fair work opportunities, plus tackling inequalities which stop parents from entering and participating in the labour market.					
<b>Parental Employability Service</b>					
Provide access to and referrals to the Employability Service.	1, 3	SBC Early Years SBC ESS	Increased referrals	Children and Families	A1
<b>Financial Support</b>					
Offer assistance with benefit appeals and specialist advice.	1, 3	SBC Financial Inclusion Team	Number of benefit appeals and specialist advice provided	Children and Families	A2
Signposting for help with childcare (aged 2+), travel, digital skills and information on financial support through welfare benefits and Scottish Social Security Benefits.	1, 3	CAB	Increased take up of services and benefit entitlements	Parents	A2
Increase awareness and accessibility of HMRC's Childcare Account for both working families and childcare providers.	1, 3	SBC Early Years	Increased number of families receiving support  Increased number of registered childcare providers with scheme	Children and Families	A1
Provide support to parents to help them to take up, extend or sustain employment and maximise their income.	1, 2, 3	SDS	Uptake or extension of employment to maximise income	Parents	B3
Administer a client intervention fund to assist with the removal of barriers to employment and support individuals to complete funding applications including Independent Living Fund.	1, 2, 3	SDS	Usage of funding	Families	B3
<b>Positive Destinations</b>					
Increase skills and the likelihood of young people impacted by poverty achieving a positive destination.	1	SBC Education SDS DYW Borders Borders College SBC CLD	Increased skills of young people and achievement of positive destinations	Children and Young People	A3

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target group	Best Start, Bright Futures Indicator
Ensure care experienced learners receive ongoing support through transition from school to positive destinations. Increase positive destination rate of learners living in quintile 1 and reduce the poverty gap.	1	SBC Education	Increased positive destination rate of learners	Young People	C3
<b>Fair Work Nation</b>					
Work with employers to ensure they are aware of their responsibilities to employees/workers in line with the principles of a Fair Work Nation.	1	CAB	Increased awareness of workforce challenges and Fair Work Nation	Families	A3
Engage with employers to ensure fair, rewarding and sustainable work opportunities are promoted and supported.	1	SBC Employability Service	Increased engagement with employers	Families	A3
Work with employers to support delivery of apprenticeship programmes and encourage Fair Work practices including payment of the Living Wage.	1, 2	Borders College SBC Employability Service Interest Link Borders	Number of apprenticeship programmes	Young People	C3
<b>Childcare</b>					
Offer options for parents to engage in work and access to appropriate childcare.	1	Child Poverty Action Group Employability Service SBC Early Years	Engagement in work for parents accessing appropriate childcare	Parents	A2
Provision of support funding to cover Childcare requirements to enable students to fulfil their attendance, study and work placement requirements.	1	Borders College	Increased attendance levels	Families	A2
<b>Volunteering</b>					
Promote volunteering roles within the CAB Service to support parents/carers returning to the workplace.	1	CAB	Increase of parents returning to work	Parents	A1
Develop volunteer peer mentoring to build confidence, responsibility and help with career decisions.	1	Interest Link Borders	Number of members & families supported, volunteers involved and sessions provided.	Families	B1
Create pathways into youth work and offer opportunities for learning and on the job training through volunteering.	1	Tweeddale Youth Action	Number of young people supported	Young People	C3
<b>Information and Support</b>					
Signposting and provision of information to parents will be done through the library service.	1	Live Borders	Number of parents supported	Parents	A1
Signpost or refer parents to local specialist services who are looking for support back into employment.	1	CAB	Increased referrals	Parents	A1

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target group	Best Start, Bright Futures Indicator
Provide learning opportunities to support parents into employment.	1	SBC CLD	Take up of increased learning opportunities	Parents	A1
Promote employability and other relevant projects across social media channels and through referrals from frontline staff.	1, 2	BHA	Increased employability promotion	Parents and families	A1
Provide advice, assistance and benefit checks to parents of young children.	1, 2, 3	SBC Early Years	Provision, value and uptake of benefits and support	Parents	A1
Offer employability training to those requiring support, including young people and parents.	1	SBC ESS	Increased number of participating parents and young people at training	Parents and Young People	A1
Partners can use our space to meet clients in a safe/neutral space to provide help and advice.	1	Live Borders Job Centre Third Sector	Increased participation from parents and families	Parents and families	A1
Grow the BookBug Programme to support young parents and develop signposting alongside "return to work" schemes.	1	Live Borders	Increased parental participation of BookBug programme	Parents and families	A1
Develop partnership approaches to jointly run events with roadshows/leaflets.	1	Live Borders	Increased participation at jointly run events	Parents and families	A1
Collaborate with partners to offer digital skills in library spaces.	1	Live Borders	Usage of Connecting Borders devices	Parents and families	A1
Offer activities, respite and unlimited support for family members to develop friendship networks, confidence and communication skills.	1	Interest Link Borders	Number of family carers benefitting and sessions provided.	Families	A1, B1, C2
Expand outreach Careers guidance and employability support activities.	1	SDS Job Centre	Increased engagement from customers including parents and carers	Parents and families	A1
Monthly drop-ins at EY centres to provide Parental Employability Support (PES) for parents who are entitled to Eligible 2's placements.	1	SBC ESS SBC Early Years DWP	Take up of training opportunities	Children and Families	A1
Fortnightly drop-in support from the Parental Employability Service (PES).			Eligibility of parents entitled to support	Parents	
Provide numeracy courses for parents through the Government's Multiply initiative.	1	SBC ESS	Increased number of participating parents	Parents	A1

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target group	Best Start, Bright Futures Indicator
Offer 1-1 employability support to care experienced young people and engage with support services to ensure wrap around support is provided.	1	SBC ESS	Number of care experienced young people supported	Young People	C1
<b>Projects and Programmes</b>					
Shape a delivery plan and actions through the provision of local skills training and targeted interventions, including travel vouchers to ensure accessibility.	1	Borders College Local Employability Partnership SBC ESS DWP	Formulation of delivery plan and actions	Young People	A1
Develop a Community Pop Up Hub employability programme.	1, 3	SDS DWP SBC	Increased engagement from individuals	Families Parents Disabled Minority Ethnic Mothers	A1
Deliver programmes promoting independence/life skills and offer awards in volunteering to support participants to gain the skills required to enter paid work.	1	Borders College	Number of volunteering awards	Young People	C3
Develop physical and mental health, mindfulness and meta skills through an employability boot camp.	1	Borders College SBC	Increased physical and mental health skills	Families	A3
Provide an all age employability service (16+), including travel pass and digital connectivity access.	1	SBC Employability Service	Number of young people supported	Young People	C3
Work with local partners to provide targeted employability skills training and support people into ancillary roles in the NHS.	1	Borders College SBC NHS	Improved target employability skills	Families	A3
Undertake meaningful industry insight visits over the summer to a broad range of key industry sectors.	1	SDS DYW	Visits conducted	Young People	A3
Support partnership planning for poverty related issues by producing labour market information including Regional Skills Assessments.	1	SDS	Evidence from Regional Skills Assessments conducted	Families	A3
Break the intergenerational cycle of poverty by working with partner agencies to target hard to reach families.	1, 2, 3	SBC ESS Social Work Early Years	Take up of services	Families	B1

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target group	Best Start, Bright Futures Indicator
<b>Education</b>					
Through these actions we will continue to tackle the poverty related attainment gap and support the health and well-being of children and young people. This will in turn help children and young people to achieve better lifelong outcomes, thus helping to break the cycle of poverty.					
<b>Attainment</b>					
Achieve medium term outcomes of Scottish Attainment Challenge strategy to improve outcomes whilst closing the poverty-related attainment gap.	1	SBC Education	Achievement of medium term outcomes	Children and Young People	C2
Narrow the poverty attainment gap through resourcing improvements in pedagogy, curriculum development and learning and teaching assessment by utilising Strategic Equity Funding.	1	SBC Education	Narrowing of poverty attainment gap	Children and Young People	C2
Develop a curriculum reflecting the aspirations of the OECD Review of Curriculum for Excellence as well as The Hayward Review on national qualifications and assessment.	1	SBC Education	Evaluation of practices, approaches and experiences of staff and children	Children and Young People	A2
Ensure Learning for Sustainability, UNCRC and The Promise are integral to our new curriculum and culture.	1	SBC Education	Evaluation of practices, approaches and experiences of staff and children	Children and Young People	A2
Plan and lead interventions with children and parents/carers to close poverty related attainment gaps.	1	SBC Early Years	Attainment gap improvements	Children and Families	C2
<b>Transport and Travel</b>					
Ensure all young people have access to the Young Scot website, support to apply for their Travel Card and free bus travel for under 22s is promoted.	1	SBC CLD Borders College SBC EES Tweeddale Youth Action CAB	Increased applications for Travel Cards Increased uptake of travel entitlement Increased bus travel applications	Young People	A2, C3
Students who do not qualify for national travel entitlement schemes are provided with bus or train tickets where they meet the eligibility requirements of student bursary.	1	Borders College	Increased distribution of bus and train tickets	Young People	A2, C3

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target group	Best Start, Bright Futures Indicator
<b>Digital Support</b>					
Identify children and young people with learning disabilities and autism who would benefit from devices and connections.	1	Interest Link Borders Connecting Scotland Connecting Borders	Increased uptake in digital devices	Children and Young People	A2
Student advice, guidance and support is available to all students and supported by a comprehensive student information portal to support successful learner outcomes.	1, 2, 3	Borders College	Positive learner outcomes	Families	B3
Support to adults requiring help with accessing, owning and training for IT literacy.	1	SBC CLD	Number of adults supported	Families	C2
<b>Information and Support</b>					
Provision of support funding to cover Childcare requirements to enable students to fulfil their attendance, study, and work placement requirements of college qualifications.	1	Borders College SBC CLD	Increased attendance levels Increased access to childcare	Families	A2
Libraries offer drop in craft and reading sessions and the 'summer ready challenge' for children.	1	Live Borders	Number of children supported	Children	C2
Identify and support pupils, in partnership with schools, whose education may be affected by poverty factors.	1, 2, 3	SDS Schools	Number of young people supported	Young People	C3
Ensure all young volunteers qualify for Saltire Awards.	1	Interest Link Borders	Number of volunteers	Young People	C3
Ensure our learners are aware of and supported to apply for the various government schemes to expand the networks for our communities.	1, 3	SBC CLD	Increased applications for government schemes	Families	A2
<b>Projects and Programmes</b>					
Provide a mentoring programme specifically aimed at supporting, advocating and coaching young people who are most at risk of not sustaining a successful learning journey.	1	Borders College	Number of students supported	Families	C2, C3
Deliver enhanced inclusive economic growth through the Regional Economic Partnership, whilst continuing to adopt and embed the Fair Work approach.	1, 3	SOSE	Number of organisations funded whose activities indirectly or directly address child poverty	Families	A2



Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target group	Best Start, Bright Futures Indicator
<b>Information &amp; Advice</b> Through these actions we will help to ensure families receive the support they are entitled to. We will provide support to help overcome barriers to accessing this support, as well as improving the quality and availability of advice services.					
<b>Transport and Travel</b>					
Signpost to relevant services where there is an entitlement to support with transport e.g., free bus pass.	1	SBC Financial Inclusion Team	Uptake of Travel Cards	Families	A2
Advertise and promote free bus travel for under 22s and Job Start Payment.	1, 2, 3	SBC Financial Inclusion	Number of young people supported	Young People	C3
<b>Signposting and Advice</b>					
Signpost specialist support, including mental health and drug and alcohol services to young people attending youth club.	1, 2, 3	Tweeddale Youth Action	Number of Young People signposted	Young People	B1
Provide a holistic and whole family support library service by signposting and provision of authoritative sources of information.	1, 2, 3	Live Borders	Uptake in signposting	Families	B1
Signpost or refer to local and national employment support if relevant.	1, 2	CAB	Number of young people supported	Young People	C3
<b>Available Support</b>					
Develop and produce a service directory which outlines available support for children and young people, families, and professionals.	1, 2	SBC Financial Inclusion Team	Increased available support	Families	B1
Proactively promote free school meals (FSM) and clothing grant provision, conduct benefit take up campaigns and provide linked advice and support.	2	SBC Financial Inclusion Team	Increased uptake	Children and Young People	A3, B3
Students are supported to ensure that they access the maximum and appropriate funding sources available to them.	1, 2, 3	Borders College SBC CLD	Uptake of funding sources	Families	B3
<b>Housing &amp; Energy</b> Through these actions we will help to keep housing costs low, provide support with rising energy bills and tackle homelessness for families.					
<b>Tenancy Sustainment</b>					
Support families to secure settled, mainstream housing as part of the Rapid Rehousing Transition plan.	1, 2	SBC Homelessness	Reduction in homelessness	Families	A1, B4
Parents are signposted for advice and support on housing or tenancy related matters.	1, 2, 3	SBC Financial Inclusion SBC Homelessness	Number of families supported	Families	B4

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target group	Best Start, Bright Futures Indicator
Use social media and campaign marketing to encourage people facing homelessness to engage early with a view to set up repayment options and/or other suitable debt remedies.	1, 2, 3	CAB Landlords	Number of families supported	Families	B4
<b>Fuel and Energy</b>					
Award Crisis Grants or signpost to external partners to assist with fuel costs.	1, 2, 3	SBC Financial Inclusion CAB Changeworks Home Energy Scotland RSL's	Number of families supported	Families	B4
Utilise funding from the Scottish Government's Fuel debt fund 2023/24 to support tenants with their heating costs and reduce their fuel debt.	2, 3	SBHA	Number of tenants supported monetary gains	Families	B4
Support 2,000 social rented tenants through continued funding of the Warm and Well Co-ordinator and Energy Advisor.	2, 3	SBHA	Number of tenants supported monetary gains	Families	B4
<b>Warm Affordable Homes</b>					
Creation of new social housing though warm, affordable housing and infrastructure.	2	BHA	New social housing creation	Families	B1
<b>Information and Support</b>					
Engage with support services to ensure they are easily accessible and available to all, as well as funding information.	1, 2, 3	SBC ESS	Number of families supported	Families	B4
<b>Health &amp; Wellbeing</b> Through these actions we will provide financial, practical, and emotional support, helping to tackle and mitigate the impact of poverty as well as preventing it.					
<b>Food and Healthy Eating</b>					
Secure funding to continue to support families with vouchers and continue to provide food at evening drop-in sessions.	1, 2, 3	Tweeddale Youth Action	Number of vouchers distributed Food provided	Young People	B1, B2
Invest in estates and community facilities including community food gardens.	1, 2, 3	BHA	Investment to community food gardens	Families	B1
Work with third sector services providing family support to build capacity in relation to health and wellbeing (e.g., healthy eating on a budget).	1, 2	JHIT	Number of families supported	Families	B1

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target group	Best Start, Bright Futures Indicator
Offer students a free breakfast, supermarket vouchers, lunch/breakfast bars and provide regular drop in 'Wellbeing' cafes.	1, 2, 3	Borders College	Number of students supported	Families	C1
Provide training to support Breakfast Clubs to deliver nutritious food for children.	2	JHIT	Number of children supported	Children	C2
Promote 'Ride Pingo' for its customers in Berwickshire and enable older people to attend lunch clubs and social community events.	1	BHA Berwickshire Wheels	Number of transport users	Families	A2
<b>Mental Health</b>					
Offer Books on Prescription and signpost to mental health services.	1	Live Borders	Increased uptake Increased signposting	Families	B1
Provide tenancy sustainment services, direct and intensive support to prevent tenancy failure including financial inclusion and BeWell mental health project.	1, 2, 3	BHA	Uptake of sustainment services Number of families supported	Families	B1, B4
Lobby for renewed funding for the student mental health counselling service. Continue to work with local third sector providers to provide collaborative interventions that will support student mental health and wellbeing.	1, 2	Borders College	Uptake in mental health counselling services	Families	B1
Co-deliver Continuous Professional Development training on Mental Health Awareness including Trauma Informed Practice and Self Harm and Suicide Prevention.	1	NHS Borders SDS	Increase of trained SDS Advisors	Families	B1
<b>Information and Support</b>					
Provide five fortnightly peer-age befriending groups for children and young people with learning disabilities & autism aged 8-25. Also, fifteen 1:1 befriending links.	1	Interest Link Borders	Number of members & families supported, volunteers involved, and sessions provided	Children and Young People	B1
Provide information on maternity rights, additional support offered, benefit checks and claim support.	1, 2, 3	CAB	Number of families supported	Families	C1
Provide local breastfeeding support groups.	1	JHIT SBC Early Years	Number of parents supported	Parents	C1
Provide Healthy Start Vitamins.	1	JHIT	Number of children supported	Children	C1
Provide weaning and healthy groups for families.	1	JHIT SBC Early Years	Number of families supported	Families	C1

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target group	Best Start, Bright Futures Indicator
<b>Projects and Programmes</b>					
Implement the Team Around the Cluster approach in our school communities.	1, 2, 3	SBC Education	Uptake of families supported	Children and Families	B1
Increase the number of schools and settings evaluating themselves as good or better for QI 3.1. Provide training for child protection coordinators and designated managers on aspects of The Promise and roll out play pedagogy.	1	SBC Education	Increased results Uptake of training	Children and Young People	C1
Monitor and evaluate whole family support provided to ensure it continues to meet the needs of the families.	1, 2, 3	SBC Early Years	Evaluation of support provided	Families	B1
Provide a programme of Bookbug for babies and toddlers.	1	Live Borders	Number of children supported	Children	C1
Support delivery of School Holiday programmes.	1	JHIT	Number of families supported	Families	C1
Undertake core work with families on playing with their children through a number of sessions, i.e., Bookbug, Stay and Play, Tots Time.	1	SBC Early Years	Number of families supported	Families	C1
Funded ELC provided free at the point of delivery.	1	SBC Early Years	Number of families supported	Families	C1
<b>Tackling Digital Exclusion</b> Through these actions we will expand the Connecting Scotland Programme, and help to provide devices for families in poverty to enable access to appropriate services and support.					
Identify further sources of funding to continue with the Connecting Borders project to meet increased demand.	1	Live Borders	Usage of Connecting Borders devices	Parents and families	A1, C3
Utilise Connecting Scotland, NOLB and SPF resources to ensure all parents gain access to a device and appropriate IT training.	1	SBC EES	Access to digital devices	Parents	A2
Provide a laptop loan system whereby anyone who requires a laptop, digital device or broadband access receives this.	2	Borders College	Uptake of digital devices	Families Young people	C2, C3

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target group	Best Start, Bright Futures Indicator
<b>Communities &amp; Partnerships</b>					
From these actions we will work with partnership, third sector and community organisations to provide holistic and whole family support.					
<b>People and Place</b>					
Deliver our vision for place and regeneration and support communities to form Place Plans.	1, 2	SBC Communities	Partnership working with third sector and community organisations	Families	B1
Seek opportunities to deliver place-based services in communities in collaboration with other partners and agencies.	1	SDS	Delivery of place-based services	Families	B1
Provide library membership for every baby born in the Scottish Borders.	1	Live Borders SBC Registrars	Number of families supported	Families	C1
Support the delivery of play park programmes through the Capital Investment Scheme and Sport and active living funding opportunities.	1	SBC Communities	Delivery of play parks Number of children and young people supported	Families	C1, C2
Develop new partnerships, in both the third sector and community organisations to gain improved outcomes for our clients.	1, 2, 3	CAB	Number of families supported	Families	B1
<b>Funding</b>					
Initiate and support community projects through community funds, some of which are now social enterprises.	1	BHA	Increased community projects	Families	A3
Work in partnership with third sector and community organisations, attend fortnightly/monthly community meetings and co-deliver warm and well grant funding.	1, 2, 3	SBC Communities	Partnership working with third sector and community organisations	Families	B1
Work with strategic partners to ensure there is help with heating costs through Cost-of-Living Support initiatives.	2	SBC Planning & Strategy	Cost of Living initiatives	Families	B2
Support the roll-out of the Money Guiders Training Programme in partnership with the Money and Pensions Service.	1, 2, 3	JHIT	Response to Money Guiders Training Programme	Families	B3

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target group	Best Start, Bright Futures Indicator
<b>Holistic and Whole Family Support</b>					
Provide holistic support through the Stepping Stones project and signpost to other organisations.	1, 2, 3	Tweeddale Youth Action	Number of referrals received	Young People	B1, B2
Work cohesively in family assessments to provide a package of support as part of a shared 'whole family approach.'	1	SBC ESS	Increase to packages of support delivered	Families	B1
<b>Projects and Programmes</b>					
Explore the possibility, working in collaboration with NHS, to ensure timely mental health support is offered to clients accessing employability services.	1	SBC ESS NHS	Delivery of collaborative working with NHS	Families	B1
Work in collaboration with Peebles High School to offer daytime vocational support for disengaged young people. Work towards PHS using SQA framework to recognise achievement through this support and tie in with business and enterprise.	1	Tweeddale Youth Action	Number of young people supported	Young People	C2
Attend school career fairs to raise awareness of all types of support that could be available depending on their circumstances.	1, 2, 3	CAB	Number of children supported	Children	C2
Inform and shape provision based on the Annual Participation Measure, focusing on areas with poor participation.	1	SDS LEP YPG	Number of families supported	Families	C2
Improve the effectiveness, consistency, and impact of 14+ meetings through a refreshed framework and event for core partners.	1	SDS LEP YPG	Number of young people supported	Young People	C3
Engage fully in identifying, supporting, and addressing child poverty throughout the Local Employability Partnership key themes of transitions, barriers, employer engagement, skills, and leadership.	1, 2, 3	SBC Employability Service	Number of young people supported	Young People	C3
Promote an employee volunteering scheme with companies/organisations and continue to deliver the volunteering policy.	1,2,3	SOSE Volunteer Centre Borders	Evaluation of participants taking part in scheme	Families	A3

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target group	Best Start, Bright Futures Indicator
<b>Fuel related activity</b> Through these actions we will tackle fuel poverty and provide support with rising energy bills.					
<b>Warm and Well</b>					
Offer libraries as warm spaces during autumn and winter 2023/24. Signpost to the SBC Cost of Living Crisis website.	2	Live Borders	Number of participants Number of families supported	Families	B2, B4
Allocate Warm and Well funding to support the operation of warm spaces in communities during the winter period.	1, 2, 3	SBC Communities	Number of families supported	Families	B4
Attend Warm Spaces and other community groups to be proactive to discuss energy saving ideas, schemes, and funds available to help families.	1, 2, 3	CAB	Number of families supported	Families	B4
<b>Fuel and Energy</b>					
Provide ongoing support to mitigate fuel poverty including distribution of SG Fuel Support funding, Fuel Bank vouchers and energy saving advice.	2	BHA	Funding and voucher allocation	Families	B2
Signpost clients to Housing Providers as part of Initial Assessment to ensure eligibility of all additional funds for Fuel costs.	2	SBC ESS	Increased eligibility identified from Initial Assessments	Families	B2
<b>Partnership Working</b>					
Work in partnership on specific projects such as Low and Slow and provide energy training in local communities.	2	SBC Communities Changeworks CAB	Uptake of Low and Slow Project	Families	B2
Work in partnership with Borders Home Energy Forum members to support fuel poverty interventions.	2	JHIT	Number of families supported	Families	B4
Continue the partnership delivery of the Warm & Well Scheme in 2023/2024, including the services of an Energy Advisor.	2	SBC CAB	Monetary gains and support given	Families	B4
<b>Financial Inclusion</b> Through these actions we will help maximise income of low-income households, lifting children out of poverty and combatting the cost-of-living crisis.					
<b>Education Settings</b>					

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target group	Best Start, Bright Futures Indicator
Students under the age of 18 are assisted to apply for Education Maintenance Allowance and to ensure that they maximise the student income streams they are eligible for.	1, 2, 3	Borders College	Number of students supported	Young People	C2
Schools will work more collegiately in clusters on the cost of the school day, using pupil equity funding to support it.	2, 3	SBC Education	Monetary gains	Families	B2
Support parents to be more confident as parents and co-learners in the education of their children and help their child flourish as a member of the school and wider community.	1	SBC CLD	Number of families supported	Families	C1
<b>Income Maximisation</b>					
Work in partnership with other local authority and third sector organisations to support families with income maximisation and access to benefits and grants.	1, 2, 3	SBC Education	Uptake of families supported	Children and Families	B3
Provide Financial Inclusion and signposting to relevant services including child specific welfare support, access to food resources and clothing grants. Maximise take up of child related benefits and resources.	1, 2, 3	BHA	Uptake in accessing assistance Update of benefits	Families	B2, B3, B4, C1
Provide a comprehensive Income Maximisation assessment to clients to ensure all funding streams are explored for families both unemployed and in work. Ensure all eligible families are in receipt of the package of 5 family benefits.	1, 2, 3	SBC ESS	Volume of Income Maximisation Assessments	Families	B2
Provide benefit checks and advice (including referrals from Employability Team) and signposting.	1, 2, 3	SBC Financial Inclusion SBC Early Years	Uptake of referrals Updates in benefits checks	Families	A3, B1, B2
Provide support and signposting for applications for disability benefits and assist with appeals if required.	1, 2, 3	SBC Financial Inclusion	Uptake in benefits applications	Families	B2
<b>Projects and Programmes</b>					
Provide pilot pop up welfare/employability hubs offering wellbeing and employability support and advice.	1, 2, 3	SBC ESS SBC Communities	Attendance at hubs	Families	B3
Undertake take-up campaigns to encourage people to apply for benefits or support where parents might not have been aware of their potential entitlement.	1, 2, 3	SBC Financial Inclusion	Referral intake	Families	B3
<b>Money Worries</b>					
Through these actions we will put money directly in the pockets of low-income households, lifting children out of poverty and combatting the cost-of-living crisis.					
<b>Cost of Living</b>					



Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries or target group	Best Start, Bright Futures Indicator
Provide funds to run free breakfast clubs across 20 schools.	2	SBC Communities	Attendance at breakfast clubs	Children and Families	B2
Ensure all students eligible to receive student funding have received additional cost of living payments to help mitigate the cost-of-living crisis in the 22-23 academic year.	2	Borders College	Continuation of Scottish Government funding	Families	B2, B4
Support families 1:1, liaison with housing, vouchers available for supermarkets, linking with and referrals on to charities. Hold clothing swap shops.	1, 2, 3	SBC Early Years	Number of families supported	Families	B4
<b>Income and Benefits</b>					
Increase awareness of benefits among parents of primary and secondary pupils through continued campaigning.	3	SBC Financial Inclusion Team	Monetary gains, support given	Families	B3
Work with people and families to maximise their income in person, by telephone, near me digital service and mail, attending community events and outreach services.	1, 2, 3	CAB	Increase to number of families supported	Families	B3
Provide support with Housing Benefit and Discretionary Housing Payment applications to assist with rent payments.	1, 2, 3	SBC Financial Inclusion	Number of families supported	Families	B4
Promote welfare benefits and Scottish Government benefits relevant to the young person.	1, 2, 3	CAB	Number of young people supported	Young People	C3
<b>Information and Support</b>					
Promote the Money Worries App to increase uptake	1, 2, 3	JHIT CAB NHS Borders	Usage of Money Worries app Number of families supported Monetary gains	Families Parents	A2, B3, C1
Public Health/Health Improvement will roll out multi-agency MAPS Money Guiders training.	2	NHS Borders CAB		Parents	A2

\*Poverty Drivers

- 1 – Income from Employment
- 2 – Costs of living
- 3 – Income from Social Security and benefits in kind

\*\*Best Start, Bright Futures Indicators

- A1 – A strengthened employment offer to parents
- A2 – Connectivity and childcare
- A3 – Transforming our economy
- B1 – A transformational approach to People and Place
- B2 – Enhanced support through social security
- B3 – Income maximisation
- B4 – Access to warm affordable homes
- C1 – Best start to life
- C2 – Supporting children to learn and grow
- C3 – Post school transitions

## Appendix 1F – Glossary

ASHE	Annual Survey of Hours and Earnings	FPP	Free Period Products
ASN	Additional Support Needs	FSM	Free School Meals
BANG	Borders Additional Needs Group	FYE	Financial Year End
BAVS	Berwickshire Association for Voluntary Service	GCAS	Graduate Career Advantage Scotland
BEAM	Borders Employment and Mentoring	GITS	Get In To Summer
BHA	Berwickshire Housing Association	HMRC	HM Revenue and Customs
BHN	Borders Housing Network	IFAN	Independent Food Aid Network
C&FSW	Children & Families Social Work	IFSS	Intensive Family Support Service
CAB	Citizens Advice Bureau	ILF	Independent Living Fund
CAMHS	Child and Adolescent Mental Health Services	IT	Information Technology
CECYP	Care Experienced Children and Young People	JC+	Job Centre+
CHAS	Children Hospice Association Scotland	JHIT	Joint Health Improvement Team
CIC	Community Interest Company	LACER	Local Authority Covid Economic Recovery Fund
CILIF	Children in Low Income Families	LCWRA	Limited Capability for Work Related Activity
CJS	Community Justice Service	LEP	Local Employability Partnership
CLD	Community Learning and Development	LGBF	Local Government Benchmarking Framework
CLG	Clothing Grant	LINKS	Linking Ideas for Nourishment Knowledge and Support
CPI	Consumer Price Index	MA	Modern Apprentice
CPIH	Consumer Price Index including owner occupiers Housing costs	MAPS	Money and Pensions Service
CSCS	Construction Skills Certification Scheme	MiFi	Mobile Wireless Router
DHP	Discretionary Housing Payment	MIS	Management Information System
DLA	Disability Living Allowance	NIF	National Improvement Framework
DWP	Department for Work and Pensions	NOLB	No One Left Behind
DYW	Developing Young Workforce	NOMIS	National Online Manpower Information System
EELS	Excellence and Equity Leads	NRS	National Records of Scotland
ELC	Early Learning Childcare	OECD	Organisation for Economic Cooperation
EMA 16+	Educational Maintenance Allowance	ONS	Office for National Statistics
ERAS	Employment Rights and Advice Service	PACE	Partnership Action for Continuing Employment
ESOL	English for Speakers of Other Languages	PEF	Pupil Equity Fund
ESS	Employability Support Service	PES	Parental Employability Support
EYCs	Early Years Centers	PHS	Peebles High School
FGDM	Family Group Decision Making	PoPP	Psychology of Parenting Programme

PSHE	Personal, Social and Health Education	SIMD	Scottish Index of Multiple Deprivation
QI	Quality Improvement	SOSE	South of Scotland Enterprise
REHIS	Royal Environmental Health Institute of Scotland	SPF	Shared Prosperity Funding
RRTP	Rapid Rehousing Transition Plan	SVQ	Scottish Vocational Qualifications
RSL's	Registered Social Landlords	SWF	Scottish Welfare Fund
SAC	Scottish Attainment Challenge	TYA	Tweeddale Youth Action
SB CPI	Scottish Borders Child Poverty Index	UC	Universal Credit
SB	Scottish Borders	UCH	Universal Credit Households
SBC	Scottish Borders Council	UNCRC	United Nations Convention on the Rights of the Child
SBHA	Scottish Borders Housing Association	VCB	Volunteer Centre Borders
SCQF	Scottish Credit and Qualifications Framework	VSHT	Virtual School Head Teacher
SDS	Skills Development Scotland	WFWF	Whole Family Wellbeing Funding
SEF	Strategic Equity Funding	YES	Youth Enterprise Scotland
SEN	Special Educational Needs	YSNEC	Young Scot National Entitlement Card
SFHA	Scottish Federation of Housing Associations	YPG	Young Person's Guarantee
SG	Scottish Government		



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## **CHILDREN & YOUNG PEOPLE'S SERVICES PLAN 2023-26 AND INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN ANNUAL PROGRESS REPORT 2022/23**

**Report by Director – Social Work and Practice**

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### **COMMUNITY PLANNING STRATEGIC BOARD**

**8 June 2023**

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#### **1 PURPOSE AND SUMMARY**

- 1.1 This report presents the Children & Young People's Services Plan 2023-26 and the Integrated Children & Young People's Plan Annual Progress Report 2022-23 for endorsement before submission to Scottish Government.**
- 1.2 Part 3 of The Children and Young People (Scotland) Act 2014 requires that each Local Authority, Local Health Board and Partners prepare a Children's Services Plan and subsequently prepare and publish a report on how they have delivered on its plan as soon as practicable after the end of each one-year period (April to March).
- 1.3 This requirement is the responsibility of the Community Planning Partnership (CPP) who have delegated the task to the Children and Young People's Planning Partnership (CYPPP), previously the Children and Young People's Leadership Group (CYPLG).

#### **2 RECOMMENDATIONS**

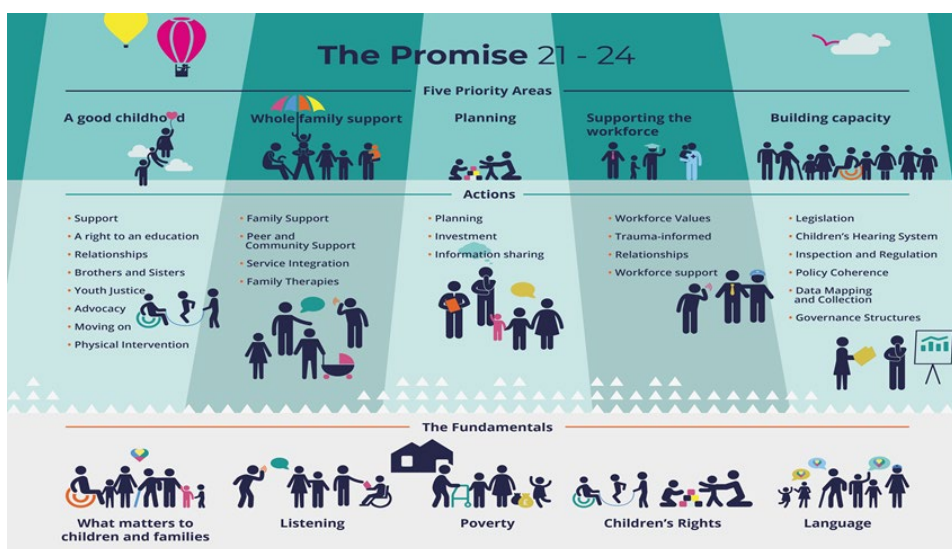
- 2.1 I recommend that the Community Planning Strategic Board endorse the Children & Young People's Services Plan 2023-26 and the Integrated Children & Young People's Plan Annual Progress Report 2022-23 before submission to Scottish Government.**

### 3 BACKGROUND

- 3.1 An integrated approach to service planning by partners is a requirement under the Children and Young People (Scotland) Act 2014. This is delivered through the Scottish Borders Children & Young People's Services Plan, which is the responsibility of the Community Planning Partnership, delegated to the Children & Young People's Planning Partnership (CYPPP), previously the Children & Young People's Leadership Group (CYPLG).
- 3.2 There is also a duty to prepare and publish an Annual Report. The report should set out progress on:
- Children's services in a one-year period (April to March) provided in accordance with the Integrated Plan
  - What that provision has achieved
  - Aims of Children's Services planning
  - Outcomes focused on the wellbeing of children and young people in the area.
- 3.3 The Children & Young People's Services Plan 2023-26 recognises the need to continue to deliver against key priorities within previous plans whilst also making a fundamental shift to placing 'The Promise' at the heart of future planning. The Plan expresses the commitment of the Children & Young People's Planning Partnership to use its collective resources to create a Strategic Plan to deliver the best possible services they can for children, young people and their families.
- 3.4 The 2022-23 Progress Report of the Integrated Children & Young People's Plan reflects progress made in relation to the delivery of shared partnership priorities as set out in the [2021-2023 plan](#), and is the final progress report of this 2021-23 Plan. The report also sets out progress made on local delivery of work relating to the Whole Family Wellbeing Fund.

### 4 CHILDREN & YOUNG PEOPLE'S SERVICES PLAN 2023-26

- 4.1 The Children & Young People's Services Plan 2023-26 for the Scottish Borders is set out in Appendix 1.
- 4.2 The Promise, published in March 2020, reflects what Scotland must do to make sure its most vulnerable children feel loved and have the childhood they deserve, and states that Scotland has an ambition '*to be the best place in the world to grow up*' so that children are '*loved, safe, and respected and realise their full potential*'. The vision of the Scottish Borders Children's Services Plan 2023-26, '*working together we will ensure all children and young people have a sense of belonging, self-worth and self-confidence to achieve their own unique potential*' is continued from the 2021-23, as the CYPPP agree that this is still relevant, and has synergy with The Promise.
- 4.3 The Plan aligns to Scottish Government's [National Performance Framework](#) and is informed by UNCRC (United Nations Convention on the Rights of the Child) and GIRFEC (Getting it right for every child). The Plan is also based on the five priorities of The Promise, and rests on the foundation of five 'fundamentals' as shown below:



- 4.4 Listening and understanding what matters to children, young people and their families should be a key element of strategic planning and decision making in the Scottish Borders. A variety of valuable formal and informal engagement exercises undertaken with children and young people are listed in appendix 1F, and these have been used to inform this Plan.
- 4.5 The Children & Young People’s Planning Partnership has now replaced the Children & Young People’s Leadership Group and will provide strategic leadership for Children and Young People’s Services across the Partnership and will also act as the Strategic Corporate Parenting Steering Group. The Partnership reports directly to the Community Planning Partnership and is a multi-agency group of senior managers and executives, with responsibility for leading the strategic direction of The Promise.
- 4.6 The strategic priorities of the Plan were agreed by multi-agency partners, building on the previous plan and provide a strong foundation for developing the best support for children, young people and families. They align to the priorities of The Promise and are set out in detail in appendices 1A to 1D.



- 4.7 A key task of the CYPPP is to monitor, evaluate and report on the delivery of the plan. Various mechanisms will be used to achieve this, including outcome focused reporting, self-evaluation and external verification. In addition, the Partnership will receive reports and updates from the priority networks of The Promise, who will lead on the development of a work plan directly informed by the priorities of the Plan. These action plans will incorporate performance measures and set measurable targets for new activities, to monitor their implementation, and keep plans under regular review.

## **5 INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN ANNUAL PROGRESS REPORT 2022/23**

- 5.1 The Integrated Children & Young People's Plan Annual Progress Report 2022-23 is set out in Appendix 2.

- 5.2 The Children & Young People's Leadership Group (CYPLG) have worked together in 2022/23 with shared priorities to deliver meaningful and sustainable improvements to the lives of all our children and young people. Progress is reported on the following agreed priorities:

1. Keeping children and young people safe
2. Improving health and well-being and reducing inequalities
3. Targeting support to maximise life experiences and opportunities and ensuring inclusion
4. Increasing participation and engagement

### **5.3 Priority 1 – keeping children and young people safe**

During 2022/23, a joint psychological trauma steering group was established which will help to destigmatise trauma and advocate that all people in contact with our services receive a compassionate human response. Informed by people with lived experience, the group will provide a co-ordinated approach to trauma training across our workforce to ensure robust governance and consistency is in place.

### **5.4 Priority 2 – improving health and wellbeing and reducing inequalities**

A Project Board has continued to oversee the delivery of the Community Mental Health and Wellbeing Framework. Kooth and Togetherall are digital platforms covering the 10-18 year old age group & 16+ age group. Children and young people use the services throughout the year, with an average of 50% accessing this online support out with working hours. The main areas where support is offered are; anxiety, depression or low mood, suicidal thoughts, and self-harm. Current registrations for Kooth and Togetherall are circa.4500 and 850.

### **5.5 Priority 3 – targeting support to maximise life experiences and opportunities and ensuring inclusion**

A range of developments to support implementation of The Promise were undertaken, including the Brothers and Sisters project. The project worked with 12 families throughout the year to identify solutions for families to support brother and sister relationships. The Wheatlands Children's House received a grade 6 (excellent) from the Care Inspectorate following their unannounced visit in May 2022.



Work around transitions has continued, with a refresh of the 14+ framework to reflect national developments in transitions for additional support needs (ASN) young people. Partnership working is particularly strong in this area, with SBC, Borders College and SDS (Skills Development Scotland) working closely to achieve good outcomes for our young people.

#### 5.6 **Priority 4 – Increasing participation and engagement**

The Champions Board approach has continued to develop over the year with care experienced children and young people. The board have worked with schools and colleges to set up support hubs for students and staff. Scottish Borders pupils have participated in the Scottish Schools Health and Wellbeing Improvement Research Network (SHINE) between October 2022 and January 2023, and a Health and Wellbeing Census in March 2022. The outcomes of this research will be used by the Mental Health and Wellbeing Project Board to support improvements in young people's wellbeing.

#### 5.7 **Whole Family Wellbeing Funding**

Appendix 2A reports progress on Whole Family Wellbeing Funding (WFWF). This is a specific Scottish Government template and enables the integration of progress reporting on all aspects of the WFWF to take place within the statutory annual Children's Services Plans reporting cycle. Activities undertaken to date include the setting up of the new governance structure (CYPPP) and a Whole Family Support Network which will have oversight of the WFWF.

## 6 **IMPLICATIONS**

### 6.1 **Financial**

Significant funding which contributes directly and indirectly to the delivery of Children and Young People's Services within the Scottish Borders is set out in Appendix 1.

### 6.2 **Risk and Mitigations**

- a) Risks associated with this report relate to the non-delivery of actions set out within the priorities of the Children & Young People's Services Plan 2023-26, and the potential impact this may have on children, young people and families.
- b) Appendix 2 outlines the progress made against priorities in the 2022-23 Annual Progress Report, which demonstrate a commitment to the delivery of actions to support children, young people and families.
- c) The establishment of a new governance structure (CYPPP) will help to mitigate any risks through the implementation of a robust reporting regime.

### 6.3 **Integrated Impact Assessment**

An integrated impact assessment has been carried out in relation to this report and is attached as Appendices 3 and 4. The Plan and Report are fully inclusive of all, therefore there are no specific implications.

### 6.4 **Sustainable Development Goals**

In considering each of the UN Sustainable Development Goals, the following may be considered to make a difference:

- a) **Goal 1 - End poverty in all its forms** – Scottish Borders Council, NHS Borders and Partners have prepared a Local Child Poverty Report and Action Plan for 2023/24 and an Anti-Poverty Strategy is in place. Progress against poverty is reported in these, demonstrating a commitment to end poverty in all its forms.
- b) **Goal 2 - End hunger, achieve food security and improved nutrition and promote sustainable agriculture** – local action is taken in various forms through the multi-agency approach to service delivery in this plan. Scottish Borders Council, NHS Borders and Partners have prepared a Local Child Poverty Report and Action Plan for 2023/24 which outlines actions in relation to food security.
- c) **Goal 3 - Ensure healthy lives and promote wellbeing for all at all ages** – local action is taken in various forms through the multi-agency approach to working with partners outlined in this plan. The Community Mental Health and Wellbeing Framework incorporates work in relation to emotional health and wellbeing of children and young people. It is supported by on-going and enhanced commissioning of a number of services, including Quarriers Resilience for Wellbeing Service, Action for Children Young Carers and support for children and young people impacted by parental substance use, and Children 1st Abuse and Trauma Recovery Service.
- d) **Goal 4 - Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all** – vulnerable children and young people are offered support and given opportunities in this plan. The Promise is at the forefront of service design and delivery for improved outcomes for all children and young people and their families.

Supporting effective transitions including but not limited to: in the early years, in primary to secondary, secondary to post-school, for any child or young person with an additional support need, for care experienced children and young people, for young people moving from child to adult health services are all referenced within the Plan.

Young people are represented at Scottish Borders Council Education Sub Committee and have their voices heard on issues.

- e) **Goal 5 - Achieve gender equality and empower all women and girls** – our engagement with children, young people and families is inclusive of all, ensuring that everyone has a voice. Our 'Article 12 at the heart' work is designed to ensure children and young people with quieter voices are at the heart of decision making in the Scottish Borders.
- f) **Goal 10 – Reduce inequalities** – This Plan continues to work towards closing the gap between our most deprived and least deprived families and communities and targets resources to support our most vulnerable children and young people. The Partnership will plan and deliver services in ways which promote equity and where possible challenge the root causes of poverty and deprivation. Actions and activities associated with this Plan will seek to maximise family

income and their available resources and deliver services in a way which is free from stigma or discrimination.

- g) **Goal 11 - Make cities and human settlements inclusive, safe resilient and sustainable** - Partnership opportunities such as meetings with local green organisations, local MP discussion, and food growing initiatives all contribute to this goal.

#### 6.5 **Climate Change**

There is no impact on climate change as a result of this report.

#### 6.6 **Rural Proofing**

There are no rural proofing implications contained within this report.

#### 6.7 **Data Protection Impact Statement**

There are no personal data implications arising from the proposals contained in this report.

#### 6.8 **Changes to Scheme of Administration or Scheme of Delegation**

There are no changes to the Scheme of Administration or Scheme of Delegation as a result of this report.

## 7 **CONSULTATION**

- 7.1 The Director (Finance & Corporate Governance), the Monitoring Officer/Chief Legal Officer, the Chief Officer Audit and Risk, the Director (People Performance & Change), the Clerk to the Council and Corporate Communications have been consulted and any comments received have been incorporated into the final report.

### **Approved by**

**Stuart Easingwood**  
**Director Social Work and Practice**

**Signed** .....

### **Author(s)**

Name	Designation and Contact Number
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**Background Papers:** n/a

**Previous Minute Reference:** Community Planning Strategic Board 10.06.21

**Note** – You can get this document on tape, in Braille, large print and various computer formats by contacting the address below. Janice Robertson can also give information on other language translations as well as providing additional copies.

Contact us at Janice Robertson, Council HQ, Newtown St.Boswells, Melrose, TD6 0SA, 01835 824000, jrobertson@scotborders.gov.uk

# Appendix 1

## Scottish Borders Children & Young People's Services Plan 2023-26



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## Foreword

Scotland has an ambition ‘to be the best place in the world to grow up’ so that children are ‘loved, safe, and respected and realise their full potential.’ The Promise, published in March 2020, reflects what Scotland must do to “make sure its most vulnerable children feel loved and have the childhood they deserve”.

The Scottish Borders Community Planning Partnership (CPP) play their part in keeping The Promise in the Scottish Borders through the work of the newly established Children and Young People’s Planning Partnership. This new multi-agency strategic board for children’s services planning replaces the Children and Young People’s Leadership Group and incorporates strategic governance of corporate parenting. It will focus on an accountable and streamlined approach to children’s services design, development, and commissioning.

The cost-of-living crisis, along with unacceptable levels of child poverty present major issues for some of our children, young people, and their families. We are proud of the way we work in partnership in the Scottish Borders to achieve a holistic and joined up approach to tackling such issues and we will ensure that this new Plan takes account of work that is planned to support children, young people, and their families.

The Community Planning Partnership is pleased to approve this plan which sets out a clear vision and refreshed priorities for the future, highlighting our full commitment to working together in partnership to pursue our goal of making a difference to the lives of children, young people, and their families.

**Councillor Caroline Cochrane – Chair of Community Planning Partnership**

**Stuart Easingwood – Chair of Children & Young People’s Planning Partnership**

**Councillor Carol Hamilton – Executive Member for Developing our Children & Young People**

**David Robertson – Chief Executive, Scottish Borders Council**

**Ralph Roberts – Chief Executive, NHS Borders**

**Sarah Horan – Strategic Lead, NHS Borders**



## Introduction

Over the last year Scottish Borders children's services partner agencies have been working together to develop thinking around our children and young people's service planning, vision, outcomes, and priorities for the three years ahead (2023-2026).

An integrated approach to service planning by partners is a requirement under the Children and Young People (Scotland) Act 2014. *"The Act seeks to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing<sup>1</sup>."*

All partners have made a considerable commitment to participate in the development of this new three-year plan, as well as to a new governance model to ensure strategic oversight and operational delivery of the plan.

We are publishing a plan which recognises the need to continue to deliver against key priorities within previous plans whilst also making a fundamental shift to placing 'The Promise' at the heart of future plans. As such, Year one will focus on strengthening the foundations to deliver 'The Promise' in the Scottish Borders.

Our approach continues to be rooted in the national 'Getting it right for every child' (GIRFEC) wellbeing framework and includes a number of priorities which we believe will make a significant contribution to achieving the wellbeing outcomes set out.

The Children and Young People's Planning Partnership (CYPPP) are committed to using their collective resources to create a Strategic Plan to deliver the best possible services they can, for children and young people, working with the following vision:

*'Working together we will ensure all children and young people have a sense of belonging, self-worth and self-confidence to achieve their own unique potential.'*

We want all children, young people, carers, and families in the Scottish Borders to know that their needs and concerns are at the heart of what we do, and we will ensure that this is the case for the life of this plan and beyond by continuing to communicate with them around the contents of the plan.

We recognise there is much to do to ensure we include and involve children and young people in decisions about their lives and protect their rights, and we are committed to deliver actions to address this in this Plan.

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<sup>1</sup> Scottish Government (2020). Children's Services Planning: Guidance.



## Our Children and Young People's Services Plan on a Page

### **A Good Childhood**

- Mental Health and Emotional Wellbeing of Children and Young People
- Corporate Parenting
- Children in Conflict with the Law

### **Whole Family Support**

- Supporting Families
- Child Poverty

the promise



### **Planning and Building Capacity**

- Commissioning
- Develop a multi-agency shared performance/outcomes framework for Children and Young People
- Develop a Participation and Engagement Strategy

### **Supporting the Workforce**

- Develop a Children and Young People Workforce Strategy and Plan





## Our Children and Young People

All Children and Young People	
28,800 people aged 0-24 (2021)	Under 25s make up a quarter of the Scottish Borders population
A quarter live in Galashiels or Hawick, half live in smaller towns and large villages and a quarter live in small villages or in the countryside	Population by age band: <ul style="list-style-type: none"> <li>• 0-4s - 4,988</li> <li>• 5-9s - 6,190</li> <li>• 10-14s - 6,323</li> <li>• 15-19s - 5,900</li> <li>• 20-24s - 5,399</li> </ul>
There were 852 live births in 2021	846 White non-UK pupils (6% of roll) and 429 BAME pupils (3% of roll)
Children's Health and Wellbeing	
13% of mothers-to-be smoked during pregnancy (up to 2021/22)	15% of mothers smoked when their baby was 6-8 weeks old (up to 2021/22)
49.6% of babies exclusively breastfed at the first visit (2022)	40% of babies exclusively breastfed at 6-8 weeks (up to 2021/22)
97% of babies received their "6-in-1" immunisation by 24 months (up to 2021)	11% of toddlers had a developmental concern at their 27–30-month assessment (up to 2021)
70% of Primary 1 children were within a healthy weight range (2020/21)	87% of S3 girls took up the HPV vaccine (up to 2020)
Vulnerable Children	
1,115 pupils lived in SIMD Quintile 1 (8% of roll)	There was a 38% deprivation attainment gap in literacy and a 34% gap in numeracy between Primary pupils in SIMD Quintile 1 and SIMD Quintile 5 (2021/22)
14% of all school pupils received Free School Meals in 2022	109 children referred to Children's Reporter in 2021/22
198 children were Looked After as at June 2022	346 children were in families that were homeless or threatened with homelessness in 2021/22
39 children were on the Child Protection Register as of June 2022	
Education and Economic Activity	
2022 School roll = 14,309 (Primary - 7,758, Secondary - 6,551)	79 languages were listed as a main language across all schools
There was a 5% attendance gap between Primary pupils in SIMD Quintile 1 and SIMD Quintile 5 (2021/22)	There was a 7.7% attendance gap between Secondary pupils in SIMD Quintile 1 and SIMD Quintile 5 (2021/22)
93% of 16–19-year-olds participated in Education, Employment or Training (2022)	Employment rate for 16–24-year-olds was 53.9% (2022)



## National Context

### National Performance Framework

Achieving our priorities, and the actions contained within them, will contribute to The Scottish Government's [National Performance Framework](#)'s vision for children and young people:

*“We do all we can to ensure our children grow up in an atmosphere of happiness, love and understanding. We enhance their life chances through our early years provision and by supporting families when they need it. We ensure childhood is free from abuse, tobacco, alcohol, drugs, poverty, and hunger. Our children are not left worried or isolated. We include and involve children in decisions about their lives and world, and protect their rights, dignity, and wellbeing.*

*Our communities are safe places where children are valued, nurtured, and treated with kindness. We provide stimulating activities and encourage children to engage positively with the built and natural environment and to play their part in its care. We provide the conditions in which all children can be healthy and active. Our schools are loving, respectful and encouraging places where everyone can learn, play, and flourish. We provide children and young people with hope for the future and create opportunities for them to fulfil their dreams.”*

### United Nations Convention on the Rights of the Child (UNCRC)

In spring 2021 the Scottish Parliament unanimously supported the UNCRC Incorporation (Scotland) Bill – which places a duty on public bodies to respect and protect children's rights in all the work that they do. The Bill also says that public authorities must not act in a way that is incompatible with the UNCRC requirements. The Scottish Government remains absolutely committed to incorporating the UNCRC into Scots law, as far as that is possible within devolved competence, and to doing so as soon as practicable.

This Plan is informed by the universal rights afforded to all children and young people. The Plan will identify priority actions where we can focus our partnership work and resources on those who need additional, enhanced, or targeted supports and interventions, whilst at the same time, recognising our responsibility to ensure that all children and young people are supported through universal provisions in education, health and the third sector.

There are four articles in the Convention that are seen as special. They are known as the “General Principles,” and they help to interpret all the other articles and play a fundamental role in realising all the rights in the Convention for all children and young people. They are:

1. Non-discrimination (article 2)
2. Best interest of the child (article 3)
3. Right to life survival and development (article 6)
4. Right to be heard (article 12)

The Plan priorities will be developed and delivered in a way which recognises these General Principles and the Convention more broadly.



## GIRFEC

Getting it right for every child (GIRFEC) is Scottish Government's commitment to provide all children, young people, and their families with the right support at the right time. This is so that every child and young person in Scotland can reach their full potential.

Through GIRFEC, everyone in Scotland can work together to build the scaffold of support children and young people need to grow up loved, safe and respected. Some children and young people may need additional help to develop their wellbeing. Where possible, children's needs are met by universal or universal plus service provision such as health professionals and education staff who have a role to nurture wellbeing. A small but significant number of children and young people need targeted support, and an even smaller number may require access to Specialist and intensive services to meet their needs.

The key professional's role is critical within this. There is a single pathway that supports agencies and organisations to work together to assess, plan and assist children, young people and their families and ensure the most timely and proportionate support is available.

GIRFEC provides Scotland with a consistent framework and shared language to promote, support and safeguard the wellbeing of children and young people. It is locally embedded by partners across Children's Services Planning Partnerships, with a focus on changing culture, systems, and practice for the benefit of babies, infants, children, young people, and their families.

## The Promise

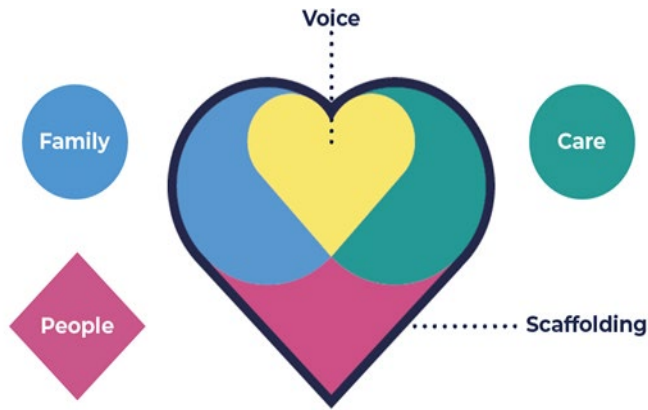
In October 2016, after meeting with, and listening to children and young people in care, Scotland's First Minister announced, "an independent, root and branch review of the care system" to look at "the underpinning legislation, practices, culture and ethos" of that system.

The Independent Care Review began its work in February 2017, and heard from over 5,500 care experienced infants, children, young people, and adults about their experiences of the 'care system' in Scotland. It listened to their views about what needed to change, concluding its research in February 2020. Seven reports were produced which address the Independent Care Review's findings, financial implications and a 10-year plan going forward. The overall finding was that the care system was broken and required a radical change to make sure our care experienced children and young people enjoy the same opportunities and rights as every other child.

One of the reports the review produced is called 'The Promise' which sets out an overall view of what the new approach should be around 5 foundation principles they identified which are highlighted below. As a local authority and Community Planning Partnership we have been asked to sign up to the 'Promise' and the associated findings.

The review identified five foundations for change, with over 80 specific changes that must be made to transform how Scotland cares for children and families as well as the unpaid and paid workforce by 2030. These foundations must be at the heart of any re-organisation of how Scottish Borders thinks, plans and prioritises for children, young people, and their families.





The five foundations are:

**Voice:** When children speak, adults must really listen to them. Adults must make sure that children are included in decisions about their lives.

**Family:** If children are living with their family and are safe and feel loved, they should stay there. Their family should be given all the help they need to stay together. If they need extra help when things get difficult, they should get it.

**Care:** If children cannot stay with the adults in their family, they will stay with their brothers and sisters. The home they live in together will be a place where they feel safe and loved. It should be their home for as long as they want and need it to be.

**People:** Relationships are important. Adults must make sure children are able to stay close to the people they want to and keep in contact with them. Adults must also help children make new relationships as they grow up. Sometimes adults need some help too. The adults who are close to children must get the help they need to make sure they can do their best for children.

**Scaffolding:** Help and support must be there for children and families whenever they need it. It must also be there for the adults who are close to children and families. It is important everyone knows where to go for help and that it is ready when it is asked for.



## The Promise Plan 2021-2024

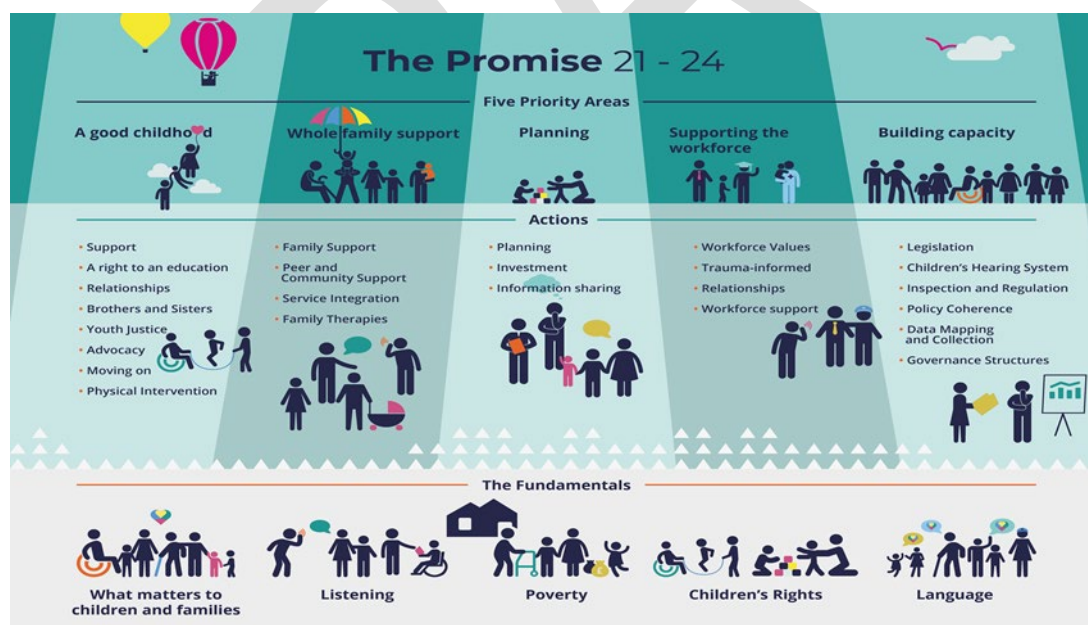


**By 2030, the Care Review's vision will be fully realised through a new way of working together resulting in a new 'Business as Usual'**



Work to #KeepThePromise between 2021 and 2030 is being shaped by a series of three Plans, each lasting for three years and outlining the priorities and action across that period. Each Plan will build on the progress made by the one before it to make sure transformational change happens across all the Care Review's conclusions.

Taken from The Plan, the diagram below highlights the time plan until 2030, and highlights we are sitting in Years 2-4 phase. By 2030 we aim for the Care Review's vision to be fully realised - that (as Scotland) we will have developed a new "business as usual" which ensures positive outcomes for all Scotland's children, young people, and families.



The Promise Plan 2021 – 2024 outlines Scotland's route map, providing key priorities and areas of focus under which organisations will work to achieve the required change over the next three years. This Plan is based on five priorities and rests on the foundation of five 'Fundamentals.'





The Fundamental principles of **‘What matters to children and families’**, **‘Listening’**, **‘Poverty’**, **‘Children’s Rights’** and **‘Language’** should be woven into the fabric of how all our organisations in the Scottish Borders work with children, young people and families.

The five priorities are: **‘A Good Childhood’**, **‘Whole Family Support’**, **‘Planning’**, **‘Supporting the Workforce’** and **‘Building Capacity’**. The Plan gives further clarity for each priority in terms of the areas that we need to look at.

In the Scottish Borders, we will work collectively to deliver the Promise, improving the experiences and outcomes of those who experience care, those who may be described as on the ‘edge of care,’ and those who have a requirement for additional services to support them to live safely at home.

We see the Promise as our umbrella policy driver for *all* our work with children, young people and families. This commitment is reflected in the Plan priorities and through the structure of our new strategic Children and Young People’s Planning Partnership and its networks.

## Child Poverty

The Child Poverty (Scotland) Act 2017 sets out the Scottish Government’s statement of intent to eradicate child poverty in Scotland by 2030. The national delivery plan 2022 to 2026, [Best Start, Bright Futures](#) sets out how we will work together to deliver on Scotland’s national mission to tackle child poverty.

## National Trauma Training Programme/Knowledge and Skills Framework

The Scottish Government has pledged to develop *‘A trauma informed and responsive nation and workforce, that is capable of recognising where people are affected by trauma and adversity, that is able to respond in ways that prevent further harm and support recovery, and can address inequalities and improve life chances’*

The National Trauma Training Programme (NTTP) is part of the Scottish Government’s work to support prevention of Adverse Childhood Experiences (ACES) and trauma across the life-course; and to develop trauma-informed responses for children, young people and adults affected by adversity and trauma.

To support the NTTP, NHS Education Scotland (NES) developed a Knowledge and Skills Framework which details the different competencies needed by workers across four practice levels. These levels include:

- (1) trauma informed, which includes all members of the workforce
- (2) trauma skilled, which includes all workers who are likely to come into contact with people who are affected by trauma
- (3) trauma enhanced, which includes all workers with a remit to respond to people who are affected by trauma
- (4) trauma specialist, which includes workers with a remit to provide evidence-based interventions and treatment to those affected with trauma.

The Training Plan is a practical tool designed to be used in conjunction with the Knowledge and Skills Framework to support organisations to develop trauma informed practice.



In the Scottish Borders, a multi-agency steering group involving individuals with lived experience of trauma has been established to help drive forward this agenda and promote trauma informed practice within local services for all children, young people, adults, and older adults with lived experience of trauma.

## Local Context

There are a number of local plans, strategies and reports which all contribute to delivering our priorities for Children and Young People's Services across the Scottish Borders.

### [The Scottish Borders Council Plan](#)

The [Council Plan](#) from April 2023 sets out a strategic framework for Council decision-making and operations. Their strategic context and vision align well with the priorities set out in this plan.

### [Local Child Poverty Action Plan Report](#)

Local Authorities and Health Boards are required to jointly prepare a [Local Child Poverty Action Plan Report](#) and an Annual Progress Report. Tackling child poverty in the Scottish Borders remains a priority of this plan.

### [Anti-Poverty Strategy](#)

The Scottish Borders [Anti-Poverty Strategy](#) sets out the way in which the Council and its partners will aim to work together to help reduce poverty across the region and recognises that Child Poverty is included in this aim.

### [Children's Rights](#)

Our [Children's Rights Report 2021-2023](#) reports on the steps we have taken to fulfil the requirements of the United Nations Convention on the Rights of the Child (UNCRC).

### [Community Planning Partnership Priority Themes](#)

The Scottish Borders Community Planning Partnership work with four priority themes to support communities. These are:

- Enough money to live on
- Access to work, learning and training
- Enjoying good health and wellbeing
- A good place to grow up, live in and enjoy a full life

These themes align with aspects of our Children and Young People's Services Plan.

### [Equity Strategy](#)

Our [Education Equity Strategy 2021-2026](#) has been developed to ensure increased excellence, accelerated progress and embedded equity in our schools and settings to reduce the poverty related attainment gap and improve outcomes for care experienced children and young people (The strategy coordinates the Attainment Scotland Funding streams; Pupil Equity Funding, Strategic Equity Funding and CECYP Funding to ensure maximum impact.

### [Education Improvement Plan](#)

Our [Education Improvement Plan 2022-2023](#) sets out key strategic improvement priorities for our schools and settings. The National Improvement Framework 2022 (NIF) requires each local authority to prepare and publish annual plans and reports describing the steps



they intend to take each academic year to reach each of the five strategic priorities below:

- Placing the human rights and needs of every child and young person at the centre of education
- Improvement in attainment, particularly in literacy and numeracy
- Closing the attainment gap between the most and least disadvantaged children
- Improvement in children's health and wellbeing
- Improvement in employability skills and sustained positive school leave destinations for young people

## Engagement with Children and Young People

Listening and understanding what matters to children and young people needs to be at the heart of all our strategic decision making in the Scottish Borders. Appendix F details a range of different formal engagement exercises which were undertaken with children and young people between 2020 and 2022.

Scottish Borders Youth Voice work continues to be led by the Community Learning and Development team. Over the last eighteen months we have been working to embed a Champions Board approach in the Scottish Borders for care experienced children and young people. The Champions Board is designed to provide a forum that is flexible, accessible and has young people at the forefront of any decision making. It gives a space for care experienced young people to come together and voice their views on issues they may have encountered whilst being a Looked After young person, and also develop stronger relationships with corporate parents. The approach is still early in its development, and work is currently being undertaken to develop Champions Board Hubs in two schools in the Scottish Borders and Borders College.

'Article 12 at the Heart' workshops are being developed for children and young people who have quieter voices, e.g., children and young people not attending school, children and young people with additional support needs, unaccompanied asylum-seeking young people and other children and young people with protected characteristics. It is hoped that some of the young people involved with this project will become involved in the new CYPSP Strategic Board and networks as co-chairs; however, this will be discussed with the young people once the project is established.

A new Youth Autism Advisory Group is due to be launched in Spring/Summer 2023 for autistic young people aged 16 – 24 to support the engagement and inclusion of Autistic Youth Voices in local Autism Strategy work.

In order to ensure we have a consistent and streamlined approach to participation and engagement activities across multi-agency children and young people's services, a Youth Participation and Engagement Strategy which is co-produced with children and young people needs to be developed. This is one of the actions under 'Planning and Building Capacity' within this 2023 – 2026 plan.





## Our Children & Young People's Planning Partnership

In order to fully and effectively implement The Promise in the Scottish Borders, we recognise the need for a clear, strategic governance structure.

The previous arrangements under the Children and Young People's Leadership Group did not facilitate nor enable strategic leadership, monitoring and development of corporate parenting and The Promise. Strategic planning needed to be more joined up to prevent duplication of networks and ensure a more accountable and streamlined approach to children and young people's services design, development, and commissioning.

**The Children & Young People's Planning Partnership** has now replaced the Children & Young People's Leadership Group and will provide strategic leadership for Children and Young People's Services across the Partnership and will also act as the Strategic Corporate Parenting Steering Group. The Partnership reports directly to the Community Planning Partnership and is a multi-agency group of senior managers and executives, with responsibility for leading the strategic direction of The Promise.

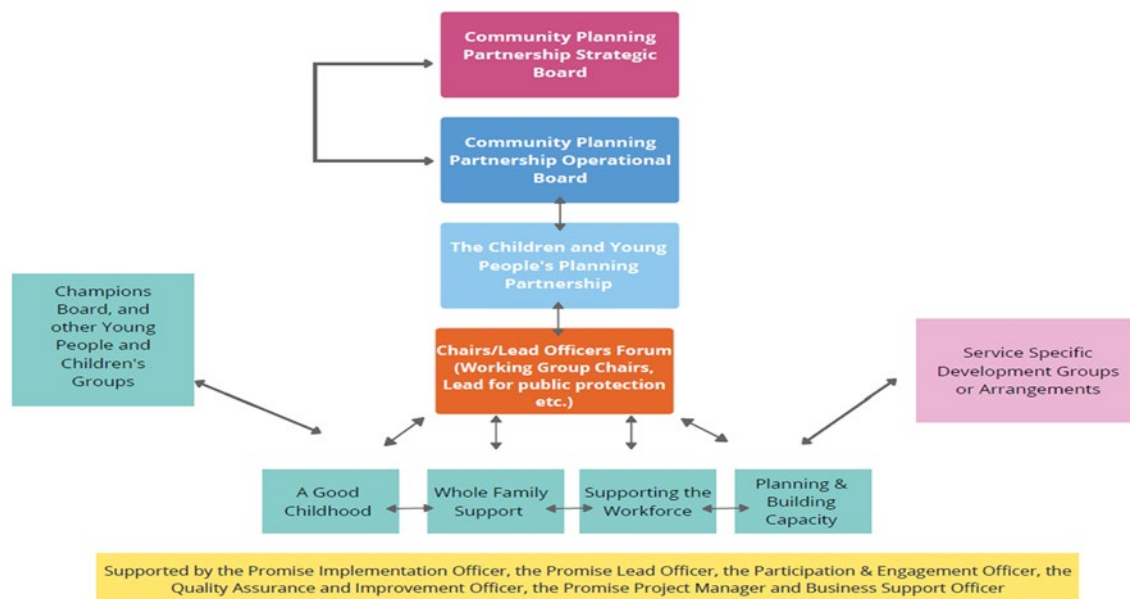
The Partnership will receive reports and updates from the priority networks of The Promise. These networks align to the five priority areas set out in the Plan 2021-2024:

- **A Good Childhood** – Support, A Right to an Education, Relationships, Brothers and Sisters, Youth Justice, Advocacy, Moving on, and Physical Intervention.
- **Whole family support** – Family Support, Peer and Community Support, Service Integration, and Family Therapies
- **Planning and Building Capacity** – Planning, Investment, and Information Sharing, Legislation, Children's Hearing System, Inspection and Regulation, Policy Coherence, Data Mapping and Collection, and Governance Structures
- **Supporting the Workforce** – Workforce Values, Trauma Informed, and Relationships, Workforce Support

In 2023-24, each network chair will lead on the development of a work plan directly informed by the priorities of the Children & Young People's Services Plan 2023-26. These action plans will incorporate performance measures and set measurable targets for new activities, to monitor their implementation, and keep plans under regular review.



## Children & Young People's Planning Partnership Structure Chart



## Children & Young People's Planning Partnership Core Membership

Strategic Lead for The Promise (Chair – no vote)  
 2 -3 Child/Young person representatives  
 Scottish Borders Council Elected Member  
 NHS Borders Board Member  
 Director of Education  
 Youth Borders Chief Officer  
 NHS Borders Strategic Lead  
 Locality Reporter Manager SCRA (Scottish Children's Reporter Administration)  
 Local Area Commander Police Scotland

### **In Attendance**

Chair of the Corporate Parenting Operational Group & Operational Lead for The Promise  
 The Promise Lead Officer  
 The Promise Implementation Officer  
 The Promise Project Worker  
 Child & Adult Protection Lead Officer  
 Chair of the 'A Good Childhood' Working Group  
 Chair of the 'Whole Family Support' Working Group  
 Chair of the 'Supporting the Workforce' Working Group  
 Chair of the 'Planning and Building Capacity' Working Group



## Key Plans and Strategies

As well as the delegated responsibility for the production and delivery of the Children and Young People’s Services Plan, the Children & Young People’s Planning Partnership are responsible for a range of other Plans and Strategies and make a contribution to many others across their partner organisations. Key Plans and strategies are shown in the table below.

Key Plans, Strategies and Legislation		
Children and Young People’s (Scotland) Act 2014	GIRFEC Approach	Corporate Parenting Strategy
Child Poverty (Scotland) Act 2017	National Performance Framework	NHS Clinical Strategy
UNCRC (Incorporation) (Scotland) Bill	The Promise	Alcohol and Drugs Partnership Strategy 2020-2023
	Public Health Priorities for Scotland	Scottish Borders Director of Public Health Report (2018)
	No-one left Behind	Regional Economic Strategy
	Best Start, Bright Futures	CLD Strategic Plan
	Young Person’s Guarantee	Local Child Poverty Report and action plan
		Anti-Poverty Strategy
		Education Equity Strategy 2021-2026
		Education Improvement Plan 2022-2023

Key: Green (National Legislation), Blue (National Strategy), Pink (Local Plans)



## Covid-19 Recovery

COVID-19 has been the catalyst to fundamental changes to how we engage with children, families, and partner agencies e.g., the “virtualisation” of work through the increased use of digital technology.

The necessity of operating differently has given us the opportunity to understand what we can do, and what we may want to continue doing whilst exploring changes to demand and opportunities for collaboration. As we move forward, a balance between utilising technology and face-to-face approaches is required to best meet the needs of children, young people, and families and to ensure we maintain a focus on relationship-based engagement, where we provide emotionally intelligent, empathic, and compassionate support.

COVID-19 has had a significant emotional impact on children, young people, and their families, and on staff across services. The lack of socialisation has impacted greatly on children and young people and services are experiencing more and more distressed and traumatised children and young people within an increasingly pressurised environment; this pressure is now being added to by the cost-of-living crisis and further funding pressures being experienced across services.

Public Health Scotland reported in 2022 that almost half of parents felt that COVID-19 had a negative impact on their child’s physical activity levels and three quarters felt they had more screen time. These findings are echoed in a [report](#)<sup>2</sup> raising concern about the impact of sedentary lifestyles on the already high rates of childhood obesity in Scotland. While some child health activities (e.g., Health Visitors) were protected during the pandemic, there was a reduction in access to more routine services such as oral health, allied health professionals and primary school health checks. While there is concern about the longer-term impact on children and young people’s health and wellbeing from the changes to lifestyle or ability to access services it is not possible to evidence any changes at this time.

Trauma-responsive approaches are essential, and this extends to the physical and emotional environment in which we conduct our business, and we are committed to ensure trauma-informed practice is at the heart of delivering our plan. We recognise there are many continued impacts as a result of COVID-19 which will be experienced for many years, and our priorities reflect the need to ensure we engage with children, young people, and families to recognise and respond to these impacts.

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<sup>2</sup> [Pandemic has worsened global childhood physical inactivity crisis – and Scotland is no exception | About | University of Stirling](#)



## Priorities of the Children & Young People's Services Plan 2023-26

In developing our plan, we have used a range of sources, including the recent Primary and Secondary Health and Wellbeing Census, the S4 Substance Use Report, a Parental Involvement and Engagement Census, SHINE Mental Health Survey, Child Poverty Dashboard, Local Government Benchmarking Framework, and national data reports. We will continue to use these sources to help us develop our Performance Outcomes Framework which is identified as an action in our priorities.

Additionally, we have made use of information from a number of forums, including the Mental Health and Wellbeing Board, Champions Board, Autism Strategy Group, Community Justice Partnership, Alcohol and Drug Partnership, Corporate Parenting Operational Group and Public Protection Committee. These forums have helped us to refine our thinking and support our approach of aligning our priorities to national strategies and frameworks.

Multi-agency partners collaborated in a number of workshops in late 2022 and early 2023, where our areas of priority were agreed. These priorities build on the priorities of the 2021-23 Children & Young People's Plan and take account of Scottish Government Feedback. As a result, we believe the plan will provide a strong foundation for developing the best support for children, young people, and families in the Scottish Borders.

Our priorities are summarised below and are set out in more detail in Appendices 1A to 1D. They are organised to align to the priorities of The Promise.



Mental Health and Emotional Wellbeing of Children and Young People

- Respond to the mental, emotional, and wellbeing needs of children and young people by providing opportunities and activities that support young people to make safe and informed lifestyle choices and delivering the highest standards of mental and emotional health with access to universal and specialist healthcare services

Corporate Parenting



Supporting Families

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Commissioning

- Ensuring that we have the right services by developing a commissioning strategy which takes into account the needs of children, young people, carers and families who require additional support and the right to access advocacy

Develop a multi-agency shared performance and outcomes framework for Children and Young People

- Ensuring a shared understanding of critical indicators to gauge the extent to which we are collectively making progress on the wellbeing outcomes for children, young people and families by developing a performance and outcomes framework

Develop a Participation and Engagement Strategy





## Supporting the workforce



### Develop a Children and Young People Workforce Strategy

- *Ensuring we have the right skills and experience within our workforce to ensure children, young people, carers and families have the best possible experience across all services by developing a children's services workforce strategy that is underpinned by trauma informed practice.*

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## Resources

Budgets and specific funding for 2023/24 which contribute to the delivery of Children and Young People's Services within the Scottish Borders are shown in the table below.

<b>Scottish Borders Council Budgets 2023/24 plus known additional funding</b>	<b>2023/24 Budget £000s</b>
Pupil Equity Funding	1,919
Whole Family Wellbeing Fund	669
Strategic Equity Fund	448
Education	116,824
Community Learning and Development	1,036
Mental Health Wellbeing Framework Supports & Services	335
Child Protection	224
Children & Families Social Work	18,319
Free School Meals (including holidays)	3,241
School Clothing Grant	391
Counselling in Schools	328
Specific Commissioned Services for Children and Young People	547
Access to sanitary products - schools	44
Access to sanitary products - public bodies	50
Care Experienced Children & Young People Funding	149
<b>Total</b>	<b>144,524</b>

<b>NHS Borders Budgets 2023/24 plus known additional funding</b>	<b>2023/24 Budget £000s</b>
Health visitors (not restricted to children)	2,311
School Nursing	768
School Immunisation	236
Child and Adolescent Mental Health (not including medical staff)	770
Paediatric Services (both acute and community services)	4,827
<b>Total</b>	<b>8,912</b>



<b>Other NHS services, of which an unknown proportion is associated with children</b>	
<b>Women's Services</b>	<b>6,151</b>
<b>Allied Health Professions (AHP)</b>	<b>8,166</b>
<b>Primary Care Services e.g., GPs, pharmacy, private dentistry, optometry)</b>	<b>31,487</b>
<b>Public Dental Services</b>	<b>4,360</b>
<b>Total</b>	<b>50,164</b>

The Nuffield Trust estimate health spend of around £900-£1k per year per person for under 18s: <https://amp.theguardian.com/society/2016/feb/01/ageing-britain-two-fifths-nhs-budget-spent-over-65s>. In our local context this would equate to an estimate of around £16-18m of spend.

## Monitoring, evaluating and reporting

Various mechanisms are currently used to monitor, evaluate and report as outlined below:

### Outcome focused reporting

Many of the actions within our priorities require reporting mechanisms for a specific purpose and these are also used to update the Planning Partnership. For example, a requirement of the Child Poverty Act (Scotland) 2017 is the production of an Annual Report to Scottish Government. This will also be considered by the Planning Partnership as evidence that the work is being undertaken by partners to achieve desired outcomes.

### Self-evaluation

The Planning Partnership carries out an ongoing process of gathering evidence of the effectiveness of each action and priority by visiting service providers, attending celebratory events and other activities. This is an important duty of the group and provides networking opportunities as well as a sense of achievement.

Commissioned Services are required to submit a self-evaluation report every 6 months. This report provides an update to the group on what the service have used their funds to achieve, what outcomes they are working towards and whether their activity is still appropriate and in line with their service specification.

### Evaluation

The Planning Partnership will be presented with updates from each priority area shown on the Governance Chart (page 14). This will enable them to check that progress is being made against each priority, discuss any issues, and provide strategic direction where required.

Evidence based decision making is used to develop services based on local need, and Health Inequalities Impact Assessments (HIIA) inform this practice.

External verification – Joint inspections of services for children and young people are carried out by the Care Inspectorate. They take account of the experiences and outcomes of children and young people by looking at services provided for them by community planning partnerships in each local authority area. This includes the work of health visitors, school nurses, teachers, doctors, social workers, police officers and other people who work with children, young people, and their families. They also evaluate the effectiveness of collaborative leadership.



## Appendix 1A - A good childhood

Priority	Description	Action	Policy Links - GIRFEC	Policy Links - UNCRC
Mental Health and Emotional Wellbeing of Children and Young People	<p><i>Respond to the mental, emotional, and wellbeing needs of children and young people by providing opportunities and activities that support young people to make safe and informed lifestyle choices and delivering the highest standards of mental and emotional health with access to universal and specialist healthcare services</i></p> <p>Whilst the majority of children and young people will experience good mental health along with the normal challenges and stresses of growing up, we recognise that a proportion of children and young people will require extra help at some point, some of whom may even require additional or specialist services intervention. This may be because of factors relating to their development or health, or because of the impact of adverse experiences on them, their family or community.</p> <p>There is a recognition that mental and emotional health issues among children and young people have significantly increased in the past few years, and emerging evidence suggests that the impact of COVID-19</p>	<p>Re-evaluate the model of stage intervention and what services/provision is available at all 4 stages – (universal, universal plus, targeted intervention, and specialised provision) for children and young people across the Scottish Borders. Counselling in Schools will also be reviewed.</p> <p>Child and Adolescent Mental Health Services (CAMHS) will support children and young people, including new and enhanced Community Mental Health and Wellbeing Supports, by providing consultation, advice, and training, and where appropriate, supervision of those staff providing psychological interventions.</p>	Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included	<p><b>Article 3</b> - Best Interests of the Child</p> <p><b>Article 6</b> - support to live and grow</p> <p><b>Article 23</b> - if I have a disability, I have the right to special care and education</p> <p><b>Article 24</b> - Good quality Health Care</p> <p><b>Article 28</b> - Right to Education</p>



	<p>on children, young people and their families has been significant.</p> <p>As such we have agreed that improving the mental and emotional wellbeing of children and young people will continue to be one of the highest priorities for Scottish Borders over the next 3 years, building an approach to support children, young people and families that will ensure they receive the right care and interventions at the right time and in the right place.</p>			
Corporate Parenting	<p><i>Deliver on our Corporate Parenting responsibilities to our care experienced children and young people by providing settled, secure, nurturing, and permanent places to live; ensuring that services are welcoming, inclusive, participatory, supportive, accessible and timeous</i></p> <p><i>Improve achievement and attainment for all children and young people with a focus on children and young people who are experiencing poverty, are at risk of becoming looked after or are looked after, providing high quality learning experiences and support services that nurture their interest and talent in sports, arts, and leisure</i></p> <p>Corporate Parenting is the collective responsibility of the council, elected members, health board and the other key partner agencies to provide the</p>	<p>The Scottish Borders <a href="#">Corporate Parenting Strategy and Action Plan 2021 – 2024</a> details the planned developments to meet our responsibilities laid out in the Children and Young People (Scotland) Act 2014.</p> <p>The plan is based on the national Promise Plan 2021-24 and provides a clear framework to make the planned changes necessary to improve outcomes for looked after and care experienced children and young people. The Scottish Borders Corporate Parenting Ambition – Plan for 2021–2024 shows clear action areas for service developments and improvements.</p> <p>Specific areas include:</p> <p>Continue to develop a participation culture across services to ensure care experienced children and their families are listened to, and meaningfully and appropriately involved in decision-making about their care, with all those involved properly listening and responding to what children want and need.</p>	Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included	<p><b>Article 3</b> - Best interests of the Child  <b>Article 7</b> - Birth registration, name, nationality, care  <b>Article 8</b> - protection and preservation of identity  <b>Article 9</b> - Separation from parents  <b>Article 18</b> - Parental responsibility  <b>Article 20</b> - children unable to live with their family  <b>Article 21</b> - right to best care if adopted  <b>Article 22</b> - refugee children and young people should have the same rights as children born in Scotland  <b>Article 28</b> - Right to Education</p>



	<p>best possible care and protection for our looked after children.</p> <p>This means that each specified public body has the statutory responsibility to act for a looked after child in the same way that every parent wants to act. We want the best for our children and young people, to see them flourish with good health, to be safe and happy, to do well in education and enjoy healthy relationships.</p> <p>We want our children and young people to make the most of the available cultural and leisure opportunities, and to develop towards adulthood fully prepared to lead independent lives.</p>	<p>Reduce the number of looked after children; reduce the number of looked after children in 'external' placements; and increase the number of children and young people who return home from external placements. This will be addressed in part, by a greater focus on early intervention services and partnership working across corporate parenting organisations.</p> <p>Improve achievement and close the attainment gap for children and young people who are experiencing poverty, are at risk of becoming looked after or are looked after by developing alternative approaches to support from within schools, using partnership approaches and work with the third sector.</p> <p>Develop a relationship-based approach to care within the Scottish Borders residential care service.</p> <p>Commission an Independent Children's Advocacy Service for the Scottish Borders.</p> <p>Ensure care experienced young people receive appropriate support, accommodation and sustained training and employment opportunities.</p> <p>Continue to be alert to and promote the health and wellbeing of children and young people. Providing opportunities for them to have their health needs assessed and met and ensuring that they have opportunities to access the appropriate services to support them to improve their health and wellbeing.</p> <p>Work with our third sector partners to ensure care experienced brothers and sisters' relationships are maintained and sustained regardless of their circumstances, and that they can expect that their rights are promoted and upheld to protect their relationships with each other.</p>		
Children in conflict	<i>Ensure that children who are in conflict with the law are afforded early</i>	Following the Independent Care Review in 2020, 'The Promise' was introduced, that Scotland's Children and Young	Safe, Healthy Achieving	<b>Articles 28 and 29</b> - right to an education





<p>with the law (Strategy and Plan)</p>	<p><i>and effective interventions, and are supported to achieve positive outcomes, by developing a Youth Justice Strategy and action plan underpinned by the national strategy and vision for children in conflict with the law.</i></p> <p>Scotland's vision for children and young people in conflict with the law includes ensuring children, young people and their families are supported at an early stage through early intervention and preventative approaches and notes their rights must be upheld, their life chances improved and services and systems must support them effectively to address their needs and the circumstances which have led to their behaviour, in order to achieve positive outcomes.</p> <p>It is essential that children and young people are diverted away from the criminal justice system, wherever possible and appropriate, in order to avoid the criminalisation of their behaviour, and receive effective support.</p> <p>It is also essential that support for victims is enhanced to ensure that victims are appropriately protected irrespective of the age of the person who has caused the harm.</p>	<p>People will grow up loved, safe and respected in relation to care experienced young people. In particular it recognises the disproportionate criminalisation of care experienced young people, that 16- and 17-year-olds will no longer be placed in young offenders institutions on sentence or remand, and sufficient community-based alternatives to detention will exist.</p> <p>The new <a href="#">National Strategy for Community Justice</a> has similar aims and priority actions for adults in the justice system in relation to alternatives to custody and community support to improve desistance. Aspects of governance of Youth Justice are reported through the Scottish Borders Community Justice Board.</p> <p>The Community Justice Board are developing the understanding around lived experience and community justice. This will assist the partnership in assessing activity locally against the content of the National Strategy for Community Justice, and Outcomes, Performance and Improvement Framework, resulting in a revised local plan.</p> <p>The Community Justice coordinator will assess current work, improvement actions, measures and risks which will reflect in the Community Justice Plan for the Scottish Borders.</p>	<p>Nurtured, Active, Respected, Responsible, Included</p>	<p><b>Article 36</b> - protection from things that may harm my development  <b>Article 37</b> - Inhumane treatment and detention  <b>Article 40</b> - Juvenile Justice</p>
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## Appendix 1B - Whole family support

Priority	Description	Action	Policy Links - GIRFEC	Policy Links - UNCRC
Supporting Families	<p><i>Help all families and carers give their children the best start in life in a nurturing, safe and stable environments by focusing on activities which support prevention and early intervention, improve outcomes and reduce inequalities. 'Families' means all families including families of origin, families with children and young people with complex additional needs, kinship, foster and adoptive families. Support will not be predicated on the setting of care.</i></p> <p><i>To support children and young people to remain in positive care environments and support families to ensure children and young people achieve their fullest potential.</i></p> <p>We recognise the important role that services play in promoting family wellbeing and supporting families to lead safe, happy and healthy lives.</p> <p>Although families are generally the best source of care and nurture for their children, many parents and carers across the authority may need help, and we want them to be able to access this help where and when they need it, and for as long as is required, to protect and promote their children's wellbeing.</p>	<p>Use a data driven approach to understanding children and young people's health needs.</p> <p>Expand provision of early years support through Allied Health Professions (AHPS) and additional provision.</p> <p>Review availability of parenting programmes</p> <p>During 2021/22 and 2022/23 Scottish Borders Council Children and Families Social Work have invested in a test of change Family Group Decision Making (FGDM); the service had a number of referral pathways including edge of care, rehabilitation home from care, Child Protection registration and rapid response to families in crisis.</p> <p>The service was delivered in partnership with Children First and has at its core the belief that families are the best places for children to grow up, and that the family is empowered to create a plan for the child and takes ownership of this.</p> <p>The test of change has been successful in that 12 children and young people have been supported to remain at home, 7 children have been supported to move to kinship care, 3 have been supported to remain in kinship care, 1 has been supported to remain in foster care and 2 have returned from residential care.</p> <p>An evaluation report in respect of FGDM is currently being prepared for consideration with a view to exploring options for continuation of the service beyond the test of change period by utilising part of the Whole Family Wellbeing Fund.</p>	Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included	All articles





	<p>In the Scottish Borders we aspire to services for families to be primarily based on prevention and early help such as those provided by the universal services of health visiting, early years settings, and schools; we also recognise there is a need for more targeted or specialist support which is well-resourced, supportive, accessible and timely.</p> <p>We respect the right to family life and to grow up loved, safe and respected so that children can reach their potential; we also understand our additional responsibility to protect the rights of particular groups of children and young people who experience barriers to success and achievement.</p> <p>In particular personalisation and transitions are areas requiring attention and we recognise that effective multi-agency partnership working is required to ensure improvements are progressed.</p> <p>Whilst links with parents and young people's groups already exist, we are committed to build upon these to ensuring that children and young people are at the heart of decisions which affect them.</p>			
Child Poverty	<p><i>Reduce the number of children in poverty and reduce the impact of living in poverty on families. Ensure that children and their families are given the</i></p>	<p>We actively work in partnership to tackle child poverty, examples include:</p> <ul style="list-style-type: none"> <li>• provision of cost-of-living specific funding packages</li> </ul>	Safe, Healthy, Nurtured,	<p><b>Article 3</b> - Best Interests of the Child  <b>Article 23</b> - if I have a disability, I have the right</p>



	<p><i>opportunity to contribute to shaping local policy and actions to reduce the social and economic impact of poverty.</i></p> <p>We recognise the importance of tackling child poverty and are determined to make a difference to children and families in the Scottish Borders.</p> <p>Across Scotland, almost 90% of children who are in relative poverty are from at least one of the below noted priority groups and, as well as wider actions to successfully reduce child poverty, we need to reach these groups and meet their needs:</p> <ul style="list-style-type: none"> <li>• lone-parent families</li> <li>• a household where someone is disabled</li> <li>• families with three or more children</li> <li>• ethnic minority families</li> <li>• families with a child under one year old</li> <li>• families where the mother is under 25 years of age.</li> </ul>	<ul style="list-style-type: none"> <li>• financial inclusion support to help families maximise their income</li> <li>• promotion of equity in education to ensure every child has the opportunity to succeed</li> <li>• employment opportunities for parents</li> <li>• Childcare and whole family wellbeing plans</li> <li>• support for fuel poverty, food poverty and period poverty.</li> </ul> <p>Our <a href="#">Local Child Poverty Report and Action Plan</a> sets out our key actions and priority areas of work to help tackle child poverty.</p>	Active, Included	to special care and education <b>Article 26</b> - my family should get the money it needs to help bring me up
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## Appendix 1C - Planning and Building Capacity

Priority	Description	Action	Policy Links - GIRFEC	Policy Links - UNCRC
Commissioning	<i>Ensuring that we have the right services by developing a commissioning strategy which takes into account the needs of children, young people, carers and families who require additional support and the right to access advocacy</i>	<p>We will review our current commissions and develop a new Commissioning Strategy.</p> <p>We will agree priority areas based on national funding requirements and assessed need.</p> <p>We will make best use of statutory, independent and third sector provision, and appoint appropriate commissioned services to deliver:</p> <ul style="list-style-type: none"> <li>• Positive emotional &amp; mental health wellbeing of children and young people</li> <li>• Availability, access, and support for young carers</li> <li>• Consistency of access to quality youth work services</li> <li>• Supporting choices: <ul style="list-style-type: none"> <li>○ Equality &amp; inclusion</li> <li>○ Positive life choices</li> </ul> </li> <li>• Availability and access of advocacy services</li> <li>• Support to children and families who are affected by parental substance use</li> </ul>	Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included	<b>Article 3</b> - Best Interests of the Child <b>Article 12</b> - right to be listened to and taken seriously
Develop a multi-agency shared performance/outcomes framework for Children and Young People	<p><i>Establish a shared suite of indicators which can be used to monitor progress against the plan's outcomes. Co-ordinate these in a format that facilitates insight and oversight.</i></p> <p>Scotland's National Performance Framework (NPF) provides a clear vision of what everybody is working towards to improve the individual</p>	<p>A performance framework will be co-produced to promote transparency and shared accountability for performance improvement across the partnership. This will focus on key metrics that will contribute to the delivery of the key outcomes. This framework will set out which agencies are responsible for leading and contributing towards specific outcomes, themes and actions of the plan.</p> <p>In order to inform the performance framework, a joint strategic needs assessment will be carried out.</p>	Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included	<b>Article 3</b> - Best Interests of the Child



	<p>and collective wellbeing of Scotland's population.</p> <p>Within children and young people's services we have numerous data and performance information, however at present this is not contained within one framework which hinders reporting outcomes in a meaningful and transparent way.</p> <p>In order to bring people together in a way that assists developing a shared understanding of what contributes to improving the lives of children and families we shall develop a performance and outcomes framework that evidences how we are impacting on the lives of children, young people, carers and families.</p> <p>This will include ensuring connection between different areas of work including child protection, children/young people's mental health, poverty, drugs/alcohol, and housing.</p>			
<p>Develop a Participation and Engagement Strategy</p>	<p><i>'Voice' is at the heart of the Promise, the Plan 21-24 and also the UNCRC. In the Scottish Borders we will listen to children, young people and families and ensure that what matters to them is at the heart of everything we do.</i></p>	<p>We will develop a multi- agency children and young people's participation and engagement strategy in partnership with children and young people</p> <p>We will work with partners to continue to develop the Champions Board Approach and the 'Article 12 at the Heart' work to ensure children and young people with quieter voices are at the heart of decision-making in the Scottish Borders.</p>	<p>Active, Respected, Included</p>	<p><b>Article 12</b> - right to be listened to, and taken seriously  <b>Article 13</b> - right to find out and share information  <b>Article 17</b>- right to get information in lots of ways</p>



	<p><i>We will aim to ensure their views are central to strategic decision-making processes, as well as service design, delivery, monitoring and evaluation.</i></p> <p>Work is continuing with children and young people across the Scottish Borders, including those with protected characteristics, to ensure they have an understanding of and an opportunity to be part of the following:</p> <ul style="list-style-type: none"> <li>• The Promise and the UNCRC,</li> <li>• The Champions Board,</li> <li>• The 'Article 12 at the Heart' working group.</li> </ul>	<p>We will undertake a mapping exercise of current participation and engagement opportunities for parents, kinship carers, foster carers and adoptive families in the Scottish Borders to identify areas for development and improvement</p> <p>We will invite young people to participate, and have a vote, in the Children and Young People's Planning Partnership</p>		
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## Appendix 1D - Supporting the Workforce

Priority	Description	Action	Policy links - GIRFEC	Policy links - UNCRC
Develop a Children and Young People Workforce Strategy and Plan	<p><i>Ensuring we have the right skills and experience within our workforce to ensure children, young people, carers and families have the best possible experience across all services by developing a children's services workforce strategy that is underpinned by trauma-informed practice.</i></p> <p>In order to attract and retain high quality staff we recognise the need to take a more collective approach to workforce planning and development.</p> <p>A workforce planning whole-system approach should be adopted to ensure that we have the right number of people with the right values, skills and training employed in the right place at the right time across our organisations.</p> <p>To improve recruitment and retention across the partnership we need to develop a joint workforce plan harmonising terms and conditions, workforce values and training which should all be underpinned by trauma-informed practice.</p>	<p>We will create a multi-agency children and young people's workforce plan which will be aligned to individual organisation plans and the IJB plan and underpinned by the fundamentals of The Promise Plan 21-24 and trauma-informed practice.</p> <p>We will identify trauma training needs across the multi-agency workforce and develop a training plan in line with the National Trauma Training Programme (NTTP) and the Knowledge and Skills Framework.</p>	Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included	<p><b>Article 3</b> - best interests of the child</p> <p><b>Article 42</b> - everyone should know about the UNCRC</p>



	<p>This will be done through:</p> <ul style="list-style-type: none"><li>• creating positive workplace cultures,</li><li>• ensuring strong and compassionate leadership;</li><li>• supporting our current staff and their wellbeing;</li><li>• joining up learning and development pathways across the partnership;</li><li>• providing support to carers;</li><li>• working in partnership across organisations whilst still retaining organisational autonomy.</li></ul>			
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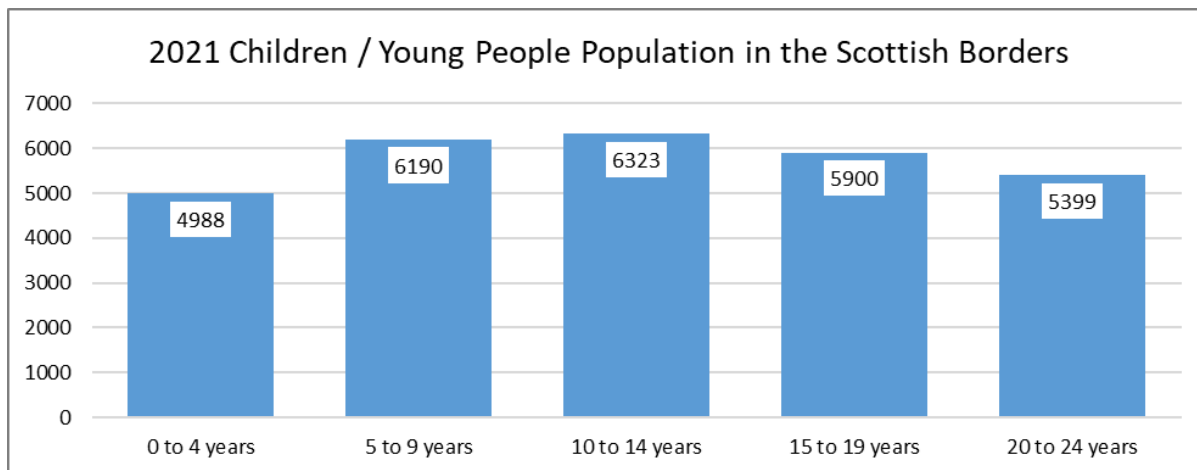
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## Appendix 1E - Understanding our demographics and data

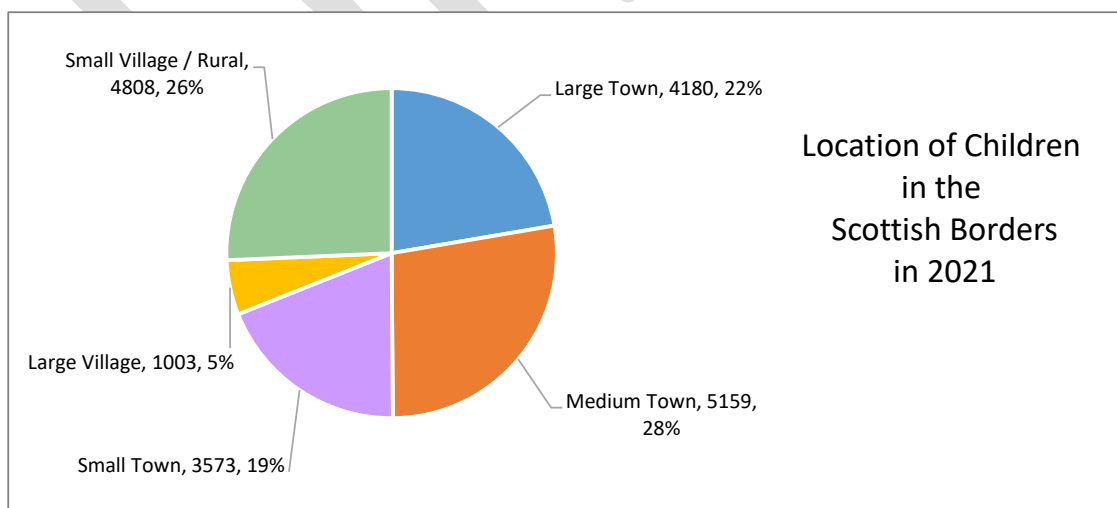
### Current Population Estimates

According to the NRS profile for the [Scottish Borders](#) the population in 2021 was 116,020 with those aged 0 to 15 making up 16.1% (18,723) and those aged 16 to 24 making up 8.7% (10,077). The graph below shows the number of children / young people by age group in 2021.



Source: NRS [Scottish Borders Council Area Profile \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk)

The graph below shows the population aged 0 to 15 in the Scottish Borders by settlement size. Over 30% of children and young people in the Scottish Borders live in villages with fewer than 1,000 people or more rural environs meaning they are likely to experience some level of “access deprivation,” affecting their ability to participate in activities out with the school day and at weekends.



Source: NRS [https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html#population\\_estimates](https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html#population_estimates)



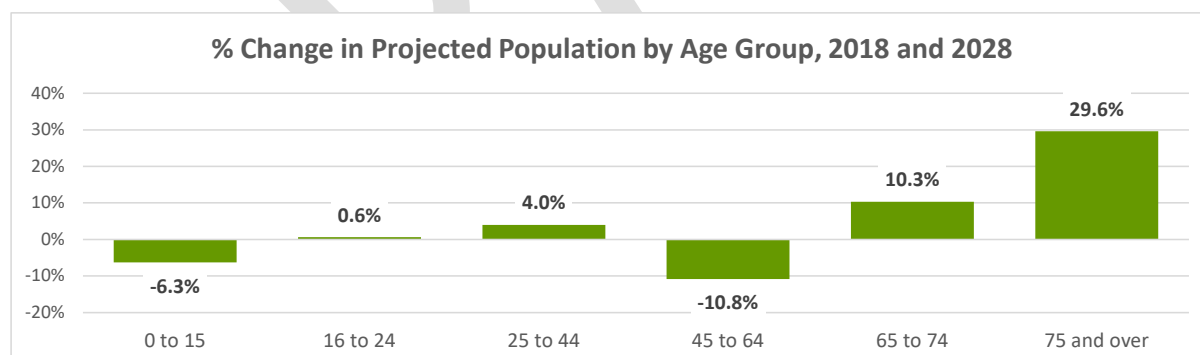
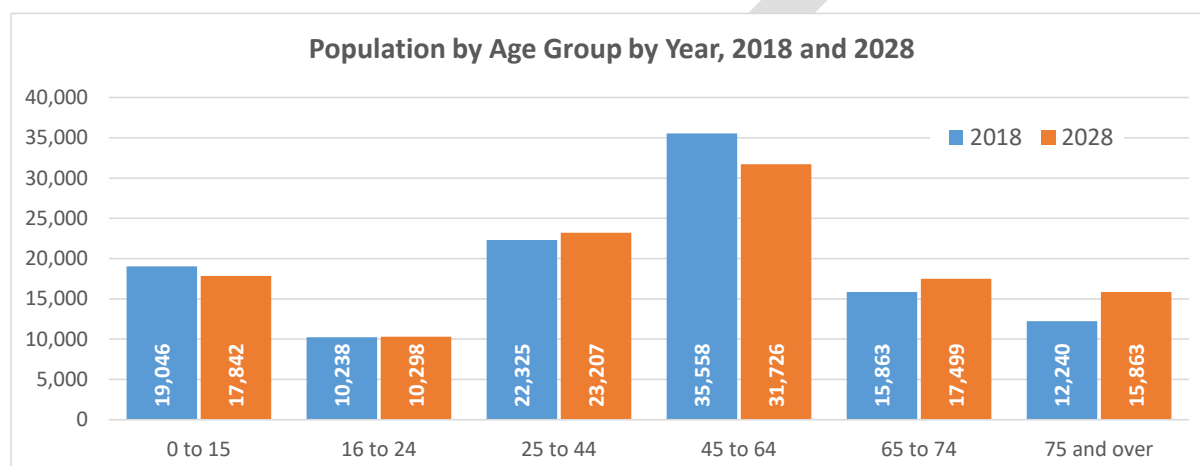


## Population Projection

According to the NRS profile for the [Scottish Borders](#) the population in 2018 was 115,270 and is projected to increase by 1.0% to 116,435 by 2028.

The graphs below show the number of people by age group for both 2018 and 2028 and the percentage change between the two years. In 2018, there were 19,046 children and young people aged 0 to 15 and a further 10,238 aged 16 to 24, representing 16.5% and 8.9% of the population of the Scottish Borders, respectively.

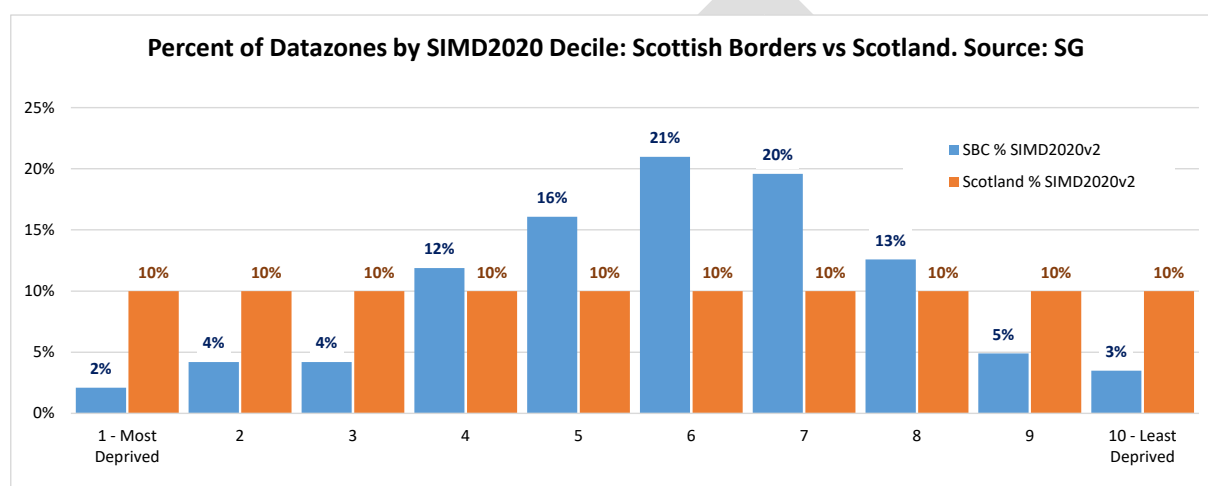
**It is important to note that the number of children is projected to decrease by 6.3% to 17,842 in 2028.**



## Scottish Index of Multiple Deprivation (SIMD)

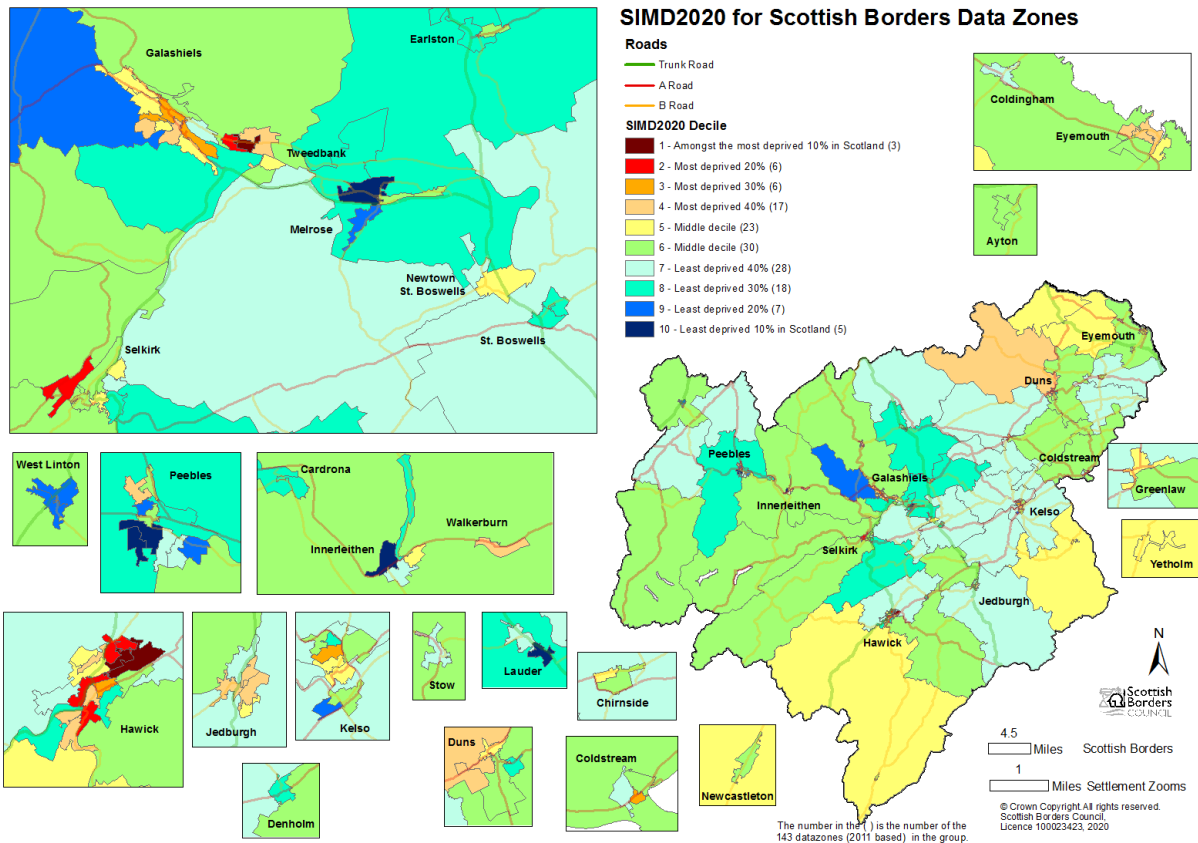
The Scottish Index of Multiple Deprivation (SIMD) is the official tool for finding the most deprived areas in Scotland<sup>3</sup>. The [SIMD2020](#) consists of over 30 indicators across 7 Domains: Employment, Income, Education, Health, Access, Crime and Housing.

The SIMD2020 shows that the 6% (9) of the 143 data zones in the Scottish Borders are part of the 20% most deprived of all of Scotland, or “SIMD Quintile 1”. **These are shaded red and dark red in the map below.** A further 16% (24) of the data zones in the Scottish Borders are amongst the 21-40% most deprived in Scotland. The least-deprived 20% of data zones, i.e., “SIMD Quintile 5”, are shaded royal blue and navy blue in the map below. The distribution of the 143 data zones in the Scottish Borders are shown in the graph and map below.



<sup>3</sup> <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>





## Wages

The Annual Survey of Hours and Earnings produced by ONS (Office of National Statistics) and published on NOMIS<sup>4</sup> contains information on wages.

In 2022, the **median gross weekly pay** for full time workers working in the Scottish Borders (workplace based) was £571.30, £69.20 less than the £640.50 for full-time workers working elsewhere in Scotland. This is **89% of the Scottish figure**.

In 2022, the **median gross weekly pay** for full time workers living in the Scottish Borders (residence based) in the Scottish Borders was £617, **£23 below** the £640 for Scotland or **96% of the Scottish figure**.

The regional pay gap between Scottish Borders and Scotland has improved since 2020.

<sup>4</sup> <https://www.nomisweb.co.uk/>



## Scottish Borders Data

<p><b>13.2% of pregnant women</b> admitted to being <b>current smokers</b> in 2019/20-2021/22, <b>slightly higher</b> than the Scottish average of 12.9%. This is the <b>lowest in the Scottish Borders</b> since records for this indicator began.</p>
<p><b>15.3% of new mothers</b> were current smokers 6-8 weeks after their baby was born in 2019/20-2021/22, <b>slightly better</b> than the Scottish rate of 15.8% This is also the <b>lowest rate in the Scottish Borders</b> since records for this indicator began.</p>
<p>3 out of 1,000 children and young people were referred to the Children's Reporter for offences in 2020/21, lower than the Scottish average of 4.7 and the lowest rate since 2015.</p>
<p>1,432 per 100,000 children under 5 were admitted to hospital for an unintentional injury in 2019/20 – 2021/22, significantly higher than the Scottish average of 1,005 per 100,000.</p>
<p>11% of under 25s in the Scottish Borders were living in a relatively crime-affected neighbourhood by Scottish standards (SIMD Quintile 1 for crime) in 2020, which is significantly lower than the Scottish average of 20.7%.</p>
<p>80.4 per 100,000 young people aged 15-25 were admitted to hospital due to assault in 2018/19-2020/21. This is slightly below the Scottish average of 92 per 100,000 and is at its lowest level since the indicator began.</p>
<p>190.7 per 100,000 young people aged 11-25 had an alcohol-related hospital admission in 2019/20-2020/21/22, below the Scottish average of 255.2 per 100,000. This rate has significantly improved in the past 10 years.</p>
<p>160.4 per 100,000 young people aged 11-25 years had a drug-related hospital admission in 2019/20-2021/22, below the Scottish average of 167.7 per 100,000. This rate has significantly improved in the past 10 years.</p>
<p>The infant death rate for children under 1 was 2.4 per 1,000 live births in 2017-21, below the Scottish average of 3.4 per 1,000. This figure has remained largely unchanged at the same low rate for the past 20 years.</p>
<p>The death rate in children aged 1-15 years was 7.8 per 100,000 in 2017-21, slightly below the Scottish average of 10.1 per 100,000. This rate has progressively come down in the last 20 years.</p>
<p>6.9 per 100,000 young people aged 11-25 died by suicide in 2017-21, below the Scottish average of 11.1 per 100,000. This rate has steadily decreased in the past 20 years</p>
<p><b>6.5% of babies were born prematurely</b> in 2019/20-2021/22, <b>slightly below</b> the Scottish average of 8.2. This measure has always been <b>below</b> the Scottish average.</p>
<p><b>82.9%</b> of babies were <b>born a healthy weight</b> in 2019/20-2021/22, slightly below the Scottish average of 84.1%. This rate has remained the same for the past 20 years.</p>
<p><b>26.1% of pregnant women were obese</b> at the time of antenatal booking in 2019/20-2021/22, similar to the Scottish average. This figure is <b>increasing in the Scottish Borders and Scotland</b>.</p>
<p><b>39.8% of babies were exclusively breastfed</b> at 6-8 weeks, <b>higher</b> than the Scottish average of 31.9% in 2019/20-2021/22.</p>
<p>97.4% of babies received their "6-in-1" immunisation by the age of 24 months in 2019-21, slightly higher than the Scottish average of 97.1%. This rate has been consistently high at 97% or above for the past 20 years.</p>



96.1% of babies received their MMR immunisation by the age of 24 months, higher than the Scottish average of 94.4%, in 2019-21. This rate has been consistently above 95% for the past 10 years.
12% of toddlers had a developmental concern at their 27–30-month assessment, lower than the Scottish average of 14.7%, in 2017/18-2019/20. This is the lowest rate since the current record began in 2014.
69.8% of Primary 1 children were within a healthy weight range in 2020/21, the same as the Scottish average.
65.1 per 100,000 children and young people were hospitalised due to asthma in 2019/20-2021/22, below the Scottish average of 112 per 100,000. Childhood asthma hospitalisations dropped sharply in 2018 and are continuing to fall.
80.4% of Primary 1 children had no dental decay in 2021/22, higher than the Scottish average of 75.2%. This is the highest percentage since the record began in 2012.
82.8% of Primary 7 children had no dental decay in 2019/20, higher than the Scottish average of 75%. This rate has steadily improved since 2012.
<p><b>4,980 applications</b> were received by Scottish Borders families for <b>Scottish Child Payment</b> between February 2021 and December 2022.</p> <ul style="list-style-type: none"> <li>• <b>This amounts to 36,160 payments worth £2,739,955</b>, made to Scottish Borders families, between Feb 21 and Dec 22 (<b>ScotGov</b>)</li> <li>• Scottish Child Payment statistics are expected to increase from December 2022 since the benefit was increased to £25 per week and includes all children aged under 16 from low-income families</li> </ul>
<b>7.5% of people aged under 25</b> in the Scottish Borders are living in the most income-deprived neighbourhoods in Scotland (SIMD 2020 Income-deprivation Quintile 1). This is <b>significantly below</b> the Scottish average of 19.7%.
<b>32.1% of people aged under 25</b> in the Scottish Borders are living in the most access-deprived neighbourhoods in Scotland (SIMD 2020 Access-deprivation Quintile 1). This is <b>significantly higher</b> than the Scottish average of 20.8%.
<b>18.5% of Scottish Borders pupils</b> received a clothing & footwear grant in 2022-23, up from 16% the previous year and 15.2% the year before
<b>14% of pupils aged 16+</b> received Educational Maintenance Allowance in 2022-23 to encourage them to stay on at school.
There was a <b>20.6% gap in claims for EMA (Educational Maintenance Allowance)</b> between Scottish Borders pupils aged 16+ living in the <b>most-deprived and the least-deprived neighbourhoods in Scotland</b> (SIMD 2020 Quintile 1 and Quintile 5) in 2022/23. <b>27.4% of over-16s pupils living in Quintile 1 claimed EMA</b> , compared with <b>6.8% of 16+ pupils living in Quintile 5</b> .
<b>4.5 per 1,000</b> children and young people were <b>excluded from school</b> in Scottish Borders in 2020-21, which is <b>much lower</b> than the Scottish average rate of 11.9 per 1,000. This rate has <b>always been below average</b> and is <b>continuing to fall</b> .
<b>52% of school pupils walked or cycled to school</b> in 2021/22, <b>slightly above</b> the Scottish average of <b>50.8%</b> . This has remained consistent for the past decade or more.



**4.1% of school leavers failed to achieve at least 1 qualification at SCQF Level 4** (National 4 level) in 2020/21, this is above the Scottish average of 3.8%. This statistic has **remained consistent** and around the Scottish average in most academic years since 2012.

**66% of secondary school pupils achieved at least 5 awards at SCQF level 5** (National 5 equivalent) or better in 2020-21. This is **just below** the Scottish average of 67%. This metric is **usually above-average** in Scottish Borders, and this is **only the second time since 2016** that attainment in Scottish Borders for this metric has dipped below the Scottish average.

**43% of secondary school pupils achieved at least 5 awards at SCQF level 6** (Scottish Higher equivalent) or better in 2020-21. This is **just above** the Scottish average of 41%. Scottish Borders has been **consistently above average** for this metric since 2016, except for one year.

**64.7% of school leavers achieved at least 1 qualification at SCQF Level 6** (Advanced Higher level) in 2020/21, **slightly lower** than the Scottish average of 66%. This statistic has **remained close to the Scottish average** in most academic years since 2012

**96.6% of 16–19-year-olds were participating in education, training or employment** in 2022, **better** than the Scottish average of 95.7%. This measure has been **better** than the Scottish average in most years since 2016.

The estimated **employment rate for 16- to 24-year-olds** in 2022 was **53.9%** in the Scottish Borders, slightly lower than 57.9% in Scotland. This has **increased** by 14.2% in the Scottish Borders and increased by 4% in Scotland **from the previous year**.

**7.8% of 16–24-year-olds were claiming out-of-work benefits** in 2020-21, **slightly higher** than the Scottish average of 7.2% and **higher than the rate of 5.4% for all working-age people**. Scottish Borders has had an **above average rate** for the past 3 years and the rate **rose rapidly throughout Scotland** at the start of the Covid pandemic.

**24% of pupils from P6 and P7 combined reported low mood** (SHINE Pupil Mental Health Survey, Autumn 2022)

**16% of pupils from S1 to S6 reported ‘at risk of depression’** (SHINE Pupil Mental Health Survey, Autumn 2022)

**35% of pupils from S1 to S6 reported difficulties with hyperactivity, and 27% reported difficulties with emotions** (SHINE Pupil Mental Health Survey, Autumn 2022)

**42% of pupils from P5-P7 said that they had been bullied in the last year** (Scottish Borders Health & Wellbeing Census 2022)

**31% of P7 pupils have caring responsibilities** (Scottish Borders Health & Wellbeing Census 2022)

**23% of S1 to S6 pupils said ‘I never have breakfast during weekdays’** (Scottish Borders Health & Wellbeing Census 2022)

**63% of S1 to S6 pupils said they have an adult in their life that they can trust and talk to about any personal problems** (Scottish Borders Health & Wellbeing Census 2022)





## Appendix 1F - Engagement

- Catch the Light - MHWB in the Scottish Borders November 2022. Exec Summary
- Child Healthy Weight - Final Report 310320
- Consultation Report - CMHWB Fund
- Health Wellbeing Census – Executive Summary 2022
- Interest Link 2022 CYP Impact Report
- On the Street ADP
- Primary School-Health Wellbeing Census 2022
- S4-Substance2022-Report
- Secondary School-Health Wellbeing Census
- Parent Involvement and Engagement Census Data
- SHINE Scottish Borders Primary School data
- SHINE Scottish Borders Secondary School Data



## Appendix 1G - Glossary

ACES	Adverse Childhood Experiences
AHP	Allied Health Professions
BAME	Black and Minority Ethnic
CAMHS	Child and Adolescent Mental Health Services
CECYP	Care Experienced Children and Young People
CLD	Community Learning & Development
CPP	Community Planning Partnership
CYPPP	Children and Young People's Planning Partnership
EMA	Educational Maintenance Allowance
FGDM	Family Group Decision Making
HPV	Human Papilloma Virus
NES	NHS Education for Scotland
NIF	National Improvement Framework
NPF	National Performance Framework
NRS	National Records of Scotland
NTTP	National Trauma Training Programme
ONS	Office of National Statistics
SCQF	Scottish Credit and Qualifications Framework
SCRA	Scottish Children's Reporter Administration
SIMD	Scottish Index of Multiple Deprivation
UNCRC	United Nations Convention on the Rights of the Child





# Appendix 2

## Integrated Children and Young People's Plan Annual Progress Report 2022/23 incorporating Whole Family Wellbeing Funding Progress

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## Introduction

Welcome to the 2022-23 Progress Report of our Integrated Children & Young People's Plan for the Scottish Borders. The report reflects progress made in relation to the delivery of shared partnership priorities as set out in the [2021-2023 plan](#), and is the final progress report of this 2021-2023 plan.

Under the Children & Young People's (Scotland) Act 2014 (Part 3 - Children's Services Planning) there is a duty to prepare and publish an Annual Report.

The report should set out progress on:

- Children's services in a one-year period (April to March) provided in accordance with the Integrated Plan
- What that provision has achieved
- Aims of Children's Services planning
- Outcomes focused on the wellbeing of children and young people in the area.

This commitment has been actioned through the work of the Children and Young People's Leadership Group (CYPLG) on behalf of the Scottish Borders Community Planning Partnership (CPP).

The CYPLG brings together partners from Scottish Borders Council, NHS Borders, Police Scotland, the Scottish Children's Reporter Administration, and the Third Sector and are committed to using their combined resources to deliver the best possible services they can, for children and young people, working with the following vision:

*'Working together we will ensure all children and young people have a sense of belonging, self-worth and self-confidence to achieve their unique potential.'*

The CYPLG works with shared priorities to deliver meaningful and sustainable improvements to the lives of all our children and young people, to ensure that *everyone* can reach their full potential, and the report outlines progress on the following agreed priorities -

1. Keeping children and young people safe
2. Improving health and well-being and reducing inequalities
3. Targeting support to maximise life experiences and opportunities and ensuring inclusion
4. Increasing participation and engagement

As well as a range of legislation and national policy, the 2021-2023 plan, (and therefore this annual report) is informed by the United Nations Convention on the Rights of the Child (UNCRC) and adopts the national 'Getting it right for every child' (GIRFEC) wellbeing framework. Achieving our priorities, and the actions contained within them, contribute to The Scottish Government's [National Performance Framework](#)'s vision for children and young people: "we grow up loved, safe and respected so that we realise our full potential."

The partnership also has strong links across other strategic groups and governance arrangements e.g., Alcohol and Drug Partnership, Public Protection Committee, Integrated Joint Board, which ensures the work being progressed by the partnership supports the work of other groups, and that other groups have an awareness of their responsibility regarding children, young people, carers, and families.

As well as outlining progress on our 2021-2023 Integrated Children & Young People's Plan, this report also sets out progress made on local delivery of work relating to the Whole Family

Wellbeing Funding (WFWF). This enables the communication of data and evidence to demonstrate accountability for use of local resources by Community Planning Partners as well as providing an evaluation of the WFWF. Full progress is shown in Appendix A.

A Children and Young People’s Services Plan for 2023-26 will be published in June 2023, and a Children and Young People’s Planning Partnership (CYPPP) now replaces the CYPLG. There is a requirement to deliver The Promise fully and effectively, and to monitor and develop corporate parenting, and the new plan and Partnership will address this.

## Priority 1 Progress

<b>Priority 1: SAFETY: Keeping children and young people safe</b>	
<b>Outcome: More children and young people will be protected from abuse, harm or neglect and will be living in a supportive environment, feeling secure and cared for.</b>	
<p><b>Theme A</b></p> <p><b>Addressing Child Poverty</b></p> <p>The Partnership contributes to monitoring progress on child poverty via the Child Poverty Action Group.</p> <p>Reports relevant to Child Poverty, including the annual report, are via:</p> <p><a href="https://www.scotborders.gov.uk/strategies-plans-and-policies-directory-child-poverty">Strategies, plans and policies directory - Child Poverty   Scottish Borders Council (scotborders.gov.uk)</a></p>	<p><b>Theme B</b></p> <p><b>Trauma Informed Practice</b></p> <p>A joint psychological trauma steering group has been established which is jointly chaired by the SBC trauma champion and the NHS Borders trauma champion. This is a multi-agency group which meets every two months with three key aims:</p> <ul style="list-style-type: none"> <li>a) Destigmatise trauma and advocate that all people in contact with our services receive a compassionate human response.</li> <li>b) Be a focal point to provide information, resources, and guidance on trauma training (informed by the NTTTP); and have oversight that training is evidence based, has a robust governance structure in place and is informed by people with lived experience.</li> <li>c) Provide leadership and direction for promoting Trauma Informed Practice</li> </ul> <p>This enables a well-co-ordinated approach to embedding the Transforming Psychological Trauma Knowledge and Skills Framework. Current work involves mapping on training offered in trauma to ensure it is evidence based and maps on to the framework. Planned work involves a trauma needs analysis and development of a workplan with key priorities for 2023/24.</p>

## Priority 2 Progress

### Priority 2: WELLBEING: Improving health and well-being and reducing inequalities

**Outcome: Inequalities in the health and wellbeing of children and young people are reduced.**

#### Theme A

### Emotional Wellbeing and Mental Health

A Project Board continues to oversee the delivery of the Community Mental Health and Wellbeing Framework.

Key Achievements during the reporting period include:

The Growing Confidence, Building Resilience in primary schools and the introduction of Young Minds Matters in secondary schools continues to be the foundation resources used across all Scottish Borders schools. These complementary, age appropriate, programmes better equip young people with the skills to cope when they experience difficulties, setbacks, and challenging times. So far, 4876 pupils S1-S4 have undertaken these sessions in academic year 2021/22 and 2022/23

Kooth and Togetherall are digital platforms covering the 10-18 year old age group & 16+ age group. Children and young people use the services throughout the year, with an average of 50% accessing this online support out with working hours. The main areas where support is offered are; anxiety, depression or low mood, suicidal thoughts, and self-harm. Current registrations for Kooth and Togetherall are circa.4500 and 850.

The Abuse and Trauma Recovery Service is for children and young people who have experienced sexual, physical and/or emotional abuse and where there is an impact of parental behaviour. Additional funding has enabled those on the waiting list, who would not be assessed at crisis point, to receive help and support at an earlier stage in the process.

Engaging underserved populations including BAME through the commission of Action for Children

The Young Carers enhanced service has been available in the Scottish Borders since August 2022 providing support to young carers who were not in receipt of support. This service delivers an early intervention and prevention approach to supporting young carers' good

#### Theme B

### Trusted Adults

There was a strategic agreement to commission an awareness raising campaign on Trusted Adults in January 2023. Unfortunately we were unable to commission a service to deliver this work. The Board who were going to oversee this are now reconsidering how this could be delivered moving forward. Scottish Government have been running a pilot in 2022/20233 with other local authorities around the Trusted Adult and this will be launched nationally in September. It is hoped this will form the basis of the work moving forward within the Scottish Borders, as resources and training materials will be available for local authorities to use.

mental health and wellbeing. The needs-led, tiered model will ensure 'the right support at the right time' based on young people's presenting issues and needs. It will also embed resilience by equipping young people to manage their emotional wellbeing throughout their lives, including school, home, relationships, community, and the world of work – to prevent problems from arising in the future.

A Service Directory identifying children and young people services at opt-in, self-referral, self-help, prevention, and early intervention levels is under development.

## Priority 3 Progress

### Priority 3: INCLUSION: Targeting support to maximise life experiences and opportunities and ensuring inclusion

**Outcome: Life experiences and opportunities are improved for children and young people who require our targeted support.**

#### Theme A

#### Delivering The Promise

Over the past year, there have been a range of developments to support implementation of the Promise in the Scottish Borders.

##### The Promise Team

In Summer 2022 the Promise Implementation Officer role was made permanent. In March 2023, a new Promise Project Worker role was created. These officers work in partnership with children, young people and their families and across services.

##### Brothers and Sisters Project

Over the last twelve months Children1st have undertaken this project, in partnership with Scottish Borders Council, funded by The Promise Planning Partnership. The project is now in its second year having undertaken initial mapping and recruited a Team Leader and Project worker to post.

The initial baseline data report was produced using data from the social work database and gives some sense of care experienced children and their brothers and sister relationships. The team completed an initial analysis that includes a breakdown by age, placement type, legal order, relationship type, distance lived from their brothers and sisters. Some further work is needed to develop the data around 'sibling like'

#### Theme B

#### Supporting Transitions

Work around transitions, and in particular school/college to post school, continues to be the focus of the Young Person's Guarantee (YPG) priority #1.

Transition tracking has been introduced for care experienced young people to ensure a positive and sustained destination. The Virtual Headteacher meets with Skills Development Scotland (SDS) Team Leader on a monthly basis to review planned and actual destinations of recent care leavers and offer support and intervention where required.

Borders College and SDS work in partnership to track and offer support to young people withdrawing from college early or unsuccessful in their application.

The 14+ framework has been refreshed and reviewed to reflect national developments in transitions for Additional Support Needs (ASN) young people. The three core partners that support 'Team Around the School Transitions' are school, SDS and Developing the Young Workforce (DYW). The wider team includes third sector, Scottish Borders Council's Employability Team, Community Learning and Development Team (CLD) and Borders College.

relationships such as foster brothers and sisters etc.

The team initially identified six families to support and work through a test, learn, and develop approach, and have worked with 12 families in total. They provide individual and joint play based therapeutic sessions. Their work is informed by Systemic Family Therapy and Psychodynamic training and principles and is guided by Trauma recovery focused practice.

The team can offer support around family time and use FGDM as a way to identify solutions for families to support brother and sister relationships. The project supports brothers and sisters who do not live together to keep their relationship strong, and they can help brothers and sisters who don't live together to reunite, rebuild, and repair their relationships - for now and into the future. They also work to support the re-establishment of lapsed family time between brothers and sisters and find and create opportunities for them to stay connected for example through drawings, letters, photos, postcards, and virtual meetings. They can facilitate time for brothers and sisters to spend time together in person and explore the possibility of brothers and sisters living together again.

#### **Wheatlands Children's House**

In May 2022, Wheatlands House received an Excellent (grade 6) following their unannounced inspection by the Care Inspectorate. The report highlights that the service demonstrates "major strengths in supporting positive outcomes for young people" and that there are "several areas of practice that are considered to be sector leading."

Key points within the report stated that the young people living at Wheatlands were well supported by a stable and committed staff team, that they enjoyed positive relationships with staff members and other young people and that they were listened to and were supported to meet their aspirations and potential in all areas of life. Wheatlands won the Scottish Social Services Award for Outstanding Residential Care Service for 2022 in November. Amongst the many strengths of the service, the team's ethos for engaging with young people who have moved on from the home was seen as highly positive, with previous young people receiving Christmas and birthday cards and 'thinking of you' messages. They are also regularly invited for Sunday dinner and to other special occasions.

#### **E-learning module**

Closer working has been established between YPG working group and the Transitions Steering Group to overcome duplication of priorities and ensure a joined approach.

An ASN Transition planning workshop was held on 18<sup>th</sup> January and attended by school DYW Leads and other professionals including SDS and Educational Psychologists to promote a multi-agency approach to improve transition planning and ensure consistency across Scottish Borders secondary schools. Input from Arc Scotland on the Principles into Practice and mapping current practice and reality of transitions process.

The South of Scotland ASN Learning Network, (established in October 2021), received an additional years funding from the South of Scotland Enterprise (SOSE) and is facilitated by Inspiring Scotland. One of its key aims is to share best practice and innovation in the South of Scotland region in transition and employability policy for young people and adults with additional support needs. A report on progress shares recordings of spotlight sessions from young people across the region including the Employment Support Service of Scottish Borders Council.

The February publication of school leaver destinations showed that 96.6% of school leavers in 2021/2022 from Scottish Borders schools progressed into a positive destination. This compared to 95.7% nationally.

The development of transition programmes and information through the use of technology to support with transitions from primary to secondary continued in 2022/2023. This includes young people making videos about themselves and secondary teachers delivering elements of curriculum to primary pupils using technology. All schools use *Showbie* as a transition tool from primary into secondary. This will be further developed in the next academic year to improve consistency.

Appendix B sets out a Review of Inspiring Young Minds and Kelso High School Study Leave Programme April-June 2022.

In the first half of 2022, a group of corporate parents in the Scottish Borders worked on a collaborative project with Who Cares? Scotland to create multi-agency online live and e-learning corporate parenting training which includes content on the Promise and the UNCRC. Initial content was developed by Who Cares? Scotland, and this speaks to the national picture. The group worked together to capture the unique story of Corporate Parenting in the Borders. Who Cares? Scotland are early adopters of the Each and Every Child Framing Recommendations, and the language in the training materials carefully reflects this.

**The Promise awareness raising sessions**

Over the last twelve months awareness of The Promise and the Champions Board has continued to be promoted through online and face-to-face presentations and workshops with foster carers, inter-agency colleagues, strategic groups, and external partners. Presentations are adapted and tailored depending on the needs of the particular group.

**Reframing Our Language Guide**

In February 2023, the Promise Team published a 'Reframing Our Language' guide. This was developed from work undertaken by Champions Boards in other areas, a tool developed by Includem and through engagement with Scottish Borders foster carers.

**Strategic Governance and the Children and Young People's Planning Partnership**

Work has been progressing during the reporting period to ensure The Promise is central to delivering services for children, young people and families in Scottish Borders. Governance arrangements have been developed in ongoing consultation with multi-agency partners to ensure that the Promise is at the heart of our thinking.



## Priority 4 Progress

### Priority 4: PARTICIPTION: Increasing participation and engagement

**Outcome: All our children and young people will be encouraged to be involved in the planning, provision and delivery of services and their rights will be respected.**

#### Theme A

### Children and Young People's Participation and Engagement Strategy

Work has been carried out with a diverse group around Article 12 of the UNCRC and what it means for young people. Article 12 says that *'every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously'*. This group has also been involved around the thinking on how a Children and Young People's Participation and Engagement Strategy should look, and how young people should be more represented on various SBC and community fora and committees. The development of a Children and Young People's Participation and Engagement Strategy is a priority for 2023/24.

The CLD Service supports members of the Scottish Youth Parliament (MSYP) to engage locally and nationally on issues affecting young people.

Children's Rights are central to the work of the partnership and the Children's Rights report can be found at:

[Children's Rights Report 2021-23 | Scottish Borders Council \(scotborders.gov.uk\)](#)

#### Theme B

### Communication and Social Research with Children, Young People and their families

The Champions Board approach has continued to be developed with care experienced children and young people over the past twelve months. For example, a schools pilot was established in two local secondary schools at the start of 2023. Setting up Champs Hubs in schools allows for getting to know children and young people in their communities, as well as working alongside school staff to support them to understand their Promise and Corporate Parenting responsibilities. The Champions Board are also developing hubs at local colleges.

Updates about Champions Board progress have been published in April 2022 and February 2023 via Champions Board Reports which have been developed and designed by the Lead Young Person and informed by feedback and ideas from Champions Board members.



Champions Board  
Annual Report Feb 20

Over the summer and autumn of 2022, TD1 Youth Hub in Galashiels undertook local research with young people to inform a report highlighting young people's use of alcohol and drugs and the barriers to accessing support services. This involved a street-based survey with 108 young people, focus groups with 43 young people and more in-depth work with 7 young people. This work was commissioned by the Alcohol and Drugs Partnership and also presented to the Children and Young People's Leadership group. The research provided updated information in terms of young people's substance use and highlighted the importance of trusting relationships both in support harm reduction messages and accessing services. This work will help inform the commissioning plan for the CYPPEP.

In November 2022, our Members of the Scottish Youth Parliament (MSYP) took part in two national education consultations - the Hayward Review and

the National Discussion to have their say on the education system in Scotland. MSYPs debated issues at sittings on subjects such as – training in schools on substance misuse; access to school toilets; Educational Maintenance Allowance (EMA) for Asylum Seekers; improved mental health access for care experienced young people; cost of living support; Bereavement support for young people and much more.

MSYPs were also involved in the Children at Risk of Harm (CARH) Care Inspectorate inspection, attended the May 2022 Local Council Elections count, and held meetings with senior staff and Council leaders on the implementation of the Young People's Participation and Engagement Strategy.

Young people are represented at Scottish Borders Council Education Sub Committee and have their voices heard on a range of issues. The Education Executive representatives have also been involved in a promotional video for demand responsive transport in the Berwickshire area, to highlight the need for public transport access for young people to use their free Under 22s bus pass, get to work opportunities and enjoy their local area in their free time, thus allowing them the same opportunities as their peers in urban areas.

Scottish Borders Youth Voice (SBYV) has also engaged in partnership projects around the United Nations Convention on the Rights of the Child (UNCRC). Working with NHS Borders and Lauder Primary School to create awareness raising resources for children in clinical settings; engaging young people from BANG (Borders Additional Needs Group) in discussions on children's rights through activities and a podcast (with the Promise Team); and running a project called Article 12 @ the Heart to engage more hard to reach young people in understanding the UNCRC and learning skills on how to have their voices heard.

SBYV has engaged with high school Pupil Councils to create more of a cohesive communications connection so that young people's voices are heard at all levels locally and nationally more easily. They have also attended school assemblies highlighting youth voice opportunities both locally and nationally to ensure that young people are aware of their options and how to get involved.

Scottish Borders pupils in Secondary Schools participated in the Scottish Schools Health and Wellbeing Improvement Research Network (SHINE) between October 2022 and January 2023. The survey looked at different aspects of mental health and wellbeing such as general health, strengths and difficulties, sleep scales, self-harm, and loneliness. The data report will be shared with the Mental Health and Wellbeing Project Board in order to support improvements in young people's wellbeing.

Scottish Borders pupils in Primary Schools participated in the Scottish Schools Health and Wellbeing Improvement Research Network (SHINE) between October 2022 and January 2023. The survey looked at different aspects of mental health and wellbeing such as general health, good childhood, me and my feelings and school. The data report will be shared with the Mental Health and Wellbeing Project Board in order to support improvements in young people's wellbeing.

The Community Mental Health and Wellbeing Project Board commissioned social research to build an understanding of:

- The capacity of existing support providers
- The extent and diversity of reach to children, young people and their families
- The knowledge and training needs of the workforce.

'Protecting children and young people's health and wellbeing in the Scottish Borders' was prepared in November 2022 by Catch the Light. The fieldwork involved children, young people and families as well as workforce representatives. Recommendations in the report will be actioned by the Project Board.

In March 2022, Scottish Borders schools took part in a Health and Wellbeing Census for P5-7 children in primary schools, and S1-6 young people in secondary schools. A separate Substance Use was completed by S4 young people only. Four key areas were identified for immediate action by Education Services, and these were included in the Education Improvement Plan for 2022/23. Each area had a work plan to support improvement throughout 2022/23. The key areas to address were:

1. Bullying
2. Caring Responsibilities
3. Body Image
4. Loneliness, stress, and worry

## Conclusion

The Children and Young People's Leadership Group are proud of the work done in 2022/23 under the Integrated Children and Young People's Plan for 2021/2023.

Over the lifetime of this Plan, the Leadership Group have delivered key actions to support each priority and achieve outcomes which have made a difference to the lives of all our children and young people.

Significant achievements have been made in each priority as below:

**Priority 1** – the establishment of a joint psychological trauma steering group will help to destigmatise trauma, be a focal point for information, resources, and guidance, and provide leadership for promoting trauma informed practice.

**Priority 2** - Kooth and Togetherall are digital platforms covering the 10-18 year old age group & 16+ age group. The main areas where support is offered are; anxiety, depression or low mood, suicidal thoughts, and self-harm. Current registrations for Kooth and Togetherall are circa.4500 and 850.

**Priority 3 – Wheatlands Children's House** received an Excellent (grade 6) in May 2022, following their unannounced inspection by the Care Inspectorate. The report highlights that the service demonstrates "major strengths in supporting positive outcomes for young people" and that there are "several areas of practice that are considered to be sector leading."

**Priority 4** – TD1 Youth Hub in Galashiels undertook local research in the Summer and Autumn of 2022, with young people to inform a report highlighting young people's use of alcohol and drugs and the barriers to accessing support services. This involved a street-based survey with 108 young people, focus groups with 43 young people and more in-depth work with 7 young people. The research provided information about young people's substance use and highlighted the importance of trusting relationships both in support harm reduction messages and accessing services.

Building on the priorities of this plan, the new Children and Young People's Planning Partnership have agreed a set of priorities for the 2023-2026 Plan which are designed to align to the priorities of The Promise:

### A good childhood

Mental health and emotional wellbeing of children and young people	Corporate parenting	Children in conflict with the law
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### Whole family support

Supporting families	Child poverty
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### Planning and building capacity

Commissioning	A multi-agency performance/outcome	A participation and engagement strategy
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	framework for children and young people	
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### **Supporting the workforce**

A children and young people workforce strategy
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The Partnership looks forward to delivering the priorities of the 2023-26 Children and Young People's Plan and to continuing to work towards enhancing the lives of our children, young people and their families.

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## Appendix 2A - Whole Family Wellbeing Funding – Reporting progress as part of annual Children’s Services Plans (CSP) Reports (March 2023)

### SECTION 1: Activities, WFWF Logic Model Outcomes, and Budget Allocated

<b>Question 1: Activity title and description</b>	<b>Question 2: During this year, how has this activity contributed (or is expected to contribute) toward one or more short-term, intermediate, or long-term WFWF Logic Model outcome(s) identified in your WFWF Initial Plan template? Please describe this using evidence and citing sources.</b>	<b>Question 3: Estimate of % of WFWF funding spent on this activity to date and estimate of % of this activity out of total WFWF budget.</b>
<b>Activity 1: Building staffing capacity within the CSPP</b>	The outcome was to increase staffing capacity to implement the WFWF plan. We have made the Promise Implementation Officer role a permanent post and we have also just created a three-year Promise Project Worker post. The post will be a significant resource in terms of taking forwards the Whole Family Wellbeing Fund in the Scottish Borders.	Estimate that 4.6% of WFWF funding spent on this activity as of 01/04/2023 and estimate that this activity represents 6.1% of total WFWF budget for this year.
<b>Activity 2: Analysis and evaluation of existing family support</b>	Within the new Scottish Borders Children and Young People’s Planning Partnership there is going to be a Whole Family Support Network which will have oversight of the Whole Family Wellbeing Fund (with support from the CYPPP Strategic Board). Once established, they will review and analyse the data collated via the Whole Family Support Service mapping exercise and the Catch the Light Report to use the Network members’ collective knowledge and data to underpin a plan that extends beyond the period of funding, to inform service design for the future.	Estimate that 0% of WFWF funding spent on this activity as of 01/04/2023 and estimate that this activity represents 0% of total WFWF budget for this year. This is misleading however as reviewing and setting up a governance structure to enable better multi-agency use of the WFWF has been a significant piece of work involving senior staff from across agencies. The Promise Implementation Officer has played a lead role in this area.
<b>Activity 3: Engagement with children and families</b>	We have not yet formally engaged with children, young people and families as part of our WFWF work and planning. A lot of work over the last months has involved establishing our new governance	Estimate that 0% of WFWF funding spent on this activity as of 01/04/2023 and

	<p>structure – the Children and Young People’s Planning Partnership (CYPPP), and the new Board are committed to having children, young people and families involved at the heart of decision making within the new Networks and Board structure.</p> <p>Recognising the need to involve quieter voices, we have started developing a new participation and engagement project called Article 12 at the Heart. This project is looking to bring together young people, adults who support young people and a local Councillor to explore how we can meaningfully involve young people in our CYPPP.</p> <p>In addition, we have been developing our Champions Board Approach with care experienced children and young people, and since January we have started pilot Champions Board Hubs in two secondary schools in the Borders.</p>	<p>estimate that this activity represents 0% of total WFWF budget for this year.</p>
<p><b>Activity 4: self-assessment of readiness to change</b></p>	<p>This will be undertaken once the new Whole Family Support Network is established.</p>	<p>N/A</p>
<p><b>Activity 5: Scale-up of transformative and effective whole family support services</b></p>	<p>As Activity 4.</p>	<p>N/A</p>

## SECTION 2: Progress Narrative for your overall WFWF plans

Questions	Responses
<p><b>Question 4:</b> Overview description of what has been achieved to date and how this compares to intended plans, including specific partners who have been involved, <b>particularly third sector organisations.</b></p>	<p>The development of a new multi-agency children’s services partnership governance structure has been significant. The previous structure was reviewed in terms of delivering the Promise and it was agreed to develop both a new governance board – the Children and Young People’s Planning Partnership and associated work streams. The Promise is regarded as the overall policy driver for the new structure and the 4 networks reflect the Priority Areas of the Promise – A Good Childhood, Whole Family Support, Supporting the Workforce and, Planning and Building Capacity.</p> <p>Development of the new governance structure has been participative and informed by a number of multi-agency partnership workshops and involved the voice of young people. Partners from across Scottish Borders Council, NHS Borders, Police Scotland, and a range of third sector organisations have been active participants and decision makers in establishing the new structure. The new structure leaves Scottish Borders in a much better position to use the WFWF to develop and transform service approaches to early intervention. The Whole Family Support work stream will be the primary route for developments in these areas.</p>
<p><b>Question 5:</b> Main successes to delivery and factors enabling these successes.</p>	<p>See above (question 4).</p> <p>The funding of the Promise Implementation Officer and the Promise Support Worker posts through the WFWF has enabled specific resource to be dedicated to both the establishment of a new children’s services governance structure and, going forward, transforming services in line with the principles and requirements of the Whole family Wellbeing Fund.</p>
<p><b>Question 6:</b> Main challenges to delivery, and how these have been or plan to be mitigated. Please include any details on any activities which have not progressed as expected.</p>	<p>The main challenge to delivering progress on the WFWF has been the time it has taken to develop the new children’s services governance structure. The development pre-dated the granting of the WFWF which complicated progress of transformational change as Scottish Borders were effectively in an interim phase of governance. The new CYPPP Board formally met for the first time on 21/04/2023.</p>
<p><b>Question 7:</b> How have the activities and outcomes in Section 1 been informed by different stakeholders? (<b>especially third</b></p>	<p>As stated in question 4, third sector representation has been involved in the preparation for the new governance structure which will allow considered use of the WFWF.</p>



<p><b>sector partners and children and families)</b></p>	<p>Children, young people and their families have not been specifically involved in developments to date, though the Champions' Board lead young person has been involved in all preparation workshops for the new governance structure. It is the aim of the structure to have young people attending the CYPPP Board and have young people co-chairing the work streams which feed into the Board. Scottish Borders have made considerable progress in embedding participation over the last 18 months. A Champions' Board has been established and, to ensure representation of as many voices as possible, includes school-based Champions' Board hubs and individual one-to-one participation sessions for 'quieter voices'. There is also a group of young people looking at the implementation of Article 12 of the UNCRC across the Scottish Borders.</p>
<p>Any other comments, innovative work, relevant learning, or unexpected changes identified during this year?</p>	<p>Although Scottish Borders have been slow in developing transformational change in line with the Whole family Wellbeing Fund, we are now in a position to do so with an effective multi-agency governance and decision-making structure. This will build on considerable progress over the last 2 years in implementing the Promise across the partnership.</p>

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## Appendix 2B – Review of Inspiring Young Minds

### Review of Inspiring Young Minds Kelso High School Study Leave Programme April – June 2022

Inspiring Young Minds targeted students at risk of a negative destination who did not have a full exam timetable during study leave. It aimed to build their life and employment skills and give them a better understanding of future opportunities and pathways. This was a new approach to partnership working and was planned and delivered by the CLD Worker from the Youth Learning Team and the Careers Advisers and Work Coach from Skills Development Scotland. The Developing Young Workforce School Coordinator contributed to initial planning and the welcome session. Overall programme coordination and contact with parents was led by the CLDS Worker who liaised with the pupil support team and SDS on referrals. Programme content and participation levels are set out in detail below.

#### What worked well?

- Initial good participation from parents and positive responses to our approach; parents felt there was a need for this type of input at this time.
- At welcome session, parents said they valued the opportunity for their views to be heard about their child's future pathways and support available.
- Positive partnership working between SDS and CLDS resulted in a blending of skills, knowledge, and expertise.
- CLDS dedicated a significant amount of time to calling parents and encouraging participation in the programme by them and their child.
- Abbey Row Community Centre was a great venue and gave access to local facilities.
- A diverse programme was offered using SDS local business contacts in the Kelso area and CLDS programmes such as outdoor learning initiatives.
- Two students attended every session and engaged in CLDS learning opportunities with the school community; they have gained a Saltire Award for this.
- Students who did not take part in group activities accessed one to one support from CLDS and SDS; this broke down the barrier of initial contact and SDS now have positive engagement with students needing extra support with their pathways.

#### Recommendations

- The initial session with parents gained the most interest; future programmes could have more sessions for parents with a member of the school team to respond to questions.
- Extra planning time is needed to determine the case load and referrals earlier and prepare them for the programme; time should be allocated for parent contact.
- Partners now have a better understanding of workload and time commitment required; this needs to be built into partner work plans and Target Operating Model (TOM) planning tool.

- The programme could involve more partners in delivery such as DYW (Developing the Young Workforce), Volunteer Centre Borders and local youth project and community providers.
- SDS and CLDS are keen to offer a similar programme to students on the Work Coach case load; SDS are taking this forward with Christmas Leavers.
- Students gained a Saltire Award; future programmes could offer a wider range of awards such as the Youth Achievement Award programme and the John Muir Award.



Session on running your own business explored motivation and managing self



One student volunteered as a peer leader with a CLDS Bushcraft programme



Preparing for a mock interview with the Community Engagement Officer

## Programme content and participation levels

Date	Activity and venue	Lead	Partners involved	Numbers attended
26 April	<b>Welcome session</b> Abbey Row	CLDS	DYW SDS	5 students 7 parents
3 May	<b>CV Building and job searching</b> Abbey Row and local café	SDS	CLDS	3 students
9 May	<b>Bushcraft</b> Floors Castle	CLDS	Tree-ptions (CLDS funded)	2 students 1 parent
10 May	<b>Your town; your skills and strengths</b> Abbey Row and Kelso town	SDS	CLDS	3 students 1 parent
16 May	<b>Bushcraft peer leader</b> Floors Castle	CLDS	Tree-ptions (CLDS funded)	1 student
17 May	<b>From apprentice to local business owner; CV building and job searching</b> Abbey Row	SDS	Local business owner CLDS	4 students 1 parent
24 May	<b>Your pathways; CV building and job searching</b> Abbey Row	SDS	CLDS	2 students
31 May	<b>Archaeology work experience</b> Bedrule	CLDS	SDS Archaeology Scotland	2 students
7 June	<b>Mock interviews</b> <b>Endings and moving on</b> Abbey Row and local café	SDS	CLDS Communities and Partnerships Team, SBC	2 students
Total number of student participants				7 students
Total number of parent participants				9 parents

## Appendix 2C – Glossary

ASN	Additional Support Needs
BAME	Black and Minority Ethnic
BANG	Borders Additional Needs Group
CARH	Children at risk of harm
CLD	Community Learning & Development
CPP	Community Planning Partnership
CYPLG	Children & Young People’s Leadership Group
CYPPP	Children & Young People’s Planning Partnership
DYW	Developing the Young Workforce
EMA	Educational Maintenance Allowance
FGDM	Family Group Decision Making
GIRFEC	Getting it right for every child
MSYP	Members of Scottish Youth Parliament
NTTP	National Trauma Training Programme
SBYV	Scottish Borders Youth Voice
SDS	Skills Development Scotland
SOSE	South of Scotland Enterprise
TOM	Target Operating Model
UNCRC	United Nations Convention on the rights of the child
WFWF	Whole family wellbeing fund
YPG	Young Person’s Guarantee

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>NHS Borders Mainstreaming Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Dr Sohail Bhatti</b>
<b>Report Author:</b>	<b>Louise Ponton, Dr Keith Allan, Kirsty Kiln</b>

## 1 Purpose

**This is presented to the Board for:**

- Discussion

**This report relates to a:**

- Legal requirement

**This aligns to the following NHS Scotland quality ambition(s):**

- Person Centred

## 2 Report summary

### 2.1 Situation

The Mainstreaming Report outlines our requirements in relation to the Equality Duty and the actions being taken to ensure that the organisation continues to improve how we promote inclusion and monitor the impact of our policies and procedures. We are required to publish an updated Mainstreaming Report as soon as possible.

### 2.2 Background

Mainstreaming is the long-term and systematic integration of equality perspectives into our daily work and it involves policy makers across departments as well as external partners. The aim is to ensure that the decisions made within NHS Borders are sensitive to the diverse requirements and experiences of patients, families, carers, staff and members of the wider Scottish Borders community. This report provides evidence and information on equalities as well as the actions to be taken within NHS Borders to further embed this work.

## **2.3 Assessment**

NHS Borders celebrates diversity and seeks to champion equality in our workplace and the community we serve. We have set out six outcome measures where we hope to see progress and the steps we are taking to deliver that across a number of existing NHS Borders programmes of work.

### **2.3.1 Quality/ Patient Care**

We will seek to improve the confidence of patients in accessing our services and accessibility through, for example, improved access to information and the use of translation services. We will seek to increase participation and community engagement.

### **2.3.2 Workforce**

Ongoing review of HR policies in the recruitment and retention of staff is important to celebrating and promoting diversity. Our ambition is to promote a workforce that is reflective and representative of the communities we care for.

### **2.3.3 Financial**

This report does not introduce any new financial commitments.

### **2.3.4 Risk Assessment/Management**

We have a legal obligation to publish a refresh of our commitments relating to the Equality Duty. It is important that we do so as soon as possible after the June Board meeting.

### **2.3.5 Equality and Diversity, including health inequalities**

The mainstreaming report synthesises the activities we are taking as an organisation to continue to build a culture of inclusivity, access and celebration of diversity within NHS Borders.

### **2.3.6 Climate Change**

N/A

### **2.3.7 Other impacts**

N/A

### **2.3.8 Communication, involvement, engagement and consultation**

This report synthesises the activities taken by NHS Borders across a number of existing programmes, including by building on the key outcome measures of the IJB. External engagement and community involvement is led by these wider workstreams.

### **2.3.9 Route to the Meeting**

This has been previously considered by the following groups as part of its development.

- Board Executive Team, 20 June 2023

## **2.4 Recommendation**

- **Discussion** – Examine and consider the implications of a matter.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, NHS Borders Mainstreaming Report



**NHS BORDERS**

**EQUALITY MAINSTREAMING REPORT**

**2022**

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## Executive Summary

Welcome to NHS Borders 2022 Equality and Diversity mainstreaming report.

NHS Borders is an organisation which values diversity and equality. This report provides an overview as to the progress made to deliver this vision. Each NHS Board in Scotland has a duty to comply with the three aims of the Public Sector General Duty, the Equality Act 2010, and Specific Duties Scotland Regulations 2012, for NHS Borders this report serves as a valuable tool for the organisation in developing continuous improvement planning to embed mainstreaming now and into the future.

The purpose of the Public Sector General Equality Duty is to ensure that all public bodies, including health boards, mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key health board functions including the development of internal and external policies, decision making processes, procurement, workforce support, service delivery and improving outcomes for patients/service users.

The following list provides the specific duties which are intended to support public bodies, including health boards, in their delivery of the General Equality Duty:

- Report progress on mainstreaming the public sector equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices (impact assessment)
- Gather and use employee information
- Publish statements on equal pay
- Consider a ward criteria and conditions in relation to public procurement
- Publish in a manner that is accessible

This report includes routinely collected information as well as case studies to illustrate how NHS Borders is working towards mainstreaming as well as examining areas that require further improvement and development.

NHS Borders recognises the impacts Covid-19 has had on our patients, families, carers, staff and members of the wider Scottish Borders community and how this has increased equality challenges.

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## 1 INTRODUCTION

NHS Borders exists to serve all within the Scottish Borders, making efforts to prevent ill health, promote healthy living and treat those in need. The Health Board respects and responds to the multitude of different communities it serves and seeks to make people's engagement with Health & Care a positive and fair experience. The NHS Borders workforce is made up from people from both similar and different backgrounds and the Health Board strives to be inclusive and not treat any groups less favorably than others.

NHS Borders aims to value the different communities that make the organisation what it is, respect its diversity, promote equality as well as challenge prejudice and discrimination. Mainstreaming is the systematic integration of an equality perspective into our daily work and involves policy makers across a broad range of departments, as well as equality specialists and external partners.

NHS Borders Integration Joint Board Partnership (IJB) is responsible for a wide range of Health and Social Care services, provided by NHS Borders, Local Authority and Third and Independent Sector partners. The purpose of this report is to provide an update on progress and continuing commitment to embed equality, diversity and person-centred care as required by the public sector duties IJB services, highlighting progress and areas for improvement. NHS Borders must ensure that these services are delivered in a way that best achieves the aims set out, by adopting the Once for Scotland approach and consultation with IJB on the equality outcome measures

Mainstreaming is a long-term method with the aim to ensure that the decisions made within NHS Borders are sensitive to the diverse requirements and experiences of patients, families, carers, staff and members of the wider Scottish Borders community. This report provides transparency and openness alongside evidence and information which plays a part in improving the decision making and improvement processes. Importantly, this report provides actions to be taken further in embedding Mainstreaming within NHS Borders for the period 2021 to 2025.

NHS Borders first Equality Mainstreaming Report 2013-17 set out its approach in working towards mainstreaming to reduce inequalities, including a set of Equality Outcomes which it aimed to achieve. Progress of these outcomes was monitored in updated report in 2015 through a self-evaluation and action plan approach:

<http://www.nhsborders.scot.nhs.uk/media/286394/mainstreaming-report2015.pdf>

Following the 2015 report, a further update on NHS Borders progress was provided in the Equality Mainstreaming Report 2017-2021:

<http://www.nhsborders.scot.nhs.uk/media/488226/mainstreaming-2017-2021-version-1.pdf>

Due to the Covid-19 pandemic it was agreed that revised outcomes would be published in 2023. We have taken a “once for Borders approach” and agreed to link our outcomes to that of the IJB. Therefore our equality outcomes are:

1. Improved accessibility and confidence in using health and social care services
2. Inclusive approach to enabling and empowering people to stay well, keep well and live as independently for as long as possible
3. Community engagement and empowerment across the Scottish Borders is inclusive, strong and effective
4. All staff delivering health and social care services, fully understand their legal duties and other responsibilities in keeping people living, working, studying or visiting the Scottish Borders safe and free from harm
5. We have a workforce that is reflective and representative of the communities we care for
6. We have a workplace where all staff feel valued and respected and have their needs met appropriately.

To better understand the demographic profile of the Scottish Borders population the following tables are presented; Table 1.1 provides a brief statistical overview of distribution of demographics of the Scottish Borders population; Table 1.2 details the languages used in the household amongst those aged Table 1.3 and over; and Table 3 covers declared ethnic groups in the Scottish Borders.

<b>Table 1.1- Demographic Overview of Scottish Borders Population</b>	
<b>Population of Scottish Borders (2022)</b>	<b>116,020</b> (National Record of Scotland, 2022).
<b>Age Structures</b>	16% of the Scottish Borders population is under the age of 15. 58% of the Scottish Borders population is aged 15 – 64 years old and 26% of the Scottish Borders population is over the age of 65 (National Records of Scotland 2022).
<b>Birth rate</b>	<b>852 births</b> in the Scottish Borders (birth rate of <b>10.1 per 1,000</b> compared to 8.7 for Scotland) (National Records of Scotland, 2022).
<b>Death rate</b>	<b>1,448 deaths</b> in the Scottish Borders (death rate of <b>12.6 per 1,000</b> compared to 11.6 for Scotland) (National Records of Scotland, 2022).

<b>Disability</b>	<b>30%</b> of the Scottish Borders population have a long-term health condition (2011 census Scotland).
<b>LGBT</b>	<b>67%</b> of young people in the Scottish Borders said they knew someone who is <b>Lesbian, Gay, Bisexual or Transgender.2.8% of Scottish Borders residents</b> (2.2% Scotland) identified <b>as LGB/ other</b> (SBC).
<b>Child Poverty</b>	<b>12.6%</b> of children in the Scottish Borders live in <b>low-income</b> families however there are <b>10 areas</b> with <b>more than 15%</b> of children living in poverty (Scottish Borders Anti-Poverty Strategy 2021).
<b>Fuel Poverty</b>	Around <b>29%</b> of all Scottish Borders Households are <b>fuel poor</b> (25% Scotland). This equates to roughly <b>16,000 households</b> (Scottish Borders Anti-Poverty Strategy 2021).
<b>Religion in the Scottish Borders</b>	<b>39.4%</b> Church of Scotland <b>6.3%</b> Roman Catholic <b>7.6%</b> Other Christian <b>0.2%</b> Muslim <b>0.7%</b> Other religion <b>37.8%</b> No religion <b>8%</b> Not stated (2011 census Scotland)

**Table 1.2- Scottish Borders Population Aged 3 and over Languages used at Home (2011 Census)**

	<b>Scottish Borders</b>		<b>Scotland</b>
	<b>Number</b>	<b>%</b>	<b>%</b>
<b>English only</b>	105,456	95.42	92.62
<b>Gaelic</b>	40	0.04	0.49
<b>Scots</b>	1,219	1.10	1.09
<b>British Sign Language</b>	228	0.21	0.24
<b>Polish</b>	1,161	1.05	1.06
<b>Other</b>	2,410	2.18	4.50

(2011 census Scotland)

<b>Table 1.3- Declared Ethnic Groups in Scottish Borders</b>			
	<b>Scottish Borders</b>		<b>Scotland</b>
	<b>Number</b>	<b>%</b>	<b>%</b>
<b>TOTAL</b>	<b>113,870</b>	<b>100</b>	<b>100</b>
<b>White</b>	112,400	98.71	96.02
<b>White – Scottish</b>	89,741	78.81	83.95
<b>White – Other British</b>	18,624	16.36	7.88
<b>White – Irish</b>	767	0.67	1.02
<b>White – Gypsy/Traveller</b>	64	0.06	0.08
<b>White - Polish</b>	1,302	1.14	1.16
<b>White - Other</b>	1,902	1.67	1.93
<b>Mixed or Multiple Ethnic Groups</b>	316	0.28	0.37
<b>Asian, Asian Scottish or Asian British</b>	733	0.64	2.66
<b>African</b>	207	0.18	0.56
<b>Caribbean or Black</b>	91	0.08	0.12
<b>Other ethnic groups</b>	123	0.11	0.27

(2011 census Scotland)

## **2 PROFILE DISTRIBUTION OF NHS BORDERS WORKFORCE COMPARED TO SCOTTISH WORKFORCE AND SCOTTISH BORDERS POPULATION**

### **2.1 NHS Borders Workforce & Scottish Workforce (all Scotland workforce)**

The age demographic of the NHS Borders workforce is in line with that of the Scottish workforce. A similar distribution of the majority of workers aged between 30 and 59 years is seen in both NHS Borders and Scottish workforces. Similarly to the Scottish workforce, the majority of NHS Borders workforce is white.

In 2020, the Scottish median hourly wage was £14.05 (excluding overtime for all employees) whilst the male and female median hourly wages of NHS Borders were £13.00 and £15.00, respectively. The median hourly wage for Scotland lies between the median hourly wage of NHS Borders' male and female employees.



## **2.2 NHS Borders Workforce & Scottish Borders Population**

Our available Census data is 12 years old (although there was a census in 2022 national results are not available at time of writing) but seems to make a case to say that the NHS Borders workforce is broadly representative of the population it serves, with some notable exceptions such as the percentage of workers from a disclosed ethnic minority background being higher than what is recorded in the surrounding population and also Health & Care having a majority female workforce at around 80% of all workers. Discussions are underway locally and nationally about increasing interest in Health & Care roles from individuals who identify other than female.

### **3 LEGISLATIVE AND POLICY BACKGROUND**

All health boards across NHS Scotland have a moral, ethical and legal duty to treat everyone fairly and without discrimination. In order to achieve this, NHS Scotland is required to meet the aims of the Equality Act (2010) as well as the Fairer Scotland Duty.

#### **3.1 The Equality Act (2010) and Public Sector General Equality Duty**

The Equality Act (2010) was implemented in order to protect those in the workplace and the wider society from discrimination. The Equality Act (2010) provides specific protection for people who fall under the nine “protected characteristics”- a set of defined characteristics for which people might face discrimination. These characteristics include, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The three aims of the 2010 Act's Public Sector General Equality Duty are as follows:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.
- Advance equality of opportunity between persons who share a relevant characteristic and persons who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The Public Sector General Equality Duty replaces the previous Race Equality Duty (2002), the Disability Equality Duty (2006) and the Gender Equality Duty (2007).

### 3.2 Fairer Scotland Duty

The Fairer Scotland Duty, Part 1 of the Equality Act (2010), came into effect in April 2018. It holds public bodies in Scotland legally responsible for taking into consideration ways in which inequalities caused by socioeconomic disadvantage can be reduced.

To meet the obligations of the Duty, public bodies must achieve the key requirements:

- to actively consider how they could reduce inequalities of outcome in any major strategic decision they make; and
- to publish a written assessment, showing how they've done this.

### 3.3 Specific Duties

In Scotland, an additional set of specific duties were created by secondary legislation: the Equality Act (2010) (Specific Duties) (Scotland) Regulations 2012, which came into force in May 2012. The specific duties listed below are intended to support public bodies, including health boards, in their delivery of the General Equality Duty:

- Report progress on mainstreaming the public sector equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices (impact assessment)
- Gather and use employee information
- Publish statements on equal pay
- Consider award criteria and conditions in relation to public procurement
- Publish in a manner that is accessible

## 4 IMPORTANCE OF EQUALITY TO HEALTH

Equality is an extremely important aspect of healthcare and is a vital step in ensuring that needs are met. In healthcare, equality is about treating people alike according to their requirements in order to provide a common standard of care that does not discriminate. In addition to equality, it is important to maintain a holistic approach to healthcare. A holistic approach takes into account all aspects of a person's identity and how these aspects integrate with and affect each other. The combination of equality and a holistic approach helps to provide an intersectional, person-centered approach to care. Implementing and applying equality as part of everything NHS Borders do will help improve service delivery, resulting in improved outcomes for patients and staff.

## 5 NHS BORDERS PROGRESS TO MAINSTREAM EQUALITY

NHS Borders is committed to ensuring that equality is mainstreamed into working practices and policies to achieve a more inclusive workplace and to ensure NHS Borders is a provider of equitable public services. NHS Borders continues to promote equality and diversity by tackling and reducing barriers around discrimination that can limit what people can do and achieve, by setting realistic goals and using an incremental approach.

This section of the report provides some key examples of action that NHS Borders has undertaken, including:

- NHS Borders commitment to Equality and Diversity is highlighted on our website which recognises these as essential components of healthcare and provides useful links for members of the public.
- NHS Borders' Equality and Diversity micro site on the Staff Intranet enables staff to access useful information, policies and processes including interpretation and translation guidelines and advice on carrying out Health Inequalities Impact Assessments (HIAs) as well as useful materials and templates. The micro site contains links to national and local equality materials, including a local demographic profile and the national Equality Evidence Finder.
- Equality and diversity e-learning is mandatory for all staff and remains an important aspect of corporate induction and continuous professional development.
- A domestic abuse awareness session is delivered to all staff at corporate induction which includes showing a DVD made by local women who have experienced domestic abuse.
- Domestic abuse and other forms of Violence Against Women are covered in the Health Care Support Workers training programme.
- Equality and diversity issues are integrated into other corporate training packages e.g. Managing Sickness Absence, Child Protection and First Line Manager training.
- NHS Borders works in partnership with other agencies to protect children and adults from harm and also has staff based in the co-located Public Protection Unit alongside staff from Police Scotland and Scottish Borders Council. Tackling Hate Crime is a priority and the unit also co-ordinates child and adult protection. There is comprehensive guidance available online which includes information on trafficking, Female Genital Mutilation, Honour Based Violence, Child Prostitution and Children with Disabilities among others.

- The Joint Health Improvement Team (JHIT) has been involved in the co-ordination of the Scottish Borders Violence Against Women Training Calendar which includes courses delivered by both partner agencies and NHS Borders staff depending on the subject matter and areas of expertise. The courses are as follows:
  - Domestic Abuse Basic Awareness
  - Why Doesn't She Just Leave
  - "My Family Hurts" What Borders Children Tell Us About Domestic Abuse
  - Raising Awareness of Rape & Sexual Abuse
  - Raising Awareness of Commercial Sexual Exploitation
  - Domestic Abuse & Substance Use
  - Older Women's Experiences of Domestic Abuse
  - Raising Awareness of Trafficking
  - The Forgotten Survivors
  - Raising Awareness of Safe Contact Issues
  - Stalking Workshop
  - Understanding Perpetrator Behaviour

Health Inequalities Impact Assessment (HIIA) examines the impact on the community when applying a proposed, new or revised policy or practice. NHS Borders is legally obliged to impact assess all proposed policies or policies that are being reviewed. Equality Impact Assessments are concerned with identifying what effect, or likely effect will follow from the implementation of the policy for different equalities groups. This includes recommending change where it is needed to ensure that as far as possible any adverse impact for a particular group or sector of the community is minimised or eliminated.

- HIIA goes beyond the public sector's legal duty of the Equality Act 2020 to assess impact (EQIA) by assessing the impact on:
  - Health inequalities
  - People with protected characteristics
  - Human rights
  - Socioeconomic circumstances

## 6 PROGRESS AGAINST EQUALITY OUTCOMES

### Outcome 1 Improved accessibility and confidence in using health and social care services.

#### Good Practice Example- Interpretation and Translation Service

NHS Borders is committed to providing an excellent healthcare service which is accessible to all patients and members of the public. Many people face difficulties either in accessing healthcare services, getting information or communication due to language, literacy or disability barriers. In order to achieve this, the Interpretation and Translation Service is used to try and overcome communication barriers which can be a major barrier to accessing healthcare.

The Interpretation and Translation Service has been running within the Public Health directorate for approximately 11 years following the disbandment of the Equality & Diversity Team. A portion of the Equality & Diversity budget remains within Public Health and is used for paying for the Interpretation and Translation Service. This service provides interpreters and the translation of documents where there is a clinical need relating to a patient.

A set of guidelines were drawn up to aid NHS Borders staff on the use of this service. The guiding principles of the Interpretation and Translation Service are detailed below:

- Where there are communication difficulties, patients and staff have a right to communication support
- The responsibility to ensure effective communication lies with healthcare staff. Staff must establish if a patient or service user requires an interpreter- they must not decide themselves whether a person's English is adequate.
- Communication support should be provided using approved interpreters and translators
- Interpreting and translation services should be provided to the patient free of charge


#### *Near Me Clinics*

NHS Borders introduced Near me clinics during the Covid 19 pandemic. This includes the use of video consultations, development of a national programme of work to increase the use of remote monitoring for long term conditions, online triage tools for GPs and some third sector organisations providing services virtually, having used this as an opportunity to develop new ways of working with

people.  
 Digital technologies should be available to people whenever they need health and social care and support to experience the convenience, quality and choice that it can deliver.\*Awaiting info on how this was made available for certain groups and how many active waiting rooms we have 2020-2021 compared to 2021-2022 as well as total hours compared to consultations\* Digital exclusion is reduced across NHS Borders, taking local needs into account in relation to protected characteristic groups People have an increased level of choice in how they access services, where possible.

Physical access NHS Borders considering equality in processes for new developments and refurbishments: disabled access and toilet facilities and hearing loops, dementia friendly, colour coding of floors reviewed every ?? years and highlights any issues which require addressing.

Awaiting info from estates on timeframes of implementation and if any new good examples - \*Awaiting info from estates\*

<i>What will success look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>
1.1 Information and advice will be delivered in accessible formats that best suits people's needs	Easy read leaflets available for service	
	Identify resource and capacity of translation services	
	Promote awareness of Translation Services	
	Proactive translation of NHS Borders information and advice documents into the most spoken languages, after English in the Scottish Borders	
	Update training on health literacy	Number of staff attending courses
1.2 Proactive partnership arrangements which support NHS Borders demonstrate a welcoming environment with informed and understanding staff.  To include LGBT + Mental Health Audit Tool	Mental Health Improvement & Suicide Prevention Action Plan - Staff Engagement Session.   <b>Mental He:</b>	Number of staff attending events
		Quarterly reports

<p>1.3 All premises that NHS Borders work out of or deliver services from have been collaboratively reviewed in terms of location, suitable environment, ramped access, signage, transportation links etc</p>	<p>Assessment/review of building developments and premises delivering mental health services to ensure that they meet the needs of people who have experienced trauma (e.g., Domestic Abuse, Survivors of Childhood Sexual Abuse)</p> <p>Collation of all venues used for NHS Borders activity</p> <p>Create audit action plan for inspection/review of suitability</p>	<p>Number of premises assessed as being Trauma Informed</p>
<p>High-level actions and themes, identified below, under the Scottish Government 's 5 Pillars will be taken forward through the NHS Borders Action Plan and link closely to the HSCP Action Plan. Key linkages will be made where appropriate to cross sector working with community based organisations across the Scottish Borders, regional coordination of services where appropriate and a national approach will be recommended to address wider challenges.</p> <p>PLAN, ATTRACT, TRAIN, EMPLOY, NURTURE.</p>	<p>Recognise that members of our workforce may be unpaid carers and provide support in line with the Carers Act and our partner organisations' flexible working conditions</p>	<p>Enable staff to implement action plans developed as part of the imatter survey to influence team wellbeing at work.</p>

## Outcome 2 Inclusive approach to enabling and empowering people to stay well, keep well and live as independently for as long as possible

### Evidence: Eyemouth Gateway to Good Health – Whole Systems Approach



Eyemouth has adopted a whole systems approach to support healthy weight, eating well and being physically active with a focus on children and health inequalities. This community led work is supported by a Governance Group, a Working Group and a network of local stakeholders to progress eight actions across three priority themes.

Whole Systems Approach is defined as applying systems thinking and processes that enables “an ongoing flexible approach by a broad range of stakeholders, to identify and understand current and emerging public health issues where, by working together, we can deliver sustainable change and better lives for the people in Scotland”<sup>1</sup>

Leads from NHS Borders Public Health and Scottish Borders Council used methodology developed by Leeds Beckett University and Public Health England to engage stakeholders and community members. They then delivered three virtual workshops that enabled participants to develop a shared understanding of the wide-ranging factors that contribute to overweight and obesity.

Community engagement with a range of stakeholders, including community members and volunteers, led to 43 people participating in the first virtual workshop in March 2021. Following on from this and through two further workshops, a vision was developed in partnership with community members and other stakeholders which resulted in priority themes and actions outlined below:

Priority Theme	Action
1. Communication	Eyemouth Living Publication
2. Family Participation and Learning	Book Boxes Community Lunch Play Spaces Visual Map
3. Outdoor Activities	Junior parkrun Cycling Outdoor activities including outdoor cooking

Progress across the eight actions has been driven forward by local stakeholders and volunteers with support from the Working Group and Governance Group.

Eyemouth Primary Playing Fields junior parkrun is a good example of how community engagement and empowerment is inclusive, strong and effective. The project has been led by a small group of community members and now has 53 community members who support the event, with an average of 15 children participating each week. The feedback from those involved reflects the inclusive nature of the event. This event will take time to develop and grow and will support children in Eyemouth to be physically active at no financial cost.

Public Health Reform. (2019). Whole System Approach for the Public Health



Priorities; Local Partnerships and Whole System Approach overview. Public Health Reform. Available [here](#).

### Evidence: The Wellbeing Service

The Wellbeing Service provides evidence based early interventions to support people wishing to improve their health and wellbeing. This includes support to improve emotional wellbeing and make positive changes to lifestyles. Topics discussed during holistic interventions include smoking cessation, physical activity, weight management and healthy eating. The Wellbeing Service engages with a range of partners (including LIVE Borders, NHS Borders Psychology, NHS Borders Dietetics) to offer support.

The Wellbeing Service has also been involved in reviewing healthy eating support for pregnant women, linking with the Galashiels Job Centre and in the development of a Menopause Café to create a safe and inclusive space which launched on World Menopause Day.

<i>What will success look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>
2.1 More people with the relevant protected characteristics and lived experience are engaged in exercise, self-care and meaningful activities	Review of current community services	
	Whole Systems Approach Eyemouth	Annual report
	<i>Wellbeing service</i> Continue to deliver Stress and resilience training, Working Health Matters and Managing Mental Health for Managers courses to support our staff wellbeing.	Number of staff attending
	<i>JHIT</i>	<i>Work with younger people to establish what support is required to sustain active and meaningful employment</i>
	<i>Working jointly with SBC "Walkit" to support people post dementia diagnosis continue with existing activities</i>	<i>Number of sports and cultural organisations involved implementing reasonable adjustments to support current and increase future engagement in sport and leisure activities</i>
2.2 Number of organisations and people participating in Social Prescribing initiatives	To be worked up with the Social Prescribing Delivery Group	<i>e.g. Number of older people supported when their partner moves into a care home</i>

## Outcome 3 Community engagement and empowerment across the Scottish Borders is inclusive, strong and effective.

### **Evidence: Maternal & Infant Nutrition /BiBs service**

The Maternal and Infant Nutrition Framework paves the way for improving and maintaining positive nutritional health and wellbeing factors for families. Research shows that the nutritional health of women prior to conception and the very early weeks following conception are extremely important in influencing the growth and development of the foetus and are critical periods in influencing longer term health. Furthermore, a child's first 1,000 days of life are known to be extremely important for laying the foundation for healthy growth and development into adolescence and adulthood.

Within NHS Borders we promote good health and wellbeing from preconception, throughout pregnancy, and within the first two years of life. One of the fantastic programmes we have in place is the Breastfeeding in the Borders (BiBs).

BiBs is the local, volunteer run, breastfeeding peer support service available across the Scottish Borders. Breastfeeding peer support is available to all families across the Scottish Borders. The volunteers are trained to offer peer support and guidance to protect and promote breastfeeding. They provide advice and support to build individual confidence in feeding, to allow breastfeeding to get off to a good start, and for feeding to continue for as long as each family would like.

Support is offered:

- On a 1-1 basis via text/ phone calls
- On the maternity ward
- At local breastfeeding groups

During the Covid-19 pandemic, all volunteering on the maternity ward and at local groups was suspended. Coming out of the pandemic, in 2021 we had 14 active volunteers compared to around 32 active volunteers pre-pandemic. Across 2022, the service saw an increase to 30 active volunteers, with 19 being newly trained.

In 2022 318 individuals said 'Yes' to receiving BiBs support on discharge from the maternity ward, that's 66% of all breastfeeding discharges. A further 15% then asked for BiBs support at a later date.

The local breastfeeding groups saw a total footfall of 344 families since they began to re-open in April.

Our volunteers began returning into the maternity ward in December, and spoke to 10 families across the month.

Feedback was received directly from those families who received BiBs support, it found that 39% commented that it is a great service, 25% mentioned that they found the service 'helpful', 12.5% said it helped them feed for longer. A further 14% had commented that 'it was good to know the support was there if I needed it'.

<i>What will success look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>
3.1 Increased participation, influence and voice from people with protected	NHS Borders Engagement and Communications Policy	Publication and marketing of new engagement policy and associated guidance

characteristics, with lived experiences, in the Scottish Borders Locality Working Groups		
		Number of organisations and individuals engaged in impact assessments, the views expressed, the recommendations and mitigating actions identified
		Quarterly report to Strategic Planning Group
	Supporting the development of communities of interest, forums and networks to address gaps in the directory	Analysis and annual reporting on the additions to the diversity directories
	Review Locality Working Group membership and scope out what supports are required to encourage people with protected characteristics and lived expertise to become members as a way of participating in and influencing local decision making processes	Impact of translation of recruitment material in securing representation from across the protected characteristics
	Work with providers to raise awareness of their role in supporting people with protected characteristics to participate in and influence strategic and operational developments	Events organised Organisations in attendance Number of staff attending
	Impact Assessment Quality Assurance Framework	Number of impact assessments undertaken
Quarterly analysis of IIA recommendations and progress against these		
Establishment & promotion of an Equality & Rights Escalation Complaints Enquiry e-mail account	Number of emails received	
	Findings from analysis	
	Lessons learnt used to inform practice/policy	
	Corrective Actions implemented	



## Outcome 4 All staff delivering health and social care services, fully understand their legal duties and other responsibilities in keeping people living, working, studying or visiting the Scottish Borders safe and free from harm

### Evidence: Renew Service SITUATION

The Renew Service delivers primary care mental health services. It was established in October 2020 as a collaboration between NHS Borders Mental Health Services and primary care. It is a centralised service offering a range of psychological therapies via a 'see and treat' model for people with mild to moderate mental health issues. Prior to the service people would present to their GP. For a long time our GP practices were reporting concerns in their ability to cater for a significant proportion of our population with mental health needs who were just below the threshold for acute mental health provision. There was nowhere to refer these individuals to and little that could be offered in provision. "Renew" fills this gap, and evaluation to date has been very encouraging.

**ACTIONS TAKEN:** The Renew Service was established using Action 15 and Primary Care Improvement Plan (PCIP) funding. GPs and primary care can refer patients, aged 18 and over, for emotional wellbeing via using SCI Gateway. The Renew Service also uses digital therapies to enable ease of access – the service has been part of a test of change offering Ieso Digital Health, and another with SilverCloud offering digital treatment to children and young adults with anxiety. It also offers two regular groups for anxiety and low mood. The business intelligence team in health plan to establish mental health dashboards, including for psychological therapies and Renew Service.

**OUTCOME / IMPACT** The Renew Service triages all patients referred by primary care who require support and treatment for mild to moderate mental health issues. This ensures that patients get the quickest route to the appropriate care and support

### Good Practice Example –

#### Ukrainian Refugee's

NHS Borders is working in partnership with Scottish Borders Council, local Registered Social Landlords and Police Scotland to ensure that these families who have suffered significant trauma are welcomed and supported have all the assistance they require. NHS Borders has a WG to help aid access to health care services, GP and dental registration, Health visitors, etc.

<i>What will success look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>
4.1 Interventions are early and effective, preventing domestic abuse, and maximising the safety and wellbeing of adults, children, and young people affected by domestic abuse.	Implement a suite of Joint CPD transferable recognised core and mandatory training passport (Training Matrices) across all sectors to prevent retraining standardised learning and reduction of costs with a centralised and uniformed recording system and joint training framework.  Introduce Job rotation/placements	Number of staff attending  Events organised

<p>Awareness of violence/ abuse and its related harms are better understood by staff working in Partnership services</p>	<p>across Health and Social Care for understanding, knowledge, skills and awareness</p>	
<p>4.2 Improved services for those affected by hate crime and hate incidents in the Scottish Borders. Improved preventative work and a shared understanding of the causes enabling a reduction in hate crime and hate incidents— this will staff who experience unacceptable behaviours</p>		
<p>4.3 Improved services and support for those at risk of and those that are affected by Female Genital Mutilation (FGM).</p>		
<p>4.4 Improved understanding of and development of a joined up approach to support those affected by human trafficking and exploitation.</p>		
<p>4.5 Improved understanding of the causes of honour based violence and the support services necessary to keep people safe</p>		

## Outcome 5: We have a workforce that is reflective and representative of the communities we care for

### Evidence: LGBTQIA+

Addressing LGBTQIA+ issues is important for a variety of reasons. This is a section of the population which has experienced discrimination over a prolonged period of time. Issues of illegality and mental illness were attributed to being non-heterosexual and this is within living memory for older members of the population. Some religions are also intolerant of being non-heterosexual/cis gendered. Discrimination is socially constructed through establishment of an in group and out group with misinformation and stereotypes about the out-group being perpetuated in order to make it easier to discriminate against them. Given that this exists societally, it can also be expected to exist in the workplace. There is increased prevalence of suicidality and deliberate self-harm in this population. 1 in 5 will not disclose their sexuality for fear of discrimination and 1 in 7 would avoid seeking treatment. Despite our society having progressed greatly in recent years, basic freedoms such as walking down the street holding hands with your partner may not be available to you if you are not heterosexual and cis gendered. Many places will not feel safe for members of the LGBTQIA+ population. As an organisation and employer, we have a responsibility to ensure that work is safe place. This begins with education.

As such, a training programme was devised and delivered to:

- Public Health Directorate
- Mental Health
  - Community Rehab Team
  - East Brig (Rehab Ward)
  - BSDU
- Human Resources

Training was in the format of 3 x 30 minute sessions delivered via Teams – designed to make them accessible with minimum impact on service delivery/staffing workloads and to allow time to process information and ideas in between sessions. The Public Health Directorate training was delivered in 1 session lasting 1.5hrs at their request. Each session was designed to provide appropriate and accurate information while giving staff a safe space to ask questions. The sessions were a mixture of theoretical approaches, socio cultural paradigms and real world examples. The topics covered were:

- Sexuality and Relationships
  - Definitions of sexuality and terminology applied
  - Historical and current bias/discrimination
  - Definitions of non-typical relationships and terminology applied
  - Misconception/discrimination
- Gender
  - Terminology and differentiation between sex and gender
  - Cultural expectations
  - Non Western cultural expectations
  - Gender non-conformity
- Safe spaces

- Concept of safety
- Role of the Individual
- Role of the Organisation
- Progress Pride Flag and the Pledge

Staff participated actively in the sessions and asked many questions (more so in the shorter sessions). It was evident from the feedback from staff that they were both interested in the topic and cautious about saying the wrong thing or asking questions for fear of either appearing ignorant or discriminatory. The questions section of the sessions was often as long as the presentation. Staff expressed that the language associated with this part of our society is rapidly changing and therefore can be difficult to keep up. Staff also expressed that they valued having a safe space in which to ask questions.

### **Improving Practice**

The training sessions provide appropriate information for staff to help them to manage this rapidly evolving part of our society. As much as possible, sessions worked from theoretical approaches and acknowledge the role of culture but returned to real world examples to help people to understand what this means to them directly. It also gave a clear view of what was and wasn't acceptable and how staff can rightly expect to be treated.

### **Gaps Identified**

At present, there is nobody in Public Health with a remit for LGBTQI+ issues and this is not one of the identified priorities. This means that there is nobody to actively review policy/practice for inclusivity across the organisation as well as in the Borders in general. There are no trainers in the training department or Human Resources with this remit/experience to enable the training to be delivered on a wider basis across the organisation. The training which has been conducted in recent months was done by a staff member who had appropriate qualifications and experience to do so but they had to cease delivery to focus on their own remit. Publicity materials available from Scottish Government to encourage staff to be allies but relevant publicity materials not available for public spaces to enable wider visibility that NHS Borders is an inclusive organisation. This enhanced visibility for patients would also reinforce for staff that they work within an inclusive organisation. . There are also logistical challenges in ordering/receiving larger amounts of Progress Pride badges to enable wider scale visibility.

The fact that there isn't someone with organisational overview means that departments are operating in silos e.g. mental health looking at commissioning Stonewall to do training but this then only helps their directorate and all the other directorates need to do the same of their own accord. In a time of extreme organisational pressure this is a challenge for clinical departments to facilitate.

### **Way Forward**

Going forward, a broader organisational perspective needs to be applied in order to allow for consistency so that staff can expect consistency of treatment, education and environment wherever they are based within NHS Borders.

- Someone identified to have an organisational overview and support departments to implement any necessary enhancements to practice.



- Education should be available to staff throughout the organisation and in a manner which is conducive to working patterns and would therefore include twilight sessions.
- Language is an exceedingly powerful tool and all staff should be encouraged to use their language appropriately.
- Visibility for staff and patients re the preferred usage of pronouns thereby normalising the practice.
- Staff supported to make appropriate challenge in the face of inappropriate conduct
- Resources acquired for increasing visibility to the wider population and by default reminding staff that we are a safe and inclusive employer.

<i>What will success look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>
5.1 Workforce data reflects NHS Borders service user data. Continue to develop workforce systems to provide high-quality, user-friendly Workforce intelligence to support decision making	Analysis of current service data collection and in comparison to local demographic data means that we can compare to age/sex/religion etc but also SIMD areas and look at (for example) how many of our employees live in the most deprived areas and what we can do to increase that if we need to.	One data set used by all providers of health and social care services in the Scottish Borders
	Development of data gathering process to capture service user by protected characteristic and lived experience	Delivery of a cross sector analysis of workforce quarterly
	Development of a data gathering process to be implemented across the sectors to gather workforce data	Delivery of a cross sector analysis of people using health and social care services quarterly
5.2 Flexible and targeted recruitment drives to address current gaps identified in 5.1 above and the needs of current and future service users	Analysis of the cross sector data set to identify gaps and inform the improvement and changes required	Evidence of amendments to current recruitment materials to increase accessibility and engagement
		Review of applications by protected characteristic
	Development of new and innovative partnerships with organisations representing the relevant protected characteristic to co-produce marketing and staff recruitment models	New partnerships established
Documentation of attendance at events e.g., Scottish Borders Pride		

<p>5.3 Staff have a shared understanding of cultural diversity and difference</p>	<p>Cross Sector Equality and Human Rights Staff Development Matrix to be developed. Topics identified to date include:</p>	
	<p><a href="#"><u>LGBT Mental Health Tool</u></a></p> <p><a href="#"><u>LGBT Health and Wellbeing Dementia Took</u></a></p> <p><a href="#"><u>LGBT Age Audit Tool</u></a></p>	<p>Partnerships developed to support delivery of awareness sessions</p>
	<p>Target under-represented groups in our communities, reviewing potential barriers to employment such as language bias in job adverts and roles, cultural differences, flexibility of work patterns and policies.</p>	<p>Events organised</p>
	<p>Work to improve the information we hold about employee's equality information.</p>	<p>Number of staff attending by service area</p>
	<p>Demonstrate our commitment to equality of opportunity for our minority communities throughout recruitment and employment approaches</p>	<p>Improvement in the quality of the analysis in the impact assessments undertaken</p>

## Outcome 6 We have a workplace where all staff feel valued and respected and have their needs met appropriately

All staff are health cleared appropriately for their roles taking into consideration any underlying health issues/disabilities in line with the Equality Act 2010. The impact of health on work and work on health is considered and where appropriate adjustments/modifications are advised. This ensures staff have their needs met to allow them to succeed in their roles. NHS Borders Occupational Health & Safety Service engage with staff who are struggling to remain at work/absent from work to offer appropriate support and facilitate their attendance at work. Occupational Health & Safety training is available for staff to attend including Respect at Work, Preventing Stress and Promoting Resilience, Managing Mental Wellbeing for manager, Moving & Handling and Prevention & Management of Aggression & Violence.

A new monthly newsletter on Wellbeing publicises support for our workforce. Working groups have been set up locally to look at what more can be done around Menopause, Miscarriage and Gender Based Violence while awaiting a Once for Scotland approach. A Staff Wellbeing Week is planned for June 2023. This will include information on a range of topics such as heart health, exercise, wellbeing, finances and healthy lifestyle options. The internal Coaching Network continues to support staff to help them achieve their goals and handle workplace issues.

NHS Borders operates a Staff Wellbeing Group populated by a range of management, clinical and staff-side representatives. The group has agreed a range of projects to try to support the physical and mental health of NHS Borders staff and is currently progressing a Spaces Project, which sets out to identify and establish fit-for-purpose indoor and outdoor spaces for staff to rest during their breaks. Areas will promote a relaxing environment for staff, allowing them to decompress during the working day. The group has also facilitated the provision of hot beverages/snack boxes/water bottles to hard-pressed areas at peak points of the pandemic, along with the provision of free menstrual products for patients, visitors and staff. Increased communication reminding staff and managers to support staff taking breaks.

Staff feedback includes iMatter, and "Collecting Your Voices", a 2020 initiative, capturing how it feels for staff to deliver care in the current environment. NHS Borders prioritises equality, diversity and inclusion and has an Ethnic Minority Forum and is establishing a forum for staff with disabilities and a forum/network for LGBT+ staff.

<b>Evidence:</b>		
<b>What will success look like</b>	<b>What will be done to achieve success</b>	<b>How will success be measured</b>
6.1 Managers have a shared understanding of their responsibilities in relation to reasonable workplace adjustments	Review current processes and training Continue to work with Borders College, and NHS Education for Scotland to maximise opportunities to develop staff/advanced roles e.g., Band 3/4 HCSW, opportunities. Support increased numbers of HCSW entering registered nursing training by	Number of managers undertaking/ attending sessions

	<p>working jointly with Napier University to explore the development of a programme, where following a year studying at Borders College, HCSW can go into second year of training by October 2024.</p> <p>Liase with Borders College and Scottish Borders Council, to support the development of generic courses to prepare potential applicants for entry level positions across health and social care.</p>	
	<p>Build on existing recruitment programmes to attract undergraduates, and those contemplating career changes.</p> <p>Promote lifelong learning and training to support development and future career opportunities.</p> <p>Target under-represented groups in our communities, reviewing potential barriers to employment such as language bias in job adverts and roles, cultural differences, flexibility of work patterns and policies.</p>	Number of adjustments put into place
	<p>Cross sector survey to gather views of staff and provide baseline to report progress against</p>	Number of staff who feel supported in the workplace has increased
6.2 Wellbeing initiatives to support an improvement in the mental health of women working across the health and social care sector will be coproduced and reviewed for effectiveness	<p>Development of a data gathering process to be implemented across the sectors to gather workforce data</p>	<p>Review of absence by causation and analysis was undertaken in 2022 providing the baseline figure.</p>
	<p>Increase awareness for managers on the supports/tools/resources available and the relevant HR policies, procedures, and guidance available</p>	
6.3 Compliance with <a href="#">A Fair Work Action Plan: Becoming a Fair Work Nation by 2025</a>	<p>This will be developed as part of the IWP Implementation Plan under the Attract and Employ Pillars. A future report on what will be done and how success will be measured is to be developed and included in a future version of the Mainstreaming Framework</p>	To be confirmed
6.4 Embedding the requirements of the	<p>Review of policies and decisions undertaken on a 6 monthly basis to</p>	Publication of the associated equality and human rights

<p>Scottish Government's  <a href="#">Fairer Scotland for All: An Anti-Racist Employment Strategy</a>  into and across all  employment policies</p>	<p>ensure each evidence an anti-racist  statement</p>	<p>impact assessments on the  Partnership's website</p>
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## Past Equality Outcomes 2017 – 2021

In April 2017, NHS Borders published eight equality outcomes, with related actions. A summary of the work that has been undertaken to progress each of these outcomes can be found at [ANNEX 1](#).

### **6.3 Policy**

NHS Borders has been mainstreaming for a number of years, lots of good practice is now well established for example; family friendly policies, consultation process, confidential contacts etc. NHS Borders has a number of progressive Once for Scotland policies which support equality, diversity and inclusion in the workplace. These policies have anti-discrimination elements to them but it should be noted that a number of these policies are subject to national review at this time.

These policies include:

- Adoption & Fostering Leave
- Annual Leave
- Appraisal, PDP & Review
- Embracing Equality, Diversity & Human Rights Equal Opportunities
- Facilities Agreement
- Fixed-term Contracts
- Flexible Working Requests
- Grievance
- Induction
- Managing Employee Capability
- Managing Employee Conduct
- Maternity and Paternity Leave
- Parental Leave
- Recruitment and Selection
- Redeployment
- Retirement
- Sickness Absence
- Special Leave
- Substance and Alcohol Misuse
- Tackling Workplace Bullying and Harassment
- Whistle Blowing

## **6.4 Disability Confident Employer**

NHS Borders is a Disability Confident (formerly Two Ticks) employer, meaning that all job candidates who declare that they have a disability and who meet the minimum essential criteria for the role will be offered an interview.

When being invited to interview candidates are asked if they require any modification to the interview location/process to accommodate any need the individual may have. NHS Borders is regularly audited by Department for Work & Pensions to make sure that it is fulfilling its Disability Confident accreditation/obligations.

[Disabled people - gov.scot \(www.gov.scot\)](http://www.gov.scot)



## **6.5 Equality, Diversity and Inclusion (EDI) in Employment Group**

NHS Borders is committed to providing equal opportunities and fair treatment for all. The Equality, Diversity and Inclusion in Employment Group have a number of important roles for maintaining this commitment in the field of employment, including:

- Monitoring culture/behaviour and whether employees, students, volunteers and applicants believe the organisation treats people in a fair, consistent manner regardless of background
- Building in a sense that NHS Borders is on a positive journey of constant improvement in the field of equality, diversity and inclusion
- Having an action and outcome-focused outlook, investing in awareness/education, recognizing non-optimal performances and taking steps to change for the better
- Encouraging harmony between different groups in the wider system
- Collecting, collating and reporting on useful data to inform the equality agenda
- Working to an annual work plan.

## **6.6 Employment Monitoring**

The most up to date NHS Borders equality and diversity employee data can be found [here](#). The data within this report relates to staff in post for the financial year 2022 - 2025. These are the most up to date figures which have been gathered at present.

## **6.7 Tackling Bullying and Harassment Policy**

NHS Borders is committed to uphold a workplace that is free of bullying, harassment or intimidation of any nature. All employees have a responsibility and a right to treat and be treated by colleagues with dignity and respect irrespective of their gender, race or ethnicity, relationship or health status, pregnancy/maternity status, age, disability, sexual orientation, religion or belief system.

The policy is intended to support managers when dealing with bullying and harassment in the workplace by:

- Raising awareness in staff that a policy/procedure exists and how it works
- Encouraging management and staff to raise genuine concerns using the policy/procedure
- Achieving a position whereby management and staff are confident in the policy/procedure and feel comfortable when using it
- Improving the reporting and handling of such incidents
- Facilitating open discussion on the efficacy of the policy/procedure
- Providing, where appropriate, access to confidential counselling, advice and support for victims of bullying/harassment at work
- Providing a programme for the communication of the policy, monitoring its effectiveness and training for those involved in applying the policy
- Raising awareness that all staff, patients and visitors have a responsibility to ensure that their actions, attitudes or behaviours are not distressing or upsetting to others. Additionally, managers and supervisors have a specific responsibility to be vigilant about identifying and dealing with bullying/harassment at work, ensuring implementation of and adherence to this policy.
- Providing access to responsive Occupational Health & Safety services.

## **6.8 Equal Opportunities Policy Statement**

NHS Borders is committed to ensuring the elimination of all forms of discrimination on the basis of age, culture, disability, employment status, ethnic origin, faith, gender, gender reassignment, HIV status, marital status, nationality, offending record, political affiliation or trade union membership, race, religion, sexual orientation or social background.

It is important to recognise that 'equal opportunities' means ensuring that there is a 'level playing field' for all existing and potential employees by providing

protection from unlawful discrimination. It does not mean treating everybody the same. The concept of 'equal opportunities' may therefore involve positive action. Examples of positive action may include:

- Targeted staff training and development schemes
- The use of specialist press for job advertising; and
- Encouraging people of a particular race, gender or disability to apply for jobs wherever they are underrepresented in the current workforce
- As part of implementing this policy, regular reviews of practices and procedures will be undertaken in partnership to ensure that:
  - They are consistent with the principles and aims of equal opportunities in employment
- There is consistent and objective application across the whole employment field with individuals being selected, trained and promoted entirely on the basis of their abilities / potential and the requirements of the job
- NHS Borders undertake Impact Assessments to ensure that equality and diversity measures have been considered and appropriate actions taken

## **6.9 Equality, Diversity and Human Rights Policy**

This policy sets out NHS Borders's commitment to the principles, as defined below, of equality, diversity and human rights in employment and sets out the approach to be followed in order to ensure that such principles are consistently met.

The aims of this policy are as follows:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010 and less favourable treatment of other categories of worker as set out within other relevant legislation
- Advance equality of opportunity between people who share a protected characteristic (i.e. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation) and those who do not
- Foster good relations between people who share a protected characteristic and those who do not; and
- Ensure that the organisation has due regard for the European Convention of Human Rights (ECHR) in the discharge of its function.

The following principles and values are key to the achievement of these aims:

- Equality, diversity and human rights must be at the heart of NHS Borders and everything it does
- Disadvantages suffered by people due to their protected characteristics will be removed or minimised in order to create an environment in which individual differences and the contributions of all staff are recognised and valued
- Steps will be taken to meet the needs of people from protected groups where these are different from the needs of other people



- Steps will be taken to reduce underrepresentation of people with particular protected characteristics and increase the diversity of our workforce, both at an organisational level and within different job roles
- A zero tolerance approach will be taken to intimidation, bullying or harassment, recognising that all staff are entitled to a working environment that promotes dignity and respect for all
- NHS Borders will act as an agent for change within local communities by positioning equality, diversity and human rights at the heart of local delivery plans
- While this will be achieved in part by being championed at a senior level, it can only be fully achieved through all those working within NHS Borders recognising and adhering to their own personal responsibilities in this regard, and NHS Borders will therefore take steps to ensure that everyone in the organisation understands their rights and responsibilities under the policy
- NHS Borders will ensure that arrangements are in place to support staff who have equality, diversity and human rights issues GB-HR – 2014-01-16 5
- Equality and diversity monitoring will be undertaken on a regular basis, with resulting improvement actions being identified and achieved; and
- This policy will be subject to ongoing monitoring to ensure that it is being fairly and consistently applied and that the stated principles and values are being met. The policy will be subject to regular review, in partnership, to ensure that it remains fit for purpose.

## **6.10 Maternity and Paternity Policy**

NHS Borders is committed to ensuring consistent and equitable treatment for its employees in the matter of maternity leave and pay. This policy and protocol takes into account current employment legislation, associated codes of practice, Agenda for Change Regulations and progressive employment practice.

This policy and protocol is designed to answer the questions employees will have regarding maternity and paternity leave and pay and guides employees and managers through this complex and detailed subject. It includes detail of the criteria that have to be met to qualify for maternity and paternity leave and pay and the employees obligation to NHS Borders, for example the relevant timescales that have to be met and forms that have to be completed.

## **6.11 Parental Leave Policy**

NHS Borders is committed to ensuring consistent and equitable treatment for its employees in the matter of parental leave. This policy takes into account current employment legislation, associated codes of practice, Agenda for Change Regulations and progressive employment practice.

This policy is designed to answer the questions employees will have regarding parental leave and pay and guides employees and managers through this complex and detailed subject. It includes detail of the criteria that have to be met to qualify for parental leave and pay and the employees obligation to NHS Borders, for example the relevant timescales that have to be met and the forms that have to be completed.

## **6.12 Flexible Working Policy**

Flexible working opportunities benefit everyone: employers, employees and their families. NHS Borders knows that it makes good business sense to be open to flexible working requests from its employees; accommodating requests can help to retain skilled staff and reduce recruitment costs; to raise staff morale and decrease absenteeism; and, can help the organisation to react to changing service provisions. For employees, changes to working patterns can greatly improve the ability to balance home and work responsibilities

To be eligible to make a flexible working request in line with this policy, the employee must:

- Have been continuously employed by NHS Borders for at least 6 months at the date of application
- Not be an agency worker; and
- Not have made another application to work flexibly during the previous 12 months. This does not prevent a manager agreeing with an employee that their request can be approved within that time period if the request was originally refused, but the work environment can now sustain the change requested.
- Eligible employees are able to request:
  - A change to the hours they work e.g. voluntary reduced hours; job sharing
  - A change to the times when they are required to work e.g. flexi-time
  - A change to the place they are required to work

## **6.13 NHS Borders Behavioural Framework**

The framework defines the behaviours that NHS Borders staff must demonstrate for our organisation to perform effectively. Everything that NHS Borders does relies on individuals and teams working interdependently, with our patients at the heart of everything we do. This framework is a statement of who NHS Borders is: what our patients can expect from us and what we expect from each other.

NHS Border has developed a [Behaviour Framework](#) to support us do this.

## **6.14 Values Based Recruitment (VBR)**

NHS Borders uses a Values based approach to recruitment. VBR is an approach to help attract and select employees whose personal values and behaviours align with those of NHS Borders.

The values that are shared across Scotland's Health Service are:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork.

NHS Borders recognises that staff who are valued and treated well improve patient care and overall performance and these values were developed as part of the 2020 Workforce Vision which aims to ensure that the health service has the workforce needed for the future.

NHS Borders adopted those values when the Corporate Objectives were developed. Whilst it is recognised the values are core values of the majority of our staff, NHS Borders aims to ensure that these are embedded explicitly, and are a core element in how staff is recruited.

Barriers to employment can be identified by people experiencing discrimination and less fair treatment within the protected characteristic groups and impact on opportunities and progression within the service. An inclusive workplace that supports and promotes equality and diversity will benefit from a workforce that are more likely to be happy and motivated at work, more likely to come up with new ideas, attract and retain good staff and will avoid more serious or legal issues arising. Review of recruitment procedures and processes has been undertaken and implemented to ensure the local approach to recruitment is in line with best practice to increase diversity within the workforce. Schemes to increase opportunities for underrepresented groups, for example via mentoring schemes, work placement opportunities.

### **6.15 JobTrain Recruitment System**

The JobTrain recruitment system, which is used for employee recruitment by NHS Scotland, has built-in anti-discrimination measures. Shortlisting managers are provided with applicant data such as names, addresses and demographic information in order to eliminate unconscious bias.

#### **Good Practice Policy - Recruitment and Selection Policy**

***NHS Borders aims to recruit and select the most suitable person available for each authorised vacancy that arises, to help us to provide a high quality service.***

***Values Based Recruitment is an approach which attracts and selects students, trainees or employees on the basis that their individual values and behaviors align with the values of NHS Scotland. The purpose of Values Based Recruitment is to ensure that the future and current NHS Workforce is selected against these values so that we recruit the right workforce, not only with the right skills and in the right numbers but with the right values to support effective team working in delivering excellent patient care and experience. Values Based Recruitment can be delivered in a number of ways: through pre-screening assessments, to values based interviewing techniques, role play, written responses to scenarios, and assessment centre approaches amongst others.***

***Jobtrain (above), the new online recruitment tool, provides a streamlined job application and candidate management process and will help to ensure a***

***consistent approach to recruitment across the NHS in Scotland.***

***NHS Borders aims to encourage a diverse workforce representative of the local communities and may consider taking positive action to encourage applications from under-represented groups. It aims to provide a working environment where staff are valued and respected, and where discrimination, bullying and harassment are not tolerated. It is the responsibility of everyone involved in the recruitment process within NHS Borders to ensure no job applicant receives less favourable treatment than any other job applicant.***

## **7 AREAS FOR DEVELOPMENT**

The following are points we intend to focus on developing during the next years:

### ***7.1 Proposed Programme: Addressing Health Inequalities***

NHS Borders recognises that the most marginalized members our society have the poorest health outcomes, placing a significant demand on health services. Evidence shows that persistent health inequalities remain in both health outcomes and service experience in NHS Scotland. However, health inequalities are avoidable and can be mitigated on both an individual and structural level. Action taken by NHS Borders and its staff can directly and positively impact health inequalities.

- The aim of this programme is to maximise the impact of NHS Borders in reducing health inequalities in the Borders. In order to achieve this:
- Services should be designed and changed to minimize disadvantage and health inequality using a data driven approach
- All staff should have an awareness of health inequalities and opportunities to reduce them
- Organizational processes should be reviewed and changed to

- maximize their impact in reducing health inequalities
- There should be a more equitable use of services
- People experiencing health inequalities should be more able to influence services
- The programme will have five workstreams:
- Data: where we are now, what we have achieved, and how we will measure and evaluate going forward
- Engaging with communities and individuals
- Service change
- Role of NHS Borders as an 'anchor' organisation
- Working with partners

## 8 IMPACT OF COVID-19

Although we have seen a number of the Covid-19 control measures relax over recent months and working practices for many are returning to something more like normal it is important that we continue to recognise the ongoing and long term impact that Covid-19 has had. For some groups the pandemic has resulted in increased vulnerability.

### 8.2 NHS Borders Support for Vulnerable Groups

Many of NHS Borders' policies and groups mentioned in this report can be used to help ease the effects that the COVID-19 pandemic may have on the community and its vulnerable groups.

#### Support for older people:

- Borders Older People's Planning Partnership (see Outcome 4)
- Eat Well Age Well Group (see Outcome 5)

#### Support for young people:

- Integrated Children and Young People's Plan (see Outcome 7)
- Scottish Borders Council Child Poverty Indicator (CPI) Tool (see Outcome 7)

Support for people of East Asian ethnicity:

- Tackling Bullying and Harassment Policy (see Outcome 6)
- Equality, Diversity and Human Rights Policy (see Outcome 6)
- Whistleblowing Standards (see Outcome 6)

Support for people with mental ill health:

- Measures taken by Covid-19 Tracing team (see Outcome 1)

Support for people who use substances or are in recovery:

- Measures taken by Covid-19 Tracing team (see Outcome 1)

Support for people with reduced communication abilities:

- Interpretation and Translation Service (see Outcome 1)
- Measures taken by Covid-19 Tracing team (see Outcome 1)

Support for homeless people:

- Housing First Service (see Outcome 8)

Support for people on low income:

- Money Worries App (see Outcome 4)
- Early Years Pathway Pilot Project (see Outcome 5)
- Community Food Growing Strategy (see Outcome 5)
- Affordable Warmth and Home Energy Efficiency Strategy (see Outcome 8).



## 9 Workforce Equalities Data

### 9.1 Introduction

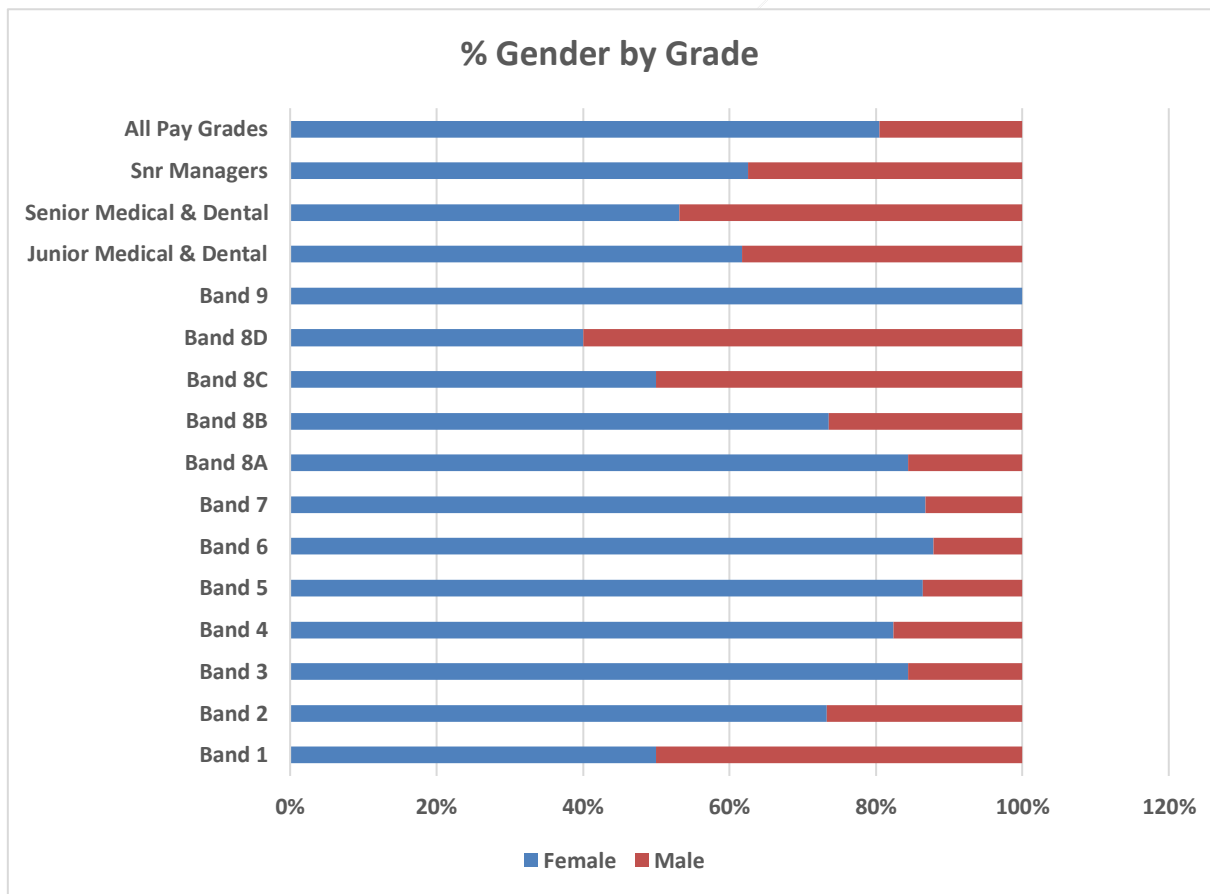
Under the Equalities Act 2010 and the specific duties placed upon public authorities in Scotland, NHS Borders is required to gather data on its employees, to analyse what that data might be telling us and to take action if there are any findings which might suggest that the health board could improve its profile/standing around equality & diversity.

The next few pages break down the directly employed workforce by protected characteristics and other related themes; many of which indirectly link back to protected characteristics.

The usual caveats apply around data (particularly percentages) in terms of rounding up, small sample sizes which can have the effect of distorting how data appears and provisions (e.g. '<5') to protect people's data where numbers are small and it may identify individuals.

### 9.2 Gender

Chart1



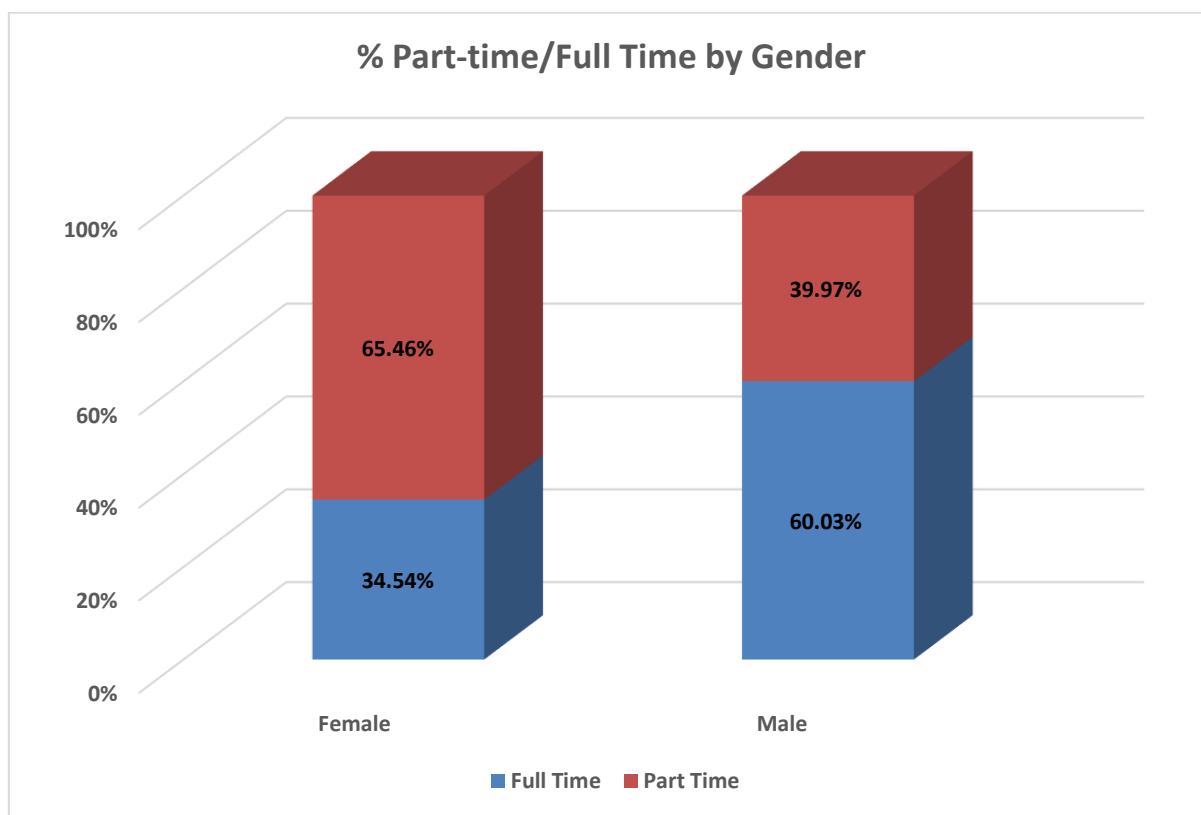
Female 80% : Male 20% composition across All Pay Grades

- ✚ Higher proportion of males in higher paid bands (particularly 8 B/C/D, Senior Managers, Medical & Dental) when males account for 20% of workforce on average.
- ✚ Shift over the last few years – increase in proportion of females in Junior (62%) and 53% Senior (52%) Medical & Dental Grades.

Action : (1) initiatives to encourage more males into caring professions (N&M, AHP) and (2) ongoing scrutiny of recruitment into higher pay bands and use of iMatter to evaluate worker perceptions around workload, flexibility, work:life balance.

### 9.3 Part-Time Working

Chart 2



- ✚ Significantly higher proportion of female staff work part-time.
- ✚ NHS Borders has explored previously whether this is by choice/voluntarily, or because of the nature of the contracts offered by the employer. In General Services and also with some N&M shift working, some 'full-time' contracts are just less than 37.5 hours per week (c.34). Reasons for this include the pursuit of cost efficiency and management of long day shifts. This distorts figures on both the male and female side. More generally, the prevalence of part-time working relates to care responsibilities for young and elderly dependents, which can still fall predominantly to females in society.

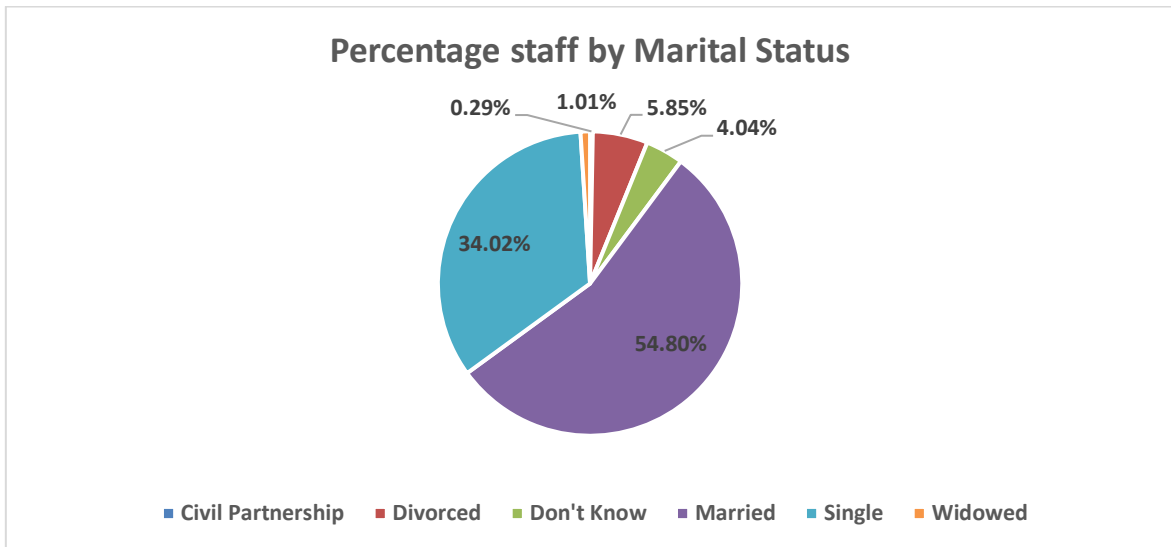
Action : (1) equality impact assessment of potential future move to 36 hour working week; component part of latest Agenda for Change pay deal and (2) publicity around availability of variety of work:life balance working arrangements



open to males and females.

## 9.4 Domestic Circumstances

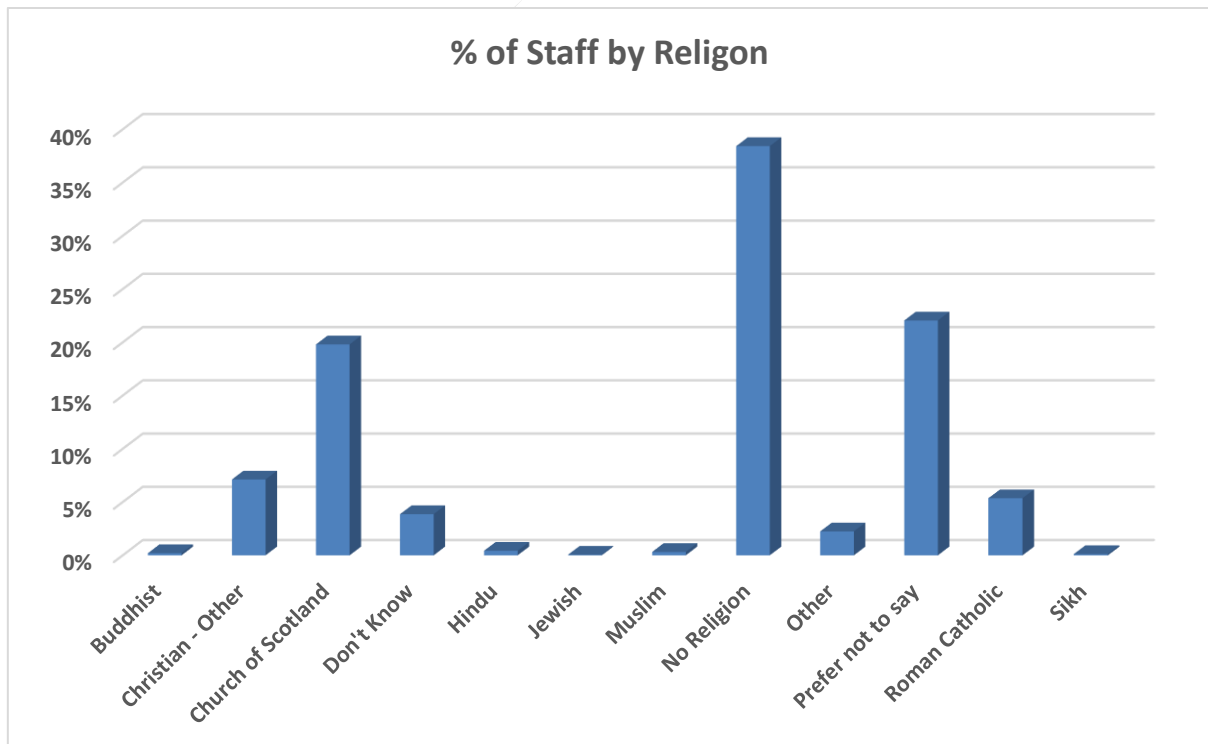
Chart 3



Over half of all staff declare they are married, followed by a third who declare they are single.

## 9.5 Religious & Spiritual Belief (and None)

Chart 4



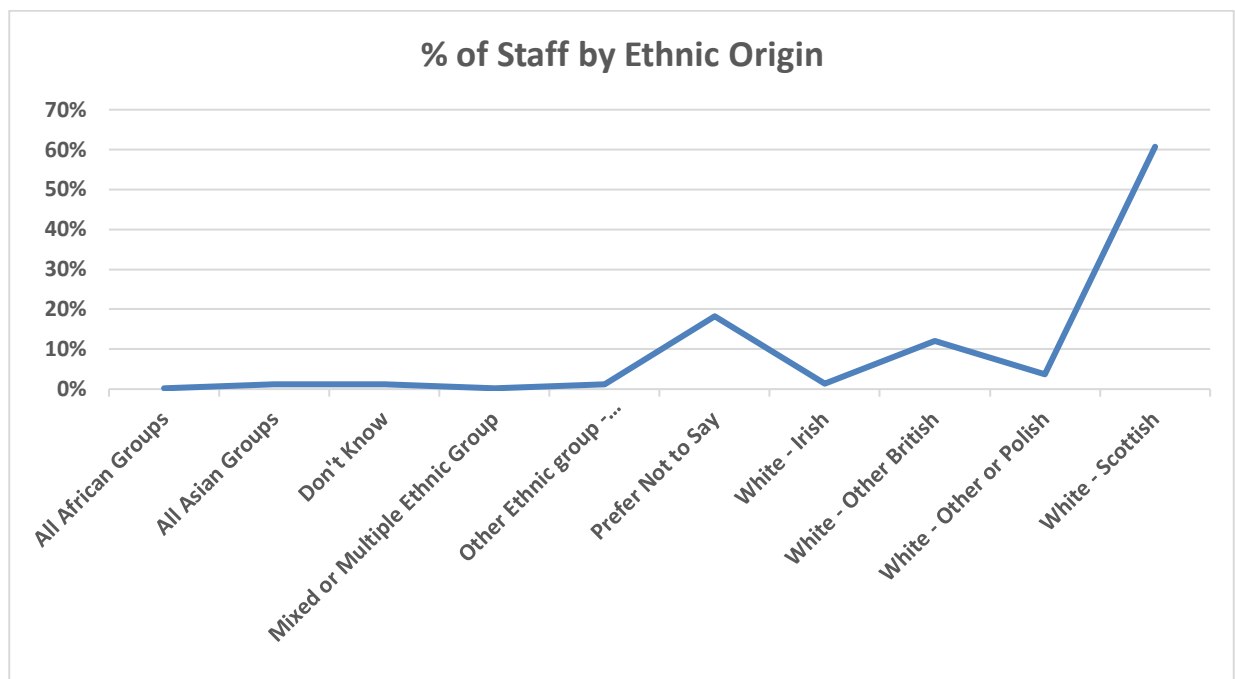
Over 38% of staff stated they had no religion.

- ✚ Roman Catholic, Church of Scotland and Christian Other accounted for 31% of staff.
- ✚ 22% of staff stated they would prefer not to say, as is their right.

Action : the Equality, Diversity & Inclusion (EDI) in Employment Group has started to publicise key dates in the calendar for different faiths/religions/spiritual beliefs so as to raise cultural awareness around significant milestones/events like Ramadan, Holocaust Memorial Day, Diwali.9.6 Race and Ethnicity

As a pre-amble to this section, this dataset does not include recent new additions to the workforce from the International Recruitment initiative.

**Chart 5**



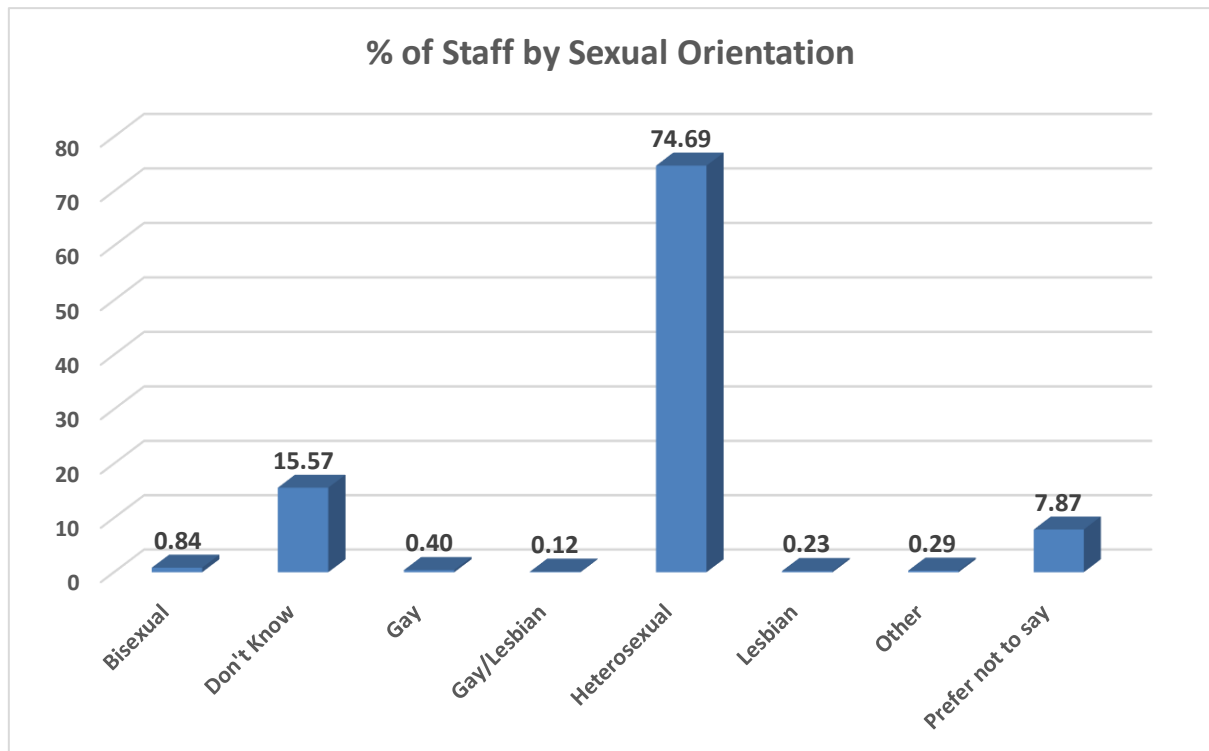
- ✚ White Irish, White British, White Scottish and White Other makes up over 77% of the workforce.
- ✚ The largest ethnic grouping is employees who describe themselves as White Scottish (60.7%).
- ✚ 18% of employees opted not to disclose their ethnic origin which is their right in law.
- ✚ African, Asian, Mixed or Multiple Ethnic groups and Other Ethnic group e.g. Caribbean, Black, Arab , accounted for 3% of employees. The surrounding population is approximately 1.2% Non-White classifications so NHS Borders has a more diverse workforce than the communities which surround us.

Action : International Recruitment is enriching our workforce in terms of the mix of races and ethnicities joining us. NHS Borders has seen a significant contingent of nurses join us from Northern India and we also have recruits from Egypt and the Middle East. The Equality, Diversity & Inclusion in Employment Group is looking to commission some externally-sourced equality & diversity (E&D) training to help raise cultural awareness inside the organisation. Our in-house Compassionate

Leadership program has an E&D module which is being run for the first time in March 2023.

## 9.7 Sexual Orientation

Chart 6



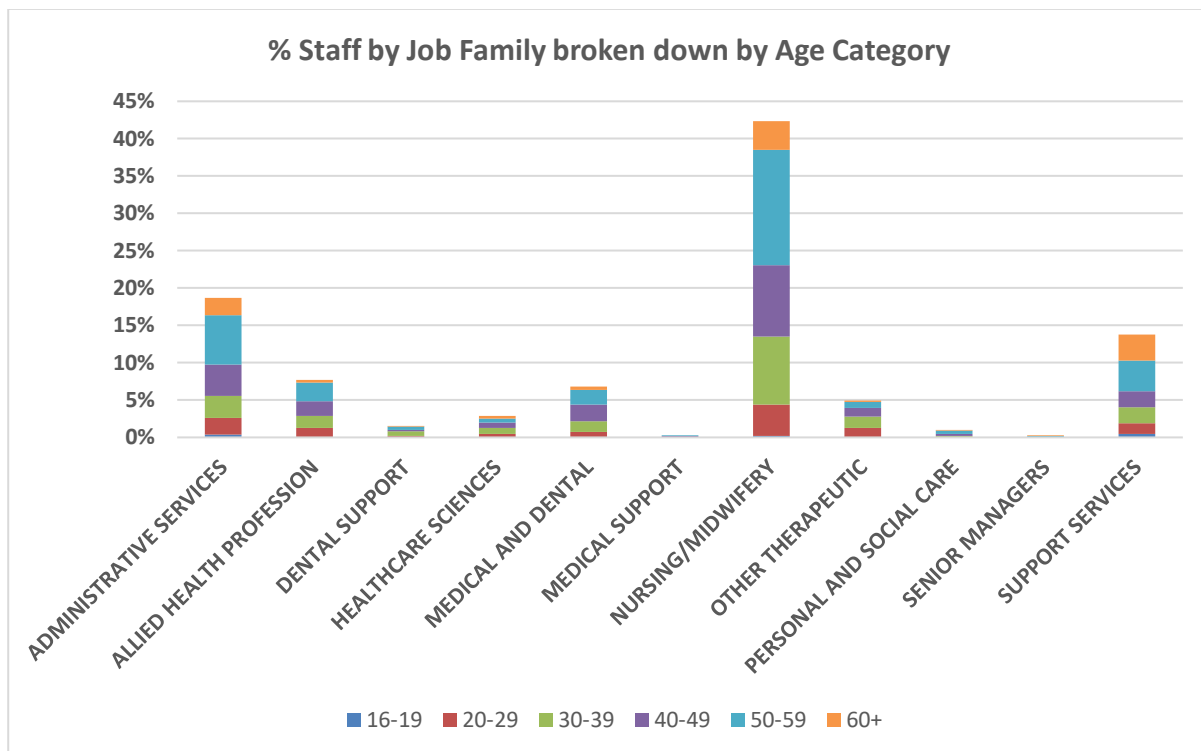
- ✚ 1.9% of employees declared they were Bisexual, Gay, Lesbian or other compared to around 3.1% of the UK population.
- ✚ 28% of staff either did not disclose, opting for the 'Don't Know' or 'Prefer Not to Say' categories.
- ✚ NHS Borders employs individuals who identify as transgender. The number is small but NHS Borders is proud to support its transgender staff.

Action : The Equality, Diversity & Inclusion in Employment Group will continue to publicise the NHS Scotland Pride Pledge & Badge. There are now more than 600 Badges circulated within the workforce; colleagues who have committed to providing active allyship to those from LGBT+ backgrounds. A group or network is to be established for LGBT+ employees to share their experiences and to act as a channel to Management over matters of importance. LGBT+ training is to be commissioned with a particular focus on learning more about the Transgender community.

## 9.8 Age

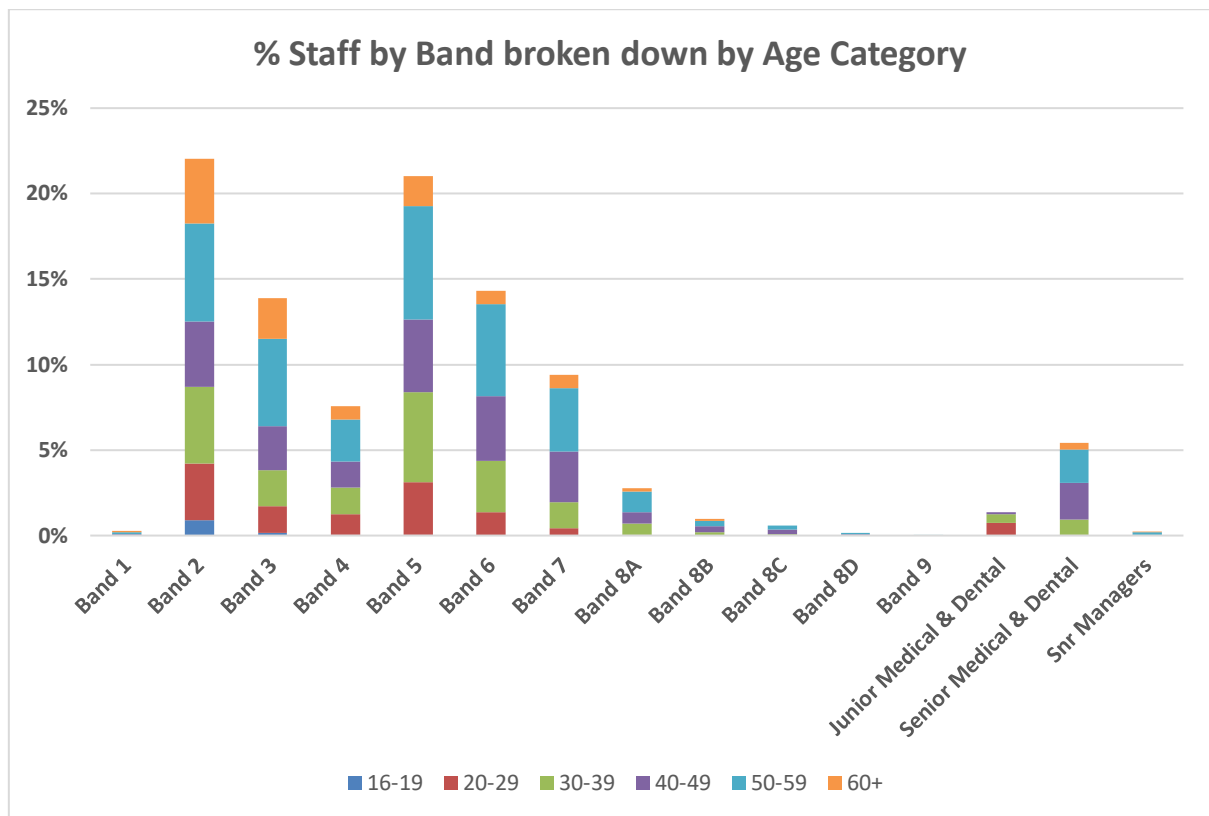
This year, rather than a whole organisation age profile bar chart, we have opted to cut the data in a more precise fashion and show the spread of age within both job families and pay bands.

Chart 7.1



- ✚ Nursing & Midwifery (N&M) employees are the largest professional group in the workforce, and the majority of that workforce sit in the age range 40-59, with 50-59 year olds making up the largest age band of nurses and midwives. Many registered N&M staff retire between 55-60 years of age so this is a significant risk in terms of resourcing our services.
- ✚ 11% of staff are over 60 years of age. For older staff who chose not to be superannuated or dipped in/out of the scheme or are in lower paid segments of the workforce, the increase in the State Pension Age and the effects of increased cost of living has seen some employees work on longer than they originally have intended to.
- ✚ 16-19 year olds account for only 1% of staff.

Chart 7.2



- ✚ The age distribution across the Bands follows a similar pattern, with the age range 40-60 represented in the highest proportion regardless of which band/grade and younger workers under-represented throughout. It must be remembered that newly qualified professional staff will be at least 21 years of age before they join the workforce in a permanent & qualified capacity.
- ✚ There is an older age profile in most senior posts which relates to time-served in getting to these levels and the experience required to perform in these managerial or highly specialised/technical roles.
- ✚ Opportunities for 16-19 year olds are mainly at Band 2 level Healthcare Support Workers or Domestic Assistants. Such roles are also popular with students at Further and Higher Educational Institutions.

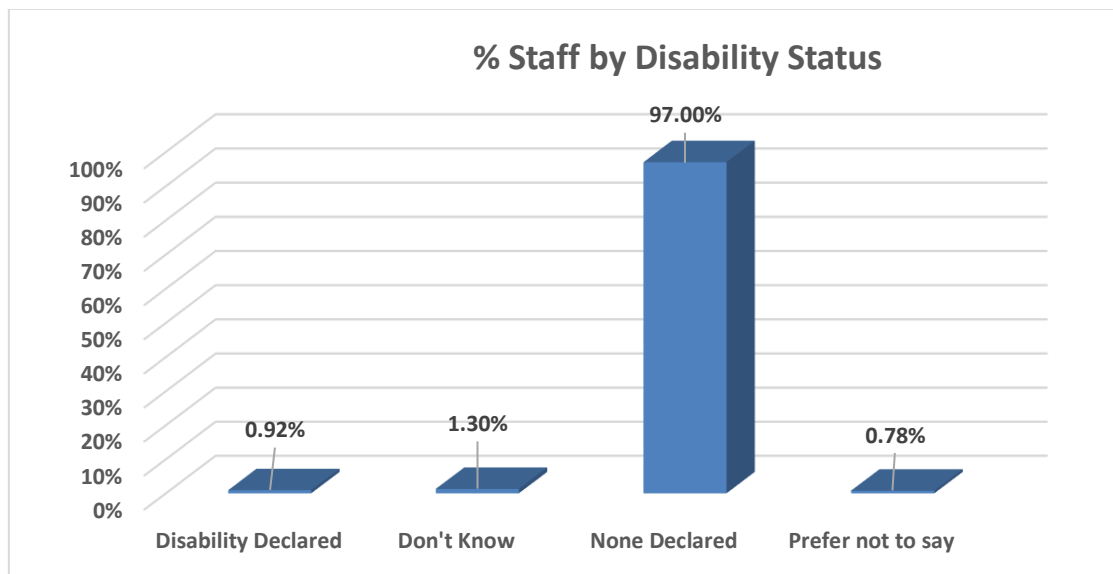
Action : (1) Retire & Return is being promoted throughout NHS Scotland to try and retain workers and their expertise. This allows workers to access their pension and in many cases, move to jobs with less responsibility and/or less hours. (2) The EDI in Employment Group is considering whether to establish a forum or network for older workers, to allow them to gain support from their fellow workers and to provide a conduit between older workers and Management over matters of importance. (3) NHS Borders engages in Schools Careers Fayres and is preparing a glossy booklet for issue at community engagement events. The booklet focuses on the variety of different jobs and careers inside NHS Scotland by showcasing the profiles of individual employees; what they do, how they got there, what qualifications are needed, what they love about their job and what is challenging etc. (4)

NHS Borders HR and Finance (Payroll) Departments intend to do more in partnership with SPPA to promote retirement options for workers.

### 9.9 Disability

This dataset precedes an exercise in which members of the workforce were asked to self-disclose (previously undisclosed) disability to the Occupational Health Department. Twenty-one employees came forward to update their records and this will appear in next year's equality dataset.

Chart 8



✚ Less than 1% NHS Borders staff declared a disability. Recent census data from England & Wales reports 17% of the population declaring a disability.

Action : (1) NHS Borders will continue to promote its Disability Confident DWP accreditation which affords a guaranteed interview to applicants with a disability who meet the minimum requirements of the job. (2) The EDI in Employment Group is currently in the process of establishing a forum or network for employees with disabilities, and ten staff have put their names forward to engage. This will be both a support group and also a channel for staff with disabilities to engage Management over important matters.

### 10Data Sources

2019 Scottish borders population

[https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html#:~:text=This%20is%20the%2012th%20highest,Scotland's%20population%20rose%20by%207.6%25.&text=In%202019%2C%20there%20were%20more,%25\)%20living%20in%20Scottish%20Borders.](https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html#:~:text=This%20is%20the%2012th%20highest,Scotland's%20population%20rose%20by%207.6%25.&text=In%202019%2C%20there%20were%20more,%25)%20living%20in%20Scottish%20Borders.)

Age structures

[https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html#:~:text=This%20is%20the%2012th%20highest,Scotland's%20population%20rose%20by%207.6%25.&text=In%202019%2C%20there%20were%20more,%25\)%20living%20in%20Scottish%20Borders.](https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html#:~:text=This%20is%20the%2012th%20highest,Scotland's%20population%20rose%20by%207.6%25.&text=In%202019%2C%20there%20were%20more,%25)%20living%20in%20Scottish%20Borders.)

y%207.6%25.&text=In%202019%2C%20there%20were%20more,%25)%20living%20in%20Scottish%20Borders.

#### Birth/death rate

[https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html#:~:text=This%20is%20the%2012th%20highest,Scotland's%20population%20rose%20by%207.6%25.&text=In%202019%2C%20there%20were%20more,%25\)%20living%20in%20Scottish%20Borders.](https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html#:~:text=This%20is%20the%2012th%20highest,Scotland's%20population%20rose%20by%207.6%25.&text=In%202019%2C%20there%20were%20more,%25)%20living%20in%20Scottish%20Borders.)

#### Life expectancy

[https://www.scotborders.gov.uk/downloads/file/7859/scottish\\_borders\\_insights\\_heathy\\_life\\_expectancy\\_2017-19](https://www.scotborders.gov.uk/downloads/file/7859/scottish_borders_insights_heathy_life_expectancy_2017-19)

#### Average weekly earnings

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/placeofresidencebylocalauthorityashetable8>

#### Disability

<https://www.scotlandscensus.gov.uk/search-the-census#/>

#### LGBT

[https://www.scotborders.gov.uk/download/downloads/id/2972/equality\\_mainstreaming\\_report\\_and\\_equality\\_outcomes\\_2017\\_%E2%80%93\\_2021.pdf](https://www.scotborders.gov.uk/download/downloads/id/2972/equality_mainstreaming_report_and_equality_outcomes_2017_%E2%80%93_2021.pdf)(SBC People Dept.)

#### Child poverty

[https://www.scotborders.gov.uk/download/downloads/id/7818/scottish\\_borders\\_anti-poverty\\_strategy\\_2021.pdf](https://www.scotborders.gov.uk/download/downloads/id/7818/scottish_borders_anti-poverty_strategy_2021.pdf)

#### Fuel poverty

[https://www.scotborders.gov.uk/download/downloads/id/7818/scottish\\_borders\\_anti-poverty\\_strategy\\_2021.pdf](https://www.scotborders.gov.uk/download/downloads/id/7818/scottish_borders_anti-poverty_strategy_2021.pdf)

#### Religion

<https://www.scotlandscensus.gov.uk/search-the-census#/>

#### Languages

<https://www.scotlandscensus.gov.uk/search-the-census#/>

#### Declared ethnic groups

<https://www.scotlandscensus.gov.uk/search-the-census#/>





# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Scottish Borders Health &amp; Social Care Partnership Strategic Framework 2023-2026</b>
<b>Responsible Executive/Non-Executive:</b>	<b>June Smyth, Director of Planning &amp; Performance</b>
<b>Report Author:</b>	<b>Stephanie Errington, Head of Planning &amp; Performance</b>

## 1 Purpose

**This is presented to the Board for:**

- Decision

**This report relates to a:**

- Annual Operational Plan/Remobilisation Plan
- NHS Board/Integration Joint Board Strategy or Direction

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

At its meeting in May 2023 the Resources & Performance Committee received a paper regarding the development of the Health & Social Care Partnership Strategic Framework which had recently been approved by the Integrated Joint Board. The paper and its supporting appendices are attached at **Appendix 1**.

Following discussion and consideration of the issues outlined within the paper, the Resources & Performance Committee supported the recommendations as set out and:

- **Agreed** that NHS Borders should adopt the Scottish Borders Health & Social Care Partnership Strategic Framework, including moving to the same Mission, Vision, Strategic Objectives and with the ways of working as set out in the Framework complementing our agreed NHS Scotland Values
- **Agreed** the Medium term plan that is currently in development should align to the Strategic Framework
- **Recommended** that the NHS Borders Board should endorse this at its next meeting in June 2023

## 2.2 Background

The paper presented to the Resources & Performance Committee set out the process followed to develop the Framework which included a refreshed Joint Needs Assessment and an extensive period of and the extensive engagement with communities. It also set out the discussions that have been ongoing with the Board and Board Executive Team over 2022 and into 2023 about a refreshed Purpose, Aim and Strategic Objectives for NHS Borders.

The Committee heard that the Framework presented an opportunity to align the strategic direction of the IJB and NHS Borders along with Scottish Borders Council who had recently adopted the Framework for their 'Good Health and Wellbeing' theme within the Council plan.

Although the Framework had been developed through the IJB, this had been jointly worked on and supported by teams within NHS Borders and Scottish Borders Council. The themes and strategic aims within the Framework were viewed by the Borders Executive Team to apply to all operational areas within NHS Borders not restricted to those services delegated to the IJB.

## 2.3 Assessment

If, as NHS Borders develops and finalises its Medium Term Plan there are found to be gaps in the Strategic Framework from a health perspective then these will be fed back into the IJB for inclusion in the next iteration of the Framework.

In adopting the Strategic Framework the Board's developing Medium Term Plan will be prepared as a response to the strategic direction set out by the Framework as well as that set by Scottish Government.

In adopting the Strategic Framework there will be strategic alignment between all major partners who deliver health, social care and work to improve wellbeing within the Borders. This common focus will improve collaboration with our partners, and an improved likelihood that we deliver the outcomes established in the Strategic Framework within an extremely challenging environment.

### 2.3.1 Quality/ Patient Care

It is expected that the proposal will have a positive impact on the National Health and Wellbeing Outcomes.

### **2.3.2 Workforce**

The supporting Integrated Workforce Plan has been designed to carefully consider the workforce interdependencies across the whole system and enable and empower HSCP to plan and resource sustainable community-based services.

### **2.3.3 Financial**

A reduction of overall financial costs is required to ensure financial sustainability. The Strategic Framework is intended to help deliver financial sustainability and this will be achieved through the improving our effectiveness and efficiency objective. Associated service / programme plans and annual plans will work to both ensure financial sustainability and to improve outcomes.

### **2.3.4 Risk Assessment/Management**

This will be continually assessed through the associated service / programme plans and annual plans.

### **2.3.5 Equality and Diversity, including health inequalities**

As part of the development of the Strategic Framework Integrated Impact Assessments have been completed for stages 1 – 3 and can be found within appendix 3 of the supporting paper attached.

### **2.3.6 Climate Change**

None relevant.

### **2.3.7 Other impacts**

No additional impacts assessed at this time.

### **2.3.8 Communication, involvement, engagement and consultation**

In supporting the development of the Strategic Framework, the Board has carried out its duties to involve and engage external stakeholders where appropriate:

Communities consulted:

A number of community groups across the Scottish Borders were consulted with to identify the needs of our communities and the focus of the Strategic Framework. These include protected characteristic groups. In addition, the following groups have been consulted:

- Unpaid Carers – Carers Workstream
- Staff – Operational Planning Group
- Community groups across the Borders
- Groups of people listed in the Integrated Impact Assessment
- IJB Strategic Planning Group

Integration Joint Board Officers consulted:

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

In addition, consultation has occurred with our statutory operational partners at the:

- HSCP Joint Executive
- IJB Future Strategy Group
- NHS Borders Board Executive Team
- Scottish Borders Council Management Team
- Community Planning Partnership Strategic Board

### 2.3.9 Route to the Meeting

The Strategic Framework has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report:

- HSCP Joint Executive
- IJB Future Strategy Group
- NHS Borders Board Executive Team
- Scottish Borders Council Management Team
- Community Planning Partnership Strategic Board
- NHS Borders Senior Leadership Team
- NHS Borders Operational Planning Group
- NHS Borders Quality & Sustainability Board

The Board's Resourcing & Performance Committee considered the proposal for the Board to adopt the Framework at its May 2023 meeting.

## 2.4 Recommendation

It is recommended that NHS Borders Board **endorse** the decisions of the Resources & Performance Committee as set out in section 2.1 above.

## 3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Resource & Performance Committee Cover Paper - Health & Social Care Partnership Strategic Framework
- Appendix No 2, IJB Strategic Framework 2023-2026
- Appendix No 3, Board Development Session
- Appendix No 4, Strategic Framework IIA Stages Combined

# NHS Borders



<b>Meeting:</b>	<b>Resources &amp; Performance Committee</b>
<b>Meeting date:</b>	<b>4<sup>th</sup> May 2023</b>
<b>Title:</b>	<b>Scottish Borders Health &amp; Social Care Partnership Strategic Framework 2023 - 2026</b>
<b>Responsible Executive/Non-Executive:</b>	<b>June Smyth, Director of Planning &amp; Performance</b>
<b>Report Author:</b>	<b>Stephanie Errington, Head of Planning &amp; Performance</b>

## 1 Purpose

**This is presented to the Committee for:**

- Decision

**This report relates to a:**

- Annual Operational Plan/Remobilisation Plan
- NHS Board / Integration Joint Board (IJB) Strategy or Direction

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Health & Social Care Partnership Strategic Framework has recently been developed and approved by the Integrated Joint Board following in depth research into the needs of the people and an understanding of what matters to people in the Scottish Borders about health and social care (**Appendix 1**). In line with the approach agreed at the IJB Away Day, a 'Once for Borders' approach has been undertaken with the aim of delivering best value for our communities, improved strategic partnerships and improved outcomes.

There has now been direct alignment agreed between the Strategic Framework and the Scottish Borders Council 'Good Health and Wellbeing' theme of the Council Plan.

The Community Planning Partnership Strategic Board have also now considered adoption by the Community Planning Partnership 'Enjoying Good Health and Wellbeing theme' and it has been formally agreed at Community Planning Programme Board level.

NHS Borders now needs to give consideration as to whether to adopt the Strategic Framework, and understand the implications in doing so.

## 2.2 Background

In 2020 through a Board development session, Board members reviewed the then proposed Corporate Objectives for NHS Borders and whilst agreeing these, signalled that in time they would want to consider a much closer alignment with the IJB, potentially moving to one overall plan and set of objectives. It was identified that this was something that should be aspired to, but could only be enacted with the agreement of the Board, the IJB and Scottish Borders Council.

In light of the pandemic any further consideration of this was put on hold until 2022 when the Board over a series of development sessions considered a number of topics relating to Strategy Development including:

- Direction of travel / underpinning Strategies
- The national direction/context
- Purpose
- Aim
- Values
- Objectives
- Development of medium term plan

Throughout these discussions it was reaffirmed that if there was an opportunity to move to a 'one plan' approach then NHS Borders Board members were keen to pursue this (**Appendix 2**)

Since those discussion NHS Borders officers have been involved in the development of the first Integrated Scottish Borders Health and Social Care Partnership (HSCP) Workforce Plan (October 2022) and the development of the Health & Social Care Strategic Framework 2023-2026 (March 2023).

## 2.3 Assessment

The Board Executive Team have developed a proposal to adopt the Partnership Strategic Framework as the local Strategic Direction for Health and Social Care in the Borders, complemented by the strategic direction set by Scottish Government for health services.

This was discussed informally at a recent Chair, Chief Executive and Non-Executive Directors session where it was positively received and it was agreed the proposal should be brought forward to this Committee for consideration, on behalf of the NHS Borders Board. A copy of the slides presented from the discussion session is attached for background information.

The slides outline a number of areas for consideration that should be considered prior to adopting the Strategic Framework. These were discussed at the informal session

and those in attendance were comfortable with what was outlined, and with the caveat that we would retain the NHS Borders values given they mirror NHS Scotland values but would support the 'ways of working' outlined in the Strategic Framework.

Any gaps in the Strategic Framework identified from an NHS perspective or suggested inclusions following further staff engagement over 2023/24 would be fed back to the IJB for inclusion in the next iteration of the Strategic Framework.

In adopting the Strategic Framework the Board's developing Medium Term Plan will be prepared as a response to the strategic direction set out by the Framework as well as that set by Scottish Government.

In adopting the Strategic Framework there will be strategic alignment between all major partners who deliver health, social care and work to improve wellbeing within the Borders. This common focus will improve collaboration with our partners, and an improved likelihood that we deliver the outcomes established in the Strategic Framework within an extremely challenging environment.

### **2.3.1 Quality/ Patient Care**

It is expected that the proposal will have a positive impact on the National Health and Wellbeing Outcomes.

### **2.3.2 Workforce**

The supporting Integrated Workforce Plan has been designed to carefully consider the workforce interdependencies across the whole system and enable and empower HSCP to plan and resource sustainable community-based services.

### **2.3.3 Financial**

A reduction of overall financial costs is required to ensure financial sustainability. The Strategic Framework is intended to help deliver financial sustainability and this will be achieved through the improving our effectiveness and efficiency objective. Associated service / programme plans and annual plans will work to both ensure financial sustainability and to improve outcomes.

### **2.3.4 Risk Assessment/Management**

This will be continually assessed through the associated service / programme plans and annual plans.

### **2.3.5 Equality and Diversity, including health inequalities**

As part of the development of the Strategic Framework Integrated Impact Assessments have been completed for stages 1 – 3 and can be found within **Appendix 3**.

### **2.3.6 Climate Change**

None relevant.

### 2.3.7 Other impacts

No additional impacts assessed at this time.

### 2.3.8 Communication, involvement, engagement and consultation

Communities consulted:

A number of community groups across the Scottish Borders were consulted with to identify the needs of our communities and the focus of the Strategic Framework. These include protected characteristic groups. In addition, the following groups have been consulted:

- Unpaid Carers – Carers Workstream
- Staff – Operational Planning Group
- Community groups across the Borders
- Groups of people listed in the Integrated Impact Assessment
- IJB Strategic Planning Group

Integration Joint Board Officers consulted:

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

In addition, consultation has occurred with our statutory operational partners at the:

- HSCP Joint Executive
- IJB Future Strategy Group
- NHS Borders Board Executive Team
- Scottish Borders Council Management Team
- Community Planning Partnership Strategic Board

### 2.3.9 Route to the Meeting

The Strategic Framework has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report:

- HSCP Joint Executive
- IJB Future Strategy Group
- NHS Borders Board Executive Team
- Scottish Borders Council Management Team
- Community Planning Partnership Strategic Board
- NHS Borders Senior Leadership Team
- NHS Borders Operational Planning Group
- NHS Borders Quality & Sustainability Board

## 2.4 Recommendation



It is recommended that the Resources & Performance committee:

- **Agree** that NHS Borders should adopt the Scottish Borders Health & Social Care Partnership Strategic Framework, including moving to the same Mission, Vision, Strategic Objectives and with the ways of working as set out in the Framework complementing our agreed NHS Scotland Values
- **Agree** the Medium term plan that is currently in development should align to the Strategic Framework
- **Recommend** that the NHS Borders Board should endorse this at its next meeting in June 2023

### **3 List of appendices**

The following appendices are included with this report:

- Appendix 1, The Health & Social Care Partnership Strategic Framework
- Appendix 2, Summary of Board Development Sessions
- Appendix 3, Impact Assessments



**SCOTTISH BORDERS  
HEALTH AND SOCIAL CARE**

# **STRATEGIC FRAMEWORK**

**2023 - 2026**



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

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# FOREWORD FROM CHAIRS

We are delighted to be able to present the Health and Social Care Strategic Framework for 2023-26 to you. It is the sum of a significant amount of work in partnership with our communities. We are extremely grateful to everyone who has told us what matters to them and to everyone involved in the planning and development of this document. We have listened, and as you can see, this framework has been developed by focusing on what people of the Scottish Borders have told us matters the most to them, and on the actions that we expect will have the greatest impacts.

Our Strategic Framework sets out how the Health and Social Care Partnership will transform, commission and provide health and social care services over the next three years to improve and support the health and wellbeing of the people of the Scottish Borders.

The Strategic Framework also sets the direction of travel for the 'Enjoying Good Health and Wellbeing' theme of our Scottish Borders Community Planning Partnership. As Community Planning Partners, we will work together to focus on the priority areas to improve health and wellbeing outcomes.

We know we will have to face a number of significant challenges over the coming years. Some of these we already know about – but there will be others that will emerge over the lifetime of this framework. As a result, the strategic framework is designed to be flexible rather than prescriptive in the actions we will take, to allow us to respond to the challenges while remaining focused on our vision and values. Importantly, if we want to do this, and do this well, we need to work together as organisations with a common focus in partnership with our communities.

We look forward to continuing to develop our relationships and ways of working with people who use our services, unpaid carers, our partners, our staff and the broader public, to meet our vision that “all people in the Scottish Borders are able to live their lives to the full.”



Lucy O'Leary  
Chair  
Scottish Borders  
Integration Joint Board



Cllr David Parker  
Vice Chair  
Health and Social Care  
Integration Board and  
Executive Member Health  
and Wellbeing,  
Scottish Borders Council



Karen Hamilton  
Chair  
NHS Borders



Cllr Caroline Cochrane  
Chair  
Scottish Borders Community  
Planning Partnership

# 1. INTRODUCTION

## 1.1. Purpose of the Strategic Framework

I am pleased to introduce the Scottish Borders Health and Social Care Strategic Framework which has been developed to improve the outcomes of our communities, and is based on truly understanding the needs of our communities along with what matters to them. This has been an important exercise that has helped us to prioritise areas which we understand will have the biggest impacts on the health and wellbeing outcomes of Borderers.

The scale of the challenges faced in planning and delivering health and social care services to meet need are unprecedented; we have significant workforce and financial challenges which make it challenging to meet the increasing levels of need from our communities. In this context, in order to be able to support the increasing needs of the people of the Scottish Borders, I expect that we will regularly have to work with our communities to take difficult decisions about services.

The Strategic Framework will be used as the Strategic Commissioning Plan for the Integration Joint Board, and to support the focus of delivery of delegated services for the Scottish Borders Council and NHS Borders. This Strategic Framework also guides the approach being undertaken in the 'Enjoying Health and Wellbeing' theme of our Scottish Borders Community Planning Partnership.

This joint approach ensures that all major organisations in the Scottish Borders involved in promoting health, social care and wellbeing are working in a common direction, with a common vision focused on improving the health and wellbeing outcomes of our communities so that we ensure that all people in the Scottish Borders are able to live their lives to the full.



Chris Myers  
Chief Officer - Scottish Borders  
Health and Social Care Integration  
Joint Board, and Scottish Borders  
Health and Social Care Partnership

Our Strategic Framework lets people know:

- What we want to achieve through the priorities identified by the 'Needs of our Communities' and 'We have Listened' reports
- The way we plan to tackle these priorities
- What we will do, including what we will do differently to achieve our aims
- How we will use our budget and resources to do this
- How we will measure how well we are doing

To do this, in the context of our challenges that we face, to achieve our ambitious aspirations for improved community outcomes, we will need:

- Everyone to play their part to take care of their health and wellbeing
- To take proactive action to manage the strategic issues
- To have a relentless focus on our objectives and ways of working
- To make difficult decisions in partnership with our communities
- To ensure continued alignment across the Health and Social Care Partnership and with our Community Planning Partners - by working together everyone achieves more.

I would like to thank everyone who has given up their time to give their feedback to us, and to those who have worked behind the scenes to develop this framework. I would now encourage everyone to play their part and to work with us on the next steps. In this spirit, I look forward to working with you as we now move forward with the important work of bringing the framework to life.

Chris Myers

Chief Officer, Scottish Borders Health and Social Care Partnership



## 1.2. How everyone in the Scottish Borders can 'Play their Part'

In the 'We have Listened report' we were delighted by how our communities wanted to be more involved and to participate in co-production of plans for health and social care. We restate our commitment to work with and listen to the voice of local people in the ongoing co-production of our plans associated to this Strategic Framework.

It is also important to highlight that everyone in the Scottish Borders can play their part to take care of their own health and wellbeing. Small personal changes can make the biggest difference, and there are many ways that you can do this:

- **Looking after yourself as best you can**

[NHS Inform provides much information on healthy living](#), some of which are included below:

- ◇ Eating a healthy, well balanced diet
- ◇ Keeping active
- ◇ Having a responsible relationship with alcohol
- ◇ Avoiding the use of illegal drugs

- **Volunteering if possible, or helping others in your community – this is known to have positive impacts on your health and wellbeing, along with those that you are helping**

- **Planning ahead for your future:**

- ◇ [Discussing what matters most when making plans for your care in the future](#)
- ◇ Appointing someone with [Power of Attorney](#) in case you lose capacity to make decisions

- **Should you need care or support:**

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



## 1.3. Who we are

### Scottish Borders Health and Social Care Partnership

In Scotland, the law requires Local Authorities and Health Boards to work together to integrate health and social care services, and to improve outcomes for individuals, carers, and their communities. This is known as 'health and social care integration'.

Locally, the Scottish Borders Health and Social Care Partnership is this partnership between the Scottish Borders Council and NHS Borders, overseen by the Scottish Borders Health and Social Care Integration Joint Board. The Integration Joint Board is responsible for the planning and delivery of integration arrangements and delegated services in the Scottish Borders, to support improvements in the outcomes of our communities, in line with its Strategic Framework (also known as Strategic Commissioning Plan).

Delegated services broadly include Adult Social Care and Adult Social Work Services, Primary Care, Community Healthcare Services, Mental Health Services, Allied Health Professional Services, Public Health, Pharmacy and Hospital services associated to emergency admissions. Appendix 1 outlines the full range of services within the Health and Social Care Partnership.

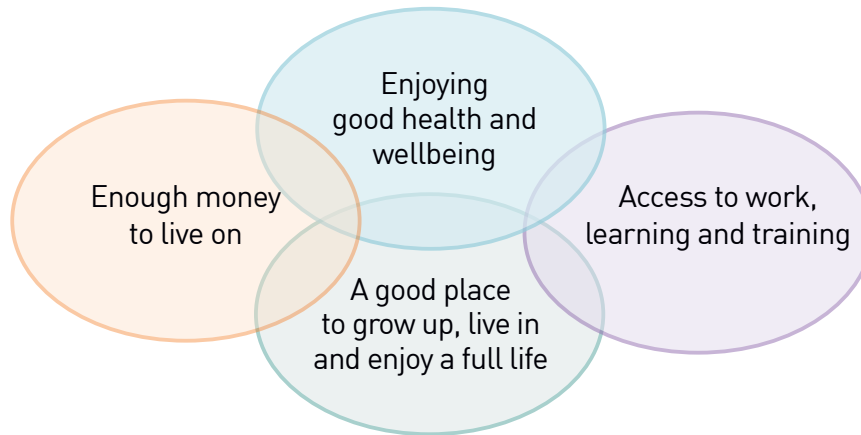
Our Health and Social Care Partnership extends to everyone involved in the delivery of health and social care services, including our Community Planning Partners, Independent and Third Sector Social Care Providers, Primary Care Partners, Unpaid Carers, Service Users and our wider communities.





## Scottish Borders Community Planning Partnership

The Scottish Borders Community Planning Partnership includes a range of partners in the Scottish Borders who working in partnership to improve quality of life in the Scottish Borders and community outcomes across a range of areas, which have been grouped into themes:



This framework forms the basis of the 'enjoying good health and wellbeing' theme.

The organisations involved in the Community Planning Partnership are listed below:

### Statutory partners:

- Scottish Borders Council, NHS Borders, Scottish Borders Health and Social Care Integration Joint Board, Borders College, Historic Environment Scotland, Police Scotland, Scottish Fire and Rescue Service, Scottish Enterprise, Scottish Environmental Protection Agency, Scottish Natural Heritage, Scottish Sports Council, SEStran, Skills Development Scotland, Visit Scotland, and the Scottish Government.

### Non-statutory partners:

- Borders Third Sector Interface, Live Borders, Berwickshire Housing Association, Eildon Housing, Scottish Borders Housing Association, Waverley Housing Association, and the Scottish Borders Community Councils Network.



## 1.4. What we have learnt from the last Strategic Commissioning Plan

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

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





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

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

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



## 2. HOW WE HAVE DEVELOPED THE HEALTH AND SOCIAL CARE STRATEGIC FRAMEWORK

This framework has been developed by:

1. Considering the social determinants of health
2. Considering the challenges we currently and would expect to face in the Scottish Borders, including analysing our Strengths Weakness Opportunities and Threats
3. Reviewing our performance against the National Health and Wellbeing outcomes in the context of the actions taken in our last Strategic Plan.
4. Understanding our local population public health needs ('Needs of our Communities; report)
5. Engaging and listening to our communities and understanding their expressed needs ('We have Listened' reports)

### 2.1 Social determinants of health and wellbeing

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. Research shows that the social determinants can be more important than health care or lifestyle choices in influencing our health outcomes. This is why it is so important that everyone in the Scottish Borders plays their part in their own health and wellbeing.

The factors below all impact on our health and wellbeing. <sup>1</sup>



To truly improve health and reduce socioeconomic and health inequalities, not only do we need to provide high quality health and social care but we need to consider and work to address the societal, economic, cultural, commercial, and environmental context in which we live.

As such it is essential that the Scottish Borders Health and Social Care Partnership works with communities across the Scottish Borders, along with its delivery partners and Community Planning Partners to deliver improvements in health and wellbeing for the people of the Scottish Borders.

<sup>1</sup> Scottish Government graphic from "Practising realistic medicine: Chief Medical Officer for Scotland annual report"

## 2.2. Challenges we face

People rightly expect to receive high quality health and care services when they need them. However this is very challenging to deliver in the context of a number of significant challenges, including significant financial challenges, a lack of available workforce, and many other reasons. These reasons are summarised below with further detail enclosed in Appendix 2.

A number of these challenges directly impact on the social determinants of health and wellbeing and therefore impact on the outcomes of people in the Scottish Borders. As a result, we have considered these as part of this strategic framework.



## 2.3 Health and Wellbeing outcomes

In line with the pressures that we have faced, we have seen a significant reduction in our local Health and Wellbeing Outcomes in 2021/22. This reflects the feedback that we have received from our service users, staff, unpaid carers and partners about the significant pressures that they are under, about the challenges of being able to provide or access key services in a timely manner, and in the higher levels of risk being experienced across the whole health and social care system.

2021/22 performance for the Scottish Borders Health and Social Care Partnership against the National Health and Wellbeing outcomes are derived from national Health and Care Experience Survey feedback for people in the Scottish Borders, and are summarised below:

Scottish Borders performance	Health and Wellbeing Outcome indicator
Better than the national average	<ul style="list-style-type: none"> <li>• People reporting that they are able to look after their</li> <li>• Premature mortality rate</li> <li>• Emergency admission rate</li> <li>• Spend on hospital stays where the person was admitted due to an emergency (2019/20 data)</li> <li>• Emergency readmissions to hospital within 28 days of discharge</li> <li>• Rate of falls in the Scottish Borders</li> </ul>
Broadly in line with the national average	<ul style="list-style-type: none"> <li>• Proportion of care services graded as good or better in Care Inspectorate inspections</li> <li>• Adults receiving care who rated the care they receive as excellent or good</li> <li>• People who had a positive experience of care at their GP practice</li> <li>• Carers who felt supported to continue in their caring role</li> <li>• Adults supported at home who agreed they felt safe</li> <li>• People in their last 6 months of life spent this at home or in a community setting in the Scottish Borders, compared to the national average</li> </ul>
Below the national average	<ul style="list-style-type: none"> <li>• Adults supported at home who agreed that they had a say in how their help, care or support was provided</li> <li>• Adults supported at home who agreed that their health and social care services seemed to be well co-ordinated</li> <li>• Adults supported at home who agreed that they were supported to live as independently as possible</li> <li>• Adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life</li> <li>• Adults with intensive care needs in the Scottish Borders receiving care at home, compared to the national average</li> <li>• Occupied bed days in hospital associated to emergency admissions</li> </ul>



## 2.4. Needs of our Communities

This section gives a high-level summary profile of the Scottish Borders and some of our key challenges. More detailed information is also available in two further documents published alongside the Strategic Plan – Facts and Statistics, and the Joint Strategic Needs Assessment. In general people who live in the Scottish Borders are relatively healthy, with better life expectancy and healthy life expectancy than the Scottish average. Most people will live in areas of average levels of relative deprivation however there remains areas of high affluence and also pockets of significant deprivation. Those who do live in areas of significant deprivation continue to suffer worse health conditions than those in affluent areas, although for some illnesses such as asthma, this has improved. Rural deprivation is a particular issue in the Scottish Borders and access to health and social care is felt differently by diverse groups. Without proactive, targeted and preventative measures, inequalities will likely remain or even increase.

A constant theme in the report is that the population is ageing and this will have a significant impact on health and care services. The number of people over 65 will increase from comprising roughly 25% of the population to 32% percent. An ageing population means more people in the Borders will be living with one or more complex conditions and therefore will require more support from health and social care as they age.

There will also be fewer people of working age within the population to offer that support. The number of 'working age' people, typical known as aged between 18 to 64 is expected to decrease by almost 10% between 2020 and 2040, and account for 51% of the total population in 2040, compared to 56.5% in 2020. The decrease can be attributed to declining numbers of inward migration with challenges relating to available housing, and low birth rates, although there will be other factors at play. There are opportunities to work in partnership to resolve workforce issues and also opportunities in technologically enabled solutions to reduce the need for additional staff.

It is clear that COVID-19 has had a substantial negative impact on service access, and as a result many people will continue to face long waiting times. Coupled with an ageing population, there has been a rise in the number of people who need health and social care services in recent years, and we can expect this need to continue to increase.

The closure of screening services during the pandemic will also have damaging effects on preventing illness or curing/managing conditions at an earlier stage. The high waiting times for health and social care services, and the feedback from our communities make it clear that we need to get better at prevention and early intervention.

Overall, the report gives a high level picture of the current state in the Borders and what our needs are projected to be in future.

The full report can be found here: [HSCP Joint Needs Assessment report | Scottish Borders Council \(scotborders.gov.uk\)](https://www.scotborders.gov.uk/strategic-plan-2022-2026/joint-strategic-needs-assessment-report)

## 2.5. Listening to our communities

Feedback from our communities is an integral component to informing the key areas of focus for the Strategic Framework. The following are high level extracts from the 'We have Listened' report.

Although the survey showed some positive responses about what is working well in the Borders (e.g. skilled staff, rapid responses to emergencies), most people felt that the delivery of health and social care had worsened over the last four years, in part reflecting the impact of the pandemic; and that the priorities in the previous Strategic Plan were still mostly relevant.

The findings highlighted the important principles of maintaining independence at home and in the community, effective communication between services and the service user, and living a good life.

In many cases, people described the quality of services that they had received from health and care staff as good or even exceptional. Concerns tended to be about systems, communication and accessing services.

When asked what they consider to be the current gaps in health and social care services, people tended to identify systemic issues such as staffing, availability of carers and funding. Access to a GP services, and long waiting times were also seen as challenges.





The engagement sessions supported the findings from the survey and provided a wealth of additional detail about people's experiences of services as well as with useful suggestions about how things could be improved. In summary they showed us:

**What is working well?**



**Involvement of some groups** in developing strategies and service redesign



**Crisis intervention.** An emergency response was there when needed for most people



**Role of Third Sector for community support.** This came to the fore during Covid and needs to be built on to harness community assets and expertise



**Peer Support** services in mental health and for people living with dementia



**The range of community and third sector groups that engaged** in this exercise and enable people with diverse lived experience to have a voice about services in local communities

**Where are the gaps – what needs to be improved?**



**Consistency of access to GPs** - some good experiences but also real difficulties with seeing a GP, particularly in Berwickshire and for people with long term conditions



**Workforce challenges and staff shortages in NHS and social care** – people were aware of these and the impact of this on waiting times and access to services



**More support for family/unpaid carers** – particularly for carers of people with complex care needs through home care, specialist day services and respite



**Post-diagnostic support for people with dementia** – which means there is a gap in GP and other support between a diagnosis and 24-hour care and support



**Access to NHS dentistry** – which has worsened following the pandemic



**Better links between services** and more joined up service responses



**Better communication** – keeping people informed about waiting times, clearer more up to date information about what is available - where to get what, when needed



**Engagement that involves people with lived experience** at an early stage of planning and designing services



**Access to local health and social care services and improved transport**



The top priorities expressed by our communities are noted below:

- Communication about how services can be accessed when needed, waiting times, and information available in different media and formats
- Engagement of local communities and stakeholder groups so people with diverse lived experience can participate in service planning, design and monitoring
- Consistent access to primary care. Including to GPs, NHS dentists and community nursing services, especially for ongoing support for people with long-term conditions
- Workforce planning and addressing staff shortages - with suggestions for attracting people to the Borders and improving access to transport and affordable housing
- Integration and joint working between services for a person-centred approach
- Improved access to social care and support. Addressing waiting times for assessment, eligibility, Self-Directed Support, home care and respite
- Support to unpaid carers. Through opportunities for socialisation and stimulation for people with dementia and/or other disabilities and respite for carers
- Preventative approach. To reduce the need for crisis responses and pressure on acute services and enable early intervention and holistic, community-based support
- Reflecting the rural nature of the Borders more access to local health and care services and improved transport to access appointments

The detailed findings can be found in [‘We Have Listened: Feedback from Community Engagement to inform the development of the Health and Social Care Strategic Plan 2023-26’](#) and its companion report [‘Scottish Borders Health and Social Care Partnership: Health and Social Care Community Feedback Survey’](#) both produced in October 2022.









# 3. OUR STRATEGIC FRAMEWORK

Our Strategic Framework is laid out over three components:




Together these make up the Health and Social Care Strategic Framework for 2023-26.

## 3.1. Our Mission, Vision and Intended Outcomes

There are [nine National Health and Wellbeing Outcomes](#) agreed by the Scottish Government that our Partnership is required to deliver against. The Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through improving quality across health and social care.

The diagram below outlines our Mission, Vision and measurements of the Outcomes with ambitious targets for each over the next three years:

<b>Mission and Vision</b>	Our Mission is “To help the people of the Scottish Borders to live their lives to the full, by delivering seamless services that place their needs at the heart of everything we do”		
	Our Vision is that “All people in the Scottish Borders are able to live their lives to the full”		
<b>Outcomes</b>	95% of adults able to look after their health well (currently 93.4%)	85% of adults supported at home agree they are supported to live independently (currently 73.1%)	80% of adults agree that they had a say in how their help, care or support was provided (currently 63.4%)
<i>What we are aiming to achieve</i>	75% of adults supported at home agree that their health and social care services are well coordinated (currently 59.3%)	80% of adults receiving any care or support rate it as excellent or good (currently 73.9%)	80% of people have a positive experience of care at their GP practice (currently 65.9%)
	80% of adults supported at home agree that their services improve or maintain their quality of life (currently 70.5%)	70% of carers feel supported to continue in their caring role (currently 29.4%)	85% of adults supported at home agree they feel safe (currently 77.3%)

## 3.2. Our Objectives and Ways of Working

As our strategic approach is concerned with managing critical challenges and risks, the major issues that could impact on our population's outcomes were noted to be issues that required strategic focus and intervention (strategic issues).

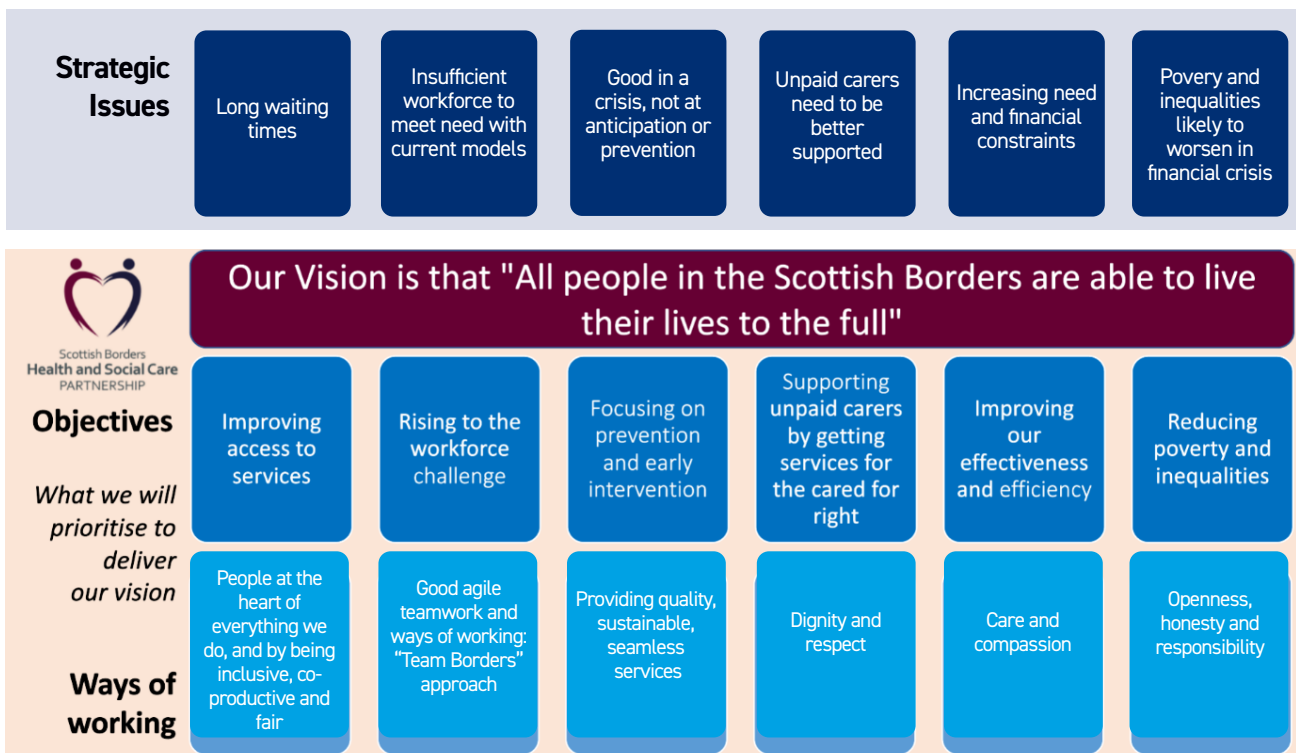
Strategic objectives were then set to address these strategic issues, and our Strategic Planning Group considered the strategic issues further and then developed high level actions to support these strategic objectives. These are listed by the level of risk associated to each issue.

In addition, in the 'We have listened' reports it became clear that our communities feel that:

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

As a result, the Integration Joint Board Strategic Planning Group also considered what high-level actions could be taken in our ways of working across the Health and Social Care Partnership to improve in these areas.

These ways of working were then considered in the context of the values of our statutory delivery partners in NHS Borders and Scottish Borders Council, and agreed as ways of working for the Health and Social Care Partnership and Integration Joint Board.



The objectives and ways of working within this Strategic Framework also align to the objectives of 'The Promise' and we will work to 'Keep the Promise', and to support all people when required, at all ages and stages of their life.

We will focus to develop our capacity and capability across the agreed objectives and ways of working. This will ensure that we work in partnership with our communities to develop resilience at individual and community level, and provide smoother, person-centred holistic support. This in turn will result in improved outcomes and better value.

### 3.3. Bringing the Strategic Framework to life

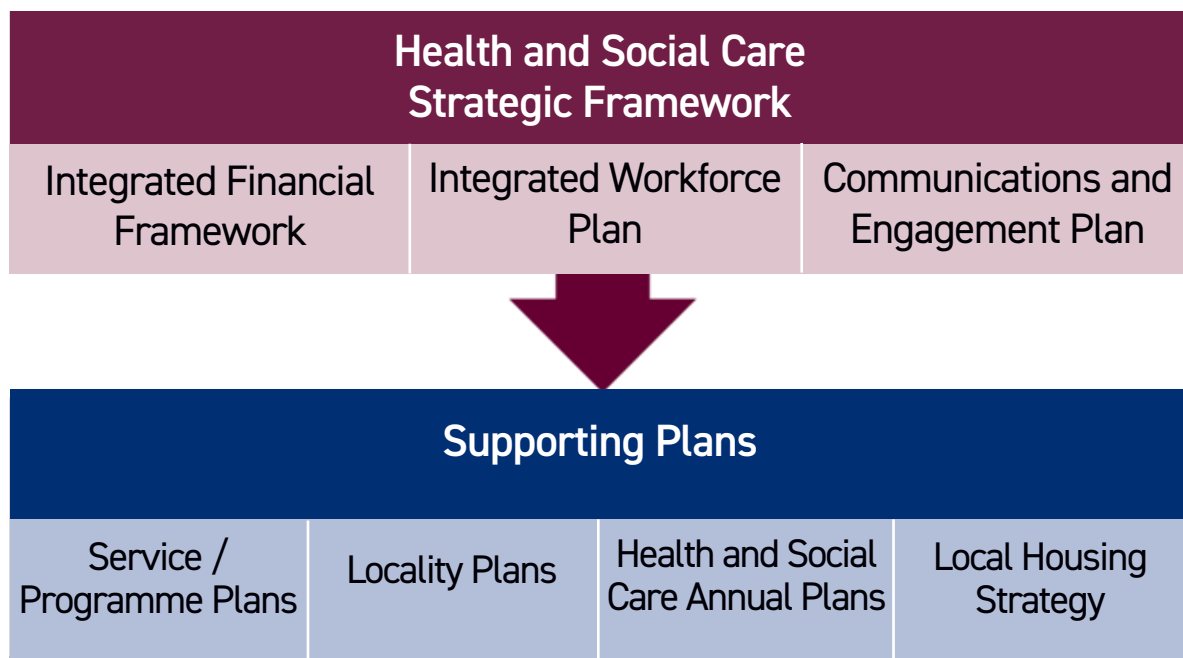
#### Supporting Plans

The Strategic Framework will be supported by a number of high-level frameworks to enable its delivery which include:

- Integrated Financial Framework
- Integrated Workforce Plan
- Communications and Engagement Plan

These frameworks will be supported by a number of plans that will align to our mission, vision, objectives and desired outcomes:

- Service / Programme Plans
- Locality Plans
- Health and Social Care Annual Plans
- Local Housing Strategy (which will complement the Strategic Framework, rather than be driven by it)



All of our existing plans are available from the [HSCP Strategic Plans and supporting documents section of our website](#).

## Integrated Financial Framework

Resources, people, services, buildings and money are limited. The IJB is currently running with an underlying deficit of upwards of £7m and rising. Costs are increasing, and available funds from Scottish Government are reducing due to the impact of excessive inflation driven by fuel costs and the impact of inflation on staff costs. The challenge of recruiting to permanent posts within the context of the differential in pay between different parts of the sector roll up into one of our six strategic objectives – resolving the workforce crisis. External providers are facing sustainability challenges which have been in part supported by Covid sustainability payments, but these stop at end March 2023. Our savings programmes are not delivering the level of savings required to meet the fiscal challenges ahead.

The Financial Framework will help guide how we use our financial resources to enable delivery of our strategic framework. This will be based on:

- How much resource will we have
- How we will use this resource to best meet our Strategic Objectives
- Ensure we operate best practice in our financial processes, agreements and transactions to comply with our Financial Regulations
- How we can ensure best value for every pound?
- How we will involve and engage the public in participating in our financial choices and in investing in services that best meet demand and our quality outcomes
- How we will improve community engagement in this process through participatory budgeting in localities

## Risks and Challenges

- Current high levels of inflation and consequent impact on staffing and external services
- Need to be able to consider total resource available to the Partnership, and move resource to areas of greatest need and impact (which may involve disinvestment decisions)
- Financial resources from Scottish Government are published annually which can hinder our ability to make long term resourcing choices
- Historical savings targets mainly within Health have been non recurrently supported by Scottish Government, with a need to have a long-term plan in place to resolve

## Integrated Workforce Plan

Our integrated workforce plan is published but will continue to be updated by the Integrated Workforce Planning Group to help us to rise to the workforce challenge. [The Integrated Workforce Plan is available by following this link to the Strategic Plans section of our website.](#)

## Communications and Engagement Plan

The Health and Social Care Partnership is committed to timely and effective communication and engagement with our communities. Listening to the experiences of people who use services is vital, and we have heard how important this is to the public through the views expressed in the 'We Have Listened' Report. Communications and engagement plans will be developed to support projects and programmes of work that take place to ensure that people are involved and informed with the work of the Partnership.

## Service / Programme Plans

In addition, there will be a number of Service / Programme Plans in key areas which will align and complement to the strategic objectives and ways of working in our Strategic Framework, along with other national strategies and local policies. These plans will help us to deliver the outcomes intended in our Strategic Framework.

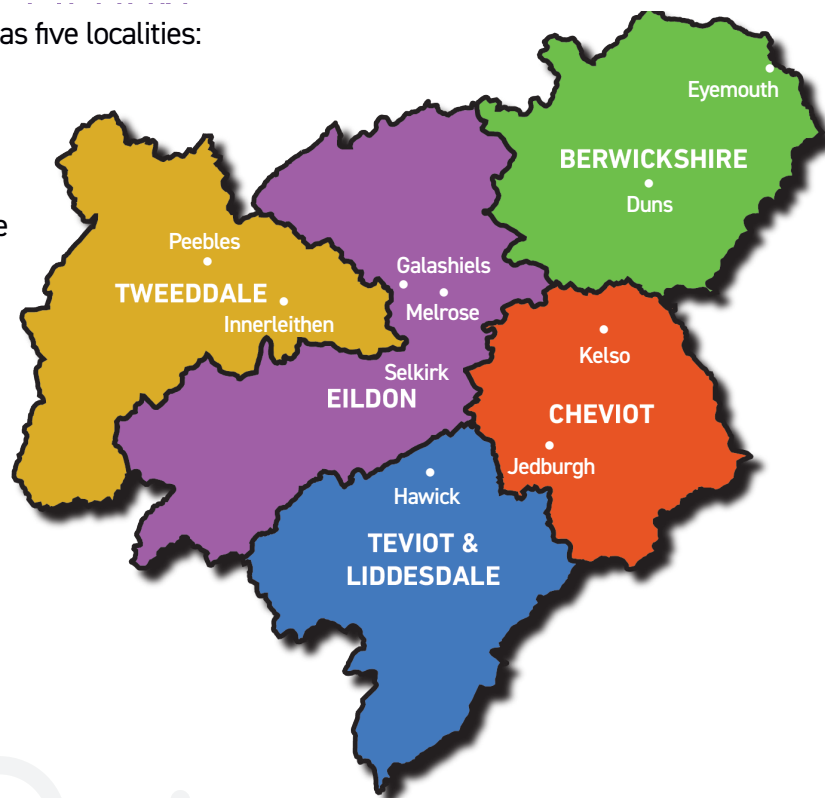
## Locality Plans

To be successful and achieve our aims our plans need to be continually informed by engagement with people who use our services and their families and carers. We will continue to shift our focus towards developing a 'Community Led Support' approach, to increase co-production around a shared vision, build community capacity, engage with service users and carers in an open way, undertake an asset and strengths-based approach, and support the delivery of more efficient ways of working, with improved outcomes.

Locality planning is a key tool in the delivery of change required to meet new and existing demands in the Scottish Borders. The IJB is required by the Scottish Government to undertake this activity through the development of locality forum arrangements, where professionals, communities and individuals can inform locality planning and redesign of services to meet local need in the best way.

The Scottish Borders has five localities:

- Berwickshire
- Cheviot
- Eildon
- Teviot & Liddesdale
- Tweeddale



Our Locality Working Groups will be relaunched in 2023 and will comprise engagement from staff, delivery partners, service users, unpaid carers, and other members of the public. These groups will support us to deliver the Strategic Framework, and to improve local outcomes. In addition, the Locality Working Group leads will be represented on the Strategic Planning Group, with one representative on the Integration Joint Board.

The Locality Working Groups will closely align to the Scottish Borders Community Planning Partnership Area Partnerships to ensure that we take a collective and holistic view of health and wellbeing, in line with the social determinants of health and our strategic framework.



## Housing and Homelessness

Housing is recognised as fundamental to an improvement in health and wellbeing outcomes, and is a key component in effectively shifting the balance of care from institutional care to community based services and supports. At least 8% of the population has experienced homelessness, over half of A+E and acute hospital admissions are from people who have experienced homelessness and 80% of admissions to mental health specialities are from people who have experienced homelessness.

Since the development of the last Local Housing Strategy, and Strategic Commissioning Plan we have experienced:

- Increases in Affordable Housing supply
- Considerable additional Extra Care Housing across the Scottish Borders,
- 7,500 homes with adaptations in the Scottish Borders
- More energy efficient and affordably warm housing
- Targeted work to reduce fuel poverty and housing crises
- Support for care leavers
- Introduction of Housing First pilot project

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 these local priorities. A new Local Housing Strategy is being developed to set out how housing and housing related opportunities and challenges will be addressed over the five year period 2023-28.

This new plan will build on the progress made on the issues identified in the Local Housing Strategy 2017-22 and will address newly arising housing matters particularly in response to the publication of new Local Housing Strategy Guidance, 'Housing to 2040', the COVID-19 pandemic and economic factors such as inflation and cost of living crisis.

The developing Local Housing Strategy notes that good housing can help our community to:



The developing Local Housing Strategy's vision that "every person in the Scottish Borders lives in a home that meets their needs" aligns with the vision for health and social care and the associated strategic objectives outlined in this Strategic Framework:

Strategic objective	Role of housing
Improving access to services	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Delivery of adaptations and handyman's service (including fall prevention measures such as grab rails)</li> <li>• 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.</li> </ul>
Rising to the workforce challenge	<ul style="list-style-type: none"> <li>• A lack of access to housing has been highlighted by our Integrated Workforce Plan and the Local Housing Strategy as a barrier to attracting and retaining health and social care key workers in the Scottish Borders</li> </ul>
Focusing on prevention and early intervention	<ul style="list-style-type: none"> <li>• Good housing and supports help to reduce health incidents (e.g. falls in the home, warm homes). In addition, the role of housing for people who are homeless or threatened with homelessness is key to supporting good health and wellbeing.</li> <li>• Preventing homelessness through the Housing Options approach</li> <li>• Borders Homelessness and Health Strategic Partnership</li> <li>• Investment in Adaptations with a strategic review of Scheme of Assistance to shift activity towards preventative investment</li> <li>• Expand on and develop new initiative housing with support models through the Rapid Re-housing Transition Plan.</li> <li>• Provision of welfare benefits advice and financial inclusion services</li> <li>• Unified, partnership working framework for assessing health and housing needs (Unified Health Assessment)</li> <li>• Development of Housing Information and Advice</li> <li>• Affordable warmth actions outlined in LHS 2023-2028</li> </ul>
Supporting unpaid carers by getting services for the cared for right	<ul style="list-style-type: none"> <li>• Good quality housing with appropriate supports support service users and their unpaid carers</li> </ul>

Strategic objective	Role of housing
Improving our effectiveness and efficiency	<ul style="list-style-type: none"> <li>• Develop the supply of appropriate, affordable and quality housing to meet changing needs</li> <li>• Good housing options are critical, giving people more freedom and choice;</li> <li>• Continue building capacity in communities to support older people at home and having housing in place to keep people independent</li> <li>• There is a strong link between access to good housing and the general Health of the population</li> </ul>
Reducing poverty and inequalities	<ul style="list-style-type: none"> <li>• 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</li> <li>• 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.</li> <li>• 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.</li> <li>• Improving access to health and social care services for homeless people, particularly for those with complex needs by working with integration partners.</li> </ul>

The housing functions that were delegated to the Scottish Borders Health and Social Care Partnership are:

- **Adaptations** – an adaptation is defined in housing legislation as an alteration or addition to the home to support the accommodation, welfare or employment of a disabled person or older person, and their independent living.
  - o Care and Repair – providing independent advice and assistance to older and disabled homeowners or private tenants with services that enable them to continue to live independently in their own homes. The service provides adaptations, home improvements and a handy person service
- **Housing Support** – housing support is defined in housing legislation as any service which provides support, assistance, advice and counselling to an individual with particular needs to help that person live as independently as possible in their own home or other residential accommodation such as sheltered housing, and Extra Care Housing.

There are some housing functions which are not delegated functions but which provide a resource to support health and Social Care Integration and the outcome it is seeking to achieve:

- **Registered Social Landlord adaptations** – providing adaptations to their tenants to enable them to live independently, for example providing a handrail or ramp at the entrance, or a shower in place of a bath
- **Housing support services for homeless people** – providing housing and tenancy support to vulnerable homeless people

- New supply housing – the Strategic Housing Investment Plan (SHIP) 2018-23 identified potential for up to 1,320 new affordable homes over the five-year period and total investment in the region of £268m over the period. This latter figure assumes that all identified challenges and infrastructure issues are resolved, funding is available and the construction sector has capacity to deliver the identified projects.

This Strategic Framework recognises the critical role of housing in the context of health and social care in the Borders. In particular, it stresses the importance of housing options, giving people more freedom and choice; of developing the supply of appropriate housing to meet changing needs as the populations ages; of building capacity in communities to support older people at home and having housing in place to keep people independent.

## How we will implement our Strategic Framework

We have set out the Strategic Framework for Health and Social Care in the Scottish Borders, which is intended to be enabling to foster engagement from our communities, and innovation to respond in a dynamic way to the critical challenges that we face. As a result, we have not detailed the specific actions that will be taken within this plan. Instead, our framework will enable our localities, our communities and delivery partners to continually evaluate our progress in improving outcomes, addressing strategic issues, reviewing resources available, and co-producing plans to ensure best value.

Development of the partnership and engagement approach with our communities, including service users, carers, staff, the independent sector, third sector, localities, and other key strategic partners will continue through our new strategic planning cycle. This will include collaboration with the Community Planning Partnership (CPP) and the Third Sector Interface (TSI) to deliver support and services in keeping with local need.





An Annual Plan with more detail on our plans for that year will be developed each year over the 2023-26 period, aligning to the objectives and ways of working of the strategic framework, and will be based on the feedback and priorities from our communities that align to our framework. This Annual Plan will be consistent with the Council Plan, the NHS Annual Delivery Plan and work within the 'Enjoying Good Health and Wellbeing' theme of our Community Planning Partnership. This strategic alignment and co-ordination will be fundamental to improving outcomes through local improvements in the social determinants of health and wellbeing.

We will continue to review our progress on an ongoing basis in the context of any challenges we face, our local outcomes, what works and has not worked, and how we can continue to address our strategic challenges by focusing on our strategic priorities.

As noted above, everyone has a part to play, and we ask everyone in the Scottish Borders to work with us to help us improve their health and wellbeing.

Whilst we face immense challenges, we firmly believe that by working together with our partners and communities, we will be able to ensure that all people in the Scottish Borders are able to live their lives to the full.



# APPENDICES

## Appendix 1 - Health and Social Care Partnership 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 non-statutory delivery partners in line with the integration delivery principles.



### 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
- Sexual Health Services

### 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

\*Adult Social Care Services for adults aged 18 and over.

\*\*Health Services for all ages – adults and children.

## Appendix 2 – Environmental Assessment

### PESTLE Analysis

<b>COVID-19</b>	During the COVID-19 pandemic many health and care services were suspended or reduced in scope and scale. As a result, more people are waiting longer to receive the care they need. Addressing the backlog, while continuing to meet ongoing urgent health and care needs is a key challenge the IJB faces moving forward.
<b>Growing and ageing population</b>	Currently around 25% of the Scottish Borders population are over the age of 65, this is expected to rise to 32% by 2040. This brings challenges for health and social care services and changes communities. With an older population we can expect to see a rise in health incidents such as falls, or diseases such as dementia and cancer. There is also an increasing number of older people living on their own, this may bring a risk of loneliness and isolation.
<b>Transitions of people from children's to adult services</b>	People with trauma and other complex needs are transitioning from children's services into adult services, and so it is important that work is undertaken proactively to support a smooth transition process, and ensure appropriately responsive services to best ensure that people who transition from children's to adult services can live their lives to the full.
<b>Workforce pressures</b>	The number of people of working age in the Scottish Borders is going to decrease from 56.5% in 2020 to 50.9% in 2040. Although there is investment from a national level to increase numbers of staffing, there is a reduced availability of staff with appropriate qualifications or skills, including General Practitioners, Social Care Workers and Nurses. This will put more pressure onto already stretched resources, many of whom are also burned out from the COVID-19 pandemic.
<b>Financial pressures</b>	Health and Social Care spending is likely to increase, however Local Government and NHS core budgets are likely to be reduced. Shifting funding from hospitals towards care home provision, community-based services and prevention programmes will be challenging, especially with the urgent care pressures that have been ongoing since the pandemic.
<b>National Care Service (NCS)</b>	This will see the reformation of current Integrated Joint Boards into Local Care Boards. The NCS Bill was introduced in June 2022, and subject to completing the Parliamentary process, the Scottish Government expect it to become an Act in Summer 2023 with Scottish Ministers having committed to establishing a functioning NCS by the end of the current Parliamentary term in 2026.
<b>Unpaid Carers</b>	An estimated 11% of people in the Scottish Borders provide some type of unpaid carer role, this figure is likely to increase our population ages. During the pandemic, many support services were reduced such as day services which has impacted on carers and those they care for. Further work is required to reduce the significant pressures put onto carers and the cared-for, including opportunities to have breaks from caring.



**Acute hospital pressures** Our Acute Hospital is under huge pressure, especially following the pandemic, due to workforce challenges in the context of delivering services to meet increased need and acuity, with an increased length of stay, and an associated increased demand for social care, leading to higher levels of occupancy for people who are waiting for care (delayed discharges). Investment into community-based services will help alleviate some of these pressures by preventing admissions and facilitating earlier discharge. By treating people in their home or in the community we can help prevent people needing hospitals and improve their outcomes.

**Technology** Digital solutions such as telecare and remote appointments have been introduced at a pace quicker than anticipated thanks to the pandemic. Digital technology plays an important role in modernising healthcare and empowering service users to manage their care better. It will be important that digital solutions are well embedded, and that staff are trained in digital skills so that the benefits are realised.

**Climate Change** Within our local context, warmer temperatures may enable a healthier and more active outdoors lifestyle and reduce winter mortality. However it might also affect patterns of disease which can impact health (e.g. there has been an increase of cases in Lyme disease occurring over winter months in recent years). Climate Anxiety is also particularly affecting young people and may impact on mental health services.

**Political and Economic pressures** Fuel poverty will rise as the cost of energy increases due to a shortage of supply caused by the war in Ukraine. Inflation will have an impact on health and care staff as the cost of living rises higher than salary increases. Brexit is discouraging foreign doctors or nursing staff from coming to the UK and Scotland for employment leading to staff shortages. UK Border challenges also increase the difficulty of importing medical equipment and drugs leading to shortages.

**Housing** More and more people are living alone in the Scottish Borders. This impacts on housing provision and will have socio-economic impacts such as more loneliness and less support from family to care for and look after those in need. Despite this, studies show that fewer older people enter care homes in rural areas compared to urban areas. The Scottish Borders has the third lowest number of care home residents per head population in Scotland.

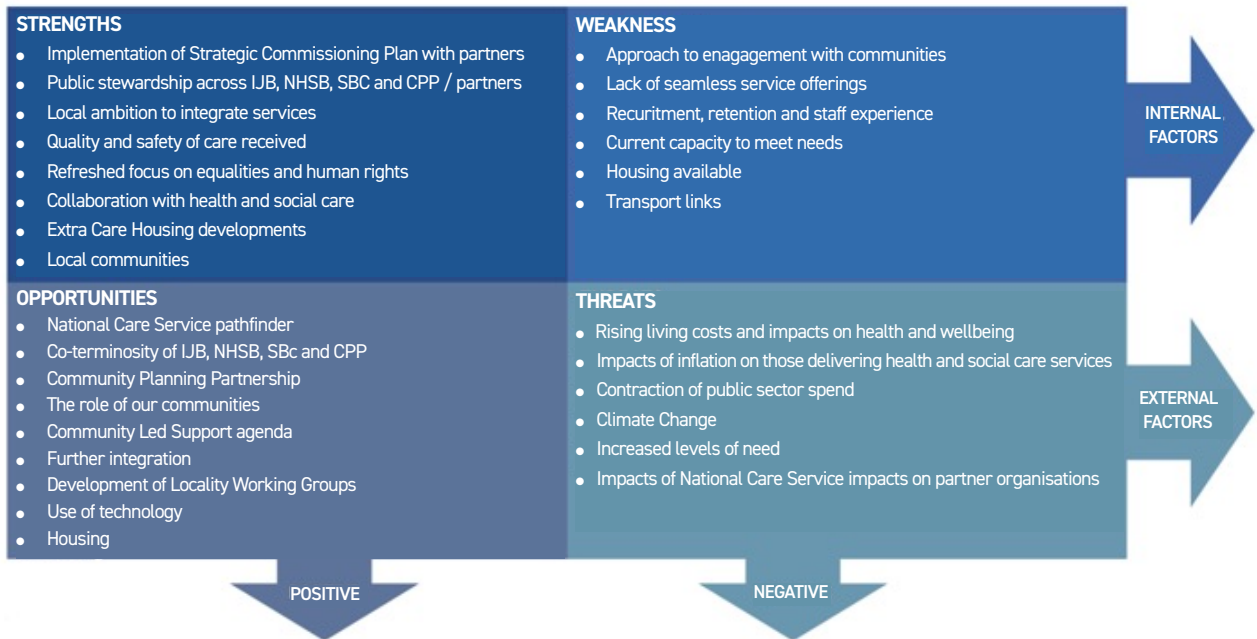
The extent of fuel poverty in the Scottish Borders is worse than is the fuel poverty across Scotland. This affects around 29% of households in the Borders (Extreme Fuel Poverty at 14%), where the rural nature of the area, the type of housing and the low wage economy, contributes to higher levels than the Scottish average.



## SWOT Analysis

We then considered the Integration Joint Board’s Strengths, Weaknesses, Opportunities and Threats, which are listed below. Within this analysis, the strengths and opportunities need to be fostered and deepened, and the weaknesses and threats need to be proactively managed. The approach we have taken to our Strategic Framework supports us to do this.

### SWOT analysis











### Alternative format/language

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

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

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





# NHS Borders Strategy Development: Adoption of Scottish Borders Health & Social Care Partnership Strategic Framework 2023 - 2026

Board Development Session 30<sup>th</sup> March 2023

# Aim of the session:

- Reminder of previous discussions re strategy / longer term plans
- An update on our current position
- Formal adoption by NHS Borders of the Scottish Borders Health & Social Care Partnership Strategic Framework for all services?
- Next Steps

# Board Development Session: Reminder

- The Board held a number of development sessions throughout 2022 to discuss NHS Borders Strategy Development, including key topics as outlined below:
  - ❖ Direction of travel/underpinning Strategies
  - ❖ The national direction/context
  - ❖ Purpose
  - ❖ Aim
  - ❖ Values
  - ❖ Objectives
  - ❖ Development of medium term plan
- Each of the above were taken in turn and discussed
- Key points, thoughts and comments were collated and some key themes are captured on the next slide

## Summary of Discussion: Direction of travel/Underpinning Strategies/National Direction



## NHS Borders Current Framework Discussion

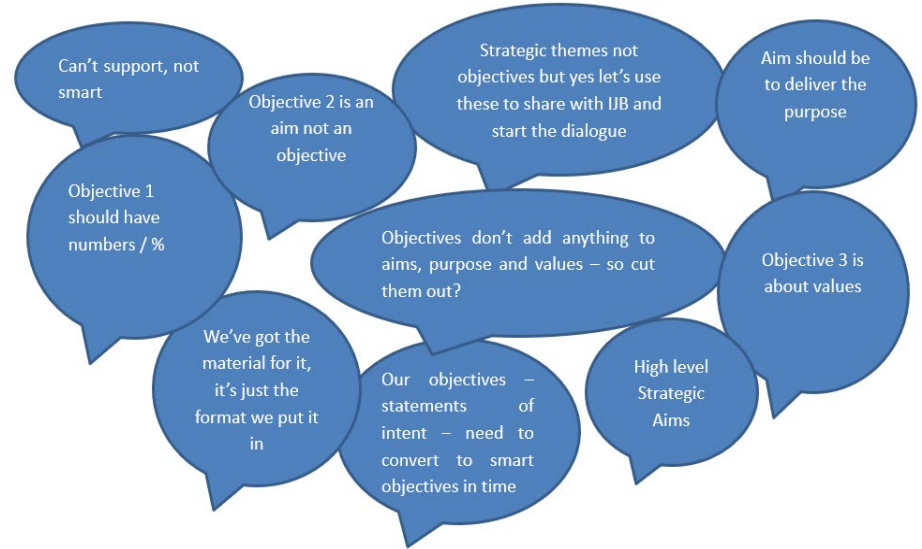
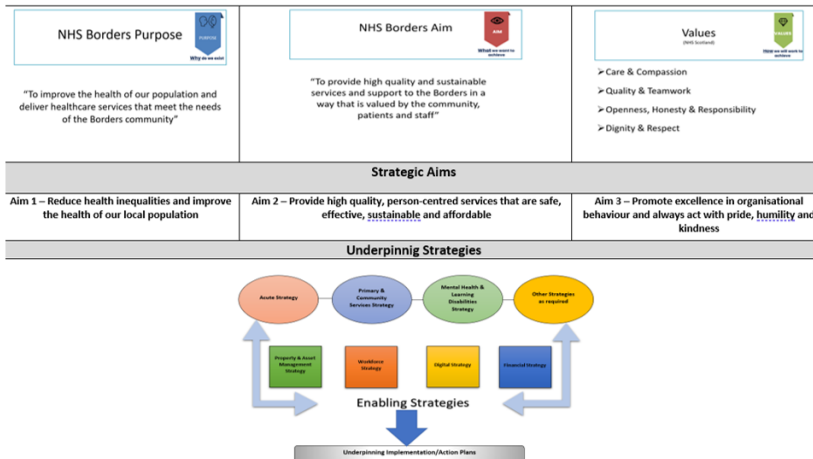
### Organisational Strategy (i.e. Clinical Strategy 2017)



## Summary of Discussion: NHS Borders Current Framework (Purpose, Aim, Values, Objectives)

## Proposed Framework following discussion:

### NHS Borders Organisational Strategy & Underpinning delivery Framework



# Since then:

A number of things to note:

- No change/update to National Direction & Givens
- NHS Borders Integrated Workforce Plan and Financial Plan & Recovery Plan (2022 and 2023)
- Locally, the development of the Scottish Borders Health & Social Care Partnership Strategic Framework (2023)
- SG commission of an NHS Borders Annual Delivery Plan (for June 2023)
- SG commission of an NHS Borders Medium Term Plan (for July 2023)



# The National Direction and Givens (remain unchanged)

- Healthcare Quality Strategy for NHS Scotland

*May 2010*

- A National Clinical Strategy for Scotland

*February 2016*

- Health & Social Care Delivery Plan

*December 2016*

- NHS Recovery Plan

*August 2021*

- Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development

*November 2021*

# Integrated Workforce Plan and Financial Plan & Recovery Plan 2022 - 2025

## ***Integrated Workforce Plan***

- The first Integrated Scottish Borders Health and Social Care Partnership (HSCP) Workforce Plan was co-produced by representatives from NHS Borders, Scottish Borders Council and the Independent and Third Sectors. The plan has been designed to carefully consider the workforce interdependencies across the whole system and enable and empower HSCP to plan and resource sustainable community-based services

## ***Financial Plan & Recovery Plan***

- NHS Borders Financial Plan and Recovery Plan has been submitted to the Scottish Government and work is now being undertaken to put in place the required delivery framework for all associated programmes and schemes to implement and deliver the plan

# Development of a Health & Social Care Strategic Framework

## What has been done so far?

### COMPLETE PHASE 1:

- Needs of our Communities (Joint Strategic Needs Assessment)
- We have listened (Feedback from our Communities)
- Review of National Health and Wellbeing Outcomes
- PESTLE and SWOT analysis



Risk Management – To identify strategic issues requiring proactive strategic management

### IN PROGRESS PHASE 2:

Strategic framework outlining high level priorities to manage strategic risks and improve outcomes

**HEALTH AND SOCIAL CARE STRATEGIC FRAMEWORK (STRATEGIC COMMISSIONING PLAN)**

## Draft mission

To be developed

“ To help the residents of the Scottish Borders to live their lives to the full, by delivering seamless services that place their needs at the heart of everything we do ”



Do you agree with the proposed mission?

6

## Health and Social Care Strategic Framework: Strategic Objectives



IMPROVING ACCESS TO SERVICES

RIISING TO THE WORKFORCE CHALLENGE

FOCUSING ON PREVENTION AND EARLY INTERVENTION

SUPPORTING UNPAID CARERS

REDUCING POVERTY AND INEQUALITIES

IMPROVING OUR EFFECTIVENESS & THINKING DIFFERENTLY TO MEET NEED WITH LESS



**HSCP:**  
Our NHSB and SBC values

# Annual Planning process

Health and Social Care Strategic Framework  
2023-26

Ongoing engagement with our communities  
(Staff, Service Users, Partners, Unpaid Carers, Public, Localities)

2023/24 Annual Planning  
process – (aligned to  
Council Plan and NHS  
Annual Delivery Plan)

2024/25 Annual Planning  
process (aligned to  
Council Plan and NHS  
Annual Delivery Plan)

2025/26 Annual Planning  
process (aligned to  
Council Plan and NHS  
Annual Delivery Plan)

# A commission of an NHS Borders Annual Delivery Plan (ADP)

- First steps towards the reset of Medium Term Plans (MTP)
- We will set our 2023/24 annual plan within a medium-term context
- For the first year (2023/24), planned actions and programmes of activity will be absolutely firm and aligned to budgets
- It will work towards addressing the very current significant pressures and challenges being faced

## 3 key tasks in 2023/24

1. Our immediate priority is to recover our core services and continue to improve levels of productivity
2. As we recover, we need to make progress in delivering the key ambitions in The Recovery Plan
3. We need to continue transforming our health services for the future

## **Submission – due by 08 June 2023**

- Narrative overview of plans on the 10 Recovery Drivers and critical planning areas
- Service Sustainability response – opportunity to Flag services that we consider as vulnerable and may require consideration of regional / shared / national solutions
- Quarterly updates to SG on:
  - Deliverables
  - Milestones
  - Risks
  - Progress Reporting

# A commission of an NHS Borders Medium Term Plan (MTP)

## **Submission – due by 07 July 2023**

Boards are asked to develop their 2023/26 MTPs, to reflect the following key areas;

- 10 Recovery Drivers
- Finance & Sustainability
- Value Based Health Care
- Integration & Population Need
- Regional & National

It is acknowledged and accepting that, for the MTP, specific programmes of work may still be developing.

Within this context – does NHS Borders Board wish to adopt the Scottish Health & Social Care Partnership Strategic Framework?



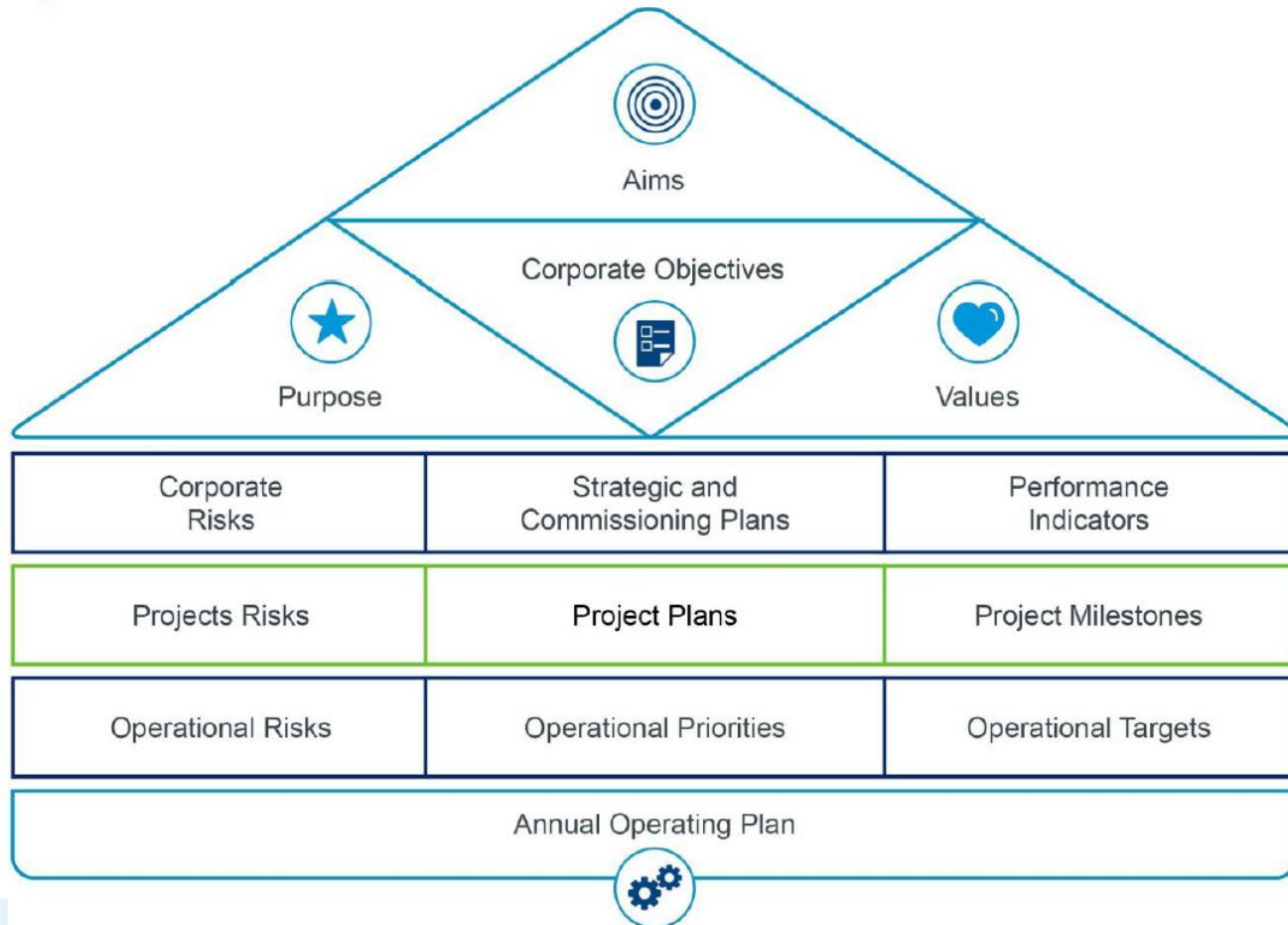
### Some things to consider:

- SG expectations re Active Governance
- Language and terminology
- Involvement and Engagement (communities & staff)
- Non IJB related services?
- NHSB organisational strategy



# Good Governance Assurance

Figure Two – The Assurance Framework



# Assessment

Active Governance Area	HSCP Strategic Framework?	Comments	Further work required
Aim	✓	Described as a Mission & Vision instead of an Aim	Agree to move to a Mission & Vision and change terminology
Corporate Objectives	✓	Described as Strategic Objectives	These are high level themes and not “smart” however do link to the national outcomes and therefore delivery plans can be aligned
Purpose	✓	Described as a Mission & Vision instead of a Purpose	Agree to move to a Mission & Vision and change terminology
Values	✓	Described as ways of working and include NHS Values	Need to agree terminology

# Health and Social Care Strategic Framework 2023- 2026

## Engagement and Involvement Update



Scottish Borders  
Health and Social Care  
PARTNERSHIP



## Where have we been

- Council run Community Meetings in all five localities
- Area Partnerships in all five localities
- Self Directed Support group
- Carers Workstream
- Farne Salmon
- The public

## Where we are going

- Dementia Forum
- LGBTQ meeting
- BOPP meeting
- See/Hear Group
- Physical Disability Group
- Learning Disabilities Citizen's Panels
- The general public



## Groups have been asked:

- Views on the Framework
- How can people continue to be involved in developing the framework and actions?
- Ideas about monitoring the implementation and impact at a community/ local /Borders wide level

## Key themes arising have been:

- Enthusiasm to be involved. People have been pleased to continue to be engaged about how their earlier views had informed the Framework
- General agreement about the challenges and priorities in the Framework
- Groups are keen to continue to hear how things were progressing. For example, annual monitoring / updates and groups could contribute to this from their perspective
- We should continue to utilise groups that already exist effectively

NDTi will provide a report with the findings from this engagement by the end of April.



# Areas of discussion and consideration:

Area of discussion	Points to note
Terminology	<ul style="list-style-type: none"><li>• Important language and terminology is consistent for our staff</li><li>• Is the Board comfortable the framework meets the requirements of the Active Governance Framework?</li><li>• NHSB values mirror NHSS values - referred to in the Strategic Framework alongside SBC values and 'ways of working' – is the Board content with this?</li></ul>
Further Engagement	<ul style="list-style-type: none"><li>• Community engagement – broad engagement, not focused only on those health and care services that are under the IJB scheme of delegation</li><li>• Community engagement will continue</li><li>• Some staff engagement within NHS Borders (leadership team and signposted to community engagement events) – Staff Governance Standards would mean further engagement with staff required</li></ul>

# Areas of discussion and consideration:

Area of discussion	Points to note
Wider NHS Borders services and teams	<ul style="list-style-type: none"><li>• What does this mean for those services that sit outwith the IJB (e.g. Children's Services, Planned Care) – strategic objectives applicable to all?</li></ul>
Organisational Strategy	<ul style="list-style-type: none"><li>• In adopting the Strategic Framework – the Board's Medium Term Plan will be drafted to be in response to the strategic direction set by SG and the Partnership's Strategic Framework? No need for a separate organisational strategy or separate aims and strategic priorities?</li><li>• Focus instead would be on delivering against the framework – through ADPs and the associated programmes of work referenced in the Medium Term Plan, and across the Partnership.</li></ul>



# Proposal

- NHS Borders moves to adopt the Scottish Borders Health & Social Care Partnership Strategic Framework, including moving to the same Mission, Vision, Strategic Objectives and Ways of working
- Assess if there are any key omissions in the Strategic Framework when applied across the whole of NHS Borders
- Engagement with staff regarding the Strategic Framework
- Following the assessment and engagement, agree any feedback to the IJB for inclusion in the next iteration of the Strategic Framework (from 2024 onwards)

It should be noted:

- Scottish Borders Council have accepted the framework as part of their Council Plan for 2023-2033 (Good Health & Wellbeing) as have the Scottish Borders Community Planning Partnership (Enjoying Good Health and Wellbeing theme)
- This approach would provide a strong foundation for a Pathfinder Board under the National Care Service proposals?



Questions?

## Scottish Borders Health and Social Care Partnership



### Equality, Human Rights and Fairer Scotland Duty Impact Assessment (IA) – Stage 1 Proportionality and Relevance

Completion of the template below will give senior officers the confidence that the Equality Duty, the Scottish Specific Public Sector Equality Duties, Human Rights and the Fairer Scotland Duty have been considered at the beginning of and throughout the proposal development and that action plans are in place, where applicable, to; identify relevant stakeholders, undertake robust consultation to deliver a collaborative approach to co-producing the HIIA.

**What Integration Joint Board (IJB) report or Partnership decision does this proportionality and relevance assessment relate to:**

The IJB Strategic Plan 2023-26

**Relevant protected characteristics materially impacted, or potentially impacted, by proposals (employees, clients, customers, people using services) indicate all that apply**

Age	Disability Learning Disability, Learning Difficulty, Mental Health, Physical Autism/Asperger's	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

**Equality and Human Rights Measurement Framework – Reference those identified in Stage 1 (remove those that do not apply)**

<b>Education</b>	<b>Work</b>	<b>Living Standards</b>	<b>Health</b>	<b>Justice and Personal Security</b>	<b>Participation</b>
Higher education Lifelong learning	Employment Earnings Occupational segregation Forced Labour and trafficking*	Poverty Housing Social Care	Social Care Health outcomes Access to health care Mental health Reproductive and sexual health* Palliative and end of life care*	Conditions of detention Hate crime, homicides and sexual/domestic abuse Criminal civil justice Restorative justice Reintegration, resettlement and rehabilitation*	Political and civic participation and representation Access to services Privacy and surveillance Social and community cohesion* Family Life*

\*Supplementary indicators

<b>Main Impacts</b>	<b>Are these impacts positive or negative or a combination of both</b>	<b>Are the impacts significant or insignificant?</b>
Services provided by the Partnership are used by people who have the 9 protected characteristics.	The Strategic Plan seeks to improve impacts on all communities in the Scottish Borders	Significant
The Strategic Plan seeks to reduce poverty by decreasing health inequality and improving health outcomes in the borders.	Positive	Significant
The Strategic Plan will work with Housing to reduce negative impacts on health such as fuel poverty.	Positive	Significant
The Strategic Plan looks to improve access to and delivery of services, including social care, mental health, reproductive and sexual health, and palliative and end of life care.	Both – to improve services, this may require decommission of another service.	Significant
As part of social work services which the IJB commissions, restorative justice and	Both – to improve services, this may require decommission of another service.	Significant

reintegration, resettlement and rehabilitation will be impacted.		
From engaging with communities, we have learned we need to be better at participation when designing services.	Positive – the stated aim of the Partnership is to deliver person centred decision making by working with people who have experienced our services, the wider public and our partners. We are committed to ensuring that the experiences of patients, service users and the public are central to the development and delivery of services through a constant cycle of feedback, evaluation and involvement in service design and change.	Significant

<b>Is the proposal considered strategic under the Fairer Scotland Duty?</b>	Yes, considered strategic because it's a Strategic Plan
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<b>IA to be undertaken and submitted with the report – Yes or No</b> <b>If no – please attach this form to the report being presented for sign off</b>	<b>Proportionality &amp; Relevance Assessment undertaken by:</b>
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# Equality Human Rights and Fairer Scotland Duty Impact Assessment (IA)

## Stage 2 Empowering People - Capturing their Views



### IJB Strategic Plan

### Equality Human Rights and Fairer Scotland Impact Assessment Team

<b>Role</b>	<b>Name</b>	<b>Job title</b>	<b>Date of IA Training</b>
HER&FSD Advisor	Wendy Henderson	Independent Sector Lead Scottish Borders	
<i>Service Lead</i>	Clare Oliver	Head of Communications, NHS	
Responsible Officer	Chris Myers	Chief Officer, Integrated Joint Board	
Main Stakeholder (NHS Borders)	June Smyth	Director of Planning & Performance	
Mains Stakeholder (Scottish Borders Council)	Michael Cook	Corporate Policy Advisor, Chief Executive	

## Evidence Gathering (will also influence and support consultation/engagement/community empowerment events)

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
Data on populations in need	Joint Strategic Needs Assessment <a href="#">HSCP Joint Needs Assessment report   Scottish Borders Council</a> ( <a href="http://scotborders.gov.uk">scotborders.gov.uk</a> )	Overall the data is saying the protected characteristic groups have increasing needs for health and social care services, especially older populations.
Data on relevant protected characteristic	Both Joint Strategic Needs Assessment and We Have Listened reports	<p>Overall the data is saying the protected characteristic groups have increasing needs for health and social care services, especially older populations.</p> <p>The JSNA provides statistics covering the following protected characteristic groups: Age, Disability (including physical, learning, autism, dementia and mental health), Gender, Religion and Ethnicity (Race).</p> <p>The We Have Listened report gathered feedback from the following groups:</p> <ul style="list-style-type: none"> <li>• Disability (Physical Disability Group, People with Learning Disabilities, See/Hear Group, Mental Health Forum)</li> <li>• Age (Borders Older People’s Partnership, Dementia Working Group)</li> <li>• Race (People from Ethnic Minorities)</li> <li>• Sexual Orientation and Gender Reassignment (People in the LGBT community)</li> </ul>
Data on service uptake/access	Both Joint Strategic Needs Assessment and We Have Listened reports	The needs assessment reported on the numbers of people using a service and the projected need in future. It is expected there is increasing need for more services in future for those of an older age and for those with disability.
Data on socio economic disadvantage	Joint Strategic Needs Assessment	The literature suggests there are pockets of deprivation in the Scottish Borders. The Inequalities section found on pages 14-18 describe disadvantage in more depth. There is further evidence about economic disadvantage in the Housing section on page 21-32.



		<p>The We Have Listened report also included an engagement with members of the Local Housing Strategic to understand issues for those who are homeless. The survey was also shared with people in prison, there were 12 responses.</p> <p>Finally a member of the project team attended a Local Housing Strategy meeting around Gypsy traveler communities to note some of the challenges these communities face in accessing health and social care services.</p>
Research/literature evidence	Joint Strategic Needs Assessment	The JSNA provides statistics covering the following protected characteristic groups: Age, Disability (including physical, learning, autism, dementia and mental health), Gender, Religion and Ethnicity (Race).
Existing experiences of service information	We have Listened Report <a href="#">NDTi We Have Listened full report   Scottish Borders Council (scotborders.gov.uk)</a>	<p>This is captured in detail in the engagement but overall people feel their access to health and social care services could be improved, especially for primary care (GPs and dentists in particular). There could be more support for carers, and communication could be better between services but also between services and the service user.</p> <p>The HSCP partnership is good at crises intervention and working with partners and community groups to provide support.</p>
Evidence of unmet need	Both JSNA and We Have Listened reports	The engagement has told us there is a need to have better communication between service and service user.
Good practice guidelines	<a href="#">Scottish Government</a>	The Scottish Government provides advice and guidance on the best way to plan and deliver integrated health and social care.
Other – please specify		
Risks Identified		
Additional evidence required		

## Consultation/Engagement/Community Empowerment Events

Please read the NDTI 'We have Listened' report for further detail - [NDTI We Have Listened full report | Scottish Borders Council \(scotborders.gov.uk\)](#)

### Event 1: Locality: Eildon

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
17/08/2022	Focus Centre, Galashiels	14 (plus 261 responses to the survey)	All

\*Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)

Views Expressed	Officer Response
Communication needs to be improved, with care and health services telling people what is happening and when. Also access to information about what's available in terms of support and keeping yourself well.	This is captured in the 'Ways of Working' part of the Strategic Framework.
More preventative support –particular reference to a first responders service to take the burden off friends and family with no medical experience or knowledge	Captured in the 'Focusing on prevention and early intervention' objective of the Strategic Framework.
Develop support to carers, including through respite	Captured in the 'Supporting unpaid carers' objective of the Strategic Framework.
Primary care –improved access to GPs and use of advanced nurse practitioners	Captured in the 'Improved access to services' objective of the Strategic Framework.
Joined up care between different services and professionals	Captured in the 'Ways of Working' part of the Strategic Framework.

### Event 2: Locality: Cheviot

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
17/08/2022	Abbey Row Community Centre, Kelso	2 (plus 88 responses to the survey)	All

<b>Views Expressed</b>	<b>Officer Response</b>
Access to good medical care when you need it, including through community nurses and consider opportunities for greater use of the community hospital	Captured in the 'Improved access to services' objective of the Strategic Framework.
Closer integration between health and social care –particularly follow up care from hospital in the community	Captured in the 'Ways of Working' part of the Strategic Framework.
Local planning and developing services, so that the voice of lived experience is heard	Captured in the 'Ways of Working' part of the Strategic Framework.

### Event 3: Locality: Tweeddale

<b>Date</b>	<b>Venue</b>	<b>Number of People in attendance by category*</b>	<b>Protected Characteristics Represented</b>
18/07/2022	Peebles Community Centre, Peebles	3 (188 responses to the survey)	All

<b>Views Expressed</b>	<b>Officer Response</b>
Improving communication (and understanding) between services and with communities and those accessing services	Captured in the 'Ways of Working' part of the Strategic Framework.
Provide longer-term support for those with mental health challenges and support for people with dementia and their families	Captured in the 'Improved access to services' objective of the Strategic Framework.
Working better together, improving access to services and increasing professional and support capacity	Captured in the 'Ways of Working' part of the Strategic Framework as well as in the 'Improved access to services' objective.
Prevention, not intervention	Captured in the 'Focusing on prevention and early intervention' objective of the Strategic Framework.

### Event 4: Locality: Teviot & Liddesdale

<b>Date</b>	<b>Venue</b>	<b>Number of People in attendance by category*</b>	<b>Protected Characteristics Represented</b>
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18/08/2022	Evergreen Hall, Hawick	7 (90 responses to the survey)	All
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Views Expressed	Officer Response
Need to focus on the growing demands around dementia, including treating people with dignity and respect, good quality day services, support for carers and training for staff	Captured in the 'Improving our effectiveness and thinking differently to meet need with less', 'Supporting unpaid carers' and the 'Rising to the workforce challenge' objectives of the Strategic Framework.
Improving the assessment process for health and social care – through skilled and knowledgeable staff	Captured in the 'Rising to the workforce challenge' objective of the Strategic Framework.
Changing to providing people with/preparing them for what they need before they need it. Prevention focus	Captured in the 'Focusing on prevention and early intervention' objective of the Strategic Framework.
Attracting and retaining health and care staff to address shortages and pressures	Captured in the 'Rising to the workforce challenge' objective of the Strategic Framework.
Developing the strategy in order that it influences and reads across to others –e.g. placemaking	Captured in the 'Ways of Working' part of the Strategic Framework.

### Event 5: Locality: Berwickshire

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
19/08/2022	Southfield Community Centre, Duns	2 (85 responses to the survey)	All

Views Expressed	Officer Response
GP access and dentistry provision	Captured in the 'Improved access to services' objective of the Strategic Framework.
Communication and engagement with the local community	Captured in the 'Ways of Working' part of the Strategic Framework.
Better monitoring of service provision in terms of availability and quality	Captured in the 'Improving our effectiveness and thinking differently to meet need with less' objective of the Strategic Framework.

Promotion of the Borders as a great place to live and work in to attract health and social care professionals to address staff shortages, impact of retiring professionals	Captured in the 'Rising to the workforce challenge' objective of the Strategic Framework.
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## Event 6: Physical Disability Group

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
25/08/2022	Online (Teams)	12	Disability (Physical)

Views Expressed	Officer Response
Address variation in GP services – learn from good practice that exists and improve and communicate the triage system/role of GP receptionists	Captured in the 'Ways of Working' part of the Strategic Framework.
Address staff shortages in social care and improve communication and consistency	Captured in the 'Rising to the workforce challenge' objective of the Strategic Framework.
Join up services to take a preventative, partnership approach in which the Third Sector has a key role, as shown during Covid	Captured in the 'Ways of Working' part of the Strategic Framework as well as in the 'Focusing on prevention and early intervention' objective.

## Event 7: See/Hear Group

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
25/08/2022	Online (Teams)	12	Disability (Sight and Hearing Impairment)

Views Expressed	Officer Response
Waiting lists for audiology – these are getting longer so 'going in the wrong direction'	Captured in the 'Improved access to services' objective of the Strategic Framework.

Staffing shortages – often due to difficulties recruiting staff	Captured in the ‘Rising to the workforce challenge’ objective of the Strategic Framework.
Need to use multiple formats and ways to engage people – some people prefer face to face contact which can conflict with professionals finding technology a better use of their time.	Captured in the ‘Improving our effectiveness and thinking differently to meet need with less’ objective of the Strategic Framework.

## Event 8: Mental Health Forum

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
25/08/2022	Old Gala House	8	Disability (Mental Health)

Views Expressed	Officer Response
Need to combat stigma and lack of understanding around mental health	Captured in the ‘Reducing poverty and inequalities’ objective of the Strategic Framework.
More focus on prevention – and the need to keep people out of hospital	Captured in the ‘Focusing on prevention and early intervention’ objective of the Strategic Framework.
Better information and support to carers	Captured in the ‘Supporting unpaid carers’ objective of the Strategic Framework.
Importance of people with lived experience influencing at strategic level and service level	Captured in the ‘Ways of Working’ part of the Strategic Framework.
Improve consistency and communication from [paid] carers	Captured in the ‘Supporting unpaid carers’ objective of the Strategic Framework.
Better access to mental health services	Captured in the ‘Improved access to services’ objective of the Strategic Framework.
Better communication from mental health practitioners	Captured in the ‘Ways of Working’ part of the Strategic Framework.

## Event 9: Dementia Working Group

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
30/08/2022	Old Gala House	40	Age

			Disability
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<b>Views Expressed</b>	<b>Officer Response</b>
Before diagnosis- good advice and screening services	Captured in the 'Focusing on prevention and early intervention' objective of the Strategic Framework.
Getting a diagnosis- recognizing the emotional impact on all involved	Captured in the 'Ways of Working' part of the Strategic Framework.
Post diagnostic care - key contacts, consistent support and information	Captured in the 'Improved access to services' objective of the Strategic Framework.
Living with dementia including more support from registered day and night support services: support for carers and meaningful activities for the cared for person	Captured in the 'Supporting unpaid carers' objective of the Strategic Framework.
Integrated care and support- professional navigators, reassessment and reviews	Captured in the 'Ways of Working' part of the Strategic Framework.
Advanced care planning – including financial advice and future care planning and crisis plan	Captured in the 'Focusing on prevention and early intervention' objective of the Strategic Framework.

## Event 10: Borders Older People Partnership

<b>Date</b>	<b>Venue</b>	<b>Number of People in attendance by category*</b>	<b>Protected Characteristics Represented</b>
31/08/2022	Online (Teams)	4	Age

<b>Views Expressed</b>	<b>Officer Response</b>
Provide good information and advice about what is happening and support at local level – this helps with prevention Community Engagement on the Health and Social Care Strategic Framework	Captured in the 'Ways of Working' part of the Strategic Framework and in the 'Focusing on prevention and early intervention' objective of the Strategic Framework.
Continue to develop technology – this can address social isolation for those who are housebound	Captured in the 'Improving our effectiveness and thinking differently to meet need with less' objective of the Strategic Framework.

Providing the right care, at the right time and in the right place	Captured in the 'Improved access to services' objective of the Strategic Framework.
Providers need to work together to provide support	Captured in the 'Ways of Working' part of the Strategic Framework.

## Event 11: People with Learning Disabilities

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
September 2022	Online (Teams)	13	Disability

Views Expressed	Officer Response
Consistent use and better awareness of learning disability markers/alerts.	Captured in the 'Reducing poverty and inequalities' objective of the Strategic Framework.
Transport for independence. People with a learning disability often have difficulties using public transport – exacerbated if staying in a rural area.	Captured in the 'Improved access to services' objective of the Strategic Framework.
Social care support - which can work well, but not for everyone. Staff need to have right approach and understanding. Carers don't have enough time to spend with people.	Captured in the 'Improving our effectiveness and thinking differently to meet need with less' objective of the Strategic Framework as well as the 'Supporting unpaid carers' objective.
Day support services - Some people are happier coming out of day services but still need activities and stimulation.	Captured in the 'Supporting unpaid carers' objective of the Strategic Framework.
Carer support and respite - some carers would welcome additional respite support to give people time away from caring responsibilities but with more good experiences for people e.g. Jumbulance holidays where people have a good holiday with activities	Captured in the 'Supporting unpaid carers' objective of the Strategic Framework.
Communication – it's often a problem knowing who makes decisions and who to go to for information about services, particularly during Covid and about what's happening in the community	Captured in the 'Ways of Working' part of the Strategic Framework.



Volunteering and work opportunities – which are really important for people with a learning disability for independence and self-esteem.	Captured in the ‘Reducing poverty and inequalities’ objective of the Strategic Framework.
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## Event 12: People from Ethnic Minorities

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
September	Farne Salmon, Duns	18	Race

Views Expressed	Officer Response
Better access to GPs	Captured in the ‘Improved access to services’ objective of the Strategic Framework.
Recruitment of health and social care staff – technology may help	Captured in the ‘Rising to the workforce challenge’ objective of the Strategic Framework.
Availability of NHS dentists	Captured in the ‘Improved access to services’ objective of the Strategic Framework.

## Event 13: Self-Directed Support

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
September 2022	Online (Teams)	5	Age Disability

Views Expressed	Officer Response
Staff recruitment and training – including to use equipment	Captured in the ‘Rising to the workforce challenge’ objective of the Strategic Framework.

Communication - through a range of methods (too much reliance on internet to find information) and having a central source of information available	Captured in the 'Ways of Working' part of the Strategic Framework.
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## Feedback gathered: Unpaid Carers

Reviewed survey results from Carers Needs Assessment. Protected characteristic: Age, Gender, Disability

Views Expressed	Officer Response
Carers' own health and wellbeing affected by their caring role	Captured in the 'Supporting unpaid carers' objective of the Strategic Framework.
Support from GP practices in relation to their caring role	Captured in the 'Supporting unpaid carers' objective of the Strategic Framework.
Time out for carers	Captured in the 'Supporting unpaid carers' objective of the Strategic Framework.
Better information	Captured in the 'Ways of Working' part of the Strategic Framework.

## Feedback gathered: LGBTQ

Questions circulated through LGBTQ networks, 13 responses came back. Protected characteristic: Sexual Orientation, Gender and Gender Reassignment.

Views Expressed	Officer Response
Recognition of LGBT rights and needs and LGBT Equalities training for Health and Social care staff for a better understanding of LGBT people.	Captured in the 'Reducing poverty and inequalities' objective of the Strategic Framework and in the 'Rising to the workforce challenge' objective.
Reassurance on safety for LGBT people for personal choice and dignity when accessing health and social care resources.	Captured in the 'Reducing poverty and inequalities' objective of the Strategic Framework.
Mental health services – appointments are hard to get, GPs lacking understanding of LGBT people with mental health issues and often only attempting to help people through medication, lack of communication resulting in stress. More investment needed including in suicide prevention through meeting spaces and activities	Captured in the 'Improved access to services' objective of the Strategic Framework.
Invisibility of older people and improvement of health and social support for this age group	Captured in the 'Reducing poverty and inequalities' objective of the Strategic Framework.

Difficulties accessing primary care	Captured in the 'Improved access to services' objective of the Strategic Framework.
More local and community support would be better and support to reduce social isolation	Captured in the 'Ways of Working' part of the Strategic Framework.
More meaningful consultation and involvement of LGBT people	Captured in the 'Ways of Working' part of the Strategic Framework.

### Discussion with staff: Homelessness

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
24/08/2022	Online (Teams)	Although 400 people with lived experience were invited, none came along so the discussion was held with staff who work closely with this group instead. Feedback from an early engagement survey carried out in Oct-Nov 2021 was also looked at.	Disability (mental health/addiction)

Views Expressed	Officer Response
Shortages in local housing provision - people have to move away from support networks	Captured in the 'Improving our effectiveness and thinking differently to meet need with less' objective of the Strategic Framework.
Shortage of safe homeless accommodation for vulnerable groups of people	Captured in the 'Improving our effectiveness and thinking differently to meet need with less' objective of the Strategic Framework.
Joined up approach for individuals with mental health problems	Captured in the 'Improving our effectiveness and thinking differently to meet need with less' objective of the Strategic Framework as well as in the 'Ways of Working' part of the Strategic Framework.
Lack of affordable housing for key workers in NHS and social care	Captured in the 'Rising to the workforce challenge' objective of the Strategic Framework.

## Discussion with staff: Gypsy Traveler Community

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
18/08/2022	Online (Teams)	Discussion was held with staff who work closely with this group. Feedback from 3 interviews at St. Boswell's Fair were incorporated	Race Religion and Belief

Views Expressed	Officer Response
Institutional racism is a barrier to accessing services.	Captured in the 'Ways of Working' part of the Strategic Framework as well as in the 'Reducing poverty and inequalities' objective of the Strategic Framework and in the 'Improved access to services' objective of the Strategic Framework.
Not having a permanent address makes it difficult to access appointments.	Captured in the 'Improved access to services' objective of the Strategic Framework.
Common to have self-diagnoses as people are reluctant to attend GP for minor symptoms. Common to have late presentation of illness.	Captured in the 'Focusing on prevention and early intervention' objective of the Strategic Framework.
Some sites have better access to facilities and services than others (Innerleithen is a good model, Victoria Park working less well).	Captured in the 'Improved access to services' objective of the Strategic Framework.

# Equality, Human Rights and Fairer Scotland Duty Impact Assessment

## Stage 3



## Analysis of findings and recommendations

### IJB Strategic Framework 2023-26

Please detail a summary of the purpose of the proposal being developed or reviewed including the aims, objectives and intended outcomes

The proposal is concerned with the development of the renewed IJB Strategic Plan for the time period of 2023-2026. The Strategic Plan has since been developed into a Strategic 'Framework' and is positioned as a high level framework document to be used across Scottish Borders health and social care.

The Strategic Framework seeks to improve the outcomes of our communities, and is based on understanding the needs of our communities. The mission is "To help the people of the Scottish Borders to live their lives to the full, by delivering seamless services that place their needs at the heart of everything we do." The Framework was developed by:

1. Considering the social determinants of health
2. Considering the challenges we currently and would expect to face in the Scottish Borders, including analysing our Strengths Weakness Opportunities and Threats
3. Reviewing our performance against the National Health and Wellbeing outcomes in the context of the actions taken in our last Strategic Plan.
4. Understanding our local population public health needs ('Needs of our Communities; report)
5. Engaging and listening to our communities and understanding their expressed needs ('We have Listened' reports)

There are 6 key objectives outlined in the Framework:

1. Improving access to services
2. Rising to the workforce challenge
3. Focusing on prevention and early intervention
4. Supporting unpaid carers
5. Improving our effectiveness and efficiency
6. Reducing poverty and inequalities

The Framework also acknowledges we need to change our ways of working, particularly around communication and engagement with the public and making our services more streamlined and efficient. These new ways of working are as follows:

1. People at the heart of everything we do
2. Good agile teamwork and ways of working – Team Borders approach
3. Deliver quality, sustainable, seamless services
4. Dignity and respect
5. Care and compassion
6. Inclusive, co-productive and fair with openness, honesty and responsibility

The intended outcomes are aligned with the 9 national wellbeing outcomes. The ambition for the Framework is:

- 95% of adults able to look after their health well (currently 93.4%)
- 85% of adults supported at home agree they are supported to live independently (currently 73.1%)
- 80% of adults agree that they had a say in how their help, care or support was provided (currently 63.4%)
- 75% of adults supported at home agree that their health and social care services are well coordinated (currently 59.3%)
- 80% of adults receiving any care or support rate it as excellent or good (currently 73.9%)
- 80% of people have a positive experience of care at their GP practice (currently 65.9%)
- 80% of adults supported at home agree that their services improve or maintain their quality of life (currently 70.5%)
- 70% of carers feel supported to continue in their caring role (currently 29.4%)
- 85% of adults supported at home agree they feel safe (currently 77.3%)

Equality Act 2010 – Relevant Protected Characteristics as identified in Stage 1 (remove those that do not apply)

Protected Characteristic	Equality Duty		What impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Age	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Positive, the proposal seeks to reduce these.	Measured through the 9 Health and Wellbeing Outcomes  Delivery through: <ul style="list-style-type: none"> <li>- Service / Programme Plans</li> <li>- Locality Plans</li> <li>- Health and Social Care Annual Plans</li> <li>- Local Housing Strategy</li> </ul>
	Advancing equality of opportunity		Positive, the proposal seeks to advance this.	See above
	Fostering good relations by reducing prejudice and promoting understanding		Positive, the proposal seeks to achieve this.	See above
Disability	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Positive, the proposal seeks to reduce these.	See above
	Advancing equality of opportunity		Positive, the proposal seeks to advance this.	See above
	Fostering good relations by reducing prejudice and promoting understanding		Positive, the proposal seeks to achieve this.	See above
Gender Reassignment	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Positive, the proposal seeks to reduce these.	See above
	Advancing equality of opportunity		Positive, the proposal seeks to advance this.	See above

	Fostering good relations by reducing prejudice and promoting understanding		Positive, the proposal seeks to achieve this.	See above
Marriage and Civil Partnership	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Positive, the proposal seeks to reduce these.	See above
	Advancing equality of opportunity		Positive, the proposal seeks to advance this.	See above
	Fostering good relations by reducing prejudice and promoting understanding		Positive, the proposal seeks to achieve this.	See above
Pregnancy and Maternity	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Positive, the proposal seeks to reduce these.	See above
	Advancing equality of opportunity		Positive, the proposal seeks to advance this.	See above
	Fostering good relations by reducing prejudice and promoting understanding		Positive, the proposal seeks to achieve this.	See above
Race	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Positive, the proposal seeks to reduce these.	See above
	Advancing equality of opportunity		Positive, the proposal seeks to advance this.	See above
	Fostering good relations by reducing prejudice and promoting understanding		Positive, the proposal seeks to achieve this.	See above
Religion & Belief including non-belief	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Positive, the proposal seeks to reduce these.	See above
	Advancing equality of opportunity		Positive, the proposal seeks to advance this.	See above



	Fostering good relations by reducing prejudice and promoting understanding		Positive, the proposal seeks to achieve this.	See above
Sex	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Positive, the proposal seeks to reduce these.	See above
	Advancing equality of opportunity		Positive, the proposal seeks to advance this.	See above
	Fostering good relations by reducing prejudice and promoting understanding		Positive, the proposal seeks to achieve this.	See above
Sexual Orientation	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Positive, the proposal seeks to reduce these.	See above
	Advancing equality of opportunity		Positive, the proposal seeks to advance this.	See above
	Fostering good relations by reducing prejudice and promoting understanding		Positive, the proposal seeks to achieve this.	See above

**Equality and Human Rights Measurement Framework Human– Reference those identified in Stage 1 (remove those that do not apply)**

Article	Enhancing or Infringing	Impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Education	Higher education and lifelong learning	The 'Rising to the workforce challenge' objective will focus on improving this	Actions will be taken through the IJB Workforce plan to improve outcomes on education and workforce.
Work	Employment Earnings	The 'Rising to the workforce challenge' objective will focus on improving this	See above.

	Occupational segregation Forced Labour and trafficking*		
Living Standards	Poverty Housing Social Care	<p>The 'Reducing poverty and inequalities' objective particularly focuses on achieving better outcomes for those in poverty.</p> <p>Housing is recognised as a partner in achieving the strategic objectives in the Framework.</p> <p>Social Care services are a service under the IJB which will be required to implement changes which achieve the 6 objectives and 9 National Health and Wellbeing outcomes.</p>	<p>The Strategic Framework will be delivered in partnership with Housing teams and Community Planning Partnership (CPP) to reduce poverty and improve issues around housing.</p> <p>Housing and Homelessness is incorporated within the Strategic Framework.</p> <p>Services will also be measured against the 9 National Health and Wellbeing outcomes.</p>
Health	Social Care Health outcomes Access to health care Mental health Reproductive and sexual health* Palliative and end of life care*	The Strategic Framework seeks to improve outcomes for all these areas by delivering the 6 key objectives and 9 National Health and Wellbeing outcomes.	Will be measured through the 9 National Health and Wellbeing outcomes.
Justice and Personal Security	Conditions of detention Hate crime, homicides and sexual/domestic abuse Criminal civil justice Restorative justice Reintegration, resettlement and rehabilitation*	<p>Community Justice is an IJB partner and will be required to support delivery of the 6 objectives.</p> <p>This is also captured in the National Health and Wellbeing outcome: Adults supported at home agree they feel safe.</p>	Will be measured through the National Health and Wellbeing outcome: Adults supported at home agree they feel safe. Aiming to achieve 85%, currently the figure is 77.3%.

Participation	Political and civic participation and representation Access to services Privacy and surveillance Social and community cohesion* Family Life*	The Strategic Framework recognises our communities have not been well engaged in the past and it is difficult to get the right care at the right time.  The Framework seeks to improve this with new and improved ways of working.	The Communications and Engagement Strategy, which is part of the Strategic Framework delivery, will outline actions to improve this.  Reinstatement of the Locality Working Groups is a key action to ensuring better community participation in the delivery of the Framework objectives.
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### Fairer Scotland Duty

Identify changes to the strategic programme/proposal/decision to be made to reduce negative impacts	The key objective: 'Reducing poverty and inequalities' seeks to reduce health inequalities on disadvantaged groups. Delivery of the other 5 objectives will also help reduce negative impacts on services users of the health and social care system.
Identify the opportunities the strategic programme/proposal/decision provides to reduce or further reduce inequalities of outcome	The key objective: 'Reducing poverty and inequalities' seeks to further reduce inequalities of outcomes. Much of this work will be delivered through Public Health and with partnership working with the Community Partnership Plan (CPP).

### Are there any negative impacts with no identified mitigating actions? If yes, please detail these below:

<p>The limited budget placed on the IJB means there will be difficult financial decisions to be made in future. This could for example result in the closure of a service or reallocation of resources to deliver work. This may not always have a positive impact on staff or service users, but is necessary for the sustainability of health and care services in the Scottish Borders.</p> <p>This negative impact will be monitored through the Financial Framework and by the IJB Board.</p>
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## Equality, Human Rights & Fairer Scotland Duty Impact Assessment Recommendations

What recommendations were identified during the HIA process:

Recommendation	Recommendation owned by:	Date recommendation will be implemented by	Review Date
A number of people have said communication needs to be better both between services and between services and their users. The communication the IJB has with the public could also be improved. This is captured in the Strategic Framework and will be improved upon through the Communications and Engagement Strategy.	Chris Myers, Chief Officer IJB Clare Oliver, Head of Communications and Engagement, NHS	March 31 2026	Annual
Numerous groups across the protected characteristics have said access to services was poor, particularly to access primary care (GPs and dentists specifically mentioned).  Improving access to services is one of the 6 key priorities.	Cathy Wilson, General Manager, Primary and Community Services	March 31 2026	Annual
Many groups recognised that the system was back to front, we are good in a crises but not good at prevention.	Sohail Bhatti, Director of Public Health, NHS	March 31 2026	Annual

<p>Focusing on prevention and early intervention is one of the 6 key priorities.</p>			
<p>It was acknowledged by many groups that unpaid carers need more information and respite to better deliver care. This was particularly raised by the unpaid carers group and learning disabilities group, however also mentioned by the Mental Health Forum and Dementia Working Group. These actions will be delivered through the Carers Workstream.</p> <p>'Supporting unpaid carers' is one of the 6 key priorities.</p>	<p>Lynn Gallacher, Borders Carers Centre Jenny Smith, Borders Carers Voice</p>	<p>March 31 2026</p>	<p>Annual</p>
<p>From the engagement, it is apparent that the public are aware of the staff shortages in health and social care. Several groups remarked training was needed to provide a better service, for example around LGBTQ+ rights and needs. These recommendations will be delivered through the IJB Workforce Plan</p> <p>Suggestions were made to make the Borders an attractive place to live</p>	<p>Erick Ullrich, Organisational HR Manager, SBC Clare Smith, Workforce Human Resource Manager, NHS Borders Wendy Henderson, Partners for Integration, Scottish Care</p> <p>Jenni Craig, Community Planning Partnership, SBC</p>	<p>March 31 2026</p>	<p>Annual</p>

<p>and work to help fill gaps, a priority for the CPP plan. The IJB needs to work in partnership with the CPP to make the Borders a more attractive place to work.</p> <p>'Rising to the workforce challenge' is one of the 6 key priorities.</p>	<p>Chris Myers, Chief Officer, IJB</p>		
<p>It is recognised that we need to change our way of working and be more streamlined and efficient when it comes to staffing and our resources. Various groups recommended using technology more to improve our effectiveness in delivering services.</p> <p>Discussion with staff who work with homelessness raised there was also a strong link between health and housing. Partnership working with housing teams and with the CPP may help address these wider issues.</p> <p>'Improving our effectiveness and thinking differently to meet need with less' is one of the 6 key priorities.</p>	<p>Gwyneth Lennox, Interim Chief Officer, Adult Social Work &amp; Practice, SBC</p> <p>Jenni Craig, Community Planning Partnership, SBC Donna Bogdanovic, Housing, SBC</p> <p>Chris Myers, Chief Officer Hazel Robertson, Chief Finance Officer</p>	<p>March 31 2026</p>	<p>Annual</p>
<p>There are various protected characteristic groups who suggested</p>	<p>Sohail Bhatti, Director of Public Health, NHS</p>	<p>March 31 2026</p>	<p>Annual</p>

<p>better training for staff to reduce stigma and improve understanding of their protected characteristic was needed. This was raised by the mental health forum, learning disability, LGBTQ+ people, older people, those in the community justice system who completed the survey and by staff who work with the gypsy traveller community.</p> <p>'Reducing poverty and inequalities' is one of the 6 key priorities.</p>	<p>Wendy Henderson, Partners for Integration, Scottish Care</p>		
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### Monitoring Impact – Internal Verification of Outcomes

How will you monitor the impact this proposals affects different groups, including people with protected characteristics?

<p>The Strategic Framework will be supported by a number of high-level frameworks to enable its delivery which include:</p> <ul style="list-style-type: none"> <li>- Integrated Financial Framework</li> <li>- Integrated Workforce Plan</li> <li>- Communications and Engagement Strategy</li> </ul> <p>These will all have an IIA associated which consider the impacts from the protected characteristics.</p>
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### Procured, Tendered or Commissioned Services (SSPSED)

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

The Health and Social Care Strategic Framework will be used by the Integration Joint Board, NHS Borders, Scottish Borders Council (joint partners in the Health and Social Care Partnership), Primary Care Providers, Independent and Third Sector providers and partners involved in the 'Enjoying Good Health and Wellbeing' theme of the Community Planning Partnership. Where services or programmes are commissioned by the Health and Social Care Partnership, they will directly align to the Strategic Framework, our associated Equalities and Human Rights mainstreaming process, and IJB governance. This will be considered at strategic (IJB) and operational (HSCP) level. In addition, the Commissioning Board pays due regard to the HSCP's Fairer Scotland duties.

### **Communication Plan (SSPSED)**

Please provide a summary of the communication plan which details how the information about this policy/service to young people, those with a visual or hearing sensory impairment, difficulty with reading or numbers, learning difficulties or English as a second language will be communicated.

The National Development Team for Inclusion were contracted to gather the initial needs of the communities to develop the Strategic Framework. They engaged with those who have a learning disability, who have sensory impairment and people who consider English as a second language. Since the Strategic Framework has been developed, these groups have been contacted again to discuss the Strategic Framework.

An Easy Read version has been created of the Strategic Framework and is available on the IJB website.

A Braille version as well as alternative language may be requested, but until the request is made, not yet produced.

### **Signed Off By:**

**Chris Myers, Chief Officer, Scottish Borders Health and Social Care Integration Joint Board**

### **Date:**

**7 March 2023**



# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Scottish Borders Health &amp; Social Care Integration Joint Board Directions</b>
<b>Responsible Executive/Non-Executive:</b>	<b>June Smyth, Director of Planning &amp; Performance</b>
<b>Report Author:</b>	<b>Stephanie Errington, Head of Planning &amp; Performance</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- NHS Board/Integration Joint Board Strategy or Direction

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

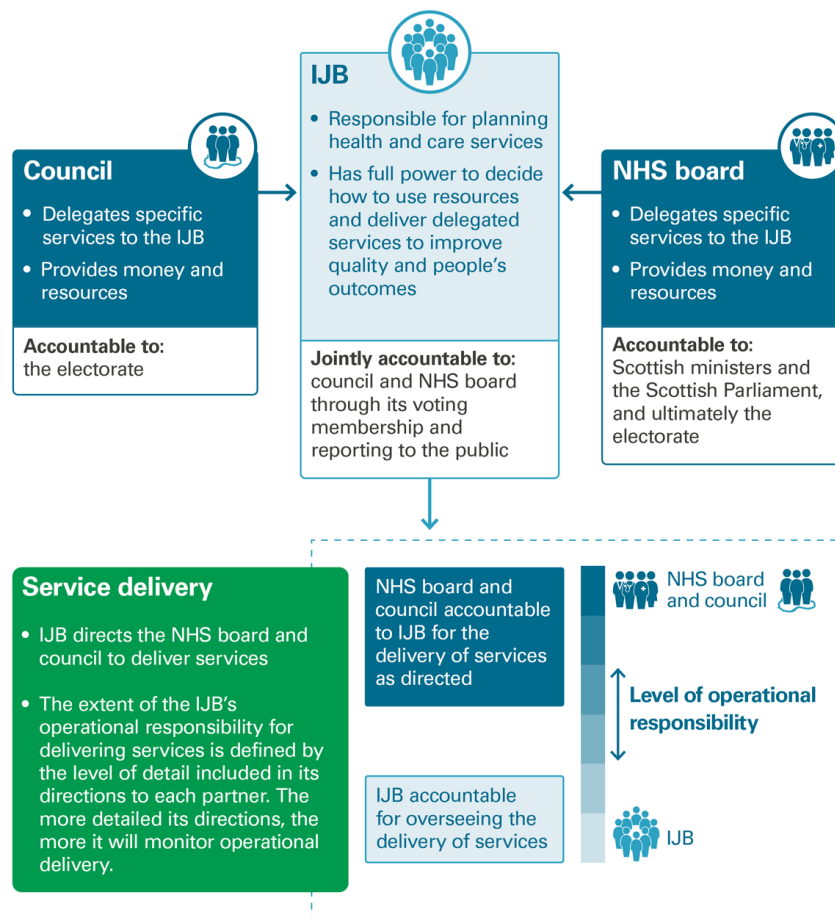
### 2.1 Situation

This report provides an update on the Directions issued to NHS Borders from the Health and Social Care Integration Joint Board (IJB) in 2022/23 and progress against these, and outlines the Directions received to date during 2023/24 and the status of these.

### 2.2 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) outlines the arrangements for delegating services and resources from Local Authorities and Health

Boards to IJBs. These arrangements are summarised at a high level in the Audit Scotland diagram below:



Source: [What is integration? A short guide to the integration of health and social care services in Scotland](#), April 2018, Audit Scotland

Under these arrangements, the responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated by the Health Board and Council sit with the IJB as a statutory public body.

The Act states that an IJB must direct their partner authorities to carry out each function delegated to the IJB.

Directions are a legal mechanism intended to clarify responsibilities requirements between partners. The primary purpose of Directions is to set a clear framework for the resourcing and operational delivery of the functions that have been delegated to the IJB and to clearly convey the decision(s) made by the IJB about any given function(s).

This update is included to ensure that the Board is fully sighted on the IJB Directions to NHS Borders in 2022/23 and progress against these along with notification of the Directions received to date during 2023/24 and the status of these.

The IJB has an 'IJB Directions Policy and Procedure' in place which is designed to ensure all Directions that affect NHS Borders are developed in partnership with the

IJB and NHS Borders, so that when they are issued these are supported and understood.

NHS Borders is currently finalising its internal Policy and Procedure which sets out the process for reviewing Directions once they are received to assess any implications to the existing commitments within the Board's Annual Delivery Plan (ADP) and to set out clear responsibilities in relation to implementing the Directions and ensure these are built into operations.

## 2.3 Assessment

During 2022/23 the IJB issued several Directions to NHS Borders and also jointly to NHS Borders and Scottish Borders Council. A copy of these and their current progress assessment (as assessed by the IJB Chief Finance Officer) is attached at **Appendix 1**. Not included in the table are the Directions to Scottish Borders Council only.

Since the beginning of financial year 2023/24 there have been four Directions issued to NHS Borders / jointly with Scottish Borders Council relating to:

- Delivery of Financial Targets (attached at **Appendix 2**)
- Mental Health Day Services (attached at **Appendix 3**)
- Locality Working Groups (attached at **Appendix 4**)
- Integrated Service models of Delivery re Hawick and Tweedbank Care Villages (attached at **Appendix 5**)

The first two of these Directions are in the final assessment phase internally and a response to the IJB Chief Officer will be provided shortly by the Chief Executive of NHS Borders.

In line with the draft internal Directions Policy, the second two Directions are currently being considered against the commitments contained within the Board's ADP to assess if there are any implications to current priorities in implementing these Directions. It is anticipated that this assessment will be complete during July 2023.

Moving forward, with the closer alignment of the Board's ADP deliverables and the IJB's Annual Plan the implications of the Direction should be anticipated as part of our existing in-year priorities. As new Directions are received the Board will be notified of them along with an outline of any implications for the ADP deliverables. Progress on the implementation of any Directions for NHS Borders will be incorporated into the ADP quarterly update process.

### 2.3.1 Quality/ Patient Care

IJB Directions will clearly set out which outcome / performance measures the Direction relates to and when logged on the Annual Plan will be cross referenced against the Strategic Objectives and Ways of Working as outlined in the Strategic Framework.

### **2.3.2 Workforce**

The supporting Integrated Workforce Plan has been designed to carefully consider the workforce interdependencies across the whole system and enable and empower HSCP to plan and resource sustainable community-based services.

Any workforce implications as a result of implementing the IJB Directions will be highlighted as part of the assessment and implementation of the Direction.

### **2.3.3 Financial**

There are no costs attached to any of the recommendations contained in this report, however both Directions contain detail on the impacts on the budget delegated to the IJB.

### **2.3.4 Risk Assessment/Management**

As Directions are developed in partnership with NHS Borders there should be no specific concerns that need to be addressed. Should any specific risks become apparent these will be outlined along with any proposed mitigating actions as Directions are brought forward to the Board for awareness. In operationally implementing the Directions, any associated risks and mitigations will be managed as per NHS Borders Risk Management policy.

### **2.3.5 Equality and Diversity, including health inequalities**

Integrated Impact Assessments are undertaken in relation to the work that led to the IJB Directions, in line with the IJB's Equality duties in its capacity as a Public Body. In operationally implementing the Directions these will also be done within NHS Borders Equality duties.

### **2.3.6 Climate Change**

There are no related climate impacts associated with this report.

### **2.3.7 Other impacts**

No additional impacts assessed at this time.

### **2.3.8 Communication, involvement, engagement and consultation**

In developing the Direction, it is assumed that there has been appropriate communication, involvement, engagement and consultation with stakeholders including patients, staff and carers. If in implementing the Directions NHS Borders assesses further communication, involvement, engagement and consultation work is required then this will be taken forward in line with Board requirements.

### **2.3.9 Route to the Meeting**

This paper has been developed following discussions with members of the Board Executive Team.

## 2.4 Recommendation

It is recommended that NHS Borders Board:

- **Notes** the IJB Directions to NHS Borders received in 2022/23 and progress against these
- **Notes** the IJB Directions received to date during 2023/24 and the status of these

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1, IJB Directions
- Appendix 2, Delivery of Financial Targets
- Appendix 3, Mental Health Day Services
- Appendix 4, Locality Working Groups
- Appendix 5, Integrated Service Models of Delivery re Hawick and Tweedbank Care Villages

## Appendix 1

### Scottish Borders Health and Social Care Partnership Integration Joint Board – Directions to NHS Borders Board

As at 19 June 2023

Ref	Date	Service	Agency	Purpose	Direction	Value £000s	Outcomes	June-23
SBIJB-150622-3	16/06/22	Pharmacy support to social care users	NHSB & SBC	Polypharmacy	To provide an Integrated service for all adult social care service users <a href="#">Pharmacy Support to Social Care Service Users</a>	NR £150k	Savings will be identified to CFO. Review of service after two cycles	No update for this iteration
SBIJB-150622-4 Budget	16/06/22	All	NHSB & SBC	Budgetary framework	To deliver services within the budgets and under the framework outlined in Item 5.7 of the 15 June 2022 Integration Joint Board. <a href="#">2022-23 Budgetary Framework</a>		To live within budget, will be active until end March	Working on Financial Recovery Plan Savings slow YTD
SBIJB-150622-5	16/06/22	Health Board Oral Services	NHSB	Development of plan	To provide support for the production of an Oral Health Plan <a href="#">Health Board Development of the Oral Health Plan</a>	As per Sol	Focussed on planning principles, health improvement plan, and be financially sustainable	No specific issues to report

SBIJB-21-09-22-01	21/09/22	Hospital at home	NHSB	Scope the development of Hospital at home	Develop a business case to come back to IJB for approval <a href="#">Hospital at Home Direction</a>	£300k	Benefits tracker now established	Small patient numbers to date but a spread plan is in place
SBIJB-210922-2	21/09/22	Integrated home based reablement service	NHSB & SBC	Report to IJB with business case for integrated SB Cares and Home First Service	Develop a business case to come back to IJB for approval <a href="#">Integrated Home Based Reablement Service</a>	Expected that costs will reduce	To review by SPG before IJB in December	Meeting agreed the parameters of the proposal. Ongoing
SBIJB-210922-3	21/09/22	Palliative Care review	NHS Borders and Scottish Borders Council, with NHS Borders commissioning the review	To commission an independent palliative care review	Scope and outcomes as described in paper with full engagement and integrated approach. To improve outcomes and reduce costs through a programme budgeting approach <a href="#">Palliative Care Direction</a>		To conclude by 31 March 2023. Review by SPG before IJB	Only one tender received. After discussion agreed to delay for 9 months
SBIJB-020922-1	21/09/22	Primary Care Improvement Plan	NHS Borders	Manage PCIP within existing funding	PCIP Exec to deliver outcomes from non recurrent spend, and reprioritise the use of available recurrent funding. PCIP Exec to escalate at a national level regarding inadequacy of funds and the risks associated with that. <a href="#">Primary Care Improvement Fund</a>	£1.523k NR and £2.313k rec	Implementation of GP contract	“bundle” proposal being developed for presentation to NHS Board and IJB.

SBIJB-010223-1	01/02/23	Care home and extra care housing, LF	SBC, working in partnership with NHSB	Scoping of the associated integrated service models of delivery	Scoping of the associated integrated service models of delivery and associated revenue costs for the Full Business Cases for the Hawick and Tweedbank Care Villages <a href="#"><u>Direction for Business Cases for Hawick and Tweedbank Care Villages</u></a>		Business case	Nothing specific to report
SBIJB-170523-2	17/5/23	Community Integration Groups	SBC & NHSB	Establish pathfinder in Eildon	Establishment of the Eildon Community Integration Group pathfinder Develop the IIA Establish membership Explore synergies with Area Partnerships <a href="#"><u>Establishment of the Eildon Community Integration Group Pathfinder</u></a>	Review status at IJB by September 2023	Establishment of pathfinder	Nothing specific to report



**Directions Tracker**  
**Key**

Grading	Nature of status	Audit Committee action
Green	On track to achieve outcomes and broadly on track timewise No material concerns regarding finance	Nothing to escalate to IJB or to partner bodies  Note the position
Yellow	Either / and Some time delay but tolerable Moderate risk to outcomes Moderate risk to costs	Set a timescale for this being addressed  Consider whether to request further information / specific report on how this can be moved closer to the parameters set out in the Direction  Consider the requirement to report to IJB
Red	Either / and Significant time delay but tolerable Moderate risk to outcomes Moderate risk to costs	Request a detailed report on how this can be moved closer to the parameters set out in the Direction  Request a timeline for specific and detailed report to the Audit Committee setting out current position, any mitigations, and risks.  Consider this is now too high risk and not likely to result in the outcomes intended, within a reasonable timescale and cost.  Report all red Directions to the IJB and to Partner Bodies with a recommendation?
Grey	Replaced / superceded / complete	Remove from next report

**DIRECTION FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD**

Direction issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014

<b>Reference number</b>	SBIJB-170523-2
<b>Direction title</b>	Establishment of the Eildon Community Integration Group pathfinder
<b>Direction to</b>	Scottish Borders Council and NHS Borders
<b>IJB Approval date</b>	Approved by the Integration Joint Board on 17 May 2023
<b>Does this Direction supersede, revise or revoke a previous Direction?</b>	No
<b>Services/functions covered by this Direction</b>	All delegated functions: The direction is not service specific but locality working groups could exercise influence across all delegated services
<b>Full text of the Direction</b>	<p>The IJB is directing NHS Borders and the Scottish Borders Council to provide leadership, admin support and appropriate membership to enable the establishment of the Eildon Community Integration Group pathfinder. This pathfinder will inform the approach to the development of further locality Community Integration Groups across the Scottish Borders. This is in line with the approach set out in the IJB paper (link enclosed below).</p> <p>It is expected that:</p> <ul style="list-style-type: none"> <li>- The Integrated Impact Assessment will continue to be developed in stages 2 and 3</li> <li>- Membership will be diverse from across the Health and Social Care Partnership, partners and our broader communities, including representation from groups identified as part of the Integrated Impact Assessment</li> <li>- Further exploration will occur to understand the opportunities for synergy with the Area Partnerships</li> </ul> <p>The pathfinder Community Integration Group will work to:</p> <ul style="list-style-type: none"> <li>- Map all health, social care, social work and well-being services in their area and develop local directories for the public, staff and partners on what is available</li> <li>- Explore how to work more collaboratively, and provide more seamless services to our communities, putting people at the heart of everything we do, and streamlining any duplication</li> <li>- Focus on developing measures, outcomes and initiatives to promote prevention and early intervention in the locality</li> <li>- Focus on developing measures, outcomes and initiatives to reduce poverty and inequalities in the locality</li> <li>- Support the IJB to appropriately engage with local communities on an ongoing basis</li> </ul>

	Once established, one representative from each Community Integration Groups will report in to the Strategic Planning Group, and one of the leads will be nominated to be a non-voting member of the IJB, representing the views of localities.
<b>Timeframes</b>	To start by: July 2023
<b>Links to relevant SBIJB report(s)</b>	IJB papers 17 May 2023: <a href="https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&amp;MId=6535&amp;Ver=4">https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&amp;MId=6535&amp;Ver=4</a>
<b>Budget / finances allocated to carry out the detail</b>	The Chief Financial Officer has made provision for Locality Coordinator and Project Officer support to support the pathfinder. It is expected that costs will be defined as part of the pathfinder.
<b>Outcomes / Performance Measures</b>	This working arrangement should be directly pointing towards improvements in services link to the Strategic Plan, the National Health and Wellbeing Outcomes and IJB Performance Measures
<b>Date Direction will be reviewed</b>	It is expected that an update will be brought back to the IJB in September 2023, to allow for decisions on the roll-out across the remaining four localities.

**DIRECTION FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD**

Direction issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014

<b>Reference number</b>	SBIJB-190423-2
<b>Direction title</b>	Gala Resource Centre
<b>Direction to</b>	Scottish Borders Council and NHS Borders
<b>IJB Approval date</b>	19 April 2023
<b>Does this Direction supersede, revise or revoke a previous Direction?</b>	No
<b>Services/functions covered by this Direction</b>	Mental Health – Day services
<b>Full text of the Direction</b>	<p>The IJB directs NHS Borders and Scottish Borders Council to:</p> <ul style="list-style-type: none"> <li>• Not re-open / close the Gala Resource Centre</li> <li>• Collect baseline outcomes / performance measure information as outlined in the outcomes / performance measures section below</li> <li>• Earmark £70,000 of funds saved for reinvestment in the further development of service to support adults with a diagnosis of Emotionally Unstable Personality Disorder (EUPD). As part of this: <ul style="list-style-type: none"> <li>○ Ensure that the integration planning and delivery principles are followed</li> <li>○ Ensure that an Equalities and Human Rights Impact Assessment is undertaken by the service as part of the development of the Emotionally and Unstable Personality Disorder service</li> <li>○ Ensure that the case is reviewed by the Integration Joint Board for consideration of approval</li> <li>○ Develop courses, ideally based on decider skills</li> <li>○ Increase the direct provision of 1:1 core and general treatments including safety and stabilisation work as per the current personality disorder pathway</li> <li>○ Provide consultation support to keyworkers in the CMHT providing core and general treatment</li> </ul> </li> </ul>
<b>Timeframes</b>	<p>To start by: April 2023  To conclude by: March 2024</p>
<b>Links to relevant SBIJB report(s)</b>	<a href="#">IJB papers – 19 April 2023</a>
<b>Budget / finances allocated to carry out the detail</b>	This direction will release cash savings of £166,656 (£236,656 from the closure less £70,000 for the EUPD service). Savings will support the budgetary pressure in IJB/HSCP delegated services.
<b>Outcomes / Performance Measures</b>	<ul style="list-style-type: none"> <li>• Improved satisfaction for those with a diagnosed Emotionally Unstable Personality Disorder (EUPD)</li> <li>• National Health and Wellbeing outcomes included in the paper</li> </ul> <p>It is expected that the baseline information is developed in advance of the new EUPD service.</p>
<b>Date Direction will be reviewed</b>	To be reviewed by the IJB Audit Committee in December 2023

**DIRECTION FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD**

Direction issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014

<b>Reference number</b>	SBIJB-170523-2
<b>Direction title</b>	Establishment of the Eildon Community Integration Group pathfinder
<b>Direction to</b>	Scottish Borders Council and NHS Borders
<b>IJB Approval date</b>	Approved by the Integration Joint Board on 17 May 2023
<b>Does this Direction supersede, revise or revoke a previous Direction?</b>	No
<b>Services/functions covered by this Direction</b>	All delegated functions: The direction is not service specific but locality working groups could exercise influence across all delegated services
<b>Full text of the Direction</b>	<p>The IJB is directing NHS Borders and the Scottish Borders Council to provide leadership, admin support and appropriate membership to enable the establishment of the Eildon Community Integration Group pathfinder. This pathfinder will inform the approach to the development of further locality Community Integration Groups across the Scottish Borders. This is in line with the approach set out in the IJB paper (link enclosed below).</p> <p>It is expected that:</p> <ul style="list-style-type: none"><li>- The Integrated Impact Assessment will continue to be developed in stages 2 and 3</li><li>- Membership will be diverse from across the Health and Social Care Partnership, partners and our broader communities, including representation from groups identified as part of the Integrated Impact Assessment</li><li>- Further exploration will occur to understand the opportunities for synergy with the Area Partnerships</li></ul> <p>The pathfinder Community Integration Group will work to:</p> <ul style="list-style-type: none"><li>- Map all health, social care, social work and well-being services in their area and develop local directories for the public, staff and partners on what is available</li><li>- Explore how to work more collaboratively, and provide more seamless services to our communities, putting people at the heart of everything we do, and streamlining any duplication</li><li>- Focus on developing measures, outcomes and initiatives to promote prevention and early intervention in the locality</li><li>- Focus on developing measures, outcomes and initiatives to reduce poverty and inequalities in the locality</li><li>- Support the IJB to appropriately engage with local communities on an ongoing basis</li></ul>

	Once established, one representative from each Community Integration Groups will report in to the Strategic Planning Group, and one of the leads will be nominated to be a non-voting member of the IJB, representing the views of localities.
<b>Timeframes</b>	To start by: July 2023
<b>Links to relevant SBIJB report(s)</b>	IJB papers 17 May 2023: <a href="https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&amp;MId=6535&amp;Ver=4">https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&amp;MId=6535&amp;Ver=4</a>
<b>Budget / finances allocated to carry out the detail</b>	The Chief Financial Officer has made provision for Locality Coordinator and Project Officer support to support the pathfinder. It is expected that costs will be defined as part of the pathfinder.
<b>Outcomes / Performance Measures</b>	This working arrangement should be directly pointing towards improvements in services link to the Strategic Plan, the National Health and Wellbeing Outcomes and IJB Performance Measures
<b>Date Direction will be reviewed</b>	It is expected that an update will be brought back to the IJB in September 2023, to allow for decisions on the roll-out across the remaining four localities.

## DIRECTIONS FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD

Directions issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014

<b>Reference number</b>	SBIJB-170523-4	
<b>Direction title</b>	Scoping of the associated integrated service models of delivery and associated revenue costs for the Full Business Cases for the Hawick and Tweedbank Care Villages.	
<b>Direction to</b>	Scottish Borders Council and NHS Borders	
<b>IJB Approval date</b>	Approved at Integration Joint Board meeting 17 May 2023	
<b>Does this Direction supersede, revise or revoke a previous Direction?</b>	Yes: Revises SBIJB-15-12-21-3	
<b>Services/functions covered by this Direction</b>	<ul style="list-style-type: none"> <li>• Care Home services</li> <li>• Extra Care Housing</li> <li>• Services and support for adults with Learning Disabilities</li> <li>• Associated integrated services</li> </ul>	
<b>Full text of the Direction</b>	<p>To scope the potential integrated service model of delivery and potential revenue costs associated to the development of both of the Full Business Cases for Hawick and Tweedbank.</p> <p>As part of this process, it is expected that:</p> <ul style="list-style-type: none"> <li>• There will continue to be full and appropriate consultation and engagement with stakeholders which informs the development of the Care Village service model</li> <li>• The Equalities and Human Rights Impact Assessment will continue to be developed and informs the development of the Care Village service model</li> <li>• The model of services will be needs based and align to the Integration Planning and Delivery Principles</li> <li>• The model of services will be integrated and holistic, in line with the integration delivery principles and Scottish Government <a href="#">“My Health, My Care, My Home - healthcare framework for adults living in care homes.”</a></li> <li>• The full proposed costs of the proposed service delivery will be outlined and based on best value principles</li> </ul> <p>It is recognised that the capital investment needed to deliver the Care developments is included in the Scottish Borders Council’s Capital plan. It is expected that the Full Business Case for revenue and service provision will be considered by the Integration Joint Board, and that the Full Business Case will be considered for approval by the Scottish Borders Council.</p>	
<b>Timeframes</b>	<u>Hawick Care Home Provision Full Business Case and associated service model of delivery</u> To start by: With immediate effect To conclude by: Early 2024	<u>Tweedbank Care Village Full Business Case and associated service model of service delivery</u> To start by: With immediate effect To conclude by: Early 2024
<b>Links to relevant SBIJB report(s)</b>	- December 2021 IJB – Item 6f Tweedbank Care Village OBC <a href="https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&amp;MIId=6088&amp;Ver=4">https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&amp;MIId=6088&amp;Ver=4</a>	

	<ul style="list-style-type: none"> <li>- September 2022 IJB - Item 6A Hawick OBC Initial Agreement <a href="https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&amp;MIId=6386&amp;Ver=4">https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&amp;MIId=6386&amp;Ver=4</a></li> <li>- February 2023 IJB – Item 5a Hawick Care Village OBC <a href="https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&amp;MIId=6610">https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&amp;MIId=6610</a></li> </ul>
<b>Budget / finances allocated to carry out the detail</b>	<p>The budget for programme support is as per the scheme of integration.</p> <p>It is expected that all revenue implications for the Health and Social Care Integration Joint Board will be considered by the Integration Joint Board for approval, prior to agreement.</p>
<b>Outcomes / Performance Measures</b>	<ul style="list-style-type: none"> <li>• NHWB2: People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</li> <li>• NHWB3: People who use health and social care services have positive experiences of those services, and have their dignity respected</li> <li>• NHWB4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</li> <li>• NHWB7: People who use health and social care services are safe from harm</li> <li>• NHWB9: Resources are used effectively and efficiently in the provision of health and social care services</li> </ul>
<b>Date Direction will be reviewed</b>	Review of Hawick Care Village FBC progress in the August 2023 Audit Committee.





<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Resources &amp; Performance Committee Minutes</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Ralph Roberts, Chief Executive</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Government policy/directive

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this report is to share the approved minutes of the Resources and Performance Committee with the Board.

### 2.2 Background

The minutes are presented to the Board as per the Resources & Performance Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.

### 2.3 Assessment

The minutes are presented to the Board as per the Resources & Performance Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.

### **2.3.1 Quality/ Patient Care**

As detailed within the minutes.

### **2.3.2 Workforce**

As detailed within the minutes.

### **2.3.3 Financial**

As detailed within the minutes.

### **2.3.4 Risk Assessment/Management**

As detailed within the minutes.

### **2.3.5 Equality and Diversity, including health inequalities**

An HIIA is not required for this report.

### **2.3.6 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 Route to the Meeting**

This has been previously considered by the following group as part of its development. The group has supported the content.

- Resources & Performance Committee 4 May 2023

## **2.4 Recommendation**

The Board is asked to **note** the minutes which are presented for its:

- **Awareness** – For Members' information only.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Resources & Performance Committee minutes 02.03.23

Minutes of a meeting of the **Resources and Performance Committee** held on Thursday 2 March 2023 at 9.00am via MS Teams.

**Present:**

Mrs F Sandford, Non Executive (Chair)  
Mr J Ayling, Non Executive  
Mrs L O'Leary, Non Executive  
Mr T Taylor, Non Executive  
Cllr D Parker, Non Executive  
Dr K Buchan, Non Executive  
Mr J McLaren, Non Executive  
Mr R Roberts, Chief Executive  
Mr A Bone, Director of Finance  
Dr L McCallum, Medical Director  
Dr S Bhatti, Director of Public Health  
Mr A Carter, Director of HR  
Mrs S Horan, Director of Nursing, Midwifery & AHPs  
Mrs J Smyth, Director of Planning & Performance  
Mr G Clinkscale, Director of Acute Services  
Mrs L Jones, Director of Quality & Improvement

**In Attendance:**

Miss I Bishop, Board Secretary  
Mrs S Patterson, Deputy Director of Finance  
Mrs A Wilson, Director of Pharmacy  
Mrs C Oliver, Head of Communications

**1. Apologies and Announcements**

- 1.1 Apologies had been received from Mrs Karen Hamilton, Chair, Mrs Harriet Campbell, Non Executive, Ms Sonya Lam, Non Executive, Mr Chris Myers, Chief Officer Health & Social Care, Dr Janet Bennison, Associate Medical Director Acute, Dr Tim Young, Associate Medical Director and Dr Amanda Cotton, Associate Medical Director MH&LD.
- 1.2 The Chair welcomed Alison Wilson, Director of Pharmacy to the meeting who attended for item 5 on the agenda.
- 1.3 The Chair confirmed the meeting was quorate.
- 1.4 The Chair reminded the Committee that a series of questions and answers on the papers had been provided in regard to areas of fact or clarification.

**2. Declarations of Interest**

- 2.1 The Chair sought any verbal declarations of interest pertaining to items on the agenda.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted there were none declared.

### **3. Minutes of Previous Meeting**

- 3.1 The minutes of the previous meeting of the Resources and Performance Committee held on 19 January 2023 were approved.

### **4. Matters Arising**

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the action tracker.

### **5. HEPMA Update**

- 5.1 Alison Wilson gave an overview of the content of the paper which provided an update on the actions from the previous meeting held in November 2022.
- 5.2 The Chair sought clarification from Mr Andrew Bone in regard to the funding of HEPMA. Mr Bone advised that the Scottish Government had endorsed a strategy developed through NHS Scotland to ensure the HEPMA approach would be a strategy adopted by all Health Boards and, as was the case for most national strategies, it expected Health Boards to address the financial resources requirement through core budgets. He emphasised that there was no discrete funding attached to HEPMA.
- 5.3 Mr Tris Taylor commented that it was assumed there would be some benefits of implementing HEPMA and deferring it would associate more costs with upgrading Ascribe. In not taking advantage of the group procurement discounts on the HEPMA system the organisation would be put in a worse position over time on available data. Mrs Wilson confirmed that there was a need to upgrade Ascribe at a cost of around £50k and the current quote for HEPMA would increase when it expired.
- 5.4 Mr Bone commented that there was an opportunity to look at the implementation of HEPMA without it impacting on other IT programmes. Capital would need to be secured to progress with HEPMA and there was a slight benefit in delaying implementation in financial terms as running costs were only incurred at the point of implementation.
- 5.5 Mr James Ayling enquired why the upgrade of Ascribe was delayed by the supplier for 2 years. He assumed there was a software licence agreement for the current version of Ascribe so that both systems would speak to each other when implemented. Mrs Wilson commented that the Ascribe supplier had advised that they had an upgrade however it had not been fully available. With a lot of negotiation she was now confident that the upgrade was fully operational and could be available in the summer. In terms of the contract it was a rolling contract.
- 5.6 Dr Sohail Bhatti highlighted that the benefits attributable to HEPMA suggested the organisation could save between 44 and 115 occupied bed days and gain financial benefit by reducing the number of prescribing errors.
- 5.7 Mr Ayling commented that he was concerned that the organisation was not clear on its contractual relationships and reminded the Committee of the LIMS contract issue.
- 5.8 Mr Ralph Roberts commented that there was work to be done across the organisation in terms of contractual arrangements being appropriate across the whole system. On a broader

point he accepted that HEPMA was the right direction of travel and a business case to articulate costs and benefits would be required. He wished to link HEPMA to the wider digital programme in order to be realistic about affording it in the immediate future against other digital priorities.

- 5.9 Mr Taylor commented that in regard to cyber security the expected end date for Microsoft to support windows 10 was October 2025, which actually was not that far away. He enquired if there was an option to move to windows 11 for the stock control products system in order to provide breathing space. Mrs June Smyth advised that she would seek an answer from Mrs Jackie Stephen outwith the meeting.
- 5.10 Mr Bone suggested contract management be overseen by the Audit Committee as it had already requested a review of contract management arrangements.
- 5.11 Mrs Lucy O’Leary enquired in terms of future business case structure more generally, if the methodology solely based on cost per benefit could be reviewed. The Chair suggested it be added to the action tracker.

The **RESOURCES & PERFORMANCE COMMITTEE** agreed that the Audit Committee be tasked with keeping an overview of all contract management arrangements.

The **RESOURCES & PERFORMANCE COMMITTEE** agreed that HEPMA should be developed for inclusion in the Digital and Organisational plans from 2025/2026, subject to managing the cyber security risk of windows 10 concluding in 2025. The business case should be revised in line with that timescale and, be presented to the Board for approval during 2024/25.

The **RESOURCES & PERFORMANCE COMMITTEE** noted that a project to upgrade the current stock control system would be included and delivered in the 2023/24 Digital plan and that funding sources would be secured to support that.

## **6. LIMS Contract**

- 6.1 Mr Andrew Bone confirmed that the work had been concluded to enable a final contract to be agreed. Mrs Susan Patterson provided the Committee with the detail of the process undertaken to establish the final contract.
- 6.2 Mr James Ayling enquired about the wording of the contract in terms of an exit strategy, indemnification and external advice.
- 6.3 Mrs Patterson commented that external legal advice had not been commissioned as the contract had been negotiated under the UK Government contract basis for all IT programmes. She confirmed that there were breaks in the contract built in at year 3 and subsequently to allow exiting, with a maximum term of the framework contract of 15 years. She also confirmed that there was not indemnity available from QE Procurement.
- 6.4 Mr Ayling enquired about the impact on the Citadel contract. Mrs Patterson commented that the expectation was that both contracts would run in conjunction with each other. Once the Clinisys contract was in place, attention would be given to the Citadel arrangements. At present there was a delay with the early adopters of Citadel.

- 6.5 Mr Bone commented that in terms of the contract period, the intention was to migrate to Citadel at the end of the 3-year period and a delivery plan would be developed to ensure a smooth transition.
- 6.6 Further discussion focused on: the required skills within the operational team to manage key contracts; potential to establish a regional or national approach with accountability and indemnity; 50/50 split for sharing of risk in terms of delays; standard 12 months' notice period for exiting contract; cost of termination; and cost of data extraction.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the update provided on the negotiation of contract for the implementation and future provision of service of the CliniSys Winpath Enterprise system to the Board's Laboratory Service.

The **RESOURCES & PERFORMANCE COMMITTEE** approved the delegation of authority to sign the finalised contract by the Chair, Chief Executive and Director of Finance.

## **7. Financial Plan**

- 7.1 Mr Andrew Bone provided an overview of the current position and highlighted that on the back of conversations between the Executive Team and the Scottish Government, colleagues now had a better sense of where NHS Borders was positioned in terms of the overall NHS Scotland situation. He advised that the Scottish Government had suggested a 3% savings target and the plan contained 2% recurring and 1% non-recurring savings targets, which was at the lower end of the spectrum compared to other Health Boards. He also advised that NHS Borders were a significant outlier in terms of the deficit. The discussion with the Scottish Government had focused on a level of understanding the circumstances the Health Board was in, with the clear message that the Health Board needed to demonstrate it was taking all the actions possible to improve the position.
- 7.2 The Chair commented that NHS Borders had by far the most coffin shaped demography of any other Health Board in Scotland, with a far higher proportion of elderly people needing more care than the working population. She also suggested that the economies of scale be considered.
- 7.3 Mrs Lucy O'Leary echoed the Chairs comments and also suggested exploring to what extent the organisation could demonstrate its ability to deliver the transformation.

*Dr Kevin Buchan left the meeting.*

- 7.4 Mr Ralph Roberts commented that he and the Executive Team recognised that the plan left the organisation standing still in terms of making progress and requiring further brokerage that it would not be able to repay. In reflecting on the discussions with the Scottish Government and with the national Board Chief Executives he thought there was a reasonable level of understanding from the Scottish Government that something different needed to be done. The Scottish Government were reviewing processes to have a different discussion on where health was in totality across Scotland and they were pushing hard for Health Boards to deliver a level of savings that were reasonable. In terms of transformation he suggested the whole system across Scotland needed to transform into a modern health service.
- 7.5 Mr James Ayling commented that it was frustrating to spend so much time on the minutia of the financial position when the organisation was established to help people. Mr Roberts

commented that in reality the Health Board role was at a strategic level and the Scottish Government role was to balance the risk. The Health Board had service targets, financial targets and service qualities and had to balance those off against each other.

- 7.6 Mr Tris Taylor commented that at 3.9% of NRAC, NHS Borders deficit was 82% higher than the average deficit, and he suggested it would be helpful to have sight of the relative cost per head of health care per demographic. In terms of transformation he suggested at a basic level it was to do more with less, by involving people and moving the balance of spend to keep people out of hospital. He suggested the participatory approach to budgeting that the Health & Social Care Integration Joint Board would be undertaking for commissioning would lead to transformation through setting a strategy on what could be delivered through the budget available. He also noted that the revised blueprint for good governance had a focus on population health and risk management. In summary he agreed that the role of the Board was to get the right balance around the execution of Scottish Government policy for the local population.
- 7.7 Mr Roberts commented that the variation in the deficit compared to other Health Boards was an important point and he understood from colleagues that there were 4-5 Health Boards above their NRAC share of the overall deficit which equated to a £750m deficit overall and £2bn if the Scottish Government figures were included. The fundamental drivers for the NHS Borders deficit were that there was a deficit pre-pandemic and the Health Board was a remote and rural Health Board. He suggested in terms of the strategic intent it had been there for 20 years and to date had still not been delivered due predominantly to a historical focus from politicians on the acute sector. There were several fundamentals to work through for the future including impacts from changes to clinical practice, inequalities assessments, older population, digital progress, and interaction with the younger members of the population.
- 7.8 Mr Roberts further suggested that the Committee approve the target of 2% recurring savings for the year with an intention to achieve 3% in year. The plan suggested 2% savings for years 1 and 2 and 3% savings in year 3 and he suggested it be revised to 2% savings in year 1 and 3% savings in years 2 and 3.
- 7.9 Mr Ayling suggested there had to be a systemic problem given the need for brokerage especially across NHS Scotland. He suggested the plan put forward could provide 3 different scenarios with different levels of cost savings and the implications of each of them in order to ensure the Scottish Government were implicit in the decision on which savings target would be progressed.
- 7.10 Dr Lynn McCallum agreed that there was a systemic issue and highlighted that the Scottish Government would issue an edict to be progressed without any funding. She gave the example of a new drug costing £250k per patient with Health Boards instructed to prescribe it and no funding would be made available. She suggested there was a fundamental disconnect between expectation and reality.
- 7.11 The Chair commented that some other Health Boards appeared to be over promising in order to avoid turnaround attention and it was an uncomfortable place to be.
- 7.12 Mr Bone then provided the Committee with a presentation on the budget offering to the Health & Social Care Integration Joint Board (IJB). He highlighted several elements to the Committee including: that there was an element of unallocated savings not attributed to the IJB or any business unit and that issue required resolution; the financial plan had a net



growth within it beyond the level of income; brokerage debt was forecast to grow over future years and no elements were attributed to the IJB in terms of a specific figure; and the Scheme of Integration did recognise the repayment of debt to Health Board and in turn from the Health Board to the Scottish Government.

- 7.13 Mr Bone suggested a 2% savings target was set for all business units including those under the delegated functions. The future direction of travel would be for some of the Health Board budget to go directly to the IJB and he was keen to ensure the correct figures were available for that future transition to occur smoothly.
- 7.14 Mrs O’Leary supported the direction of travel.
- 7.15 Mr Roberts commented that he was also supportive of the direction of travel and suggested it was helpful to know that it was broadly in line with the preferred approach of the IJB Chief Officer and Chief Financial Officer.
- 7.16 The Chair sought clarity on the level of recurring savings being requested, following the discussion.
- 7.17 Mr Bone suggested the savings remain at 2% recurring and 1% non-recurring for the financial year 2023/24 and then rise to 3% recurring for the following 2 years (2024/25, 2025/26).

The **RESOURCES & PERFORMANCE COMMITTEE** agreed the level of recurring savings targets to be included within the financial plan (currently 2% rising to 3% in years 2 and 3).

The **RESOURCES & PERFORMANCE COMMITTEE** agreed the issues described within the paper in relation to the budget settlement to the IJB; specifically, in relation to the attribution of historic unallocated savings, share of brokerage repayment obligations, and treatment of additional gap described in the financial plan.

## **8. Finance Report**

- 8.1 Mr Andrew Bone commented that the forecast position had increased to £13m, however some additional resources to address that position had been made available. Work was being progressed on the position.

The **RESOURCES & PERFORMANCE COMMITTEE** noted that the Board was reporting an overspend of £11.93m for ten months to the end of January 2022.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the position reported in relation to COVID-19 expenditure and how that expenditure has been financed.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the financial performance expectation set out by the Scottish Government following the Board’s Quarter One Review was that the board achieve an outturn performance in line with the Financial Plan (£12.2m deficit), and that following the submission on the month 10 FPR that the Board was now reporting an expected outturn of £13.5m linked to further volatility within GP Prescribing.

The **RESOURCES & PERFORMANCE COMMITTEE** noted progress against the actions described within the Financial Recovery Plan submitted to Scottish Government in November.

## **9. Strategic Risk Report**

- 9.1 Mrs Laura Jones provided an overview of the report and the risks that sat within the remit of the Committee.
- 9.2 Mr James Ayling enquired if organisational resilience included IT resilience disaster recovery and business continuity as had been highlighted in the internal audit. Mrs June Smyth commented that digital resilience was included in another risk but could be cross referenced to the overall resilience risk and was already on the risk register under digital resilience.
- 9.3 Mr Tris Taylor enquired if following the earlier conversation, contract management controls should be included as a risk on the strategic risk register. In terms of the primary care strategic risk, he enquired if the control measures included the provision of the sustainable digital role of IT infrastructure.
- 9.4 Mrs Jones commented that in terms of primary care the answer was no, however she was happy to pick up the matter outwith the meeting. In terms of contract management there would be a robust learning process following the LIMs scenario and from that if there was specific theme then it would be recorded as either a high operational risk or a strategic risk.
- 9.5 Mr Taylor enquired what the assurance systems were in terms of the effectiveness and monitoring of partnership working with key partners. He suggested in order to gain a level of assurance, partners be asked how effective they considered partnership working to be. In regard to digital he noted that the primary care risk was at red however the digital risk was not. He assumed that position was due to the digital risk being split between the Audit Committee for information matters and the Resources & Performance Committee for the broader digital risk. Mr Taylor was curious as to whether the systems and controls were adequate for that risk.
- 9.6 The Chair echoed Mr Taylor's observations and noted that a failure to deliver a balanced financial plan was very high and questioned if the digital infrastructure risk should be escalated from high to very high.
- 9.7 Mrs Jones welcomed the observations and advised that she would pick up the points discussed. She commented that the territory the organisation was moving into was that it should look at the risks as part of the annual work programme. In future an individual paper on each risk would be brought to the Committee for a deeper review and consideration of the level of assurance.

The **RESOURCES & PERFORMANCE COMMITTEE** discussed and noted the report.

## **10. Performance Scorecard**

- 10.1 Mrs June Smyth introduced the performance report and advised that the commissioning letter from the Scottish Government had just been received in regard to the medium term plan. The letter would be assessed in regard to what that meant in building the scorecard moving forward for Quarter 1 in 2023/24.
- 10.2 Mrs Lucy O'Leary enquired about the Treatment Time Guarantee narrative on unacceptable behaviours within theatres.

- 10.3 Mr Gareth Clinkscale commented that work had been taken forward with the Quality Improvement Team, the new Management Team in Theatres and Theatre staff to establish what would be required to improve working in Theatres. Some of the themes from that work had related to behaviours in the working environment and that was relevant in terms of performance. The Team had visited NHS Forth Valley and had learned lessons from their peers that would be replicated with pride in NHS Borders.

The **RESOURCES & PERFORMANCE COMMITTEE** noted performance as at the end of January 2023.

## **11. Regional Health Protection Project**

- 11.1 Dr Sohail Bhatti commented that there were a rapidly changing set of scenarios in the health protection function and he reminded the Committee that it provided a 24/7 service to report notifiable diseases. The service was resourced locally by 2 full-time nurses and supported by specialist consultants. Clearly it was a fragile service dependent on a small cohort of staff which had been negatively affected with the departure of one consultant, sickness absence of the other as well as one of the nurses. The resilience of health protection services across the region were also fragile and NHS Forth Valley, NHS Lothian, NHS Fife and NHS Borders had merged their services to form the East of Scotland Health Protection service. The service would cover the entire population of the East region of nearly 1.5m people and would commence on 3 April 2023.
- 11.2 Dr Sohail commented that a major issue had been the IT product provided by HP Zone and ensuring the correct number of licenses were purchased. What had been achieved was a collective clinical professional development, standing operating procedures, a unified telephone access point and a unified email address, as well as the provision of mutual aid.
- 11.3 The Chair commented that the initiative was fascinating as a case study for everything the Committee had discussed earlier in terms of economies of scale, single points of failure, barriers to economies of scale and contracting.
- 11.4 Dr Lynn McCallum recognised the vulnerabilities of services and the potential look towards regionalisation of other services. She enquired about the risks associated with the new regional service.
- 11.5 Dr Bhatti confirmed that a risk register had been established with all risks noted as the project had progressed including the potential of a financial risk. He advised that the aim had been to stop the clock at a particular point in time to look at what resources were sitting in each of the Health Boards.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the update.

## **12. R&PC Annual Report 2022/23**

- 12.1 Miss Iris Bishop advised that the annual report formed part of the governance statement to the Health Board Annual Report and Accounts. She confirmed that the report would be updated to include the attendance and business of the meeting prior to formal sign off.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the current draft report and approved final sign off by the Chair after the elements from the 2 March 2023 meeting had been included.

**13. Any Other Business**

13.1 There had been no further notification of items to be discussed.

**14. Date and Time of Next Meeting**

14.1 The Chair confirmed the next meeting of the Resources & Performance Committee would be held on Thursday, 4 May 2023 at 9.00am via MS Teams

**RESOURCES & PERFORMANCE COMMITTEE: THURSDAY 2 MARCH 2023**

**QUESTIONS AND ANSWERS FOR POINTS OF FACT OR CLARIFICATION**

No	Item	Question/Observation	Answer
1	Declarations of Interest	-	-
2	Minutes of Previous Meetings	-	-
3	Matters Arising	-	-
4	HEPMA Update Appendix-2023-3	<p><b>Tris Taylor:</b></p> <ul style="list-style-type: none"> <li>• When does Microsoft stop supporting Windows 10?</li>   <li>• I would like to understand the HEPMA proposal in the wider context of a) digital projects, b) overall digital investment. Please could you: <ul style="list-style-type: none"> <li>• Supply details of the whole present/planned digital portfolio and how proposals and projects are prioritised.</li> </ul> </li> </ul>	<p><b>Jackie Stephen:</b> The currently published end date is 14 October 2025</p> <p><b>Jackie Stephen:</b> Tris, the portfolio plan for 2023/24 is being developed at the moment. It's not able to summarise and pull together all the info you've asked for here in such a short timeframe as we only get 24 hours to answer. I'd be very happy to spend time with you before the Board to walk through the process &amp; our approach and where we've got to so far. Also to go over some of last year's performance and understand better what will help you answer the questions you have if that's helpful for you? Happy to make time to fit in with your availability.</p>

		<ul style="list-style-type: none"> <li>• Provide information on the schedule performance of current and recently delivered digital projects – if Schedule Performance Index is available for any/all projects, please include – otherwise a net plus/minus figure normalised to make it meaningful across the portfolio if possible.</li> <li>• Provide information on the cost performance of current and recently delivered digital projects – if Cost Performance Index is available for any/all projects, please include – otherwise a net plus/minus figure normalised to make it meaningful across the portfolio if possible.</li> <li>• Show this proposal in the wider context of the total digital, data, IT budget this year and indicative in future years, including the split between BAU, projects, Business Intelligence, Health Informatics and/or anything else</li> <li>• I haven't yet read the very recent (Feb 22<sup>nd</sup>) Data Strategy for Health and Social Care but am interested in any views about the contribution of HEPMA to that, both benefits and disbenefits.</li> <li>• 2.3 given HEPMA is part of a Scottish Government delivery plan, why is it not specifically funded? Where does SG anticipate Boards will find funding from? How is it funded at Boards who are already budgeted to implement it?</li> </ul>	<p><b>Jackie Stephen:</b> see above</p> <p><b>Jackie Stephen:</b> see above</p> <p>See above</p> <p><b>Alison Wilson:</b> The benefits of HEPMA are included in the business case under 4.5, page 35. As HEPMA is limited to in patient settings I don't think it will contribution a lot to the Data Strategy. That said it will provide an audit trail on medicines use at an individual level and contribute to the patient's electronic record.</p> <p><b>Andrew Bone:</b></p>
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		<ul style="list-style-type: none"> <li>• Noting the recent Options Appraisal has ‘do nothing’ as highest-rated, please re-advise (with apologies, I’m sure I’ve missed this before): is it completely unviable to do nothing? If it’s highest-rated, but actually presents an unacceptable risk, does that call into question the options rating logic? Further, at 2.3.1 if there will be no impact on patient care, why do it? Has there been a consideration of the negative impacts of not doing it?</li> <li>• (Noting that the security risk around the current system is recorded on the corporate (presumably operational) risk register,) what strategic risks does this work form part of the controls for?</li> <li>• The minute of the discussion on 23/11 includes this phrase: “risk would not increase by not having HEPMA it would improve the management of risk”. Could someone explain this? (I apologise I was not at that meeting so can’t draw on a recollection of events.)</li> <li>• 2.3.5: has there been any assessment of equalities impact at all? For example, is there any evidence that prescribing failures affect people with any protected characteristic disproportionately? Is there reliable evidence to show any positive impact is entirely equitably distributed?</li> <li>• 2.3.9: is it misleading to cite here that various groups have supported and/or informed the content of the HEPMA proposal and business case, given the recommended course is to do something other</li> </ul>	<p><b>Alison Wilson/Andrew Bone:</b> Do nothing would leave pharmacy on a system that only runs on Windows 7. This is a cyber-security risk and needs to be upgraded for this reason.</p> <p><b>Alison Wilson:</b> Digital cyber-security</p> <p><b>Alison Wilson:</b> I will need to recheck the minutes</p> <p><b>Alison Wilson:</b> We have not completed a final equality impact assessment but would not expect any impact since we will just be replacing one stock control system with an upgrade.</p> <p><b>Alison Wilson/Andrew Bone:</b> we are asking R&amp;PC to agree that HEPMA should be developed for inclusion in the Digital and organisational plans from 2025/2026 so I think it</p>
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		<p>than implement HEPMA?</p> <ul style="list-style-type: none"> <li>• What is the relationship between IM&amp;T and Pharmacy in terms of accountability and responsibility for a) implementation and b) post-implementation ownership and management?</li> </ul>	<p>is reasonable to cite this information.</p> <p><b>Alison Wilson/Jackie Stephen:</b> In relation to Emis Ascribe, the current pharmacy system, then pharmacy is accountable for the system and ownership. There is joint responsibility for it. Digital teams will support implementation through project management and support the overall governance for the implementation.</p> <p>In relation to post implementation is this for Stock Control or for HEPMA? Re stock control upgrade Digital will continue to support the local infrastructure and manage backups etc. HEPMA isn't yet known.</p>
5	LIMS Contract Appendix-2023-4 To Follow	-	-
6	Financial Plan Appendix-2023-5 To Follow	-	-
7	Finance Report Appendix-2023-6	-	-
8	Strategic Risk Report Appendix-2023-7	-	-
9	Performance Report Appendix-2023-8	-	-
10	Regional Health Protection Project Verbal	-	-
11	R&PC Annual Report 2022/23	-	-



	Appendix-2023-9		

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Endowment Fund Board of Trustees Minutes</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andrew Bone, Director of Finance</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Government policy/directive

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this report is to share the approved minutes of the Endowment Fund Board of Trustees with the Board.

### 2.2 Background

The minutes are presented to the Board as per the Endowment Fund Board of Trustees Terms of Reference and also in regard to Freedom of Information requirements compliance.

### 2.3 Assessment

The minutes are presented to the Board as per the Endowment Fund Board of Trustees Terms of Reference and also in regard to Freedom of Information requirements compliance.

### **2.3.1 Quality/ Patient Care**

As detailed within the minutes.

### **2.3.2 Workforce**

As detailed within the minutes.

### **2.3.3 Financial**

As detailed within the minutes.

### **2.3.4 Risk Assessment/Management**

As detailed within the minutes.

### **2.3.5 Equality and Diversity, including health inequalities**

An HIIA is not required for this report.

### **2.3.6 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 Route to the Meeting**

This has been previously considered by the following group as part of its development. The group has supported the content.

- Endowment Fund Board of Trustees 13 March 2023
- Endowment Fund Board of Trustees 15 May 2023

## **2.4 Recommendation**

The Board is asked to **note** the minutes which are presented for its:

- **Awareness** – For Members' information only.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Endowment Fund Board of Trustees minutes 06.02.23
- Appendix No 2, Endowment Fund Board of Trustees minutes 13.03.23

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Monday, 6<sup>th</sup> February 2023 @ 2 p.m. via Microsoft Teams.

**Present:** Mr J Ayling, Trustee  
Mr A Bone, Trustee  
Mrs S Horan, Trustee  
Ms S Lam, Trustee  
Dr L McCallum, Trustee  
Mrs L O'Leary, Trustee  
Mr R Roberts, Trustee  
Mrs F Sandford, Trustee (Chair)

**In Attendance:** Dr C Allan, Consultant in Public Health  
Ms C Barlow, Fundraising Development Manager  
Mrs B Everitt, PA to Director of Finance (Minutes)  
Mr M McLean, Investment Advisor  
Mrs S Swan, Deputy Director of Finance (Head of Finance)  
Mrs J Smyth, Director of Planning & Performance (Arrived at 2.45 p.m.)  
Mrs K Wilson, Fundraising Manager

1. **Introduction, Apologies and Welcome**

Fiona Sandford welcomed those present to the meeting. Apologies had been received from Mrs K Hamilton, Trustee, Cllr D Parker, Trustee, Mr T Taylor, Trustee, Mrs H Campbell, Trustee, Dr S Bhatti, Trustee and Mr J McLaren, Trustee.

2. **Declaration of Interests**

James Ayling referred to the holdings in "First Sentier Invr Stewart Invr Asia Pac Ldrs" and declared an interest as this investment was managed by a company of which he was previously a Director and that he receives a pension from its ultimate parent company.

3. **Minutes of Previous Meeting 3<sup>rd</sup> October 2022**

**The minutes were approved as an accurate record.**

4. **Matters Arising**

*Action Tracker*

James Ayling, on behalf of Harriet Campbell, referred to the third action on page one of the tracker relating to the Endowment Charter as it was noted that this would be taken forward by the Endowment Advisory Group (EAG) but there was no timeline attached to this. Susan Swan confirmed that this had been discussed by the EAG at its meeting in January and the comments received would be incorporated within the Endowment Fund Governance Framework report which would come forward to the extraordinary meeting in March. It was noted that advice was currently being sought from the Central Legal Office in regard to this work.

**The action tracker was noted.**

### *General Business Activities Update*

Susan Swan spoke to this report which provided an operational update on the progress made around current business activities.

In regard to the Professional Indemnity (Management Liability) Policy, Susan confirmed that there had been no change to this and Borders NHS Board will continue to provide indemnity cover to Non Executive Board members in their role as Trustees.

James Ayling suggested that if the Director of Finance was satisfied that this issue was within NHS Borders Board's remit then he saw no reason for a further report to be brought back to Trustees. Andrew Bone confirmed that this was the case and Trustees agreed no further paper was required.

Susan referred to the cover for cash balances held by the Endowment Fund which are above the limits of the Financial Services Compensation Scheme (FSCS) and confirmed that a further three bank accounts, making a total of five, were in the process of being opened to ensure all cash held will be covered by the FSCS. Susan added that there was no risk at the present time as there was sufficient cover with the two bank accounts. Susan reminded of discussion at the previous meeting where it was noted that the Credit Default Swap arrangement was not suitable for the cash balances held by the NHS Borders Endowment Fund.

James, on behalf of Harriet Campbell, noted the need to be sensible with the use of five bank accounts to ensure the interest received is maximised. Susan confirmed that she was aware of this and would ensure this happened.

James referred to the cost of administering these additional accounts and asked if this would also be covered within the 1% admin fee. Susan confirmed that it would be.

Susan went on to report that as per previous years, Christmas gifts had been purchased and charged to the Unrestricted General Endowment Fund for all in patients and in addition this year to children receiving treatment within A&E on Christmas day. The amount per patient was noted as £8.00 with an additional £2.00 for Mental Health in patients and £4 for the children's gifts. Susan explained that the reason for presenting this was to seek approval from Trustees that they wished this practice to continue.

**The Board of Trustees noted the ongoing indemnity provided by NHS Borders Board to Non-executive Board members in their role as Trustees of the Borders Health Board Endowment Fund.**

**The Board of Trustees noted the Credit Default Swap arrangement is considered unsuitable for the cash balances held by the NHS Borders Endowment Fund.**

**The Board of Trustees approved the preferred approach to set up and manage cash balances across 5 operational bank accounts, resulting in all cash being covered by the protection levels offered by FSCS.**

**The Board of Trustees noted the Unrestricted General Endowment Fund was charged with a total of £3,008 (401 gifts) for gifts provided on Christmas Day (2022) and approved the continuation of the practice to provide Christmas gifts**

**charged to the Unrestricted General Endowment Fund in December 2023 for all NHS Borders in patients at the same amount as 2022.**

## 5. **Strategy & Fundraising**

### 5.1 *Fundraising Plan 2022/23 – Progress Update*

Karen Wilson spoke to this item which provided a progress update on the 2022/23 Fundraising Plan. Karen highlighted the second objective and in particular the work undertaken in regard to the Palliative Care Fund and the support provided to the management team to look at how best to manage this fund going forward. It was noted that a spend plan would come forward to Trustees in due course.

Lynn McCallum provided feedback from an informal discussion about this fund where it had been intimated that no more funds were being donated as they were not seen to be being spent. Lynn anticipated that implications would fall out from the Palliative Care review but in the meantime welcomed that this was being looked at.

Andrew Bone noted that it was concerning to hear the informal feedback received and highlighted the need to consider how feedback is collected and taken forward. Andrew also referred to the oversight of these spend plans as he felt it would be beneficial to have a Trustee on the group looking at these. Sarah Horan agreed with this as she was keen for the public to be made aware that funds are not just for spending within the Margaret Kerr Unit but to palliative care in general across the Borders area.

Fiona Sandford referred to the Innovation Fund which had been discussed previously and asked for an update on this. Andrew advised that this had been discussed as part of the Endowment Strategy work but had not been concluded and suggested that this be revisited as part of the strategy work being undertaken by Colleen Barlow. This was agreed.

**The Board of Trustees noted the update.**

### 5.2 *Endowment Strategy Update*

Colleen Barlow spoke to this item which provided Trustees with an update on progress with the short to medium term strategy for the charity. Colleen reminded that Trustees had previously agreed to a three step approach to develop the charity's strategy, namely reset the charity, monitoring and stakeholder engagement and evaluation and future priorities.

Colleen advised that as part of the reset the Endowment Advisory Group would be utilised and that the group had met the previous month.

Colleen also highlighted that a total of 23 funds had been approved by Trustees for reorganisation and were currently with the Finance Team to progress. It was noted that a review of Mental Health and Learning Disabilities funds would also be undertaken and recommendations would be brought back to Trustees in due course.

Colleen also referred to the governance and operations review, including a gap analysis of policies and procedures, which is being undertaken and provided an update on actions.

James Ayling, on behalf of Harriet Campbell, referred to the new and amended policies and questioned if these were all necessary and if they would make it easier for staff to apply for endowment funding. Colleen advised that the current guidance, policies and procedures were not user friendly and it was the intention to make these easier for staff to use, with the addition of training for fund managers. It was noted that all documentation would be presented to the Endowment Advisory Group for ratification by Trustees.

**The Board of Trustees noted the update.**

**5.3 *Planned Expenditure from the Finance and Governance Endowment Fund 2022/23***

Susan Swan spoke to this report which provided Trustees with information on planned expenditure during 2022/23 from the Finance and Governance Endowment Fund (BER040). Susan explained that there is an admin charge of 1% made against each individual fund and transferred to the Finance and Governance Endowment Fund to be made available for drawdown by the Board to cover the cost of the resources, deployed by the Finance Team, to support the charity. Susan advised that as at 31<sup>st</sup> December 2022 the balance held in Fund BER040 was £242k with an expected increase of £45k to £50k when the 1% admin charge is applied for 2022/23.

Susan went on to take Trustees through the spend plan for Fund BER040 during 2022/23 which included the annual cost of the Charity Development Manager. It was noted that this cost should have been covered by a grant application made to Charities Together, however the award of grant had not yet been confirmed to the Endowment Fund and a condition of this is that once awarded it cannot be used to cover costs retrospectively. A further report recommending a future workplan for this post will be presented to Trustees for approval once the award is made.

Susan advised that the annual workplan agreed by Trustees required an increase in the level of senior support provided by the Finance Team and that an Endowment Accountant is now urgently required. It was noted that recruitment had been unsuccessful in the past due to posts being offered on a fixed term contract, therefore it was proposed to appoint to this post on a permanent basis with a two year underwrite being held to cover the possible costs of redeployment should the funding source cease or the post no longer be required.

Andrew Bone added that the 1% admin charge had not been drawn down for a number of years so in essence the Finance Team have been providing support to the charity for no charge so he felt that that the requirements detailed within the paper could be accommodated. It was noted that during the two year period the level of support required to the charity would be re-evaluated. Susan also reminded that Trustees had approved this post in 2019, however had been unable to appoint on a fixed term basis and recruitment had been paused due to the pandemic and the funds had never been drawn down.



James Ayling was surprised at the need to employ to what seemed to be a very senior role and personally felt that a clear job specification and information on where the gaps were was required to ascertain if it had to be this level of seniority in cost. Susan confirmed that the banding of the post was expected to be either be a band 6 or 7.

Fiona Sandford highlighted that not charging admin costs is false economy and that 1% was an incredibly modest sum to be charging and she would have expected this to be much higher.

Andrew noted that he was keen to get this resolved as quickly as possible due to the impact on the Finance Team and not being able to satisfactorily support the charity. Following discussion it was agreed that Susan and Andrew would circulate a job description and short summary of the rationale behind this post.

**The Board of Trustees noted the report and the planned expenditure from the Finance and Governance Endowment Fund (BER040) during 2022/23 and requested further information in regard to the Endowment Accountant post.**

**The Board of Trustees noted the annual administration charge which will be made to individual endowment funds for 2022/23 to a total of 1% of average fund balances.**

## 6. Endowment Advisory Group

### 6.1 *Minutes of Meeting: 12<sup>th</sup> January 2023 (Draft)*

James Ayling referred to the item on page two of the minutes (Spending Charitable Funds on Staff) and the penultimate paragraph as he did not feel what he had said had been recorded correctly. James offered alternative wording to provide clarification. Karen Wilson agreed to make this amendment.

**The Board of Trustees noted the draft minutes of the Endowment Advisory Group on 12<sup>th</sup> January 2023.**

### 6.2 *Endowment Advisory Group Policy Recommendations*

Karen Wilson spoke to this report which provided a list of the policy and governance papers considered and recommended by the Endowment Advisory Group at its meeting on 12<sup>th</sup> January 2023. The documents were noted as the “Charitable Spending on Staff”, the “Vulnerable Persons Policy”, the “Oakleaf Centre Policy on Fundraising and Donations including Guidance for Staff” and the “Grant Approval Terms and Conditions”.

Sonya Lam noted her concern with an example within the “Charitable Spending on Staff” policy in regard to the physio service as she felt this was a core service and asked about the distinction between what is classed as core and what is above and beyond. Colleen advised that this was a recommendation from 2013 and that she would remove this from any future policies. Colleen explained that these are just examples and could be changed as Trustees saw fit.

James Ayling referred to the removal of restrictive spending on staff as this was a key priority and the view of the Endowment Advisory Group was that it was unable

to move forward without a legal view on this. Susan Swan confirmed that this would form part of the discussion at the extraordinary meeting on the 13<sup>th</sup> March 2023 and that advice was being sought from the Central Legal Office (CLO) in regard to this. James noted that as long as there was no conflict of interest he would be content to use the legal advice from the CLO.

James referred to the Oakleaf Centre (Forensic Medical Examination Suite) and asked for an update in regard to this. Karen explained that following enquiries across the Scottish Endowment network she had gleaned that the majority of Boards who had forensic examination suites hadn't considered a specific policy over and above their respective Vulnerable Persons Policies. Karen also noted that the advice given to James from Police Scotland has now been incorporated within this local policy.

**The Board of Trustees approved the suggested amendments to the governance policies and the guidance for decision makers set out in the Charitable Spending on Staff paper.**

**The Board of Trustees approved the Vulnerable Persons Policy.**

**The Board of Trustees approved the Oakleaf Centre Policy on Fundraising & Donations including Guidance for Staff.**

**The Board of Trustees approved the Grant Approval Terms and Conditions.**

### 6.3 *Endowment Advisory Group Applications - Recommendations*

Chris Allan introduced this item and provided an overview of the application put forward by Dr Sohail Bhatti for the "Welfare and Social Needs of Staff and Patients in NHS Borders" which had been presented to the Endowment Advisory Group at the January meeting. It was noted that this would be a cohort study over a minimum period of three months whereby interviews will take place with staff and patients to gain a better understanding of the current issues being faced to capture data and in return participants would receive a voucher to assist with the cost of living. James Ayling felt that this was a unique application and suggested that advice be sought from the CLO before a decision is made.

James Ayling, on behalf of Harriet Campbell, noted that the research data from the study would be invaluable but had a number of concerns which James went on to list, highlighting that it was difficult to ascertain if this was a welfare project or a research project. Fiona Sandford agreed that there was confusion around whether or not this was a research project and if it was suggested it go to the Ethical Research Committee if it had not already been. Sarah Horan also felt that there were mixed messages within the application and that the criteria needed to be tighter. Sarah also highlighted that poverty does not fall within the remit of endowments.

Sonya Lamb noted concern around how this would be perceived from both a staff and public perspective.

Ralph Roberts confirmed that the bid was linked to staff welfare to assist with the challenges which lower paid staff are currently encountering with the cost of living crisis.

Karen Wilson highlighted that the original request had come from the Board Executive Team (BET) which Dr Bhatti had taken forward, however if there was a desire to address staff hardship and this wasn't the right fit to do this then other options could be looked at. Sarah clarified that the request from BET was around staff hardship and wellbeing and did not feel the application met this.

Fiona Sandford asked Trustees for their views on whether the bid should be declined or further information requested. Following discussion it was agreed that Chris should provide feedback to Dr Bhatti on the issues raised and ask for the application to be rewritten in a different guise.

**The Board of Trustees discussed the application for funding and suggested that this be rewritten in a different guise.**

## 7. Financial Report

### 7.1 *Primary Statements and Fund Balances*

Item deferred to the extraordinary March meeting.

### 7.2 *Register of Legacies and Donations*

Susan Swan spoke to this item which provided Trustees with an update on all legacies and donations over £5k received to 31<sup>st</sup> December 2022. Susan noted the most recent legacy of £75k received into the Unrestricted Endowment Fund which highlighted the stewardship undertaken by the Fundraising Team.

**The Board of Trustees noted the report.**

### 7.3 *Audit Completion Report – Update on Recommendations*

Susan Swan spoke to this item which provided an update on the action being taken in response to the recommendation made within in the External Audit Completion Report issued by Thomson Cooper Accountants as part of the Endowment Funds audit for financial year 2021/22.

Susan noted that the recommendation related to the use of titles used for funds within reports and that it should be clear the nature of the fund held, i.e. restricted, unrestricted, designated etc. Susan advised that a meeting would be taking place with Thomson Cooper, to which Colleen Barlow would also be invited, in anticipation of the annual audit being undertaken to ensure there is consistency around the use of titles within the 2022/23 report.

**The Board of Trustees noted the update.**

## 8. Funds Management

### 8.1 *Investment Advisor Report*

Mark McLean spoke to this item and noted that the last 12 months had been a difficult period. Mark referred to the bullet point summary which gave a feel of how volatile the market had been. Looking forward Mark felt it would be a difficult year ahead but that the longer term economic outlook was expected to improve. Mark highlighted that the portfolio should produce a forward looking yield of 3.24%

and that he did not anticipate making any drastic changes to the portfolio for the foreseeable future.

James Ayling noted that over the past three years the portfolio had produced a total net return of +2.27% whilst the benchmark has produced a gross return of +5.81%. Mark advised that the three year period began from the start of the pandemic and highlighted that the portfolio has always tilted towards growth investments rather than value investments and these had been hit harder by the pandemic causing the underperformance of the portfolio over a short term period. Fiona Sandford enquired about the impact of changing to value investments now. Mark advised that the timing for doing this has now passed.

Fiona also asked for clarification that the portfolio had outperformed the benchmark over a 5 to 10 year period. Mark confirmed that it had. Fiona asked if there was an option to use a tracker fund due to the size of the portfolio. Mark confirmed that he has started to drip these into the portfolio.

### **The Board of Trustees noted the report.**

#### **8.2 *ESG Status Annual Report***

Mark McLean spoke to this report which enabled Trustees to see the portfolio from an ESG (Environmental, Social and Governance) perspective. Mark went on to explain how direct equity holdings are entered into the system to produce ESG and SDG (Sustainable Development Goals) risk results which covers the material issues and supports the investment making process. From the material issues the ESG/SDG category scores and risk ratings for individual companies are arrived at. It was noted that the overall results for the direct investments held within NHS Borders' portfolio were detailed within the accompanying document. It was noted that from a UK perspective the portfolio was ahead of the benchmark for ESG and SDG.

Mark went on to highlight that from the results there were two outliers, namely BP and BHP Group, and noted that Trustees may wish to increase the embargoes within the portfolio or they may wish to continue with these investments. It was noted that the ESG score would increase if there were no investment in these companies, however there would be potential for the income to reduce.

Andrew Bone reminded of the debate the previous year about putting something in the Investment Policy in regard to sustainability but this had not been concluded. Andrew did not propose discussing at today's meeting but noted that further consideration would be required and suggested an initial discussion at the Endowment Advisory Group. This was agreed.

### **The Board of Trustees noted the report.**

#### **8.3 *Review of Investment Portfolio Benchmark***

Susan Swan spoke to this item which was a routine report in regard to reporting the portfolio against a benchmark. Susan advised that she had discussed with the Investment Advisor who had recommended continuing with the combined benchmarking approach. Mark McLean added that the ARC benchmark also allows a comparison between Investec and its peers.

The Board of Trustees noted the review of the Investment Portfolio benchmark had taken place.

The Board of Trustees approved the recommendation to continue to report the Investment Portfolio performance on a combined benchmarking approach using the primary benchmark of the Investec bespoke Strategic Asset Allocation (SAA), inflation data and ARC benchmarks for the period 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024.

9. **Governance Framework**

9.1 *Endowment Fund Governance Framework*

Item deferred to the extraordinary March meeting.

10. **Capital Spend**

10.1 *Capital Projects Update*

June Smyth provided an update and advised that there had not been much movement in terms of capital projects funded by endowments since the last meeting.

June advised that the MacMillan and Mammography projects were currently in the scoping phase. It was noted that the outdoor spaces project is progressing with an engagement session planned with Estates.

In regard to the adult changing facility it was noted that neither the PMO nor Estates were able to commit any resource to this. June advised, on behalf of Tris Taylor, that the Public Governance Committee were extremely concerned around the length of time this project has been on the tracker with no progress. Andrew Bone advised that the correct solution to this is having the facility outwith the hospital building as doing it within makes it more complex. Andrew felt that if it were sited outwith there was potential to move this on within the next 12 months.

Fiona Sandford agreed with Tris' comments and on behalf of the Trustees noted disappointment that this is still being discussed and hasn't come to fruition. If siting this outwith the hospital building meant it being taken forward sooner rather than later then the Trustees were supportive of this.

**The Board of Trustees noted the update and agreed that the adult changing facility should be sited outwith the hospital building.**

11. **Any Other Business**

None.

12. **Date and Time of Next Meeting**

Monday, 13<sup>th</sup> March 2023 @ 2 p.m. (Extraordinary Meeting)

Monday, 15<sup>th</sup> May 2023 @ 2 p.m.

BE  
17.02.23

Minutes of an Extraordinary Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Monday, 13<sup>th</sup> March 2023 @ 2 p.m. via Microsoft Teams.

**Present:** Mr J Ayling, Trustee  
Dr S Bhatti, Trustee  
Mr A Bone, Trustee  
Mrs H Campbell, Trustee  
Mrs S Horan, Trustee  
Ms S Lam, Trustee  
Dr L McCallum, Trustee  
Mrs L O'Leary, Trustee  
Cllr D Parker, Trustee  
Mr R Roberts, Trustee  
Mrs F Sandford, Trustee (Chair)

**In Attendance:** Ms C Barlow, Fundraising Development Manager  
Mrs B Everitt, PA to Director of Finance (Minutes)  
Mrs S Swan, Deputy Director of Finance (Head of Finance)  
Mrs K Wilson, Fundraising Manager

1. **Introduction, Apologies and Welcome**

Fiona Sandford welcomed those present to the meeting. Apologies had been received from Mrs K Hamilton, Trustee, Mr J McLaren, Trustee and Mr T Taylor, Trustee.

2. **Declaration of Interests**

Harriet Campbell did not think there would be any issues but advised that in the last two months she had taken instruction from people leaving money to The Difference.

3. **Financial Report**

3.1 *Primary Statements and Fund Balances*

Susan Swan spoke to this item which provided the financial report on Endowment Funds for the period to 31<sup>st</sup> December 2022. Susan went on to highlight the income and expenditure detailed for this period. Susan referred to a query she had received from Harriet Campbell prior to the meeting in regard to the expenditure table on page 1 and in particular to the line noted "for the benefit of staff" as she was surprised to see this being reported separately and not included within "staff training and development". Karen Wilson suggested that this may be for the staff workforce conference as the expenditure appeared to be similar. Susan agreed to look into this.

Harriet noted that approval from the Office of the Charity Regulator (OSCR) had been received to change the Endowment Fund Charter in regard to staff benefits but queried if this could be applied retrospectively. Susan confirmed that this could not be applied retrospectively.

Susan highlighted the costs of Fundraising and reminded Trustees of approval previously given to recharge this 50/50 against Restricted and Unrestricted Funds on an annual basis and confirmed this will be actioned against the total spend incurred within the 2022/23 annual accounts.

Susan also referred to the apportionment of investment income, management fees and gains and losses (Fund BER116) and proposed holding this for a further six months and would seek agreement at that point in time, should this fund be in a better position, as to whether or not this should be apportioned out.

James Ayling referred to Fund BER116 and asked if holding the balance 'in year' for six months would have an impact on the annual accounts. Susan confirmed that there would be no impact and it was her recommendation to Trustees to hold this meantime and review again in September due to this currently having a negative cumulative balance.

Harriet referred to her discussion with Susan prior to the meeting in regard to the definitions used, i.e. restricted, unrestricted and ring fenced. Harriet provided feedback and it was noted that this is being looked at going forward and assurance had been given that these would be updated to flow through the relevant documentation as part of the year end process.

James queried if there was a standard audit practice for the definitions applied to fund categories. Susan advised that this had been picked up at the initial planning meeting with the External Auditor for Endowments and would be part of the discussion at the second meeting which was due to take place in the near future. Susan stressed that the main objective is to make it as easy as possible for the reader. Colleen Barlow advised that she would also be joining the meeting with the Endowment External Auditor and that she had also been alerted to guidance produced by Healthcare Financial Management Association (HFMA) which is a practical guide for charities and included definition examples. Colleen added that going forward she would also be working with the Fundraising Manager around donations to ensure that definitions are standardised across all areas.

It was noted that the draft annual accounts would come forward to the May meeting.

**The Board of Trustees noted the report.**

#### 4. **Governance Framework**

##### 4.1 *Endowment Fund Governance Framework*

Susan Swan spoke to this item in relation to the Governance Framework and supporting policies in place for the Endowment Fund during 2023/24. Susan explained that she hoped that the proposed amendments presented today would provide Trustees with assurance to continue with the existing documentation, including the proposed changes, for use during 2023/24 pending any changes which will come forward from the national review. Susan confirmed that she had discussed the proposed amendments with Karen Wilson and Colleen Barlow.

Susan went on to take Trustees through the proposed amendments which were noted as follows:

Endowment Fund Charter – removal of the condition which details that staff benefit can only be delivered through staff training and development opportunities

and inclusion of new wording recommended by the Endowment Advisory Group, namely:

*“An employee of the Board or the Trustees may only benefit from the charity, where the grant or award conferring the benefit satisfies the “public benefit” element of the charity test, as set out in the Charities and Trustee Investment (“Scotland”) Act 2005, and the guidance on “Meeting the Charity Test” published by OSCR. The expenditure must be aimed at improving health, or the prevention, diagnosis or treatment of illness for the Board’s residents and any benefit to the employee must be incidental to (and necessary for) that public benefit to be realised”.*

It was noted that advice had been sought from OSCR in regard to amending the Charter and they had confirmed this could be changed and had also requested a copy of the updated Charter when approved by Trustees. Susan added that it was the intention to include explanatory notes within all documentation around what is an appropriate and non-appropriate use of funds.

Guidance for Officers of the Board – this would be updated to include the revised wording from the Endowment Fund Charter and give examples on how staff can benefit from the Endowment Fund.

Financial Operating Procedure – this would be updated to detail that Fund BER116 would be used to record the investment gains and losses, investment income, investment management charges and bank charges each year. It would also state that Trustees would agree whether apportionment across Restricted and Unrestricted Funds would take place as part of the annual accounts process.

Investment Policy – no changes proposed.

Risk Management Policy including the Risk Register – no changes proposed to the risk categories or risk levels reported.

Cash Management Policy - this would be updated to include the increase in the number of bank accounts being operated for the Endowment Fund.

Susan recommended these changes to the documentation be made for use during 2023/24 or until anything comes forward from the national review at which point these would be reviewed again. Fiona Sandford enquired if there was any timescale for this. Susan advised that she had received feedback from Scottish Government and this is ongoing but no timescale has been set. Andrew Bone added that there was an expectation for legislation changes prior to implementation but there was nothing with the current calendar for this.

Harriet Campbell noted that there was nothing within the Risk Register about not spending funds and queried if this should be included as she felt there was a reputational risk. Susan agreed to include this within risk 4 and send virtually around Trustees for comment.

Sonya Lam welcomed the additional wording within the Endowment Fund Charter in regard to staff benefit, and although this was more for the Health and Wellbeing Group, she highlighted the need for equality and that there should be cognisance



of what staff groups are supported. Karen Wilson confirmed that she sat on the Health and Wellbeing Group and would feed this back.

Andrew advised that he had spoken with John McLaren around how to get a more strategic approach to health and wellbeing and suggested that the development of a wellbeing plan which covered all requirements would then allow consideration of where Endowment Funds might play a part in investments along with Borders NHS Board.

**The Board of Trustees noted the report.**

**The Board of Trustees approved the continued use of the existing Governance Framework and supporting policies, inclusive of the recommended changes, during 2023/24, until the future governance action plan flowing from the national review of NHSS Endowment Funds report is complete.**

5. **Any Other Business**

None.

6. **Date and Time of Next Meeting**

Monday, 15<sup>th</sup> May 2023 @ 2 p.m.

BE  
20.03.23



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Audit Committee Minutes</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andrew Bone, Director of Finance</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Government policy/directive

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this report is to share the approved minutes of the Audit Committee with the Board.

### 2.2 Background

The minutes are presented to the Board as per the Audit Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.

### 2.3 Assessment

The minutes are presented to the Board as per the Audit Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.

### **2.3.1 Quality/ Patient Care**

As detailed within the minutes.

### **2.3.2 Workforce**

As detailed within the minutes.

### **2.3.3 Financial**

As detailed within the minutes.

### **2.3.4 Risk Assessment/Management**

As detailed within the minutes.

### **2.3.5 Equality and Diversity, including health inequalities**

An HIA is not required for this report.

### **2.3.6 Other impacts**

Not applicable.

### **2.3.7 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.8 Route to the Meeting**

This has been previously considered by the following group as part of its development. The group has supported the content.

- Audit Committee 14 June 2023

## **2.4 Recommendation**

The Board is asked to **note** the minutes which are presented for its:

- **Awareness** – For Members' information only.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Audit Committee minutes 12.12.22
- Appendix No 2, Audit Committee minutes 27.03.23

Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 12<sup>th</sup> December 2022 @ 1 p.m. via MS Teams.

**Present:** Mr J Ayling, Non Executive Director (Chair)  
Mrs F Sandford, Non Executive Director  
Mr T Taylor, Non Executive Director

**In Attendance:** Miss I Bishop, Board Secretary (Item 5.1)  
Mr A Bone, Director of Finance  
Mr P Clark, Director, Public Sector Audit, Grant Thornton  
Mr G Clinkscale, Director of Acute Services  
Mrs B Everitt, Personal Assistant to Director of Finance (Minutes)  
Mr J Fraser, Public Sector Audit Assistant Manager, Grant Thornton  
Mrs K Hamilton, Chair (1.30 p.m. – 2.30 p.m.)  
Ms S Harold, Senior Audit Manager, Audit Scotland  
Mrs L Jones, Director of Quality & Improvement  
Mr K Lakie, General Manager (Planned Care)  
Mrs C Oliver, Head of Communications and Engagement  
Mrs L Pringle, Risk Manager (Items 9.1 and 9.2)  
Mr R Roberts, Chief Executive (Arrived at 1.35 p.m.)  
Mrs C Smith, HR Manager (Item 5.3)  
Mrs J Smyth, Director of Planning & Performance (Item 5.3)  
Mrs S Swan, Deputy Director of Finance (Head of Finance)  
Mrs S Thomson, Information Governance & Cyber Assurance Manager (Item 5.4)

## 1. **Introduction, Apologies and Welcome**

James Ayling welcomed those present to the meeting. Apologies were received from Ms S Lam, Non Executive Director and Mr J Boyd, Audit Director, Audit Scotland. James noted the meeting was quorate.

James advised that he had met with John Boyd, the new External Audit lead from Audit Scotland, by way of an introduction meeting and that he looked forward to working with the new team.

## 2. **Declaration of Interest**

There were no declarations of interest.

### 3. **Minutes of Previous Meetings – 10<sup>th</sup> October 2022**

James Ayling referred to the Risk Q&A which was an appendix to the minutes and advised that this would be dealt with separately under the Risk section of the agenda when Lettie Pringle was in attendance.

**The minutes were approved as an accurate record.**

### 4. **Matters Arising**

#### *Action Tracker*

Andrew Bone referred to the last item on the action tracker regarding the Audit Scotland report “NHS in Scotland 2021” and reported that he had extracted the recommendations and circulated to Board Executive Team (BET) colleagues for feedback on how these mapped against the current systems/arrangements in place. Andrew did not propose bringing a further report back to the Audit Committee but assured that this would be taken forward.

Tris Taylor referred to item 5.2 in regard to the request for clarity around BET being able to make changes to the Board’s risk appetite without Board approval. Tris thanked for the helpful update but queried if this was in fact within BET’s authority to do this. Tris also queried if the risk appetite applied to strategic risks or if it was only operational risks. James Ayling suggested that this be picked up later on the agenda when Lettie Pringle was in attendance.

**The Committee noted the action tracker.**

#### *Management of Contract Renewals*

Andrew Bone spoke to this report which summarised the current arrangements in place in relation to the management of contracts related to goods and services. Andrew explained that having looked into this he felt that arrangements were more complex than he had anticipated and proposed bringing back a further paper to the next meeting to provide assurance. James Ayling was reassured from the report that the LIMS system was the only major system identified and that the Head of IM&T had been asked to provide an update on the management of software contracts to the Digital Portfolio Board by the end of March 2023. James also noted that the NHS Borders' Capital Investment Group had requested an action plan by February 2023 outlining proposals for a central medical equipment inventory, to include alignment with service records.

James asked if senior managers received contract management training when they took up post. Andrew advised that a review of training support to managers would be undertaken and any recommendations highlighted within the follow up paper. Tris Taylor welcomed the proposed approach but questioned if it was realistic to expect senior managers to have all the relevant knowledge and if they did not have this they should be provided with support until they do. Tris also noted that regional contracts were not covered within the report so wished to flag this should they need to be included.

**The Committee noted the report.**

### *Update on Management Litigation Risks*

Andrew Bone spoke to this item which provided background information on how litigation issues are managed in order to support the Audit Committee in directing any further assurance work should this be required. Tris Taylor noted that the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) appeared to be mainly for injury cover and asked if this comprised the Board in regard to litigation in any way. Andrew clarified that “CNORIS does not indemnify for defending organisation or individual employees in litigation related to statutory prosecution. Nor does it indemnify for Fatal Accident Inquiries”.

**The Committee noted the report.**

## **5. Governance & Assurance**

### *5.1 Code of Corporate Governance Review*

Iris Bishop spoke to this item and advised that this was a sectional update asking the Committee to make recommendation to the Board to approve at its next meeting in February 2023.

Iris advised that there had been some minor updates made to the Introduction section and Section A had been updated with revised Terms of Reference for five Committees. Iris reminded that at the meeting on 15<sup>th</sup> June she had intimated that a review of the Scheme of Delegation and Standing Financial Instructions would be presented to this meeting, however she apologised that she had been unable to do this within the timescale. It was noted that a full refresh of the Code of Corporate Governance was due in April 2023 so this would be undertaken then. Tris Taylor felt that it would be helpful if the list of definitions were in alphabetical order. Iris agreed to amend this. James Ayling noted that as long as the refresh was undertaken by mid 2023 then it would still be within the stipulated timescale.

**The Committee recommended that Borders NHS Board approve the updated Introduction and Section A of the Code of Corporate Governance.**

### *5.2 Audit Follow Up Report*

Peter Clark spoke to this item. Peter highlighted that 24 recommendations had been brought forward from the report presented to the September meeting and since then three of these, relating to Mandatory and Statutory Training, Workforce Recruitment and Retention and Health and Safety Reporting have been closed resulting in a total of 21 outstanding recommendations. Of the 21 it was noted that 11 were not yet due for implementation and 10 were overdue. It was noted that since the report had been circulated two updates had been received in relation to the Workforce Recruitment and Retention recommendations which meant these were now complete.

James Ayling asked Internal Audit if they were content with the revised timescales given. Peter confirmed that they were. James noted that the Audit Committee was referred to as the Audit & Risk Committee and reminded that this was not a Risk Committee and asked that this be amended for future reports.

**The Committee noted the audit follow up report and accepted the terms within it.**

### 5.3 *Audit Follow Up Process*

James Ayling reminded the Committee of the system which had been reintroduced to ask managers to provide a verbal update on recommendations where timescales had slipped.

#### *Workforce Planning*

Claire Smith provided an update where it was noted that both the NHS Borders Local Workforce Plan and Scottish Borders Health & Social Care Integrated Workforce Plan had been published and were available on the NHS Borders website. Claire went on to advise that right to work checks could no longer be undertaken remotely from 30<sup>th</sup> September 2022 and were now face to face with the relevant documentation being signed off at these meetings. It was noted that guidance was available on the Intranet. Claire also advised that the Appraisal Policy and guidance is currently being reviewed and that the Policy & Conditions of Employment Group were taking this forward.

**The Audit Committee noted the update.**

#### *Covid19 Governance*

June Smyth provided an update and advised that the lessons learned report had been accepted but there had not been an opportunity to take forward the action plan. June assured that there were no significant issues. June explained that in regard to changes to governance arrangements being documented there is a draft matrix but this needed to be taken through the existing governance process. It was noted that the Board Executive Team would be discussing gold/silver/bronze command levels the following day. In regard to monitoring all response plans to ensure they are complete and up-to-date, June explained that all plans are done at different times so it was inevitable that there would always be some under review. June assured that anything of significance which was outstanding would be picked up by the Resilience Team.

**The Audit Committee noted the update.**

#### *GDPR and Information Governance*

June Smyth provided an update and advised that the first action had seen a slight increase in the undertaking of the Information Governance eLearning module but stressed this was still a challenge. The second action in relation to departments submitting details of information assets had been discussed by the Information Governance Committee the previous week and there would be further actions on the back of this. It was noted that within the Information Asset Register there were still areas not complying and the Information Governance team will support the relevant services to ensure compliance. This work was scheduled for February 2023.

James Ayling asked if the current service pressures might prevent improvements being made against these actions. June advised that this would be a challenge and had been prior to Covid, however the specific actions discussed at the Information Governance Committee would still be taken forward. James enquired about the statistics for completion of the Information

Governance eLearning. June did not have this information readily available but agreed to source this and circulate around the Committee for information.

**The Audit Committee noted the update.**

*Estates & Facilities Update*

Andrew Bone spoke to this item and advised that progress against the two outstanding recommendations was limited due to lack of capacity within the Estates function. Andrew highlighted actions in place regarding survey of the estate and that this would bring the Board in line with policy requirements. He emphasised that the main challenge was in meeting the requirement to record and monitor risks using the SCART tool and that the earliest date for implementation of this tool was September 2023; mitigating actions against this include review of Estates risks held within DATIX. Andrew also noted that a report on risks related to the built environment would be taken to the Clinical Governance Committee in January.

Andrew went on to explain that NHS Borders Capital Investment Group (BCIG) have oversight of the Board's Property and Asset Management Strategy. It was noted that the group meets monthly and reviews progress against the capital plan, as well as receiving reports on progress against backlog maintenance and other rolling investment programmes. BCIG is now monitoring all actions related to progress against the recommendations within the audit report. Andrew advised that actions to address backlog maintenance are limited by available capital resources and that discussions around this are ongoing with Scottish Government and updates will be provided to the Resources & Performance Committee via the Capital Plan.

James Ayling appreciated the enormity of the situation and that the lack of progress was primarily due to a lack of resource. James referred to the action regarding surveys not being carried out within the required timeframes and asked when properties are surveyed if they would also be valued as this had been an audit observation. Andrew confirmed that they would be and that they hoped to be back on track with this by March 2023. Susan Swan added that she was in discussion with Avison Young, the property valuers and this was the planned timescale.

**The Audit Committee noted the update.**

5.4 *Information Governance – Mid Year Report*

Susie Thomson spoke to this item taking the Committee through her report which provided an update on the work undertaken by the Information Governance Team. In addition to business as usual work this included increasing awareness of Information Governance and Data Protection Policies, including improving compliance with Code of Conduct training, currently at 69% uptake compared to 66% for this period the previous year. The team had supported local and national initiatives in relation to information sharing for both new initiatives and recovery of services post Covid and provided support during the cyber incident in relation to business continuity measures. Susie highlighted that in regard to FairWarning there had been an increase with instances of self look ups, however this was attributed primarily to new members of staff who did not receive the correct training during the pandemic. Susie also advised that



there had been a significant increase in Fol requests, noting an increase of 30% for the same period last year. It was noted that compliance to respond to Fols within 20 days was slightly lower (95%) and this was due to vacancies within the Fol team.

James Ayling asked if there was a reason for the increase in Fol requests. It was noted that the focus of many of these was around waiting times and delays and although it was hoped to publish standard data sets the current requests were very varied and complex and are adding pressure on the service as many require manual processing. Ralph Roberts added that this was the same theme in other organisations so NHS Borders was not unique.

In regard to records management Susie advised that the post of NHS Borders' Records Manager had been recruited to in July 2022 for a period of two years. It was noted that a progress report on the Records Management Plan, agreed in 2016, was due to be submitted to the Keeper of the Records later this month. Susie also provided an update on the policies/guidance which had been drafted/updated and published during the first two quarters of the year.

Tris Taylor enquired where risk was managed in regard to data accuracy and inefficiencies when processing and reporting. Susie advised that she was currently working on a draft Data Quality Strategy which would be taken through the appropriate channels as there was a need to enhance what is currently being undertaken. Tris noted his concern as he felt NHS Borders was at a greater risk than it should be as he did not feel there was a good grip on data policies and reporting and that a whole corporate approach was required. Ralph Roberts appreciated that this may not currently be undertaken in a structured way but he did not feel NHS Borders were any worse in this area than other organisations but he was keen to see the Data Quality Strategy when complete.

James Ayling referred to the Information Commissioner's Office audit which was due to take place in February 2023 and asked for an update on the preparation for this. Susie advised that they were a bit behind where they hoped to be at this point but expected to have an action plan completed by the end of the following week highlighting areas that are not performing as well as they should be.

**The Audit Committee noted the report.**

## 6. **Internal Audit**

### 6.1 *Internal Audit Plan Update Report*

Peter Clark spoke to this item and highlighted that the report provided an update on progress with the 2022/23 Internal Audit Plan as at 2<sup>nd</sup> December 2022. Peter highlighted that there had been slippage on delivery but was confident that this would be made back up. Peter advised that Internal Audit were working with management and gave assurance the audits would be delivered.

**The Committee noted the report.**

## 6.2 *Internal Audit Report – Outpatient Activity*

Jamie Fraser introduced this report which had an overall rating of partial assurance with improvement required. It was noted that three medium rated findings and one low rated finding had been reported. Jamie referred to the executive summary where it was noted that the objective of the audit was to consider the controls, both design and operation, in place at NHS Borders in relation to Outpatient productivity.

Fiona Sandford referred to the finding stating “new ways of working, such as clinical prioritisation, had not been embedded into processes leading to non-compliance with the prioritisation framework”. Fiona noted this had not been fully implemented into the revised framework for TTG because of the resources required to reprioritise all patients listed as requiring treatment “soon” and asked when this could be expected. Kirk Lakie explained that clinical priorities had been changed by Scottish Government and although there were some minor changes to Outpatients, this was primarily a TTG issue with patients waiting on surgery. It was noted that clinical teams had been asked to put in place a process to decide which patients were routine and those which could be upgraded to urgent. Changes would be made on the basis of discussions with the clinical teams around how they wished to deal with these.

Tris Taylor referred to the finding in regard to inadequate version control within procedure documentation and asked if there was a Record Management Policy in place. Tris stressed the importance of version control as part of this. Laura Jones confirmed that there was a Record Management Policy in place pertaining to clinical records and there was a very tight process around this, however she assumed that the question was in relation to non clinical records and advised that there is not a rigorous process in place and that more work was required in this area. James Ayling agreed that it was crucially important to have a process in place for version control.

Tris also referred to the last finding regarding monitoring progress and lessons learned along with the recommendation to produce key performance indicators (KPIs). Tris queried if this really was a standalone action as he felt that this was part of any overall improvement work. Gareth Clinkscale explained that this was part of a developing approach to make improvements which had a lessons learned approach built into it. In regard to the KPIs it was noted that these will be developed and will be considered, along with other KPIs, by the Access Board on a monthly basis. Gareth also advised that within the QMS Business Process pillar there was a workstream directed towards improving the use of data within operational decision making, and advised that this would include use of trend charts in line with recognised best practice.

Gareth also advised that in relation to the first finding, namely outpatient plans not being broken down by specialties, Kirk and the team were currently working through the data analysis by specialty level.

James enquired if the Centre for Sustainable Delivery (CfSD) would be expecting updates on the issues raised within Internal Audit’s report. Kirk advised that monthly meetings are still taking place with CfSD and that they are focussed on how NHS Borders are making improvements within outpatients in

general. It was noted that the information within the report would be shared with them.

**The Committee noted the report.**

## 7. **External Audit**

### 7.1 *Audit Scotland Reports*

No issues were raised on the report detailing where Audit Scotland reports had been distributed across the organisation.

**The Committee noted the report.**

## 8. **Fraud & Payment Verification**

### 8.1 *Countering Fraud Operational Group (CFOG) Update*

Susan Swan spoke to this report and highlighted the appendix which was a copy of the report circulated to CFOG members detailing the items to be considered by them. Susan highlighted that this included the NFI update which was an item later on the agenda and alerts received from Counter Fraud Services (CFS) which would be taken forward as appropriate with their respective teams. Susan referred to the CFS quarterly report and in particular the CFS Strategic Assessment work which is being undertaken and will aid CFS in the development of a three year counter fraud strategy. It was noted that when completed NHS Borders will undertake a similar exercise to quantify the level of risks and threats in regard to counter fraud activities.

James Ayling asked for an update on the uptake of CFS eLearning training. Susan advised that it had not been possible to make this training mandatory and that there was a higher uptake within Finance and Procurement. Susan agreed to circulate an update on the uptake figures for information.

James noted that one of the alerts was in regard to an alleged fraud in connection to endowment funding and asked if this would be applicable to the Endowment Fund Board of Trustees (EFBoT). Susan assured that when undertaking checks the same approach is provided for EFBoT as it is for the Board.

James also referred to a recent presentation from Gordon Young, Head of CFS, given to the Audit Committee Chairs Forum where Gordon had stressed the point that there is no room for complacency.

**The Committee noted the report.**

### 8.2 *NFI Update*

Susan Swan spoke to this item and advised that any matches are expected at the end of January 2023. Susan confirmed that all relevant information had been submitted and they are on schedule with the timetable. It was noted that any matches would be taken forward in order of priority.

James Ayling noted that there were only two live accounts and a third would be required. Susan confirmed that there will be no issue with this, the third account

would be agreed in January and would be determined on workload at that point in time.

**The Committee noted the report.**

## 9. **Risk Management**

James Ayling referred to the Risk Q&A which was attached to the minutes as an appendix and asked if there were any comments on the responses received. Tris Taylor referred to his questions, namely “What risks are on the register relating to poor decision making and legislative risk associated with the absence of high quality data” and “is this more of a strategic risk”. Tris noted the response stated that “There is not a specific risk relating to this. It is intended that through the development of updated clinical strategy the requirement for data to support key decisions will be identified at that stage, any gaps in information will inform the risk attached to this strategy”. Tris explained that he wasn’t only referring to clinical decision making and that he was also making reference to management decision making.

In regard to his query about recording project risks on Datix, Tris took from the response that project risks are not recorded on Datix and that the management team believe that any risks are adequately managed by current procedures and if required these will be escalated via the governance process in place. James Ayling commented on the response to this stating that “the current approach is that individual projects are *expected* to maintain their own risk register” as he was concerned that this appeared to be an assumption. Andrew Bone reminded of the action on the tracker which had been carried forward regarding how project risks are reflected within the risk management system which he would be picking up with June Smyth in due course and would also take on board the comments made today. Laura Jones added that there is a project management system which the Project Management Office use which has risk built into it, however if delivery is compromised this would be escalated and recorded on Datix.

In response to Tris’ queries made under the action tracker item in regard to risk tolerance/appetite, Laura confirmed that this is now routinely reported into the Board and Sub Committees regardless of the appetite and she would like to see this approach continuing. In terms of operational risks, Laura advised that these are discussed with the Board to realign decision making to strengthen this down to Clinical Boards. Laura stressed the need for Clinical Boards to take on the role as per the risk management structure and the requirement to focus on risks within their remit. Tris advised that he was still confused around who, within the organisation, sets the risk appetite. Laura confirmed that the risk appetite is set by the Board.

### 9.1 *Risk Management Quarterly Report*

Lettie Pringle spoke to this report which replaced the Risk Management annual report as it would provide the Committee with more up-to-date information. Lettie explained that historically the majority of operational risks were rated as low and medium, however these were now medium and high which highlighted the landscape being faced. Lettie advised that as part of the KPIs risk owners are asked to review their risks within a generic timescale, with a date set by themselves, however these are not being achieved and there has been a drop in compliance. It was noted that work is ongoing with the risk champions to try and raise compliance levels.

Tris Taylor felt this was a very good report and referred to chart 6 within the report which provided information on the types of risks and whether there had been an increase/decrease from the previous quarter as he felt that it would be helpful to present this by way of a control chart. This was agreed.

Fiona Sandford agreed it was a good report and enquired how the risk profile compared against other Boards in Scotland. Lettie advised that she did not have this information available as there had been difficulty in trying to benchmark this previously, however offered to make contact with Risk Management colleagues if this would be helpful. It was agreed that getting an overall feel would be of benefit.

James Ayling felt that as this was going to be a quarterly report going forward it would be helpful for KPI compliance to be reported in such a way to highlight the changes from quarter to quarter. This was agreed.

James referred to paragraph 6.3.2 where it stated "As there are current staffing issues across the whole system, the number of risks being entered onto the risk register has decreased within the last few quarters, most noticeably in the risks graded with a current risk level of medium. This indicates that whilst some risks may be being managed, risks are not always being recorded proactively within the corporate risk register". James felt this contradicted paragraph 6.3.3 which stated "There were 46 new risks entered onto the risk register in Quarter 2, which shows continued good practice by the organisation in identifying risks. Two of these risks indicate a very high risk level". Lettie clarified that the point being made was about adding the risk onto to risk register before it materialised as she has found that risks are being put on when they are materialising and there is no time to plan for them.

James reminded that the role of the Audit Committee is to provide assurance to the Board that effective systems of risk management are in place and seek assurance from risk owners that review and mitigation is undertaken for very high risks. James noted it was clear that there is a system in place which is designed to be effective but which required ongoing improvement and more proactive involvement at the outset and stressed that risks can't be effectively managed if they are not recorded on the register.

**The Committee noted, discussed and made comments on the Risk Management quarterly report.**

## 9.2 *Strategic Risk Register*

Lettie Pringle spoke to this item and reported that the strategic risk register had been reviewed and updated by risk owners and following an exercise to align strategic risks to the three year strategic plan, gradings had been updated. Lettie advised that 83% of strategic risks are either high or very high risk to the organisation and that KPIs had been included within the report identifying areas where improvement of compliance was required. Lettie went on to highlight that three of the four Governance Committees could only provide partial assurance that these risks were being managed appropriately and proportionately. Tris Taylor referred to the Public Governance Committee and confirmed following

the last meeting that they could give full assurance for engagement but none for inequalities.

James Ayling asked if there would be an update to the Committee in six months' time on how the new system is working. Laura Jones felt it was working well, albeit more work is required and agreed to seek feedback and provide the Audit Committee with an update at the June meeting.

Laura went on to explain that there should be an expectation to only receive partial assurance for some of the big risks as a lot of the mitigating actions were attributed to organisational pressures so it may not be possible to provide assurance that these have been fully mitigated.

**The Committee noted, discussed and made comments on the Strategic Risk Register.**

#### 10. **Integration Joint Board**

James Ayling referred to the link which provided a copy of the agenda and minutes of the IJB Audit Committee. James also reminded of the Governance of IJB Directions audit being undertaken by Internal Audit and that he looked forward to receiving the report in due course.

**The Committee noted the link to the IJB Audit Committee agenda and minutes.**

#### 11. **Items for Noting**

##### 11.1 *Information Governance Committee Minutes – 7<sup>th</sup> September 2022 (Draft)*

**The Committee noted the draft Information Governance minutes from the meeting held on the 7<sup>th</sup> September 2022.**

##### 11.2 *IT Resilience Update*

James Ayling referred to the update provided by Kevin Messer, IT Delivery Manager, and noted that there was still a lot of work to be done, with this having to be undertaken during quarter four.

**The Committee noted the IT resilience update.**

#### 12. **Any Other Competent Business**

James Ayling noted that it was just over three months until the financial year end and enquired if a timetable was being put in place for the production of the annual accounts. Susan Swan confirmed that a meeting with External Audit was scheduled in January and this would be part of the discussions.

#### 14. **Date of Next Meeting**

Monday, 27<sup>th</sup> March 2023 @ 1 p.m. via MS Teams.

BE  
22.12.22

Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 27<sup>th</sup> March 2023 @ 1 p.m. via MS Teams.

**Present:** Mr J Ayling, Non Executive Director (Chair)  
Mr T Taylor, Non Executive Director  
Ms S Lam, Non Executive Director

**In Attendance:** Dr K Allan, Associate Director of Public Health (Item 6.2)  
Mr A Bone, Director of Finance  
Mr J Boyd, Director, Audit Scotland  
Mr R Brydon, Interim Head of Health & Safety (Item 5.4)  
Mr G Clinkscale, Director of Acute Services (Joined at 1.50 p.m. / Left at 3.30 p.m.)  
Mrs B Everitt, Personal Assistant to Director of Finance (Minutes)  
Ms S Harold, Senior Audit Manager, Audit Scotland  
Mrs L Jones, Director of Quality & Improvement  
Mrs S Kean, Health & Safety Lead Advisor (Item 5.4)  
Ms E Mayne, Health Value for Money Director, Grant Thornton  
Mr K Messer, IT Delivery Manager (Item 5.4)  
Mrs L Pringle, Risk Manager (Items 9.1 and 9.2)  
Ms M Richardson, Internal Audit Supervisor, Public Sector Internal Audit, Grant Thornton  
Mrs S Swan, Deputy Director of Finance (Head of Finance)

1. **Introduction, Apologies and Welcome**

James Ayling welcomed those present to the meeting, particularly John Boyd and Emily Mayne as this was their first meeting of the Audit Committee.

Apologies were received from Mrs K Hamilton, Chair, Mr R Roberts, Chief Executive, Mr J Fraser, Public Sector Audit Assistant Manager, Grant Thornton and Mrs F Sandford, Non Executive Director.

James confirmed that today's meeting was quorate.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meetings – 12<sup>th</sup> December 2022**

Tris Taylor referred to item 9.2 (Strategic Risk Register) where it stated that at the last meeting the Public Governance Committee “could give full assurance for engagement

but not for inequalities” and advised that **not** should be replaced with **none** so it read “could give full assurance for engagement but none for inequalities”.

Tris also referred to item 5.2 (Audit Follow Up Report) where it had been noted that this was not a Risk Committee and should be referred to as the Audit Committee within reports rather than the Audit & Risk Committee. Tris referred to the second edition of the Blueprint for Good Governance which had been published in December 2022 and advised that there was a requirement to have an Audit & Risk Committee so provision would have to be made for this.

Andrew Bone advised that the Board had previously made a decision to spread the burden of risk across a number of Committees and that he would pick this up with the Board Secretary. Andrew reminded that management of individual risks does not reside with the Audit Committee and he would clarify if the Blueprint for Good Governance was asking for something different.

**The minutes were approved as an accurate record with the proviso that the change discussed be made.**

#### 4. **Matters Arising**

##### *Action Tracker*

James Ayling asked going forward if any updates circulated post meeting could be embedded within the action tracker against the relevant action for ease of reference and inclusion within the papers. This was agreed.

Tris Taylor referred to action 5.3 (Risk Management Annual Report) from the meeting held on 10<sup>th</sup> October 2022 and to update received. Tris queried if the lack of aggregate visibility of project and programme risk resulted in less efficient/compliant performance. Tris highlighted that if the organisation is actively pursuing transformational change then it was reasonable to assume that by improving risk visibility across the whole portfolio this might drive improved performance. Laura Jones advised that the Risk Manager was working with the Head of Planning & Performance and she would feed back this point to see if any further assurance could be given.

James referred to action 4 (Management of Contract Renewals) from the meeting held on 12<sup>th</sup> December 2022 and noted that the update paper had been deferred pending agreement of the audit scope. The update was now expected to come to the September meeting.

James referred to the action at 5.3 (GDPR and Information Governance) from the meeting held on 12<sup>th</sup> December 2022 and the update received. James noted that there appeared to be “pockets of non-compliance” and asked for a further update from June Smyth on this.

James also referred to action 9.1 (Risk Management Quarterly Report) from the meeting held on 12<sup>th</sup> December 2022 and the update received. James noted that there had been no information received from NHS Dumfries and Galloway in our request to compare NHS Borders’ risk profile against other Boards. Following discussion it was agreed that it would be helpful to continue to chase this information.



**The Committee noted the action tracker.**

## 5. **Governance & Assurance**

### 5.1 *Audit Committee Terms of Reference*

James Ayling reminded that under the Code of Corporate Governance the Audit Committee Terms of Reference (ToR) was required to be reviewed on an annual basis.

James noted that within the Governance (Assurance over IJB Directions) Internal Audit report, which was an item later on the agenda, it was proposed that the Audit Committee would be responsible for maintaining an overview of progress with the implementation of directions and felt that this was a matter to be referenced within the ToR. James also referred to the discussion the Director of Finance was due to have with the Board Secretary in regard to the Audit & Risk Committee as if there were to be a change of name for the Committee this would also require to be reflected within the ToR.

Tris Taylor referred to the Blueprint for Good Governance, and in particular to appendices B and D, as he suggested that it may be beneficial to reference these within the ToR.

Susan Swan agreed to look into the points made and would bring forward an updated Terms of Reference to the next meeting.

**The Committee discussed the Audit Committee Terms of Reference for 2023/24 and noted that an updated version would be brought to the next meeting for noting.**

### 5.2 *Audit Committee Workplan 2023/24*

James Ayling advised that the workplan is reviewed on an annual basis to ensure that the remit delegated by the Board to the Audit Committee is met.

James referred to the Financial Controls Internal Audit report, which was an item later on the agenda, and noted the management response stated that a report on the write off process and bad debt provision should be presented to the Audit Committee by 30<sup>th</sup> June 2023 and then twice per year thereafter. James assumed that this would now be incorporated within the workplan. Susan confirmed that it would be.

James again referred to the Audit Committee's responsibility for the overview of progress with the implementation of directions to the IJB and asked if this would also be reflected within the workplan. Susan confirmed that it would be.

Tris Taylor queried if there was a requirement to add a regular meeting with the other Governance Committee Chairs in regard to the monitoring of strategic risk or if the Committee felt that the current system worked sufficiently. James reminded that an update on the new process was due to come forward to the June meeting and following discussion it was agreed to await the outcome of this in the first instance and if the Committee were not satisfied with the update received this could then be looked into further.

**The Committee noted the Audit Committee Workplan for 2023/24 with the additions as discussed.**

### 5.3 *Audit Follow Up Report*

James Ayling highlighted that 20 recommendations had been brought forward from December 2022 and one action was overdue. James highlighted the two revised implementation dates in relation to the Health and Safety Reporting recommendations which required approval from the Committee. The Committee confirmed that they were content to approve the revised timescales.

Emily Mayne introduced herself as the Health Value for Money Director within Audit at Grant Thornton. It was noted that Emily had taken over responsibility for NHS Borders from Peter Clark and would be working with Jamie Fraser and Megan Richardson. Emily would also be signing the audit opinion as part of the year end process.

Emily advised that she had met with the Director of Finance by way of an introductory meeting and went on to provide an update on the improvements she hoped to make in regard to the information reported to the Committee. Emily also planned to undertake a review of the recommendations as she noted that some of the original timelines were extremely old so this exercise would ascertain if they are still relevant etc. It was noted that the Board Executive Team (BET) would have oversight and ultimately own this.

Sonya Lam was assured on the proposed way forward as she felt it would be particularly helpful to review the older recommendations. Tris Taylor added that it would also be helpful to provide an indication on which actions are outwith the current financial year.

Andrew Bone suggested that Emily proceed with the proposed way forward which would be discussed by BET in due course and the report in the updated format would be presented to a future Audit Committee. James asked if it would be possible to see this for the June meeting. Emily agreed to prioritise this piece of work to meet this deadline.

Tris referred to recommendation reference 2.4 within the Health & Safety Reporting audit report, and in particular to approvers' duties and the overall process for sharing lessons learned being updated as part of the Adverse Event Policy. Tris commented that lessons learned appeared to be a recurring theme and queried if the organisation approach should be to do this once rather than multiple times. Tris assumed that this could be picked up within the quality management process. Laura Jones advised that she was not close to this action but would pick up with the Interim Head of Health & Safety in terms of the Clinical Boards and services submitting completed Safety Management Reviews and Significant Adverse Event Reviews to the Occupational Health & Safety Forum to share learning and address the points within the recommendation.

**The Committee noted the audit follow up report.**

#### 5.4 *Audit Follow Up Process*

James Ayling reminded the Committee of the system asking managers to provide a verbal update on recommendations where timescales had slipped and had been identified by Internal Audit.

##### *IT Resilience Update*

Kevin Messer provided an update where he highlighted that there had not been as much progress as he would have hoped due to other significant pressures within IM&T. It was noted that some work had been undertaken in regard to disaster recovery/business continuity testing and documentation to back this up. Going forward Kevin proposed providing the Committee with the action tracker used within IM&T on a monthly basis so they could monitor progress. This was agreed and the tracker would be circulated to the Committee on a monthly basis for information.

Kevin advised that there was difficulty finding the required technical level of skills to undertake the testing and that he was discussing this with the Director of Planning & Performance and Head of IM&T to agree a way forward.

Tris Taylor referred to the updates since the last meeting and noted that there were no timescales attached and felt it would be helpful to have sight of these. Tris appreciated that everything at the present time was a financial challenge, however queried the value of recommendations from Internal Audit if there is not enough resources to implement these. Kevin agreed that it was critical to have the right tools to help mitigate future risks in our infrastructure, including resilience and security, however funding required to be secured to put these in place. Andrew Bone acknowledged the point raised in relation to resources required to deliver actions identified in the report and confirmed he would request an SBAR for consideration.

Tris enquired at what point this would be escalated to the Board. Andrew advised that they were not quite at that point and that BET were currently overseeing this, however if the Committee were not satisfied with the update to the June meeting it would then be appropriate to escalate to the Board.

#### **The Audit Committee noted the update.**

##### *Mandatory and Statutory Training Update*

Sue Kean provided an update on the recommendations and highlighted those which had been completed. In regard to the outstanding recommendations, namely adding third party training to the Statutory & Mandatory Training Matrix, Sue explained the huge undertaking this would be to look back and identify this training and update individual's training records, therefore the proposal going forward was to develop an electronic study leave form to capture any external training. It was noted that when the electronic study leave form was processed it would also be uploaded onto Learnpro. Sue advised that a Short Life Working Group had been set up to look at this. In regard to developing a Standard Operating Procedure as an appendix to the Education Policy as guidance for managers, it was noted that this would be developed once the Education Policy is finalised and gone to the Training, Education and Development Board for approval.

James Ayling noted the revised timescales of 30<sup>th</sup> April 2024 for the outstanding actions. Sue assured that she meets regularly with Internal Audit and highlighted that should the electronic study leave form be developed then it potentially would not take this length of time.

Sonya Lam highlighted that it may be appropriate for another Committee to consider training requirements in terms of patient care as she did not feel it was just a matter of capturing data. Sonya suggested the Staff Governance Committee may be the most appropriate and was happy to feed this in.

**The Audit Committee noted the update.**

#### *Health and Safety Reporting Update*

Robin Brydon provided an update and referred to the outstanding recommendations to review approver's duties and develop a process for sharing lessons learnt as part of the Adverse Event Policy review. It was noted that there were still actions outstanding on the policy, i.e. requirement to reflect HSE guidance on reporting timescales, however the overall process for sharing lessons learned would be updated in line with the policy when finalised. Robin assured that the outstanding recommendations were in hand and had been delayed due to staff changes but he hoped that these would be complete by the revised date of 30<sup>th</sup> April 2023 or at the very least for the draft policy to have been circulated to the various groups for comment by this date.

**The Audit Committee noted the update.**

#### 5.5 *Audit Committee Annual Self Assessment*

James Ayling noted that overall he was content with the actions arising from the findings. James highlighted that there was disagreement noted under the "Committee Membership and Dynamics" heading. The Committee were satisfied with the action proposed that the Director of Finance discuss with the Audit Committee Chair how members can be supported and made aware of development opportunities. The Committee also noted their agreement to the other proposed actions to issues raised.

Andrew Bone suggested that he email out to members to expand on the point raised in regard to development opportunities. This was agreed. James enquired if there was any update on the action brought forward from the previous self assessment in regard to seeking stakeholder feedback. Andrew reminded of previous discussion to ask external stakeholders to undertake a 360° review and offered to take this forward if the Committee were in agreement. This was agreed.

James reminded that he was happy to receive any observations at any time to approve effectiveness.

**The Audit Committee noted the annual self assessment report and agreed the action plan.**

## 6. **Internal Audit**

### 6.1 *Internal Audit Plan Update Report*

Emily Mayne spoke to this report which provided an update on progress with the 2022/23 Internal Audit Plan. Emily assured the Committee that there was sufficient resource in place to deliver the remaining three audits within the plan. Emily highlighted the assurance ratings provided for reports throughout the year, namely partial assurance with improvement required, and advised that the audit opinion was likely to remain as per previous years with partial assurance being given.

**The Committee noted the report.**

### 6.2 *Internal Audit Report – Health Inequalities*

Megan Richardson introduced this report which had an overall rating of partial assurance with improvement required. The findings ratings were noted as two high, four medium and one low. Megan advised that one high finding had been split into two recommendations to provide clarity for reporting purposes.

Keith Allan, attending on behalf of Sohail Bhatti, referred to finding 3 in regard to documentation for Health Inequalities Impact Assessment (HIIA) and lack of a documented procedure. Keith confirmed that there is a link on the Intranet to key templates but agreed guidance for staff was required which would be produced and promoted across the organisation.

Keith advised that resourcing for development of the health inequalities strategy presented a challenge and that the Public Health team were intending to seek input through co-production from partner organisations in order to mitigate this issue. Keith explained that to find out what the inequalities are across the Borders would require good data and having sufficient resources in place to take forward. The actions outlined in the report describe how this is expected to be managed.

Tris Taylor was aware that the new Director of Public Health was in post and was pleased to see the management actions noted against each of the recommendations. Tris felt that a wider discussion was required around whether the internal systems for control around health inequalities were effective. Tris noted his concern that there had still been no assurance given during 2022/23 which is what the Public Governance Committee would be reporting as part of the year end process. Tris noted his concern that it had taken the findings from this audit to drive forward action. James Ayling enquired if the Public Governance Committee had escalated previously. Tris confirmed that it had been escalated to the Board but no assurance had been given.

Andrew Bone was aware of the issues raised by Tris previously and reminded that the intended purpose of this audit had been to provide the new Director of Public Health with a clear set of recommendations to take forward.

Sonya Lam noted concern that there could be other examples of challenges being faced across the organisation which may require escalation to Internal Audit to find these and queried if this was specific to inequalities or more

widespread. Sonya also enquired if lessons learned were being taken on board.

Andrew Bone proposed that he discuss this further with the Chief Executive and would suggest contacting the other Governance Committee Chairs to request specifics on any issues they may have. Gareth Clinkscale welcomed this suggestion as he did not feel that this was just in relation to inequalities.

Tris noted the confidential status of the report as he wished to share with the Public Governance Committee to monitor progress. Andrew Bone agreed to seek confirmation if the report could be shared.

### **The Committee noted the report.**

#### **6.3 *Internal Audit Report – Financial Controls***

Megan Richardson introduced this report which had an overall rating of partial assurance with improvement required. The findings ratings were noted as four medium, five low and one improvement. Megan highlighted the high number of recommendations was due to one being split into four to provide more clarity for reporting purposes. Susan Swan confirmed that all recommendations had been accepted and that realistic timescales had been set against these.

Tris Taylor referred to the comment in regard to the level of discussion detailed within the Resources & Performance Committee minutes on the Finance report as this had possibly not been discussed in detail due to time constraints. Susan noted that this may have been the case, however the minutes reviewed by Internal Audit stated that the Resources & Performance Committee had noted the report so they were recommending more detail was recorded within the minutes. Andrew Bone confirmed that this point would be addressed through follow up.

James Ayling noted the recommendation in relation to debt recovery and the recommendation that the debtors provision/write off schedule be shared with the Audit Committee twice per year. Susan explained that there was a tendency to try and recover all debt internally, however any outstanding debtors, where the internal follow up process had not proved successful as at 31<sup>st</sup> March 2023, would be transferred to the Debt Recovery Agency. Tris highlighted the evidence that some debt was of significant age, suggesting that there needed to be more rigour in application of the process for escalation of debt. Susan confirmed that this would be addressed and highlighted the impact that COVID had had upon this process, which should not be an issue moving forward. Andrew Bone acknowledged the issues and the need for timely escalation. He also highlighted that an element of this debt related to other public sector organisations and that this would be escalated directly at Director of Finance level where required. The Committee welcomed the greater visibility to be applied through the revised reporting approach.

### **The Committee noted the report.**

- 6.4 *Internal Audit Report – Governance (Assurance over IJB Directions)*  
Megan Richardson introduced this report which had an overall rating of partial assurance with improvement required. The findings ratings were noted as three medium. Andrew Bone accepted all recommendations and confirmed that they are in progress and should be complete by the end of June 2023.

**The Committee noted the report.**

- 6.5 *Draft Internal Audit Plan 2023/24*  
Emily Mayne introduced the draft Internal Audit Plan for 2023/24 and advised that the Director of Finance had circulated around BET colleagues and the Chairs of the Governance Committees for comment.

Andrew went on to provide feedback received where it was noted that overall BET were content with the plan. It was noted that the Financial Sustainability audit would need to refine its focus to ensure best value and there may be a need to defer the Community Engagement audit as there were no engagement exercises immediately scheduled so this may be a practical challenge. The Director of Acute Services was of the view that there should be a productivity audit undertaken during 2023/24 but did not recommend this was within Theatres as the Theatre Improvement Programme had just been established and he felt that the timing may not be ideal to allow this to get off the ground so proposed deferring to the following year.

Tris Taylor noted the comment regarding the Community Engagement audit and noted his concern as he felt that community engagements should be undertaken on an ongoing basis and that he would be happy to be involved if necessary.

It was noted that only the Chair of the Public Governance Committee had responded and had confirmed they were content with the plan.

Emily confirmed that an updated version of the plan would come forward to the June meeting for approval.

**The Committee noted the draft Internal Audit arrangements for 2023/24.**

## 7. **External Audit**

- 7.1 *External Audit Annual Audit Plan 2022/23*  
John Boyd introduced himself as the Audit Director at Audit Scotland responsible for the external audit of NHS Borders and noted that they had been appointed for a five year period. It was noted that the team had also been appointed as the external auditors for NHS Lanarkshire, Scottish Borders Council and the IJB.

John went on to take the Committee through the report which outlined the proposed approach for the annual audit and highlighted key points. John referred to the timetable which noted the aim of having sign off by the end of June 2023.

**The Committee noted the External Audit Annual Plan for 2022/23.**

7.2 *Audit Scotland Report – NHS in Scotland 2022*

James Ayling noted that last year's recommendations, including updates, was attached as an appendix and assumed a similar exercise would be undertaken for this year's report. Andrew Bone confirmed that it would.

**The Committee noted the report.**

7.3 *Audit Scotland Reports*

No issues were raised on the report detailing where Audit Scotland reports had been distributed across the organisation.

**The Committee noted the report.**

8. **Fraud & Payment Verification**

8.1 *Countering Fraud Operational Group (CFOG) Update*

Susan Swan spoke to this report and highlighted the implementation of the Counter Fraud Standards and the self assessment which the Board would be required to undertake. It was noted that Counter Fraud Services (CFS) would provide support with this exercise and Susan was currently working with colleagues at CFS. Susan advised that this would be incorporated within the Annual Fraud Report as part of the Governance Framework Review.

James Ayling referred to the Crime and Corporate Transparency Bill and stressed the need to keep a close eye on this as there could be potential significant consequences for the NHS.

Susan went on to provide an update on recent fraud allegations, where it was noted that there have been three logged by CFS. More information is currently being sought by CFS to ascertain if any frauds had been committed.

**The Committee noted the report.**

8.2 *NFI Update*

Susan Swan spoke to this item and advised that following commencement of the live exercise the previous year there had been a total of 960 matches received. Susan advised that the appendix highlighted any very high and high risk areas, which were primarily linked to payroll. It was noted that the next stage was in relation to creditors and updates would be provided at each meeting.

**The Committee noted the report.**



## 9. **Risk Management**

### 9.1 *Risk Management Quarterly Report*

Lettie Pringle introduced this item and highlighted that there has been a change in risk profile, with the majority now being rated either medium or high, whereas previously the majority of risks had a risk level of low and medium. Lettie flagged that risk owners, due to capacity issues, were having issues undertaking their risk management duties and that to date Risk Management KPIs were not on target to be achieved by the end of the financial year. It was noted that key actions, supported by the Operational Planning Group (OPG), were outlined within the report.

Tris Taylor referred to the section of the report on “Risk Affecting Corporate Objectives” and questioned if this was a meaningful representation of the data. Lettie advised that the definition of risk is the effect of uncertainties on objectives so this is a key piece of information to decipher which corporate objective is most likely to be affected by risks reported. Tris questioned how helpful the data was in the current format in which it was presented and requested more aggregated data. Lettie agreed to look at this for future reports.

James Ayling noted concern the high number of risks requiring an update. Lettie advised that there are Risk Management improvement plans which capture this information as one of the risk management performance indicators within each respective Clinical Board. Risk Champions will take these back to their Clinical Board to request further work be undertaken to improve compliance levels. It was noted that OPG also receive the Risk Management Improvement Plans on a quarterly basis and monitor any areas of concern.

James referred to the KPIs and the drop from 90% to 67% in the last quarter. Lettie explained that a small number in regard to compliance can make a huge drop in percentage. Lettie assured that this is monitored and is picked up with risk owners. Laura Jones added her view that the overall increase in compliance throughout the year was attributable to the work being undertaken by the Risk Manager.

### **The Committee noted the Risk Management quarterly report.**

### 9.2 *Update on Very High Risks*

Lettie Pringle spoke to this item and highlighted that there had been an increase in the number of very high risks.

Lettie advised that OPG have been assured by Corporate Services and the Acute Clinical Board that high risks are being managed appropriately and proportionately. It was noted that high risk assurance reports for Primary and Community Services and Mental Health are scheduled to go to OPG in April.

Lettie went on to explain that there had been a decrease in very high risks being reviewed within policy timescales and there was still very low compliance with adherence to the policy timescales for approval within 104 days.

Sonya Lam referred to risk 4502 which was due to the small number of staff within the Dietetic team and their resilience in relation to annual leave, sick

leave and vacancies. Sonya enquired if there was a need to review other teams due to their size as this would be an ongoing issue for the organisation. Andrew Bone advised that BET have agreed an action plan in regard to workforce sustainability which will take this into account.

**The Committee noted the report.**

10. **Integration Joint Board**

**The Committee noted the link to the IJB Audit Committee agenda and minutes.**

James Ayling highlighted that the website had not been updated with the recent agenda and papers and agreed to arrange for these to be circulated for noting. James also advised that he and the Director of Finance would be reviewing the Audit Committee Terms of Reference in regard to the IJB and the Internal Audit report presented today would help in this regard.

11. **Annual Accounts 2022/23**

11.1 *Annual Accounts 2022/23 Timetable*

Susan Swan spoke to this item which provided the key dates in the production of the 2022/23 annual accounts. Susan highlighted that the timescales would be challenging but they were currently on track. James Ayling asked to be alerted should there be any delay in timescales.

**The Committee noted the timetable for the production of the 2022/23 annual accounts.**

12. **Items for Noting**

12.1 *Information Governance Committee Minutes – 7<sup>th</sup>December 2022 (Draft)*

**The Committee noted the draft Information Governance minutes from the meeting held on the 7<sup>th</sup>December 2022.**

13. **Any Other Competent Business**

None.

14. **Date of Next Meeting**

Wednesday, 14<sup>th</sup> June 2023 @ 1 p.m. via MS Teams.

<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Audit &amp; Risk Committee Chair Update Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>James Ayling, Non Executive Director</b>
<b>Report Author:</b>	<b>James Ayling, Non Executive Director</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Legal requirement

**This aligns to the following NHSScotland quality ambition(s):**

- Effective

## 2 Report summary

### 2.1 Situation

The Chair of the Audit & Risk Committee wishes to raise to the Board's attention two items discussed at the committee's meeting on 14<sup>th</sup> June 2023 in order to highlight these as matters of significance for the awareness of the Board. Minutes of the meeting will not be available until the October Board meeting.

This report highlights key findings from two Internal Audit reports presented to the Audit & Risk Committee on 14<sup>th</sup> June 2023 which had overall ratings of "no assurance".

### 2.2 Background

The Audit & Risk Committee, at its meeting on 14<sup>th</sup> June 2023, were presented with two Internal Audit reports by the Board's Internal Auditors (herein after referred to as IA) with a "no assurance" rating and as such were deemed to be of such significance as to warrant being brought to the Board's attention for noting.

## 2.3 Assessment

Findings from the two reports are detailed below:

### 1. Compliance with Scottish Health Technical Memorandum 03-01 Part B – Ventilation Systems

IA reviewed the design and operating effectiveness of controls to mitigate against the following potential risk areas:

- Individuals required to monitor and/or maintains ventilation equipment are not competent to do so.
- Roles and responsibilities for the management of ventilation systems have not been clearly defined and there is no appropriate oversight at a senior management or Board level.
- An inventory of all ventilation systems installed and in use or capable of being used is not maintained.
- Critical Healthcare Ventilation Systems are not subject to routine inspection and maintenance.
- Records of ventilation systems and their performance are not kept and cannot be accessed when necessary (this is a legal requirement).

Following the audit IA have raised 5 high rated, 13 medium rated and 1 low rated recommendations. As such, they have concluded that the controls in place in respect of NHS Borders' Ventilation Systems provides a level of **No Assurance**.

The guidelines indicate that a *no assurance* report is arrived at following consideration of the following guidelines and judgement:

A conclusion that, in the areas examined, the risk management activities and controls are not suitably designed to achieve the risk management objectives required by management. Those activities and controls that were examined were not operating with sufficient effectiveness to provide reasonable assurance that the related risk management objectives were achieved during the period under review. No assurance might be indicated by significant weaknesses in design or operation of controls and several HIGH rated recommendations.

Management have responded to the IA findings and recommendations and actions are being put in place with varying due dates for completion to address said findings between now and end September 2023. The IA report is being shared with the Clinical Governance Committee and the Resources and Performance Committee due to their respective responsibilities and oversight in the affected areas. The Audit Committee will monitor progress against management actions.

### 2. Property Transaction Monitoring

This audit considered whether NHS Borders has complied with the relevant provisions set out within the NHS Scotland Property Transactions Handbook.

The Handbook states that an annual internal audit review of property transactions should be carried out at each NHS body and the results reported to the Scottish Government Health and Social Care Directorate. The review should include all

acquisitions and disposals during the previous financial year, whether by purchase, lease or exchange.

This audit covered the property transactions which took place during the 2021/22 and 2022/23 financial years. There were 5 transactions. The audit considered the extent to which:

- The relevant mandatory requirements in Section B of the Handbook have been met.
- Appropriate and independent legal and property advisers have been appointed.
- Legally binding property arrangements had been signed off by the Chief Executive.
- Monitoring pro-forma had been completed as transactions progress.
- All relevant certification has been completed by the Chief Executive at the appropriate stage of each transaction.

In accordance with the Handbook, IA is required to categorise the conduct of transactions as follows:

- A - The transaction has been properly conducted;
- B - There are reservations on how the transaction was conducted;
- C - A serious error of judgement has occurred in the handling of the transaction.

IA were unable to obtain evidence to confirm that NHS Borders had complied with the procedures set out in the relevant manual and therefore they rated all transactions as C and raised four high risk rated recommendations and as such concluded that the controls in place in respect of Property Transaction Monitoring provided **No Assurance**. The guidelines for determining this No Assurance status are as stated above.

Management have responded to the findings and remedial actions are due to be completed by 30<sup>th</sup> June 2023.

### **2.3.1 Quality/ Patient Care**

Any implications for this topic are identified within the relevant Internal Audit report, as referenced in the body of the paper.

### **2.3.2 Workforce**

Any implications for this topic are identified within the relevant Internal Audit report, as referenced in the body of the paper.

### **2.3.3 Financial**

Any implications for this topic are identified within the relevant Internal Audit report, as referenced in the body of the paper.

### **2.3.4 Risk Assessment/Management**

Internal Audit is an essential function within the Board's framework for governance and assurance. The reports were presented as part of the Board's Internal Audit work plan which aims to assess the effectiveness of the Board's systems of internal control and how these controls will mitigate risks faced by the organisation.

Each report provided details of any risks identified, together with recommendations for how any weaknesses in controls might be improved, where identified.

### **2.3.5 Equality and Diversity, including health inequalities**

There are no issues identified in relation to this topic.

### **2.3.6 Climate Change**

Any implications for this topic are identified within the relevant Internal Audit report, as referenced in the body of the paper.

### **2.3.7 Other impacts**

N/A

### **2.3.8 Communication, involvement, engagement and consultation**

Internal Audit reports are prepared through engagement of auditors with relevant stakeholders identified by the Board's designated executive lead for the audit topic.

### **2.3.9 Route to the Meeting**

The reports / findings were agreed with the executive leads prior to finalisation.

The reports were discussed by the following Committee:

- Audit & Risk Committee :14<sup>th</sup> June 2023

## **2.4 Recommendation**

- **Awareness** – For Members' information only.

## **3 List of appendices**

The following appendices are included with this report:

Nil

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Finance Report – May 2023</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andrew Bone, Director of Finance</b>
<b>Report Author:</b>	<b>Samantha Harkness, Senior Finance Manager</b>

## 1 Purpose

**This is presented to the Board for:**

- Decision

**This report relates to a:**

- Annual Operational Plan/Remobilisation Plan

**This aligns to the following NHSScotland quality ambition(s):**

- Effective

## 2 Report summary

### 2.1 Situation

The report describes the financial performance of NHS Borders and any issues arising.

### 2.2 Background

NHS Health Boards operate within the Scottish Government (SG) Financial Performance Framework. This framework lays out the requirements for submission of Financial Performance Reports (FPR) to SG which include comparison of year to date performance against plan with full review of outturn forecast undertaken on a quarterly basis.

NHS Borders has determined that regular finance reports should be prepared in line with the SG framework (i.e. monthly).

The board has remitted the Resources & Performance committee to “review action (proposed or underway) to ensure that the Board achieves financial balance in line with its statutory requirements”.

The board continues to receive regular finance reports for reporting periods where there is no scheduled committee meeting.

## **2.3 Assessment**

### **2.3.1 Quality/ Patient Care**

Any issues related to this topic are provided as background to the financial performance report and it is expected that, where relevant, these issues will be raised through the relevant reporting line.

### **2.3.2 Workforce**

Any issues related to this topic are provided as background to the financial performance report and it is expected that, where relevant, these issues will be raised through the relevant reporting line.

### **2.3.3 Financial**

The report is intended to provide briefing on year to date and anticipated financial performance within the current financial year. No decisions are required in relation to the report and any implications for the use of resources will be covered through separate paper.

### **2.3.4 Risk Assessment/Management**

The paper includes discussion on financial risks where these relate to *in year* financial performance against plan. Long term financial risk is considered through the board’s Financial Planning framework and is not relevant to this report.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed because the report is presented for awareness and does not include recommendation for future actions.

### **2.3.6 Climate Change**

There are no climate change impacts identified in relation to the matters discussed in this paper.

### **2.3.7 Other impacts**

There are no other relevant impacts identified in relation to the matters discussed in this paper.

### **2.3.8 Communication, involvement, engagement and consultation**

Not Relevant. This report is presented for monitoring purposes only.





### 2.3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Senior Finance Team, 13<sup>th</sup> June 2023
- Board Executive Team, 22<sup>nd</sup> June 2023

## 2.4 Recommendation

- **Decision**

The paper outlines a number of recommendations for awareness ('to note') in relation to the Board's financial performance. There is one recommendation for decision.

The Board is recommended to approve the allocation of £2.5m received in relation to Sustainability and NRAC Parity to be offset directly against the shortfall (i.e. recurring deficit) in the Board's financial plan, as represented by the unallocated savings target.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Finance Report for the period to end May 2023

## FINANCE REPORT FOR THE PERIOD TO THE END OF MAY 2023

### 1 Purpose of Report

- 1.1 The purpose of the report is to provide committee members with an update in respect of the board's financial performance (revenue) for the period to end of May 2023.

### 2 Recommendations

- 2.1 Committee Members are asked to:

2.1.1 **Note** that the board is reporting an overspend of £5.96m for two months to end of May 2023.

2.1.2 **Note** the position reported in relation to recurring savings delivered year to date.

2.1.3 **Note** that this position represents a deterioration from the forecast presented in the financial plan (£22.5m projected deficit at March 2024) and that a revised forecast, including remedial actions, will be developed following the Quarter 1 review.

2.1.4 **Note** the update in relation to SG allocations and that these allocations are not reflected in the Month 2 position described in the paper.

2.1.5 **Approve** the release of £2.5m Sustainability fund and NRAC parity funds to directly offset the Board's unallocated savings target (and recurring deficit).

### 3 Summary Financial Performance

- 3.1 The board's financial performance as at 31<sup>st</sup> May 2023 is an overspend of £5.96m. This position is summarised in Table 1, below.

Table 1 – Financial Performance for two months to end May 2023

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Revenue Income	300.90	321.17	46.68	48.64	(0.04)
Revenue Expenditure	300.90	321.17	38.74	44.66	(5.92)
<b>Surplus/(Deficit)</b>	<b>0.00</b>	<b>0.00</b>	<b>(9.94)</b>	<b>(3.98)</b>	<b>(5.96)</b>

- 3.2 The Financial Plan as submitted to SG during March 2023 projected a full year overspend of approx. £22.5m and a trajectory at end May 2023 of £3.75m overspend. The actual performance reported at end May is therefore £2.21m adverse against plan.

- 3.3 Movement from plan reflects increased cost pressures within core performance, as well as limited progress towards savings delivery during the first two months.

- 3.4 The adjusted core operational performance excluding savings is £0.39m overspend. The unadjusted position is £1.22m overspend, and is amended to include £0.83m relating to funds not yet disbursed pending confirmation of Scottish government allocations. This position is consistent with previous years and is expected to be resolved by quarter one review.

## 4 Financial Performance – Budget Heading Analysis

### 4.1 Income

- 4.1.1 Table 2 presents analysis of the board's income position at end May 2023.

Table 2 – Income by Category, year to date May 2023/2024

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
<b>Income Analysis</b>					
SGHSCD Allocation	271.27	271.27	45.21	45.21	-
SGHSCD Anticipated Allocations	9.46	28.92	-	-	-
Family Health Services	10.24	10.88	2.34	2.34	-
External Healthcare Purchasers	4.68	4.68	0.76	0.76	-
Other Income	5.25	5.42	0.37	0.33	(0.04)
<b>Total Income</b>	<b>300.90</b>	<b>321.17</b>	<b>48.68</b>	<b>48.64</b>	<b>(0.04)</b>

- 4.1.2 There is a small shortfall on other income which is linked to under-recovery of patient related income. This income relates to out of area patients.

### 4.2 Operational performance by business unit

- 4.2.1 Table 3 describes the financial performance by business unit at May 2023.

Table 3 – Operational performance by business unit, May 2023

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
<b>Operational Budgets - Business Units</b>					
Acute Services	69.07	75.12	12.71	12.83	(0.12)
Acute Services - Savings Target	(1.54)	(1.53)	(0.26)	-	(0.26)
<b>TOTAL Acute Services</b>	<b>67.53</b>	<b>73.59</b>	<b>12.45</b>	<b>12.83</b>	<b>(0.38)</b>
Set Aside Budgets	28.81	29.74	5.17	5.69	(0.52)
Set Aside Savings	(0.94)	(0.94)	(0.16)	-	(0.16)
<b>TOTAL Set Aside budgets</b>	<b>27.87</b>	<b>28.80</b>	<b>5.01</b>	<b>5.69</b>	<b>(0.68)</b>
IJB Delegated Functions	125.82	142.23	22.30	22.94	(0.64)
IJB – Savings	(4.33)	(4.30)	(0.71)	-	(0.71)
<b>TOTAL IJB Delegated</b>	<b>121.49</b>	<b>137.93</b>	<b>21.59</b>	<b>22.94</b>	<b>(1.35)</b>
Corporate Directorates	38.84	46.06	7.46	7.63	(0.17)
Corporate Directorates Savings	(0.05)	-	-	-	-
<b>TOTAL Corporate Services</b>	<b>38.79</b>	<b>46.06</b>	<b>7.46</b>	<b>7.63</b>	<b>(0.17)</b>
External Healthcare Providers	31.88	31.95	5.33	5.10	0.23
External Healthcare Savings	(0.13)	0.09	0.01	-	0.01
<b>TOTAL External Healthcare</b>	<b>31.75</b>	<b>32.04</b>	<b>5.34</b>	<b>5.10</b>	<b>0.24</b>
<b>Board Wide</b>					
Depreciation	5.06	5.06	0.84	0.84	-
Year-end Adjustments	-	(10.21)	(10.37)	(10.37)	-

	Opening Annual Budget	Revised Annual Budget	YTD Budget	YTD Actual	YTD Variance
Planned expenditure yet to be allocated <sup>1</sup>	19.74	34.36	0.83	-	0.83
Financial Recurring Deficit (Balance)	(11.33)	(22.81)	(3.80)	-	(3.80)
Financial Non-Recurring Deficit (Balance)	-	(6.15)	(1.03)	-	(1.03)
Board Flexibility	-	2.50	0.42	-	0.42
<b>Total Expenditure</b>	<b>300.90</b>	<b>321.17</b>	<b>38.74</b>	<b>44.66</b>	<b>(5.92)</b>

4.2.2 **Acute Overall.** The position is £1.06m, of which £0.28m relates to non-delivery of savings. Key drivers of operational cost pressures are: ongoing use of premium rate nursing and medical agency (with offset against core vacancies); unfunded inpatients beds; and medicines expenditure. Budget reporting is categorised as 'Acute Services' covering health board retained functions including planned care and women & children's services, and 'Set Aside' representing unscheduled care functions under strategic direction of the Scottish Borders IJB.

4.2.3 **Acute services** (excluding Set Aside) are reporting a net overspend of £0.38m. This includes an £0.12m over spend on core operational budgets. The main driver for this over spend is in relation to cancer drugs. There also costs relating to Waiting times which are yet to be funded (this funding has been anticipated within the overall Board position and will be included within Acute budgets following confirmation of actual resources). Cost pressures are offset by continued underspend in pays, mainly related to vacant posts within Nursing & Midwifery.

4.2.4 **Set Aside.** The set aside budget is overall £0.68m overspent, of which £0.16m relates to non-delivery of savings. Pressures on unscheduled care which were seen in 2022/23 continue into 2023/24, linked to the continued use of unfunded beds, additional staffing within A&E and overspends linked to high cost Neurology drugs. As at May 2023 there were 22 unfunded beds open within BGH (including 7 MAU beds) and a further 8-10 patients requiring overnight trolley stays within A&E.

4.2.5 **IJB Delegated.** Excluding non-delivery of savings the HSCP functions delegated to the IJB are reporting an over spend on core budgets of £0.64m. The main drivers for the overspend are Medical agency use (Mental Health locums), continued growth in GP Prescribing, and further pressures in Mental Health prescribing. This position is partly offset by ongoing vacancies across all areas.

4.2.6 The spend on GP Prescribing at M02 is already reporting an overspend of £0.82m. Continued increases in costs and volumes continues to drive the actual spend up, and shows no signs of easing in the coming months. The impact of costs and volumes is not limited to NHS bordeFrS but is an impact being felt across all boards in Scotland. As previously reported, primary care prescribing expenditure is reported two months in arrears and therefore the position is based upon forecast trends as at end March, and adjusted for prescribing volumes in April.

4.2.7 **Corporate Directorates** are reporting a net over spend of £0.17m on core budgets. The over spend is mainly due to equipment costs linked to e-Health where funding is still to be confirmed, as well as increased spend in patient travel (supporting hospital discharge).

<sup>1</sup> Includes £0.83m anticipated funding (ytd) which has not been reflected in business unit budgets pending further confirmation.

4.2.8 **External Healthcare Providers.** Excluding savings there is a small (£0.23m) underspend. A number of contract areas (e.g. NHS Lothian SLA) are based on historic trends pending confirmation of current year activity.

### 4.3 Savings

4.4 As part of the financial plan for 2023/24 it was identified that the Board would seek to deliver a minimum of £5.0m in recurring savings. Targets have been allocated to each business unit in respect of delivering a minimum of 2% in recurring savings on core expenditure budgets, with further savings to be achieved through Board wide programmes including Prescribing savings.

4.5 Table 4 below shows the recurring savings targets allocated to each area and the full year achievement of those targets

*Table 4 – summary recurring savings achieved as at May 2023*

	<b>Recurring Savings Target</b>	<b>Recurring Savings Achieved</b>	<b>Balance of Savings not yet delivered</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>
Acute Services	(1.05)	-	(1.05)
Set Aside	(1.08)	-	(1.08)
IJB Directed Services	(1.06)	0.03	(1.03)
Corporate Directorates	(0.85)	0.06	(0.80)
External Healthcare Providers	(0.35)	0.22	0.09
Board Wide	(2.18)	-	(2.18)
<b>Total NHS Costs</b>	<b>(6.58)</b>	<b>0.31</b>	<b>(6.27)</b>

4.6 As at May 2023 there has been £0.31m recurring savings transacted against budgets. This remains below the run rate of £0.42m *per month* required to meet the minimum £5m recurring savings outlined in the financial plan.

4.7 Progress towards savings delivery has been limited and this issue has been escalated to FIP Board and the Quality & Sustainability Board. A rapid review of options for corrective action is currently underway and an interim update to the Financial Recovery Plan, incorporating any further actions identified for 2023/24, will be prepared at quarter one review.

4.8 Key risks identified remain consistent with those outlined in the recovery plan, notably the capacity of management to undertake financial savings activities, dependency on effective clinical engagement, and constraints on analytical capacity. The FIP Board will review its risk register on a quarterly basis and update will be provided in the next iteration of the Financial Recovery Plan.

4.9 The Board continues to receive ‘tailored support’ from Scottish Government and it is expected that a final Financial Recovery Plan will be prepared by end September following conclusion of SG review.

## 5 Quarter One Review

- 5.1 A quarter one review of the financial position will be undertaken following finalisation of the Month 3 financial performance. This will incorporate a revised in year projection to end March 2023, together with update to the financial recovery plan. It is also expected that this will include options for further corrective actions to address financial performance incorporating escalated financial controls where applicable.
- 5.2 Given the scale of the financial challenge presented in the Board's financial plan, together with the early indication of further adverse variation arising from the Month 2 performance, it is anticipated that the Board will wish to review progress at the earliest opportunity. An update will be prepared on the basis that the Board meeting provisionally scheduled for 17<sup>th</sup> August will be confirmed.

## 6 Scottish Government Allocations

- 6.1 Scottish Government have recently confirmed three additional allocations not anticipated within the Board's financial plan and which will have a positive impact on the financial position. These are as follows:-
- NRAC share of £250m New Medicines fund (previously assumed at £200m within the Board's financial plan). Impact expected to be c.£1m.
  - NRAC share of £70m 'Sustainability' fund. Share confirmed at £1.5m.
  - Share of further NRAC parity funding (£29m). Share confirmed at £1.0m.
- 6.2 New medicines funds are intended to offset expenditure on new medicines licensed through the SMC approval process. This funding will be utilised against in year prescribing pressures, including new medicines, and may provide partial mitigation to increased growth in expenditure above financial plan levels.
- 6.3 Following BET discussion on 20th June 2023 it is proposed that the Sustainability fund and additional NRAC parity funding are allocated directly against the Board's recurring deficit, as reduction to the level of unallocated savings target.

## 7 Key Risks

- 7.1 Financial sustainability remains a *very high* risk on the board's strategic risk register (Risk 3588). This risk has been updated to reflect the Board's medium term financial plan and financial recovery plan for the period 2023/24 to 2025/26.
- 7.2 This position will only be addressed once the board have identified and implemented actions to deliver cash-releasing savings at a scale and over a timeline acceptable to Scottish Government. Further update on this issue will be provided to the committee through regular performance reports in 2023/24 and through the development of the Board's Financial Recovery Plan.

### Author(s)

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<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Clinical Governance Committee Minutes</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Jones, Director of Quality &amp; Improvement</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Government policy/directive

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this report is to share the approved minutes of the Clinical Governance Committee with the Board.

### 2.2 Background

The minutes are presented to the Board as per the Clinical Governance Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.

### 2.3 Assessment



The minutes are presented to the Board as per the Clinical Governance Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.

### **2.3.1 Quality/ Patient Care**

As detailed within the minutes.

### **2.3.2 Workforce**

As detailed within the minutes.

### **2.3.3 Financial**

As detailed within the minutes.

### **2.3.4 Risk Assessment/Management**

As detailed within the minutes.

### **2.3.5 Equality and Diversity, including health inequalities**

An HIA is not required for this report.

### **2.3.6 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 Route to the Meeting**

This has been previously considered by the following group as part of its development. The group has supported the content.

- Clinical Governance Committee 24 May 2023.

## **2.4 Recommendation**

The Board is asked to **note** the minutes which are presented for its:

- **Awareness** – For Members' information only.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Clinical Governance Committee minutes 16.01.23
- Appendix No 2, Clinical Governance Committee minutes 22.03.23

**Borders NHS Board  
Clinical Governance Committee  
APPROVED MINUTE**



Minute of meeting of the **Borders NHS Board's Clinical Governance Committee** held on **Monday 16 January 2023** at 10am via Microsoft Teams

**Present**

Mrs F Sandford, Non Executive Director (Chair)  
Ms S Lam, Non Executive Director  
Mrs H Campbell, Non Executive Director

**In Attendance**

Miss D Laing, Clinical Governance & Quality (Minute)  
Mrs L Jones, Director of Quality & Improvement  
Mr G Clinkscale, Chief Executive  
Dr L McCallum, Medical Director  
Dr S Bhatti, Director of Public Health  
Dr O Herlihy, Associate Medical Director, CGQ/Director of Medical Education  
Dr T Young, Associate Medical Director, Primary & Community Services  
Mrs A Wilson, Director of Pharmacy  
Mr P Williams, Associate Director of Nursing, Allied Health Professionals  
Mr P Lerpiniere, Associate Director of Nursing, Mental Health & Learning Disabilities  
Mrs E Dickson, Associate Director of Nursing/Head of Midwifery  
Mrs K Guthrie, Associate Director of Midwifery & GM for Women & Children's Services  
Dr C Cochrane, Director of Psychological Services  
Mr S Whiting, Infection Control Manager (for item 5.1)

**1 Apologies and Announcements**

Dr K Buchan, Non Executive Director  
Mr R Roberts, Chief Executive  
Dr J Bennison, Associate Medical Director, Acute Services  
Dr A Cotton, Associate Medical Director, Mental Health Services  
Mrs S Horan, Director of Nursing Midwifery and Allied Health Professionals  
Mrs S Flower, Associate Director of Nursing, Chief Nurse Primary & Community Services  
Mrs L Pringle, Risk Manager

The Chair confirmed the meeting was quorate.

The Chair welcomed:

Mrs L Milven, Infection Control Development Facilitator (in support item 5.1)  
Mr B Joshi, General Manager - Unscheduled Care (item 7.1)  
Ms J Tannahill, LD Team Manager  
Mrs K Steward, Clinical Lead – CTAC, deputising for Mrs S Flower (item 7.4)

Ms C Jones, Health Improvement Specialist - Suicide Prevention (item 8.3)

Mrs S Elliot, ADP Coordinator (item 8.4)

Mrs F Doig, Strategic Lead Alcohol & Drugs partnership (in support item 8.4)

Mrs P Walls, Wellbeing Service Lead and Health Improvement Lead (in support item 8.4)

The Chair announced

## **2 Declarations of Interest**

The Chair sought any verbal declarations of interest pertaining to items on the agenda

The **CLINICAL GOVERNANCE COMMITTEE** noted no new declarations had been made and previous declarations stood.

## **3 Minute of Previous Meeting**

The minute of the previous meeting of the Clinical Governance Committee held on Monday 16 January 2023 were approved

## **4 Matters Arising/Action Tracker**

There were no matters arising from the previous meeting. Action Tracker was updated accordingly.

## **5 Patient Safety –**

### **5.1 Infection Control Report**

Mr Whiting gave a brief update on the content of the report. He reported that they had been seeing an increase in COVID, Flu and Norovirus activity across all locations. There had also been outbreaks seen in the Care Homes which has had an impact on the Infection Control Team progressing with other activities including improvement work. He was happy to report that this situation had dramatically improved. Hand hygiene continues to be a focus and the plan is to undertake further audits, education and promotional activity.

Discussion took place regarding the increasing in respiratory symptoms and the difficulties infection control team were facing to isolate patients with symptoms and prevent spread. It was agreed that it was difficult to mitigate against these circumstances largely due to the layout and structure of NHS Borders ward configurations.

Ms Lam enquired about measuring impact on continuity of care for patients transferring around wards whilst there is an ongoing outbreak. Mr Clinkscale commented that boarding levels are monitored and a weekly safety monitoring performance report produced.

The **CLINICAL GOVERNANCE COMMITTEE** noted that measures are in place within available resources but are only partially assured on outcomes due to pressures within the system.

### **5.2 Duty of candour Annual Report**

Mrs Jones provided a brief overview of the content of the report. The Scottish Government had still not given their steer on the legislation to enable consistency across Scottish Health Boards. This had led to variation in reporting on Duty of Candour incidence particularly

around COVID. Infection Control has looked at COVID outbreaks to identify any failures in practice and all deaths were reviewed following outbreaks to identify nosocomial spread. Mrs Jones flagged that there continues to be the same delay around significant adverse event reviews that the rest of Scotland is observing. The complex cases and any where there is a reliance on external reviewers are taking longer to conclude. It was recognised that there was more work to be done on documentation around evidence of actions following identifying pressure ulcers; this is being fed into an improvement program.

Discussion took place regarding the time lag of applying Duty of Candour following any investigations and if these cases would be reported in next year's report. Mrs Jones assured the committee that during complex investigations the families are kept informed throughout the process. Feedback is asked for after every report and whilst the larger percentage of families are content with the investigation and outcomes there will always be an element who don't get the outcome they are expecting. Dr Bhatti commented that it was very important to keep the lens of inequality open to ensure the needs of those who are possibly less articulate are treated equitably.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is partially/not or assured by the contents

### 5.3 Mortality Annual Review

Dr Herlihy provided a brief overview of the content of report. The report covers a 16 month period. There had been an increase in deaths in hospital but not an increase overall. There had been a number of COVID spikes in this period, these were investigated but did not show anything unusual. NHS Borders COVID deaths remain low on the National Database.

Care for patients remains good but areas for concern are communication and documentation, along with increased lengths of stays due to delayed discharges leading to overall increase in hospital death rates. Dr Herlihy reiterated the importance of realistic medicine conversations with patients on the level of intervention from hospital teams. Improving flow may help improve documentation; Dr Herlihy noted the state of some of the notes which makes completing documentation challenging and electronic documentation may help.

Mrs Wilson agreed that IT infrastructure improvements could assist with better communication and documentation and the Committee could do more by flagging this to the Board as this is becoming a significant risk. Dr Herlihy agreed that electronic recording was a big part of addressing documentation but not the only answer. Mrs Jones agreed to pick up the lack of IT investment and difficulties in documentation in her Clinical Governance report to the Board.

There followed a discussion regarding values based and realistic medicine noting the difficulties faced in fulfilling the wishes of patients as these were not always possible due to capacity, patient flow and resource issues. The solution lies in a whole system integrated approach and recognising that the time spent on these conversations can result in saving time in the long run. Mr Lerpiniere commented that these discussions are key to the mental health services in managing expectations and understanding a ceiling of care for the individual patient and their families.

The Chair asked if there was anything that can be done as a Board to support this change in culture, Dr Herlihy and Dr McCallum reiterated that there needs to be buy in to adopt a value based healthcare and realistic medicine approach and we as a relatively small Board need to press on in that direction. The Committee recognised that this approach may lead to some

difficult times and we will not always get things right, Mrs Steward commented that staff knowing they would be supported through complaints and SAER processes should that be necessary would make them less fearful to have these conversations. It should be recognised that these conversations are not just down to the medical staff but all healthcare professionals and support staff should be aware of a realistic medicine approach.

**ACTION: Lack of investment in IT and difficulties of documentation to be picked up in Mrs Jones's report to the Board**

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is partially assured by the trajectory of travel, the Committee recognise the innovative work that is ongoing in relation to values based medicine and whole team approach but acknowledges that delays are impacting patient outcomes.

## 6 Person Centred

### 6.1 Patient Experience Annual Report

Mrs Jones provided a brief overview of the content of the report. She flagged to the committee that there continues to be a significant increase in complaints but that this is in line with what the rest of Scotland saw last year. Additional resource has been put in to the Patient Experience Team but it has remained difficult to remain the expected response times but all complaints are being processed. Complainants are kept informed throughout the process.

Dr McCallum asked that the Committee be aware that the Patient Experience Team work really hard under a huge amount of pressure and although they do see compliments the largely work under an extreme amount of negativity and she would be happy for the Board to support any requirement for additional resource into this team.

Mrs Campbell asked for a quarterly focus on top trending themes and what is being done to address these. Dr Bhatti enquired if there was a correlation between staff absence and increase in complaints. Mrs Jones commented that themes from complaints and adverse events were reported on clinical team dashboards, these were triangulated with staffing and issues highlighted on a regular basis. She is aware of the pressures in the team and is reluctant at present to commit the team to any additional reporting.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is aware of the pressures on the team at present but is assured that everything is being addresses under the constraints of the service.

## 7 Effectiveness

### 7.1 Clinical Board update – Acute Services

Mrs Dickson provided a brief overview of the content of the report. Over the winter months there had been a reduction in performance particularly at the front door with patients consistently failing the four hour target. There was an increase in areas closed due to infection as highlighted in infection control report. There had been a sharp rise in sickness absence across the service impacting on abilities to meet targets. Surge beds were utilised and elective surgeries were stood down to alleviate the pressures in the wards. Through this time cancer surgery and clinically urgent cases have been provided. Support had been received from the other boards and corporate services to support delivery of direct patient

care. Mrs Dickson was happy to report that Acute Services are in a much better position today but was unsure if this would be sustained.

Discussion followed regarding the amount of work and support that leadership and acute senior team had provided across the piste and the social care partners had upped their rag status escalation framework to prioritise capacity to support discharges from hospital, AHP colleagues had stood down some of their outpatient activity to support rehab at ward level, again seeking to reduce length of stay and reduce some of those pressures. It was recognised that although these measures helped ease pressures they also came with consequences on other services.

Dr McCallum noted that nursing colleagues had been phenomenal in their support and response in very difficult situations and going forward there must be a focus on ensuring staff safety before returning to normal activities.

Sonya Lam asked that there be some focus on the next report on imaging and diagnostics to allow for a better overview for the Committee on these services. She also enquired about the feedback from Healthcare Improvement Scotland as it did not seem to correlate with the pressures being seen. Mrs Dickson explained that at the time of the visit the staffing pressures were not being felt so keenly.

Mr Clinkscale commented that there would be more detail on Gareth Clinkscale endoscopy, radiography and diagnostics workforce planning and capital in the next update from the Acute Services he also commented that there were real positives and learning to build on.

**ACTION: Focus on diagnostics in next report to the committee**

The **CLINICAL GOVERNANCE COMMITTEE** acknowledges staff are working incredibly hard to deal with the unprecedented pressures and that but cannot be assured by the outcomes.

## **7.2 Clinical Board update – Mental Health & Psychological Services**

Mr Lerpiniere reported that the Mental Welfare Commission visited in September to do their Annual Review and the report notes some of the work that is ongoing from that report. There is a Consultant looking at Best Practise relating to Emergency Detention Certification. He highlighted the delayed discharges and noted that these were largely due to older adults awaiting either packages of care or places in care settings. Staffing pressures are being seen much the same as the rest of organisation but noted that the Mental Health and Learning Disabilities Teams are small that any changes in staffing level is felt quite keenly both in Nursing and Medical Teams with difficulty in recruiting to these teams.

Discussion followed where it was acknowledged that staff are moved to areas where there are issues in order to alleviate risks.

Mrs Cochrane discussed the Psychological Services Component of the Mental Health Report. She asked that the Committee gave her some guidance as to what level of detail the committee would require for their report. December say the highest referrals to the services that they had seen and demand in Primary Care had also risen. Psychological therapies, national specialty and services guide is being developed; services will be reviewed following that guide. The Integrated Psychological Trauma Steering Group is settling in well. Training is mapped to the national pathway ensuring good governance

The Chair commented that the level of detail in the report was sufficient for the Committee. Mrs Jones noted that she would be happy to chat through structure of report with Mrs Cochrane if required.

Mrs Campbell enquired about the wait for Renew Service, Mrs Cochrane assured Mrs Campbell that the wait for assessment was within two weeks but some treatments take a little longer.

The **CLINICAL GOVERNANCE COMMITTEE** noted the mental health and psychological services report and is assured by the contents, recognising the pressures in the system.

### **7.3 Clinical Board update – Learning Disabilities Services**

Mr Lerpiniere provided a brief overview of the content of the report. He had invited Ms Tannahill, Learning Disabilities Manager to attend the Committee to observe the Governance process.

Mr Lerpiniere commented work is still ongoing to repatriate two patients back to the Borders, he acknowledged that planning can take years. However, there is a plan in development, services are not yet available in the area mainly due to resources, the good news is that the care they are currently receiving is better than previously.

Learning disability recruitment position is remains a challenge with the Learning Disability Nurses coming to into registration not meeting demand.

On behalf of the Committee The Chair welcomed Ms Tannahill to the team

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by the trajectory of the service, recognising the issues highlighted.

### **7.4 Clinical Board update – Primary & Community Services**

Mrs Steward attended as depute for Mrs Flowers and provided a brief overview of the content of the report, she highlighted issues on staffing and demand for services continue to cause significant challenges. These challenges have a knock on effect on whole system flow as previously reported. Some improvement was seen in November but there are no indications as to why this would be the case, work continues with the support of the Quality Improvement team on establishing causes. Work is also ongoing around documentation standards and pressure sore incidence to ensure that all pressure areas are risk assessed, reported and recorded correctly. Challenges remain in the community due to lack of portable IT resources for the District Nursing Teams.

Communication on referral for testing needs to be tightened up so ensure that resources are not wasted, this is being monitored. Training is ongoing for non medical prescribers which should increase capacity.

Mrs Steward wanted the committee to note that Dental Services remain under pressure with remobilisation of routine care following Covid still causing concern. Dr McCallum reiterated that the concern was being felt both in NHS borders but across the whole of the National Health Service, leading to Dentists being de-incentivised to take on NHS patients. NHS Borders has been classified as a rural area which allows for new practices to open up NHS lists which is a positive move forward.



Discussion followed regarding re-enablement of services and the extreme pressures seen in the last few months on all the Primary Care Services. Considering that the larger percentage of contact with patients is seen in Primary Care and focus is likely to be disproportionately focused on hospital and secondary care which is something that needs to be addressed moving forward.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is partially assured by the contents. They are assured that processes are in place within available resources.

## 8 Assurance

### 8.1 Allied Health Professions Annual Report

Mr Williams provided an overview of the content of the report. He reported that the Allied Health Professions are seeing the same issues and challenges as with other parts of the organisation. The staff groups are diverse and are made up of very small teams which can cause resource and capacity issues very quickly sometimes only if one member of staff is off. Demand and complexity is increasing which again can have an effect on the already fragile teams, Mr Williams did comment that this is being seen nationally with retention being a major challenge.

The workforce snapshot was delivered in November Nationally in line with the safe staffing legislation a workforce, tools and templates which are being developed. It is anticipated this will lead to more stable services and hopefully have an impact on length of stay. It is recognised that this is a major issue at present with many patients not having access to the rehabilitation they require. This means it is difficult to measure successes of services precisely.

Waiting times for outpatient services are not comfortable, for example, children and young people, speech and language therapy or occupational therapy with people waiting months to access those services. Health Improvement is very important, particularly with patients who have long term conditions and increasing frailty.

Ms Lam enquired about what would be the most useful way to support the Committee could offer to address AHP resilience issues.

The Committee thanked Mr Williams for his report and noted that we celebrate the successes and ongoing work within the services, recognising that they are an integral part of the whole organisation.

**ACTION: Ms Lam will contact Mr Williams directly to discuss what can be done to support AHP resilience.**

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured of the processes but only partially assured of the outcomes due to staffing difficulties.

### 8.2 General practice Position

Dr Young provided a brief overview of the content of the report. He noted that NHS Borders is not unique in their difficulties with GP recruitment and retention as this is a National issue, a recently published workforce survey shows a small increase of GPS nationally, but a drop in whole time equivalents.

The challenges facing GP practices across the border remain, not helped by closing of branch surgeries and takeover of Dun's Medical Group. Work is ongoing with practice visits to establish issues and look for solutions. Dr Young commented that there are a number of practices close to facing serious manpower and workload problems. He further commented that there seems to be a willingness from GPs to provide more data and it is hoped that this will lead to better understanding of what would be required for improvement. There are concerns regarding pulling back in core business because of other pressures being seen in the service. A working group has been established to look at GP sustainability modelling; one solution being explored is the Board employing GPs directly.

Dr McCallum highlighted the importance of our Primary Care Colleagues and the services they deliver and anything we can do to help provide resilience in the system is vital.

The Chair commented that the Committee supported any move from the Board to help build resilience. There was further discussion around how this would look, including the importance of learning from other Boards and areas on how they recruit and retain GPs.

Further discussion took place regarding Physician's Associates and the regulations involved; work is ongoing on this model with training within the organisation taking place.

The Chair asked that regular reporting relating to GP position be included in Committee Papers. Mrs Jones and Miss Laing agreed to work this into the Committee Workplan for 2023/24

**ACTION: Mrs Jones and Miss Laing will discuss inclusion of reporting regarding GP position on workplan**

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and acknowledged that everything is being done to address issues in Primary Care but at present can only be partially assured by the outcomes.

### **8.3 Annual Suicide Report**

Ms Jones attended and provided a brief overview of the content of the report and the risks and impacts on families and the wider community following suicide. She highlighted the importance of the suicide prevention work being undertaken.

Training had been restricted to online during Covid but they are seeing more face to face training taking place. Work is also taking place with Border Care Voice and Domestic Abuse Advocacy service on suicide prevention with training and safety planning, this will be rolled out with other organisations, suicide awareness and prevention work has already started with the Scottish Rugby Union (SRU) and Live Borders.

Ms Jones commented that they had been working with an After Suicide Group, who are a group of people bereaved by suicide who are helping shape some of the information and resources available, they are also involved in the organisation of an annual memorial event which takes place annually at the Haining.

Following the publishing of the National Suicide Prevention action plan and strategy work has begun on a local action plan

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by the contents

#### 8.4 Drug Deaths Annual Report

Mrs Elliott provided a brief overview of the content of the report. She commented that the lag in the date is due to the wait for Scottish data to be published then through the various committees before coming to Clinical Governance Committee.

Learning from drug test reviews and outcomes are shared with clinical governance colleagues if they're open to NHS services in months prior to death. Work to prevent drug related deaths has improved with an increase in patients contacted following overdose. Availability of Naloxone is generally good in the Borders.

Borders addiction service are continuing to make positive progress in implementing medication assisted treatment standards, Borders was the only board successful in implementing the first five standards by April last year.

Guidance from Scottish Government to ensure consistency in operation of drug death review groups is expected this year.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by the contents, commending the service for their hard work in reaching standards.

### 8 Items for Noting

#### 8.1 Clinical Governance Committee draft annual workplan

Mrs Campbell raised some concerns that it did not seem that all items had been covered from last year's plan. Mrs Jones and Miss Laing assured the Committee that the draft workplan covered Committee business for 23/24 and that any items not covered from last year's plan would be included on the agenda for March 2023, therefore concluding 2022/23 business.

### 9 Any Other Business

There were no further items of competent business to record.

### 10 Date and time of next meeting

The chair confirmed that the next meeting of the Borders NHS Board's Clinical Governance Committee is on **Wednesday 15 March 2023** at **10am** via Teams Call.

*The meeting concluded at 12:21*

Minute of meeting of the **Borders NHS Board's Clinical Governance Committee** held on **Wednesday 22 March 2023** at 10am via Microsoft Teams

### **Present**

Mrs F Sandford, Non Executive Director (Chair)  
Ms S Lam, Non Executive Director  
Mrs H Campbell, Non Executive Director  
Dr K Buchan, Non Executive Director

### **In Attendance**

Miss D Laing, Clinical Governance & Quality (Minute)  
Mrs L Jones, Head of Clinical Governance & Quality  
Mr R Roberts, Chief Executive  
Mr G Clinkscale, Chief Executive  
Dr L McCallum, Medical Director  
Dr O Herlihy, Associate Medical Director, Acute Services & Clinical Governance  
Dr J Bennison, Associate Medical Director, Acute Services  
Mrs A Wilson, Director of Pharmacy  
Mrs S Flower, Associate Director of Nursing, Chief Nurse Primary & Community Services  
Mrs E Dickson, Associate Director of Nursing/Head of Midwifery  
Mrs K Guthrie, Associate Director of Midwifery & GM for Women & Children's Services  
Mrs C Cochrane, Head of Psychological Services  
Mr S Whiting, Infection Control Manager  
Mrs J Campbell, Lead Nurse for Patient Safety and Care Assurance

## **1 Apologies and Announcements**

Apologies were received from:

Dr S Bhatti, Director of Public Health  
Dr T Young, Associate Medical Director, Primary & Community Services  
Dr A Cotton, Associate Medical Director, Mental Health Services  
Mr P Williams, Associate Director of Nursing, Allied Health Professionals  
Mr P Lerpiniere, Associate Director of Nursing, Mental Health & Learning Disabilities  
Mrs L Pringle, Risk Manager  
Mrs S Horan, Director of Nursing Midwifery and Allied Health Professionals

The Chair confirmed the meeting was quorate.

The Chair welcomed:

Ms K Kiln, Public Health Registrar	deputising for Dr S Bhatti
Mrs L Clark, Clinical Nurse Manager - Mental Health	deputising for Mr P Lerpiniere
Mrs A Downie, SALT Service Lead	deputising for Mr P Williams
Mr P Old, Assistant Team Manager LD	deputising for Mr P Lerpiniere
Mrs L Milven, Infection Control Development Facilitator	observing
Dr D Buckley, Clinical Psychologist	observing

The chair commented on the size of the papers for the Committee. Mrs Jones and Miss Laing had agreed to discuss content and size of papers so they are not so cumbersome to produce and read.

## **2 Declarations of Interest**

The Chair sought any verbal declarations of interest pertaining to items on the agenda

The **CLINICAL GOVERNANCE COMMITTEE** noted no new declarations had been made and previous declarations stood.

## **3 Minute of Previous Meeting**

The minute of the previous meeting of the Clinical Governance Committee held on Monday 16 January 2023 were approved

## **4 Matters Arising/Action Tracker**

There was no Matters Arising not noted on the action tracker from the previous meeting. The action tracker was discussed and updated accordingly.

## **5 Patient Safety**

### **5.1 Infection Control Report**

Mr Whiting provided a brief overview of the content of the report. He updated the Committee on workplan actions taken since report was written, focusing on completing actions which would become overdue by end of month. Discussions are ongoing regarding medical microbiologist cover and Mr Whiting will keep committee informed on progress. The team are also focussing on improvement activity relating to peripheral venous catheters, CAUTI activity and hand hygiene as well as ongoing outbreak management.

Mr Whiting reported that there is to be an environmental risk oversight group to help with the issues and concerns relating to infection control and the environment.

The Scottish Government have extended their infection control targets for another year, there has also been recognition that the e-coli targets were unrealistic and they have been changed. The planned ward education had been impacted by an increase in Covid activity, although it has been delivered to domestics and newly qualified practitioners.

Improvement in Ward 4 has been successful with indicators that this has been maintained and improvement activity had now commenced in MAU.

Ms Lam enquired about what had made improvement in Ward 4 successful to which Mr Whiting commented that education, openness and support from leadership had contributed and it is hoped that this will also be the case in MAU. Discussion followed relating to how improvement could be spread within the organisation. Mr Whiting confirmed that they will continue to focus on the areas with the lowest scores.

Following a question from Mrs H Campbell regarding Covid screening Mr Whiting explained the changes to day one and day five screening moving forward and the importance of reducing risk when someone is or becomes positive. The vaccination team have been supporting with daily screening but this will be stepped back when Covid numbers go down.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured on processes but still concerned on outcomes in particular hand hygiene compliance.

## 5.2 Estates & Facilities relating to Infection Control

Mrs Jones provided a brief overview of the five points in the paper Mr Bone's paper which he had been asked to provide the Committee. The paper gave an overview of impact on infection control relating to estates following themes Mr Whiting had raised previously. A review was commissioned last year which highlighted significant capacity issues within the Estates Team, leading to incomplete information on the risk management and estates asset management systems. High risk areas have been identified and actions implemented to target these areas.

It was noted in the report NHS Borders estate is ageing which makes maintenance challenging along with the growing backlog of routine maintenance, benchmarking did show that NHS Borders does not fare as badly as some of the other NHS Scotland Estates but due to re-direction of services during Covid this may not still be the case. Mr Bone is working towards a property and asset management strategy looking at short, medium and long term changes, upgrades and redesign to meet regulations. It is recognised that this will inevitably mean there will be risks involved as capital allocations are limited.

Focus will be on estates and maintenance which has a direct connection with health and safety with good progress having been made so far with fewer adverse outcomes being seen but from a systems and process perspective there is still work to be done to provide full assurance to the Committee.

Discussion followed regarding the importance of recognising how NHS Borders had got to the situation it is in and how we can be assured that this will not in the future, statutory compliance must be addressed firstly and lessons learned going forward. Future proofing and focus on climate change is also important as is feeding down to staff that changes are being made and actions are being addressed. It is intended that there will be regular reporting through the Committee around impact on clinical outcomes and infection control, to provide assurance that things are moving forward.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is partially assured by the contents

## 5.2 Adverse Events Annual Update

Mrs Jones provided a brief overview of the content of the report. She reported that the overall rate of adverse events remains stable. Major and extreme risks appear to be showing an upward shift in particular around pressure damage and this is being investigated. Mrs Jones noted that changes are expected to the national framework for adverse events and reporting through DATIX in the next year. Reporting to the committee will evolve to reflect these changes.

Mrs Jones highlighted the capacity constraints which are having an impact on ability to complete adverse event reviews within timescales.

A National procurement exercise looking at DATIX modules is ongoing and all aspects of what the system can offer are being explored, Mrs Jones will keep the committee updated on progress and financial implications relating to any upgrades of the system.

Discussion took place relating to reporting on DATIX in particular if an event takes place within another board. Mrs Jones explained that the expectation would be the board where the incident takes place would perform the review, in the case of a child death this would also be reported through local DATIX.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by the contents

## 5.2 Patient Safety Annual Update

Mrs Jones provided a brief overview of the content of the report. She commented that there were no negative trends showing. There had not been an increase in pressure damage throughout the system but there had been an increase in the grading of pressure damage. Mrs Jones commented that there is ongoing been dedicated educational work and discussions on more targeted work as a result of the data, there had been some additional capacity to support the tissue viability service and education on use of equipment in the wards. Mrs Flower commented that the District Nurses are being encouraged to have a more holistic approach whilst visiting patients at home to try and pick up on pressure damage in the community with a view to preventative measures. There had been a more collegiate approach between the acute and community nursing teams.

Discussion took place regarding avoidable and unavoidable pressure damage and the Scottish Patient Safety Programme definitions of severity of damage, Mrs Jones assured the committee that steps are being taken to increase awareness and support the tissue viability service.

Mrs H Campbell commented that she was please to see a reduction in falls in the community hospital which had been noted following the focused work from Quality Improvement Facilitator for falls. Further discussion took place relating to the staffing and capacity issues being faced having a direct impact on patient safety initiatives in particular falls and pressure damage. It was noted that should these issues continue then these should be escalated to the Board.

Ms Lam enquired about enhanced care observations and the documentation possibly creating more work for staff who were already under pressure, Mrs Jones explained that enhanced care paperwork was for patients who met the criteria for enhanced care and this would be recorded on ECO paperwork rather than main record.

Core audit work continues with the Patient Safety Team supporting the nurse managers when they are available as it was felt this was important to do from an assurance point of view.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is partially assured noting processes are in place but there is still work to be done on outcomes.

## 5.2 Quarterly Hospital Standardised Mortality Rate - Taken out of sequence

Mrs Jones reported that NHS Borders are not outlying the Scottish trend for HSMR. Increased deaths are still being seen in hospital but our overall deaths have not increased. This is thought to be largely due to delayed discharge position, which the Committee is well cited on.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by the contents.

## **6 Patient Experience**

### **6.1 Claims - Taken out of sequence**

Mrs Jones commented that the Claims report is a very high level report. The mesh issue remains a trend within the claims profile as do a small number of COVID cases but there has not yet been any legal process in Scotland to test where COVID cases will sit and these cases remain in our pending claims. All other claims are single cases.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by the contents

## **7 Effectiveness – reports taken out of sequence**

### **7.1 Clinical Board update – Mental Health Services**

Due to some technical issues there were difficulties in bringing the full update on Mental Health report, Dr Cochrane was able to report that there remained pressures in the service in particular with regard to the Medical Workforce. There is a current review underway which will be reported back to the Committee as appropriate. Dr McCallum added that this is an issue being seen Nationally as well as throughout the organisation.

Discussion followed regarding recruitment and retention and different models that are being explored to shore up resilience within the Medical Workforce.

#### **Psychological Services Update**

Dr Cochrane reported that Psychological Services are in a slightly better position in relation to recruitment and are fairly stable at present.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is partially assured by the contents recognising that everything is being done within the difficulties and pressures in the system.

### **7.2 Clinical Board update – Learning Disabilities Services**

Mr Old attended to present the Learning Disabilities Services Report; he commented that there are still concerns regarding the out of area placements. A place has been offered in a different facility for one of the service users, unfortunately this will be slightly further from home or him and his family but a much better option in the short term. Lives Through Friends are being commissioned to look at creating a better life here in the Borders for those with more complex Learning Disability needs.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by the contents

### **7.3 Clinical Board update Primary & Community Services**

Mrs Flower provided a brief overview of the content of the report. She highlighted the multi – agency discharge event which took place in February looking at how delayed discharges are tackled. An increase in capacity within home first has been seen and discussions at daily huddles on different ways of working with patients to get them out of BGH and into their home environment are taking place. Further work is needed to support decision making of non medical practitioners. Advanced Nurse Practitioners are helping relieve pressures in GP practices and following a gap analysis by Scottish Government, work is ongoing around the



Governance of a more collaborative approach to care home support. Staffing remains an issue in particular relating to increase of complexity of patients needs. Work is ongoing on succession planning for District Nursing service.

Mrs Flower commented that although the report highlighted a drop in falls with harm, since the report was written there appears to have been a slight increase and this is being addressed.

Dental services remain under pressure, particularly in paediatrics; there is focussed attention on how this will be managed.

Dr McCallum commented that pressures in General Practice remain significant. NHS Borders had appointed their first GP career start Doctor who will work with Board instead of an individual practice, this is a new initiative which will be developed and although costs are associated with this approach they are significantly less than developing more practices.

Ms Lam asked if the introduction of ANPs was having an impact on relieving pressures for GPs, Mrs Flower commented that the lead for ANPs had been working on evidencing benefits which will be included in the next report.

Mrs H Campbell also enquired if the Committee can be assured that Primary Care contracts are being managed well. Discussion followed regarding this issue, in particular the orthotic service. Ms Downie informed the committee that a new Podiatry Service Lead had been appointed and he was looking into contracts to see where savings and improvements can be made.

**ACTION: GP Vulnerability to be included in reporting to Committee, Mrs Jones will discuss with Mrs Flower's replacement once in post**

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is partially assured by the contents

The Chair noted that this is Mrs Flower's last meeting with us and thanked her on behalf of the Committee for her outstanding contribution to Primary & Community Services. The Committee wish her well in her new endeavours.

#### **7.4 Clinical Board update – Acute Services**

Mrs Dickson provided a brief overview of the content of the report. The acute site remains under significant pressure with patients waiting in Emergency Department for beds. Surge beds remain open but the service has managed to pull back from using some of them for the transitional care ward and to protect elective capacity. Delays remain in the system throughout all services work is ongoing to address these challenges.

The impact on the Stroke Unit remains an issue and this is highlighted daily at the safety brief so that the site and capacity team are aware of who is on waiting list for unit so they can place patients appropriately. Elective surgery has not yet gone back to pre-Covid activity but day cases are taking place, the plan going forward is to re-establish elective surgery as a protected area.

Mrs Dickson commented that the international staff are settling in well, they are even seeing some of their family members taking up other roles within the organisation. Staffing levels have remained low although stable but this is expected to increase and outcomes will be included in next report.

Healthcare Improvement Scotland report was submitted for the Committee's attention; the action plan will be brought for noting to May's meeting.

Mrs Wilson updated the Committee on the pharmacy assistant roles and commented that they have preferred candidates for these positions so will be happy to update the Committee when these posts are filled.

Dr Bennison gave the Committee an update on the services which were experiencing the most difficulties at present and the support we are receiving from our colleagues in Lothian. She reports that impacts are being felt in Dermatology, Haematology, the Radiology Breast service and gaps in medical training rotas. Discussions are ongoing on resolutions but these are being hampered by increase in Covid cases which has a knock on effect on initiatives like the transitional care ward (Ward 12). Dr McCallum asked that the Committee be aware that these issues are becoming a significant risk to the organisation.

Mr Clinkscale gave an overview of work that had been taking place to mitigate risks and support initiatives. He asked that the Committee be aware that international recruitment drive has been well received and supported by Mrs Dickson and her team along with HR which is having a very positive impact on helping the organisation in particular being able to provide protected elective surgery. He shares Ms Lam's concern around stroke and radiological services and reported that the senior management team had been working on boarding pathways so that in appropriate patients were not being sent to stroke unit if it would obstruct patient flow. There is a task and finish group being pulled together to address sustainability and risks of each service and to highlight points of failure across the piste. Mr Clinkscale will be happy to bring back any outcomes from these groups for the Committee's consideration.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is partially assured by the contents recognising the huge amount of work on going to address risks and failures across the service.

## **8 Assurance**

### **8.1 Medical Education including GMC results**

Dr Herlihy provided a brief overview of the content of the report. NHS Borders had been asked to increase student numbers which will be reflected in next year's allocation. Assistantship numbers will also increase. Study pods have been purchased and are in situ in library. There have been delays in charging lockers for iPads due to estates capacity and bike shed installation has also been delayed. There has been a great improvement in wifi in accommodation but upgrades to accommodation remain on hold due to current lease with Eildon Housing coming to an end. Dr Herlihy will keep us informed as necessary.

Program for school students who wish to undertake a career in medicine will start in July and support for Physicians associate trainees continues and CDF programme continues with positive results. Simulation training also continues with very positive feedback.

There had been several issues raised with the Deanery and they are due to visit tomorrow, teams have been working very hard to improve student experience in particular in relation to rota and workload to enhance educational support, Dr Herlihy will await feedback from the Deanery.

Dr Herlihy reported difficulties in staffing in line with the rest of the organisation relating to sickness absence and pressures in the system which has had a knock on effect on resilience and access to time for educational needs of trainees. Access to training for the Trainers had been an issue, trainers must have recognition of trainer status in order to do supervision, and shorter courses are becoming available at a nominal charge, it is hoped this will help.

The Chair commented that they are happy to support the work that is ongoing to provide better facilities and support for trainees including appropriate administration for the team.

Discussion followed regarding the issues and difficulties being faced by consultants to provide the correct level of support within the capacity and financial constraints of the teams, Dr Bennison is working with Clinical Director team to make sure that SP time is being prioritised accordingly.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is partially assured by the contents due to the capacity and financial constraints highlighted.

## **8.2 Maternity Services & Severe Morbidity Annual update (including MBRRACE)**

Mrs Guthrie provided a brief overview of the content of the report. She reports that since the service was benchmarked last year they have included their neonatal services in this report. Best Start had been recommenced.

There had not been a stillbirth reported since last year, however there had been an increase in neonatal deaths. Admissions to special care unit were reduced partly due to babies meeting criteria for transitional care which is more appropriate for these babies; this allows mothers and babies to remain together within the ward and facilitates shared care. Staffing had been a challenge with an increase in reliance on using agency staff, this is being addressed.

The service will perform a deeper dive into the issues being seen and this will be reported back to the Committee appropriately. Mrs Guthrie also noted that the service is undergoing a review and hopes to have a more sustainable model by next year.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by the contents

## **9 Items for Noting**

Joint Health Improvement Team (JHIT) Report  
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Business Case  
Draft Clinical Governance Committee Annual Report  
Draft Clinical Governance Terms of Reference annual update

Minutes from other Governance Meetings/Committees

- Acute Services Business / Clinical Governance Board February 2023
- Mental Health Clinical & Care Governance Steering Group December 2022
- Public Governance Committee (PGC) May 22
- Public Protection Committee March, October & December 2022
- Public Governance Committee August & December 2022

## **10 Any Other Business**

There were no further items of competent business to record.

## **11 Date and time of next meeting**

The chair confirmed that the next meeting of the Borders NHS Board's Clinical Governance Committee is on **Wednesday 24 May 2023 at 10am** via Teams Call.

*The meeting concluded at 12:30*

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Quality &amp; Clinical Governance Report – June 2023</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Jones, Director of Quality and Improvement</b>
<b>Report Authors:</b>	<b>Julie Campbell, Lead Nurse for Patient Safety and Care Assurance Joy Dawson, Research Governance Manager Justin Wilson, Quality Improvement Facilitator - Clinical Effectiveness Susan Cowe, Quality Improvement Facilitator - Person Centred Care</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to:**

- Clinical Governance

**This report relates to a:**

- Government policy/directive
- Legal requirement
- Local policy

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

2.1.1 This exception report covers key aspects of Clinical effectiveness, patient safety and person centred care within NHS Borders including:

1. Clinical Effectiveness
2. Patient Safety
3. Patient Experience
4. COVID Inquiry
5. Research and Innovation

2.1.2 The Board is asked to:

- note the report and detailed oversight on each area delivered through the Board Clinical Governance Committee
- agree the short-term deviation from the national complaints handling procedure to advise patients of the expected date of completion of their complaint's investigation without the need to agree regular extensions

## 2.2 Background

2.2.1 NHS Borders, along with other Boards in Scotland, continue to face extreme pressures on services. Demand for services, although improving remains intense and is exacerbated by significant staffing challenges, across the health and social care system.

## 2.3 Assessment

### 2.3.1 Clinical Effectiveness

2.3.2 The Board Clinical Governance Committee (CGC) considered a detailed paper on the healthcare environment in March 2023. This detailed the current status of risk management arrangements in place to identify and manage risks in relation to the acute hospital estate and the potential impact upon the Board's ability to comply with infection control standards. NHS Borders Estates department had highlighted a significant shortfall in its capacity to meet expectations in relation to maintenance and development of the estate. The estates team highlighted a number of areas where lack of resources and/or information impacts on its ability to provide full assurance in relation to the adequacy of its risk management and statutory compliance arrangements.

2.3.3 The Director of Finance commissioned a review of the Estates function to examine these capacity concerns. This review was undertaken following the appointment of a new Head of Estates in August 2022. A range of improvement actions are now underway including immediate actions to provide additional capacity to the estates team. An updated Property and Asset Management Strategy is being developed which outlines required investment within the Acute (and other) estate during the course of 2023. In addition, the Director of Finance is in the process of commissioning a full 6-facets survey of the Borders General Hospital (BGH) which will include statutory compliance and building condition, but also the functional suitability, quality and space utilisation of the estate. In order to improve oversight on the risks presented by the Built Environment, including risks related to all 6-facets and related HAI and other environmental risks, the Director of Finance and Director of Quality and Improvement have introduced an Environmental Risk Oversight Group. A meeting took place in April and June to set the scope and terms of reference for the group. It is envisaged this group will have dual reporting lines to both the Resources and Performance Committee and Clinical Governance Committee. The CGC were assured at the steps being taken by the Director of Finance to get full oversight of all aspects of compliance relating to the BGH healthcare environment and to gain a clear

understanding of risk. However, the CGC were not able to be assured that systems and processes are fully operating as intended and were keen to highlight its significance to the board.

- 2.3.4 The Board CGC met on the 24 May 2023 and discussed papers from all four clinical boards. Each clinical board continued to raise risks which are placing pressure on the delivery of local services.
- 2.3.5 The CGC considered a paper from mental health services. There is ongoing pressure in relation to patient flow through specialist mental health beds predominantly due to lack of availability of homecare and care home beds. Psychiatry recruitment continues to be a key area of concern with significant shortages across Scotland in this speciality.
- 2.3.6 Psychological services are seeing a sustained increase in demand, the service is working hard to reduce waits for patients focusing on those who have waited the longest. Psychology is experiencing the same workforce recruitment pressures that are being observed across the country. Different models of staffing structures are being explored at a national level.
- 2.3.7 The CGC received a report from the Learning Disability (LD) Service. They are planning a demand and capacity review over the next few months. There is a focus on developing a plan for annual health checks for patients with a learning disability as a preventative measure focusing on identifying and addressing chronic illness and health inequalities. The initiative is being supported by the Scottish Government however there may be some resource implications to NHS Borders of carrying out reviews in line with the scale being requested. The CGC was assured by the report.
- 2.3.8 The CGC received an update on Primary and Community Services. Risks had been noted relating to children's therapy, hydrotherapy access and dental resilience. Primary and community services also face recruitment challenges as being experienced across other clinical boards. In particular in General Practice (GP) where a GP career start programme has been initiated and also across registered nursing and allied health professions. The CGC has asked for a deep dive to examine risks and challenges in dental resilience at the meeting in July 2023.
- 2.3.9 The CGC received a report on acute services. Although not as sustained as previously, services continue to work under pressure with hospital at full capacity. The cohort of international nurses has embedded well into the Acute site and a reduction in sickness absence and improvements in uptake of statutory and mandatory training has been seen. Recruitment and retention particularly in medical workforce remains a significant challenge in line with the rest of Scotland. Utilisation of surge beds has continued due to delayed discharge pressures across the health and social care system. This continues to place a significant strain on staffing to cover these additional beds and impacts on the elective programme.
- 2.3.10 As previously reported to the Board the acute specialities of Haematology, Dermatology and Breast Radiology are experiencing significant workforce pressures. Haematology is critical to the safe function of an acute hospital, and this is a critical area of concern. Mutual aid has been sought from our tertiary centre and NHS Fife. Due to workforce constraints in these Boards they are unable to provide support at this time. The request for mutual aid has been widened across the country in a formal request from the Chief Executive Officer (CEO) to other CEO colleagues across the country. Some support has been identified from other NHS Boards and the private sector in relation to dermatology but due to the workforce shortages in this speciality across the country

this specialty remains a key priority for long term service planning and sustainability. Both NHS Lothian and NHS Forth Valley are providing support with Breast Radiology in the short term.

- 2.3.11 The annual paper on stroke services was considered by the CGC. This highlighted deterioration in performance within the service. Various factors were contributing to this but delays in access to the stroke beds is critical to delivery to the effective delivery of the stroke bundle. Downstream flow to community hospitals is integral to the stroke pathway and delays in the community hospital system can limit flow through the stroke unit. Actions are underway to look at a more coordinated approach on service improvements with a significant investment in leadership support planned, and the development of an improvement plan. The CGC acknowledged work underway to address issues highlighted, however, were only partially assured at this stage and remain concerned in relation to level of improvement made in this area.
- 2.3.12 Following November's Healthcare Improvement Scotland's unannounced safe delivery of care inspection an action plan was prepared to address recommendations. These actions are now complete. Work is underway to develop a ward decant plan to undertake core maintenance. This plan relies on the delivery of the transformation work underway in the Urgent and Unscheduled Care Programme to reduce the number of surge beds open on the BGH site.
- 2.3.13 The CGC were informed of three further inspections including the Care Inspectorate Report on Services for Children and Young People at risk of harm found. This inspection identified key strengths that had significant positive impacts on children and young people's experiences and provided an overall evaluation of impact on children and young people rated as good. The report highlighted areas of improvement which form the basis of a multi-agency plan covering chronologies, the voice of children and families in service planning and improvement and the partnership approach to improvement bringing a systematic approach to quality assurance and self-evaluation.
- 2.3.14 Healthcare Improvement Scotland have completed an Ionising Radiation (Medical Exposure) Regulations inspection within the radiology and nuclear medicine department. Verbal feedback following inspection was positive with no major concerns highlighted and the full report is expected in July 2023.
- 2.3.15 Laboratory services received an inspection in May 2023 from the Medicines and Healthcare Products Regulation Agency (MHRA) relating to compliance against the Blood Safety and Quality Regulations 2005. An action plan was in development at the time of the last Clinical Governance Committee meeting and will be considered at the next meeting of the committee.
- 2.3.16 The CGC remained only partially assured on the reports received for acute, mental health and primary and community services but recognise the huge amount of work being undertaken to address risks and make improvements.
- 2.3.17 The annual report on Values Based Health and Care was present to the CGC. The programme is focussed on treatment escalation and anticipatory care planning and the theme for shared decision making will form the basis of a communications campaign with the Scottish Borders community. The CGC recognised that a cultural change will be required to evolve shared decision making further, and an educational programme will underpin this work. There is work underway to scope a polypharmacy model which may form one of the core elements of the Primary Care Improvement Programme but will be grounded in the principles of Values Base Health and Care.

Work is underway to review pathways for referral and treatment between primary and secondary care and acute services. The CGC were assured by the report and welcome the expansion of Values Based Health and Care approach.

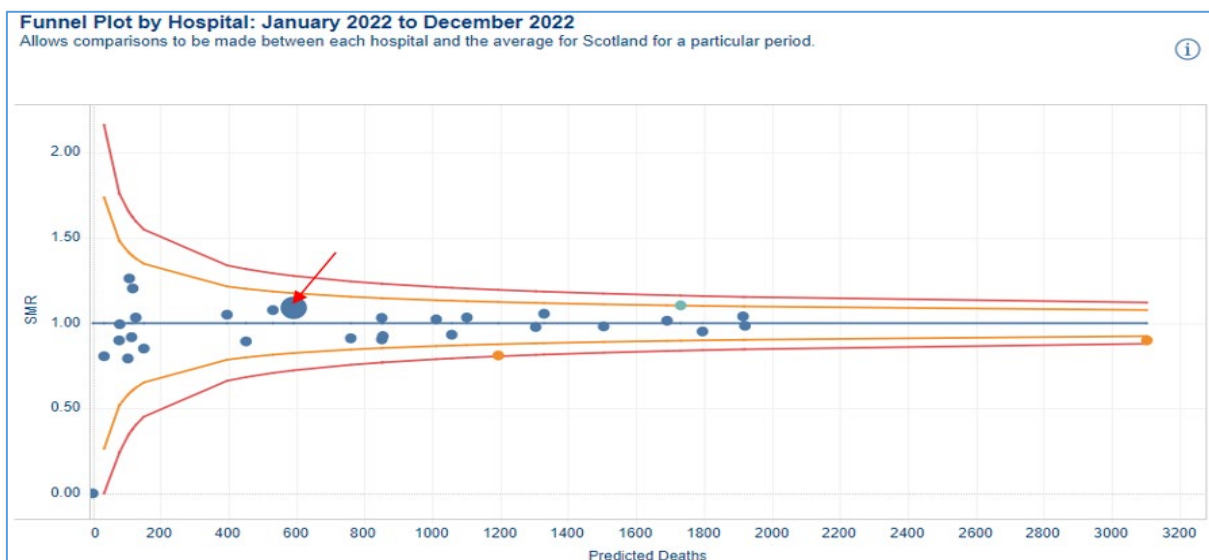
2.3.18 Very High Operational Risks report was presented to the CGC, there had been thirteen new risks added to the risk register, four were escalated to the Board Executive Team (BET) with the remaining nine being tolerated. Risks are monitored by the Operational Planning Group who have given assurance that these risks are being managed appropriately and proportionately. Work is ongoing towards a positive risk culture in the organisation and significant improvements have been seen. The CGC were assured with the systems and processes in place to manage risk but recognise that the risk profile continues to be heightened across the NHS resulting from demand and workforce pressures.

2.1.19 The CGC also received an update on work ongoing relating to the formation of an East Regional Health Protection Service (ERHPS) which is due to commence in June. The risks associated with resilience and cover during major outbreaks were proving difficult to mitigate within NHS Borders. The CGC welcomed progress being made but remained unassured by the high risks in this area.

### 2.3.20 Patient Safety

#### 2.3.21 Hospital Mortality

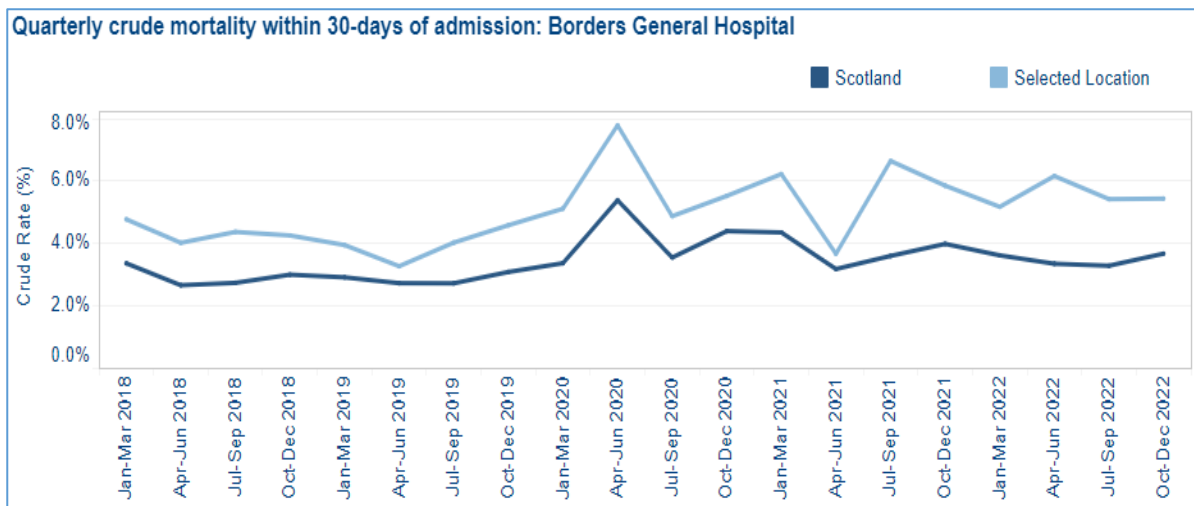
NHS Borders Hospital Standardised Mortality Ratio (HSMR) for the 16th data release under the new methodology is 1.09. This figure covers the period of January 2022 to December 2022 and is based on 645 observed deaths divided by 592 predicted deaths. The funnel plot in Figure 1 shows NHS Borders HSMR remains within normal limits based on the single HSMR figure for this period:



\*Contains deaths in the Margaret Kerr Palliative Care Unit

2.3.22 NHS Borders crude mortality rate for quarter October 2022 to December 2022 was 5.4% and is presented in graph 1 below:



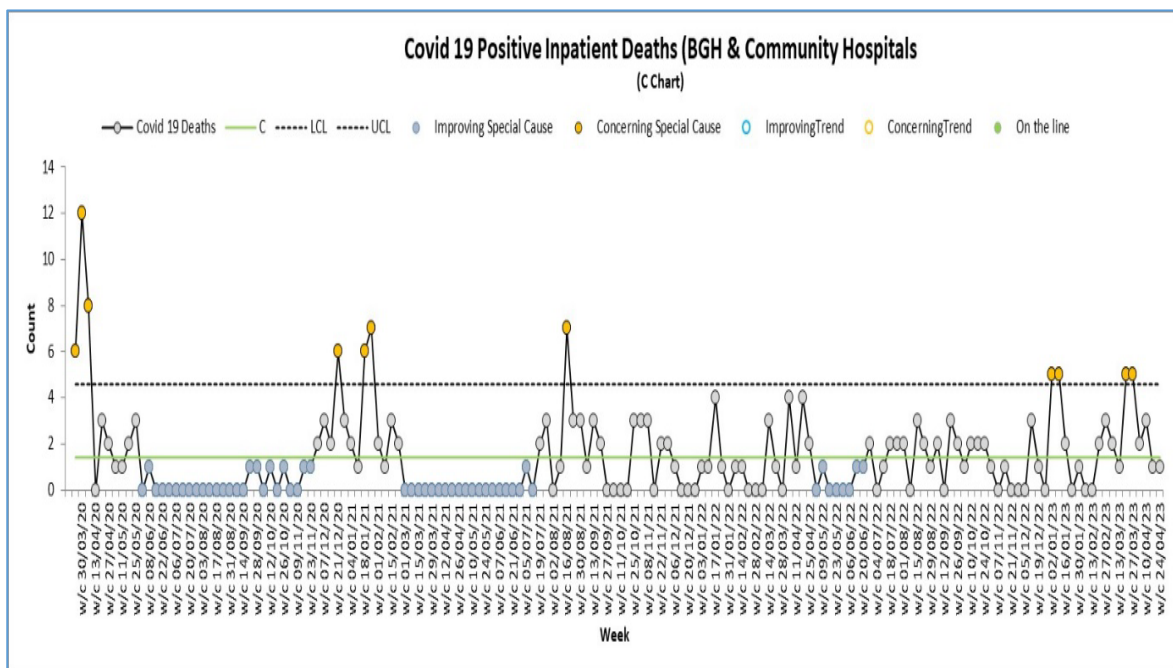


\*Contains deaths in the Margaret Kerr Palliative Care Unit

2.3.23 No adjustments are made to crude mortality for local demographics. It is calculated by dividing the number of deaths within 30 days of admission to the BGH by the total number of admissions over the same period. This is then multiplied by 100 to give a percentage crude mortality rate.

2.3.24 Deaths occurring in COVID waves continue to contribute to the periods of elevated crude mortality.

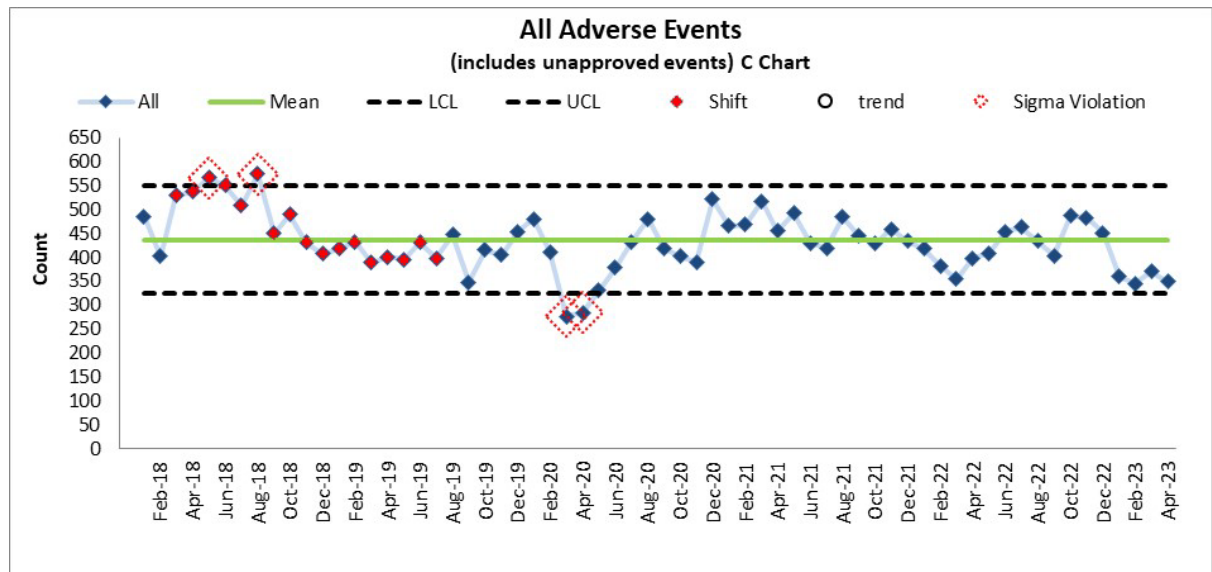
2.3.25 Graph 2 details the COVID 19 deaths which have occurred since the start of the COVID 19 pandemic in March 2020 up to 30 April 2023:



2.3.26 The patient safety team are focusing on our approach to deconditioning in recognition of delays across the health and social care system and the impact there can be on patients waiting in the wrong care setting. This includes work on meaningful activities, our approach to falls and pressure area care, treatment escalation planning and enhanced care observations.

**2.3.27 Adverse Events**

Graph 3 shows all NHS Borders reported adverse events for the time period of January 2018 to April 2023. There was a significant reduction in the number of reported events in March and April 2020 coinciding with the start of the first wave of the COVID-19 pandemic. Since then, the data has shown normal variation and remains within normal limits:

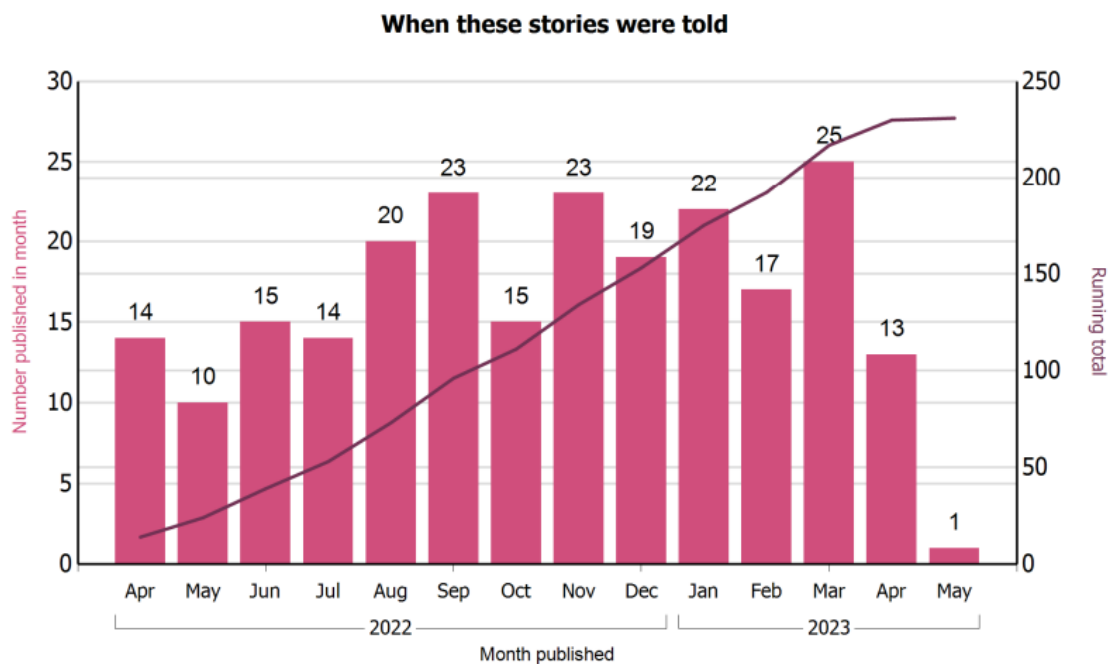


\* Frequency reporting not included

### 2.3.28 Patient Experience

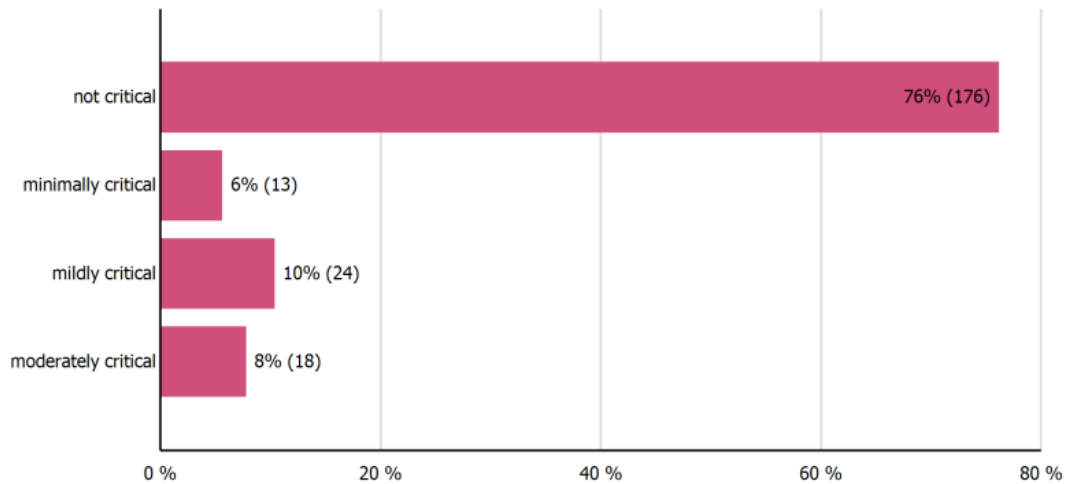
### 2.3.29 Care Opinion

For the period 1 April 2022 to 30 April 2023, 231 new stories were posted about NHS Borders on Care Opinion. Graph 4 shows the number of stories told in that period. As at 11 May 2023 these 231 stories were viewed 30,157 times:

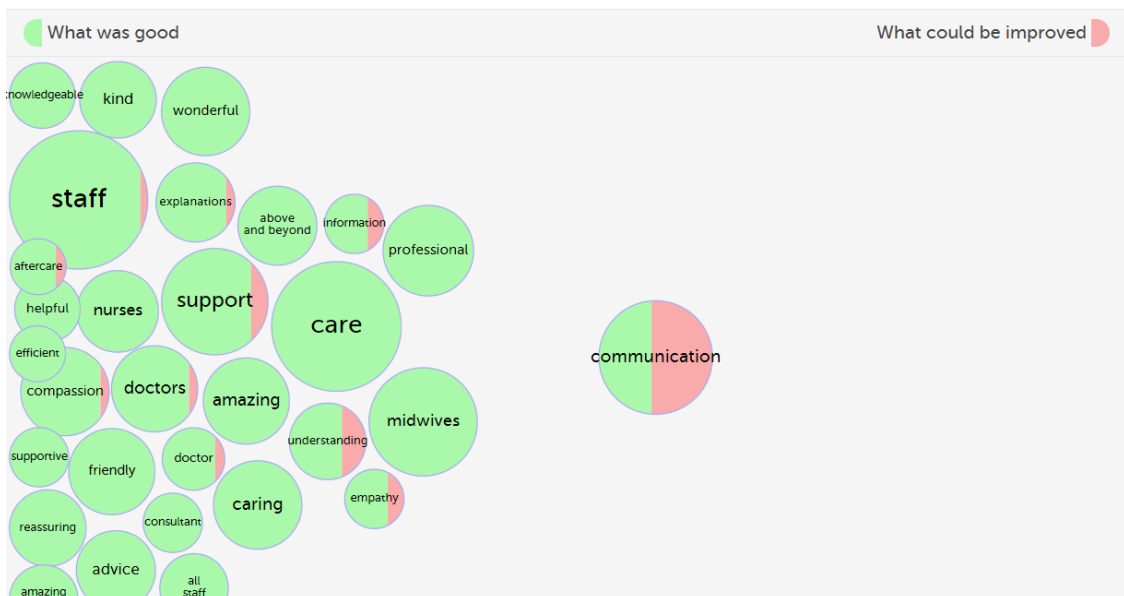


2.3.30 Graph 5 provides a description of the criticality of the 231 stories:

How moderators have rated the criticality of these stories



2.3.31 The word clouds below summarise ‘what was good’ and ‘what could be improved’ in Care Opinion posts for this period:



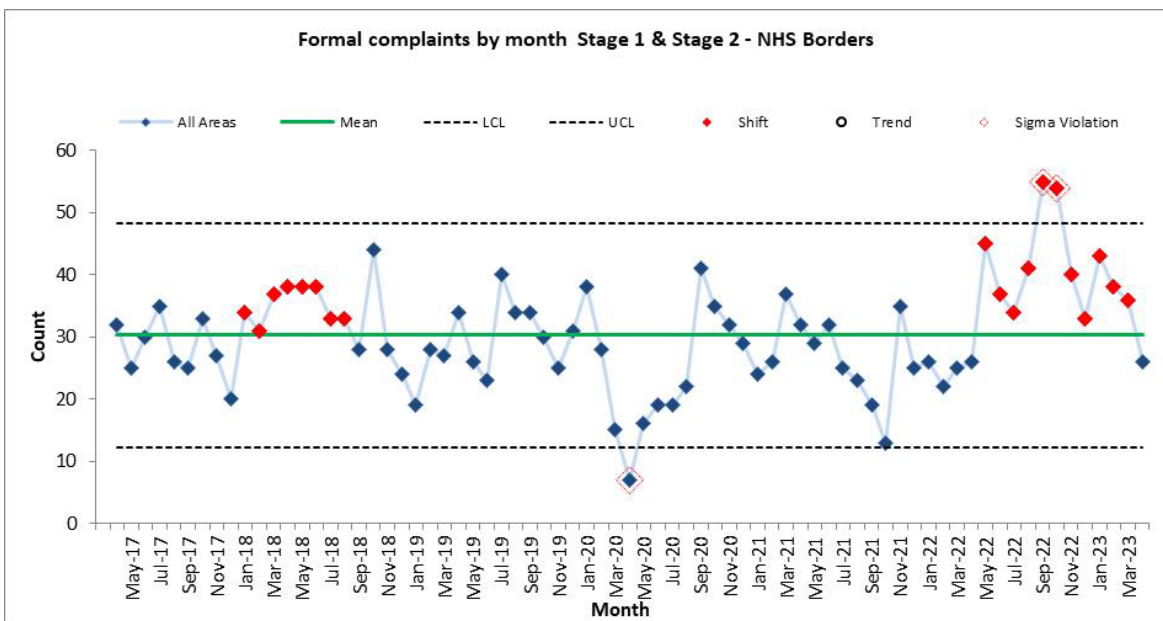
What was good?



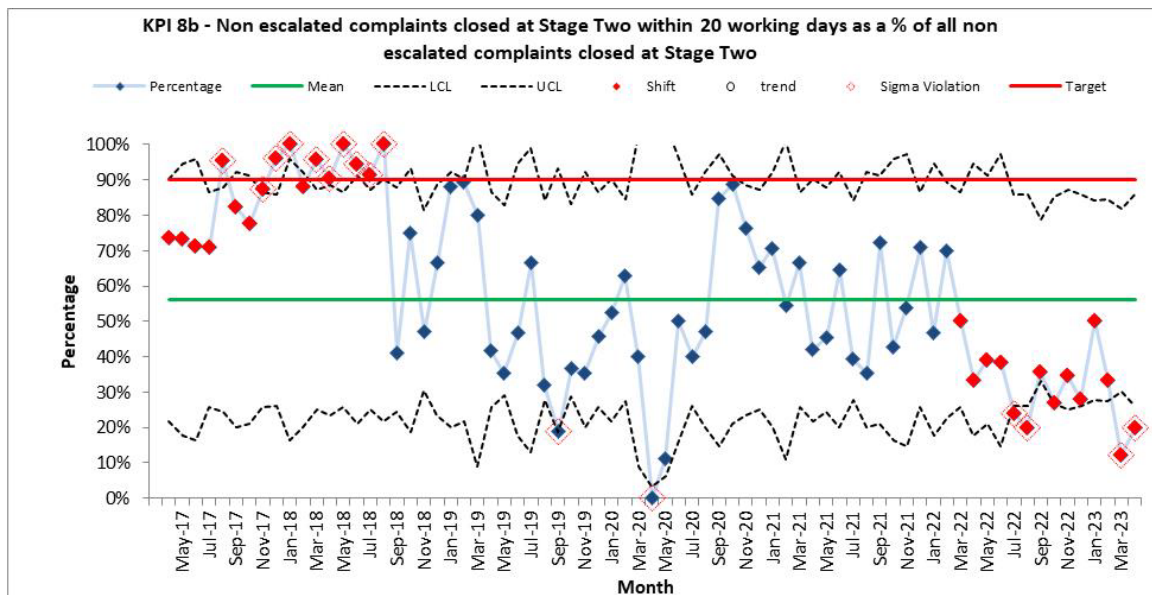
What could be improved?



2.3.32 Graph 6 below gives the number of Stage 1 and Stage 2 complaints received by month. From May 2022 to March 2023 there was a 9-month shift above the mean. This increase in the number of complaints, resulting from the continued pressure within clinical services, is placing a significant workload strain on both the small Patient Experience Team (PET) and frontline staff involved in the review of specific complaints. Additional capacity has been added to the PET team on a short-term basis to support this increase in workload. However, the additional capacity has not been able to reduce the backlog of complaints sufficiently to take the numbers waiting back to a manageable size to be processed within 20 working days. Therefore, further resource has been agreed and this is currently being put in place:



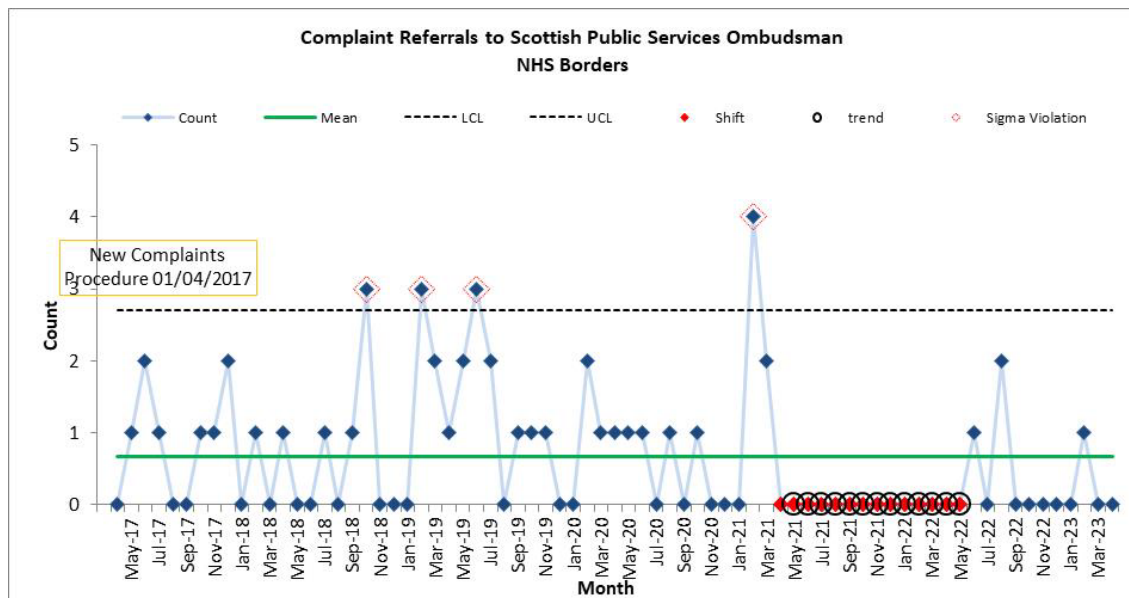
2.3.33 Graph 7 below shows the percentage of complaints responded to within 20 working days. Front line services are experiencing ongoing clinical pressures which have impacted on the ability of frontline clinical staff to respond to complaint investigations within normal timescales. This together with the increase in the number of complaints has resulted in the PET team being unable to sustainably deliver against the 20-working day target with a 14-month shift below the mean:



2.3.34 In line with the complaint handling procedure the Patient Experience Team have sought extensions each time the deadline passes. However, this increases workload for the PET, but also can create more frustration and distress for those waiting for a response to their complaint. For a short period, the PET team would like to deviate from the model outlined in the national complaints handling procedure to set expectations of the waiting times for a complaints response from the outset removing the need to seek extensions each time the deadline passes. This would be for a time limited period and subject to regular review with the aim of trying to effectively manage expectations for those submitting complaints and also to support the team to bring down the overall workload and waiting time. It is proposed that interim reports on this approach can be provided to the Public Governance Committee to ensure scrutiny of this approach and to agree when normal process should be reinstated. The Board are asked to support this short-term measure recognising this is a deviation from our normal complaints handling procedure but one that is felt to be more person centred and less frustrating for complainants.

2.3.35 The Scottish Public Services Ombudsman (SPSO) are the final stage for complaints about most devolved public services in Scotland including the health service, councils, prisons, water and sewage providers, Scottish Government, universities and colleges. The additional scrutiny provided by the involvement of the SPSO is welcomed by NHS Borders as this gives a further opportunity to improve both patient care and our complaint handling. The SPSO are experiencing the same demand pressures at this time, resulting in extended periods for reviews by the SPSO. Graph 8 below shows complaint referrals to the SPSO up to 30 April 2023:





### 2.3.36 COVID Inquiries

2.3.37 The Scottish COVID 19 Inquiry is adopting a thematic approach to its investigations and hearings, giving priority to evidence from people most impacted by the pandemic in Scotland. The themes are health and social care; education and young people; and finance, business and welfare. For each of these themes, the Inquiry will first look at the impact of the pandemic, then the implementation of measures, and finally, key decision-making. The first set of impact hearings will deal with health and social care. The Scottish Inquiry will hold its first public hearing this summer, as a 'scene-setting' evidence session on the epidemiology of COVID 19 to provide a factual background to support all further investigations and hearings. Further details of the Scottish Inquiry are available on their website ([Scottish Covid-19 Inquiry \(covid19inquiry.scot\)](https://scottish-covid-19-inquiry.scot/)).

2.3.38 The UK COVID 19 Inquiry held its first preliminary hearing from Module 1 (Resilience & Preparedness) on 4 October 2022, evidential public hearings for this Module will begin in June 2023. Both preliminary and public hearings continue to be held for other modules throughout 2023. Dates and times for these can be found on the UK Inquiry's website (<https://covid19.public-inquiry.uk/>).

### 2.3.39 Research & Innovation

NHS Borders has agreed to be one of the NHS Scotland partners in the national CAELUS innovation project. This project will assess the potential case for using drones as part of the NHS transport system, and NHS Borders will work with NHS Lothian to produce some test cases that can be modelled either digitally or through live flight testing. A proposed flight path between Borders General Hospital and Edinburgh Royal Infirmary has been submitted to the Civil Aviation Authority and if successful test flights may begin at the end of 2023. In the meantime, NHS Borders is involved in 7 different work packages, looking at various different aspects of the project, including identifying risks, infrastructure required and packaging of goods. A local short life working group will be established to identify local risks and potential value case for NHS Borders.

### 2.3.40 Quality/ Patient Care

Following the impact of the COVID 19 pandemic services continue to recover and respond to significant demand with heightened workforce pressure across health and social care. This has required adjustment to core services and non-urgent and routine care. This prioritisation has necessitated the step down of services resulting in increased patient waits and a backlog of demand. The ongoing unscheduled demand and delays in flow across the system remain an area of concern with concerted efforts underway to reduce risk in this area.

#### **2.3.41 Workforce**

Service and activities are being provided within agreed resources and staffing parameters, with additional resources being deployed to support the recovery from the pandemic response and resulting pressures across health and social care. Key workforce pressures have required the use of bank, agency and locum staff groups and further exploration of extended roles for the multi-disciplinary team. Mutual aid has also been explored for a few critical specialties where workforce constraints are beyond those manageable locally. There has been some progress locally in reducing gaps in the registered nursing workforce and positive levels of international recruitment. There continues to be an outstanding response from staff in their effort to sustain and rebuild local services but many staff continue to feel the strain of workforce challenges and this needs to remain an area of constant focus for the Board.

#### **2.3.4 Financial**

Service and activities are being provided within agreed resources and staffing parameters, with additional resources being deployed to support the recovery from the pandemic response and resulting pressures across health and social care. As outlined in the report the requirement to step down services to prioritise urgent and emergency care has introduced waiting times within a range of services which will require a prolonged recovery plan.

#### **2.3.43 Risk Assessment/Management**

Each clinical board is monitoring clinical risk associated with the need to adjust and remobilise services following the pandemic response.

#### **2.3.4 Equality and Diversity, including health inequalities**

An equality impact assessment has not been undertaken for the purposes of this awareness report. A wide range of patient groups will be affected by the delays in service provision outlined in the paper which will require individual consideration within each service during this period and remobilisation.

#### **2.3.45 Climate Change**

No additional points to note.

#### **2.3.4 Other impacts**

No additional points to note.

#### **2.3.4 Communication, involvement, engagement and consultation**

This paper is for awareness and assurance purposes and has not followed any consultation or engagement process.

### **2.3.48 Route to the Meeting**

The content of this paper is reported to Clinical Board Clinical Governance Groups and Board Clinical Governance Committee.

## **2.4 Recommendation**

The Board is asked to:

1. note the report
2. agree the short-term deviation from the national complaints handling procedure to advise patients of the expected date of completion of their complaint's investigation without the need to agree regular extensions

## **3 Glossary**

Clinical Governance Committee - CGC  
Borders General Hospital - BGH  
Learning Disabilities - LD  
Chief Executive Officer - CEO  
Medicines and Healthcare Products Regulation Agency - MHRA  
Board Executive Team - BET  
East Regional Health Protection Service - ERHPS  
Hospital Standardised Mortality Ratio - HSMR  
Patient Experience Team - PET  
Scottish Public Services Ombudsman - SPSO



# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Infection Prevention and Control Report – May 2023</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Sarah Horan, Executive Director of Nursing, Midwifery and Allied Health Professionals</b>
<b>Report Author:</b>	<b>Natalie Mallin, HAI Surveillance Lead Sam Whiting, Infection Control Manager</b>

## 1 Purpose

**This is presented to the Board for:**

- Discussion

**This report relates to a:**

- Government policy/directive

**This aligns to the following NHS Scotland quality ambition(s):**

- Safe

## 2 Report summary

### 2.1 Situation

This report provides an overview for Borders NHS Board of infection prevention and control with particular reference to the incidence of Healthcare Associated Infection (HAI) against Scottish Government targets.

### 2.2 Background

The format of this report is in accordance with Scottish Government requirements for reporting HAI to NHS Boards.

## 2.3 Assessment

### Healthcare Associated Infection Reporting Template (HAIRT)

#### Section 1– Board Wide Issues

##### 1.0 Key Healthcare Associated Infection Headlines

1.1 NHS Borders had a total of 33 *Staphylococcus aureus* Bacteraemia (SAB) cases between April 2022 and March 2023, 21 of which were healthcare associated infections.

1.1a The Scottish Government has set a target for each Board to achieve a 10% reduction in the healthcare associated SAB rate per 100,000 total occupied bed days (TOBDs) by the end of 2023/24 (using 2018/19 as the baseline). This target was not achieved in 2022/23. Future Board papers will confirm progress towards the target during 2023/24.

1.2 NHS Borders had a total of 18 *C. difficile* Infection (CDI) cases between April and March 2023; 13 of these cases were healthcare associated infections.

1.2a The Scottish Government has set a target for each Board to achieve a 10% reduction in the healthcare associated CDI rate per 100,000 TOBDs by the end of 2023/24 (using 2018/19 as the baseline). This target was not achieved in 2022/23. Future Board papers will confirm progress towards the target during 2023/24.

1.3 NHS Borders had a total of 99 *E. coli* Bacteraemia (ECB) cases between April and March 2023, 36 of which were healthcare associated.

1.3a The Scottish Government set a target for each Board to achieve a 25% reduction in the healthcare associated ECB rate per 100,000 total occupied bed days (TOBDs) by the end of 2023/24 (using 2018/19 as the baseline). This target was not achieved in 2022/23. Future Board papers will confirm progress towards the target during 2023/24.

##### 2.0 *Staphylococcus aureus* Bacteraemia (SAB)

See Appendix A for definition.

2.1 Between April and March 2023, there have been 31 cases of Meticillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia and 2 cases of Meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia.

2.2 Figure 1 shows a Statistical Process Control (SPC) chart showing the number of days between each SAB case. The reason for displaying the data in this type of chart is due to SAB cases being rare events with low numbers each month.

2.3 Traditional charts which show the number of cases per month can make it more difficult to spot either improvement or deterioration. These charts highlight any statistically significant events which are not part of the natural variation within our

health system. The graph shows that there have been no statistically significant events since the last Board update.

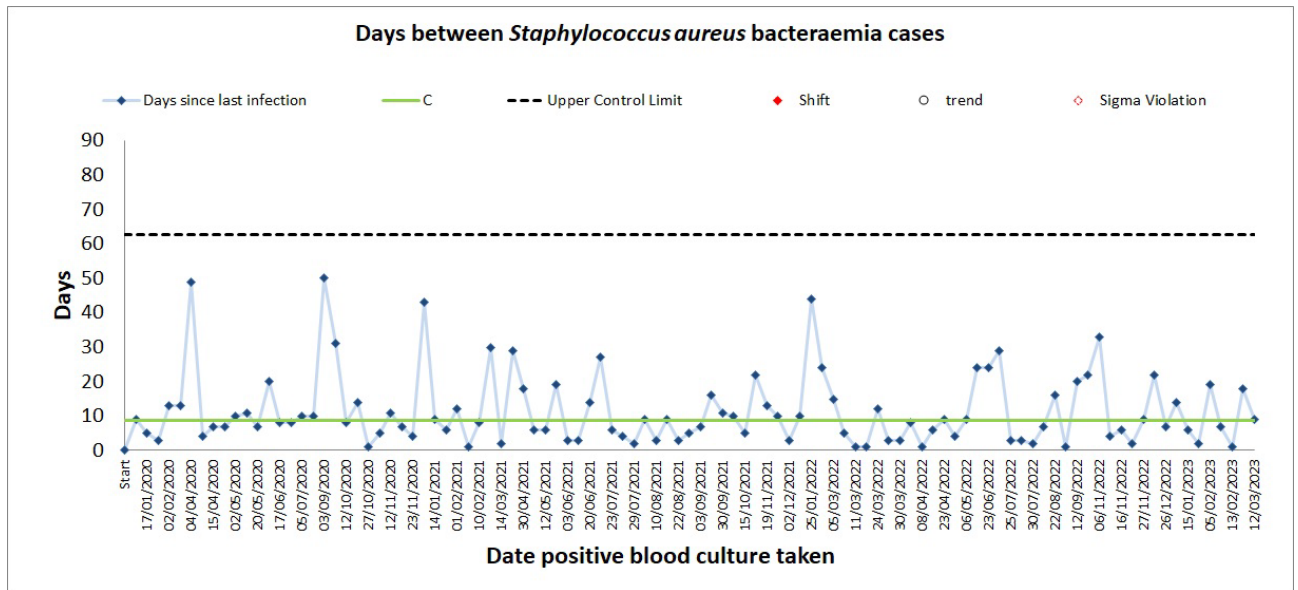


Figure 1: NHS Borders 'days between' SAB cases (January 2019– March 2023)

2.4 In interpreting Figure 1, it is important to remember that as this graph plots the number of days between infections, we are trying to achieve performance above the green average line.

### 3.0 *Clostridioides difficile* infections (CDI)

See Appendix A for definition.

3.1 Figure 2 below shows a Statistical Process Control (SPC) chart showing the number of days between each CDI case. As with SAB cases, the reason for displaying the data in this type of chart is due to CDI cases being rare events with low numbers each month. The graph shows that there have been no statistically significant events since the last Board update.

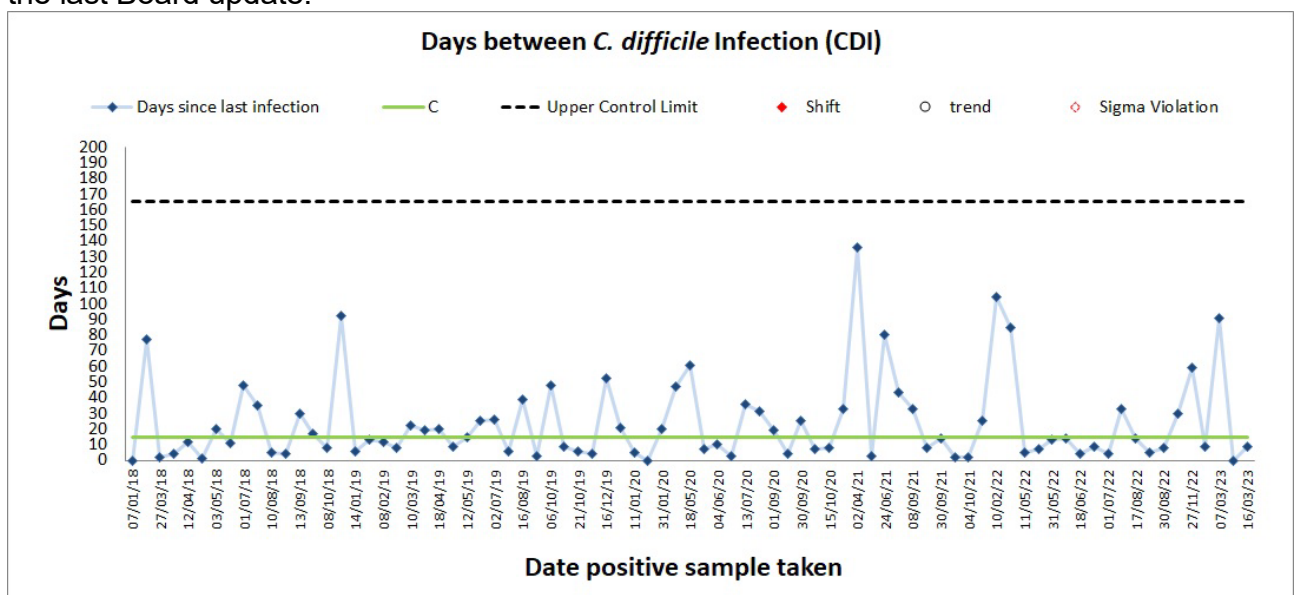


Figure 2: NHS Borders days between CDI cases (January 2018 – March 2023)

### 4.0 *Escherichia coli* (*E. coli*) Bacteraemia (ECB)

4.1 The primary cause of preventable healthcare associated ECB cases is Catheter Associated Urinary Tract Infection (CAUTI) as shown in Figure 3 below. An update on quality improvement work relating to CAUTI is provided under *item 11* of this paper.

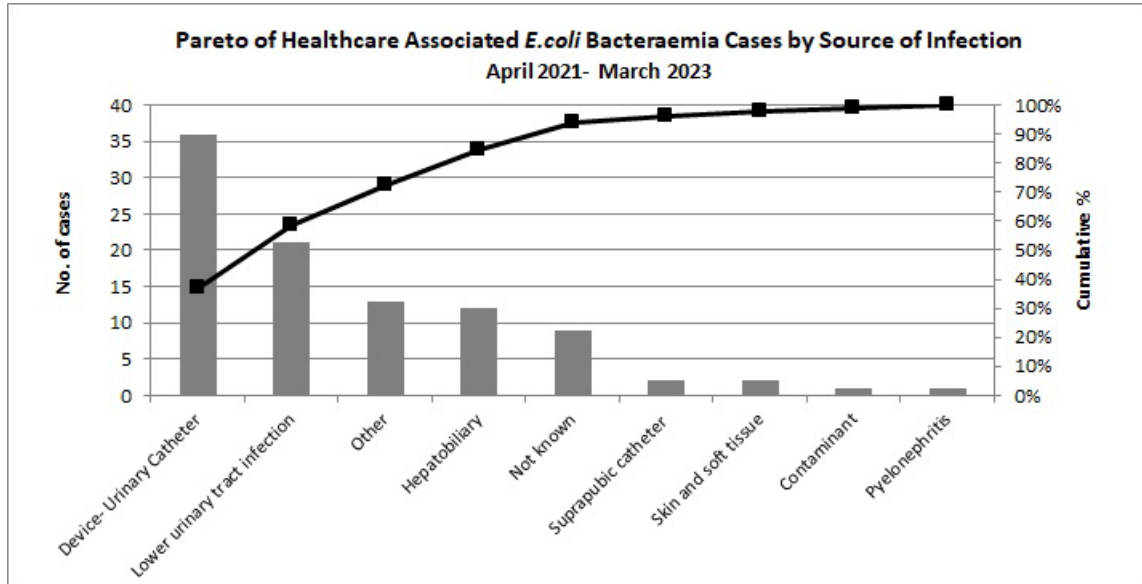


Figure 3: Pareto chart of healthcare associated ECB cases by source of infection

4.2 Figure 4 shows a statistical process control chart of the total number of healthcare associated and community acquired *E.coli* bacteraemia (ECB) cases per month. The chart shows that the total number of cases reported per month was within expected limits and there have been no statistically significant events. Please note that in contrast to previous statistical process control graphs, Figure 4 is a count of cases per month rather than the number of days between cases.

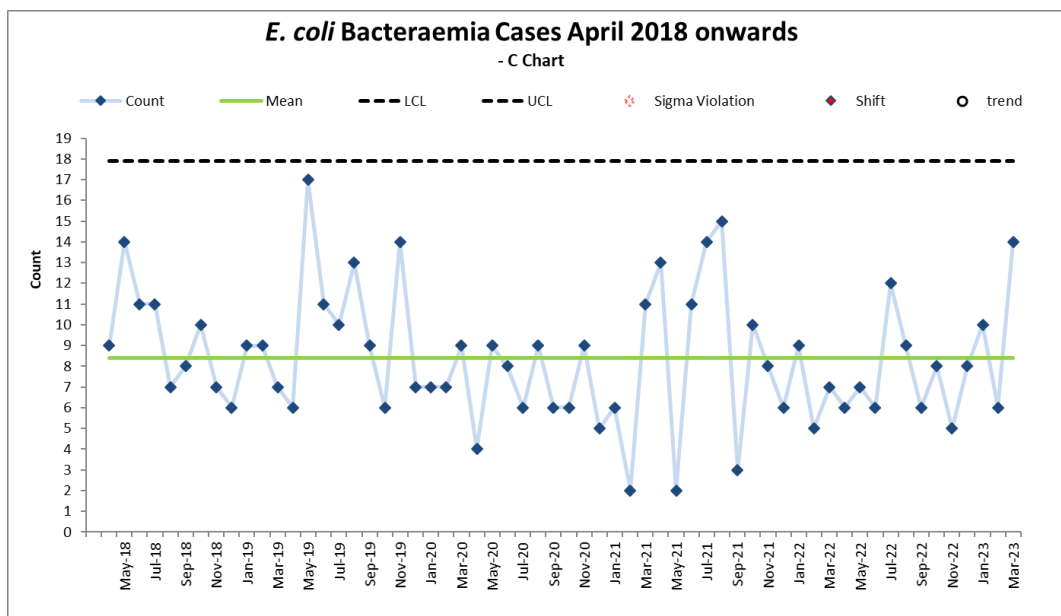


Figure 4: Statistical process chart (SPC) of all *E.coli* bacteraemia cases per month

## 5.0 NHS Borders Surgical Site Infection (SSI) Surveillance

5.1 The Scottish Government updated the requirements for HAI surveillance on the 25<sup>th</sup> of March 2020. In light of the prioritisation of COVID-19 surveillance, all mandatory and voluntary surgical site infection surveillance was paused from this date.

## 6.0 Hand Hygiene

6.1 There has not been any hand hygiene audits conducted since the last Board update. In May 2023, representatives from our hand gel supplier Gojo will visit BGH to conduct further hand hygiene audits. The outcome of these audits will be reported in the next Board update.

6.2 During April and May, there has been a focus on staff education and training with delivery of 30 minute practical demonstration sessions in an empty clinical area in BGH. Additional separate training sessions were developed for general services staff to enable more focussed relevant content for that staff group. As at 19<sup>th</sup> May 2023 over 170 staff have attended infection control back to basics training.

6.3 Leadership from BGH management and Senior Charge Nurses (SCNs) has been hugely important to support attendance at this education. At each session staff name, role and current working location are recorded and shared with SCNs and BGH management for oversight on uptake by area.

6.4 The following posters were distributed across BGH and the Hospital Safety Brief was also used to raise the profile of the training sessions.

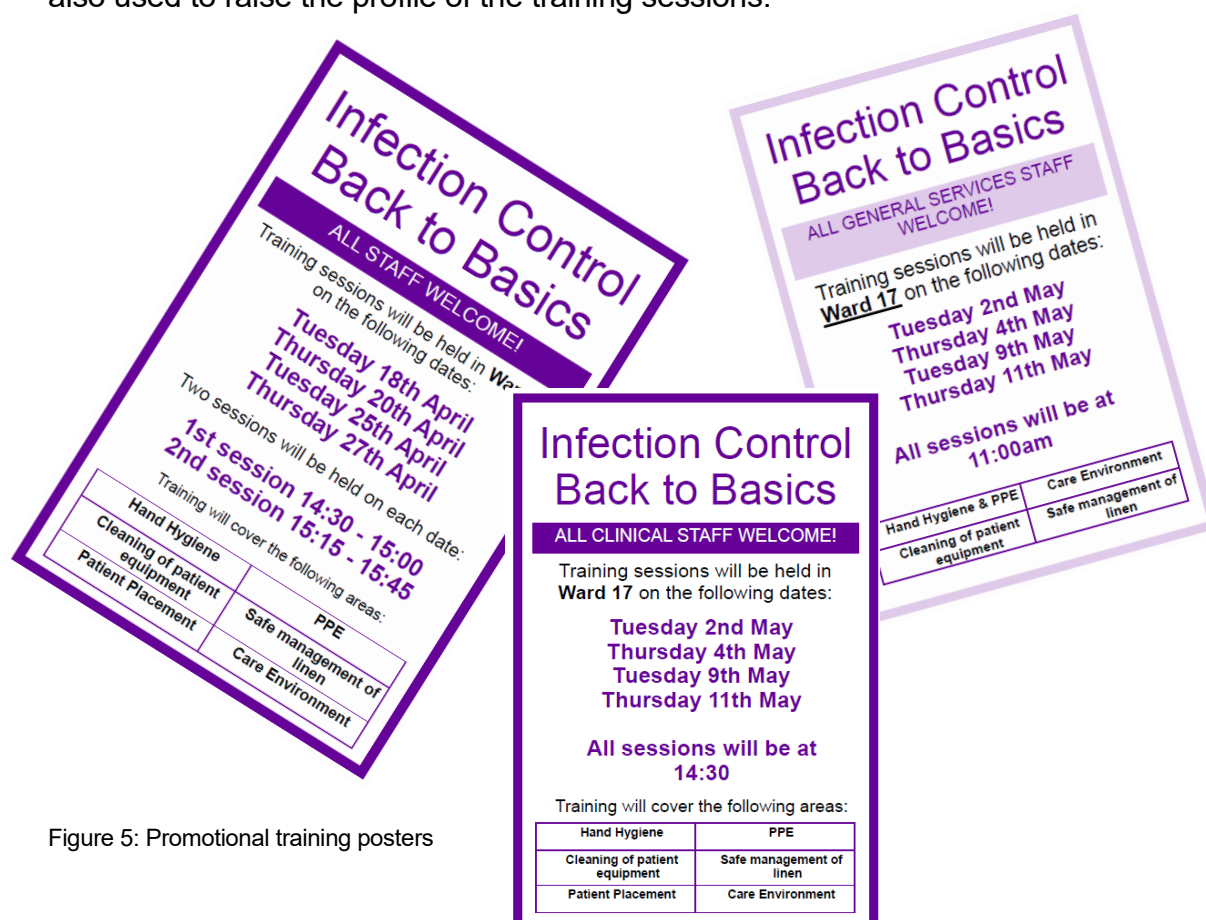


Figure 5: Promotional training posters



6.5 Below is a Word Cloud summary of all single-word feedback on the 'back to basics' training. Figure 7 below shows more detailed staff feedback on the training sessions.



Figure 6: Word Cloud of staff feedback on infection control back to basics training (April and May 2023)

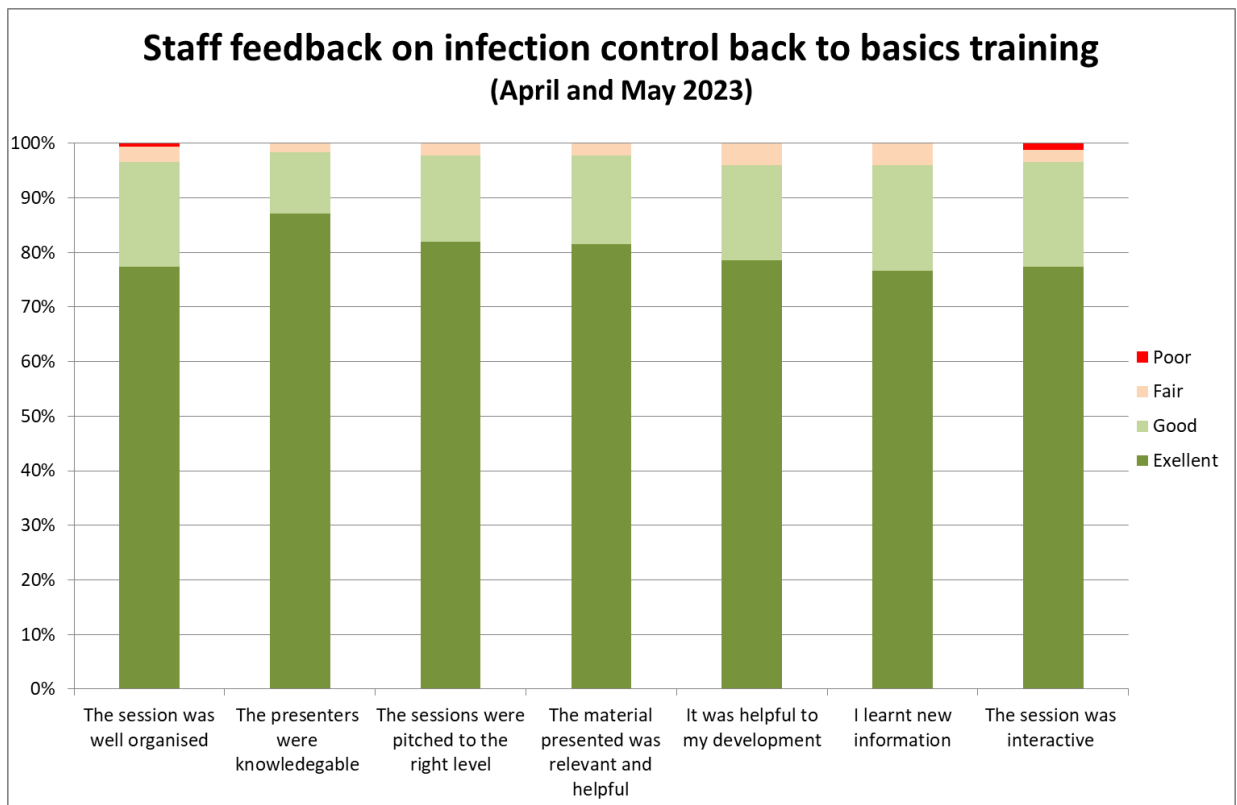


Figure 7: Bar chart of staff feedback on infection control back to basics training (April and May 2023)

6.6 In the lead up to World Hand Hygiene Day on 5th May, daily videos were shared with all staff. Each short video focussed on one of the World Health Organisation's 5 moments for hand hygiene in healthcare.

6.7 Each video was presented by a member of the Infection Prevention and Control Team and included a short introduction by a senior manager or director. The links to the videos are below:-

[Moment 1](#) – Before touching a patient

[Moment 2](#) – Before a clean/ aseptic procedure

[Moment 3](#) – After blood or body fluid exposure

[Moment 4](#) – After touching a patient

[Moment 5](#) – After touching patient surroundings

At the end of each video, the following slides highlighted the positive impact of hand hygiene.



Figure 8: Slides incorporated in staff promotional videos

6.8 A further video was shared on the 19<sup>th</sup> May with a focus on being bare below the elbow when in a clinical area or ward environment (here is the link to the [short video](#))

At the end of the video, the following slide highlighted the risk of non-compliance.



Figure 9: Slide incorporated in staff promotional videos

6.9 To further raise the profile of World Hand Hygiene Day, staff were invited to complete a hand hygiene quiz with the opportunity to win Marks and Spencer's vouchers which were kindly donated by Friends of the BGH.

6.10 On World Hand Hygiene day, an information display stand was positioned at the bottom of the stairs in BGH with information for staff, patients and visitors. This was staffed by a member of the Infection Prevention and Control Team at various times through the day and prompted good interest and discussions. Posters were also displayed in toilets to remind patients and visitors of the important role they play when visiting/attending our clinical settings.

## **7.0 Infection Prevention and Control Compliance Monitoring Programme**

7.1 In February 2023 and March 2023, spot checks were undertaken in a total of 11 clinical areas across NHS Borders with an average compliance of 89%.

## **8.0 Cleaning and the Healthcare Environment**

For supplementary information see Appendix A.

8.1 Health Facilities Scotland (HFS) publishes quarterly reports on cleanliness standards and the estates fabric across NHS Scotland. The most recently published report covers the period January – March 2023. Figure 10 below shows NHS Borders cleaning compliance against the NHS Scotland average by quarter. In the period January – March 2023, the cleanliness score for NHS Borders was 96.1%. In the same period, the estates score was 97.4%.

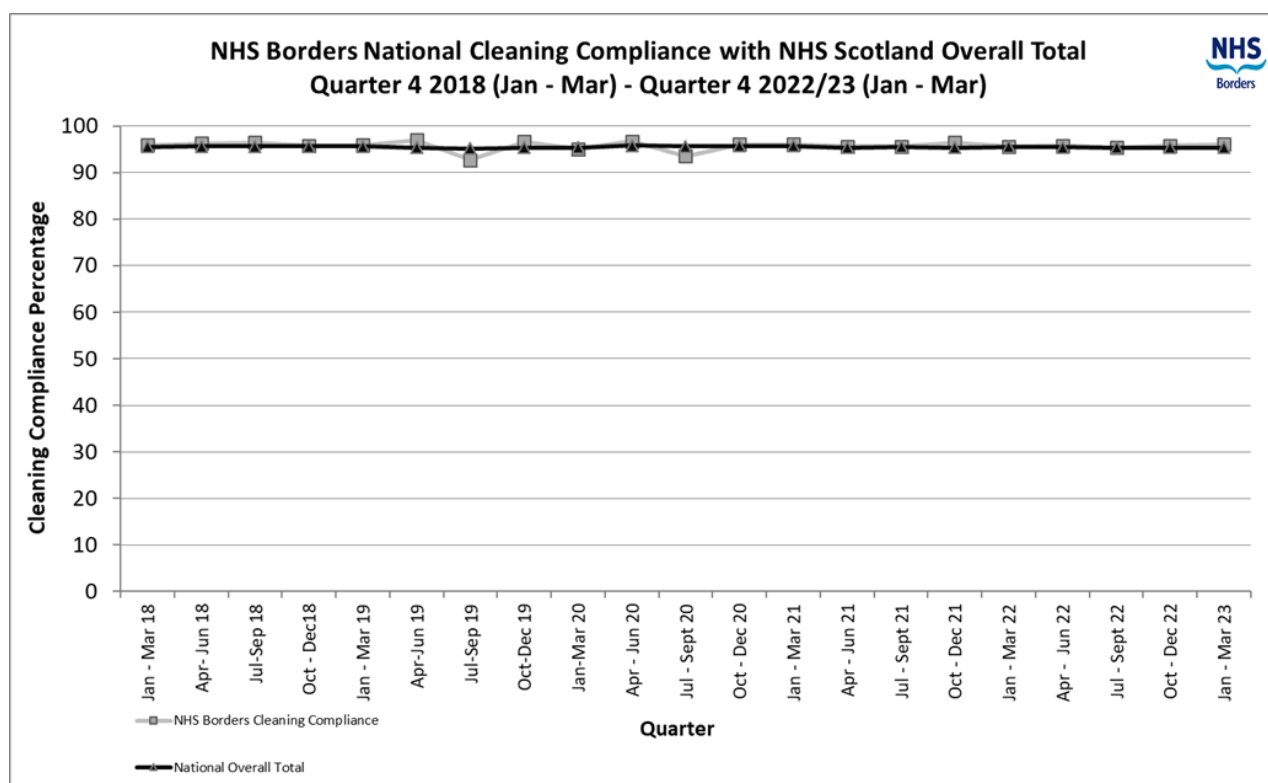


Figure 10: NHS Borders cleaning compliance against the NHS Scotland average by quarter



## **9.0 2022/23 Infection Control Work Plan**

9.1 The Infection Prevention and Control Team provide both a reactive and proactive service. Responding to significant unexpected events or peaks of clinical activity such as outbreak management requires flexing resources away from proactive to reactive activities impacting on Work Plan progress.

9.2 At the 1st April 2023 there were 39 overdue actions in the 2022/23 Infection Control Work Plan. Of these, 18 were classified as low risk, 12 as medium risk and 9 as high risk. Work is progressing against each of the high risk actions – the majority of which relate to the healthcare environment. The re-establishment of NHS Borders Ventilation Group and the new Environmental Risks Oversight Group will be key to overseeing progress in these areas.

9.3 All overdue actions will be reviewed and where appropriate transferred to the 2023/24 Infection Control Work Plan. Updates on progress against the Work Plan continue to be reported to the Infection Control Committee and Clinical Governance Committee.

## **10.0 Outbreaks/ Incidents**

- **COVID-19**

10.1 Since the last Board meeting, there have been 20 respiratory clusters for which a Problem Assessment Group (PAG) and/or Incident Management Team (IMT) has been held; 4 of these incidents occurred in February, 13 in March and 3 in April. A summary for each closed cluster as at 19<sup>th</sup> May 2023 is detailed in the table below (figure 11).

10.2 All clusters were caused by COVID-19 except for one which was related to Human metapneumovirus (see Appendix A for definition). Learning from each incident is captured and acted upon in real time where appropriate.

<b>Area affected</b>	<b>Total positive patients</b>	<b>Total positive staff</b>	<b>Total deaths</b>
DME14	6	0	0
Ward 7	2	0	0
Ward 4	19	0	3
MAU	21	0	0
Ward 5	5	0	0
BSU	4	0	0
Huntlyburn	6	2	0
DME14	14	0	0
MAU	6	0	1
Ward 5 and Ward 4	3	0	0
Ward 4	13	0	1
Ward 12	10	0	0
Haylodge	12	6	0
MAU	8	0	0
Ward 7	6	0	0

BSU	2	0	1
Kelso Community Hospital	4	0	0
Lindean	3	3	0
Ward 9	3	0	0
MAU	6	0	0

Figure 11: Summary table of COVID-19 clusters

10.3 In February 2023, DL (2023) 06 was received from the Scottish Government which notified Health Boards that the validation of hospital onset data would cease on the 1<sup>st</sup> March 2023. The publication of the public facing Weekly Hospital Onset COVID-19 Cases in Scotland has also ceased on the Public Health Scotland Website so will no longer be reported to the Board. ARHAI Scotland will continue to monitor epidemiological trends in hospital onset COVID-19 using un-validated data and will notify Scottish Government and Ministers of any emerging changes to the epidemiology.

- **Norovirus**

10.4 Since the last Clinical Governance Committee meeting there were 4 Norovirus related incidents between 1<sup>st</sup> February and 11<sup>th</sup> May 2023. A summary of each incident is shown in Figure 12 below. Any learning from each incident is captured and acted upon in real time where appropriate.

Area(s) affected	Number of patients affected*	Number of staff affected
Borders View (Ward 12)	1	0
Ward 5	3	0
Ward 5	1	0
MAU	3	1

\*Incidents are only reported if at least 1 Norovirus positive result has been received and it resulted in a bay closure. Symptomatic, unconfirmed cases are included in the totals following confirmation of norovirus within the area.

Figure 12: Norovirus incident summary

- **Endoscopy water test failure**

10.5 On 29<sup>th</sup> March 2023, Infection Control was notified of the failure of a final rinse water quality check relating to an endoscope washer / disinfectant. A PAG meeting was convened to review the situation and assessed that there was no indication of any cross infection risks between patients. Earlier steps in the decontamination process had been successfully completed and there was no significant clinical risk to patients. The last compliant water check had been on the 15<sup>th</sup> March and the washer / disinfectant had been removed from use on the 25<sup>th</sup> March for other reasons.

## 11.0 Quality Improvement Update

- **Invasive device (urinary catheters):**

11.1 The last Prevention of CAUTI group was held on 18/04/23. The newly appointed Associate Director of Nursing for Primary & Community Services, Chief Nurse HSCP will take over as chair of these meetings. Progress continues to be made against the action plan.

11.2 The group plan to re-visit the driver diagram to ensure appropriate focus for improvement. Additional infection data is currently being collated for consideration by the group to inform further steps.

- **Invasive device (Peripheral Venous Cannula - PVC):**

11.3 IPCT are exploring with the IV Therapy Group oversight of PVC improvement activity including development and implementation of documentation to support appropriate management of PVC's.

- **Excellence in Care (EiC) Multi-Drug Resistant Organism (MDRO) Admission Screening Measure:**

11.4 The IPCT have commenced monthly audits in one area to support the submission of the above measure. Discussion will be held in the near future with Clinical Governance & Quality and IM&T to consider if admission screening can be available for completion on Trakcare.

## Healthcare Associated Infection Reporting Template (HAIRT)

### Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information, for each acute hospital and key community hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections (also broken down into MSSA and MRSA) and *Clostridium difficile* infections, as well as cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from out with hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

#### Understanding the Report Cards – Infection Case Numbers

*Clostridium difficile* infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month. *Staphylococcus aureus* bacteraemia (SAB) cases are further broken down into Meticillin Sensitive *Staphylococcus aureus* (MSSA) and Meticillin Resistant *Staphylococcus aureus* (MRSA).

For each hospital the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the "out of hospital" report card.

#### Targets

There are national targets associated with reductions in *E.coli* bacteraemia, *C.diff* and SABs. More information on these can be found on the UKHSA website:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1081256/mandatory-healthcare-associated-infection-surveillance-data-quality-statement-FY2019-to-FY2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1081256/mandatory-healthcare-associated-infection-surveillance-data-quality-statement-FY2019-to-FY2020.pdf)

#### Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

#### Understanding the Report Cards – 'Out of Hospital Infections'

*Clostridium difficile* infections and *Staphylococcus aureus* (including MRSA) bacteraemia cases are associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources such as GP surgeries and care homes. The final Report Card report in this section covers 'Out of Hospital Infections' and reports on SAB and CDI cases reported to a Health Board which are not attributable to a hospital.

## NHS BORDERS BOARD REPORT CARD

### *Staphylococcus aureus* bacteraemia monthly case numbers

	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
<b>MRSA</b>	0	0	0	0	0	0	1	0	0	1	0
<b>MSSA</b>	2	1	4	3	1	1	4	2	3	3	2
<b>Total SABS</b>	2	1	4	3	1	1	5	2	3	4	2

### *Clostridioides difficile* infection monthly case numbers

	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
<b>Ages 15-64</b>	0	0	0	1	0	0	0	0	0	0	1
<b>Ages 65 plus</b>	4	3	1	3	1	0	1	0	0	0	2
<b>Ages 15 plus</b>	4	3	1	4	1	0	1	1	0	0	3

### Cleaning Compliance (%)

	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
<b>Board Total</b>	94.2	96.2	95.5	93.5	95.1	95.6	95.6	95.8	96.7	96.7	95.6

### Estates Monitoring Compliance (%)

	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
<b>Board Total</b>	98.6	98.6	97.4	97.3	97.6	97.3	97.1	96.9	96.3	98.0	97.2

## BORDERS GENERAL HOSPITAL REPORT CARD

### *Staphylococcus aureus* bacteraemia monthly case numbers

	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
<b>MRSA</b>	0	0	0	0	0	0	1	0	0	0	0
<b>MSSA</b>	0	1	1	0	0	0	2	1	1	0	0
<b>Total SABS</b>	0	1	1	0	0	0	3	1	1	0	0

### *Clostridioides difficile* infection monthly case numbers

	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
<b>Ages 15-64</b>	0	0	0	0	0	0	0	0	0	0	0
<b>Ages 65 plus</b>	2	2	0	1	1	0	0	0	0	0	1
<b>Ages 15 plus</b>	2	2	0	1	1	0	0	0	0	0	1

### Cleaning Compliance (%)

	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
<b>BGH Total</b>	96.0	95.6	95.5	95.6	95.1	95.5	95.5	95.8	95.9	96.6	95.3

### Estates Monitoring Compliance (%)

	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
<b>BGH Total</b>	97.4	96.7	97.5	97.3	96.8	97.2	97.0	96.3	97.4	97.3	97.3

## NHS COMMUNITY HOSPITALS REPORT CARD

The community hospitals covered in this report card include:

- Haylodge Community Hospital
- Hawick Community Hospital
- Kelso Community Hospital
- Knoll Community Hospital

### *Staphylococcus aureus* bacteraemia monthly case numbers

	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
MRSA	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0
Total SABS	0	0	0	0	0	0	0	0	0	0	0

### *Clostridioides difficile* infection monthly case numbers

	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0
Ages 65 plus	0	0	0	0	0	0	0	0	0	0	0
Ages 15 plus	0	0	0	0	0	0	0	0	0	0	0

## NHS OUT OF HOSPITAL REPORT CARD

### *Staphylococcus aureus* bacteraemia monthly case numbers

	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
MRSA	0	0	0	0	0	0	0	0	0	1	0
MSSA	2	0	3	3	1	1	2	1	2	3	2
Total SABS	2	0	3	3	1	1	2	1	2	4	2

### *Clostridioides difficile* infection monthly case numbers

	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Ages 15-64	0	0	0	1	0	0	0	0	0	0	1
Ages 65 plus	1	1	1	2	0	0	1	1	0	0	1
Ages 15 plus	1	1	1	3	0	0	1	1	0	0	2

### **2.3.1 Quality/ Patient Care**

Infection prevention and control is central to patient safety

### **2.3.2 Workforce**

Infection Control staffing issues are detailed in this report.

### **2.3.3 Financial**

This assessment has not identified any resource implications.

### **2.3.4 Risk Assessment/Management**

All risks are highlighted within the paper.

### **2.3.5 Equality and Diversity, including health inequalities**

This is an update paper so a full impact assessment is not required.

### **2.3.6 Other impacts**

None identified

### **2.3.7 Communication, involvement, engagement and consultation**

This is a regular bi-monthly update as required by SGHD. As with all Board papers, this update will be shared with the Area Clinical Forum for information.

### **2.3.8 Route to the Meeting**

This report has not been submitted to any prior groups or committees but much of the content will be presented to the Clinical Governance Committee.

## **2.4 Recommendation**

Board members are asked to:-

**Discussion** – Examine and consider the implications of the content of this paper.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix A, Definitions and Supplementary Information
- Appendix B, ARHAI Scotland COVID-19 Hospital Onset Definitions



## APPENDIX A

**Definitions and Supplementary Information****Staphylococcus aureus Bacteraemia (SAB)**

*Staphylococcus aureus* is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Meticillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well-known is MRSA (Meticillin Resistant *Staphylococcus Aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be found at:

*Staphylococcus aureus* : <https://www.nhs.uk/conditions/staphylococcal-infections/>

MRSA: <https://www.nhs.uk/conditions/mrsa/>

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemia. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemia for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemia can be found at:

<https://www.hps.scot.nhs.uk/publications/?topic=HAI%20Quarterly%20Epidemiological%20Data>

**Clostridioides difficile infection (CDI)**

*Clostridioides difficile* is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at:

<http://www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx>

NHS Boards carry out surveillance of *Clostridioides difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Clostridioides difficile* infections can be found at:

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/clostridioides-difficile-infection/#data>

**Escherichia coli bacteraemia (ECB)**

*Escherichia coli* (*E. coli*) is a bacterium that forms part of the normal gut flora that helps human digestion. Although most types of *E. coli* live harmlessly in your gut, some types can make you unwell. When it gets into your blood stream, *E. coli* can cause a bacteraemia. Further information is available here:

<https://www.gov.uk/government/collections/escherichia-coli-e-coli-guidance-data-and-analysis>

NHS Borders participate in the HPS mandatory surveillance programme for ECB. This surveillance supports local and national improvement strategies to reduce these infections and improve the outcomes for those affected. Further information on the surveillance programme can be found here:

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/escherichia-coli-bacteraemia-surveillance/>

## **Human metapneumovirus (HMPV)**

Human metapneumovirus:

Infection can cause upper and lower respiratory disease in people of all ages but especially the young and elderly. Symptoms include cough, fever, shortness of breath, and in more serious cases bronchitis and pneumonia which can be fatal especially in people with weakened immune systems. Transmission is highest during the winter months.

## **Hand Hygiene**

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections.

## **Cleaning and the Healthcare Environment**

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%. The cleaning compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national cleanliness compliance monitoring can be found at:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

Healthcare environment standards are also independently inspected by Healthcare Improvement Scotland. More details can be found at:

[https://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/nhs\\_hospitals\\_and\\_services.aspx](https://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/nhs_hospitals_and_services.aspx)



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Pharmacy Aseptic Service</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Dr Lynn McCallum, Medical Director</b>
<b>Report Author:</b>	<b>Alison Wilson, Director of Pharmacy</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Annual Operational Plan/Remobilisation Plan

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

NHS Scotland BCEs supported a proposal and work in 2017 to reduce the number of aseptic units in Scotland. Advice was also provided at that time from the programme team that there would not be an issue with MHRA for supply across different corporate bodies.

The Medical Directors (MD) and Directors of pharmacy (DoP) from Borders and Lothian met in May to review progress on the transfer of aseptic provision from Borders to Lothian.

Prior to the meeting NHS Lothian asked the MHRA to review the previous advice as it did not align to understanding of current licensing arrangements and the MHRA confirmed that for cross board supply of products made in an aseptic unit, a manufacturer's licence is required.

## 2.2 Background

NHS Scotland BCEs supported a proposal and work in 2017 to reduce the number of aseptic units in Scotland recognising the ongoing challenges with both workforce and fabric. In parallel a programme of work was supported to develop a plan for a national service for the batch production of aseptically prepared products (NCIVAS).

The NCIVAS programme was predicated on both a capital build and significant levels of automation in production which have not been delivered anywhere else in the UK.

The aseptic unit in Borders required maintenance and upgrading of its fabric and there is a vacancy for the accountable pharmacist. Because of this (and with the above direction to reduce the number of aseptic services in Scotland) a collaborative process was undertaken in 2018/19 between NHS Lothian and NHS Borders which supported NHS Lothian providing aseptic services to NHS Borders. NHS Lothian aseptic units are at capacity but are compliant as maintenance work has been prioritised

In line with the BCE's recommendation, the NHS Borders' Board meeting in June 2022 approved the decision to close the pharmacy aseptic unit, purchase pre-fill products where commercially available and transfer the remaining products that required to be compounded in a pharmacy aseptic unit to Lothian.

The NCIVAS programme is currently paused.

The capacity planning work to take on the NHS Borders work not supplied through the NCIVAS programme and the commercial market was in train up until Covid but not restarted after that until late 2022.

## 2.3 Assessment

Any product involving a drug made in an aseptic unit is classed as an unlicensed medicine by virtue of that production process. Regardless of the situation that occurs between northern boards and island boards, the proposal to move the production of drugs for Borders patients to a Lothian unit, or an unlicensed unit elsewhere would be outside MHRA's terms except in an emergency situation.

The MD/DoP meeting in May recommended that:

NHS Lothian does not take on the unmitigated risk of producing products for Borders without the correct MHRA licence and considered 2 options.

Option 1: Borders carries out the necessary work after developing a capital case and the necessary financial support and maintains its aseptic unit

Option 2: Borders undertakes remedial work necessary for short term continuation and NHS Lothian applies for a licence from the MHRA to produce for Borders. This would take approx. 18 months.

Option 2 is the preferred option but we note the risks associated with this, namely the lack of an accountable pharmacist and substandard environment within NHS Borders, which has not been developed due to an understanding that this work would move to NHS Lothian. We will look to mitigate these risks as able.

### **2.3.1 Quality/ Patient Care**

A number of deficiencies with the aseptic unit have been highlighted and are included on the risk register, namely the ventilation, layout of the unit, lack of transfer hatches and transfer area between clean and dirty areas. The ventilation has closed the unit during periods of extreme cold or high winds. This means compounded products will not be available for patients on these days.

### **2.3.2 Workforce**

In order to maintain a safe and manageable workload for staff and reduce the impact on resources, it is proposed that a 4pm cut off time is introduced for products required the following day and the unit runs for one 4 hour session per day.

### **2.3.3 Financial**

The funding required to transfer aseptic work to Lothian will not be needed in the short term (2-3 years). In order to manage the workload and to provide a safer working environment for staff the purchase of pre-filled products will continue. This will have cost implications due to the higher cost of these products and the likelihood of increased waste through short expiry dates. Additional capital funding will be required for basic maintenance to the unit.

### **2.3.4 Risk Assessment/Management**

In order to mitigate the risks to the provision of aseptic dispensing from the existing pharmacy aseptic unit and ensure staff do not work above capacity on a regular basis the following actions are being taken:

1. A plan is being progressed to train additional pharmacy technicians and pharmacy support workers to provide service resilience
2. An advert will go out for a deputy accountable pharmacist to support the safe running of the unit
3. Discussions have started with estates about the ventilation of the unit
4. A meeting is being planned to review necessary changes to the layout of the area in order to keep the unit viable for the next 2-3 years
5. Pre-filled products from a commercial manufacturer will be supplied where these are available
6. Pharmacy and BMC will continue the work that has been progressed to date on scheduling of patients and working to a cut-off time to ensure that the prescribing and dispensing of systemic anticancer therapy (SACT) protects both patients and staff.
7. Pharmacy will run one session per day on the majority of occasions to minimise costs and the workforce required.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed because no impact is expected

### **2.3.6 Climate Change**

Retaining aseptic production in Borders will eliminate the need to transport products from the Western General Hospital to Borders General Hospital. There will be the increased likelihood of cytotoxic waste which will need to be incinerated.

### 2.3.7 Other impacts

N/A

### 2.3.8 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

The outcome of the Lothian decision was presented to the Aseptic Programme Board on the 16 May 2023. Members of Lothian Pharmacy service attend this meeting.

### 2.3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Aseptic Programme Board, 16 May 2023
- Board Executive Team, 30 May 2023

## 2.4 Recommendation

This paper is for Board member's **awareness** to be informed of the actions being taken to mitigate the risks to the aseptic service and that the appointment of an accountable pharmacist, the layout of the aseptic unit and the ventilation remain very high risks on the risk register.



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Staff Governance Committee Minutes</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andy Carter, Director of HR &amp; OH&amp;S</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Government policy/directive

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this report is to share the approved minutes of the Staff Governance Committee with the Board.

### 2.2 Background

The minutes are presented to the Board as per the Staff Governance Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.

### 2.3 Assessment

The minutes are presented to the Board as per the Staff Governance Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.

### **2.3.1 Quality/ Patient Care**

As detailed within the minutes.

### **2.3.2 Workforce**

As detailed within the minutes.

### **2.3.3 Financial**

As detailed within the minutes.

### **2.3.4 Risk Assessment/Management**

As detailed within the minutes.

### **2.3.5 Equality and Diversity, including health inequalities**

An HIIA is not required for this report.

### **2.3.6 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 Route to the Meeting**

This has been previously considered by the following group as part of its development. The group has supported the content.

- Staff Governance Committee 23 March 2023

## **2.4 Recommendation**

The Board is asked to **note** the minutes which are presented for its:

- **Awareness** – For Members' information only.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Staff Governance Committee minutes 08.12.22



## **STAFF GOVERNANCE COMMITTEE**

Minutes of the meeting held on Thursday 8<sup>th</sup> December 2022, 13:00-14:25  
via Microsoft Teams

Present: Councillor David Parker, Non-Executive Director (Chair)  
Ms Karen Hamilton, Chair  
Mr Andy Carter, Director of HR, OD, OH&S  
Ms Harriet Campbell, Non-Executive Director  
Mrs Ailsa Paterson, Assistant Director of Workforce  
Mr Bob Salmond, Assistant Director of Workforce  
Ms Claire Smith, HR Team Manager  
Ms Edwina Cameron, Employee Involvement and OD Lead  
Ms Jennifer Boyle, HR Manager / Business Partner  
Mrs Vikki MacPherson, Partnership Lead / Staff Side Chair  
Ms Karen Lawrie, Partnership Forum Member  
Ms Kirsty McLachlan, Interim Head of Occupational Health

Apologies: Mr Ralph Roberts, Chief Executive  
Mr John McLaren, Employee Director  
Ms Sonya Lam, Non-Executive Director

### **1. Welcome, Introduction and Apologies**

All committee members present at the meeting were welcomed and apologies were noted.

A debate occurred on the quorate nature of the meeting and it was agreed that the meeting was not quorate due to the fact that both Non-Executive Directors and Staff Side were not sufficiently represented. DP and AC decided to progress with the meeting and any agreements made would be reflected in the minutes of the meeting.

### **2. To Agree Minutes of Previous Meetings**

The minutes of the previous meetings, held on Thursday 22<sup>nd</sup> September and Friday 28<sup>th</sup> October 2022, were approved without amendment and no outstanding actions were noted.

### **3. Strategic Risks: Workforce**

AC noted that risks have been moved into the correct governance structure and will therefore continue to be raised at the Staff Governance Committee. It was also stated that the risk of industrial action has recently been added to the register. AC noted risks that are currently under workforce, for example Health & Safety legislation and training delivery; staff speak-up culture was also raised, however this risk has been reduced due to the presence of whistleblowing processes and the training up of whistleblowing confidential contacts. AC had had a discussion with Laura Jones regarding workforce risks and Laura had asked what level of assurance can be provided with regards to this and what steps the organisation are taking to mitigate these risks.

HC queried whether staff training levels are the responsibility of staff members themselves, or of the organisation; it was also noted that there would be different levels of assurance on all identified risks. AC stated that the onus is on both the organisation and on staff; the training infrastructure needs to be maintained within the organisation. It was also noted that different areas of the organisation are at differing levels of training compliance, with some being higher than others. HC highlighted that although all managers are busy, staff should still be released from work in order to attend training. AC stated that the training budget is not being cut; the issue of training is to be raised in future meetings for discussion. The strategic risk report was noted by all present.

#### **4.1. Whistleblowing Update**

AC made a verbal update to the committee with regards to recent whistleblowing activity; a training session for confidential contacts has recently been held, which went well and garnered good feedback. Since the introduction of the new INWO standards in April 2021, there have been 3 whistleblowing cases within NHS Borders. The 1<sup>st</sup> case was investigated and concluded within 2 months, however this is currently being reviewed by INWO due to some complexities that were involved in this case. The remaining 2 cases were raised in September 2022 and were in relation to concerns regarding the BGH Emergency Department; 1 concern was raised by a nursing member of staff and 1 by a medical and dental staff member. The former case has almost been concluded and the latter is currently being investigated and overseen by Philip Grieve in Mental Health. A number of business-as-usual conversations have also occurred over this time period.

KH noted that a number of complaints have been made regarding staffing levels and questioned whether any work is being carried out in response to this theme. AC stated that this topic is discussed regularly at BET. Lessons have been learnt with regards to responding to whistleblowing and business-as-usual concerns and a knowledge gap is seen to exist currently; conversations regarding how to relay the good work that is being done in relation to filling staffing gaps (e.g. ongoing international recruitment) to NHS Borders staff members need to happen.

HC queried what the difference is between whistleblowing and business-as-usual and also questioned whether there are any information or patterns as to why the 2 most recent cases have been dealt with as whistleblowing as opposed to business-as-usual. AC noted that the consistent theme between both cases was that these staff members had reached out to INWO in the first instance to voice their concerns. Some staff members may have concerns that are sufficiently reassured by line management for instance; this comes under Stage 1 of whistleblowing investigations, with Stage 2 being more complex cases that require an investigator and Stage 3 requiring input from INWO.

#### **4.2. Workforce Plan**

BS noted that the latest versions of the integrated workforce plans had been looked over and discussed during the last meeting; it was stated that the Scottish Government obligation to publish these plans on the NHS Borders website has been met and BS thanked the steering group for their work with this. CS noted the background of the workforce plans; a draft was submitted to the Scottish Government in July 2022, with the 2-plan aspect being approved. It was also noted that the Integrated Workforce Plan meets IJB requirements and that key synergies have been identified between the Health-only and Integrated plans. The Staff

Governance Committee is to approve the post-consultation draft of the workforce plan, with the APF looking to also approve this during their meeting on 9<sup>th</sup> December 2022.

HC praised the plan as being very well-written; 1 spelling mistake was pointed out though (“princess trust” on page 26, rather than Princes Trust). It was suggested that workforce plan updates be added as a standing item on the agenda; CS confirmed that any report on actions will be brought to future committee meetings.

### **4.3. East Region Recruitment Service Update**

AC noted that the idea for establishing this service came in 2018/19 and a paper was taken to the Board in late 2020/early 2021. The service itself was introduced at the end of summer 2022 and has been in place for around 5 months. AC stated that the system is working in terms of recruitment, although some concerns exist currently regarding the working relationship between the existing Lothian team and the newly integrated recruitment team from NHS Borders; AC has a meeting scheduled on Thursday 8<sup>th</sup> December with his counterpart HRD in NHS Lothian to discuss this. There have been reflections on whether the current regional service is better or worse than the previous in-house NHS Borders recruitment model; some delays in vacancies being advertised have been noticed, whilst some original NHSB recruitment staff members have since moved on to other areas of the wider ERRS due to the offer of promotions. A recruitment handler has also left the service and moved to a different area of NHSB.

EC noted that there are systems in place for monitoring and reviewing recruitment. The board is currently concentrating on the performance of the team and how to improve this, with continued reporting to BET being carried out for assurance. BS added that recruitment activity is being monitored, with time to hire being specifically being looked at, however between 6 months to 1 year needs to have passed before this can be analysed appropriately. BS confirmed that staff who have moved over to ERRS have found the transition difficult and are somewhat critical of how Lothian have managed the change-over. For clarity, it was confirmed that recruitment out-with JobTrain, i.e. redeployment and international recruitment, is still dealt with via NHS Borders.

HC noted that this situation is disappointing and queried what is being done to manage and improve this, as monitoring is a good idea but does not directly solve the issue. AC noted that both performance and anecdotal data is important in this regard; AC has reached out to NES and SAS, who are both also members of the consortium, and has had feedback from both that they also have reservations about the culture and cost of the service – these conversations will be ongoing. BS stated that there are weekly meetings between NHS Borders HR representatives and ERRS managers in order for priorities to be identified and updates to be exchanged, one of these being winter recruitment; this needs to be swift for HCSWs specifically in order to aid clinical activity over the winter months. There have been good results so far in relation to winter recruitment with more resources being added. It was also stated that we are in a phase of a record number of both vacancies advertised and applicants attracted.

## **5. Annual Staff Governance Return**

EC stated that this return is sent to the Scottish Government every year and has had different iterations and formats. The organisation is asked to report specifically on the 5

standards of staff governance. This return requires signing off by both the Chair of the Staff Governance Committee and the Chief Executive of NHS Borders.

HC queried the timescales involved in this return, as any information provided to SG would be retrospective, and also asked what is currently being done with regards to training. EC stated that SG gather information in a retrospective manner.

## **6. Staff Governance Dashboard**

BS stated that a shortened version of the workforce dashboard has been generated in December, with 4 areas having been focussed on with regards to performance reviews. In relation to aging workforce demographics, the NHS Borders workforce currently reflects the ageing population we serve. As for recruitment activity, 178 vacancies were recorded as being live on 31<sup>st</sup> October 2022 which is noted as being an especially high number. There is currently an issue of offered posts being declined, with feedback from candidates stating that this is mostly due to the affordability and availability of local housing; this will be noted as part of the longer-term housing strategy.

With respect to sickness absence, it was noted that COVID-related absences are now not being recorded as special leave. Seasonal absences, e.g. flu/colds, are now coming to the fore. The appraisal achievement rate figures were shared with the committee, with these highlighting that both Support Services and BGH have low rates; an ask will be sent to managers to carry these out, as the completion target is 80% by March 2023. HC queried the high Learning Disability absence rate, however BS noted that as this is a relatively small team, a high absence rate will be recorded even if a low number of staff are absent. JB stated that the appraisal achievement rate has been discussed at PACE, with the promise noted that a review and refresh of the appraisal policy and guidance documents will be carried out. EC stated that *meaningful conversation* training is also being carried out with managers, which should help managers to complete appraisals. The staff governance dashboard report was noted by all present.

## **7. NHS Scotland Pay Offer Update**

AP stated that pay offer negotiations are ongoing, with trades unions having rejected 2 offers. Members have also been balloted regarding industrial action; 5 unions have met the threshold for this, 1 has withdrawn and 1 has not met the threshold. The government have now made a 3<sup>rd</sup> pay offer which is currently being considered between unions and their members. Ballots close week commencing Monday 12<sup>th</sup> December 2022 and any notification of industrial action would typically be received shortly after this if the new pay offer is rejected. A 2-week notice of strike action is required; essential and emergency services are being discussed at a weekly planning meeting, along with the minimum level of staff required to maintain these. Guidance and FAQs are also being developed.

KL stated that Unison are looking to accept the most recent pay offer and are therefore not likely to strike. It was noted that patient safety will not be compromised even if industrial action occurs. It was also noted that SAS strikes are expected, but these are to be focussed on patient transport rather than emergency blue light calls. VM stated that Unite will only target certain areas if industrial action is taken and will stay away from frontline services; some level of disruption will be expected, but not among emergency services.

HC queried how much information should be shared with the public in the event of industrial action. AP stated that the Communications team are also a part of the weekly industrial action planning group and any details which emerge with regards to strike action will be shared with the public. AC noted that SAS are currently the closest to experiencing industrial action and have a good sense of where this action would occur. VM stated that JMc (not present at this meeting) plays a key part in terms of being a link between the organisation and Staff-side. This update was noted by the committee and DP wished the unions luck with proceedings.

#### **8. Any Other Competent Business**

AC reiterated that this meeting was probably not quorate and minutes of the meeting will be shared with the group in due course.

HC raised the issue of sustainability and noted that this should be added as a standing item to the agenda; AC noted this request.

#### **9. Date of Next Meeting**

The next Staff Governance Committee meeting will be held on Thursday 23<sup>rd</sup> March 2023 at 12:00pm via Microsoft Teams.



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Public Governance Committee Minutes</b>
<b>Responsible Executive/Non-Executive:</b>	<b>June Smyth, Director of Planning &amp; Performance</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Government policy/directive

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this report is to share the approved minutes of the Public Governance Committee with the Board.

### 2.2 Background

The minutes are presented to the Board as per the Public Governance Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.

### 2.3 Assessment

The minutes are presented to the Board as per the Public Governance Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.

### **2.3.1 Quality/ Patient Care**

As detailed within the minutes.

### **2.3.2 Workforce**

As detailed within the minutes.

### **2.3.3 Financial**

As detailed within the minutes.

### **2.3.4 Risk Assessment/Management**

As detailed within the minutes.

### **2.3.5 Equality and Diversity, including health inequalities**

An HIIA is not required for this report.

### **2.3.6 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 Route to the Meeting**

This has been previously considered by the following group as part of its development. The group has supported the content.

- Public Governance Committee 15 June 2023

## **2.4 Recommendation**

The Board is asked to **note** the minutes which are presented for its:

- **Awareness** – For Members' information only.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Public Governance Committee minutes 01.02.23



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**Minutes of Public Governance Committee (PGC)  
Meeting held on Wednesday 1<sup>st</sup> February 2023 10.00am  
via MS Teams**

**Present:** Tris Taylor, Non Executive Director (Chair)  
Lucy O’Leary, Non Executive Director  
Margaret Simpson, Ability Borders  
Graham Hayward, Vice Chair, Public Involvement Partnership Group  
Heather Fullbrook, Borders Carers Centre

**In Attendance:**

June Smyth, Director of Planning & Performance  
Clare Oliver, Head of Communications and Engagement  
Laura Jones, Director of Quality and Improvement  
Lynn McCallum, Medical Director  
Karen Hamilton, Chair NHS Borders  
Carol Graham, Public Involvement Officer  
Cathy Wilson, General Manager for P&CS  
Fiona Doig, Head of Health Improvement/Strategic Lead – ADP  
Kirk Lakie, Hospital Manager Planned Care  
Marion Phillips, Committee Administrator

**1. Welcome & Introductions**

Tris Taylor welcomed everyone to the meeting

The meeting was recorded for purpose of minutes

**2. Apologies & Announcements**

Apologies had been received from: Cllr David Parker, Nicky Hall, Sharon Bleakley  
L Gallagher (Heather Fullbrook deputising), Philip Grieve, Sohail Bhatti

Noted that Chris Lau is no longer with Volunteer Centre Borders and his replacement will be approached to attend this Committee

Karen Hamilton attending the meeting in her role as Chair and for good practice will attend the Governance Committee meetings at least once a year.

The Chair thanked the Committee for their attendance

The Chair advised that the meeting was quorate

**3. Minutes of Previous Meeting:**

The minutes from meeting held on 10<sup>th</sup> November 2022 were approved with one amendment as accurate.

#### 4. Matters Arising and Action Tracker

- Adult Changing Facility:

June Smyth reported that the position remains the same as at the last meeting, with reduced capacity within the capital projects and estates teams to progress this. It is still listed as a high priority item to be picked up.

The Endowment Fund Board of Trustees did commit to the funding of the portable unit to be placed in the grounds and a preferred site was identified, however there is no internal project manager or estates capacity to make it happen. An update is going to the next Board of Trustees meeting and June will flag concerns on behalf of the PCG.

Graham Hayward highlighted that is meeting with Margaret Simpson in March and commented that the information on the internet detailing the location of adult changing facilities in the Borders is incorrect and needs to be updated. Graham is going to visit Jedburgh Grammar School, which as a new build has a changing place but it is not open at present due to Covid restrictions.

Margaret Simpson updated that a call is set up with an MSP regarding access within the Borders and will invite Graham onto the call too.

- Update/Feedback from IJB Audit Committee

Tris Taylor commented that he has taken up the offer of a seat on IJB Audit Committee but as yet not attended any meetings. This to be added to the PGC agenda as a standing item going forward. The focus will be on inequalities and public engagement risks and seeking to improve accountability across the 2 organisations

- Patient Experience & Feedback Team Capacity

Laura Jones reported that this item will be included in the Feedback and Complaints Annual Report later on the agenda and will update then.

- Public Involvement Pillar Update

Clare Oliver noted that this will be included in the Public Involvement & Engagement Update

- Update on Strategic Risks

June Smyth commented that following a review of strategic Risk Register it was agreed that Committees would look at all risks and not just the ones within their own area of responsibility. The two risks allocated to the PGC are relating to Health Inequalities and Public Involvement. There were a further two strategic risks that may be of interest to the Committee with regards to their potential public involvement component. One was around failure to implement the clinical strategy and the other around digital infrastructure implementation.

June added that an update paper will be brought to the next meeting, which is when Lettie Pringle, Risk Manager, will be in attendance.

**The Public Governance Committee noted the action tracker and matters arising.**

## **5. Public Governance Business Items**

### **5.1 Chairs Update**

Tris Taylor reported that he is hoping to have a fuller understanding of NHS Borders obligations and responsibilities that are delegated to the IJB through attending the IJB Audit Committee. June commented that Chris Myers, IJB Chief Officer / Director of Health and Social Care, is hoping to attend the next PGC meeting and a more detailed discussion could be held then.

#### **The Committee noted the update**

### **5.2 Public Involvement and Engagement Update**

Clare Oliver commented that included in the report were details of engagement work that Carol Graham attended during the reporting period. Lots of great work taking place across a range of areas with other meetings and the team is supporting services with advice.

Clare reported that the Health & Social Care Strategic Framework is heading into the second phase of engagement. The focus for this phase is more of an informing stage with general communication to the public and specific communications to staff as members of the wider public. It will allow them the opportunity to see the framework which was informed significantly by the engagement that took place in phase 1. To allow more people to have access to the document advice is being taken from NDTI (National Development Team of Inclusion), who are supporting us on the implementation of this work.

The team will be going back out to the specific groups engaged with previously which included people with protected characteristics and some of the harder to reach groups, inviting them to have further conversations on the framework. The groups that were unable to be involved will be approached again, and also seek feedback through community meetings in localities and through area partnerships. The draft framework will also be shared with Community Councils and inviting their feedback.

Clare reported on the Public Involvement Pillar which forms part of the Board's Quality Management System. Laura Jones is providing support to slightly refocus the pillar and having conversations with Sohail Bhatti, Director of Public Health, who is the joint lead executive along with June Smyth, Director of Planning & Performance. Further updates will be brought to the next PGC.

The Engagement Strategy was built following on from work that the team have been doing with partners from Public Involvement Pillar and similar, also looking at pieces of work that other Boards and Partnerships have done. This should give the position as an involving people framework across the partnership. This is all very current at the moment with NHS Borders and SBC signing up to the draft Strategic Framework and the ongoing work around this. The plan is to circulate a draft then pull together a stakeholder list and an engagement list to share the plan and get comments and feedback to start to progress the implementation of that framework.

Lucy O'Leary commented that feedback from a group about the Strategic Strategy asked if there could be a one page summary that could be passed onto their networks. Clare Oliver responded that communications are being worked on the Framework and will be in touch for further detail on what Lucy thinks may be helpful.

Karen Hamilton commended the Public Engagement Team for the work on the Strategy as it has been a long process and good to see there is some structure and progress particularly around the involving people, which is really welcome to see.

Graham Hayward reported that as a member of the Public Involvement Group, the last reflection meeting held was successful and are trying to ensure that people who sit on different committees' feedback to him and he could bring any issues to be addressed to this Committee, this is not happening at the moment and can only feed in his own comments.

Graham asked if there is assurance that the committees are not duplicating. Clare responded that the Public Involvement Pillar is looking at membership and the individual pieces of work coming out of that will involve recruiting people to support the work. They could be members of the other Public Involvement Group and include members of staff. Clare added that the 2 groups have different terms of reference.

Tris also asked if it is possible to factor in locality based engagement into the current information templates the Business Units use for this Committee. The locality is something needed to take information on and easy for the Business Units to understand the nature and scope of requirements about engagement. What are the demographics of people being engaged with and can this be developed further or are there gaps about the information being collected. This will give this committee the information to appreciate whether we are assured or not assured.

Clare Oliver replied that SBC are looking at re-establishment of the locality working groups and NHS Borders state that it is important to look at inclusive and representative membership of those. The demographics of people being engaged with is informed by the HIIA and the Business Units have requirement to undertake these. There is ongoing work to produce one single HIIA that can be used across partnership.

Kirk Lakie commented that the Business Units are being challenged about how inequality is being addressed in some of the decisions being made and what data is being used to inform that process. Ensuring the correct representation being brought to the groups can be a challenge which they are rising to and using the Involving People presentation to make sure it is being considered and used for each of programme and projects being taken forward.

Fiona Doig reported that it can be challenging to engage with children, young people and families as most of Public Health delivery is aimed at wider community. There is ongoing work across SBC, NHS Borders and third sector around planning governance for Children's services which will incorporate the promise about legal obligations on engagement and participation and influence. Fiona will update Clare on this work out with the Committee.

Cathy Wilson commented that P&CS are more aware now and do realise how little engagement has taken place previously and look to improve on this. As P&CS develop new services, they are including good quality engagement from the onset.

Margaret Simpson stated that Ability Borders is working with Health Improvement Scotland to deliver the Voices training, people are not keen to speak up and these are the people that are needed to be engaged with because they have great stories.

Tris Taylor thanked everyone for their comments and highlighting the activity which feels supportive and is really good to understand

### **The Committee noted the update**

June Smyth highlighted that the workplan has been changed to run April to March rather than January to December. This includes the 4 committee meetings through the financial year. The Terms of Reference will be signed off in May, this will allow Development Time to be built into the later meetings and looking for ideas and requests that would benefit from more in-depth discussion. Other speakers can be sourced out with the membership of the Committee if appropriate.

Lynn McCallum commented that might be appropriate to introduce Value Based Medicine and work being proposed across the organisation in relation to public engagement. Clare added that this was a priority on the workplan of the Public Involvement Pillar last year when it previously called Realistic Medicine and agreed it should be featured and ensure that public expectation is managed with more detail than just the principles.

Lynn also commented that although this is in early stages of planning all projects should have value based medicine at the core, this is about individualised medicine and clinicians to discuss with the person what they want to achieve rather than making all the treatment decisions for them but providing information for them to make the decisions.

Tris Taylor asked for the reports from the IJB Audit Committee to be added to the workplan.

June to reach out to members what development sessions they would like to have included.

### **The Committee noted the update**

## **6. Monitoring & Performance Management**

### **6.1 Clinical Board Updates:**

#### **Public Health:**

F Doig updated on the Alcohol Drug Partnership Strategic Plan, which is about to go live, and the engagement with people with lived and living experience. The ADP Lived Experience Forum is for people who have experience of alcohol and or drug use and family members. Representatives from that group attend the ADP Board and provide a two way exchange of information. Serendipity is a standalone recovery community which manages itself who meet on fortnightly basis with family members and people with lived experience for mutual support and activities. Scottish Drugs Forum is nationally commissioned organisation with Government funding to set up living experience panels within each ADP area, NHS Borders is already set up and ahead of that.

This is a big group of people who are not necessarily engaged with mainstream services, they are bit further removed from more formal structures. In preparation a progress report for the ADP Board is being done to try and identify where gaps and priorities are and will test them with the stakeholders. The ADP Board meeting next week will discuss how that engagement forum can be better supported in terms of the bits not being part of the ADP influence.

Fiona also commented that Sohail Bhatti is producing a Department of Public Health report which is informed by the voices of young people in the Borders, updates will come to this meeting. There is an alcohol marketing consultation by Scottish Government and there have been local conversations with people with experience, children and young people.

There are 45 questions and can be tricky to engage people in discussion but there are strong messages in there.

**Health Inequalities Update / Assurance:**

Apologies received from Sohail Bhatti, this item will come to next meeting

**Mental Health:**

Apologies received from Philip Grieve, no report this month

**Primary & Community Services:**

C Wilson reported about the Chirnside Branch Surgery, which is going to the NHS Board this month, and to update about the good work with the Short Life Working Group (SLWG) and Patient Reps completing the impact assessment. Sadly, the recommendation is to close the practice due to sustainability issues and patient safety. Transport issues are being worked on to try and find a solution to way forward and the Board will be updated as this develops.

Graham Hayward commented that he sat on the SLWG and following on from the last meeting, had reported he was unsure if users of Merse GP service at Chirnside had been treated on an equal basis with users of Duns GP service where NHS Borders stepped in to provide a custom and practice level of GP service. Graham also asked why the SLWG on the Merse situation were not shown the final report going to the Board so that all the points are agreed, or additional observations added by the Public Members, and also as a member of the Duns SLWG have not seen any feedback as to why the recommendations failed.

Lynn McCallum responded that there are incomparable differences with the 2 practices and NHS Borders does have obligation to provide healthcare but need the staff to be able to do that. NHS Borders is trying to maintain as many independent contractor businesses as possible within General Practice. This is similar picture across NHS Scotland where more and more independent contractors are handing back their contracts. Lynn stated that Duns had to be taken on as a 2C practice and NHS Borders were trying to mitigate the risk.

June Smyth agreed that if users have been involved in an engagement exercise around the service change, and if there is a subsequent change then thought needs to be given about how service leads communicate the change to those involved in the original discussions. It was noted that it is good to have those issues raised and important to make sure the Committee is assured and that we are responding as an organisation.

Margaret Simpson noted that Ability Borders members have been giving similar feedback after being on working groups about the lack to feedback and involvement after they have given their time. There is a need for communication to avoid losing good people who come forward and take part.

Cathy Wilson commented that the last time they met the Board paper was in draft form although it did have every point that was highlighted at the SLWG included. Cathy agreed to circulate the paper and will ensure any future papers being forwarded to any Governance Board will be shared with the SLWG too.

Karen Hamilton noted that the Board papers are published and in the public domain and can be accessed via the NHS Borders website, and reminded the Committee that the next Board meeting is open to the Public and they are welcome to attend. If anyone is interested a link to the meeting can be sent to them, or as it is a hybrid meeting they can attend in person. Graham thanked Karen for sending the report to the Board on the closing of the Merse

Chirnside Branch to him and noted that he did not see any mention of any comparison to the manner in which NHS Borders has supported the Duns GP Practice.

Tris Taylor noted that the lack of feedback has now been acknowledged and that the full picture was not articulated at the SLWG and need to remember one of the values of the organisation is openness, honesty, and transparency.

Clare Oliver added she was a member of the SLWG and has a different recollection from what is being expressed today although agreed that there needs to be conversation about what people's expectations are and their role and the need for ongoing communication.

Tris was thoughtful as to whether concerns regarding inequity arising from different contractual arrangements should be on the risk register or not. June responded by stating that for each individual change it should be noted on the HIA and changes affected by contractual agreements can be picked up as part of that and noted as a potential risk. Tris concluded that inequalities impact assessments should be added to next couple of meetings to discuss if any changes need to be made.

Cathy Wilson reported that the Podiatry paper is an update on the Options Appraisal paper that came to a previous PGC. Tris noted that this paper did include staff engagement which should be excluded from the information that comes to this Committee to ensure we are talking about numbers of public and community representatives and service users.

Cathy Wilson added that the IJB Health & Equality Impact Assessment that has been developed will be used by P&CS while developing a new service. It will be used for small test of change regarding Hospital at Home and paperwork has been completed with Carol Graham and hoping for some really meaningful patient engagement sessions as the Hospital at Home service develops.

#### **Acute:**

K Lakie reported on the Improving Cancer Journeys (ICJ) work that has been commissioned through partnership between Social Care and Acute. The principles of ICJ and holistic needs assessments for patients incorporated into a support framework that is there for patients. At point of diagnosis and through treatment Macmillan Cancer is supporting the IJB and extending support to patients outside that acute episode of care. They are looking at supporting patients at home, financially from a housing perspective and with other community based aspects. There is good representation from number of different services although there are no patients with lived experience, but this is being addressed and once in place can work to start reshaping and delivering services to communities. Kirk will ensure that the template used for this meeting will be included within the process to show how questions on engagement and inequality are being dealt with. Carol Graham added that they do now have a patient with lived experience, and they will lead on the patient public engagement.

Kirk also noted that over the next 3 months Acute is revisiting what is being done to support patients who are on waiting lists, particularly for routine elective surgery, around communication and how they can access support needing to ensure that equity is part of the process being put in place. This will be picked up as part of an Acute Recovery Plan for 2023.

No engagement is reported this time although the 6 Programme Boards within Acute do have the template and Communications and Engagement as a standing item on their

agendas. The Programme Boards are looking for further information for completing the template, this should happen during January which will help provide the assurance to this Committee. Clare offered to support Acute and their programmes of work by sharing the Involving People presentation and attending discussions if the team would find that helpful. Kirk would liaise with Clare out with the meeting.

#### **HIS Community Engagement:**

Apologies were received from Sharon Bleakley. The submitted report was noted

#### **The Committee noted the all the updates**

### **7. Feedback & Complaints Annual Report 2021/22:**

Laura Jones reported that the annual reports for NHS Scotland demonstrated a 41% increase in complaints across NHS services for 2021/22. NHS Borders did not observe that increase but since May 2022 locally there has been an increase of 43% within complaints received, this is quite significant pressure on the team.

Response times across Scotland to Stage 1 complaints was 73% with target of 5 days. Stage 2 complaints target is 20 days and NHS Scotland delivered 52% against that. Locally, figures were slightly better than NHS Scotland last year but locally we are now starting to experience pressures, and only able to deliver stage 2 complaints at 31% within the 20 day standard. Stage 1 complaints locally show 75% being delivered within the 5 day standard.

Laura commented that the Feedback & Complaints Team also deal with concerns immediately or in the moment around patients attending clinics and able to provide support and deal with any matters. They are also responsible for ombudsman cases, investigations, care opinion, litigation claims and increasing numbers of FOI requests. This is a small team who have seen a significant growth in workload over the last year, to try and mitigate the risk using underspend in department budget have been able to put some additionality in. Some additional support has been received from the organisation in the short term, which equates to 1.6 WTE which will be mixture of complaints officer and administrative support to help clear the backlog.

The team are trying to be more proactive managing expectations of complainants whilst still following guidelines, with feedback received stating the frustration at negotiating the extra 10 day extension which is unlikely to be deliverable. Deviating from the policy the team are trying to be honest and saying they will not be able to meet 20 days but will let the complainant know if it is going to be more likely 40 or 50 days and being clear about expectations.

Lynn McCallum expressed thanks to the Team for their work and noted that they are engaged with the public and complainants spending a lot of time feeding back to them.

Clare Oliver also expressed thanks to the Team and will be working with them as part of the work around the Public Involvement Pillar and the patient experience data will inform some of the work.

Heather Fullbrook added that when helping clients dealing with complaints, the biggest contention is the emails for extensions it would be easier if the time set was more realistic in the beginning as that would lower their expectations and reduce frustration.

Laura commented that if the policy was changed the Ombudsman could look at the Board negatively and it could be publicly criticised for doing that. They would look to see if each step of the model complaints handling policy was followed. The suggestion would be to



change the policy for time limited period until the Team can recover and to keep this Committee updated on any outcomes. The Risks would be more around personal impact on individuals and people's experience in terms of the emotive element of complaints. The Team do try and keep regular contact with the more serious and complex issues as the complaint is being investigated.

Graham Hayward added that as a member of the public he would much rather stay with the policy and have the extensions to know exactly what was happening.

Tris Taylor noted that although the next meeting is 3 months away if Laura wanted to bring a proposal to this Committee, then it would be considered. Tris thanked Laura for the report.

### **The Committee noted the annual report**

**8. Development Item:  
Terms of Reference / Annual Review**

Due to time restrictions this item is to be moved out to email communication to ask for comments to be able to be prepared and present it at the next meeting in May.

**9. Any Other Business**

No other business was raised.

**10. Next Meeting Date – 11<sup>th</sup> May 2023 10am via MS Teams**



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Area Clinical Forum Minutes</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Kevin Buchan, Non Executive</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Government policy/directive

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this report is to share the approved minutes of the Area Clinical Forum with the Board.

### 2.2 Background

The minutes are presented to the Board as per the Area Clinical Forum Terms of Reference and also in regard to Freedom of Information requirements compliance.

### 2.3 Assessment

The minutes are presented to the Board as per the Area Clinical Forum Terms of Reference and also in regard to Freedom of Information requirements compliance.

### **2.3.1 Quality/ Patient Care**

As detailed within the minutes.

### **2.3.2 Workforce**

As detailed within the minutes.

### **2.3.3 Financial**

As detailed within the minutes.

### **2.3.4 Risk Assessment/Management**

As detailed within the minutes.

### **2.3.5 Equality and Diversity, including health inequalities**

An HIA is not required for this report.

### **2.3.6 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 Route to the Meeting**

This has been previously considered by the following group as part of its development. The group has supported the content.

- Area Clinical Forum 23 May 2023

## **2.4 Recommendation**

The Board is asked to **note** the minutes which are presented for its:

- **Awareness** – For Members' information only.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Area Clinical Forum minutes 24.01.23

## MINUTE of meeting held on

Tuesday 24 January 13:00 – 14:00

Via Microsoft Teams

**Present:** Dr Kevin Buchan, Chair  
Gerhard Laker  
Martin O'Dwyer  
Fiona Sandford  
Alison Wilson  
Paul Williams  
Suzie Flower  
Iris Bishop  
Rachel Mollart  
Nicky Hall

Lesley Shillinglaw – Minutes/Action Tracker

### 1. **APOLOGIES and ANNOUNCEMENTS**

Alison Wilson

### 2. **Draft Minute of ACF 29.11.22**

Minutes approved as a correct record. Seconded by Dr Mollart.

#### **Action Tracker/Matters Arising**

- Action Tracker updated accordingly.
- **Private Care Policy Update from SG** re Bariatric patients – private to NHS – complicated blood regime. SG indicated that if surgery done privately NHS will not provide follow up care

### 3. **Clinical Governance Committee – Feedback**

**Duty of Candour:** Up to individual Boards. 31 cases over last year.

**FS:** Good to see report out. Confident taking the most open and transparent approach.

Fiona will enquire with Laura Jones when report will be available on website.

**Action: Fiona Sandford**

**SAERs:** Helpful in general.

**Kaisen Update:** Noted good work undergoing. People with complex care packages/mitigate against their loss

Suzie Flower referred to the focus on discharge planning conversations on admission to hospital/acute setting. Work around admission/discharge protocol including moving on policy to ensure understanding with general public on definition.

In addition it was noted that there had been a significant increase in the level of level of complaints around mental health/NDT assessments.

## **Clinical Boards Updates:**

The undernoted points were noted:

**Acute:** Xmas/New Year period – staff challenges

**Mental Health:** Significant issues loss of consultants/small teams/reliant on named Clinicians

**Dental:** Difficulties with closure of lists/NHS/Private providers.

**AHP** provided a report which was positively received by Committee and the importance noted of input from AHPs.

**General Practice:** A paper submitted by Tim Young was very much welcomed by the Committee. A point to note is that of Physician Associates – being used more widely in other areas.

**Training** – Following a short discussion regarding training/out of hours/general practice it was suggested that Olive Herlihy from Medical Education could attend a future ACF.

**ACTION: Invite Olive to future ACF**

**Scottish GP Committee Update:** Discussion around expanding workforce and a model of equivalent to staff grades within hospital. Help primary/secondary care interface

**Mortality Annual Review:** It was noted that the number had not increased and that the place of death was more often in hospital

### 4. **Non-Executive Input to ACF**

Imperative to get information up to Board which is not purely Acute focussed. Rotate amongst Non Execs. Item will be removed from agenda

### 5. **National ACF Chairs Meeting**

**Meeting 7 December feedback:**

- Wish to update TOR.
- ACF Chair meets regularly with SG.
- Lack of investment in clinical scientist roles. No funding/will to train
- Update from each Board given

In response to a query regarding representation of the National ACF Chairs Meeting, Kevin Buchan confirmed this is a widespread representation across Nursing, AHPs, Clinical Science, Optometry and himself as GP representative.

### 6. **NHS Borders Board Papers**

Agreed move ACF to same week as Board meetings.

### 7. **Professional Advisory Committees:**

(a) **Area Dental Advisory Committee (ADC)**

Gerhard Laker referred to the ongoing issue of recruitment/retention and general problem of staff absences. SG have allocated more funding for certain areas of the Country to assist.

(b) **Area Medical Committee (AMC) & GP Sub Group**

Rachel Mollart highlighted the topics discussed at GP Sub 23.01.23 as below:

- System Pressures
- Staff retention
- Bariatric – developing shared care protocols

AMC Chair as yet not agreed.

With regard to the Contract it was currently looking like no Health Board will be able to deliver contract by April.

(c) **Area Ophthalmic Committee (AOC) – Nicky Hall - update as undernoted**

- Referral time for cataract surgery
- Glaucoma scheme – not within Borders anytime soon
- Diabetic Retinopathy
- Stroke Pathway – hoping to get this onto Sci Gateway

(d) **Area Pharmaceutical Committee (APC) – Martin O’Dwyer**

It was noted that the next meeting of the APC will be 24.01.23 and feedback will be given at the next meeting, however to note the undernoted issues currently within Pharmacy:

- System pressures,
- medicine shortages
- recruitment and retention

(e) **Allied Health Professionals Advisory Committee (AHP)**

- Pressures similar to that across system
- Challenge – on-going balance of risk – where/how compromise rehabilitation alongside/ED challenges/managing long term conditions.

(f) **BANMAC**

Meeting cancelled due to staffing levels/clinical priorities. Note to Board that Committees not able to function due to staff shortages.

(g) **Medical Scientists**

(h) **Psychology**

8. **Any Other Competent Business**

9. **Date of Next Meeting: Currently - 28 March 2023. To be rescheduled to align with NHS Board meetings**

DRAFT



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Whistleblowing Annual Report 2022/23</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andy Carter, Director of HR, OD &amp; OH&amp;S Sonya Lam, Non-Executive</b>
<b>Report Author:</b>	<b>Andy Carter, Director of HR, OD &amp; OH&amp;S</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Government policy/directive
- Legal requirement

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

NHS Borders supports and encourages an environment where employees, students, contractors and volunteers can raise concerns about patient safety, malpractice and any perceived wrongdoing.

The procedures for raising and handling whistleblowing concerns are detailed in the [National Whistleblowing Standards](#). Where the employee remains dissatisfied, the concern can be escalated for external review to the Independent [National Whistleblowing Officer](#).



## 2.2 Background

The National Whistleblowing Standards are underpinned by legislation and constitute formal guidance to the NHS in Scotland; guidance which has been implemented locally as “*Raising whistleblowing concerns : a guide for staff at NHS Borders*”. The Scottish Public Services Ombudsman (SPSO) and stakeholders, including NHSScotland employers and trades unions, co-produced the Standards, which were also subject to public consultation.

NHS Borders has a designated Whistleblowing Champion - Sonya Lam, Non Executive. Andy Carter, Director of HR, OD and OH&S assisted the organisation in migrating over from the old “*Whistleblowing Arrangements*” to the new approach, and currently leads on co-ordination of whistleblowing matters at Executive level. A range of staff from different backgrounds across the organisation act as Confidential Contacts; publicised points of contact available to staff & students to work out if their issue is indeed in the public interest and covered by the whistleblowing construct.

## 2.3 Assessment

The NHS Borders approach to handling whistleblowing allegations under the Independent National Whistleblowing Officer (INWO) Standards continues to evolve in line with evolving guidance from INWO.

The Standards are applicable across all NHS services. They must be accessible to anyone working to deliver an NHS service, whether that is through an employment, educational or commissioning arrangement. This includes current (and former) employees, bank and agency workers, contractors (including third sector providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

The format of the Whistleblowing Annual Report 2022/23 is in line with the June 2023 guidance received from the Independent National Whistleblowing Officer regarding what areas must be covered.

### 2.3.1 Quality/ Patient Care

The Whistleblowing initiative assists the organisation by creating an environment where staff who have concerns about patient safety issues and other harms will be carefully listened to and offered impartial advice, encouragement, support and protection against victimisation.

### 2.3.2 Workforce

When someone has a concern about something to do with their work, they may contact HR or speak to their manager or union rep. HR play a key role in signposting colleagues to the right process for their situation and ensuring that they are given appropriate support.

It is vital that those working within the HR team understand the basic principles of whistleblowing, how to identify concerns that might come under whistleblowing, and where to signpost people who wish to raise a concern.

It is also key for everyone working in HR to understand how workforce processes may interact with a whistleblowing situation and what they should do in that situation. Some enquiries which start out as whistleblowing are more appropriately re-directed to the NHS Borders Grievance Policy, as they reflect matters of personal rather than wider public interest.

While whistleblowing is not a standard workforce process, HR plays an important role in ensuring concerns are addressed effectively.

Whistleblowing can be stressful for the whistleblower, those who allegations are brought against and the Confidential Contact.

### **2.3.3 Financial**

Not applicable.

### **2.3.4 Risk Assessment/Management**

Risks can relate to a wrongdoing, patient safety or malpractice which the organisation oversees or is responsible or accountable for. In a health setting, these concerns could include, for example:

- patient-safety/care issues
- poor professional practice
- unsafe working conditions
- fraud (theft, corruption, bribery or embezzlement)
- changing or falsifying information about performance
- breaking any legal obligation
- abusing authority
- deliberately trying to cover up any of the above.

### **2.3.5 Equality and Diversity, including Health Inequalities**

The Standards are underpinned by legislation and form the National Whistleblowing Policy for NHSScotland. The Scottish Public Services Ombudsman and stakeholders, including NHSScotland employers and trade unions, co-produced the Standards, which were also subject to public consultation.

### **2.3.6 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Our Communications team publicised the process for raising whistleblowing issues through the staff share medium, sharing key messages and information.

Under the Whistleblowing Standards, NHS Borders must ensure that all staff have access to a 'Confidential Contact' whose role is to provide a safe space to discuss concerns and provide options for staff to take forward their issue.

NHS Borders Confidential Contacts are listed on the HR microsite.

### **2.3.9 Route to the Meeting**

This has been previously considered by the following groups as part of its development.

- Board Executive Team, 20 June 2023 and Staff Governance Committee (on-line engagement out-with usual meeting cycle).

## **2.4 Recommendation**

- **Awareness** – For Members' information only and publication on NHS Borders external webpages.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No1, Whistleblowing Annual Report 2022/23



## Whistleblowing Annual Report 2022/2023

### 1. INTRODUCTION

1.1 This is the second Annual Whistleblowing Report which is presented to the NHS Board for consideration.

1.2 This year's format responds to June 2023 guidance from the Independent National Whistleblowing Officer regarding what areas must be covered.

### 2. KEY PERFORMANCE INDICATORS (KPIs)

Key Performance Indicator	Requirement	Local Update
1	<b>Statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns</b>	In chronological order of when the concerns were first notified :  <u>Whistleblowing Case 1</u> <ul style="list-style-type: none"><li>▪ Need for improved communication between Acute Services Management and Acute Services workforce. This is being attended to with open Teams sessions, with access to senior managers, and a focus on "Visible" leadership.</li><li>▪ Hospital At Home initiative being rolled-out to increase number of patients who can be supported at home.</li><li>▪ Range of initiatives underway as part of an Unscheduled care programme to support improved patient flow and effective and timely discharge</li></ul>

		<ul style="list-style-type: none"> <li>▪ Review of Emergency Dept. staffing underway.</li> <li>▪ Local staff forum between Management and Trades unions has been reinvigorated.</li> <li>▪ Recognised better communication required between NHS Borders Management and staff deployed via the Lothian &amp; Borders Staff Bank. Infrastructure now exists for NHS Borders Management to notify key pieces of information via Lothian &amp; Borders Staff Bank.</li> <li>▪ Senior Charge Nurses Management time being reinstated as staffing levels improve.</li> <li>▪ ED access to SAS operational activity record; early warning.</li> </ul> <p><u>Whistleblowing Case 2</u></p> <ul style="list-style-type: none"> <li>▪ Recognised that many parts of the health &amp; social system have experienced a difficult three (Covid) years and that the Emergency Department (ED) has been at the forefront of NHS Borders' response. The exceptional pressure on the ED team is acknowledged.</li> <li>▪ It is acknowledged that the layout of the ED is sub-optimal in places considering the volume and complexity of cases cared for. Management will review what can be done to improve working conditions.</li> <li>▪ Acknowledged that across the Health &amp; care system there have been RGN and HCSW gaps for the last few years. This has increased the pressure on staff at work / on shift. NHS Borders has been successful in recruitment over the past year including attracting a good number of International Recruits; NHS Borders is currently projecting a low number of RGN vacancies by late Summer 2023.</li> <li>▪ NHS Borders Exit Interview approach will be reviewed to encourage greater uptake from staff; and seek to incorporate not just those leaving the organisation but also those changing roles</li> </ul>
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		<p>inside the organisation.</p> <ul style="list-style-type: none"> <li>▪ Clinical Psychology and Occupational Health are working with ED to make use of a variety of existing wellbeing resources and funding has been identified to improve trauma incident management/debrief.</li> </ul> <p><u>Whistleblowing Case 3</u></p> <ul style="list-style-type: none"> <li>▪ Investigation not yet concluded.</li> </ul> <p><u>General</u></p> <ul style="list-style-type: none"> <li>▪ Questions about the frequency, method, coverage and effectiveness of communications are often found within staff concerns and grievances. In two whistleblowing cases this year (1 &amp; 2), communicating Management efforts to improve the experience for service users and staff in the Emergency Department were significant factors.</li> <li>▪ Individuals decide who they wish to approach from the list of Whistleblowing Confidential Contacts. They may be attracted to a Confidential Contact in the same line of work or someone from a completely different job family. Geography might frame their decision one way or another i.e. speaking to someone out-with their immediate area or vice versa. Thought does need to be given as to whether there is any conflict of interest between potential whistleblower and Confidential Contact e.g. is the working relationship too close, is it unhelpful to seek assistance from someone in the same area. These things can usually be resolved between the whistleblower, Confidential Contact approached and the person who co-ordinates the Confidential Contacts.</li> </ul>
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2	<b>Statement to report the experiences of all those involved in the whistleblowing procedure</b>	<p>In chronological order of when concerns were first notified and representing a certain moment in time when the feedback was supplied to NHS Borders (all backed-up by e-mail records) :</p> <p><u>Whistleblower 1</u> – consent to publish pursued, not yet received at time of writing.</p> <p><u>Whistleblower 2</u> – consent to publish pursued, not yet received at time of writing.</p> <p><u>Whistleblower 3</u> –These concerns were expressed at the end of the reporting period. No feedback is available in this particular reporting period. The investigation has yet to conclude.</p>
3	<b>Statement to report on levels of staff perceptions, awareness and training</b>	<p><u>Staff Awareness</u> – in October 2022, NHS Borders engaged in the Speak Up week, issuing what NHS Borders calls Staff Involvement and StaffShare communiqués. NHS Borders trades unions also staffed a whistleblowing stand at each of its sites, raising profile.</p> <p><u>Staff Training</u> – as at April 2023, 73 NHS Borders staff had completed the Turas whistleblowing modules, with a further 23 staff having accessed the training and currently progressing through it. This is regarded as a relatively low level of uptake to date and through publicity to drive people to the Turas platform, regular monitoring and maintaining a degree of gentle pressure to comply, NHS Borders seeks to at least double this training uptake over the course of 2023. The Whistleblowing Confidential contacts have received additional in-person training and meet quarterly to share experiences and stay up-to-date with any changes to the INWO Standards.</p>

4	<b>Total number of concerns received</b>	From 01 April 2022 to 31 March 2023, NHS Borders received three sets of whistleblowing concerns; two in October 2022 and one in March 2023. A further case which it had been thought was closed during the year 2021-2022, was under investigation by INWO during 2022-2023. That case is not reported on in this annual report as it still remains a live INWO investigation. It is likely that this will be reported on in the next NHS Borders Annual Report.
5	<b>Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed</b>	The three sets of whistleblowing concerns were all considered sufficiently complex and substantial/serious to warrant Stage Two investigation. NHS Borders considers two to be closed, with output reports/letters issued to the whistleblowers and one is ongoing with a Director-level letter yet to be issued.
6	<b>Concerns upheld, partially upheld, and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage</b>	<p>The whistleblowers have each raised multiple and varied concerns within their whistleblowing approach, presenting between 10-30 individual items of concern; some of which have been upheld and others not upheld. In generalised summary :</p> <p><u>Whistleblowing Case 1</u> Partially upheld.</p> <p><u>Whistleblowing Case 2</u> Partially upheld.</p> <p><u>Whistleblowing Case 3</u> Not yet concluded.</p>
7	<b>Average time in working days for a full response to concerns at each stage of the whistleblowing procedure</b>	<p><u>Whistleblowing Case 1</u> From first notification of concerns to last formal contact from NHS Borders = 97 days.</p>



		<p><u>Whistleblowing Case 2</u> From first notification of concerns to last formal contact from NHS Borders = 198 days.</p> <p><u>Whistleblowing Case 3</u> Not yet concluded.</p>
8	<b>Number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working day</b>	None. NHS Borders Management and Confidential Contacts endeavoured to keep whistleblowers up to date with progress with their concerns.
9	<b>Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1</b>	No cases handled under Stage One.
10	<b>Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2</b>	Three cases at Stage Two. All three extended in order to complete a fair & thorough investigation.

### 3. CONCLUSIONS

3.1 The NHS Borders approach to handling whistleblowing allegations under the INWO Standards continues to evolve in line with evolving guidance from INWO.

3.2 NHS Borders appreciates that the decision to pursue whistleblowing allegations is not taken lightly and wishes to express its thanks to those parties who took the time and effort to do so during 2022-2023, and also to staff who were involved in responding to concerns, including our network of Confidential Contacts.

**SONYA LAM**

NHS Borders Whistleblowing Champion

**ANDY CARTER**

NHS Borders Whistleblowing Co-ordinator



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Involving People Framework</b>
<b>Responsible Executive/Non-Executive:</b>	<b>June Smyth, Director of Planning and Performance</b>
<b>Report Author:</b>	<b>Clare Oliver, Head of Communications and Engagement</b>

## 1 Purpose

**This is presented to the Board for:**

- Decision

**This report relates to a:**

- Local policy

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The development of a new Public Involvement Strategy for NHS Borders is an outstanding action identified in the 2019 internal audit of Public Involvement across NHS Borders. Implementation of the action was delayed as a consequence of the Covid-19 Pandemic.

### 2.2 Background

Effective community engagement and the active participation of people is essential to ensure that health and social care services are fit for purpose and lead to better outcomes for people.

NHS Boards, Integration Joint Boards and Health & Social Care Partnerships have a statutory responsibility to ensure that people are involved in the design and delivery of health and social care services.

## 2.3 Assessment

As the resources (human and financial) we have available to us become ever tighter, it is also vital that patients, families, carers and our communities feel encouraged and supported to take an active role in their own health as well as in shaping and delivering the care we provide.

The Involving People Framework is intended to be a tool that;

- service providers can use to help plan engagement activities
- service users can refer to in order to find out what they can expect from involvement activities that take place for services provided by the Scottish Borders Health and Social Care Partnership.

### 2.3.1 Quality/ Patient Care

Utilising the framework in the planning and review of services should contribute to improvement of quality and patient care.

### 2.3.2 Workforce

The framework is intended to be a tool to support staff. There should be no negative impact on staff resources, health or wellbeing arising from the framework.

### 2.3.3 Financial

The framework is a workforce tool. There is no direct financial impact of utilising the tool. Any financial cost of undertaking involvement activity is scoped as part of the planning process described within the IP Framework.

### 2.3.4 Risk Assessment/Management

The Involving People Framework is part of the action plan to mitigate Strategic Risk 3918 *“Failure to effectively involve patients, public and third sector partners in decision making could lead to harmed relationships, reputational damage and in extreme cases government intervention which would impact on timescales for service changes and developments”*.

### 2.3.5 Equality and Diversity, including health inequalities

The Involving People Framework is a tool to support the implementation of Public Sector Equality Duty, Fairer Scotland Duty, and the Board’s Equalities Outcomes.

An impact assessment has not been completed because is not required for the Framework.

### 2.3.6 Climate Change

N/A

### **2.3.7 Other impacts**

N/A

### **2.3.8 Communication, involvement, engagement and consultation**

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

The Involving People Framework has been developed in conjunction with, and reviewed by a variety of stakeholders including:

Healthcare Improvement Scotland: Community Engagement

Equalities Lead for Scottish Borders H&SCP

NHS Borders Public Involvement Members

Various colleagues from across NHS Borders and within the Community Engagement team at SBC

Third Sector Partners; Borders Care Voice and Borders Community Action

### **2.3.9 Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

Operational Planning Group 15 May 2023

Quality and Sustainability Board 13 June 2023

Public Governance Committee 15 June 2023

NB: The Involving People Framework will constitute the engagement aspect of the IJB's Communications and Engagement Strategy which is currently being developed and will be presented for approval at the September meeting of the IJB.

## **2.4 Recommendation**

NHS Borders Board members are asked for a decision to approve the Involving People Framework and adopt it for use.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Involving People Framework

# INVOLVING PEOPLE FRAMEWORK (2023-2026)

## A guide to effective community engagement and participation



<b>Purpose of the Involving People Framework</b>	Page 3
<b>Planning</b>	Page 5
<b>Inclusion</b>	Page 7
<b>Support</b>	Page 8
<b>Working Together</b>	Page 10
<b>Methods</b>	Page 12
<b>Communication</b>	Page 14
<b>Impact</b>	Page 15
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## What is the purpose of the Involving People Framework?

“Community engagement is a purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change<sup>1</sup>.”

Effective community engagement and the active participation of people is essential to ensure that health and social care services are fit for purpose and lead to better outcomes for people.

Across the Scottish Borders Health and Social Care Partnership our mission<sup>2</sup> is '*to help the people of the Scottish Borders live their life to the full, by delivering services that place their needs at the heart of everything we do.*'

This mission cannot be achieved by working in isolation, and we are committed to improving the ways in which people, especially those with lived experience, their families, carers and groups experiencing inequality can have their voices heard in decision making that affects them. We want current and future users of the services we provide to know that their views on what is important to them are understood and that they have influence and choice over how their health and social care needs are met.

As the resources (human and financial) we have available to us become ever tighter, it is also vital that patients, families, carers and our communities feel encouraged and supported to take an active role in their own health as well as in shaping and delivering the care we provide.

The [Involving People Framework](#) is intended to be a tool that;

- service providers can use to help plan engagement activities
- service users can refer to in order to find out what they can expect from involvement activities that take place for services provided by the Scottish Borders Health and Social Care Partnership.

The framework is based around the seven [National Standards for Community Engagement](#)

- Planning
- Inclusion
- Support
- Working together
- Methods
- Communication
- Impact

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<sup>1</sup> The National Standards for Community Engagement, Scottish Community Development Centre

<sup>2</sup> Scottish Borders Health & Social Care Partnership Strategic Framework 2023-2026



Within the framework there is a section on each of the seven standards for Community Engagement, setting out the principles to be followed for Involving People in the development and delivery of the services we provide.

There is overlap across the seven standards so it is recommended that when you are using the framework to plan engagement activity, read the whole document first.





## Section 1 | Planning

There is clear focus for the engagement which is based on a shared understanding of community needs and ambitions

From the outset it is essential to have a clear focus for the engagement work that is going to take place.

Establishing that clear focus is the single most important stage of planning and ensures that everyone involved has accurate expectations about what you are doing and why.

There are many reasons why you might be considering undertaking engagement including:

- Understanding public preferences and priorities
- Exploring issues and coming up with new ideas
- Increasing awareness of an issue
- Improving transparency of decision making processes / making a decision
- Deliver better, more responsive services
- Consider changes to existing services<sup>3</sup>
- Prompt behaviour change

Ideally the focus or 'scope' of the engagement should be agreed in conjunction with the people or 'stakeholders' who are going to be involved in the process. At times it may be immediately obvious who needs to be involved in the engagement work; but it is good practice to do a stakeholder identification exercise.

There are various tools available to help you carry out stakeholder identification but considering the following questions is a good starting point;

1. **Who is going to be most affected?**

These people are your primary stakeholders and you need to work closely with them

2. **Who is going to be indirectly affected?**

These people are your secondary stakeholders and you need to keep them informed, and also monitor their interest levels

3. **Who else might be interested in an overview of your work?**

More help on identifying stakeholders is included in Section 2 of this framework.

Once you have identified your stakeholders you should bring them together to discuss the need for your engagement work, the resources that you will require to carry it out, and the resources that are available to you.

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<sup>3</sup> Further information at [Service change | HIS Engage](#)

Together you should then be able to agree the [purpose, scope and timescale](#) of the engagement and the [actions](#) to be taken. Remember to consider the potential [costs](#) associated with your engagement (e.g.venue hire for meetings, [volunteer expenses](#)), capture the [benefits](#) that you are looking for, and any potential [risks](#) associated with the activity.

Some general questions to help you at this stage are;

- Why are you engaging with people? (purpose)
- What do you need to know? (scope)
- Who should be involved? (stakeholders)
- When is the best time to engage? (timescale)

It is also really important to consider your success criteria at this stage of the process. See the [Impact section](#) of this framework to help you.

## Section 2 | Inclusion

### We will identify and involve the people and organisations that are affected by the focus of the engagement

Providing opportunities for people to get involved with issues that affect or are important to them is a fundamental part of our mission to help the people of the Scottish Borders live their life to the full, by delivering services that place their needs at the heart of everything we do.

To ensure that your stakeholder list is **inclusive** you should develop a list of individuals, groups and communities that may have an interest or be affected by the focus of your engagement activity.

Your list should include:

- patients and people who may be directly affected by change, including family members and carers
- groups or organisations who support people who may be affected
- health and social care staff who deliver services being considered for change
- managers of services being considered for change
- members of the local community who may not be affected directly but have an interest in potential changes
- elected members and government officials

It is good practice to involve people in compiling your stakeholder list (including members of the public) to ensure the list is inclusive and considers everyone who may have an interest.

Undertaking an **Equality and Human Rights Impact Assessment (E&HRIA)** will also help you to identify your stakeholders. An E&HRIA considers the impact of a proposed change and makes sure that any potentially negative effects for stakeholders have been taken into account. It should be done as early as possible to help identify people and groups who should be involved, as well as highlight any potential barriers or imbalance of power that may need to be considered.

The Health and Social Care Partnership has adopted a three part process for Equality and Human Rights Impact Assessments. Links to the templates are embedded below. Guidance notes are in development so if you need support to help you complete the templates please contact the Equalities Lead for the HSCP [Wendy Henderson](#).

[Stage 1: Proportionality and relevance](#)

[Stage 2: Empowering people](#)

[Stage 3: Analysis of findings](#)

Once completed your E&HRIA should be published on the website. Please contact [Public.Involvement@borders.scot.nhs.uk](mailto:Public.Involvement@borders.scot.nhs.uk)

## Section 3 | Support<sup>4</sup>

### We will identify and overcome any barriers to participation

Everyone has a right to share their opinions and experiences to help shape health and social care services. People who face the biggest barriers to realising their rights should be prioritised when it comes to participation and engagement.

When you are engaging with people, you need to consider the [Equality Act 2010](#) and [Human Rights Act 1998](#) and reach out to involve those who may not usually be involved or may find it difficult to speak up.

Nobody should be treated unfairly because of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation or any other status. These are known as *protected characteristics*. Undertaking an [EQIA](#) can help to identify potential disadvantages and offer an opportunity to take appropriate actions to remove or minimise any adverse impact.

### Other impact assessments

The [Health and Social Care Standards](#) were rolled out across Scotland in April 2018. These human rights-based standards set out what people should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that everyone is treated with respect and dignity, and that the basic human rights we are all entitled to be upheld.

The [Fairer Scotland Duty](#) also came into force in April 2018. This Duty requires public bodies to reduce inequalities of outcome caused by socioeconomic disadvantage. To fulfil our obligations under the Duty, we must evidence how we actively consider the reduction in inequalities of outcome in any major strategic decision we make.

The significant and long-standing inequalities that exist in Scotland has resulted in disparities in health outcomes between the most and least advantaged people. These disparities are often referred to as health inequalities. Health inequalities are most commonly associated with socioeconomic inequalities but can also result from a wide range of other factors which include:

- reasons relating to a person's protected characteristics
- access to education
- access to employment
- access to adequate housing and the location in which a person lives
- individuals' circumstances and behaviours, such as their diet, alcohol consumption, drug use, smoking and exercise

Playing our part to help tackle health inequalities is key to us making care better for everyone.

Adopting a human rights-based approach is one way to help us tackle health inequalities caused by unfair and avoidable reasons.

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<sup>4</sup> Reference material at [Equality and diversity | HIS Engage](#)

Taking a human rights-based approach is about:

- improving outcomes for patients, service users and staff by taking a person-centred approach
- making people's rights integral to our work and treating them as individuals, fairly, with respect and dignity
- advancing equality and eliminating discrimination
- engaging with people and empowering them to know and claim their rights
- giving people greater opportunities to participate in shaping the decisions that impact on them
- ensuring the standards and the principles of human rights are integrated into our work
- improving our accountability to respect, protect and fulfil people's human rights

You can view a helpful video (2 mins) about barriers to participation [here](#)

For details of local groups and organisations who you may wish to speak to as part of your involvement activity please contact [Public.Involvement@borders.scot.nhs.uk](mailto:Public.Involvement@borders.scot.nhs.uk)

## Section 4 | Working Together

### We will work effectively together to achieve the aims of the engagement

Now that you have a [plan](#) for your engagement activity which details the [purpose, scope and timescale](#) of the engagement, the [actions](#) to be taken, and the relevant [stakeholders](#) to involve, you need to consider [how](#) you will work effectively together.

To be clear on who is doing what, it is sensible to define the roles of the people who are involved, the responsibilities that they have, and to outline what their contribution will be. You can capture this information in 'Terms of Reference' for the engagement activity which can be shared with everyone who is involved.

An example 'Terms of Reference' template can be found [here](#) at page 23.

### Good relationships

It is very likely when undertaking engagement activity that there will be differing views amongst the various stakeholder groups involved. It is important to set the ground rules for working together from the outset.

The ground rules should be based on;

[Trust](#) – be open and honest in your thoughts and actions

[Respect](#) – value each other's input and find solutions based on collective insight, wisdom and creativity

[Self awareness](#) – take responsibility for your words and actions and don't let negative emotions impact the people around you

[Inclusion](#) – welcome the opinions of others and factor their insights and perspectives into your decision making

[Open communication](#) – open and honest communication leads to better connections

Ensure that people involved know where to go if they wish to raise an issue and try to deal with any conflict as it arises.

Across the Borders there is a network of organisations and groups who can help support involvement activity to ensure that we work effectively together. For further information please email [Public.Involvement@borders.scot.nhs.uk](mailto:Public.Involvement@borders.scot.nhs.uk)



## Section 5 | Methods<sup>5</sup>

### We will use methods of engagement that are fit for purpose

Different methods of engagement offer different things to the people who are participating in the engagement.

It is important to select appropriate methods of engagement to meet the purpose, scope and timescale of your activity. It is also important to be clear with participants about the method of engagement on offer and what range of opportunities there will be for them to be involved. This helps manage expectations and allows people to make an informed choice about how and when to engage. Wherever possible you should include people and groups in discussions about how they would like to be engaged.

#### Inform (One way flow of information)

##### Purpose

- to provide balanced and objective information
- to inform those with an interest in the outcome (i.e. stakeholder groups)
- information may need to be tweaked to meet differing needs of stakeholders (i.e. accessibility requirements)

##### Offer to participants

- we will keep you informed
- we will provide information openly and transparently
- we will not withhold relevant information

#### Involve / Engage

##### Purpose

- to work directly with participants throughout the decision making process, ensuring that their concerns and aspirations are understood and considered
- to enable participants to directly influence the decisions or options developed (active participation)

##### Offer to participants

- we will keep you informed
- we will work with you to ensure that your concerns and aspirations are directly reflected in the outcomes or alternatives developed
- we will provide feedback on how your input has influenced the outcome
- we will ensure that there are a variety of engagement methods available and these will be selected appropriately to meet stakeholder needs

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<sup>5</sup> Reference material at [Participation Framework - gov.scot \(www.gov.scot\)](http://www.gov.scot)



## Consult (Two way process)

### Purpose

- a structured process to obtain feedback on a specific issue or proposal
- to inform those developing proposals or making the decision
- the consultation process must always be applied to any potential changes that may be considered [major service change](#)  
key issues that are relevant for identifying when a proposed service change might be classed as 'major' include:
  - the impact on patients and carers
  - changes in the accessibility of services
  - emergency and unscheduled care
  - public or political concern
  - conflict with national policy or professional recommendations
  - changes in the method of service delivery
  - financial implications, and
  - consequences for other services

### Offer to participants

- we will keep you informed
- we will listen to and acknowledge your concerns and aspirations
- we will give serious consideration to your contributions
- we will be open to your influence
- we will provide feedback on how your input has influenced the outcome

Once the appropriate method of engagement has been selected for your activity you will need to create a communications and engagement plan to underpin the activity.

## Section 6 | Communication

We will communicate clearly and regularly with the people, organisations and communities affected by the engagement

It is a good idea to summarise all the information that you have put together in a [communications plan](#) to underpin your engagement activity.

The plan can be a very simple document which summarises:

**What** (you are doing)

**Why** (you are doing it)

**Who** (is involved)

**When** (it is happening)

**Where** (people find out more / get involved etc)

**How** (the methods of communication you will use and the frequency of those communications).

It is also important to communicate the results of your engagement activity and inform stakeholders of what happens next.

You should have all the information to hand to include in your plan if you have followed the steps outlined in this framework.

A basic template<sup>6</sup> for your communications plan can be downloaded [here](#)

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<sup>6</sup> Reference material at [Communication and engagement planning | HIS Engage](#)

## Section 7 | Impact

### We will assess the impact of the engagement and use what has been learned to improve our future community engagement

In order to find out whether you have achieved what you set out to do, you need to monitor and evaluate the engagement activity to determine whether it meets its purpose.

Evaluation can help our understanding of involving people in four main ways, helping to:

- clarify the objectives of the exercise by finding practical ways to measure success
- improve project management by building in review and reflection as the work progresses
- improve accountability by reporting what is done and what has been achieved
- improve future practice by developing evidence about what works and what impact different approaches to participation can have.

Evaluating involvement activity can feel complex but thinking about it at the beginning of your involvement activity and building it in as an integral part of the project from the outset will help. By building in clear performance criteria, goals and desired outcomes you will generate learning and results from your involvement activity and improve the way you involve people in the future.

Evaluation should focus on two aspects; the way in which involvement has been undertaken (process), and the results of the involvement activity (outcomes).

#### Three key questions

**1. What did we do? (process)**

What were the objectives?

What methods were used?

How many people did we reach and how diverse a population were they?

**2. How well did we do it? (process)**

Were the objectives met?

What worked well and not so well?

Were the methods and techniques appropriate?

What could be improved?

**3. What impact did it have? (outcomes)**

Did it achieve intended outcomes?

What was the impact on people or services?

## Stages of Evaluation

To help keep the evaluation of your involvement activity as simple as possible there are three stages;

### 1. Developing an evaluation framework and data collection tools

- do this at the beginning of your involvement activity linked to your aims and objectives
- decide what your goals are and agree how you will measure them
- think about the type of data you will collect; quantitative, qualitative or a mix of both
- for qualitative data think about the questions you will ask to get the information you want

### 2. Collecting and analysing data

- collect your data in line with the plan you made at stage one
- think about how you are recording and storing the data you have collected
- make sure that you are compliant with [General Data Protection Regulation](#) (GDPR). Information governance colleagues will be able to assist you if you have questions about data protection
- analyse your data – what does it tell you?

### 3. Reporting, sharing and responding to results

- decide which results need to be communicated
- think about the best way to communicate them – you might use a variety of ways depending on your audience
- prepare the results of your activity in the appropriate way(s)
- share the results – again you might want to do this in a variety of ways including a summary version, written report or face to face meeting / event
- hold a debrief session with relevant people so that learnings from your activity can be fed into future projects

## Supporting materials

Supporting materials to help you select the method of evaluation that is right for your engagement activity are available in the [Evaluation Toolkit](#).

## Reference Materials

The development of the framework took account of the following duties and guidance.

- NHS Reform (Scotland) Act, Section 7: Duty to encourage public involvement - [www.legislation.gov.uk/asp/2004/7/contents](http://www.legislation.gov.uk/asp/2004/7/contents)
- Equality Act 2010 - [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)
- Fairer Scotland Duty (2018) - <https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/>
- Community Empowerment (Scotland) Act 2015 - <https://www.legislation.gov.uk/asp/2015/6/contents/enacted>
- Human Rights Act 1998 – <https://www.gov.scot/policies/human-rights>
- [Planning with People](#)- Community engagement and participation guidance for NHS boards, Health and social care partnerships and Local Authorities that are planning and commissioning care services in Scotland, Scottish Government and COSLA (April 2023)
- CEL 4 (2010) Informing, Engaging Consulting People in Developing Health and Community Care Services, Scottish Government 2010 - [www.sehd.scot.nhs.uk/mels/CEL2010\\_04.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf)
- The [National Standards for Community Engagement](#) (2016), Scottish Community Development Centre
- The [Quality Framework for Community Engagement and Participation](#), Healthcare Improvement Scotland (May 2023)
- [Participation Framework](#), Scottish Government (February 2023)
- Planning and delivering integrated health and social care: guidance. Scottish Government (December 2015) – [Integration planning and delivery principles](#)

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>NHS Borders Performance Scorecard April 2023</b>
<b>Responsible Executive/Non-Executive:</b>	<b>June Smyth Director of Planning &amp; Performance</b>
<b>Report Author:</b>	<b>Sarah Martin, Planning &amp; Performance Officer</b>

## 1 Purpose

The purpose of this report is to update the Board on NHS Borders latest performance against the suite of performance measures linked to our Annual Delivery Plan. The scorecard also reports key targets and standards that were included in previous Annual Operational Plans (AOPs) and Local Delivery Plans (LDP).

**This is presented to the Committee for:**

- Awareness

**This report relates to a:**

- Annual Delivery Plan / Annual Operational Plan / Remobilisation Plan

**This aligns to the following NHS Scotland quality ambition(s):**

- Safe
- Effective

## 2 Report summary

### 2.1 Situation

The main body of the scorecard sets out performance as at end of April 2023 against the targets from the 2022/23 Annual Delivery Plan (ADP). New targets and trajectories will be in place linked to the 2023/24 but won't yet be reported against in this report until that ADP has been approved. The report also includes as appendices performance as noted against some previous AOP/LDP measures, for information purposes.

## **2.2 Background**

In 2022/23 Scottish Government moved away from commissioning any further remobilisation plans following the covid pandemic and instead commissioned a one-year ADP aimed at stabilising the system. Scottish Government have since commissioned a further ADP for 2023/24 which has recently been submitted as a draft and on which we await feedback. New targets and trajectories have been submitted as part of the proposed ADP and will be reported on once the plan has been approved.

## **2.3 Assessment**

We are still unable to meet trajectory targets for Outpatients, TTG, Emergency Care and Mental Health (CAMHS and Psychological Therapies) however summaries for each of these can be found within the scorecard where available updates have been added.

Where services have been able to provide it, narrative is contained within the body of the scorecard, focusing on 2022/23 waiting times trajectories and the 'hot topics' of emergency access standard and delayed discharges.

Following a recent request, Health Protection data is currently being reviewed by Public Health, Planning & Performance and Business Intelligence Services with a view for this to be included in future scorecards.

### **2.3.1 Quality/ Patient Care**

The ADP milestones and trajectories, Annual Operational Plan measures and Local Delivery Plan standards are key monitoring tools of Scottish Government in ensuring Patient Safety, Quality and Effectiveness.

### **2.3.2 Workforce**

Directors are asked to support the implementation and monitoring of measures within their service areas.

### **2.3.3 Financial**

Directors are asked to support financial management and monitoring of finance and resources within their service areas.

### **2.3.4 Risk Assessment/Management**

There are several measures that are not being achieved and have not been achieved recently. For these measures service leads continue to take corrective action or outline risks and issues to get them back on trajectory. Continuous monitoring of performance is a key element in identifying risks affecting Health Service delivery to the people of the Borders.

### **2.3.5 Equality and Diversity, including health inequalities**

A Health Inequalities Impact Assessment (HIIA) has been completed as part of RMP3/4 and services will carry out HIAs as part of delivering 2022/23 & 2023/24 ADP key deliverables.

### **2.3.6 Climate Change**

None Highlighted

### **2.3.7 Other Impacts**

None Highlighted

### **2.3.8 Communication, involvement, engagement and consultation**

This is an internal performance report and as such no consultation with external stakeholders has been undertaken.

### **2.3.9 Route to the Meeting**

The Performance Scorecard has been developed by the Business Intelligence Team with any associated narrative being collated by the Planning & Performance Team in conjunction with the relevant service area.

## **2.4 Recommendation**

- **Note** – performance as at the end of April 2023.

## **3 List of Appendices**

The following appendices are included with this report:

- Appendix 1, NHS Borders Performance Scorecard





# **PERFORMANCE SCORECARD**

**As at 30 April 2023**

**Month 1**

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## Introduction

As a result of the COVID-19 Pandemic the 2021/22 Annual Operational Plan (AOP) was replaced for all Health Boards by their Remobilisation Plan and associated trajectories agreed with Scottish Government, the latest iteration being RMP4. In 2022/23 Scottish Government moved away from further remobilisation plans and instead commissioned a one-year Annual Delivery Plan (ADP) aimed at stabilising the system. To supplement this all Boards were required to submit waiting times trajectories but no other formal performance measures were agreed. Scottish Government have since commissioned a further ADP for 2023/24 which will be brought forward the NHS Borders Board for approval once feedback from Scottish Government on the draft plan has been received.

The 2023/24 ADP will contain new targets and trajectories, however until the plan is approved, we will continue to report against 2022/23 measures.

This report contains the 2022/23 waiting times performance and hot topic measures and an appendix which demonstrates AOP and Local Delivery Plan (LDP) measures (LDPs were in place as performance agreements between Boards and Scottish Government prior to AOPs and we retain some of the performance standards from those plans). In the current report performance is noted against waiting times trajectories in place as at March 2023.

Performance is measured against a set trajectory or standard. To enable current performance to be judged, colour coding is being used to show whether the trajectory is being achieved. A tolerance of 10% is applied to the standards to enable them to be given a RAG status. For standards where the trajectory is 0, the tolerance level is 1, anything higher the RAG status is red (for example waiting times and delayed discharges).

## Waiting Time Performance – Outpatient Performance Total List Size by Weeks Waiting

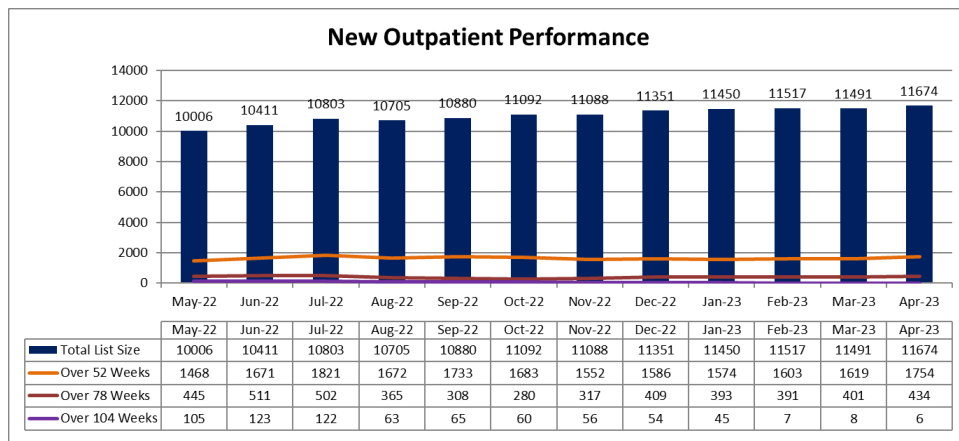


Fig. 1

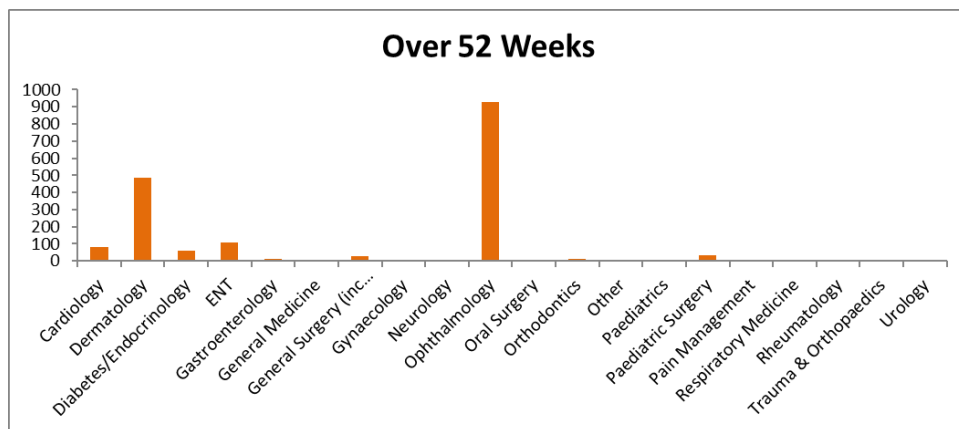


Fig. 2

### New Waiting Times Targets

Updated 26.05.2023

To date the service has not been able to recover beyond 70% remobilisation of pre covid activity which is reflective in the overall waiting list size not changing over the past 6 months. This month we have 11674 patients waiting for a new outpatient appointment.

### Current Waiting Times Standard is that no patient should wait over 52 weeks.

We are currently failing to meet the standard where no patient will wait over 52 weeks for their new outpatient appointment. The main contributing specialities are high volume outpatient services, dermatology and ophthalmology (majority of which are cataracts). Both specialties are still seeing waits for patients waiting beyond 78 weeks.

Dermatology – we continue to have core medical gaps and we are delivering an “urgent only” service at present with the support of Independent providers. A test of change is planned in May using a Tele-dermatologist to start to make inroads to the long routine waiting patients. If successful this will support a significant reduction in routine dermatology waits over the remainder of the year. Costs have been factored in to waiting times proposals.

Ophthalmology - there is a cataract improvement programme underway and during the month of May we recovered our theatre capacity to 100% of pre pandemic levels. Further operating capacity is planned for later in the summer increasing activity by a further 50%. The service is also undergoing a significant workforce redesign and recently appointed two technicians. These posts will support greater productivity in outpatient services in due course by enabling virtual senior assessment. Additional Golden Jubilee capacity has been secured for cataract procedures; this will support removal for some of the longer waiting outpatients.

The smaller specialty (ENT, Cardiology, Endocrinology/Diabetes) breaches over 52 weeks – plans are being put in place for additional capacity from a combination of additional core capacity utilising trainees, and funded Waiting Times clinics.

### Achievements during April

- Opt In pathway went live for hernia and globus referral. We are monitoring impact on numbers listed for surgery.
- Room booking administrator appointed.
- Preparatory work for booking software completed.
- 100% remobilisation of cataract theatre capacity.

### Plans for May

- National Elective Co-ordination Unit – patient validation of all OPD waiting lists (exc Paediatrics and Ophthalmology)
- Tele-dermatology test of change for routine dermatology patients
- Plan with CMTs potential to further roll-out ACRT, Opt In, PIR
- Final plans agreed for move of infusion rooms to gain 20 additional clinic rooms per week in Outpatients.

### Overdue Reviews

As well as long waits for patients on “new” patient waiting lists, the majority of services (planned and unscheduled) also have patients waiting over their “review” date, some specialties seeing patients waiting one year over their due date. Engagement with all CMTs will be progressed assessing where, if appropriate, Patient Initiated Review (PIR) could support the service to improve their position with overdue reviews.

## TTG Performance Against Trajectory- All Specialties

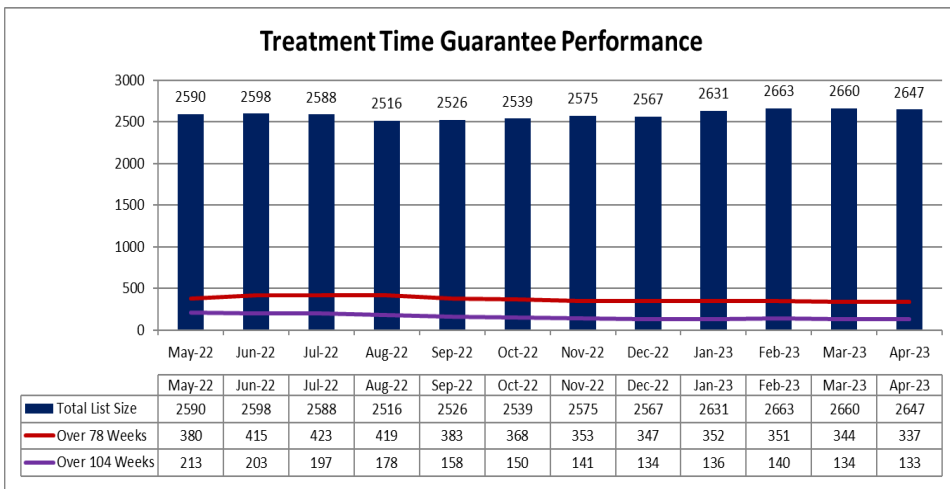


Fig. 3

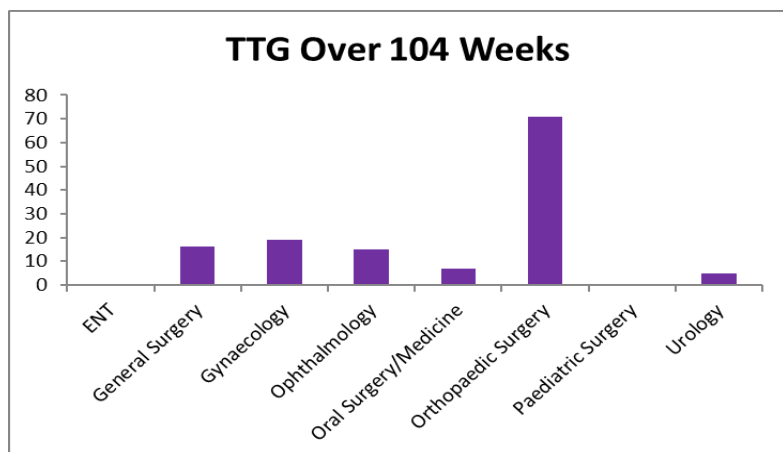


Fig. 4

## What is the data telling us?

Updated 26.05.23

**Waiting Times.** The TTG targets for Inpatient / Day Case surgery are as follows:

- **2 year** waits for Inpatient / Day Cases in the majority of specialties by **Sep 22**.
- **18 month** waits for Inpatient / Day Cases in the majority of specialties by **Sep 23**.
- **1 year** wait for Inpatient / Day Cases in the majority of specialties by **Sep 24**.

### Issues & Actions

- **Ring-Fenced Elective Ward.** Planning continued in April in preparations for the re-opening of our Ring-Fenced Elective Ward (Ward 17) on 5 June 2023. The continued closure of this ward over the last 5 months has impact our ability to operate on those patients who require an Inpatient bed. The demand for an Inpatient bed affects a sizeable number of our patients and is particularly evident in long-waiting patients who require Arthroplasty.

### Overall TTG Performance

- At the end of April, the number of patients on the IPWL was 2647; this is the second month in a row where the total list size has decreased, while this reduction is modest it is a welcomed development . Of this number, there are 133 patients waiting over 104 weeks and 337 patients waiting over 78 weeks. This is shown in the chart below.

### 104 week TTG Trajectory

- At the end of April, there were 133 patients on the In-Patient Waiting List (IPWL) who had been waiting over 104 weeks for surgery; this number has not changed significantly for a few months, although it has been reducing, albeit at a slow rate, since Feb 23.
- BGH have been allocated additional capacity at GJNH to conduct surgery on long-waiting Orthopaedic and General Surgery patients. As a consequence, 5 long-waiting General Surgery patients were treated at GJNH in April.
- The situation at the end of April, both in terms of total numbers and by Surgical Specialty, is shown in the charts below.

### 78 week TTG Trajectory

- The number of patients on the IPWL who have been waiting for over 78 weeks at the end of April was 337. This number has been reducing slowly for the last few months. The situation at the end of April, both in terms of total numbers and by Surgical Specialty, is shown in the charts below.

### TTG Project

- The objectives of the TTG Project are to ensure that TTG targets are met, and that activity levels exceed pre-COVID levels. The project is currently focussing effort on 'Start Times', to ensure that our Operating Theatres start promptly, as well as on reducing the number of avoidable cancellations. Once we are content that our Start Times are under control then the project will focus on minimising wasted time during theatre sessions and reducing time lost due to early finish times. This will increase scheduled activity and improve overall service productivity.
- It is important to note that all of this work continues to be under-pinned by a drive to make our theatres a great place to work; without this, any improvements will not be sustainable.

### Golden Jubilee National Hospital (GJNH)

Additional operating capacity to remove patients from the IPWL is being provided by GJNH.

## Mental Health Waiting Times CAMHS

Updated 29.05.23

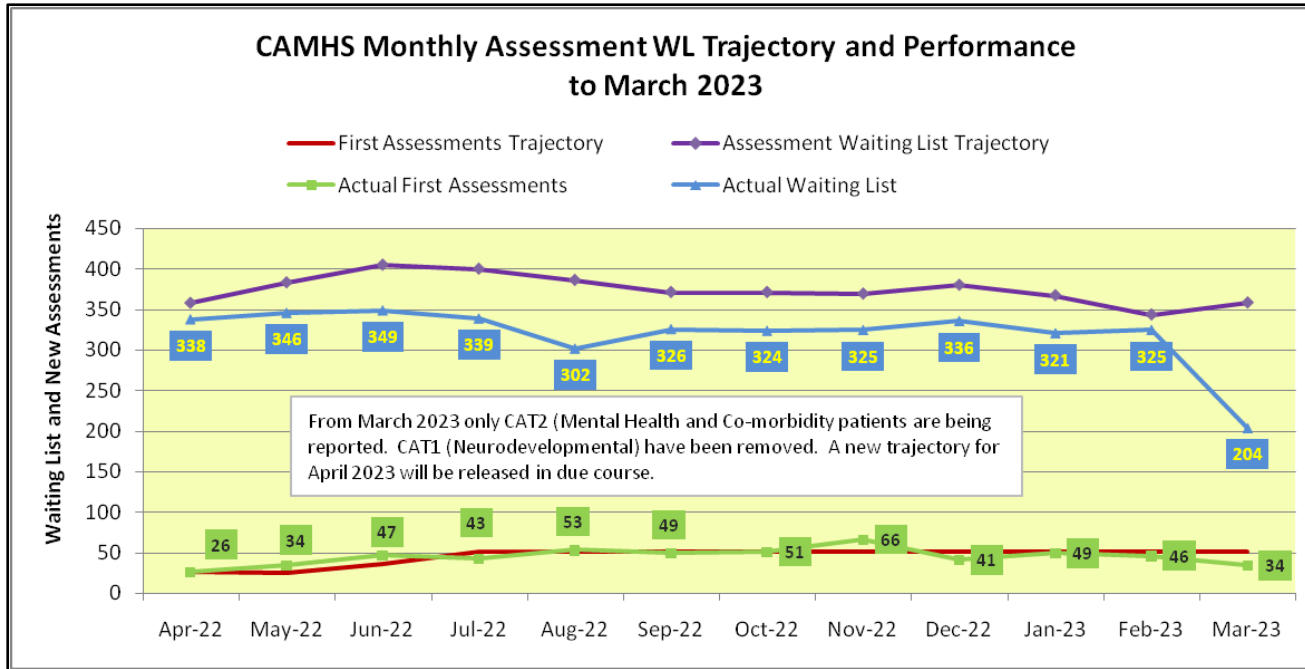


Fig. 5

### What is the data telling us?

The number of new assessments to be achieved in March 2023 was agreed at 51 but actual achievement was 34. The waiting list decreases in March 2023 as CAMHS has moved to reporting CAT2 patients only.

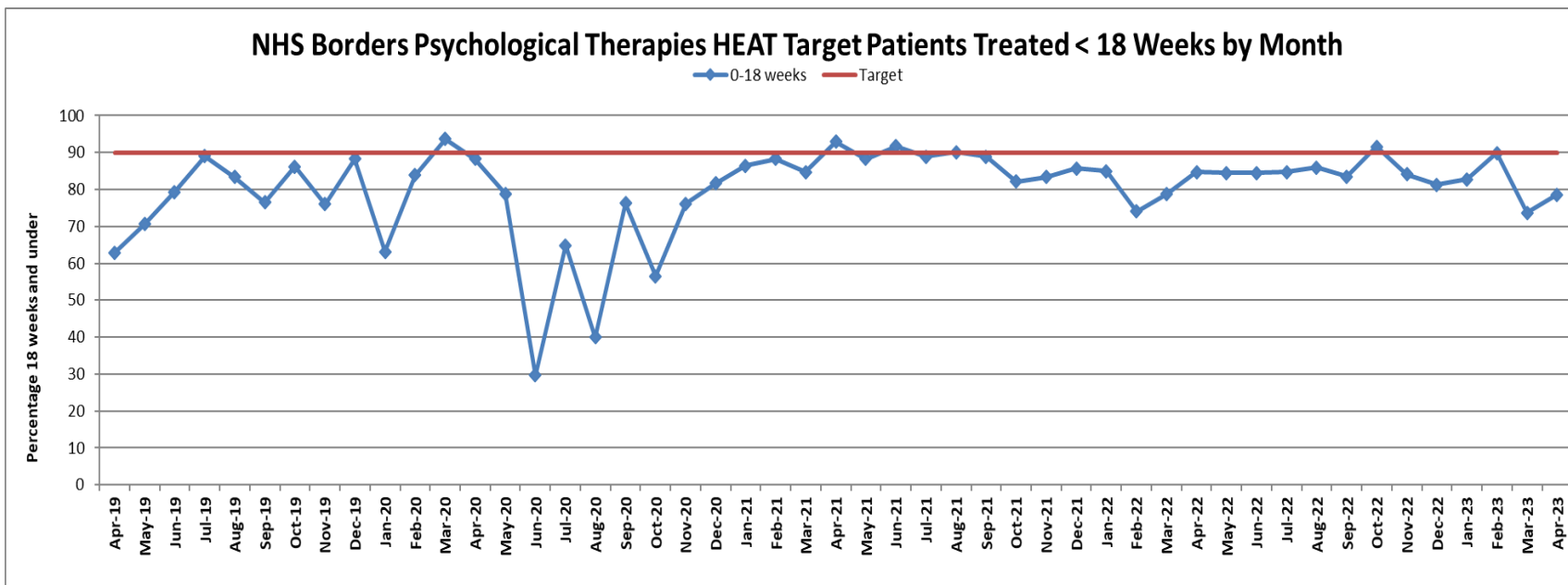
### Why is this the case?

The service continues with the waiting times initiative of seeing 12 new patients per week, this number is due to be reviewed in the next 4 weeks with a view to increasing back to 16 new patients per week. Recruitment initiatives are ongoing to cover maternity leaves and the service has successfully recruited into the Team Manager post from an internal candidate. Currently there are a small number of nursing staff vacancies, this is set to increase as replacement from the internal recruitment and 3 other nursing staff have indicated a move over the next 2 months. Psychology recruitment to vacant posts is also ongoing. Administration vacancy recruitment process in place. Medical staffing vacancy continues and there is still one consultant vacancy, although the service has an additional speciality doctor and a clinical development fellow on a temporary basis.

### What is being done?

The New Patient Appointments (NPA's) plan continues, and the service targets have been seeing 12 new patients per week (included in the 12 appointments, 2 are urgent/unscheduled care appointments) this plan will be in place in order to see a minimum of 12 new patients per week 52 weeks of the year, this will be across all disciplines at this moment in time. The tagging process is continuous and all patients waiting have been tagged as being CAT1 (ND) or CAT 2 (Core mental health) this allows the team to review patients waiting to access the service, with a view to determining appropriate sign-posting or establishing any possible interventions prior to a first appointment. The tagging process supports the reduction of the number of patients actually requiring access to the CAMHS service and potentially reducing the numbers of those waiting on the list. The new referral template will be rolled out to include 22 schools in the coming months, this will be to support if any interventions can be established prior to the first appointment. Access to specialist young person beds continues to be challenging placing demands on the adult acute inpatient service.

## Mental Health Waiting Times- Psychological Therapies



*Please note: There is a lag time for PT reporting information due to national submission deadlines.*

Fig. 6

### What is the data telling us?

In April the service saw 192 patients (217 in March 2023) for their first treatment appointment of which 41 (57 in March 2023) patients had waited longer than 18 weeks for a first treatment appointment. The 18 week RTT HEAT target for Psychological Therapies measures those people who are starting treatment and how long they have waited for this to start. Performance this month (April 2023) towards the PT RTT standard was 78.65% (standard 90%) which is an improvement from last month's (March 2023- 73.73.%) but still short of meeting the 90% target.

### Why is this the case?

Performance has been impacted by sustained high referral levels (with the exception of April which was lower than usual), some staffing vacancies, and seeing some of our longest waits.

### What is being done?

We will be reviewing our annual data for the 2022/23 financial year in April and May, and completing projections for the 2023/24 financial year which will be presented to Access Board in May/June.

It is important for us to review our data for 2022/23 as we made a series of assumptions given the previous 2 years' data was affected by Covid and hence not necessarily representative of normal patterns. As a result of this when we estimated proposed activity, capacity and non-attendances; we put in estimated averages to show a regular pattern.

For 2023/24 financial year we will be repeating DCAQ for all services to reflect changes in referral patterns and ensure our resource is most appropriately focused and utilised.

Updated 24.05.23

## Unscheduled Care Performance - 4 Hour Emergency Access Standard Performance

Updated 25.05.23

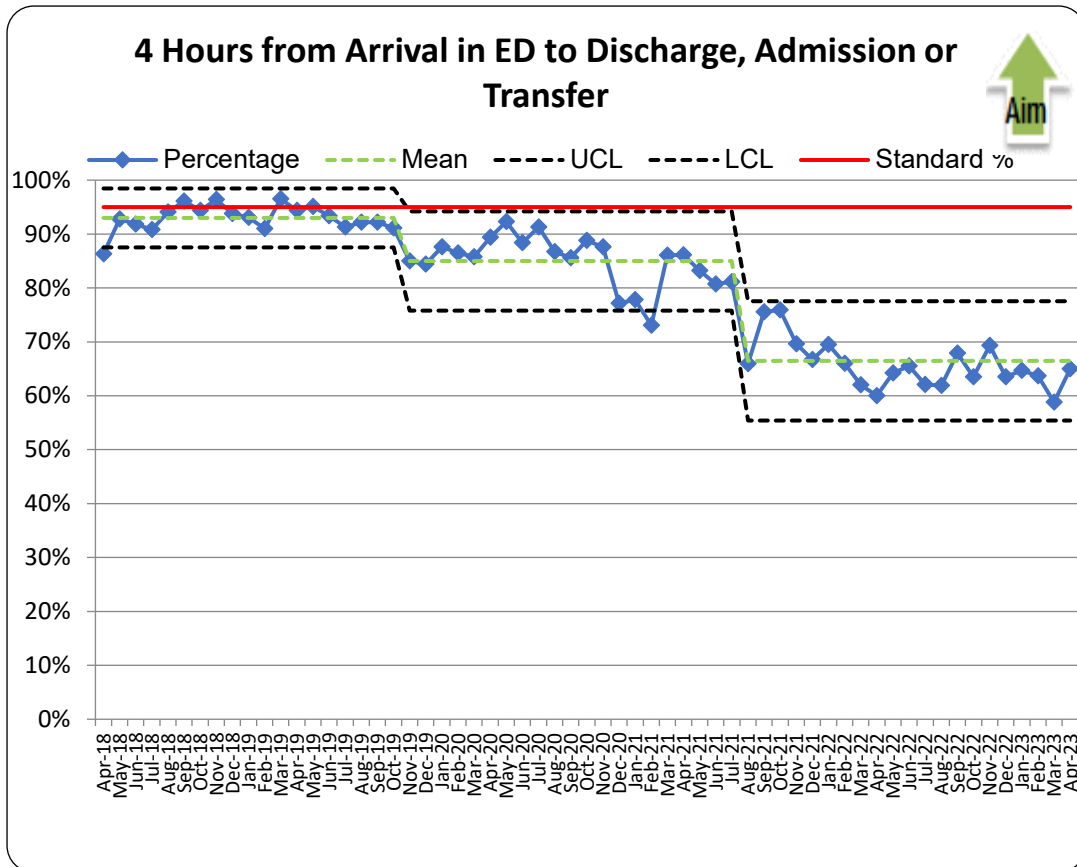


Fig. 7

### What is the data telling us?

Performance in the Emergency Department for April 2023 was 65.0% vs 58.8% in March 2023. We had 2539 attendances with 889 breaches of our emergency access standard in April 2023.

### Why is this the case?

The 4-hour emergency access standard ("the standard") is a whole system measure; to either admit or provide definitive treatment and discharge for 95% of unscheduled care patients within 4-hours requires a collaborative approach from all parts of the health and social care system to provide patient flow.

The 4EAS is influenced by a range of factors including, but not limited to:

- the volume of Emergency Department (ED) attendances
- the pattern of arrival of ED attendances i.e. high volumes within a short period causing crowding
- patient acuity
- bed pressures

The BGH continued to face significant pressures throughout April in relation to patient flow, leading to Blue ED being open for the majority of the month meaning ED was over 100% capacity. This impacted the ability to achieve the EAS, with the site seeing 120 patients who required admission breaching 12 hours and 23 patients breaching 24 hours.

### What is being done?

Flow continues to remain a priority and is discussed at the daily 8.30am Safety Brief and 2pm Flow Meeting. Additionally, the 9am safety huddle in ED is chaired by the deputy general manager and ensures a robust handover of risks and issues derived from the last 24 hours. This ensures there is adequate senior operational support wrapped around ED. Work also continues on the following improvement activities:

- ED Workforce Review - The review will ensure that the department offers as safe a model as possible to manage the current pressures while considering wider questions such as overnight senior medical leadership and recruitment and retention. The review is due to be presented at Acute Q by end of May 2023.
- Discharge Hub Kaizen - This kaizen will build on learning and approach from previous successful kaizens and work in a fully formed and seamless multi-disciplinary manner to effectively unblock, problem solve and effectively discharge patients to their next place of care. This work is being progressed by the General manager of PACS and is being supported by the General Manager of Unscheduled Care (Acute).
- Virtual Respiratory Capacity Test of Change - this includes the use of wearable devices for patients with Respiratory infections, enabling early supported discharge. The first phase test of change commenced in April 2023 and the service are currently working with the supplier to test the technology. It is expected that this programme will drive down length of stay and support early supported discharge.



Delayed Discharge

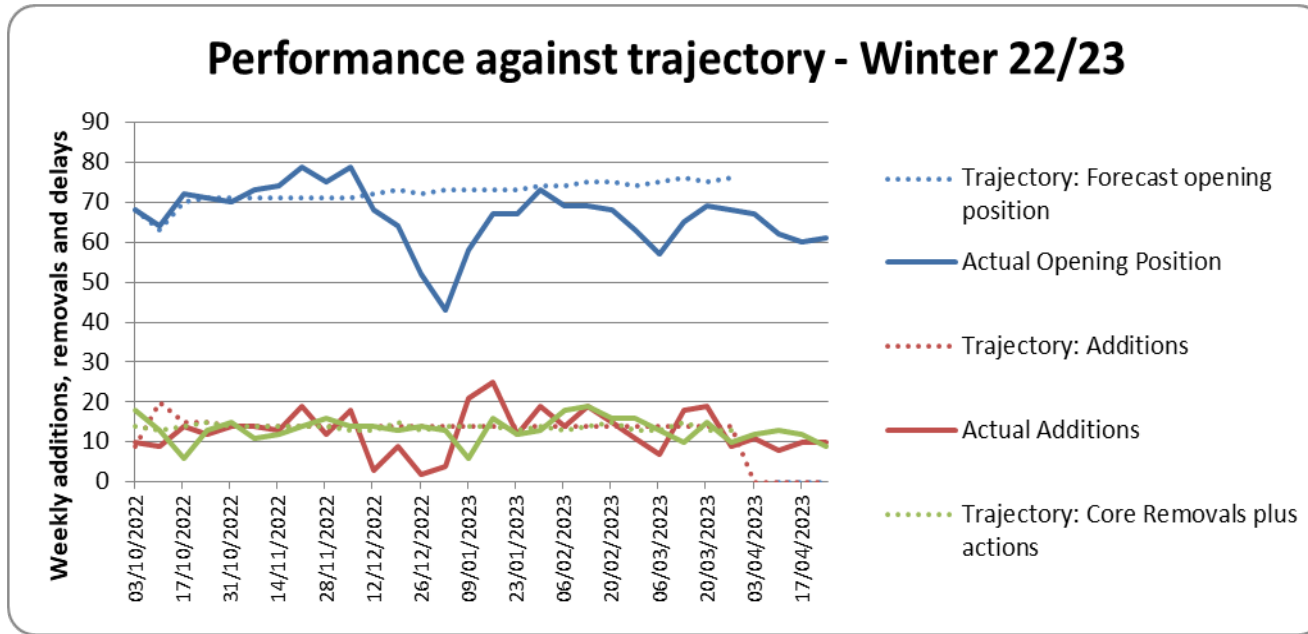


Fig. 8

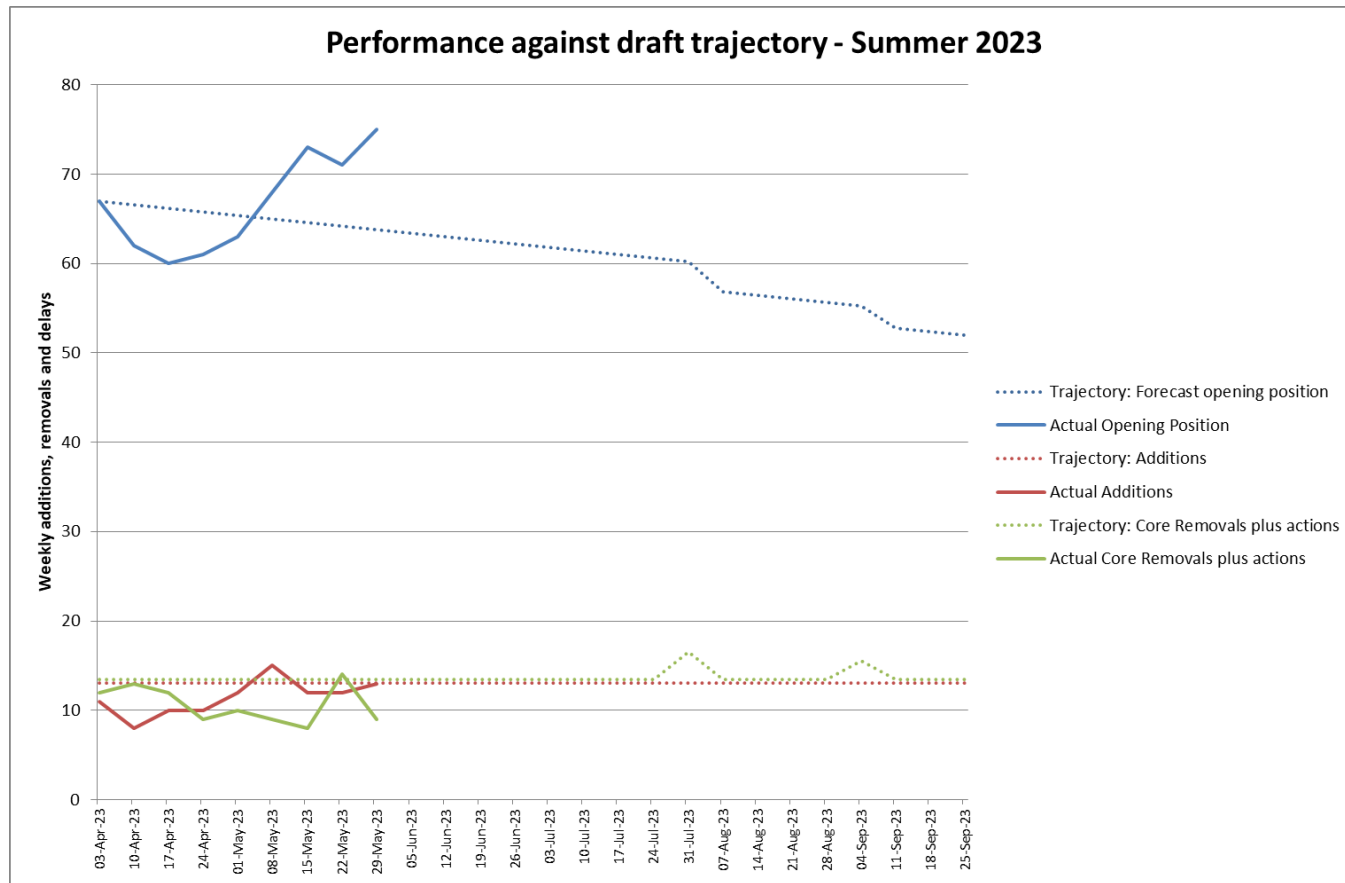


Fig. 9

**What is the data telling us?**

**Updated 31/05/23**

As demand and activity were slightly lower than forecast in the winter 22/23 trajectory covering the preceding 24 week period, an updated trajectory has been set based on the referrals/ additions (demand) and removals (activity and people removed due to ill health) over the previous 24 weeks. This trajectory is in draft as the impacts of additional care capacity that have been commissioned have not been included.

The data is telling us that delayed discharge performance is currently above the new draft trajectory.

**Why is this the case?**

The table below shows the variation in referrals and removals

9 weeks 03.04.23-29.05.23	Referrals	Removals
Total forecast	117.9	121.5
Total actual	103	96
Variance	- 14.9	- 25.5
Forecast - weekly	13.1	13.5
Actual - weekly	11.4	10.7
Variance - weekly	-1.7	-2.8

Referrals have been slightly lower than forecast which has resulted in improved performance. There were a number of demand reduction actions including the ‘Supporting the Right Direction worker’ promoting SDS Option 1 in the BGH, sustaining improvements from the MAU Kaizen, reducing length of stay and implementing better delayed discharge process across clinical boards.

Removals over the 9 week period are below our trajectory forecast. When exploring why this is the case, of the 2.8 weekly reduced removal rate, it is apparent that we are seeing less people removed from the waiting list due to being unwell. Over the preceding 24 weeks, 5.4 people a week were removed due to not being fit for discharge. This has reduced by 2.3 to 3.1 a week. Again this may reflect improved process and potentially lower patient dependency. The remaining 0.5 a week reduction in removals relates in slightly lower than expected transfers to care.

**What is being done?**

Acute and HSCP teams are focusing on delayed discharge process, including discharge planning, use of the moving on policy (which is being updated), and ensuring good oversight over every person delayed. There is a focus on all patients who are in hospital for over 21 days and a focus from all Clinical Boards on those who are in hospital the longest. There is a focus from the new Mental health officer lead on reducing waits for adults with incapacity. A Kaizen is taken place on the Complex Discharge Function within the BGH (START and Discharge and Pathways team and their interface with Home First and the Rapid Assessment and Discharge service).

In its budget for 23/24 the Health and Social Care Integration Joint Board allocated £2.3m extra funding for increased care capacity, including £1.9m for older adult services. As part of this, there will be additionality in homecare services, and the HSCP Joint Executive have agreed to go to the market to commission additional residential care step-down and step-up and respite capacity.

There is significant work on the development of a reablement service within the Scottish Borders Council Adult Social Care service, the integration of Home First with this service, the transformation of overnight care for homecare, 39 additional Extra Care Housing units opening in summer in Poynder Apartments (Kelso) opening this Summer, a refocus on Community Led Support – expanding the What Matters Hub function and reducing social work assessment waits, the Social Work digital pathfinder, and the implementation of

further unpaid carer supports. All of these initiatives are expected to yield significant productivity and capacity gains in social care and social work assessment, which will in turn improve the position relating to delayed discharge.

It is expected that the Integration Joint Board will direct NHS Borders and Scottish Borders Council an early integrated winter planning process and a single assessment process in July (formerly known as trusted assessment).



Appendix to Main  
Performance Scorecard –  
Performance Against Previous  
Agreed Standards

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<b>AOP Performance Measures</b>	<b>15</b>

## Key Metrics Report – AOP Performance

### Current Performance Key

<b>R</b>	Under performing	Current performance is significantly outwith the trajectory/ standard set	Outwith the standard/ trajectory by 11% or greater
<b>A</b>	Slightly Below Trajectory/ Standard	Current performance is moderately outwith the trajectory/standard set	Outwith the standard/ trajectory by up to 10%
<b>G</b>	Meeting Trajectory	Current performance matches or exceeds the trajectory/standard set	Overachieves, meets or exceeds the standard/trajectory, or rounds up to standard/trajectory

### Symbols

Better performance than previous month	↑
No change in performance from previous month	↔
Worse performance than previous month	↓
Data not available or no comparable data	-

### Key Metrics Report Annual Operational Standards

	Measure	Target/ Standard	Period	Position	Period	Position	RAG
<b>Annual Operational Plan Measures</b>	Cancer waiting Times - 62 Day target	95% patients treated following urgent referral with suspicion of cancer within 62 days	Feb-23	95.7%	Mar-23	81.1%	↓
	Cancer waiting Times - 31 Day target	95% of patients treated within 31 days of diagnosis	Feb-23	100.0%	Mar-23	93.5%	↓
	New Outpatients- Number waiting >12 Weeks	Zero patients waiting longer than 12 weeks (maximum)	Mar-23	7196	Apr-23	7432	↓
	New Inpatients- Number waiting >12 Weeks	Zero patients waiting longer than 12 weeks (maximum)	Mar-23	1938	Apr-23	1952	↓
	Treatment Time Guarantee - Number not treated within 84 days from decision to treat	Zero patients having waiting longer than 84 days.	Mar-23	156	Apr-23	131	↓
	Referral to Treatment (RTT) - % treated within 18 weeks of referral	90% patient to be seen and treated within 18 weeks of referral.	Mar-23	64.8%	Apr-23	68.9%	↑
	Diagnostics (8 key tests) - Number waiting >6 weeks	Zero patients waiting longer than 6 weeks for 8 key diagnostic tests	Mar-23	865	Apr-23	860	↑
	CAMHS- % treated within 18 weeks of referral	90% patients seen and treated within 18 weeks of referral	Feb-23	23.9%	Mar-23	47.1%	↑
	A&E 4 Hour Standard - Patients discharged or transferred within 4 hours	95% of patients seen, discharged or transferred within 4 hours	Mar-23	58.8%	Apr-23	65.0%	↑
	Delayed Discharges - Patients delayed over 72 hours	Zero patients delayed in hospital for more than 72 hours	Mar-23	42	Apr-23	48	↓
	Psychological Therapies - % treated within 18 weeks of referral	90% patient treated within 18 weeks of referral	Feb-23	89.9%	Mar-23	73.7%	↓
	Drug & Alcohol - Treated within 3 weeks of referral	90% patient treated within 3 weeks of referral	Nov-22	100%	Dec-22	100%	↔
	Sickness Absence Rates	Maintain overall sickness absence rates below 4%	Mar-23	5.71%	Apr-23	4.67%	↑

Cancer Waiting Times (please note there is a 1-month lag time for data)

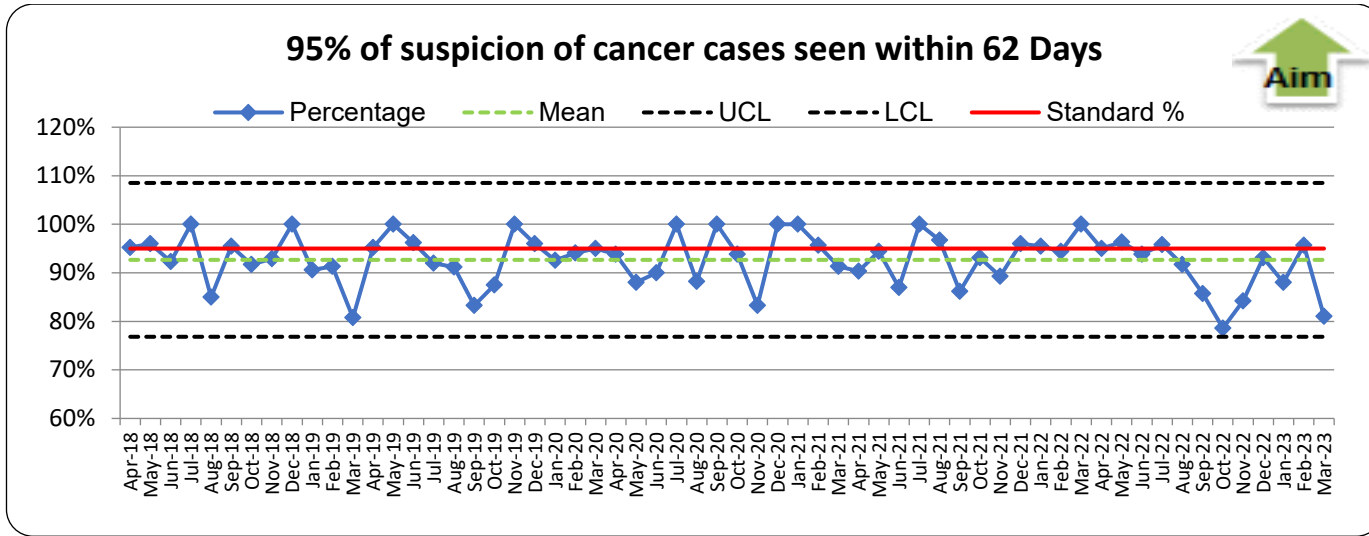


Fig. 10

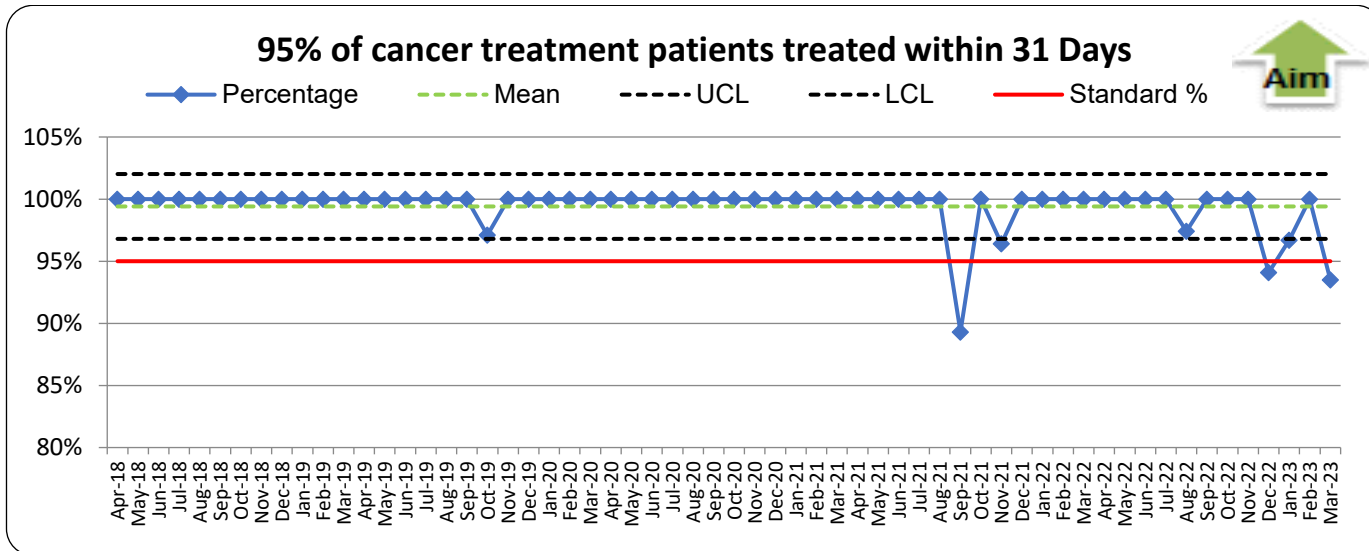


Fig. 11



Stage of Treatment- Outpatients Waiting Over 12 Weeks

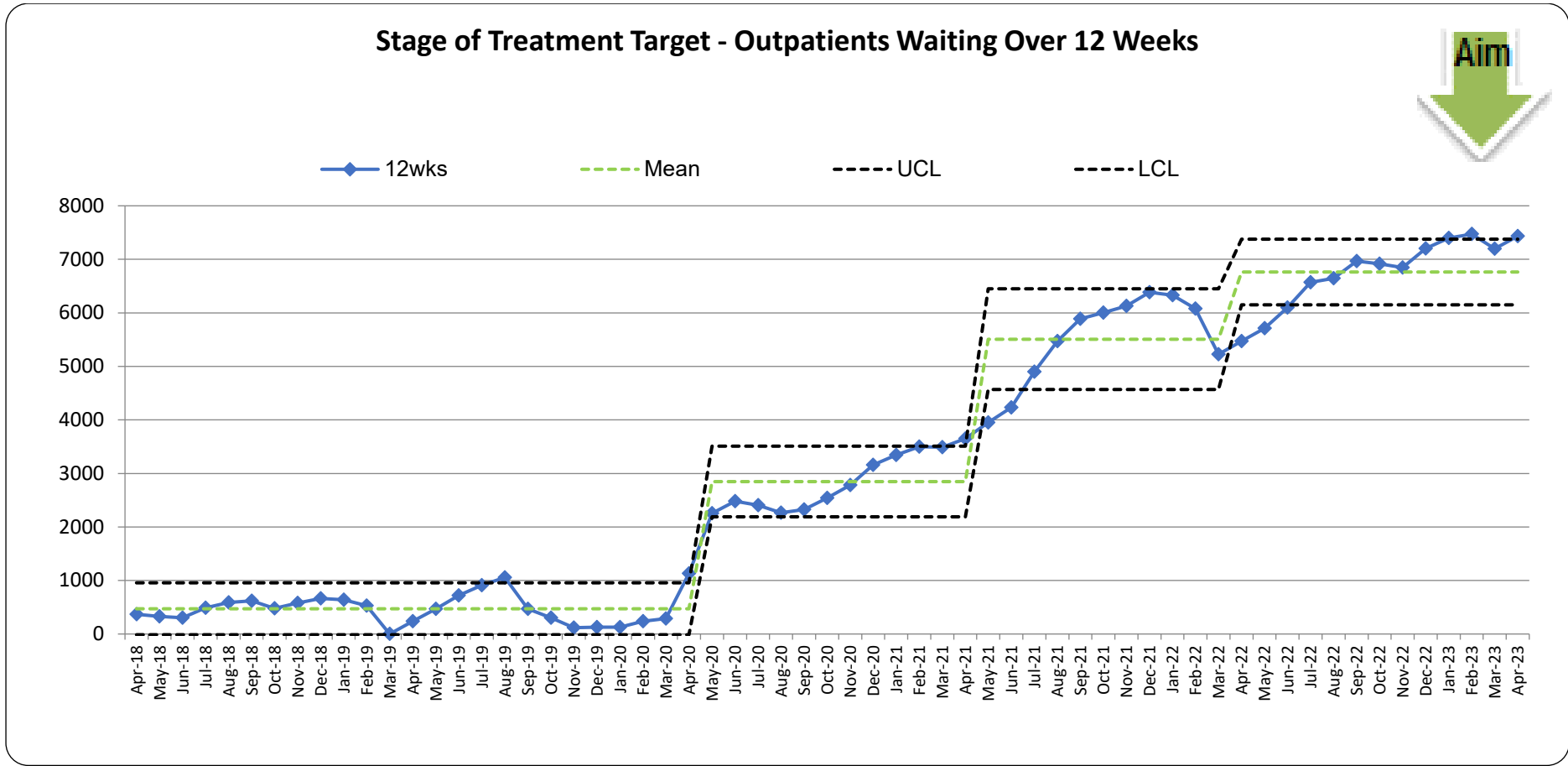


Fig. 12

Stage of Treatment- Inpatients Waiting Over 12 Weeks

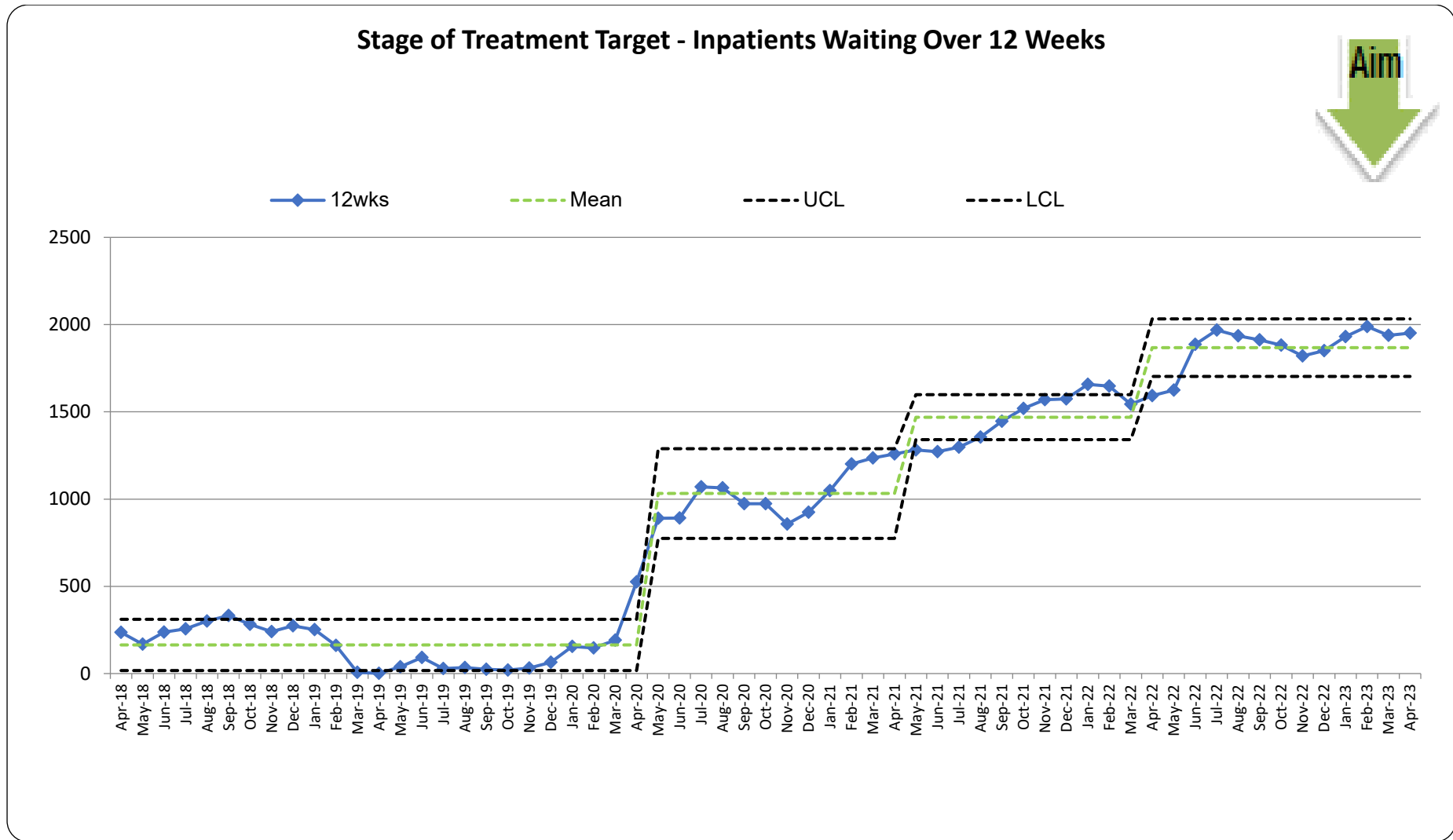


Fig. 13

Patients Treated within the 12 weeks Treatment Time Guarantee

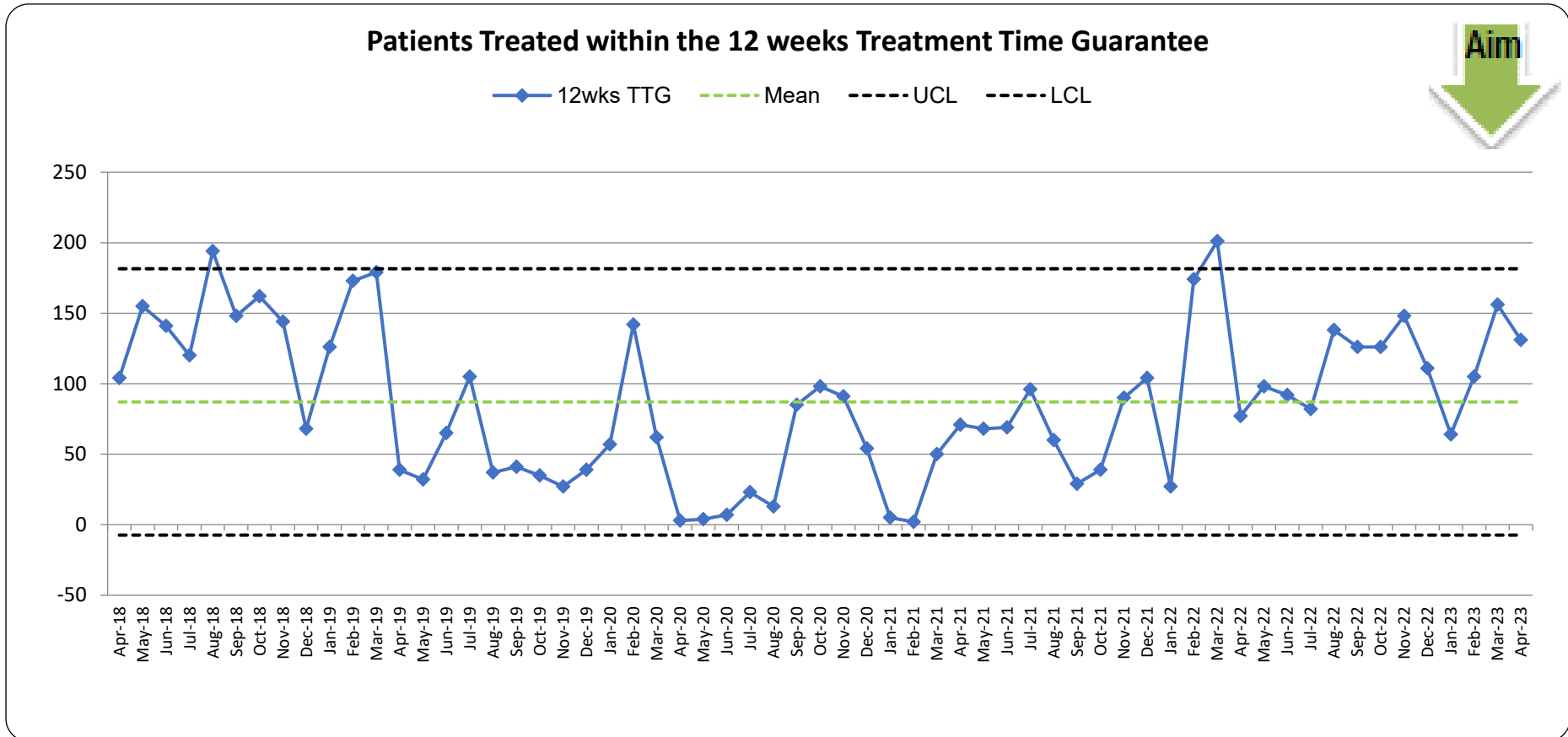


Fig. 14

18 Weeks Referral to Treatment Combined Pathway Performance

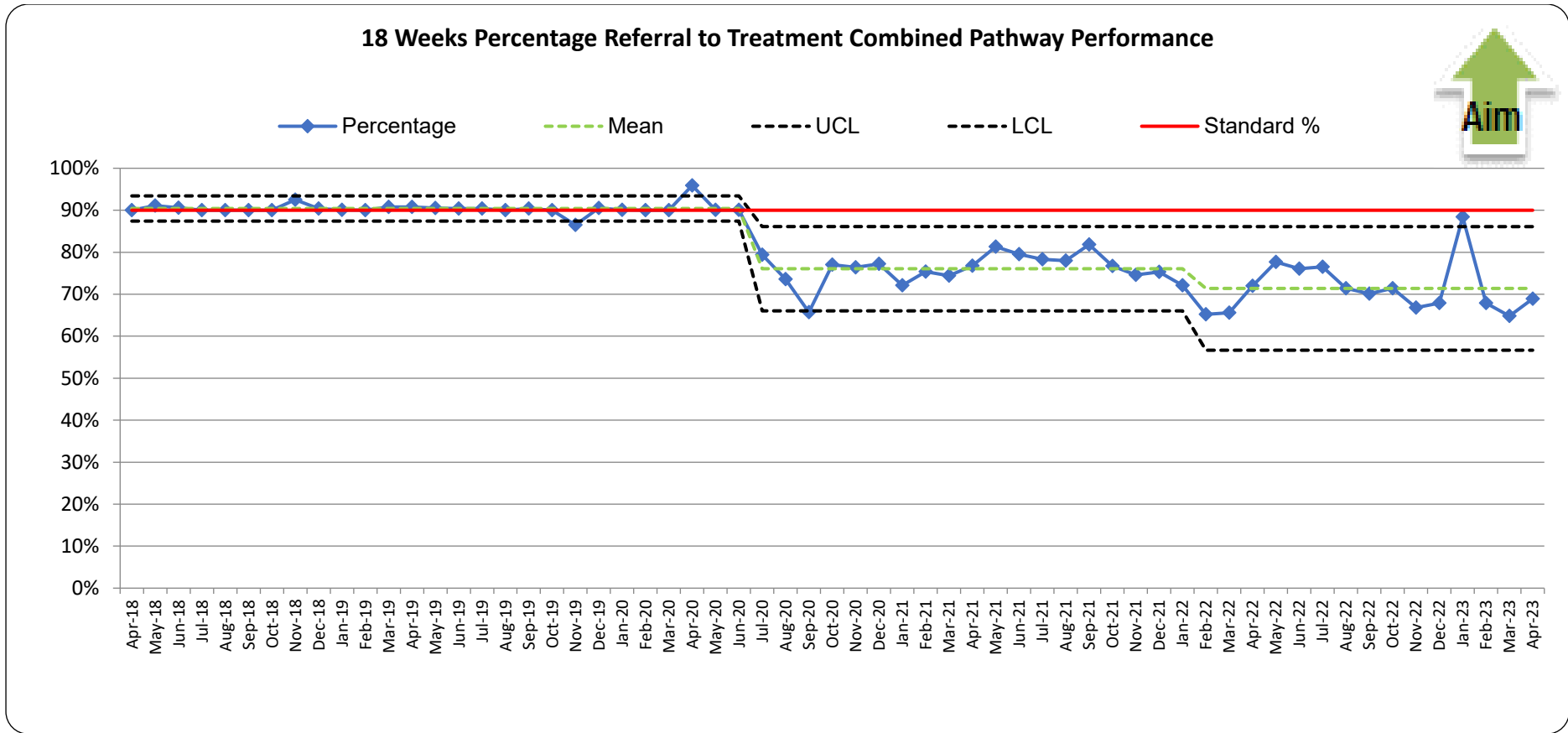


Fig. 15

Diagnostic Waits

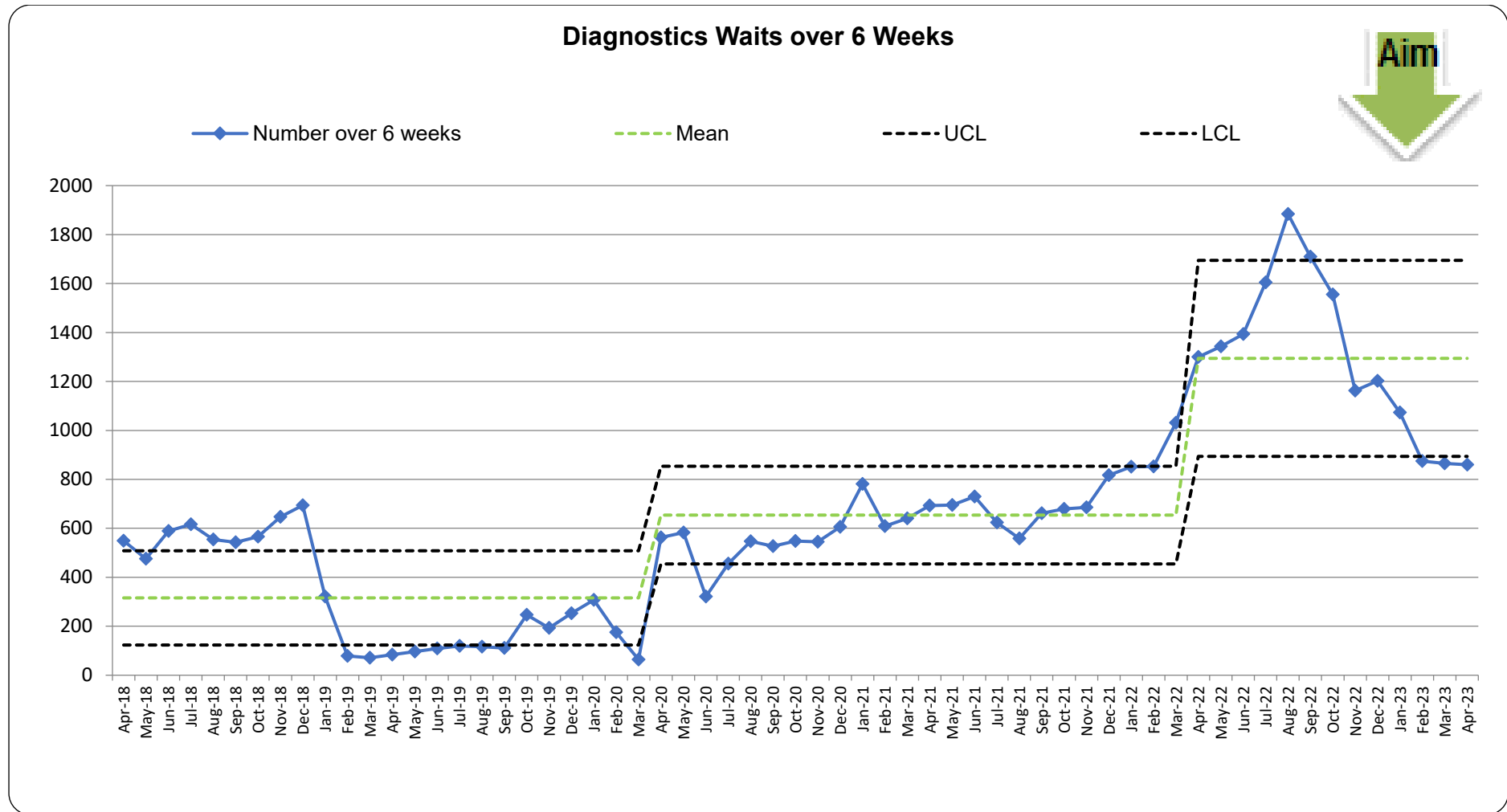
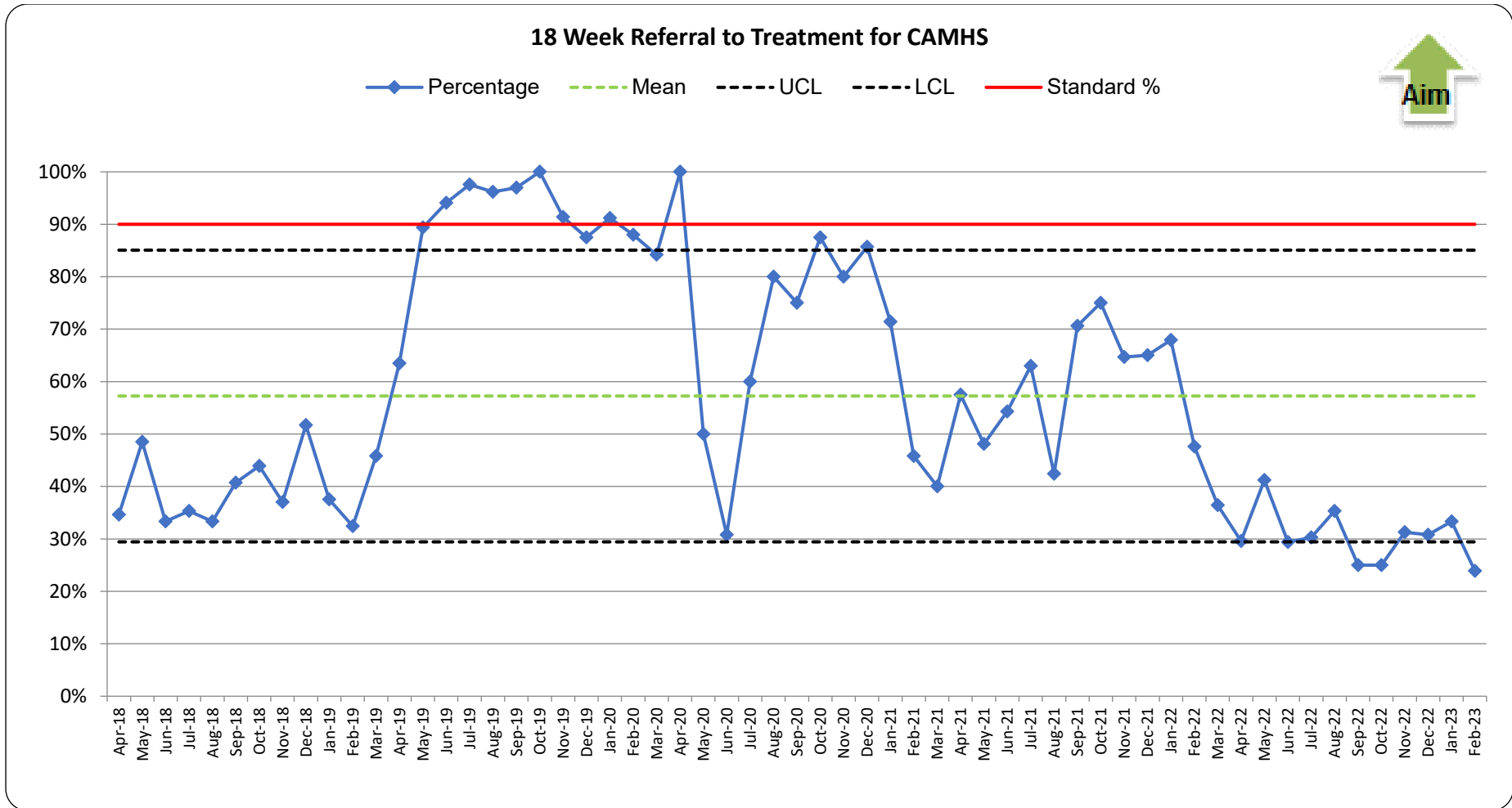


Fig. 16

**CAMHS Waiting Times- 18 Week Referral to Treatment**



**Fig. 17**

Psychological Therapies Waiting Times- 18 Week Referral to Treatment

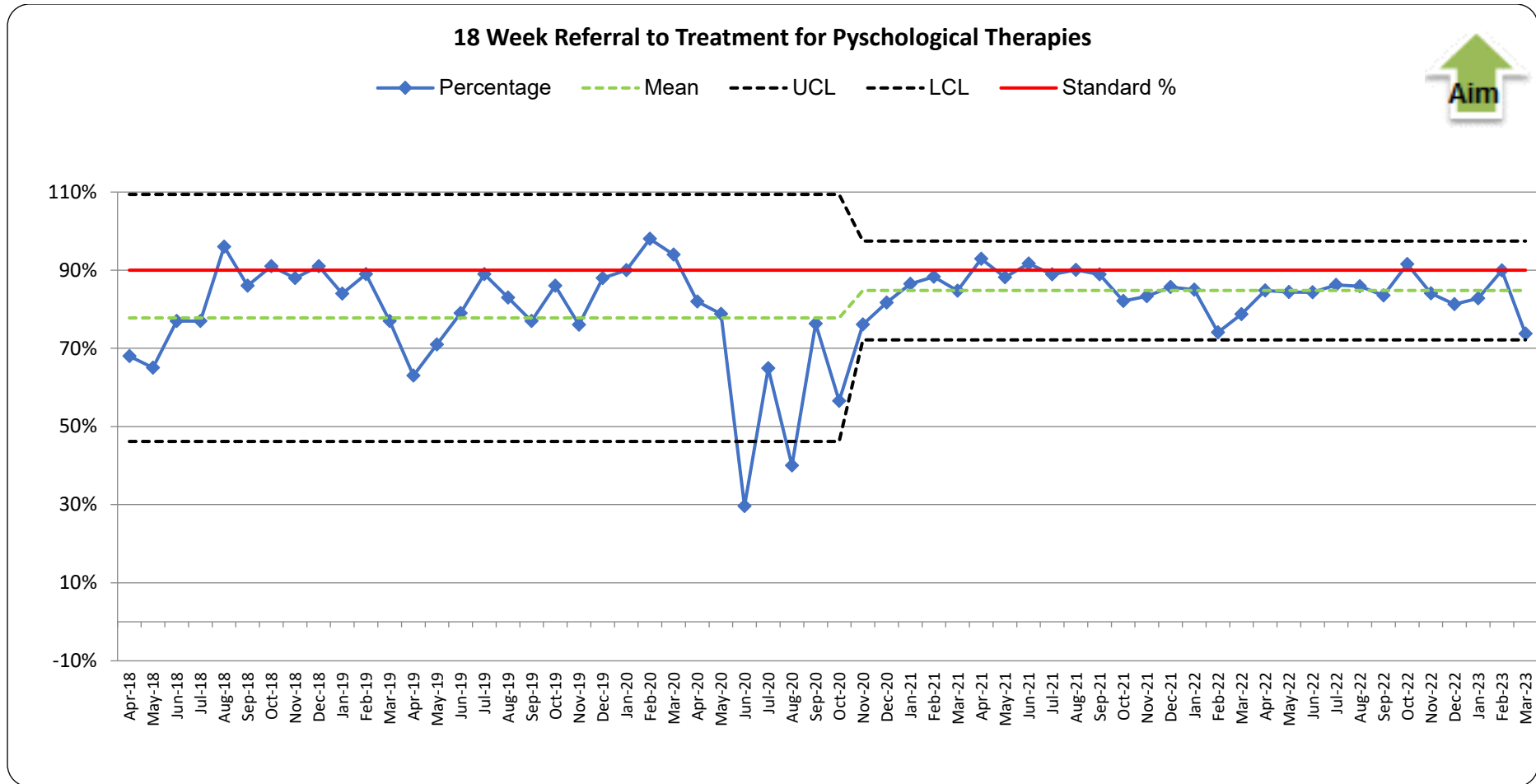


Fig. 18

Delayed Discharges

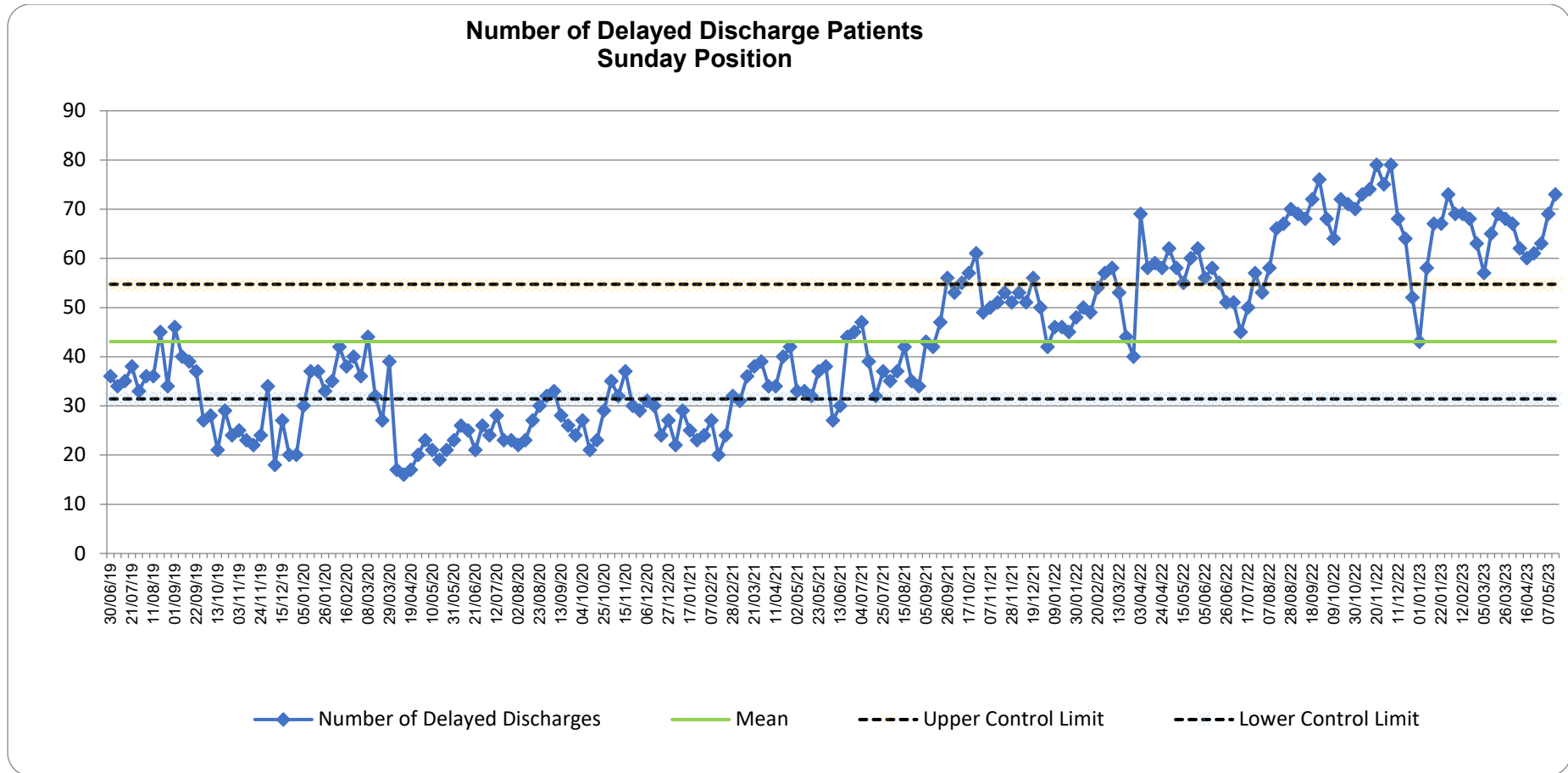


Fig. 19



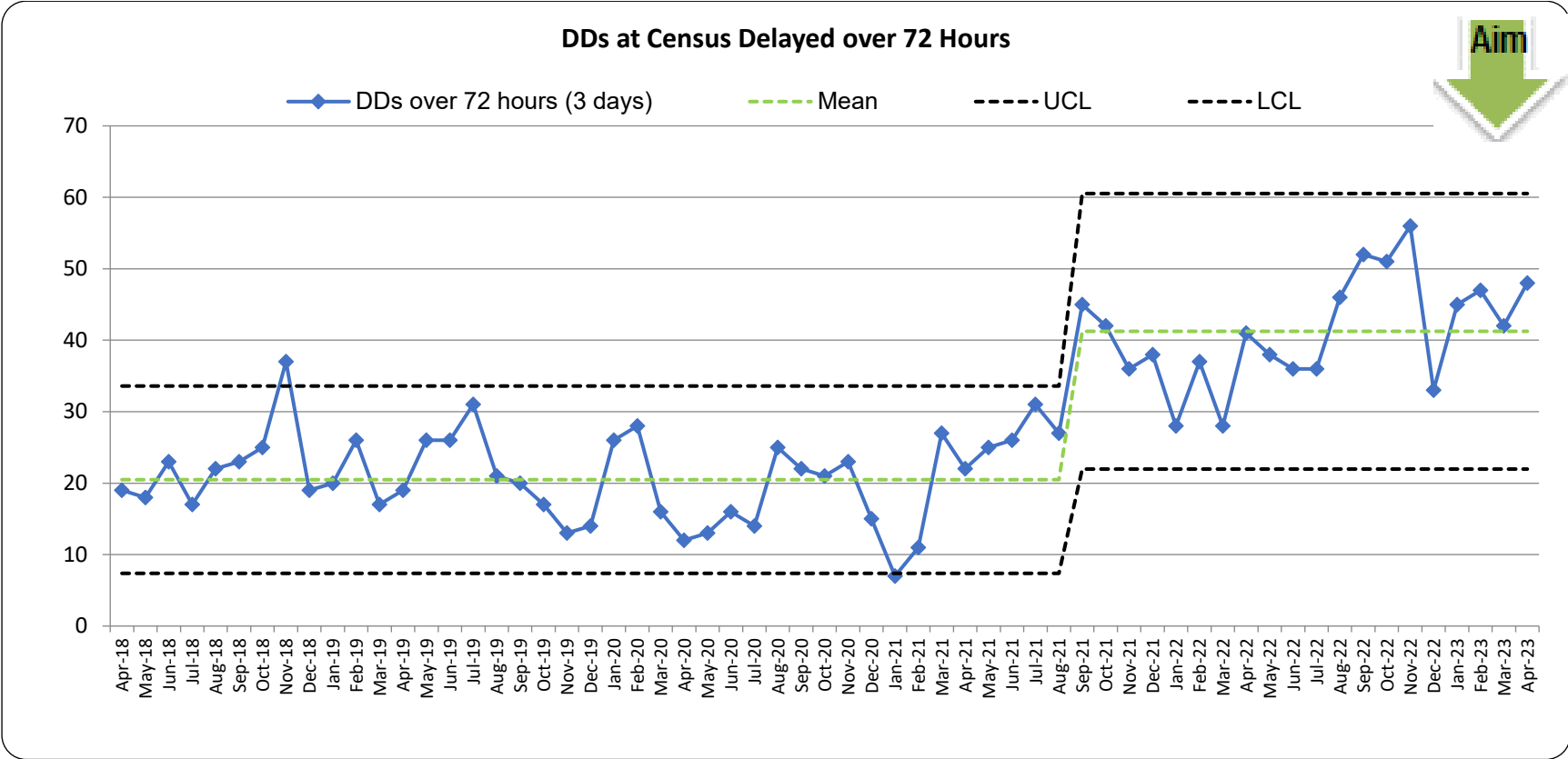


Fig. 20

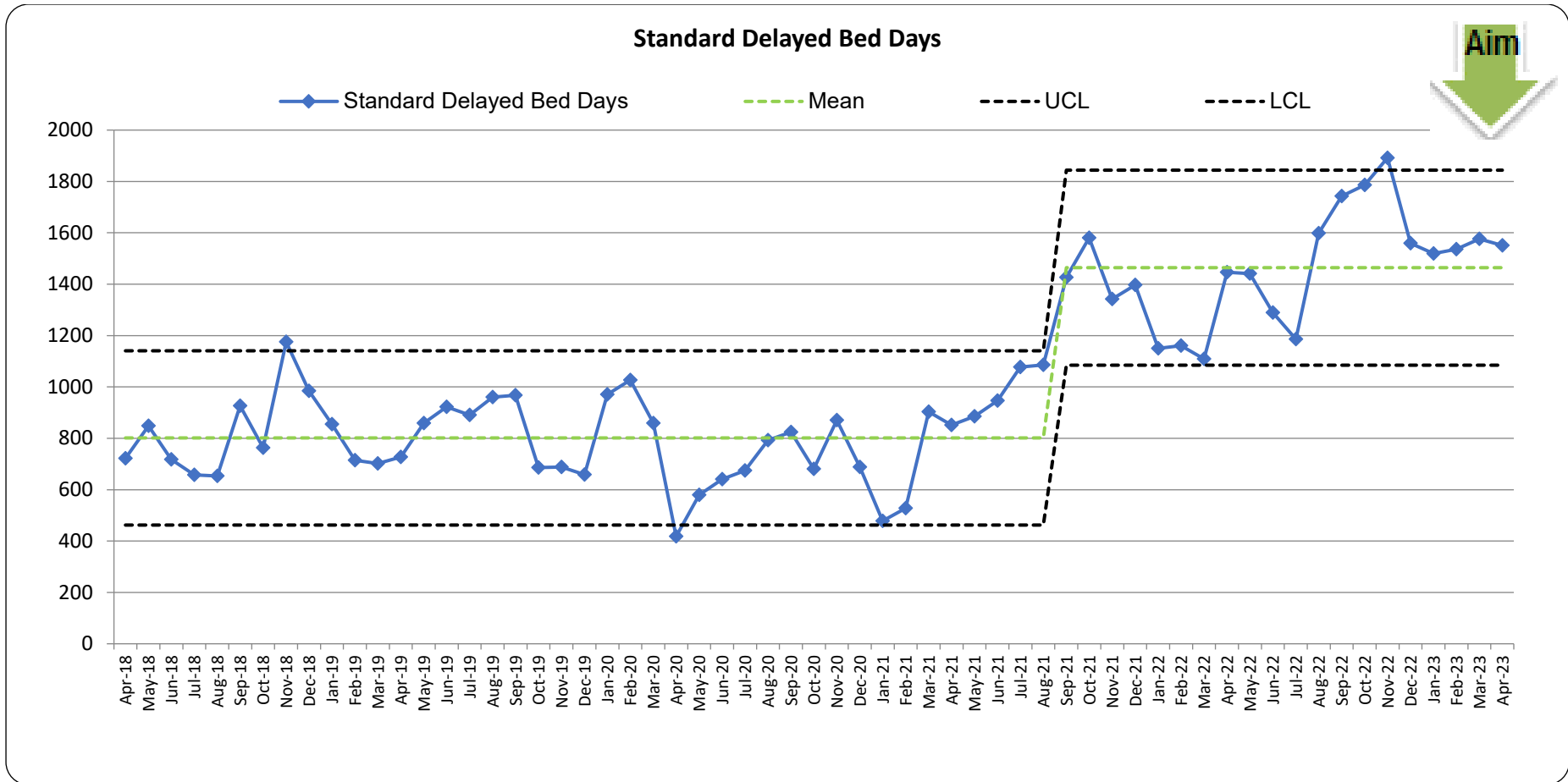


Fig. 21

Drugs & Alcohol

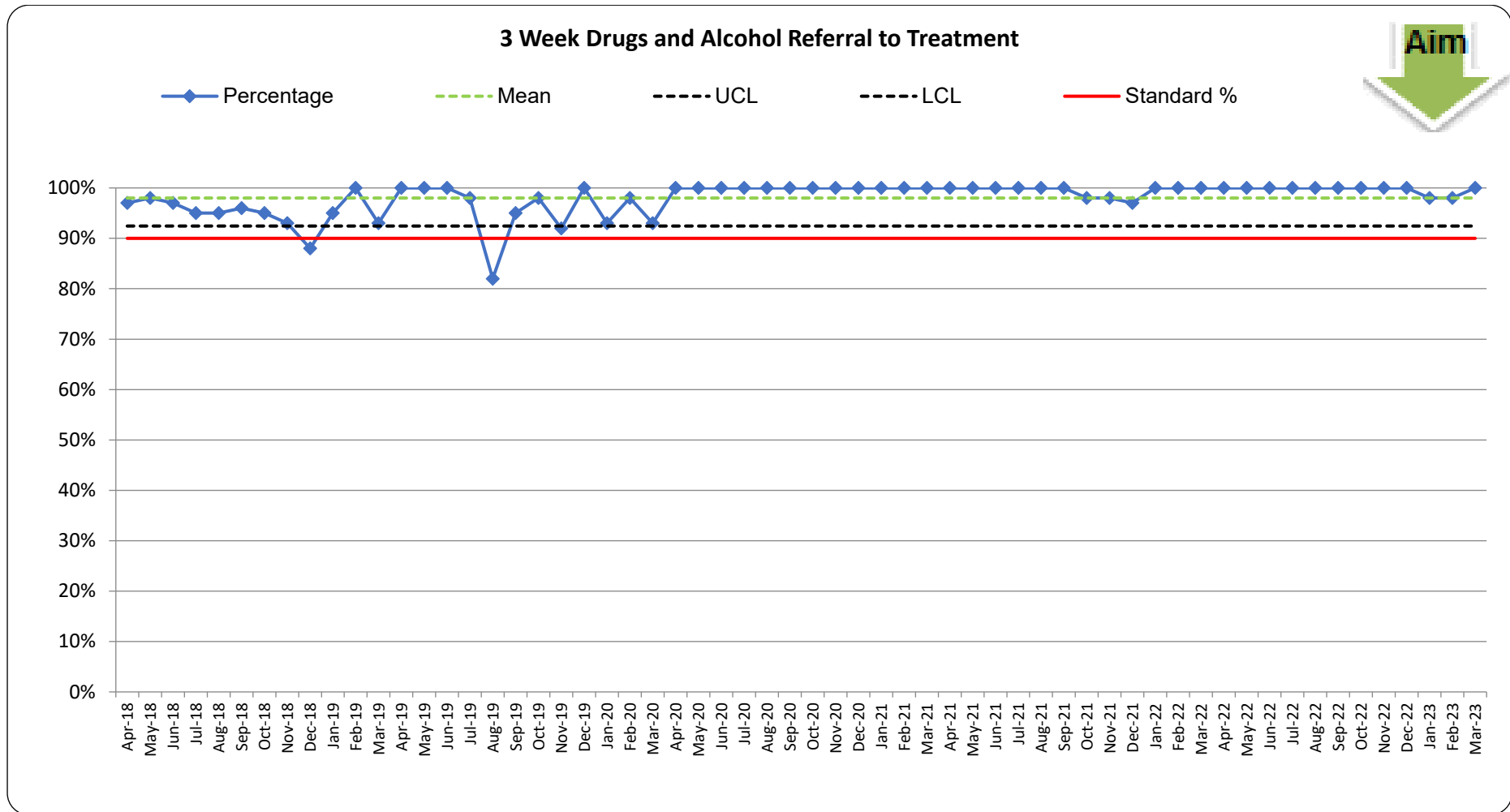


Fig. 22

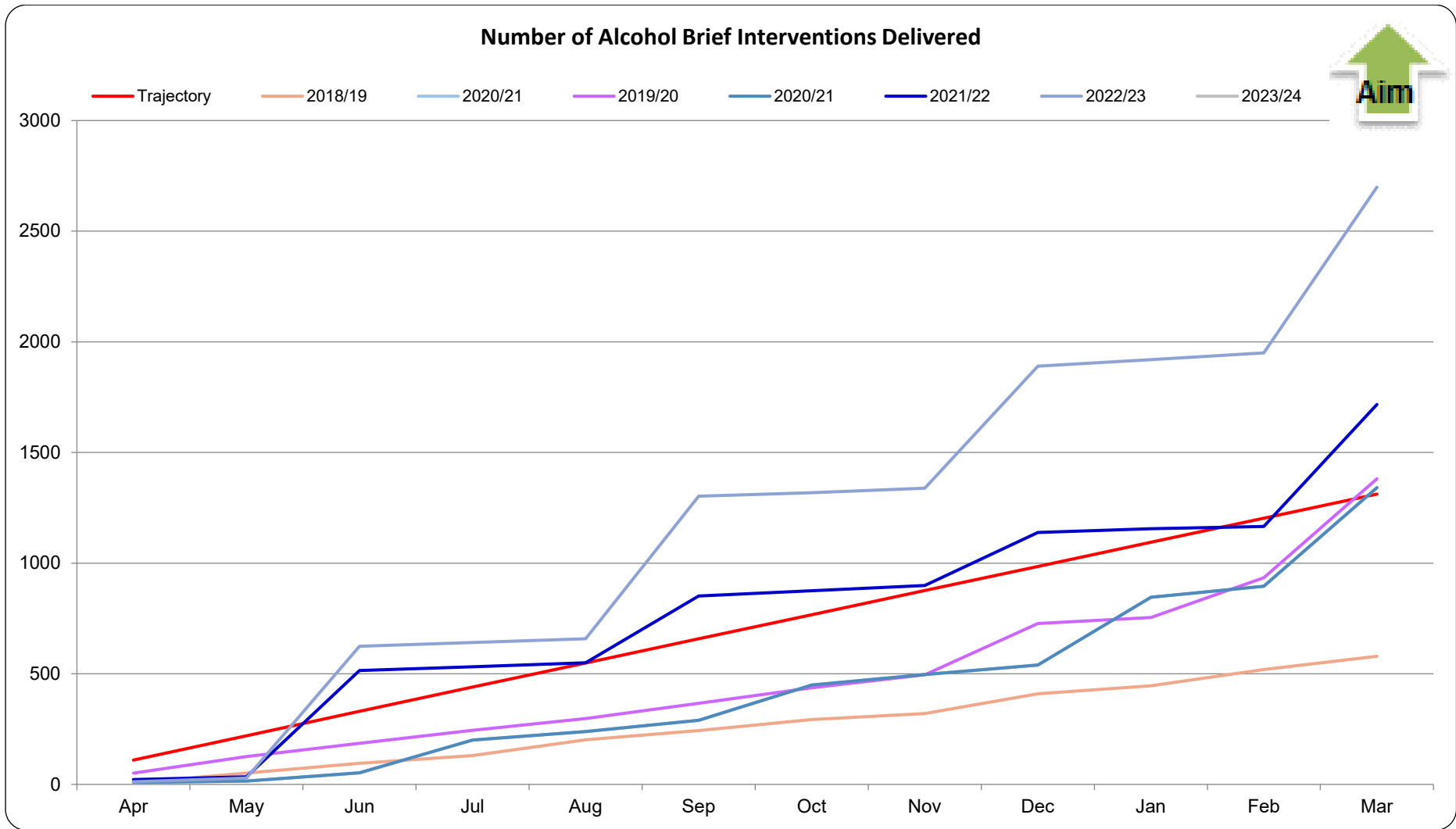


Fig. 23

Sickness Absence

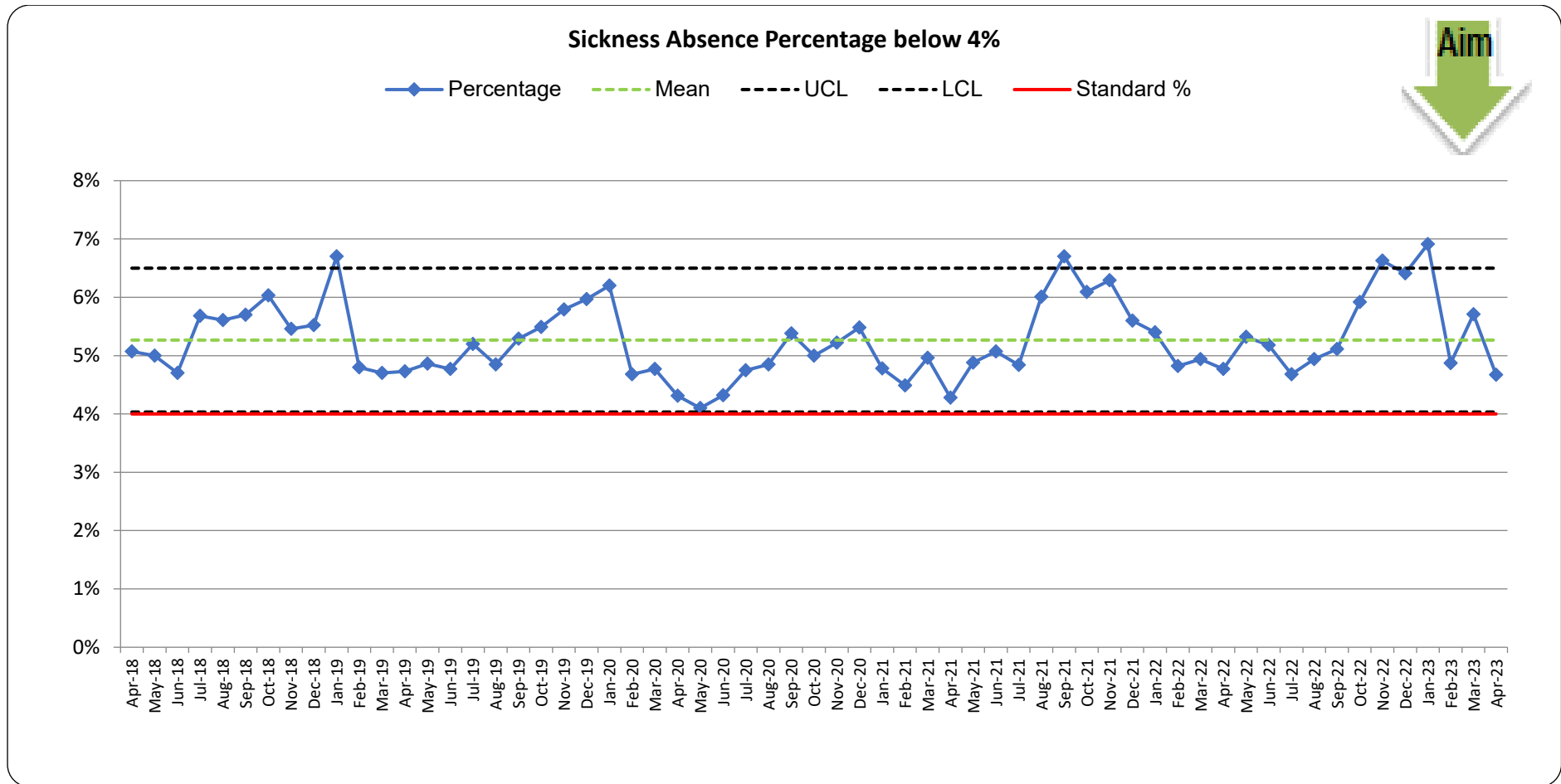


Fig. 24

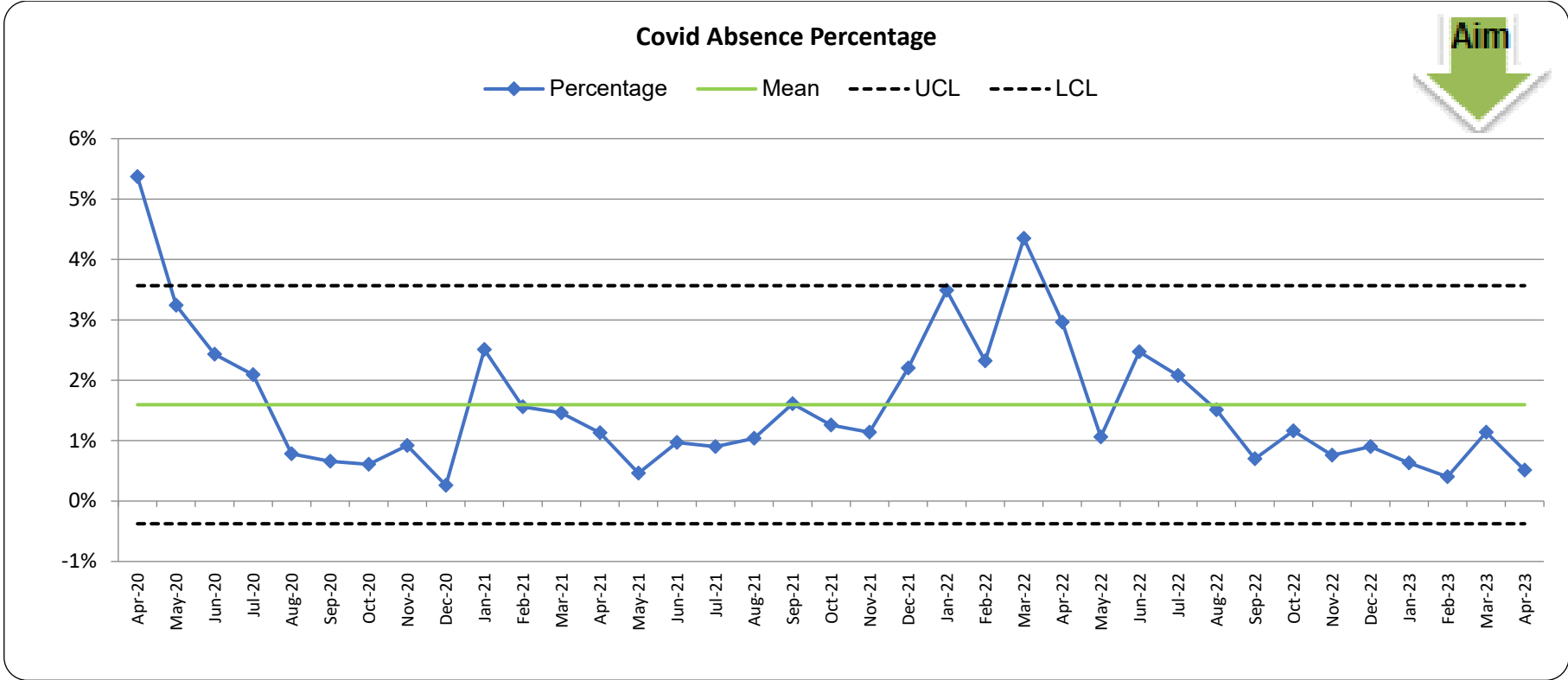


Fig. 25

**Smoking Quits** (Please Note: All figures are cumulative. Data is reported quarterly to allow monitoring of the 12-week quit period. There is a 6-month lag time for reporting to allow monitoring of the 12 week quit period.)

Latest NHS Scotland Performance	NHS Borders Performance (as a comparative)
97.2% (2019/20)	77.4% (2019/20)

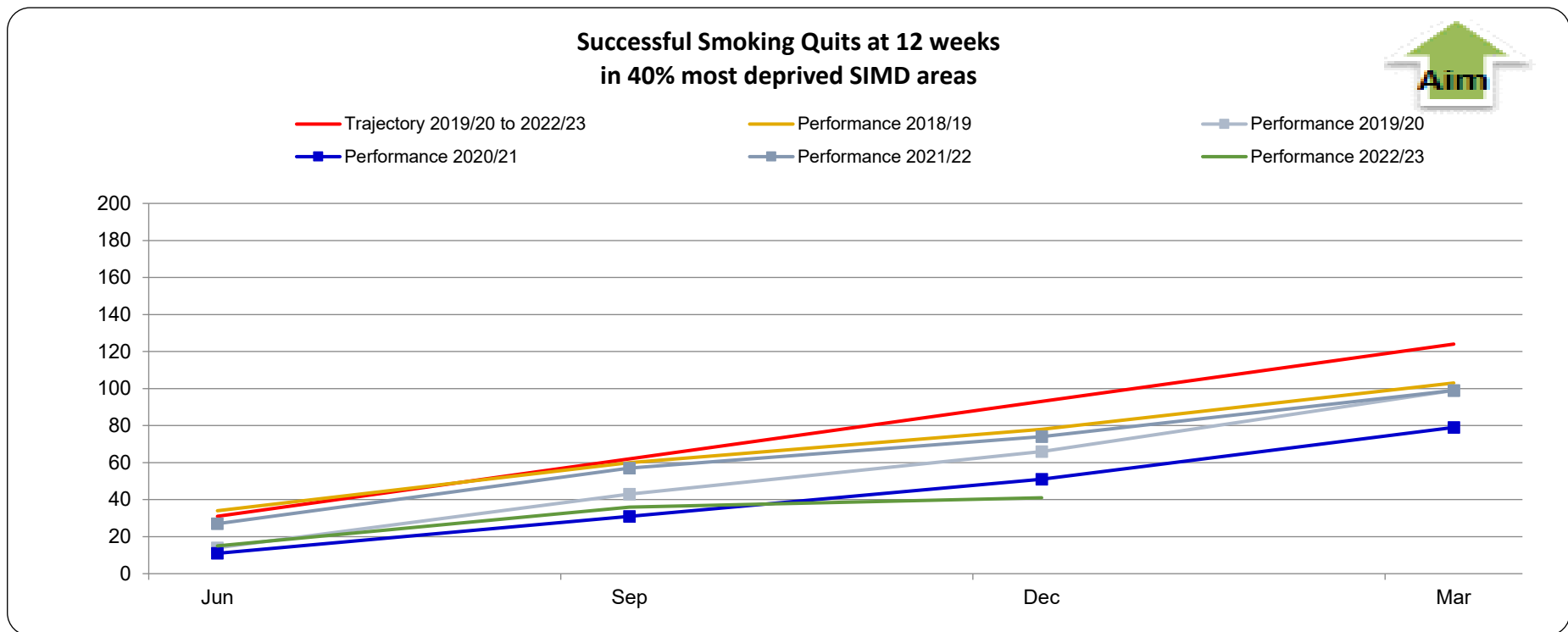


Fig. 26



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Consultant Appointments</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andy Carter, Director of HR &amp; OH&amp;S</b>
<b>Report Author:</b>	<b>Bob Salmond, Associate Director of Workforce</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Local policy

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this report is to notify the Board of recent consultant appointments offered by the Chair or their deputy on behalf of NHS Borders Board.

### 2.2 Background

Board members were briefed in December 2017 on revisions to the NHS Borders guidance on medical consultant appointments. As a result, the Chair of the Board or his/her deputy have delegated authority to offer consultant appointments on behalf of the Board.

### 2.3 Assessment



Since the last report to the Board, 2 new consultants have been interviewed, offered and accepted consultant posts.

<b>New Consultant</b>	<b>Post</b>	<b>Start Date</b>
Dr Nilofer Sabrine	Consultant Paediatrician	October 2023
Dr Roberto Rabinovich	Consultant Physician – Respiratory Medicine	October 2023

### **2.3.1 Quality/ Patient Care**

The Senior Medical Staffs Committee receives a quarterly report on forthcoming medical vacancies, new long term Consultant appointments (including locums) and consultant posts filled by long term locums.

### **2.3.2 Workforce**

Successful recruitment to substantive consultant posts supports the sustainability of services.

### **2.3.3 Financial**

Not applicable.

### **2.3.4 Risk Assessment/Management**

Not applicable.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed in the preparation of this paper. However Equality and Diversity obligations are fully complied with in the recruitment and selection process.

### **2.3.6 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 Route to the Meeting**

Not applicable.

## **2.4 Recommendation**

The Board is asked to note the report.

- **Awareness** – For Members' information only.

### **3 List of appendices**

Not applicable.

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Board Committee Memberships</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Karen Hamilton, Chair</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 1 Purpose

**This is presented to the Board for:**

- Decision

**This report relates to a:**

- NHS Board/Integration Joint Board Strategy or Direction

**This aligns to the following NHSScotland quality ambition(s):**

- Person Centred

## 2 Report summary

### 2.1 Situation

**Children and Young People's Planning Partnership Strategic Board (CYPPP):** NHS Borders was asked to field a Non Executive member to join the Children and Young People's Planning Partnership Strategic Board. The Children and Young People's Partnership Board is made up of multi-agency senior strategic leaders from NHS Borders, Scottish Borders Council, Policy Scotland and the third sector. The Board ensures strategic governance of the implementation of the Promise, GIRFEC, the UNCRC and corporate parenting responsibilities in Scottish Borders. The Chair has agreed to become a member of the CYPPP Board.

**NHSScotland Formal Hearings:** A Non-Executive Director panel member is required for all appeals against dismissal hearings, as advised in the [NHSScotland Formal Hearing Guide](#). The nomination of a specific Non Executive to join any Appeals Against Dismissal Hearings has not been undertaken and all Non Executives will be asked for their availability as and when any Appeals Against Dismissal Hearings are organised.

## **2.2 Background**

In line with the Code of Corporate Governance the Board must approve the Non Executive membership, including the appointment of Chairs and Vice Chairs as appropriate, of its Committees.

## **2.3 Assessment**

This report provides an update to the changes in Board memberships since those agreed by the Board on 30 March 2023.

### **2.3.1 Quality/ Patient Care**

Not applicable.

### **2.3.2 Workforce**

Not applicable.

### **2.3.3 Financial**

Not applicable.

### **2.3.4 Risk Assessment/Management**

Committees are created as required by statute, guidance, regulation and Ministerial direction and to ensure efficient and effective governance of the Boards' business.

### **2.3.5 Equality and Diversity, including health inequalities**

An HIIA is not required for this report.

### **2.3.6 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 Route to the Meeting**

This report has been produced for the Board.

## **2.4 Recommendation**

The Board is asked to formally **approve** the attendance of Karen Hamilton as a member of the CYPPP Board and to **note** that Non Executives will be asked for their availability as and when any Appeals Against Dismissal Hearings are organised.

### **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, NHS Borders Non Executives Committee Chart.

## NHS BORDERS NON EXECUTIVES COMMITTEE CHART 2023 – 14.06.2023

Name/Cttee	Tris Taylor	John McLaren (APF)	Fiona Sandford (Vice Chair)	Karen Hamilton Chair	Kevin Buchan (ACF)	Lucy O’Leary (Digital Champion)	Cllr David Parker (LA)	Sonya Lam (Whistle-blowing Champion)	Harriet Campbell (Sustainability Champion)	James Ayling	Exec Lead & Secretariat
Borders NHS Board (All NEDs)	X	X	VC	C	X	X	X	X	X	X	CEO BS
<b>GOVERNANCE</b>											
Resources & Performance Committee (All NEDs)	X	X	X	C	X	X	X	X	X	X	CEO BS
Audit Committee (4 NEDs)	X		X					X		X	DoF DoF PA
Clinical Governance Committee (4 NEDs)			C		X			X	X		DoQI CG&Q PA
Staff Governance Committee (4 NEDs)		X					C	X	X		DHR DHR PA
Public Governance Committee (3 NEDs)	C					X	X				DoP&P DoP&P PA
Remuneration Committee (5 NEDs)		X	X	C					X	X	DHR BS
Area Clinical Forum (Chair ACF)					C						ACF Chair CEO PA
<b>PARTNERSHIP</b>											
Area Partnership Forum (Chair APF)		C									ED ED PA
Community Planning Partnership Strategic Board (Chair & Vice Chair)			X	X							SBC
CYPPP Board (1 NED)				X							SBC
Police, Fire & Rescue & Safer Communities Board (1 NED)										X	SBC
<b>OTHERS</b>											
Endowment Fund Board of Trustees (All NEDs)	X	X	X	C	X	X	X	X	X	X	DoF DoF PA
Expert Advisory Group to Endowment Cttee (4 NEDs)		C		X	X					X	DoP&P DoP&P PA
Area Drugs & Therapeutics Cttee (ACF Chair)					C						DoP DoP PA

NHS BORDERS NON EXECUTIVES COMMITTEE CHART 2023 – 14.06.2023

Name/Cttee	Tris Taylor	John McLaren (APF)	Fiona Sandford (Vice Chair)	Karen Hamilton Chair	Kevin Buchan (ACF)	Lucy O’Leary (Digital Champion)	Cllr David Parker (LA)	Sonya Lam (Whistle-blowing Champion)	Harriet Campbell (Sustainability Champion)	James Ayling	Exec Lead & Secretariat
Car Park Appeals Panel (1 NED)		C									GSM GSM
Whistleblowing Champion								X			Scot Gov’t
Sustainability Champion									X		Scot Gov’t
Digital Champion						X					Scot Gov’t
<b>OCCASIONAL/AS AND WHEN NECESSARY</b>											
Discretionary Points Committee (Annual)			C								DHR DDHR
Pharmacy Practices Committee	C										MD DoP PA
Dental Appeals Panel (1 NED required at the final escalation stage only)											MD MD PA
ECR Panels (1 NED required at the final escalation stage only)											MD DPH PA
Dismissal Appeal Hearings (1 NED required on all dismissal appeal hearings as per NHSS Formal Hearing Guide)											DHR DDHR
<b>LINKAGES</b>											
Area Clinical Forum			A								ACF Chair CEO PA
Mental Health Partnership Board										A	GM MH&LD PA
Learning Disability Partnership Board						A					GM MH&LD PA
Medical Education Board								A			DoME PA
Organ Donation Committee									A		Hospital Management
Primary & Community Services Clinical Board											P&CS
Acute Clinical Board											Hospital Management
<b>TOTAL</b>	<b>6</b>	<b>8</b>	<b>9</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>8</b>	<b>8</b>	<b>8</b>	

Changes highlighted in pink.

## NHS BORDERS NON EXECUTIVES COMMITTEE CHART 2023 – 14.06.2023

### KEY

C	Chair	DDHR	Deputy Director of HR
VC	Vice Chair	GSM	General Services Manager
X	Member	GM	General Manager
A	Attendee	DoME	Director of Medical Education
CEO	Chief Executive	SBC	Scottish Borders Council
DoF	Director of Finance	ED	Employee Director
DoNMA	Director of Nursing, Midwifery & AHPs	PA	Personal Assistant
DPH	Director of Public Health	CO H&SCI	Chief Officer Health & Social Care Integration
MD	Medical Director	DHR	Director of HR, OD & OH&S
DoQI	Director of Quality & Improvement	CG&Q	Clinical Governance & Quality
DoP&P	Director of Planning & Performance	DoP	Director of Pharmacy
BS	Board Secretary		



# NHS BORDERS NON EXECUTIVES COMMITTEE CHART 2023 – 14.06.2023

## SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD AND ASSOCIATED COMMITTEES

Name/Cttee	Tris Taylor	John McLaren (APF)	Fiona Sandford (Vice Chair)	Karen Hamilton Chair	Kevin Buchan (ACF)	Lucy O’Leary (Digital Champion) (IJB Chair 2022-25)	Cllr David Parker (LA) (IJB Vice Chair 2022-25)	Sonya Lam (Whistle-blowing Champion)	Harriet Campbell (Sustainability Champion)	James Ayling	Exec Lead & Secretariat
Scottish Borders Health & Social Care Integration Joint Board (H&SC IJB) (5 NEDs Required)	XV	XV	XV	XV		C-XV	VC (Appointed in capacity as a Cllr)				IJB CO BS
H&SC IJB Audit Committee (2 NEDs Required)				XV		XV					IJB CFO BS
H&SC IJB Strategic Planning Group (Vice Chair of IJB, Chairs the SPG)							C (Appointed in capacity as a Cllr)				IJB CO PA
<b>TOTAL</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	

Changes highlighted in pink.

### KEY

C	Chair
VC	Vice Chair
XV	Member (Voting)
XNV	Member (Non Voting)
BS	Board Secretary
IJB CO	Integration Joint Board Chief Officer
IJB CFO	Integration Joint Board Chief Financial Officer
PA	Personal Assistant

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>29 June 2023</b>
<b>Title:</b>	<b>Integration Joint Board Minutes</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Chris Myers, Chief Officer Health &amp; Social Care</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Government policy/directive

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this report is to share the approved minutes of the Integration Joint Board with the Board.

### 2.2 Background

The minutes are presented to the Board in regard to Freedom of Information requirements compliance.

### 2.3 Assessment

The minutes are presented to the Board in regard to Freedom of Information requirements compliance.

### **2.3.1 Quality/ Patient Care**

As detailed within the minutes.

### **2.3.2 Workforce**

As detailed within the minutes.

### **2.3.3 Financial**

As detailed within the minutes.

### **2.3.4 Risk Assessment/Management**

As detailed within the minutes.

### **2.3.5 Equality and Diversity, including health inequalities**

An HIIA is not required for this report.

### **2.3.6 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 Route to the Meeting**

This has been previously considered by the following group as part of its development. The group has supported the content.

- Integration Joint Board 15 March 2023
- Extraordinary Integration Joint Board 19 May 2023
- Integration Joint Board 17 May 2023

## **2.4 Recommendation**

The Board is asked to **note** the minutes which are presented for its:

- **Awareness** – For Members' information only.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Integration Joint Board minutes 01.02.23
- Appendix No 2, Integration Joint Board minutes 15.03.23
- Appendix No 3, Extraordinary Integration Joint Board minutes 19.04.23



Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 1 February 2023** at **2pm** via Microsoft Teams

**Present:**

(v) Cllr T Weatherston	(v) Mrs L O’Leary, Non Executive (Chair)
(v) Cllr R Tatler	(v) Mrs K Hamilton, Non Executive
(v) Cllr E Thornton-Nicol	(v) Mr T Taylor, Non Executive
	(v) Mrs F Sandford, Non Executive

Mr C Myers, Chief Officer  
Mrs H Robertson, Chief Financial Officer  
Mrs J Smith, Borders Care Voice  
Mrs L Gallacher, Borders Carers Centre  
Mr D Bell, Staff Side, SBC  
Mr N Istephan, Chief Executive Eildon Housing  
Dr R Mollart GP  
Dr L McCallum, Medical Director

**In Attendance:**

Miss I Bishop, Board Secretary  
Mrs J Stacey, Chief Internal Auditor  
Mrs J Holland, Director of Strategic Commissioning & Partnerships  
Dr S Bhatti, Director of Public Health  
Mrs L Jones, Director of Quality & Improvement, NHS Borders  
Mrs S Bell, Communications Officer, SBC  
Mrs S Flower, Chief Nurse Health & Social Care Partnership  
Mrs H Jacks, Planning & Performance Officer, NHS Borders  
Mr P Kelly, Local Democracy Reporter  
Mr A McGilvray, Southern Reporter

## **1. APOLOGIES AND ANNOUNCEMENTS**

1.1 Apologies had been received from Cllr D Parker, Elected Member, Cllr N Richards, Elected Member, Mrs S Horan, Director of Nursing, Midwifery & AHPs, Ms L Jackson, LGBTQ+, Ms J Amaral, BAVs, Mr S Easingwood, Chief Social Work Officer, Mr D Robertson, Acting Chief Executive, SBC, Mr R Roberts, Chief Executive, NHS Borders, Mr A Bone, Director of Finance, NHS Borders, Mrs J Smyth, Director of Planning & Performance, NHS Borders, Mr B Davies, Chief Officer – Strategic Commissioning & Performance, SBC.

1.2 The Chair welcomed Cllr Neil Richards to the meeting who had been nominated by Scottish Borders Council to replace Cllr Jane Cox as a member of the Integration Joint Board.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the change in voting membership.

- 1.3 The Chair welcomed a range of attendees and members of the public and press to the meeting.
- 1.4 The Chair confirmed the meeting was quorate.

## **2. DECLARATIONS OF INTEREST**

- 2.1 The Chair sought any verbal declarations of interest pertaining to items on the agenda.
- 2.2 Mr Nile Istephan declared an interest in agenda item 5.1 given Eildon Housing had an interest in the Care Village development.
- 2.3 Mr Chris Myers declared an interest in agenda item 5.1 given he was the project sponsor for the Care Village programme.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the verbal declarations of interest.

## **3. MINUTES OF THE PREVIOUS MEETING**

- 3.1 The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 21 December 2022 were approved.

## **4. MATTERS ARISING**

- 4.1 **Action 2022-4:** Mrs Hazel Robertson advised that the matter was being discussed at the Carers Workstream and an update would be provided for the next meeting.
- 4.2 **Action 2022-5:** Mr Chris Myers confirmed that GPs and the Carers Centre had been approached in regard to membership of the UUCPB.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

## **5. DIRECTION: CARE VILLAGE DEVELOPMENT – HAWICK OUTLINE BUSINESS CASE**

- 5.1 Mrs Jen Holland provided a presentation to the Board which covered several areas including: financial appraisal; bed analysis; equalities impact assessment; non-financial appraisal; revenue implications; and Scottish Borders Council recommendations. She emphasised that the role of the IJB was to commission the service provision of health and social care and the business case was the work to support that provision of service and the Direction asked that SBC proceed with that work to the next stage in the process.

- 5.2 In regard to revenue expenditure Mrs Holland advised that it was part of the discussion around the model of care to happen in and around the Hawick care village. She was keen that the IJB understood that it was being asked to note the business case for capital and issue a direction to SBC to proceed with work on the service model.
- 5.3 Dr Sohail Bhatti sought clarity on the capital allocation given Housing Associations had access to private sector funds. Mrs Holland advised that the care village would be funded by the capital from Scottish Borders Council allocation of capital build and in terms of the care village it was more complex. Mr Nile Istephan commented that the care village would be made up entirely of different elements and parts would be funded through SBC resources and extra care housing co-located to the site and owned and managed by Eildon Housing. He advised that Eildon Housing would have access to housing grants from the Scottish Government as well as other commercial borrowing and the Scottish Government capital investment would enable the extra care element of the care village proposals.
- 5.4 Dr Lynn McCallum commented that those who would live in the facility were likely to be highly co-morbid, potentially frail and have significant health requirements and she was reflective of the impact that would have on community services in relation to the build. She was pleased to hear that there would be further consultation and enquired of the consultation with the local GPs to date. Mrs Holland confirmed that local GPs had been consulted with and in moving forward with the development further consultation would be required.
- 5.5 Dr Rachel Mollart commented that it was well recognised in primary care services that care facilities contained high acuity patients and Hawick already had a high number of high acuity beds and were overly care home bedded compared to other GP Practice areas. She suggested further consultation take place via the GP Sub Committee where a representation of GPs from across the Borders was present and could give a more rounded generalised view of what GPs concerns would be.
- 5.6 The Chair enquired about the practicalities of working on the health and social care service model for the whole development. Mr Chris Myers commented that the care village needed to meet the needs of everybody involved and then the associated service delivery models around it and in meeting that need there would be a requirement for more workforce from primary care and community health.
- 5.7 Mr Tris Taylor commented that he had a number of concerns and from an IJB perspective suggested the Board should take actual assurance on evidence to meet the standards necessary and cited the judicial review into Teviot Day Services as an example. He enquired if there was an alternative to the care village model? He enquired if the NDTI consultation was about the replacement of Deanfield or on a model of care as a whole and he further enquired about a breakdown of the 113 people who had responded. He suggested the scoring matrix user criteria was on the delivery of services from a single site but could not be read across to the NDTI report as it referred to delivery from multiple sites. From a commissioning point of view he suggested it was difficult to take actions on revenue without understanding the full provision of care village funding.

- 5.8 The Chair suggested the Impact Assessment should have a version control and contain numbered pages and there was a non-sequitur between pages 2-3 that might miss out evidence of engagement events.
- 5.9 Mrs Lynn Gallacher enquired why there wasn't a projection for respite beds given there were none at all in the Borders and there should be data around the number of people waiting for respite beds.
- 5.10 Mr Myers commented that in regard to the Impact Assessment (IA) work was taking place to clarify the numbers of people engaged with and not just the numbers of people per group. Stage 2 of the IA was a live document and was being continually updated and would inform the development of the full business case. Stage 3 would involve the completion of the IA and the full business case.
- 5.11 Mr Myers detailed the consultation process that had been undertaken and the holistic sense of different health and care services across Hawick such as extra care housing, sheltered housing, retirement housing, 24 hour residential care, care services and access to services linked to the wider community and the outcome of a care village being more appealing to people than a replacement for Deanfield. In terms of respite he agreed that it was a critical provision required across the Borders and suggested respite bed modelling would be included in the full business case.
- 5.12 The Chair suggested there should be 2 directions from the IJB. The first one would be the business case for capital for SBC to work on. The second one would be to request a business case for the delivery of what the IJB would commission in the care village and that should be directed to both NHS Borders and SBC.
- 5.13 Mr Taylor enquired how much of the money was within the gift of the IJB to commission and he queried the quality value of each bed and suggested the funding might be better spent on preventative services. He suggested through the engagement process the question of how best to spend £4.7m should have been asked and had not been asked.
- 5.14 Cllr Elaine Thornton-Nicol suggested the IJB note the outline business case which was solely on capital expenditure and solely in the gift of SBC and then consider issuing a direction to SBC to consider the development of a service model and the revenue implications associated with it and to formulate a full business case for Hawick and Tweedbank.
- 5.15 Mr Myers advised of the engagement sessions he had attended in Hawick and the provision of need in that area. He commented that the direction reflected the next step in the process to develop a realistic service model.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Outline Business Case (Appendix 1) and the preferred option of the Scottish Borders Council for a new build in partnership with Eildon Housing Association on their Stirches site.



The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** asked that a revised direction be brought to the next meeting to clearly direct both Scottish Borders Council and NHS Borders to work up a service model business case for the Care Villages.

## **6. WINTER SYSTEM PRESSURES UPDATE**

- 6.1 The winter system pressures update was provided to the Board as the Board had oversight of all delegated services, and it was important that Board members were aware of the recent pressures across health and social care, and that they were considered in terms of: the impact on our communities and health and wellbeing outcomes; the impact on the levels of risk and the strategic risk register; and the impacts in terms of the annual plan for 2023-24 in line with the new Strategic Framework.
- 6.2 Dr Rachel Mollart provided an insight into a typical working day of a GP and then provided some observations on the update.
- 6.3 Mrs Fiona Sandford commented that whilst she recognised the difficulties in supporting GPs with their clinical workload she was keen to explore what could be done to support GPs with the admin tasks they were required to undertake.
- 6.4 Mrs Karen Hamilton highlighted the need for hard data from primary care to be able to formulate some lobbying of the Scottish Government.
- 6.5 Dr Mollart commented that the new GMS contract was trying to release some of the administration pressures on GPs but that was not materialising given the Scottish Government had pulled some of the funding of the contract. She advised that data was collected nationally and the reports released were very high level with the lowest aggregate being at Health Board level and not at GP Practice level. She advised that the GP community had undertaken adhoc surveys which showed that pressures continued to be on the increase.
- 6.6 Mrs Susie Flower commented that it was a similar position in community services particularly within District Nursing due to vacancies and sickness absence with some locality areas moving to the provision of priority care for patients only. She advised that there continued to be an increased need for diabetic patients and the data showed an increase in contacts with patients to District Nursing of 340-370 with no additional workforce provision. Treatment rooms were closed and evening services were stretched leading to impacts on other services.
- 6.7 Mrs Jen Holland commented that social care was under constant day to day pressure with vacancies and staff undertaking back to back shifts to keep services operating. There was a significant loss of staff due to people retiring and people leaving for jobs in other sectors as care sector wages were equal to the living wage. A number of beds had been closed for a significant period of time due to an inability to maintain staffing levels to keep the beds open as well as compliance with Care Inspectorate regulations. A RAG status had been introduced within home care with care being provided to those deemed as Red. Some 60% of the provision of home care was through external providers but that had reduced to 40%. There was a focus on moving people on from

hospital and some were waiting in the community for care home places or care at home and there needs were not being met. She drew the attention of the Board to the build up of pressures across all interfaces across the whole system.

- 6.8 Mrs Lynn Gallacher commented that there was also an impact from the winter pressures on the third sector. There was an unprecedented volume of referrals and staff were working above and beyond their normal working hours to support families and unpaid carers. Relationships for carers were breaking down and the main issue was resource in terms of care and it was interesting that it was across the whole system and heavily impacted on unpaid carers.
- 6.9 Dr Mollart commented that unpaid carers did a remarkable job and were frustrated that they could not help out when family members could be cared for at home from a medical point of view.
- 6.10 Dr Lynn McCallum commented that from a secondary care perspective, it remained under immense pressure and it was challenging to support the elective care programme. She spoke of the work of the Kaizen programme and the progress that it had made and the difficulties in sustaining that given the increased winter pressures across the whole system of secondary care, primary care and social care. She advised that secondary care was seeing a significant decline in peoples functions which were leading to a need for higher levels of social care. Work was underway on clinical decision making and a real focus was on values based medicine.
- 6.11 The Chair commented that she recognised the ability to progress things was constricted at present, but she urged the Board to appreciate that it had been given an opportunity to hear honestly from a number of key sectors and as a single audience that had responsibility to look across the whole system, on behalf of the Board, she recorded the Boards' appreciation for what was happening and what people and their teams were delivering on the ground to support patients and the local population with their health and care needs.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update.

## **7. MONITORING OF THE HEALTH & SOCIAL CARE PARTNERSHIP BUDGET (QUARTER 3 REPORT)**

- 7.1 Mrs Hazel Robertson provided an overview of the content of the report and highlighted that the forecast position remained in line with the previous report with the financial position not deteriorating significantly but being reflective of some of the long standing financial variances.
- 7.2 The Chair enquired about the Learning Disability overspend due to the high cost case and enquired about the actual cost as it appeared to be merged with other costs. Mrs Robertson advised that it was a 7 figure sum and related to more than one high cost case.

7.3 Cllr Elaine Thornton-Nicol enquired if the narrative could be reworded to be clear it was more than one high cost case. In regard to the summary she noted that the older peoples services budget appeared to be incorrect. Mrs Robertson agreed that it appeared to be incorrect and advised she would review the figures and get back to Cllr Thornton-Nicol outwith the meeting.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast adverse variance of (£6.250m) for the H&SCP delegated services for the year to 31 March 2023 based on available information, broadly consistent from the period 6 reported estimate at (£6.740m).

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the forecast position includes costs relating to mobilising and remobilising in respect of Covid-19. Government have clawed back funding from period onwards and will do a reconciliation in April 2023. The reserve is therefore considered fully utilised.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that any expenditure in excess of delegated budgets in 2022/23 will require to be funded by additional contributions from the partners in line with the Scheme of Integration. Previously, additional contributions have not been repayable.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that set aside budgets continue to be under significant pressure as a result of activity levels, flow and delayed discharges.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the best value for every pound approach has been launched with a number of service areas taking in part in tests of change.

## **8. FINANCIAL OUTLOOK UPDATE**

8.1 Mrs Hazel Robertson explained that she was revising the process to make finance more accessible to people to be able to make decisions. There were a number of areas in the financial arrangements that would be revised in regard to the way financial information was managed and presented to various forums in order to drive best practice in regard to regulations, accountability and visibility. She further spoke of the set aside budget process; the “every pound spent wisely” programme; implementing the financial plan and what that meant for services; COVID reserves and reconciliation at the year end; spend plans and outcomes; participatory budgeting; and the concept of generic services.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update.

## **9. DRAFT STRATEGIC FRAMEWORK**

9.1 Mr Chris Myers gave an overview of the content of the draft strategic framework and explained that he had discussed it with both management teams in Scottish Borders Council and NHS Borders with the intention that all 3 organisations would adopt it as part of the direction of travel towards a single health and social care strategic framework.

He was also keen to share it with planning partners and other partners in terms of care providers and the wider third sector to get everyone working towards the same outcomes. He advised that more accessible versions would be produced to accompany the final framework and in the meantime he was working with communities to seek their views ahead of the final version being produced.

9.2 Dr Sohail Bhatti suggested there should be more emphasis on health inequality measures.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the contents and progress with the Strategic Framework

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that discussions have occurred with the Scottish Borders Council and NHS Borders Management Teams on its potential adoption for Health and Social Care Services

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the intention is to also have similar discussions with our wider Community Planning Partners

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that a final version of the Strategic Framework will be brought back to the Integration Joint Board for consideration by the end of the financial year

## **10. UPDATE ON NATIONAL CARE SERVICE CORRESPONDENCE**

10.1 The Chair advised that following the application by the IJB, NHS Borders and Scottish Borders Council to be a pilot for the National Care Service a response had been received.

10.2 Mr Chris Myers commented that a discussion had taken place with Scottish Government colleagues earlier in the week on the possibility of being a pilot. The discussion had focused on rurality and a recognition that half the local population lived in rural areas; age profiles and demographics; being the 6<sup>th</sup> largest health and social care partnership in Scotland; the strategic framework being based on community need; public engagement and developing locality working groups to pick up participatory budgeting; participatory budgeting coproduction with unpaid carers; and relationships with the community planning partnership, third sector, primary care services, NHS Borders and Scottish Borders Council all working closely together. During discussions Mr Myers had enquired about special terms and conditions for a pathfinder and the further work to be done to see what a pathfinder would involve and Scottish Government had been keen to ensure the partnership could demonstrate a seamless provision and a commitment to that.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the contents of the letter and the response

## **11. DIRECTIONS TRACKER**

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the overview of outstanding trackers, which were reviewed by the IJB Audit Committee

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that funding from SG remained insufficient to fully implement the PCIP. That was a significant issue which would require consideration as part of financial planning.

## **12. STRATEGIC RISK REGISTER UPDATE**

12.1 The item was deferred to the next meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** deferred the item to the next meeting.

## **13. AUDIT COMMITTEE MINUTES: 28.11.22**

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

## **14. ANY OTHER BUSINESS**

Appointment to IJB Audit Committee:

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the appointment of Cllr Neil Richards to the Audit Committee.

## **15. DATE AND TIME OF NEXT MEETING**

15.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 15 March 2023, from 10am to 12noon through MS Teams and in person in the Council Chamber, Scottish Borders Council.

15.2 The Chair confirmed that the next Scottish Borders Health & Social Care Integration Joint Board Development session would be held on Wednesday 15 February at 10am at Wilkie Gardens, Glenfield Road West, Galashiels, TD1 2UD.



Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 15 March 2023** at **10am** via Microsoft Teams

**Present:**

(v) Cllr D Parker	(v) Mrs L O'Leary, Non Executive (Chair)
(v) Cllr R Tatler	(v) Mrs F Sandford, Non Executive
(v) Cllr N Richards	
Mr C Myers, Chief Officer	
Mrs H Robertson, Chief Financial Officer	
Mrs J Smith, Borders Care Voice	
Mr D Bell, Staff Side, SBC	
Mrs Y Smith, Partnership, NHS Borders	
Mr N Istephan, Chief Executive Eildon Housing	
Dr R Mollart GP	
Mrs S Horan, Director of Nursing, Midwifery & AHPs	
Mr S Easingwood, Chief Social Work Officer	
Ms J Amaral, BAVs	

**In Attendance:**

- Miss I Bishop, Board Secretary
- Mr D Robertson, Chief Executive, SBC
- Mrs J Stacey, Chief Internal Auditor
- Dr S Bhatti, Director of Public Health
- Mrs L Jones, Director of Quality & Improvement, NHS Borders
- Ms W Henderson, Scottish Care
- Mr A Bone, Director of Finance, NHS Borders
- Ms L Thomas, Communications, NHS Borders
- Mr D Knox, BBC Scotland

## **1. APOLOGIES AND ANNOUNCEMENTS**

- 1.1 Apologies had been received from Cllr T Weatherston, Elected Member, Cllr E Thornton-Nicol, Elected Member, Mrs K Hamilton, Non Executive, Mr J McLaren, Non Executive, Mr T Taylor, Non Executive, Dr L McCallum, Medical Director, Ms L Jackson, LGBTQ+, Ms L Gallacher, Borders Carers Centre, Mr R Roberts, Chief Executive, NHS Borders, Mrs J Smyth, Director of Planning & Performance, NHS Borders, Mr B Davies, Chief Officer – Strategic Commissioning & Performance, SBC, Mrs S Bell, Communications Officer, SBC, Mrs S Flower, Chief Nurse Health & Social Care Partnership, Mrs H Jacks, Planning & Performance Officer, NHS Borders, and Mrs J Holland, Director of Strategic Commissioning & Partnerships
- 1.2 The Chair welcomed Cllr Neil Richards to his first meeting of the Integration Joint Board (IJB).

- 1.3 The Chair welcomed attendees and members of the public to the meeting including Ms Wendy Henderson, Scottish Care and Mr David Knox, BBC Scotland.
- 1.4 The Chair confirmed that the meeting was not quorate and IJB would therefore be unable to formally approve any matters but would still be able to discuss and note items. Items that required approval before 31 March 2023 would be circulated to the Voting Members after the meeting to seek approval via email.

## 2. DECLARATIONS OF INTEREST

- 2.1 The Chair sought any verbal declarations of interest pertaining to items on the agenda.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were none.

## 3. MINUTES OF THE PREVIOUS MEETING

- 3.1 The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 1 February 2023 were noted and would be submitted to the next meeting for formal approval.

## 4. MATTERS ARISING

- 4.1 **Action 2022:** Mr Chris Myers advised that the Carers workstream had been updated and a number of its members were part of the Teviot & Liddesdale working group. Public engagement had taken place across the locality and good feedback had been received on the day service and other services that supported carers the area. The feedback was being worked through with the working group and work was being undertaken in regard to a provider and commissioning. Stage 1 of the Inequalities Assessment had been completed and Stage 2 was being taken forward.
- 4.2 **Action 2022-4:** Mrs Hazel Robertson advised that she had presented to the Carers workstream on the Carers Act Funding covering current year spend and projected year spend. On an on-going basis she would be updating the group on how the funds were being used. Additional funding had been provided and not used in the current year but would be carried forward into next year. The Chair suggested the action be recorded as complete.
- 4.3 **Action 2023-1:** Mr Chris Myers advised that the revised direction would be submitted to the Strategic Planning Group for consideration and recommendation to the IJB in May.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that Action 2022-4 be marked as complete.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

## 5. 2022/23 IJB FINANCIAL PLAN AND INITIAL BUDGET

- 5.1 Mrs Hazel Robertson provided an overview of the content of the report and explained how the IJB and Health & Social Care Partnership (HSCP) budget was compiled through offers from Scottish Borders Council (SBC) and NHS Borders. The process had been revised to formalise the sign off of the budget with both SBC and NHS Borders. The NHS Borders position was complex and formal sign off of that element would be sought at the next IJB meeting. However the SBC position was less complex and she confirmed that the information provided by SBC met the requirements for setting the IJB budget.
- 5.2 Mrs Robertson commented that there had been a substantial historical savings target within the IJB budget and she anticipated that remaining in place with an increased requirement for savings in order to reach a balanced position for the partnership. She reiterated that the process with NHS Borders had not yet concluded and it was important to rectify that position in order to produce a recovery plan to show how those savings targets would be met. Whilst it was a difficult budget to work with she now had clarity of the issues and the funding to be set aside as the budget for next year remained consistent.
- 5.3 Mrs Robertson then detailed the budget proposals.
- 5.4 Mrs Fiona Sandford welcomed the report which was very clear in its layout. She enquired about the table in section 8.1 as it did not detail an entry against Home First. She also enquired if the level of savings was in line with other IJBs across Scotland.
- 5.5 Mrs Robertson advised that she would check the detail of Home First and respond outwith the meeting. Mr Andrew Bone suggested that the Home First information had been included in the "generic services" line but advised he would clarify the position to Mrs Robertson.
- 5.6 Mrs Robertson commented that in regard to other IJBs she would gather some benchmarking information to be shared at the next meeting.
- 5.7 Mrs Jenny Smith echoed Mrs Sandford's compliment in terms of the layout and content of the report. She commented that in her role as third sector member of the IJB it was a challenge to understand the finance and savings plan as they were high level and without the detail it was hard to make an informed decision. She suggested moving forward that they be involved earlier in the process. Mrs Robertson commented that she was keen to pursue the best value for every £1 approach in a number of areas and sought Mrs Smith's involvement in that process. Mrs Smith welcomed the opportunity to be involved.
- 5.8 Dr Sohail Bhatti welcomed the clarity in the budget paper and enquired about the starting point when needing to decrease resource. He quoted Professor Rose of GlaxoSmithKlein about the vast majority of drugs only working on 30%-50% of people due to genetic factors. He suggested there was progress to be made with the drugs budget and getting the public to be fitter and healthier and manage self care with confidence. He also welcomed the programme budgeting pathway.
- 5.9 On a point of clarification Dr Rachel Mollart questioned the PCIP funding of £2.1m. Mrs Robertson commented that PCIP funding was complex due to the way the funding had been allocated by the Scottish Government. She believed that tranche 2 of the funding



was inaccurate as it amounted to zero and was probably a consequence of an error in the formulae used by Scottish Government. She confirmed that the PCIP figure would be what the actual allocation was.

- 5.10 Mr Nile Istephan echoed Dr Bhatti's comments and suggested that the IJB had to do things differently in order to manage the budget and commission services moving forward. He suggested the delay in the national care service might free up some additional resource that could be redirected to the IJB.
- 5.11 Mr Chris Myers commented that it was a stark position and would have an impact on services and delivery and it was important that the IJB be mindful of that and express that to the public and local communities and some of that was already expressed in the strategic framework. The IJB was a legal entity and had statutory obligations and further work would be taken forward on financial governance with the help of the Director of Finance and Chief Financial Officer of NHS Borders and SBC respectively. He further commented that working closely with partner was important to ensure that where savings plans were agreed in one area they did not have a negative impact on another area.
- 5.12 In regard to the national care service he was unsure what the plans from the Scottish Government were given the current political turmoil. He advised that he would update the IJB on its request to be a pathfinder as soon as the Scottish Government advised him.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report.

## **6. SCOTTISH BORDERS HEALTH AND SOCIAL CARE STRATEGIC FRAMEWORK 2023-26**

- 6.1 Mr Chris Myers provided an overview of the content of the Strategic Framework for the period 2023-2026. He explained how the framework had been formulated through a bottom up approach engaging with local communities; analysing data; undertaking a needs assessment; targeting groups of stakeholders; holding locality sessions in person and online; reviewing feedback; scrutinising performance against the health and wellbeing outcomes; identifying strategic issues; planning for the future; and considering ways of working.
- 6.2 The Chair thanked all those involved in formulating the document which was more meaningful than previous iterations.
- 6.3 The Chair commented that it was clear that engagement had been at the heart of the document and so it had started in the right place and had changed the tone of the document compared to previous versions and she welcomed the single plan to be adopted across the partnership. In terms of being realistic and making tough decisions she suggested the strategic framework set that out within its contents and provided the IJB and its partners with permission to be brave and tackle difficult issues.
- 6.4 Mrs Fiona Sandford echoed the Chairs comments and welcomed the framework being produced bottom up. She enquired about the communications strategy to publicise the

framework and also enquired about the mission, vision and outcomes on page 13 in regard to the aim that 85% of adults would feel supported at home and questioned whether that should be a higher aim given it meant there would be an acceptance that 15% of people would feel unsafe.

- 6.5 Mrs Sarah Horan welcomed the framework and looked forward to receiving the annual plan that would support it and she enquired how it would be executed. She particularly referred to objectives on the promise and trauma practice. Mr Myers advised that trauma informed practice sat within the Equalities and Human Rights documentation and was not within the framework. He confirmed that the framework had been heavily edited to enable it to be as succinct as possible and much of the execution of it would be contained with the annual plan and other supporting documentation.
- 6.6 Mr Myers commented in regard to the 85% aim, obviously it was good to aim as high as possible and achievement was measured through a random survey of 500 people and sometimes the results were surprising as areas where work had been done, no improvement was seen and in other areas where no work was done a more positive result was received. He was committed to supporting people to feel safe.
- 6.7 Dr Rachel Mollart welcomed the section on “How everyone in the Scottish Borders can ‘Play their Part’” on page 5 as it would have an impact on primary care services.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** note the report.

## **7. EVIDENCING COMPLIANCE WITH THE EQUALITY, HUMAN RIGHTS AND FAIRER SCOTLAND DUTIES**

- 7.1 Mr Chris Myers provided a brief overview of the report.
- 7.2 Mrs Wendy Henderson give an in-depth analysis of the report and highlighted that the IJB was in a strong position to evidence Equalities and Human Rights compliance with the Scottish specific duties 3, 4, 5 and 10. She explained the requirements of the duties and the supporting evidence that was in place.
- 7.3 Mrs Jill Stacey commented that it was a significant improvement and the evidence base around the legislative frameworks was very positive and would be reflected on as part of the requirement of the annual assessment.
- 7.4 Mr Henderson commented that a website would be created where all the relevant documents would be held for public scrutiny. She intended to bring a paper to the May IJB meeting on the United Nations Rights of the Child.
- 7.5 The Chair welcomed the sight of impact assessments now regularly accompanying all Board papers.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the report.

## **8. STRATEGIC RISK REGISTER UPDATE**

- 8.1 Mr Chris Myers provided an overview of the content of the report. He advised that it continued to be reviewed on a regular basis and strategic issues were brought forward through the strategic framework onto the risk register in line with the risk management approach. He noted the other key risk to note was the budgetary risk and assured the Board that he would be looking at the impact of that on outcomes and would feed that into the risk register. He suggested as progress was made with the annual plan there would be directions drafted for each service delegated to the IJB in line with best practice.
- 8.2 Mrs Jill Stacey commented that the integrated risk management approach in terms of the IJB was reliant on what was commissioned through the directions and was reliant on the operational delivery of services and obligations that the partners had. She suggested the IJB have more sight of that and noted that Mr Myers was sighted on those risks that might escalate and have an impact on the strategic objectives. She advised that there was a quarterly risk review of the IJB strategic risk register and there had been a delay in bringing the report to the IJB for consideration. She also wished to look at the timing of the report to the Board to enable assurance to the Board.
- 8.3 The Chair commented that it was helpful to see the risk register did not have any risks moving in the wrong direction.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** considered the reframed IJB Strategic Risk Register to ensure it covers the key risks to the IJB.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the work in progress to manage the risks.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted that a further risk update will be provided in June 2023.

## **9. FINANCIAL OUTLOOK UPDATE**

- 9.1 Mrs Hazel Robertson provided a presentation to the IJB and spoke to several key elements including: improved financial regulations and controls; scheme of delegation; financial decision making; directions process; workforce; involvement; longer term; and best value.
- 9.2 The Chair welcomed the presentation given it had been largely about approach rather than facts and figures and was not just limited to money but was also about resources and how they should be used.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the presentation.

## **10. QUARTERLY PERFORMANCE REPORT**

- 10.1 Mr Chris Myers provided an overview of the content of the report and highlighted: the key changes to be made to report to reflect the six objectives; the positive reduction in

unmet need in the community over the past few months; the slight reduction in delayed discharges; and in terms of social work assessments there were a roll out of the developing community led support approach with a refocus on the work started in 2017.

- 10.2 Mr Myers commented that in terms of unscheduled care occupied bed days whilst the information was not contained within the report he assured the Board that there was a renewed focus on length of stay in NHS Borders. He further commented that an event had been held in regard to a national exercise on multi agency discharge. Following on from that the exercise had been rolled out locally in the Borders General Hospital, Mental Health wards, Community Hospitals, Garden View and in a number of interim care facilities to replicate that exercise across a number of health and social care units. The outcome had been that good traction had been gained and the learning from that exercise was being evaluated in order to mainstream it into “business as usual” and focus on those with long lengths of stay.
- 10.3 Dr Sohail Bhatti commented that he was concerned that primary and community care contacts were not given the recognition for the amount of work they undertook and he was keen to see their data shared.
- 10.4 Ms Juliana Amaral commented that the third sector was very enthusiastic about the direction of travel as community led work was linked to place making work and moved away from traditional silo working. Based on previous learning and the capitalisation of conversations happening in the communities she was sure that further progress would be made.
- 10.5 Mr Myers summarised that that primary care data and especially GP data was being captured for national data comparison and there were now dashboards available that the partnership could access. In terms of community led support there had been a lively session held the previous day on refocusing community led support and he was pleased with the appetite from the third sector to work in partnership with the health and social care partnership on that.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the report.

## **11. SCOTTISH BORDERS HSCP INTEGRATED WORKFORCE PLAN – IMPLEMENTATION PLAN**

- 11.1 Mrs Wendy Henderson provided an overview of the content of the report and reminded the Board that the integrated workforce plan had been approved in October 2022 and since then work had been taken forward to develop an Implementation Board. She spoke of the membership of the Implementation Board to reflect the 5 key areas of NHS Borders, SBC, the independent sector, primary care and the third sector. She outlined the vision agreed by the Board, the priorities identified and confirmed that Mrs Hazel Robertson had agreed to chair the Board.
- 11.2 Mrs Jenny Smith commented that there was a good appetite for the integrated workforce plan from the third sector as well as learning disability providers, mental health providers and other independent providers.

- 11.3 Dr Sohail Bhatti commented that the paper listed “no impact” on climate change, however if the workforce was increased and visited patients at various locations in the community there was likely to be some climate change impact due to increased traffic unless electrical vehicles were used. In terms of equalities and human rights he suggested the intention was to engage workers from the local area and train them up and that would be a social impact. If workers did not have the right qualifications the challenge was then to find a way for them to get those qualifications and that might be through more vocational than academic routes. He was keen to remind the Board that the equalities and human rights element was not just about protected characteristics but was wider than that in terms of social impacts.
- 11.4 Mrs Sarah Horan commented that it was a good opportunity to enable the prospects for young people and indeed all people in the Borders. She suggested there was an opportunity to have a positive impact through the collective strength of having a local Care Academy approach with various education providers developing training and career pathways.
- 11.5 Mr Chris Myers advised that a meeting had taken place recently between SBC, NHS Borders and Eildon Housing Association in regard to a pilot for housing with key workers in Galashiels. He commented that it was a positive piece of work and was supported by all partners and very much aligned to the intended ways of working approach to workforce from an IJB perspective.
- 11.6 Mrs Henderson advised that in terms of the right qualifications, the vocational approach would be picked up through the Care Academy that was being looked at. In relation to climate change she was looking at the whole systems approach and transport was recognised as a barrier to employment within the Borders. Providers were welcoming of e-bikes and alternative forms of transport. Within the protected characteristics the impact assessment included the Fairer Scotland duty and captured within that was evidence of positive impacts.
- 11.7 Ms Juliana Amaral commented that BAVs had some e-bikes that they would be happy to provide for a community transport pilot.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the formation of and membership of the cross sector SBHSCP Integrated Workforce Plan Implementation Board.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the Terms of Reference of the Implementation Board specifically the remit and scope which was coproduced with Implementation Board members.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the content of the first progress report detailing the Implementation Plan coproduced by the Implementation Board.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted that two of the Equality Outcomes for the period 2023 to 2025 relate specifically to the

Partnership's Workforce. The Implementation Board will report progress against these outcomes monthly to the SPG E&HR Subgroup.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted that the Implementation Plan is living document which will be refreshed and reported against quarterly to the IJB.

## **12. DIRECTIONS TRACKER**

12.1 Mrs Hazel Robertson commented that the PCIP direction remained challenging and would be discussed in more detail at the IJB Audit Committee meeting the following week.

12.2 The Chair comment that some business cases took longer than others for good reason.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the contents of the Directions Tracker.

## **13. STRATEGIC PLANNING GROUP MINUTES: 12.12.22**

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

## **14. ANY OTHER BUSINESS**

### **14.1 Future Business (May):**

- Directions: Hawick Care Village – Gala Resource Centre
- Mental Health Improvement & Suicide Prevention Action Plan 2022-2025
- Locality Working Groups/Community Engagement
- Strategic Framework: Annual Plan
- IJB Recovery Plan
- Rights of the Child

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the future business items.

14.2 **Appointment:** Mrs Jenny Smith congratulated Ms Juliana Amaral on her appointment as Chief Executive of the new third sector interface. Ms Amaral advised that she would be taking up post in April and it was exciting for her to be able to be a Borders wide voice and work with Mrs Smith more effectively across the 5 localities.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** recorded its congratulations to Ms Amaral on her appointment.

14.3 **Budget:** Mrs Hazel Robertson suggested the next IJB Development session to be held on Wednesday 19 April might include a short Extraordinary IJB meeting in order to sign off the NHS Borders element of the budget.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to hold a short extraordinary IJB meeting on 19 April.

**15. DATE AND TIME OF NEXT MEETING**

- 15.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 17 May 2023, from 10am to 12noon through MS Teams and in person in the Council Chamber, Scottish Borders Council.



Minutes of an Extraordinary meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 19 April 2023** at **9am** via Microsoft Teams.

**Present:**

(v) Cllr T Weatherston	(v) Mrs L O'Leary, Non Executive (Chair)
(v) Cllr R Tatler	(v) Mrs F Sandford, Non Executive
(v) Cllr N Richards	(v) Mrs K Hamilton, Non Executive
(v) Cllr E Thornton-Nichol	(v) Mr J McLaren, Non Executive
	(v) Mr T Taylor, Non Executive

Mr C Myers, Chief Officer  
Mrs H Robertson, Chief Financial Officer  
Mr D Bell, Staff Side, SBC  
Dr R Mollart GP  
Mrs S Horan, Director of Nursing, Midwifery & AHPs  
Dr L McCallum, Medical Director  
Mr S Easingwood, Chief Social Work Officer  
Ms J Amaral, BAVs  
Ms L Jackson, LGBTQ+

**In Attendance:**

Miss I Bishop, Board Secretary  
Miss R Roberts, Admin Support (minutes)  
Mrs J Stacey, Chief Internal Auditor  
Dr S Bhatti, Director of Public Health  
Mr S Burt, General Manager MH&LD  
Mrs J Holland, Director of Strategic Commissioning & Partnerships  
Mr P Grieve, Chief Nurse Health & Social Care Partnership

## **1. APOLOGIES AND ANNOUNCEMENTS**

- 1.1 Apologies had been received from Cllr D Parker, Elected Member, Mrs J Smith, Borders Care Voice, Ms L Gallacher, Borders Carers Centre, Mr R Roberts, Chief Executive, NHS Borders, Mr D Robertson, Chief Executive, Scottish Borders Council, Mr N Istephan, Chief Executive Eildon Housing, Mrs J Smyth, Director of Planning & Performance, NHS Borders, Mrs L Jones, Director of Quality & Improvement, NHS Borders, Mr A Bone, Director of Finance, NHS Borders, Mr B Davies, Chief Officer – Strategic Commissioning & Performance, SBC, Mrs S Bell, Communications Officer, SBC, and Mrs H Jacks, Planning & Performance Officer, NHS Borders.
- 1.2 The Chair welcomed Mr Simon Burt, General Manager MH&LD to the meeting who was presenting item 5.2 on the agenda.
- 1.3 The Chair confirmed that the meeting was quorate.

## **2. DECLARATIONS OF INTEREST**

- 2.1 The Chair sought any verbal declarations of interest pertaining to items on the agenda.



The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were none.

### **3. MINUTES OF THE PREVIOUS MEETING**

- 3.1 The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 1 February 2023 were amended at page 5, paragraph 6.5, line 3 to read “had pulled some of the funding ...” and with that amendment the minutes were approved.
- 3.2 The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 15 March 2023 were approved

### **4. MATTERS ARISING**

- 4.1 The Chair confirmed that the 3 items discussed at the meeting on 15 March 2023 that required virtual approval via email outwith the meeting were: the 2022/23 IJB Financial Plan and Initial Budget; Evidencing compliance with the Equality, Human Rights and Fairer Scotland Duties; and Scottish Borders Health and Social Care Strategic Framework 2023-26.
- 4.2 The Chair formally recorded that all 3 items had been approved via email prior to the deadline of 31 March 2023.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

### **5. 2023/24 IJB FINANCIAL PLAN AND INITIAL BUDGET**

- 5.1 Mrs Hazel Robertson advised that approval of the social care element of the budget had been requested at the previous meeting. At that point in time approval of the health care element had not been requested due to additional information being required. She was pleased to advise that she was now in the position of being able to seek approval for the full initial budget.
- 5.2 Mrs Robertson provided an overview of the report and highlighted the changes to the content of the report that had been made since the paper had been considered last. Specifically she drew the attention of the Board to: additional information regarding the estimated reserves position as a result of the earmarked allocations received by NHS Borders on the IJB’s behalf; the savings targets remained the same as in the previous version of the report however the level of savings required was significant across the partnership and the associated risk was high; the recommendation that a recovery plan be formulated to address the level of risk in the budget for the IJB to consider at its meeting in May; and using the recovery plan to cover a quarter of the allocated gap currently found in the budget.
- 5.3 Mrs Robertson also noted changes in the budget in section 4, and highlighted that: the Mental Health and Learning Disabilities line in the table had been adjusted for the non-inclusion of external commissioned services; and that Home First was included in the generic line of figures of £13m; and in regard to the National Care Home contract at paragraph 5.6, the narrative had been expanded in regard to the uplift to the contract which remained under negotiation.

- 5.4 Mrs Robertson explained that the recovery plan process and recovery would not be possible in one year and would require to be linked to the medium and longer term financial strategy. She suggested an approach across the partnership whereby the Integration Joint Board (IJB) and Scottish Borders Council (SBC) and NHS Borders had a financial model to look at the longer term period with a view to achieving financial balance. In regard to risk she highlighted the insufficient funding for the Primary Care Improvement Plan (PCIP) and the need to continue to seek a funding stream that would ensure the work programme could be taken forward.
- 5.5 Mrs Karen Hamilton welcomed the report, and understood the stresses and constraints surrounding its collation. She also welcomed the progress made in the reconciliation between the partners to ensure there was a better understanding of where the savings targets might sit. She also supported its approval as an initial partnership budget.
- 5.6 Dr R Mollart commented that it would be helpful if the report would capture the risk for PCIP and thanked Mrs Robertson for alluding to that in her explanation. The Chair agreed the inclusion should be noted in the next version of the report.
- 5.7 Mr Chris Myers commented that the IJB followed local government finance regulations which meant that the budget presented had to be balanced. He assured the Board that whilst the initial budget was not balanced, there were plans surrounding a medium and long term financial strategy which would promote sustainability. He emphasised that there was a need to make traction on the budget deficit and consequently there would be difficult choices to be made.
- 5.8 Mr Myers commented that at present the assumptions around brokerage with NHS Borders remained unclear and a balanced budget would be presented to the May meeting with a requirement for upfront brokerage from the Health Board.
- 5.9 Mr Tris Taylor echoed the compliments on the layout of the budget and the clarity of the financial position. He noted that the contextualisation of the deficit as a percentage of the budget made it much clearer.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the assumptions and risks described in the paper.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the 2023/24 initial HSCP budget.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Annual Direction to work effectively across the partnership, live within budget, implement the Strategic Commissioning Framework, achieve performance outcomes and comply with Financial Regulations.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** endorsed the approach to development of an HSCP Recovery Plan and medium-long term Finance Strategy which will address savings targets and provide alignment with the Strategic Commissioning Framework and the Workforce Strategy.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested a Financial Recovery Plan and an update on medium – longer term financial planning to the May IJB.

## **6. DIRECTION: GALA RESOURCE CENTRE**

- 6.1 Mr Simon Burt provided an overview of the content of the report and highlighted: the Gala Resource Centre (GRC) was a day service for adults with mental health problems which was building based in Galashiels; it had been temporarily closed since 2021; previous service users had either completed their course of treatment or had been referred to other appropriate services; since its inception there had been a process of ongoing service modernisation to develop a range of alternative services to enhance the quantity of support to adults experiencing mental ill health issues; formation of the renew service; the introduction of Miller House; short term interventions; wellbeing college; and the local area intervention service.
- 6.2 Mr Burt assured the Board that as a result of the additional support available there were no negative impacts identified for service users on the closure of the GRC and a comprehensive equalities impact assessment had been carried out. He emphasised that the new services provided an improved equity of services. He also commented that the closure of the GRC would contribute roughly £167k towards off setting cost pressures across the mental health services budget.
- 6.3 The Chair welcomed the comprehensive document and clear recommendation.
- 6.4 Mrs Karen Hamilton enquired if the proposal would lead to any impact on waiting times, either positive or negative. Mr Burt advised that the closure of GRC would not impact on waiting times in a negative way and the biggest challenge for mental health services waiting lists was the Child and Adolescent Mental Health Service (CAMHS) which would not be impacted by the closure.
- 6.5 Mr Tris Taylor thanked Mr Burt for the detailed equalities impact assessment and commented that it was helpful to see the outcomes with timelines as well as the governance arrangements.
- 6.6 Mr John McLaren requested clarification in the equalities impact assessment and enquired if the cross meant it had been considered or was not an impact. Mr Burt thanked Wendy Henderson for her help with the equalities impact assessment and explained the process followed. He commented that in terms of people with disabilities there would be no adverse impact on those individuals if the change were to occur and actually there would be a positive impact since the building in Galashiels was not accessible to people with disabilities whilst the services now provided had more accessibility for people with disabilities.
- 6.7 Dr Rachel Mollart welcomed the suggestion of a reinvestment into an emotional and unstable personality disorder service, which was a service that GPS had been asking for. If the reinvestment was agreed she suggested it might be possible to link it to the renew service and PCIP and she asked that any such service proposal be submitted to the GP Sub Committee for discussion.
- 6.8 Dr Lynn McCallum suggested the discussion on emotional and unstable personality disorder service be taken outwith the meeting as she was keen to discuss it with the

mental health and psychology teams before a discussion was had at the GP Sub Committee.

6.9 Ms Juliana Amaral provided feedback regarding the lived experience and long term flexible support. She enquired if the services were time bound and if there were waiting lists for individuals to access those services.

6.10 Cllr Tom Weatherston echoed comments surrounding the document being a document with which the Board were able to make and justify their decisions.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to the closure of the Gala Resource Centre.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to the reinvestment of £70k to provide improved services to those with an Emotional and Unstable Personality Disorder.

## **7. ANY OTHER BUSINESS**

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there was none.

## **8. DATE AND TIME OF NEXT MEETING**

8.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 17 May 2023. She requested that as there was a newly scheduled meeting of all Chairs of Integration Joint Boards with the newly appointed Cabinet Secretary at 11am that morning, that the IJB meeting be held from an earlier start time of 9am via MS Teams only to allow her to attend the Cabinet Secretary meeting.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to the revised meeting arrangements.