

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 11 June 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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Chief Officer Report 5th June 2019

Parliament Health and Sport Committee

Five IJB Chief Officers attended a meeting of this committee to examine the work in preparing our IJB budgets. The questioning mainly focused on shifting the balance of care from Acute to Partnership, and in particular how the Set Aside arrangements are supporting this or otherwise.

It was evident that each of the IJB's had their set aside budgets calculated in different ways, and that the amount identified was a notional amount. It is intended that the set-aside would serve the purpose of providing a mechanism of measuring the shift in the balance of health care from acute to community and primary care. We are in effect measuring apples and oranges, as each IJB cannot be compared effectively with another whilst we employ different ways of calculating the set-aside. Scottish Government are attempting to bring more rigour to this process in an attempt to unify our processes which arrive at the set aside estimate.

The committee also examined progress within our partnerships, which nationally are positive regarding delayed discharges, whilst here in the Borders and across Lothian we remain challenged. We were however able to offer some good news from our own IJB in that our admission figures have continued to reduce in spite of the rising pressures within our over 65 population.

Technology Enabled Care

I met with the Council's strategic partner CGI to meet with their global lead on health care. The meeting was exciting in that we were able to hear of a wide range of examples of where technology could transform the offer of health and social care.

I was particularly struck by the simplicity of some of the solutions to problems and issues we have been facing for years. One area in particular that could deliver a huge improvement on the number of people awaiting health services, consultation and triage, through "attend anywhere" technology. Our Care Homes could be using this, through linked cameras with diagnostic equipment to negate the need for a call out to a care home or to a distant homestead of a patient. COPD and other interactions such as speech and language therapy, counselling, occupational therapy, medicine prompts, even gp consultations can now all be offered on a telephone line or via satellite.

CGI were able to give many examples worldwide as to where these solutions have been tried and tested.

We will be meeting again in August which will give us time to decide which areas we would like to prioritise to take forward with CGI's help. We are asking our housing colleagues to join us at this follow up.

Learning Disabilities Review

I participated in the latest quarterly review of our learning disability services. It was a pleasure to discuss the successes of this team which hosts both Council and NHS staff and operate a fully integrated service provision.

This success has not been aided however by our continuing separation of processes and decision making between NHS and the Council. Leaders within this team, described how, although being integrated for over 8 years, they still need to follow separate SBC and NHS processes. These include, managing budgets, HR issues, performance reporting and the list goes on. Even though permission has been granted at a senior level to undertake processes just once, the organisation is such, that they are still required to do things twice in all cases.

We agreed that as a result of the review we would look into these issues to see if they can be resolved.

Hospital to Home

I have managed to get some time with the leadership of the Hospital to Home pilot and have been really encouraged by the work and its potential for the future.

The Integration Joint Board approved a proposal to introduce a new direction of "Discharge to Assess". One of the components of this was to test and implement a Hospital to Home pilot in 3 localities. The **Berwickshire Pilot** started on the 15th January and has now been operational for 19 weeks. The **Teviot pilot** commenced on the 5th March and has now been operational for 10 weeks. These services are carried out by 2.7 WTE Health Care Support Workers, under the guidance of District Nurses, working in partnership with a multi-agency team.

The Pilots have been able to accommodate 39 people to date and over 1,300 visits have been provided. The average duration individuals have received care for is 19 days before clients have moved on to the next stage of their recovery.

Based on the 14 patients who have remained at home:

- 2 Patients have become Independent
- 10 Patients Care Requirements decreased
- 5 Patients Care Requirements have remained the same

Based on the data so far the care needs at the end of the service are 40% less than the original assessment plan. This is in line with other IJBs that have tested similar models.

The next stage of the pilot will focus on the **Central** locality and will commence at the end of July 2018. This model proposed to enhance the existing model by have an integrated multi-disciplinary team of AHP's, Health Care Support Workers and Social Workers supporting people at home. This model will be targeting patients within the BGH who are resident within the Central Locality.

A report on hospital to home, will be brought to the August IJB, along with further update on both Craw Wood and Waverley Care Home step down models.

A short report this time as the last IJB was only a couple of weeks ago, but a busy couple of weeks.

Rob