

Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 12 February 2018



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CHIEF OFFICER'S REPORT

Purpose of Report:	To inform the Health & Social Care Integration Joint Board of the activity undertaken by the Chief Officer since the last meeting.
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Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) Note the report.
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Personnel:	Not Applicable
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Carers:	Not Applicable
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Equalities:	Not Applicable
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Financial:	Not Applicable
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Legal:	Not Applicable
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Risk Implications:	Not Applicable
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This period has been dominated by pressures within our hospitals. The Health and Social Care Partnership has lead on the introduction of provision to support the IJB's Direction – "Discharge to Assess Policy for the Council and NHS Borders.

Winter Pressures: Craw Wood interim care facility is operating to capacity and there has been a good flow of patients which has been maintained since November. We are now examining the possibility of expanding its use beyond the planned 15 bed base.

The Hospital to Home service has taken its first clients in Berwickshire; we have included the work of the Cheviot Pilot which has been operational for a couple of years now, and we are expecting Central and Hawick localities to begin later this month.

Additional provision has been introduced to reduce the attendances at Borders General Hospital through opening 7 GP surgeries over four Saturdays and increasing weekend capacity within the BECs teams. This initiative, at the time of writing has opened two Saturdays between 9.00am and 1.00pm. Take up has been slow but increasing not all the data has been collected as yet but there have been over 120 contacts with patients over the two Saturdays. BECs has not been able to strengthen its capacity due to the difficulty of recruiting.

Patients awaiting Private Guardianship Orders remain a difficulty and we are looking to see how the Council can support families' access to solicitors and to speed up the allocation of Mental Health Officers to support the process. We have seen some improvement over the last two weeks with the number of patients awaiting Guardianship falling from 10 to 7 on Friday the 2nd of February.

Regional Work: The Partnership is supporting the East Region in its plans to deliver the Health and Social Care Plan. The Borders, with leadership from Chief Executive Officers, Jane and Tracey are promoting the development of an extensive work stream to reduce the prevalence of Type 2 Diabetes (T2D). Several presentations have been made to the regional groups and there is now acceptance that the work stream should be supported by all parties within the region. Next week a further debate will take place to identify a resource to develop plans and provision to significantly reduce the rate of T2D.

Mental Health Transformation Programme – The Mental Health service is entering stage 3 of its 4 stage transformation programme. A round a locality initial staff/service user/stakeholder consultations have been completed. The next stage is to look at new models of service provision that will aim to improve/maintain quality as well as, wherever possible, achieve financial efficiencies. Any proposed new models of delivery will be consulted upon and recommendation's will be presented to the IJB for consideration.

GP Sub Committee: I attended my first meeting in December. It was helpful to put some names to faces. The major issues discussed were the forth coming GP Contract, funding and de-registration of patients. Those present raised their concerns that the forth coming new contract would provide little support for GOPs within the Borders. There was a wish that the committee would invite Richard Froggo to address the committee. (The Board has also made a similar request and we will try to organise these together.)

There was some frustration regarding the allocation of funds within the Primary Care Transformation work. These were in the main due to a lack of understanding as to the decision making process for the final allocation. I will undertake to keep them informed with regards to future allocations.

The last issue related to difficult patients where practices have as a last resort removed them from their lists. The Committee's concern regarded how these individuals were then allocated to other practices. We agreed that the collective of GPs would examine how they might address the issue.

Finance: The last IJB agreed that the process for the recruitment of a Director of Finance for the IJB should proceed. There had been a delay with internal processes, however adverts are now ready for release and we anticipate interviews being held in early April.

IJB Leadership Team: Scottish Government has made funds available for leadership training for Health and Social Care Partnerships. The IJB Leadership team had the first of four sessions on the 21st of December. The next session will have a focus on the review of the Strategic Plan; thereafter we will expand the sessions to involve the next management tier and the work of the localities.

Strategic Plan: An extended Strategic Planning Group (SPG) meeting largely dedicated to the review of the Partnership's Strategic Plan was held on 10 January. This meeting marked the beginning of the work of the SPG in developing a revised Strategic Plan and included discussions around the rationalisation of objectives and enhancement of the vision. Work is now underway to develop an advanced draft to be presented to the SPG at the next meeting scheduled for 7 March. The aim is to produce a revised draft Strategic and Commissioning Plan for ratification by the IJB in April 2018.

Performance/Finance Group.

This group met for the first time in January. The group will report to the Executive Management Team through the IJB Leadership Team. The group was considering the 6 indicators requested by Scottish Government for the Ministerial Steering Group for Health and Social Care Partnerships. These are;

1. Emergency Admissions
2. Unscheduled Care
3. A&E Attendances
4. Delayed discharge by bed days
5. Percentage of time spent in settings within the last 6 months of life
6. Balance of Care

The trajectories for these indicators will be agreed through the Executive Management Team.