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Scottish Borders
Health and Social Care
PARTNERSHIP

A meeting of the **Health And Social Care Integration Joint Board** will be held on **Monday, 23rd October, 2017** at **2.00 pm** in Committee Room 2, Scottish Borders Council

AGENDA

Time	No		Lead	Paper
14:00	**1**	**ANNOUNCEMENTS & APOLOGIES**	Chair	*Verbal*
14:00	**2**	**FORMAL APPOINTMENT OF CHIEF OFFICER HEALTH & SOCIAL CARE**	Chair	(Pages 1 - 2)
14:01	**3**	**DECLARATIONS OF INTEREST**	Chair	
14:02	**4**	**MINUTES OF PREVIOUS MEETING** 28 August 2017	Chair	(Pages 3 - 10)
14:05	**5**	**MATTERS ARISING** Action Tracker	Chair	(Pages 11 - 14)
14:10	**6**	**CHIEF OFFICER'S REPORT**	Chief Officer	*Verbal*
14:15	**7**	**STRATEGIC**		
	7.1	Commissioning & Implementation Plan 2017 - 2019	Chief Officer	(Pages 15 - 50)
	7.2	Issuing of Formal Directions	Chief Officer	
	7.3	Statutory Requirements: Climate Change, Model Publication Scheme, Complaints Scheme	Chief Officer	(Pages 51 - 82)
	7.4	Joint Winter Plan 2017/18	Chief Officer	(Pages 83 - 112)
	7.5	Quarterly Performance Report	Chief Officer	(Pages 113 - 146)
	7.6	Locality Plan Consultation Update	Chief Officer	(Pages 147 - 230)

	7.7	Update on Buurtzorg in the Borders	Chief Officer	(Pages 231 - 238)
15:00	**8**	**CLINICAL & CARE GOVERNANCE**		
	8.1	Inspections Update	Chief Social Work Officer	*Verbal*
15:20	**9**	**GOVERNANCE**		
	9.1	IJB Business Cycle 2018	Board Secretary	(Pages 239 - 242)
	9.2	IJB Annual Accounts	Chief Officer	(Pages 243 - 288)
15:40	**10**	**FINANCE**		
	10.1	Interim Transformation and Efficiencies Programme Tracker	Interim Chief Financial Officer	(Pages 289 - 296)
	10.2	Monitoring of the Health & Social Care Partnership Budget 2017/18	Interim Chief Financial Officer	(Pages 297 - 304)
	10.3	Ring Fenced Resources - Update on Social Care Fund, Integrated Care Fund and Change Fund	Interim Chief Financial Officer	(Pages 305 - 312)
15:50	**11**	**FOR INFORMATION**		
	11.1	*Committee Minutes*	*Board Secretary*	(Pages 313 - 320)
15:55	**12**	**ANY OTHER BUSINESS**	Chair	
	12.1	Health & Social Care Integration Joint Board Development Session: 27 November 2017 • Clinical & Care Governance • Transforming Primary Care and Role of GPs • New Carers Act	Chief Officer	
16:00	**13**	**DATE AND TIME OF NEXT MEETING** Monday 18 December 2017 at	Chair	Verbal

2.00pm in Committee Room 2,
Scottish Borders Council

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Scottish Borders
Health and Social Care
PARTNERSHIP

FORMAL APPOINTMENT OF CHIEF OFFICER HEALTH & SOCIAL CARE

Aim

1.1 To formally appoint the Chief Officer, Health & Social Care Integration.

Background

2.1 Under Section 10 of the Public Bodies (Joint Working) (Scotland) Act 201 the Integration Board is required to appoint a Chief Officer following consultation with the Local Authority and the Health Board.

2.2 The Chief Officer, Health & Social Care Integration remains as a permanent employee of the substantive employing organisation in terms of employment terms and conditions.

2.3 The Chief Officer will be seconded by the employing party to the Integration Joint Board and will be the principal advisor to and officer of the Integration Joint Board. The Chief Officer will hold membership of the Integration Joint Board as a non-voting member by virtue of the office held.

2.4 The Chief Officer's role is to provide a single senior point of overall strategic and operational advice to the Integration Joint Board.

2.5 The arrangements in relation to the Chief Officer agreed by the parties within the Integration Scheme are that:-

- *The Integration Joint Board shall appoint a Chief Officer in accordance with section 10 of the Act.*

- *The Chief Officer will be accountable directly to the Integration Joint Board for the preparation, implementation and reporting on the Strategic Commissioning Plan, including overseeing the operational delivery of delegated services as set out in Appendices 2 and 3.*

- *Where the Chief Officer does not have operational management responsibility for services included in integrated functions, the parties will ensure that appropriate communication and liaison is in place between the Chief Officer and the person/s with that operational management responsibility.*

- *The Chief Officer will be a member of the Parties relevant senior management teams and be accountable to and managed by the Chief Executive's of both Parties.*

- *The Chief Officer is seconded to the Integration Joint Board from the employing body.*

- *Where there is to be a prolonged period where the Chief Officer is absent or otherwise unable to carry out their responsibilities, the Scottish Borders Council's Chief Executive and Borders Health Board's Chief Executive will jointly propose an appropriate interim arrangement for approval by the Integration Joint Board's Chair and Vice-Chair at the request of the Integration Joint Board.*

Summary

3.1 The appointment of Robert McCulloch-Graham as Chief Officer was made following a recruitment process which included an assessment centre and Panel interview. The recruitment panel consisted of both, NHS Borders Non Executives and Scottish Borders Council Councillors along with the Chief Executives of both organisations.

3.2 In this role Mr McCulloch-Graham will remain an employee of Scottish Borders Council and will be seconded to work for the Integration Joint Board to fulfil the role of the Chief Officer.

Recommendation

The Health & Social Care Integration Joint Board is asked to formally **appoint** Robert McCulloch-Graham as Chief Officer Health & Social Care.

Policy/Strategy Implications	Compliance with the Public Bodies (Joint Working) Act 2014
Consultation	N/A
Risk Assessment	As detailed within the Scheme of Integration.
Compliance with requirements on Equality and Diversity	Compliant
Resource/Staffing Implications	N/A

Approved by

Name	Designation	Name	Designation
Dr Stephen Mather	Chair, Health & Social Care Integration Joint Board		

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		

Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 28 August 2017 at 2.00pm in Committee Room 2, Scottish Borders Council

Present:	(v) Cllr T Weatherston	(v) Dr S Mather (Chair)
	(v) Cllr J Greenwell	(v) Mrs K Hamilton
	(v) Cllr S Haslam	(v) Mr T Taylor
	(v) Cllr H Laing	Dr A McVean
	(v) Cllr D Parker	Mrs C Pearce
	Mrs E Torrance	Mrs A Trueman
	Mr D Bell	Mr J McLaren
	Mrs J Smith	
In Attendance:	Miss I Bishop	Mr P McMenamin
	Mr S Burt	Mrs J Stacey
	Mrs C Gillie	Mr P Lunts
	Mrs S Swan	Mr J Lamb

1. Apologies and Announcements

Apologies had been received from Mr John Raine, Mr David Davidson, Mr M Leys, Mrs L Gallacher and Dr Cliff Sharp.

The Chair welcomed Mr Tris Taylor as a voting member of the Integration Joint Board. Mr Taylor was a Non Executive of NHS Borders.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Philip Lunts and Mr Simon Burt to the meeting.

The Chair welcomed members of the public to the meeting.

2. Declarations of Interest

The Chair sought any verbal declarations of interest pertaining to items on the agenda.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were no verbal Declarations of Interest.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 26 June 2017 were approved.

4. Matters Arising

4.1 Minute 20.2: Prof John Bolton: Mrs Angela Trueman enquired about progress. Mrs Elaine Torrance commented that a lead person was to be identified and then the working group would be set up. She advised that the working group would be made as inclusive as possible.

4.2 Action 13: LIVE Borders: Mrs Elaine Torrance advised that she had met with Mr Euan Jackson who had offered to provide a presentation to a future meeting of the Integration Joint Board. Mrs Tracey Logan welcomed the suggestion given the progress that had been made in regard to various initiatives to address diabetes such as, direct access to sport facilities, and prescriptions for fitness.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

5. Chief Officer's Report

Mrs Elaine Torrance gave an update on the current status of items of interest to the Integration Joint Board, and highlighted: publication of annual performance report; launch of locality plans; draft commissioning and implementation plan; regional collaboration in the South East between Chief Officers and themes formulated, such as mental health, diabetes, workforce and sharing best practice.

Mrs Torrance advised the Board of the recruitment timeline for the Chief Officer Health & Social Care appointment and also advised that Mr Paul McMenamin was keen to conclude his appointment as Interim Chief Financial Officer to the Integration Joint Board. An agreement had been reached between NHS Borders and Scottish Borders Council to put in place a seconded interim arrangement whilst a recruitment process was formulated.

Mrs Angela Trueman enquired if the full locality plans were available in hard copy. Mrs Torrance advised that the summary documents were available from libraries and health centres with full copies available on line.

Further discussion focused on: feedback on the locality plans format – more detail required – under representation of groups – not enough on mental health in some areas; refresh of the workforce development plan; areas of collaboration for recruitment; consultation and engagement process for the locality plans; south eastern regional collaboration between local authorities, health boards and integration joint boards; and process for the appointment of a new Chief Officer and Interim Chief Financial Officer to the Integration Joint Board.

The Chair was keen that the Integration Joint Board was seen to be involved in the selection of the Chief Officer and Chief Financial Officer appointments. Mrs Jane Davidson confirmed that both the Chair and Vice Chair of the Integration Joint Board would be members of the interview panels for the appointments.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report.

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6. Transformation and Efficiencies Update

Mr James Lamb spoke to a presentation providing information on background, progress to date, resources required and efficiencies.

Mr John McLaren sought assurance that the right people were being invited to be involved in the on-going and future work. Mrs Elaine Torrance commented that a session was being organised to bring together all the managers with a communication brief being formulated and key stakeholders being invited along.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress made in developing the Transformation and Efficiencies Programme.

7. Integrated Care Fund Update

Mrs Elaine Torrance gave an overview of the content of the paper and focused the attention of the Board on several key elements including: funding amounts in the future and how much had been committed to date; uncommitted funding and proposals utilise that to move forward with the transformation work and improve the pathway for people through the hospital and back to their homes; projects and spend to date; evaluation work; £10 being realised for every £1 invested in community capacity building; community hubs; and the transitional care facility at Waverley Care Home.

Cllr Shona Haslam enquired about the Community Capability teams. Mrs Torrance commented that they were funded through the Integrated Care Fund (ICF), which was a time limited fund set up specifically to allow test of change initiatives. It was anticipated that the projects supported through the ICF would be mainstreamed at the end of the funding if appropriate.

Cllr Haslam enquired about the timescales for the Community Capacity team initiative. Mrs Torrance advised that the project was due to conclude in March 2018 and she would ensure the next ICF report listed the timescales of each of the current funded projects and their proposed exit strategies.

Further discussion included: success of the “men shed” initiative; brining the elderly out of social isolation; walking netball; healthcare support worker service 7 day a week, 12 hour day pilot; inclusion of baseline benchmark figures and percentages in future reports; conclusion of locality coordinators contracts in September and the provision of a single extended appointment to take on the planning and delivery of the locality areas; and fuller reports to be produced for schemes seeking additional funding.

Dr Angus McVean commented that there appeared to be further bids for funding from the ICF however he was under the impression the fund had been closed to further bids. Mrs Torrance reported that the ICF had been closed to bids. She advised that the further bids listed were actually pieces of work to be commissioned that would assist the transformation programme to address the key priority of delayed discharges. Mrs Jane Davidson commented that the bid fitted with the Buurtzorg approach of testing and agreeing integrated working.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested that future ICF reports containing schemes requiring further funding contained, baseline figures, outcomes, evaluation and impact on patients, to allow a considered decision to be taken.
The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the current expenditure position of the ICF and the progress of key projects.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** ratified proposals for further ICF funding (£10,500 Matching Unit and Health Care Support Workers £51,999 in Berwickshire).

8. Joint Winter Plan 2017/18

Mr Philip Lunts presented the Joint Winter Plan 2017/18 to the Board. He highlighted the lessons learnt from the previous years' winter plan; areas of work and progress to date.

Mrs Jenny Smith commented on the support available through volunteers in communities and enquired if there were plans to work more closely with the Red Cross over the festive period. Mr Lunts confirmed that discussions would be taking place with the Red Cross during September. Mrs Smith highlighted that the provision of services for home to hospital, basic supplies and shopping were all important during the winter period.

Further discussion focused on: agency spend and the staffing of surge beds during the winter period; recruitment to anticipated vacancies; value of social work and community services input to the winter plan; focus on reducing admissions; access to home care; and re-ablement approach; identify and make care packages simpler; and re-emphasis care staff career paths.

Mrs Karen Hamilton enquired why it was so difficult to achieve a greater proportion of morning discharges. Mr Lunts commented that there were a series of things that needed to happen before someone could be discharged and it was a challenge to align those groups of staff and items to achieve early discharge. However the intention was to now move those awaiting discharge to the discharge lounge to refocus attention on that patient awaiting discharge.

Cllr Helen Laing acknowledged that the reduction in cancelled surgery the previous year appeared to be a success. She queried however if it had been an anomaly. Mrs Jane Davidson commented that it had been a direct reflection of not having to cope with norovirus rotation. Mr Lunts further commented that the introduction of the Acute Assessment Unit had also enabled patients to be processed better.

Cllr Tom Weatherston enquired if staff were offered enhanced pay rates to cover staff shortages. Mrs Claire Pearce advised that all NHS staff were bound by national terms and conditions under Agenda for Change, however if full time staff worked over their 37.5 hours a week they were entitled to time and half pay.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the presentation.

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9. Scottish Borders Mental Health Strategy

Mr Simon Burt gave an overview of the content of the mental health strategy and advised that it had been developed in line with relevant national strategies and the local strategic plan which provided a focus for the future direction of the service.

Cllr Shona Haslam enquired about the audience for the strategy. Mr Burt confirmed it was a public document.

Cllr Haslam enquired of the Children and Adults Mental Health Service (CAMHS) timetable, when the working group would be established. Mrs Torrance advised that the working group had been set up and the current service would continue until something different was commissioned.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the mental health strategy.

10. Inspections Update

Mrs Elaine Torrance gave an update on the current status of the inspection report. She advised that initial feedback had been received from the Care Inspectorate and Health Improvement Scotland. A substantial number of amendments to the draft report had been submitted and a meeting had been held with both organisations. The next draft of the report was awaited as well as notification of the formal publication date.

Mrs Torrance also advised that an action plan had been drawn up as she was aware that there would be some actions to address from the report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update.

11. Terms of Reference

Mrs Elaine Torrance presented the Terms of the Reference to the Board.

Discussion focused on: 2 year rotation of the Chair and Vice Chair; number of meetings; terms of reference for the Strategic Planning Group; terms of reference for the Public Partnership Forum and how it feeds into the Integration Joint Board or Strategic Planning Group; updating the communication and engagement plan;

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** considered the report and approved the proposed Terms of Reference, subject to the inclusion of a 2 year rotation of the Chair and Vice Chair and amending the scheduled meetings to be six per year.

12. Monitoring of the Health & Social Care Partnership Budget 2017/18 at 30 June 2017

Mr Paul McMenamin provided an overview of the content of the paper and highlighted: Large Hospital Budget Set-Aside; Borders Ability & Equipment Service; monitoring position; further direction of social care funding; and mitigation and recovery plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the monitoring position on the partnerships 2016/17 revenue budget at 30 June 2017.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved recommendations for further direction of social care funding (specifically £407k Older People Residential Care, £100k Housing with Care, £200k Adults with Learning Disabilities).

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** asked the Chief Officer to bring forward a plan for the delivery of remedial savings to address the shortfall attributable to the part-year only impact of the Integrated Transformation Programme in 2017/18.

The Chair recorded the thanks of the Integration Joint Board to Mr Paul McMenamin for his input and support to the Board over the previous 18 months.

13. Committee Minutes

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

14. Any Other Business

14.1 Development Session: Mrs Elaine Torrance reminded the Board that the next development session would be held on Monday 25 September and would focus on the Commissioning and Implementation Plan as well as Pharmacy Development and Prescribing Pressures.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update.

14.2 Newsletter: Mrs Elaine Torrance tabled a copy of Issue 6 of the Health & Social Care newsletter which was aimed at all stakeholders, third sector and the public and would be released electronically in due course.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the newsletter.

14.3 IJB Audit Committee: Mrs Jill Stacey circulated the Internal Audit report from the Development session held earlier that day. She sought agreement from the Board to amend the Audit Committee Terms of Reference to reflect the rotation period for the Chair & Vice Chair of the Integration Joint Board.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the amendment to the Audit Committee Terms of Reference.

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15. Date and Time of next meeting

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board would take place on Monday 23 October 2017 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 4.10pm

Signature: ……..
Chair

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Scottish Borders
Health and Social Care
PARTNERSHIP

Health & Social Care Integration Joint Board Action Point Tracker

Meeting held 17 October 2016

Agenda Item: Clinical & Care Governance – Integrated Joint Board Reporting

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
8	5	The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that it would undertake a Development session on clinical and care governance.	Robert McCulloch-Graham, Claire Pearce, Cliff Sharp	2017	**In Progress:** Item scheduled for 27 November 2017 Development session.	G

Meeting held 19 December 2016

Agenda Item: Further Direction of Social Care Funding – Borders Ability & Equipment Services

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
11	12	The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to receive a further report on the operation of the BAES at a future meeting.	Robert McCulloch-Graham	March 2017	**In Progress:** Item scheduled for 27 March 2017 meeting agenda. **Update:** Item rescheduled to 23 October meeting as the report is with NHS National Services Scotland for review.	A

Meeting held 27 February 2017

Agenda Item: Health & Social Care Delivery Plan

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
13	8	Tracey Logan advised that there were already strong links to Live Borders in place and she would be happy to provide an update to the IJB if it wished.	Tracey Logan	June 2017	**In Progress:** Item scheduled to 23 October meeting.	A

Meeting held 27 March 2017

Agenda Item: Inspections Update

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
15	9	The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update and that the final report would be brought to the Board for consideration.	Murray Leys	August 2017	**In Progress:** Item scheduled to 28 August meeting. **Update:** Report published on 28.09.17 and shared with the IJB via email.	G

Meeting held 28 August 2017

Agenda Item: Monitoring of the Health & Social Care Partnership Budget 2017/18 at 30 June 2017

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
16	12	The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** asked the Chief Officer to bring forward a plan for the delivery of remedial savings to address the shortfall attributable to the part-year only impact of the Integrated Transformation Programme in 2017/18.	Robert McCulloch-Graham	December 2017		A

KEY:	
	Overdue / timescale TBA
	<2 weeks to timescale
	>2 weeks to timescale
Blue	Complete – Items removed from action tracker once noted as complete at each H&SC Integration Joint Board meeting

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Scottish Borders
Health and Social Care
PARTNERSHIP

COMMISSIONING AND IMPLEMENTATION PLAN 2017-2019

Aim

1.1 The aim of this report is to seek approval from the Executive Management Team of the Scottish Borders Health and Social Care Partnership Commissioning and Implementation Plan 2017-2019.

Background

2.1 The requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the framework for integrating health and social care and places a duty on Integration Joint Boards (IJBs) to involve a range of service providers, service users and their carers, representative bodies, and professionals in their planning and commissioning processes.

2.2 The Act places a duty on Integration Joint Boards to create a Strategic Commissioning Plan for the integrated functions and budgets that they control. Following an extensive and comprehensive process of co-production with all key health and social care stakeholders in the Scottish Borders, the Scottish Borders Strategic Plan was approved by the Integration Joint Board immediately following its establishment on 06 February 2017. What the Partnership will do and how it will do it in order to fulfil the commitments it has laid out within the Strategic Plan now requires to be articulated via its Commissioning and Implementation Plan.

2.3 Scottish Government statutory guidance has highlighted that a good plan should be based around the established strategic commissioning cycle and should:

- Identify the total resources available across health and social care for each care group and for carers and relate this information to the needs of local populations set out in the Joint Strategic Needs Assessment (JSNA);
- Agree desired outcomes and link investment to them;
- Assure sound clinical and care governance is embedded;
- Use a coherent approach to selecting and prioritising investment and disinvestment decisions; and
- Reflect closely the needs and plans articulated at locality level.

These key principles have formed the basis of the approach to and delivery of the Commissioning and Implementation Plan for the Scottish Borders Health and Social Care Partnership, following the established commissioning cycle, with clear articulation of the detailed implementation actions required to deliver the achievement of targeted outcomes.

Statutory and Locally Agreed Planning Obligations

3.1 In addition to the Strategic Plan, under the provisions of the Act, the Partnership is required to publish a number of other statutory documents each year. These include:

- A plan for each locality within the geographical boundary of the partnership area
- An annual Financial Statement
- A set of audited Financial Accounts for each financial year
- An Annual Performance Report
- A Commissioning Plan which sets out in detail the objectives of the partnership for the year, against which its performance will be measured

3.2 These statutory obligations form part of a wider planning hierarchy:

This hierarchy provides for a cascading set of planning tools which enable the partnership, at an increasing level of detail, to articulate what it will do in order to achieve its strategic objectives as outlined in its Strategic Plan.

3.3 Commissioning and Implementation Plan

Outlines the services that will be provided and the transformation and redesign that will be commissioned during its life, with timescales, responsibilities and expected benefits / performance measures.

Market Facilitation Plan

Based on a good understanding of need and demand, this plan ensures that the IJB, in its role as strategic commissioner, ensures there is diverse, appropriate and affordable provision of health and social care to

meet needs and deliver outcomes both now and in the future.

Locality Plans — Translate all of the above into a local perspective and sets out how health and social care services will meet the specific needs of people within each individual locality in the Scottish Borders.

Financial Plan — The overarching expression of the partnership's plans in financial terms, this plan outlines the resources that are available to support the delivery of services and to enable the transformation identified by the IJB.

Workforce Planning — Running through the strategic and operation activity of the partnership, this sets out the strategic intention for the development of the health and social care workforce across the Scottish Borders Partnership in an integrated manner.

Public Participation Planning — Articulates how co-production, supporting independent community initiatives, consultation and the provision of information will involve all stakeholders and ensure that all decisions are rooted in the expertise and experience of all the people who are involved in them.

3.4 The key functions of the IJB as set out in its draft Terms of Reference are:

- Strategically plan and commission health and social care services to ensure national and local outcomes are met. To enable this, the IJB convenes a Strategic Planning Group to assist in the preparation, approval and delivery of its Strategic Plan;
- Oversee the delivery of the integrated services for which it has responsibility by reviewing finance and performance against targets to ensure that delivery is in line with planned outcomes;
- Establish arrangements for locality planning in support of key outcomes for the 5 agreed localities in the context of the Strategic Plan;
- Ensure resources are sufficient and appropriately allocated to deliver the IJB's Strategic Plan within the medium-term revenue budget detailed in its annual Financial Statement;
- Publish and share with partners an annual Performance (delivery of the Strategic Plan) Report and Annual (Financial) Accounts in line with statutory guidance, codes of practice and timescales;
- Seek assurance on the robustness of clinical and care governance frameworks from NHS Borders and Scottish Borders Council respectively and ensure that clear accountability is preserved;
- Establish a plan for communication, participation and engagement to ensure that the users of health and social care services, staff, carers and all other stakeholders are involved in or aware of the development and delivery of effective models of health and social care;
- Establish arrangements for handling complaints to and requests for information from the Health and Social Care Partnership;

- Appoint its Chief Officer and Chief Financial Officer;

In approving its Strategic Plan, Commissioning and Implementation Plan and Annual Performance Report therefore, the IJB is fulfilling a number of its roles and responsibilities.

3.5 The Partnership's Scheme of Integration sets out that the Chief Officer will be *"accountable directly to the Integration Joint Board for the preparation, implementation and reporting on the Strategic Commissioning Plan, including overseeing the operational delivery of delegated services that do not relate to acute or Accident and Emergency Services provided within Borders Health Board"*.

3.6 Specifically therefore, as a strategic commissioner, the Integration Joint Board is responsible for:

- Strategically planning the provision of all health and social care services it has responsibility for and identifying and commissioning required transformation and service redesign across all care pathways
- Overseeing the delivery of services to ensure that they are meeting expected performance standards (relative to the IJB's Strategic Plan outcomes) and remain affordable
- Establishing detailed local arrangements within each individual locality
- Publishing its annual performance, both in terms of its objectives and its finances

3.7 As a strategic commissioner, the role of the IJB is not about detailed and operational day-to-day delivery therefore.

Overview of Commissioning and Implementation Plan

4.1 The Commissioning and Implementation Plan detailed in **Appendix 1** describes how the Partnership will make changes and improvements to develop health and social care for adults in the Scottish Borders over the next five years. It explains what our priorities are, why and how we decided them and how we intend to make a difference by working closely with partners in and around the Scottish Borders.

4.2 The Commissioning and Implementation Plan is underpinned by a number of national and local policies, strategies and action plans. It will provide the direction for how health and social care services will be shaped in the Scottish Borders over its timeframe and describes the transformation that will be required to achieve our vision.

4.3 Based on the strategic intent outlined within its Strategic Plan, the Commissioning Plan outlines what the IJB is required to commission from its partners. The Implementation element of the plan outlines what partners will do in order to deliver the partnership's local priorities, why (in terms of expected benefits) and how, at a detailed level, the partnership will monitor its performance and measure its success in delivering what is required. It is through the Commissioning and Implementation Plan therefore that assurance is provided that the strategic intentions outlined in the Strategic Plan will be delivered.

Commissioning and Implementation Plan Detail

5.1 Prescribed within the Public Bodies (Joint Working) (Scotland) Act 2014 and its subsequent Regulations are 9 high level national priorities for health and wellbeing. These are further reinforced across a range of statutory and professional guidance including the Scottish Government's Health and Social Care Local Delivery Plan. To fulfil its commitment to their delivery, the IJB has identified 9 local objectives which it is working to deliver. These are explicitly set out within the Commissioning and Implementation Plan accompanied by the detailed actions and transformation it will undertake in order to do so.

Commissioning

5.2 The Commissioning element of the Plan sets out the drivers and key conditions for change which include the effectiveness of leadership and governance, locality planning, workforce planning and communication & engagement. Of particular contextual emphasis is the setting out of practical detail on how the commissioning of services will be undertaken strategically and the importance of evaluation within the cycle of commissioning in order to ensure performance is strong and delivers objectives.

5.3 The Plan also sets out the resources available to the Partnership, both in terms of delivery of core functional responsibilities and enabling transformation and change over its duration. Primarily, this is around £160m of primary revenue funding each year to support the delivery of delegated and hospital functions and over £6m of transformational funding from the Integrated Care Fund.

Implementation

5.4 The latter half of the plan sets out in specific detail not only what the Partnership will do to deliver its priorities, but how, when and at what financial and non-financial impact. This is organised by Partnership priority to ensure:

1. Services are accessible and Community Focussed
2. Prevention and Early Intervention is improved
3. Avoidable Admissions to Hospital are reduced
4. Care is provided Close to Home
5. Services are delivered within an Integrated Care Model
6. People have greater Choice and Control over their services and support
7. Efficiency and Effectiveness are increased
8. Health Inequalities are reduced
9. Carers are better supported

5.5 The Implementation Plan details the specific actions and expected outcomes against which the Annual Performance Report will measure success. Similarly, linked to the Annual Financial Statement approved by the Partnership, the budget consumed in achieving these priorities, additional investment requirements and targeted efficiencies is also laid out.

5.6 The plan is still being further refined in terms of detailed and SMART performance measures, which when complete will provide a clear performance monitoring

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framework that will enable the IJB to manage the delivery of its key priorities through effective service provision and required transformational change.

5.7 **Appendix 1** - the latest version of the Scottish Borders Health and Social Care Partnership Commissioning and Implementation Plan can be accessed by clicking on the link below:

Recommendation

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** is asked to **note** the Commissioning and Implementation Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** is asked to **approve** the Commissioning and Implementation Plan 2017-2019.

Policy/Strategy Implications	The Commissioning and Implementation Plan is required under the legislative framework in which the Partnership operates. The Plan itself sets out both the strategic intent of the IJB and the mechanisms through which it will deliver its objectives. The measures identified will form the key baseline against which the performance of the Partnership will be demonstrated within the Annual Performance Report.
Consultation	The strategic objectives of the IJB have been co-produced through an extensive and comprehensive process of working with key stakeholders across health and social care. In particular, the Partnership has embraced the opportunity presented by the statutorily-required Strategic Planning Group. In developing the specific detail of the Commissioning and Implementation, all key officers across partner organisations have been involved and in particular, the Partnership's Executive Management Team.
Risk Assessment	There are no risks directly arising from the report.
Compliance with requirements on Equality and Diversity	There are no equality implications associated with the proposals
Resource/Staffing Implications	In order to deliver the Plan in full, the Partnership is responsible for £147.334m of delegated revenue budget, supplemented by £19.893m of large-hospital budget set-aside. This is supplemented by a 3-year funding of £6.390m from the Scottish Government Integrated Care Fund.

Approved by

Name	Designation	Name	Designation
Sandra Pratt	Chief Officer for Integration		

Author(s)

Name	Designation	Name	Designation
Paul McMenamin	Chief Financial Officer	Jane Robertson	Strategic Planning and Development Manager

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Scottish Borders
Health and Social Care
PARTNERSHIP

SCOTTISH BORDERS HEALTH & SOCIAL CARE PARTNERSHIP

JOINT STRATEGIC COMMISSIONING & IMPLEMENTATION PLAN

2017-2019

SERVICE DELIVERY ACTIONS TO ACHIEVE LOCAL OBJECTIVES

Contents

1. Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 provides the legislative framework for the integration of health and social care in Scotland. The main principles underpinning the Act are:

- there should be a single system for health and social care;
- informal community resources and supports are crucial and should be invested in;
- resource allocation needs to factor in prevention and early intervention as a priority;
- the quality and consistency of services should be continuously improved;
- people's pathway through services should be seamless;
- resources should be used effectively and efficiently.

The Act requires Health Boards and Local Authorities to establish formal partnership arrangements to oversee the integration of services. Scottish Borders Health and Social Care Partnership have established a Partnership body - the Integration Joint Board (IJB). The IJB is required to formally issue 'directions' to the two partner bodies within the Partnership.

The Scottish Borders Health and Social Care Strategic Plan describes a shared vision for improved health and well-being for all adults living in the Scottish Borders as well as sets out nine Local Strategic Objectives which are aligned to the nine National Health and Wellbeing Outcomes.

This 'Commissioning and Implementation Plan' describes the priorities and related actions for the Scottish Borders to ensure that the strategic intentions outlined in the Strategic Plan are delivered. The Commissioning and Implementation Plan therefore gives practical detail on the change required to meet local objectives, how change will be achieved and measured as well as highlighting associated resource implications.

The plan incorporates both local priorities that have been determined through robust consultation with the public and also high level national priorities, which are articulated within the legislation as well as across a myriad of related policy such as the Health and Social Care Delivery Plan.

2. Demographics

In developing the Commissioning and Implementation Plan it is crucial to consider the population structure and characteristics that impact upon health and social care services to ensure that we are prepared for the delivery of services now and in the future.

The urban/rural profile of the Borders presents challenges in terms of both the accessibility and cost of services. The challenges are different in nature to those facing densely populated cities such as Glasgow, Edinburgh and Dundee. In the Borders nearly half (48%) of the population live in rural areas. Just under one-third of people live in settlements of fewer than 500 or in remote hamlets, in contrast to 34% of the Scottish population who live in “large urban” areas (part of towns/ cities with populations of more than 125,000).

Our main towns are Hawick (with a population of 13,696 in 2013) and Galashiels (population 12,394), which come under the Scottish Government classification of “Other Urban Areas”. Peebles, Kelso and Selkirk are the only other towns with a population of more than 5,000. As the population is spread across the Borders planning services is more challenging.

The number of single adult households is projected to increase by 24% between 2012 and 2037, whilst the number of larger households is projected to decline. Households headed by people aged 60-74 are projected to increase by 9% and those headed by a person aged over 75 are projected to increase by 90%.

By the year 2032, the number of people aged 65 and over in the Scottish Borders is projected to increase by 51% compared to 49% for Scotland overall. The number of people under 65 is also projected to decrease in the Scottish Borders. Age is strongly related to patterns of need for health and social care and there is a need to promote active ageing as well as address the range of needs of older people.

With the changes predicted in the population it is expected there will be an increase in the numbers of older people living alone with complex needs. This will have major implications for housing, health and social care. More than one third of households in

the Borders are made up of one adult. The number of households in the Borders in which one or all occupants are aged over 65 is 25% compared to 21% for Scotland as a whole.

In a recent Scottish Borders survey, the number of people who considered their health to be 'very good or good' decreased with age. For example more than 1 in 10 people aged over 75 years reported that their health is 'bad or very bad' compared to only 1 in 100 people aged 16-24 years. Nearly two thirds of people aged 65-84 years and more than 8 in 10 aged over 85 years had multi-morbidity. This presents the need for a significant challenge to the planning and delivery of health and social care services.

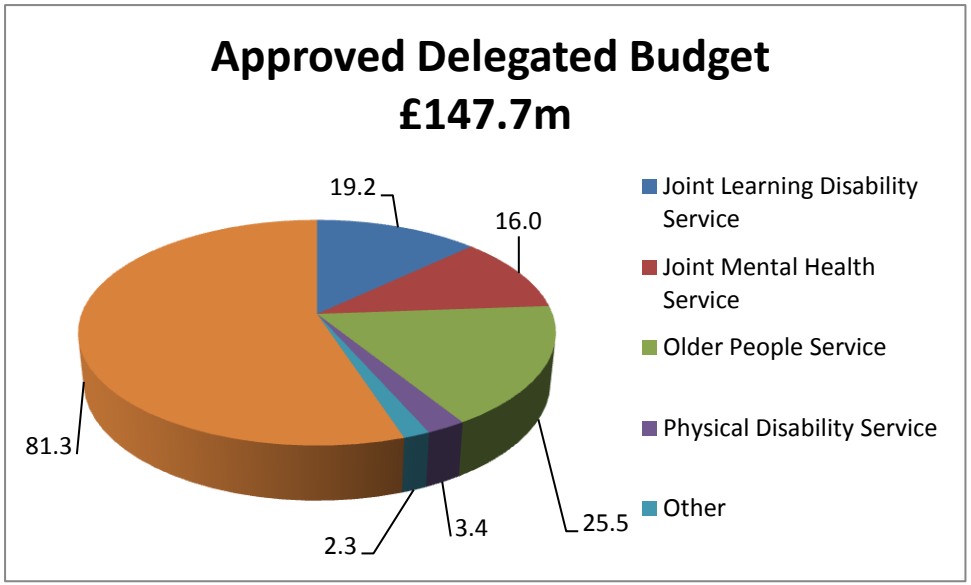
The Borders follows the national pattern of having higher emergency hospital admission rates for people living in areas of higher deprivation. The figure also shows that emergency admission rates in the Borders are higher than the Scottish average within any given deprivation grouping.

Dementia is a growing issue across Scotland and the rate of increase in the Borders may be faster than the Scottish average as the population is older. The condition represents a challenge for individuals, families and for planning and providing appropriate integrated care.

Health and Social Care Services are dependent on the contribution of carers. In the Borders approximately 12,500 people aged 16 years and over provide unpaid care which represents 13% of people in this age group.

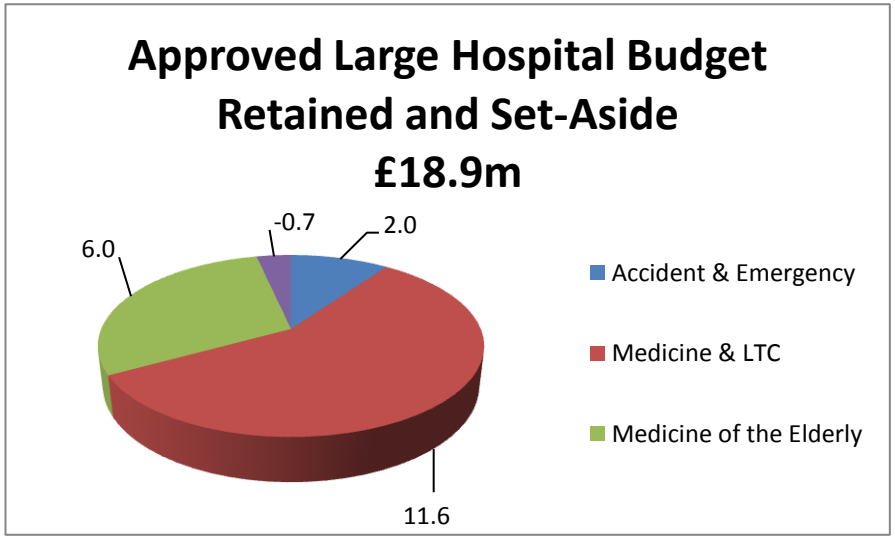
The level of caring is greater in more deprived areas. 46% of carers living in the most deprived areas of the Borders provide 35 or more hours of care per week compared with 22% of carers living in the least deprived areas. Research also indicates that providing care for someone else often affects the carer's own health. 42% of carers have one or more long-term conditions or health problems compared to 29% of non-carers.

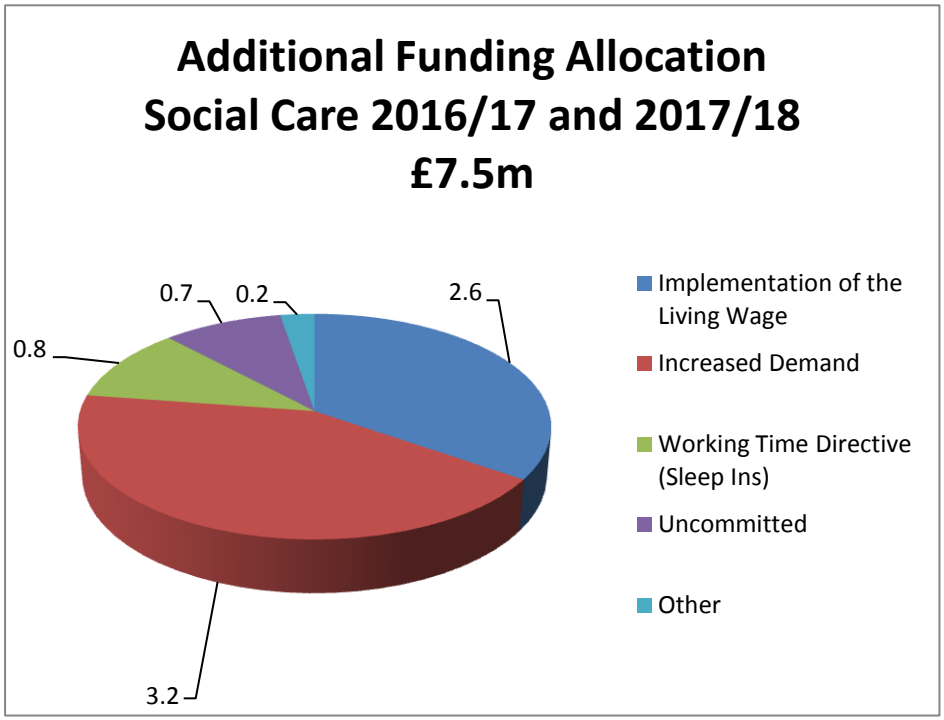
3. Financing our Priorities within the Scottish Borders



Prior to the start of 2017/18, the Scottish Borders Health and Social Care Partnership approved its 3-Year Financial Statement. As part of this, it agreed to the delegation of £147.7m of core budget in respect of the functions delegated to it. £94.5m of resource has been delegated by NHS Borders to support the commissioning of healthcare services whilst £52.9m has been delegated by Scottish Borders Council to support social care.

In addition to the budget delegated to the partnership, £18.9m has been retained by NHS Borders and set-aside for the population of the Scottish Borders in relation to large hospitals. This supports the provision of a range of hospital services, mainly unscheduled, such as Accident and Emergency. Whilst not directly controllable by the IJB, this budget taken in conjunction with the budget for functions delegated, forms the overall level of resources available to support the delivery of the partnership's Strategic Plan (£157.2m).

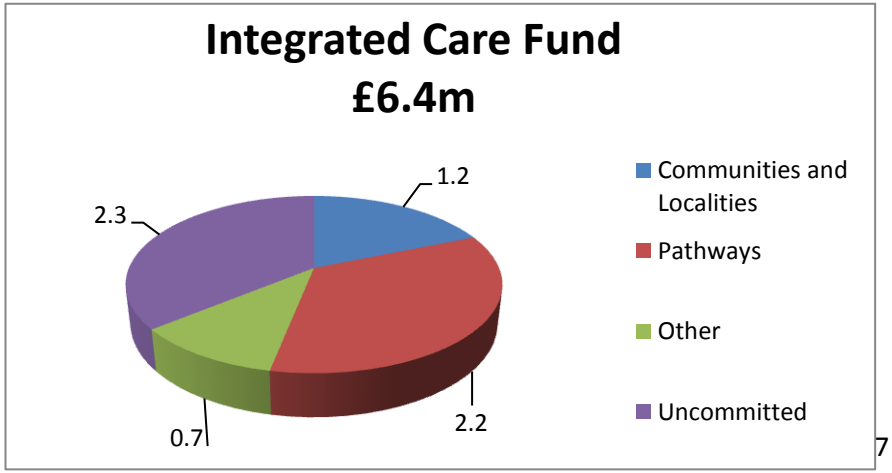




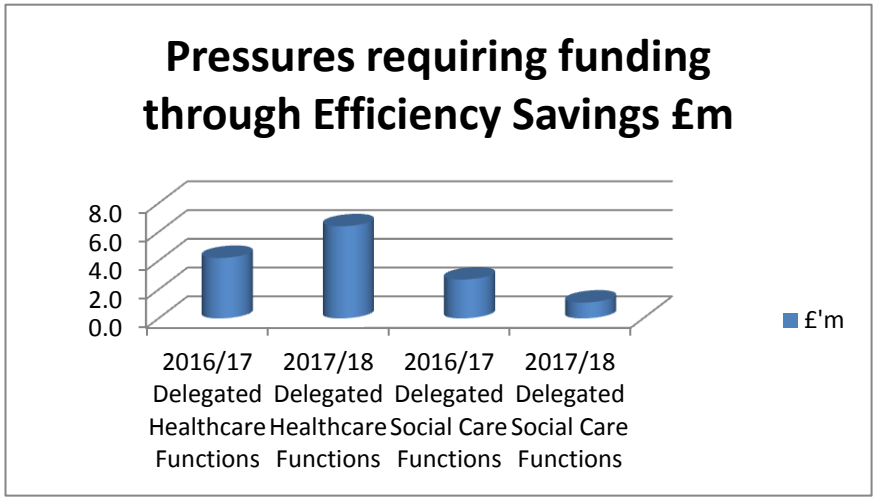
£5.3m of additional resources was also delegated to the partnership in 2016/17 to support a range of priorities, primarily within social care. This additional allocation by the Scottish Government was directed in full by the partnership's Board during the year in order to meet a number of national and local priorities. These included the implementation of a Living Wage of £8.25 per hour for all social care staff from the 1st October 2016 as well as enabling the partnership to mitigate the impact of increased demand for health and social care services and increased market costs for services such as homecare and goods such as drugs and pharmaceuticals.

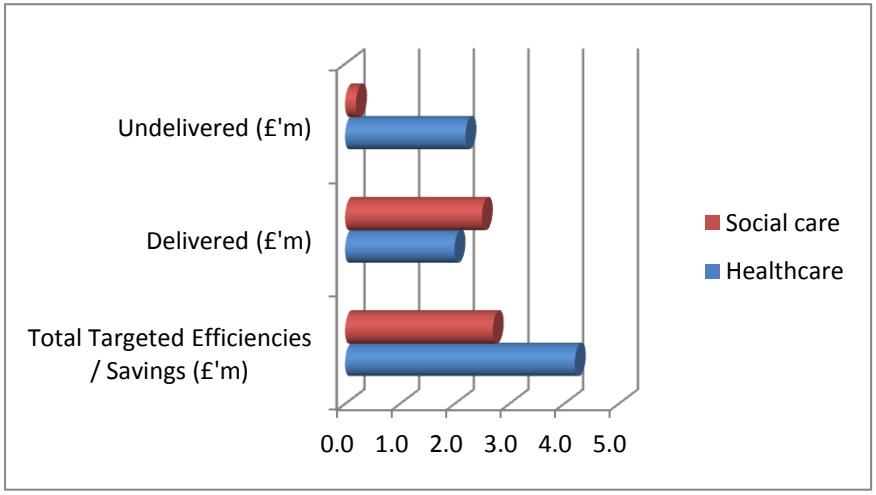
In 2017/18, a further £2.2m of additional funding has been allocated to the partnership by the Scottish Government (total £7.5m). This again however is including an increase in the hourly Living Wage to £8.45 and with the exception of £0.7m to date, has been fully directed by the IJB.

The partnership is also directing £6.4m of Integrated Care Funding towards the transformation and redesign of its models of health and social care over a 3-year period to the end of 2017/18. To date, over £4.0m has been approved across a range of projects summarised within the key themes of Communities and Localities and Pathways. The remaining uncommitted funding allocation will be directed in full during 2017/18 when the partnership's integrated transformation programme is finalised and approved.



Austere funding allocations linked to increasing costs and greater demand continues to put significant financial pressure across health and social care services. In order to ensure its financial plans are affordable, the partnership has to plan and deliver a considerable programme of efficiency and other savings plans. In 2016/17, this amounted to a total of £6.9m. Going forward a further £7.5m of savings require delivery in 2017/18 in order to ensure that the provision of services remains affordable.





During its first year of operation since its establishment, the partnership delivered £4.5m of its savings plans, with £2.4m remaining undelivered, the impact of which was met by a range of non-recurring remedial measures. The Executive Management Team of the partnership is working closely with the board in order to develop and implement a range of efficiency, savings and transformation initiatives within an overall plan during 2017/18 that will deliver the level of savings required and improve the partnership's performance and outcomes.

4. Creating the Correct Conditions for Change

In order to successfully deliver the objectives of the Strategic Plan it is critical that required conditions for change are in place.

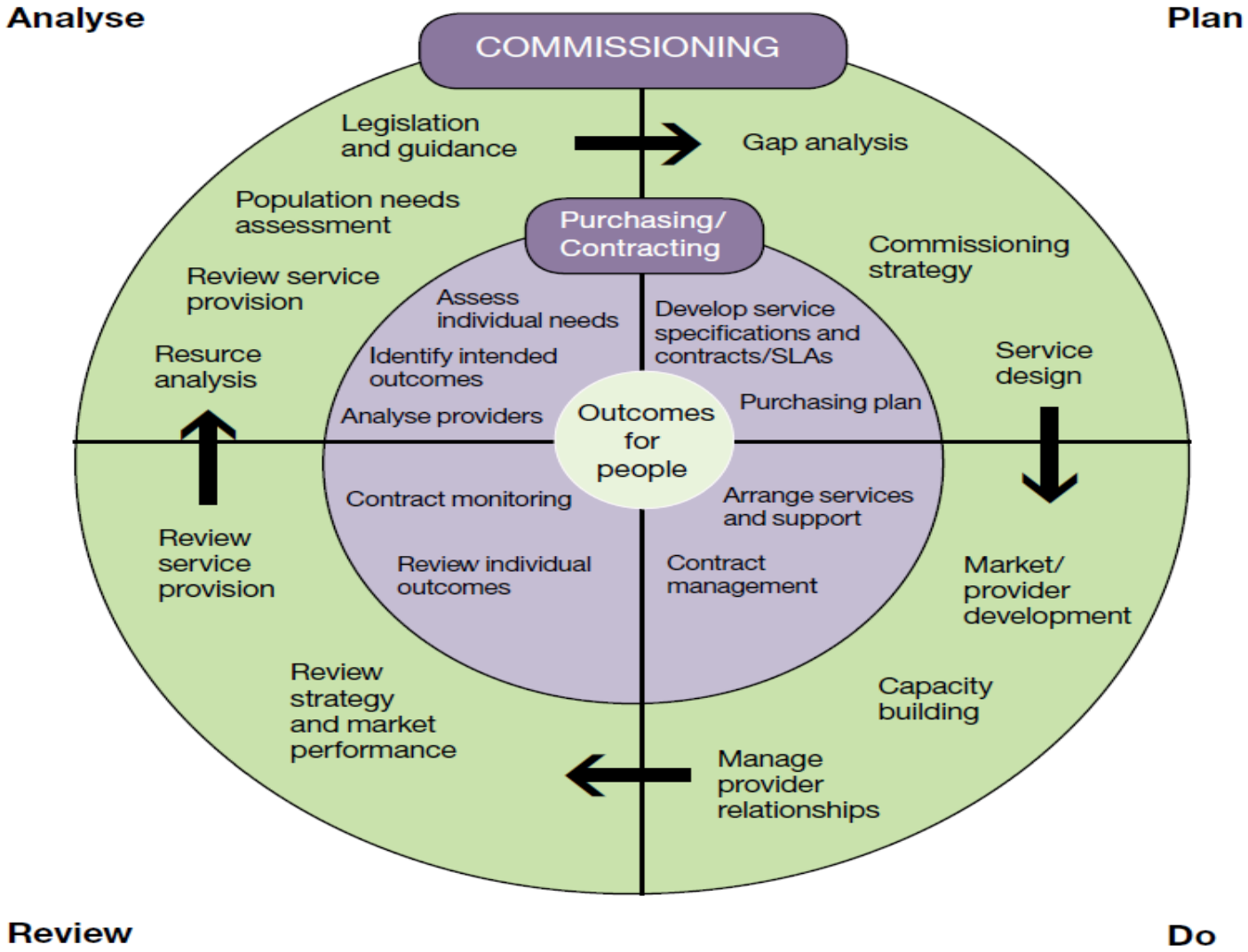
Leadership and Governance

Leadership and effective governance with the IJB and across the partner organisations is an essential factor in the successful integration of health and social care services. In the Scottish Borders the work of the IJB is informed by, and in turn informs, the strategic priorities of the two parent bodies – Scottish Borders Council and NHS Borders.

Strategic Procurement of Commissioned Services

Strategic procurement will support the delivery of commissioned services where delivery will be provided by a third party. In the Scottish Borders a clear emphasis will be placed on a number of key procurement ambitions including:

- procuring sustainbable, quality and affordable services through innovative approaches;
- engaging service users and providers in related activities and opportunities;
- building strong relationships with existing and new service providers;
- using available resources from partners and associated Centres of Expertise.



Strategic Commissioning Cycle

Locality Planning

Locality planning is a key tool in the delivery of change required to meet new and existing demands in the 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. In the Borders we co-produced Locality Plans and established Locality Working Groups in each of the five localities.

Transformational Planning

Transformational planning and a short, medium and longer term view is required in order to meet the escalating pressures on health and social care services due to increasing demand within the context of financial constraints and legislative change. In the Borders we are developing a Partnership Integrated Transformation Programme which outlines the transformation required across health and social care services now and in the future. The key identified areas for transformation include:

- out of hospital care programme focussing on
- community and day hospitals,
- enablement,
- allied health professionals and
- dementia.

Also included in the transformation programme are:

- mental health redesign
- reimagining day services
- carers strategy,
- redesign of alcohol and drugs services,
- telecare and telehealthcare
- localities and workforce planning.

Workforce Planning and Development

Improvements are dependent upon best workforce planning. Staff must be deployed in the right places, with the correct skills and in appropriate numbers. Importantly, there must be a shared vision across the partnership organisations of what integration will look like and why it is important. In the Scottish Borders we have developed a draft Joint Workforce Plan.

Evidencing Improvement

A robust appraisal process is essential to ensure services are efficient and cost effective and that resource decisions are equitable and justifiable. A key component of this is an evidence based review programme. In the Scottish Borders we have developed an Integrated Performance Management Reporting process, which continues to evolve and develop over time.

Communication and Engagement

Sustainable change requires robust communication within and outside of the key organisations. In the Scottish Borders, our aproach to communication is clearly described within our Health and Social Care Partnership Communication Strategy with meaningful engagement and consultation with people living and working in the Scottish Borders underpinning the approach to communication.

5. Strategic Priorities

Strategic priorities- or areas for action to achieve sustainable quality in service delivery- do not sit independently and improvement in one area will positively impact upon another. Whilst there is no increase in main stream budgets over the life of the plan additional investment has been enabled by the Scottish Government Integrated Care Fund Allocation. The overarching goal of the IJB is to create a single system for the planning and delivery of services with a locality focus in order to drive home change across identified priority areas. Based on the known demographics of the Scottish Borders, the estimated future need for health and social care services, the expressed local ambitions for health and social care services and the knowledge of available resources the following strategic priorities for the Scottish Borders Health and Social Care Partnership have been identified:

Local Strategic Priority	Aligned to National Outcomes:									Planned Investment	
	1	2	3	4	5	6	7	8	9	Invested Annually	Additional Investment
1. Services are accessible and community focussed.	✓	✓	✓	✓		✓		✓		£25m	£0.4m
2. Improve prevention and early intervention.	✓	✓		✓	✓			✓		£23m	£0.3m
3. Reduce avoidable admissions to hospital.	✓	✓							✓	£13m	£0.3m

Local Strategic Priority	Aligned to National Outcomes:									Planned Investment	
	1	2	3	4	5	6	7	8	9	Invested Annually	Additional Investment
4. Provide care close to home.	✓	✓	✓	✓	✓	✓			✓	£23m	£1.0m
5. Deliver services within an integrated care model.				✓				✓	✓	£3m	£0.7m
6. People will have more choice and control over their services and support.	✓	✓	✓	✓	✓	✓	✓			£5m	£0.3m
7. Efficiency and effectiveness will be increased.								✓	✓	£29m	£0.5m
8. Reduce health inequalities.	✓	✓	✓		✓	✓	✓			£22m	£0.3m
9. Support for carers.	✓	✓	✓	✓	✓	✓	✓			£15m	£0.3m
£2.3m Integrated Care Fund Remains Unallocated											

6. Implementation Plan ("Plan" and "Do" components of the Commissioning Cycle)

Priority	Desired Outcome	What Will We Do?	Timescales Start and End Date	Lead Person	Target Impact/Benefits
1. Services are accessible and community focussed.	People will be able to access a range of community-based health and social care services.	We will develop local hubs. ***(Integrated Care Fund)***	October 2016-April 2018	Murray Leys	Reduced demand on statutory services through increased local alternatives. Reduced Waiting Lists. Increased access to Information and Community Support. Reduced Revenue Costs from reduced demand.
	People will be informed and have access to the right support at the right time.	We will develop Local Area Co-ordination (LAC) for adults and older people.	July 2017 – October 2018	Murray Leys	
		We will extend Local Area Co-ordination capacity in Mental Health by 2 new posts. ***(Core Funding Investment)***	April 2017 – March 2020	Simon Burt	
2. Improve Prevention and Early Intervention.	Health and Social Care Services reduce admission to hospital, improve health and wellbeing and reduce demand for statutory services.	We will redesign day services with a focus on early intervention and prevention. ***(Transformation Programme)***	April 2017 – October 2018	Murray Leys	Reduced admissions to hospital. Improved health and wellbeing. Reduction in demand for statutory services. Reduced demands on GPs. Improved access to advice on minor health complaints. Reduced Revenue Costs from reduced demand.
		We will build on the work of the Community Capacity Team. ***(Integrated Care Fund)***	July 2017 – October 2018	Murray Leys	
		We will review the role of the clinical Pharmacist. ***(Integrated Care Fund)***	April 2017 – March 2018	Alison Wilson	
3. Reduce avoidable admissions to hospital.	Provide people with alternatives to hospital care.	We will further develop assessment services at the hospital front door including Rapid Assessment for Discharge Team. ***(Integrated Care Fund)***	April 2017 – March 2018	Philip Lunts	Reduced emergency admissions and associated bed days. Reduce re-admissions to hospital.

Priority	Desired Outcome	What Will We Do?	Timescales Start and End Date	Lead Person	Target Impact/Benefits
					Reduced Revenue Costs from reduced demand.
		We will develop transitional care to include a "step-up" facility and increase opportunities for short-term placements. ***(Integrated Care Fund)***	April 2017 – March 2018	Murray Leys	
		We will develop a co-produced transition-friendly pathway articulated in a new Frailty Improvement Plan. ***(Core Funding Investment)***	April 2017 – March 2018	Philip Lunts	
		We will review community and day hospitals, defining their role within an improved patient pathway and model of care. ***(Transformation Programme)***	April 2017 – March 2018	Sandra Pratt	
		We will redesign the way care at home services are delivered to ensure a re-ablement approach. ***(Transformation Programme)***	September 2017 – March 2018	Murray Leys	
		We will implement a Distress Brief Intervention model of care within Mental Health. ***(Integrated Care Fund)***	April 2017 – March 2020	Simon Burt	
4. Provide care close	People are able to access the care and support they require	We will establish a centralised specialist Matching Unit to source	June 2017 – December 2018	Murray Leys	Quicker and more efficient planning of care and support.

Priority	Desired Outcome	What Will We Do?	Timescales Start and End Date	Lead Person	Target Impact/Benefits
to home.	within their own community.	care at home to meet assessed need. ***(Integrated Care Fund)***			More people at home or in a homely setting including when at the end of their life. Reduced demand for care at home and other health and social care services. Reduced Revenue Costs from reduced demand and greater efficiency.
		We will? Palliative			
		We will plan and deliver health and social care services by locality area. ***(Integrated Care Fund)*** ***(Transformation Programme)***	April 2017 – March 2019	Elaine Torrance	
		We will increase the use of telecare and telehealthcare. ***(Transformation Programme)***	October 2017 – June 2018	Murray Leys	
		We will increase the provision of Housing with Care and Extra Care Housing. ***(Core Fund Investment)***	April 2017 – March 2020	Murray Leys	
5. Deliver services within an Integrated Care Model.	The delivery of health and social care services is improved through more integration at a local level.	We will develop locally based integrated health and social care teams. ***(Transformation Programme)*** ***(Core Funding Investment)*** ***(Integrated Care Funding)***	June 2017 – October 2018	Murray Leys	Decreased duplication and more streamlined and efficient delivery of health and social care services at a local level. Reduced demand on statutory services through increased local alternatives. Increased access to Information and Community Support. Reduced Revenue Costs from reduced demand and greater efficiency.
		We will develop integrated locality management. ***(Core Funding Investment)***	June 2017 – October 2018	Murray Leys	
		We will embed the Buurtzorg model of care.	July 2017 – June 2018	Sandra Pratt	

Priority	Desired Outcome	What Will We Do?	Timescales Start and End Date	Lead Person	Target Impact/Benefits
		(Integrated Care Fund)			
		We will develop local hubs. ***(Integrated Care Fund)***	October 2016 – April 2018	Murray Leys	
6. People will have more choice and control over their services and support.	People who use health and social care services have their dignity and right to choice respected.	We will continue to increase the number of people assessing all Self Directed Support options. **(Core Funding Investment)**	April 2016 – March 2019	Murray Leys	Improved care pathways for all care groups. Increased opportunities to have greater choice and control over planned care and support. Improved consistency and equity in the application of the Resource Allocation System. Responsibility for spend of allocated personal budget is transferred to individuals.
		We will review the SDS Resource Allocation System (RAS).	October 2017 – March 2018	Murray Leys	
		We will deliver Phase 2 of the Transforming Care after Treatment Programme. **(Other External Funding)**	October 2016 – March 2018	Murray Leys	
		We will continue to support the Borders Dementia Working Group to act as a voice of people with dementia living in the Borders. **(Core Funding Investment)**	September 2017 – March 2019	Murray Leys	
7. Efficiency and effectiveness will be increased.	Resources are used effectively and efficiently in the provision of health and social care services.	We will develop and deliver our Integrated Transformation and Integrated Care Fund programmes. **(Transformation Programme)** **(Integrated Care Fund)**	April 2017 – March 2019	Elaine Torrance	Reduced costs through management of demand, reduced unit costs and elimination of duplication and waste. Scarce resources will be directed to those most in need and secure best value. Health and social care will continue to be affordable within a context of constrained funding, increased cost and greater demand.
		We will deliver our three year Workforce Plan. **(Core Funding Investment)**	October 2016 – March 2019	Elaine Torrance	
		We will shift resources from acute health and social care to	April 2017 – March 2019	Elaine Torrance	

Priority	Desired Outcome	What Will We Do?	Timescales Start and End Date	Lead Person	Target Impact/Benefits
		community settings. **(Transformation Programme)** **(Integrated Care Fund)**			Improved outcomes for patients, clients and carers.
		We will demonstrate best value in the commissioning and delivery of health and social care.	April 2017 – March 2019	Elaine Torrance	
		We will invest in and realign resources to deliver our strategic priorities and disinvest from services not required. **(Transformation Programme)** **(Integrated Care Fund)** **(Core Funding Investment)**	April 2017 – March 2019	Elaine Torrance	
		We will design and implement cost-effective alternatives to traditional, costly models of care. **(Transformation Programme)** **(Integrated Care Fund)** **(Core Funding Investment)**	April 2017 – March 2019	Elaine Torrance	
8. Reduce health inequalities	Health and social care services will reduce health inequalities.	We will deliver Post Diagnostic Support to a higher proportion of people with dementia. **(Core Funding Investment)**	October 2017 – October 2018	Murray Leys	All people newly diagnosed with dementia are offered at least one year post-diagostic support. *Needs clarification as to whether the action is intended to mean referrals TO or FROM a GP.* Local health and social care services which are designed to meet local need.
		We will increase appropriate GP referrals for people with dementia. **(Core Funding Investment)**	October 2017 – October 2018	Murray Leys	
		We will plan and deliver health and social care services by locality area.	April 2017 – March 2019	Elaine Torrance	

Priority	Desired Outcome	What Will We Do?	Timescales Start and End Date	Lead Person	Target Impact/Benefits
		(Integrated Care Fund) **(Transformation Programme)**			Improved standard of health centre premises. Increased community support work form improved health centres. Improved GP services. Greater focus on prevention will result in reduced Revenue costs from reduced demand and increased efficiency.
		We will improve the standard of health centres through Primary Care Premises Modernisation Programme. **(Core Funding Investment)**	April 2017 – March 2018	Sandra Pratt	
		We will appoint 4 Cluster Quality Leads to deliver GP quality initiatives. **(Integrated Care Fund)**	April 2017 – March 2018	Sandra Pratt	
9. Support for Carers.	People who provide unpaid care are supported to look after their own health and wellbeing in order to fulfil their caring role.	We will deliver the requirements of the Carers (Scotland) Act 2016 by 1st April 2018. **(Other External Funding)**	April 2017 – March 2018	Elaine Torrance	Improved and more consistent support for carers. Better understanding of the numbers of people providing informal care.
		We will continue to commission the Borders Carers Centre to undertake all carers' assessments. **(Core Funding Investment)**	April 2017 – March 2019	Elaine Torrance	
		We will meet all identified carer needs which are assessed as critical through commissioning support services. **(Core Funding Investment)**	April 2017 – March 2019	Elaine Torrance	

7. Performance Monitoring ("Review" and "Analyse" components of the Commissioning Cycle)

Priority	Target Impact/Benefits	How will we know this is changing? Performance measures *Blue italics reflect appropriate performance measures drawn from existing Performance Reports/Scorecards.* NB gaps will remain in what is available currently to monitor some impacts/benefits.
1. Services are accessible and community focussed.	Reduced demand on statutory services through increased local alternatives.	• Number of attendances at A&E /Acute Assessment Unit (overall and/or with focus on flow type 1) *[Reported on an existing Scorecard?]*
	Reduced Waiting Lists.	• Social Work waiting list – N and % within/over standard wait time *[SBC: SC&H Monthly report].* • Community Care Assessment waiting list – N and % within/over standard wait time *[SBC: SC&H Monthly report].* • OT waiting list - N and % within/over standard wait time *[SBC: SC&H Monthly report].* • AHP waiting times standard *[NHSB: Performance Scorecard].* • Treatment Time Guarantee (TTG) and Referral To Treatment (RTT) Standards – multiple indicators *[NHSB: Performance Scorecard].*
	Increased access to Information and Community Support.	This is a broad impact and will need more cross-working and discussion to define this and identify the most meaningful measures.
	Reduced Revenue Costs from reduced demand.	• Finance data on revenue costs.
2. Improve Prevention and Early Intervention.	Reduced admissions to hospital.	*NHS Borders Primary, Acute and Community Services (PACs) scorecard currently tracks numbers of admissions to BGH; H&SC Management Team to consider whether this or an alternative measure would be appropriate.*
	Improved health and wellbeing.	• Evaluations from ICF projects such as Building Community Capacity *[H&SCP: ICF Project Evaluation reports; H&SCP: Quarterly Performance Reports for IJB].* • Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life *[H&SCP Annual Performance Report].*
	Reduction in demand for statutory services.	See Priority 1.

Priority	Target Impact/Benefits	How will we know this is changing? Performance measures *Blue italics reflect appropriate performance measures drawn from existing Performance Reports/Scorecards.* NB gaps will remain in what is available currently to monitor some impacts/benefits.
	Reduced demands on GPs.	• 48 hour access or advance booking to an appropriate member of the GP practice team *[NHSB: Managing Our Performance Annual Reports; H&SCP Annual Performance Report].* • *Potential for other measures to be agreed/developed in cross-working with GP Clusters.*
	Improved access to advice on minor health complaints.	This is a broad impact and will need more cross-working and discussion to define this and identify appropriate measures. E.g. may be in relation to any or all of access to GP practice staff, community pharmacy Minor Ailments Scheme, and/or CLS Hubs.
	Reduced Revenue Costs from reduced demand.	• Finance data on revenue costs.
3. Reduce avoidable admissions to hospital.	Reduced emergency admissions and associated bed days.	• Number and rate of emergency admissions, people aged 75+ *[H&SCP: Quarterly Performance Reports for IJB].* • Number and rate of emergency occupied bed days, people aged 75+ *[H&SCP: Quarterly Performance Reports for IJB].* • Rate of emergency admissions for Falls, people age 65+ *[H&SCP: Quarterly Performance Reports for IJB].* • Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency: persons aged 18+ *[H&SCP: Quarterly Performance Reports for IJB].*
	Reduce re-admissions to hospital.	• Readmissions to BGH (NB. Not specified whether 7 or 28 day) *[NHSB: Primary, Acute & Community Services Scorecard].*
	Reduced Revenue Costs from reduced demand.	• Finance data on revenue costs.
4. Provide care close to home.	Quicker and more efficient planning of care and support.	• Performance/Impact evaluations of the Matching Unit. *[H&SCP: ICF Project Evaluation Reports.]*
	More people at home or in a homely setting including when at the end of their life.	• Community based services as a percentage of total Health & Care Expenditure *[H&SCP: Quarterly Performance Reports for IJB].* • Adults aged 65+ within the Scottish Borders with intensive care needs receiving

Priority	Target Impact/Benefits	How will we know this is changing? Performance measures *Blue italics reflect appropriate performance measures drawn from existing Performance Reports/Scorecards.* NB gaps will remain in what is available currently to monitor some impacts/benefits.
		support in a community setting rather than a care home. *[H&SCP: Quarterly Performance Reports for IJB].* • Proportion of last 6 months of life spent at home or in a homely setting *[H&SCP: Quarterly Performance Reports for IJB].*
	Reduced demand for care at home and other health and social care services.	Requires further discussion with Social Care & Health re appropriate measures, be this numbers of requests for social care assessment/referral and/or other measures.
	Reduced Revenue Costs from reduced demand and greater efficiency.	• Finance data on revenue costs.
5. Deliver services within an Integrated Care Model.	Decreased duplication and more streamlined and efficient delivery of health and social care services at a local level.	• Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated. *[H&SCP: Annual Performance Report].*
	Reduced demand on statutory services through increased local alternatives.	See Priority 1.
	Increased access to Information and Community Support.	This is a broad impact and will need more cross-working and discussion to define this and identify the most meaningful measures.
	Reduced Revenue Costs from reduced demand and greater efficiency.	• Finance data on revenue costs.
6. People will have more choice and control over their services and support.	Improved care pathways for all care groups.	This is a broad impact and will need more cross-working and discussion to define this and identify the most meaningful measures.
	Increased opportunities to have greater choice and control over planned care and support.	• Percentage of Social Care & Health clients on SDS. *[SBC: SDS report].* • Adults with SDS arrangements per 1,000 population *[SBC: PDMT report].*
	Improved consistency and equity in the application of the Resource Allocation System.	

Priority	Target Impact/Benefits	How will we know this is changing? Performance measures *Blue italics reflect appropriate performance measures drawn from existing Performance Reports/Scorecards.* NB gaps will remain in what is available currently to monitor some impacts/benefits.
	Responsibility for spend of allocated personal budget is transferred to individuals.	• Percentage of SDS clients on options 1, 2 or 4. *[SBC: SDS report].*
7. Efficiency and effectiveness will be increased.	Reduced costs through management of demand, reduced unit costs and elimination of duplication and waste.	• Finance data.
	Scarce resources will be directed to those most in need and secure best value.	This is a broad impact and will need more cross-working and discussion to define this and identify the most meaningful measures.
	Health and social care will continue to be affordable within a context of constrained funding, increased cost and greater demand.	• Finance data.
	Improved outcomes for patients, clients and carers.	• Delayed Discharges – 72 hours / 2 weeks *[H&SCP: Quarterly Performance Reports for IJB; NHSB: Performance Scorecard].* • Percentage of Social Care clients reporting they felt safe *[H&SCP: Quarterly Performance Reports for IJB; NHSB: Performance Scorecard; SBC: PDMT Report].* • Percentage of adults supported at home who agree that they are supported to live as independently as possible. *[H&SCP: Annual Performance Report].* • Carers Centre assessments – improved responses to multiple questions on Carer Choice and Carer Stress *[H&SCP: Quarterly Performance Reports for IJB].*
8. Reduce health inequalities	All people newly diagnosed with dementia are offered at least one year post-diagostic support.	• Percentage of people with newly diagnosed dementia offered a minimum of 12 months post-diagnostic support. *[HEAT Dementia PDS standard] [NHSB: Performance Scorecard and Mental Health Performance Scorecard].*
	Needs clarification as to whether the action is intended to mean referrals TO or FROM a GP.	

Priority	Target Impact/Benefits	How will we know this is changing? Performance measures *Blue italics reflect appropriate performance measures drawn from existing Performance Reports/Scorecards.* NB gaps will remain in what is available currently to monitor some impacts/benefits.
	Local health and social care services which are designed to meet local need.	This is a broad impact and will need more cross-working and discussion to define this and identify the most meaningful measures.
	Improved standard of health centre premises.	This is a broad impact and will need more cross-working and discussion to define this and identify the most meaningful measures.
	Increased community support work form improved health centres.	This is a broad impact and will need more cross-working and discussion to define this and identify the most meaningful measures.
	Improved GP services.	This is a broad impact and will need more cross-working and discussion to define this and identify the most meaningful measures.
	Greater focus on prevention will result in reduced Revenue costs from reduced demand and increased efficiency.	• Finance data on revenue costs.
Support for Carers.	Improved and more consistent support for Carers.	• Carers Centre assessments – improved responses to multiple questions on Support for Carers *[H&SCP: Quarterly Performance Reports for IJB].* • Percentage of Carers who feel supported to continue in their caring role. *[H&SCP: Annual Performance Report].*
	Better understanding of the numbers of people providing informal care.	Scottish Health Survey results provide estimates of % of adults providing unpaid care and this is the basis of Carer numbers used in Carer Strategy work. Cross working/discussion needed to define what would be agreed as meaning "Better Understanding" and how this would be measured.

Appendix 1: Overview of Services Health and Social Care Partnership

ADULT SOCIAL CARE SERVICES *

-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;

-Carers support services;

-Community Care Assessment Teams;

-Adult Placement Services;

-Health Improvement Services;

-Re-ablement Services, equipment and telecare;

-Aspects of housing support including aids and adaptations;

-Day Services;

-Local area Co-ordination;

-Respite Provision;

-Occupational therapy services.

ACUTE HEALTH SERVICES (PROVIDED IN A HOSPITAL)*

-Accident and Emergency:

-Inpatient hospital services in these specialities-

-General Medicine;

.Geriatric Medicine;

.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;

-Mental health services provided in hospital, except secure forensic mental health services.

*Adult Social Care Services-over 18yrs. * Acute Services –all ages.
* Community Health Services-over 18yrs except those marked with * which also includes services for children.

COMMUNITY HEALTH SERVICES *

-District Nursing;

-Out of Hours Primary Medical Services*

-Primary Medical Services (GP practices*);

-Public Dental Services*;

-General Dental Services*;

-Ophthalmic Services*;

-Community Pharmacy Services*;

-Community Geriatric Services;

-Community Learning Disability Services;

-Mental Health Services;

-Continence Services;

-Kidney Dialysis out with the hospital;

-Services provided by health professionals that aim to promote public health;

-Community Addiction Services;

-Community Palliative Care;

-Allied Health Professional Services.

Appendix 2: The National Health and Wellbeing Outcomes

Nine National Outcomes	
Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
Outcome 2	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.
Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Outcome 5	Health and social care services contribute to reducing health inequalities.
Outcome 6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being,
Outcome 7	People using health and social care services are safe from harm.
Outcome 8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Outcome 9	Resources are used effectively and efficiently in the provision of health and social care services.

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Scottish Borders
Health and Social Care
PARTNERSHIP

STATUTORY REQUIREMENTS: CLIMATE CHANGE, COMPLAINTS PROCEDURE AND MODEL PUBLICATION SCHEME

Aim

1.1 The aim of this report is to update the Integration Joint Board (IJB) on progress of the requirement to produce a Climate Change Report, Integrated Complaints Procedure and a Model Publication Scheme.

Background

2.1 As a public authority the IJB is required to produce a number of integrated public reports namely a Climate Change Report, an Integrated Complaints Procedure and a Model Publication Scheme.

2.2 Under the Climate Change (Scotland) Act 2009 and more recently the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 the IJB is required to prepare a report on compliance with climate change duties. The report is required to be completed and submitted to the Sustainable Scotland Network (SSN) by end of November 2017. Work is currently underway by representatives from NHS Borders and SBC to ensure that the report is completed in line the requirements of the Act as well as existing parent body reports to SSN. Following completion of the report and approval from the IJB the report will be submitted to SSN.

2.3 Recent work has been carried out by the Scottish Government and the Scottish Public Services Ombudsman (SPSO) to align the NHS and Social Work Complaints Handling Procedures. The SPSO has indicated that as public authorities, all Integration Authorities should have their own handling procedures to deal with any complaints made – as distinct from complaints raised about services delivered by the parent bodies.

2.4 The SPSO has produced a template for a Complaints Handling Procedure for Integration Joint Boards and in line with this Scottish Borders Health and Social Partnership has developed and submitted its Complaints Handling Procedure (**Appendix One**) to the SPSO. Confirmation from the SPSO on the compliance of the procedure was received on 4 October 2017.

2.5 The Freedom of Information (Scotland) Act 2002 requires Scottish public authorities to produce and maintain a publication scheme. As such the IJB is under legal obligation to publish the classes of information they make routinely available and tell the public how to access the information and whether the information is free. In line with this requirement the Scottish Borders Health and Social Care Partnership has drafted a Model Publication Scheme in line with the model produced by the Scottish

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Information Commissioner (**Appendix Two**). Work is currently underway to finalise the publication scheme and IJB approval will be sought once finalised.

Summary

3.1 As a public authority the IJB is required to produce a number of integrated public reports namely a Climate Change Report, an Integrated Complaints Procedure and a Model Publication Scheme.

3.2 To date the Scottish Borders Health and Social Care Partnership has developed an Integrated Joint Board Complaints Handling Procedure and it has been confirmed that the procedure is compliant with the requirements of the Scottish Government and Associated Public Authorities Model Complaints Handling Procedure.

3.3 Work is currently underway to finalise the Climate Change Report and the Model Publication Scheme and IJB approval will be sought once finalised.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the requirements of the IJB as a public authority to produce a Climate Change Report, an Integrated Complaints Handling Procedure and a Model Publication Scheme.

Policy/Strategy Implications	This report gives an update on the requirement of the IJB as a public authority to produce a number of reports.
Consultation	Reports have been developed in consultation with representative of parent bodies.
Risk Assessment	Risk of not complying with statutory requirements if reports not completed.
Compliance with requirements on Equality and Diversity	Reports do not require EIA as statutory duty to complete reports.
Resource/Staffing Implications	Limited resource implications.

Approved by

Name	**Designation**	**Name**	**Designation**
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Scottish Borders
Health and Social Care
PARTNERSHIP

NHS Borders

Scottish Borders Council

Title	Borders Integrated Joint Board Complaints Handling Procedure
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Distribution	All staff
Prepared by	Karen Maitland, Susan Cowe & Sylvia Mendham

Borders Integrated Joint Board's Complaints Handling Procedure

Foreword

Our complaints handling procedure reflects our commitment to valuing complaints. It seeks to resolve dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial and fair investigations of complaints so that, where appropriate, we can make evidence-based decisions on the facts of the case.

The procedure introduces a standardised approach to handling complaints across integration authorities, which complies with the SPSO's guidance on a model complaints handling procedure. This procedure aims to help us 'get it right first time'. We want quicker, simpler and more streamlined complaints handling with local, early resolution.

Complaints give us valuable information we can use in terms of how we fulfil our responsibilities. Our complaints handling procedure will enable us to address dissatisfaction and may also prevent the same problems that led to the complaint from happening again. Handled well, complaints can give customers a form of redress when things go wrong, and can also help us continuously improve.

Resolving complaints early saves money and creates better customer relations. Sorting them out as close to the point of service delivery as possible means we can deal with them locally and quickly, so they are less likely to escalate to the next stage of the procedure. Complaints that we do not resolve swiftly can greatly add to our workload.

It will help us keep the public at the heart of the process, while enabling us to better understand how to improve how we do our work by learning from complaints.

Elaine Torrance
Chief Officer Health & Social Care Integration

What is a complaint?

The Borders Integrated Joint Board's definition of a complaint is:

> 'An expression of dissatisfaction by one or more members of the public about Borders Integrated Joint Board's action or lack of action, or about the standard of service Borders Integrated Joint Board's has provided in fulfilling its responsibilities as set out in the Integration Scheme'.

Issues that are not covered by this definition are likely to be covered by our other CHPs, relating to either our health or social work services.

A complaint may relate to dissatisfaction with:

- Borders Integrated Joint Board's policies
- Borders Integrated Joint Board's decisions
- the administrative or decision-making processes followed by Borders Integrated Joint Board in coming to a decision

This list does not cover everything.

A complaint is **not**:

- a first time request made to the Borders Integrated Joint Board
- a request for compensation only
- issues that are in court or have already been heard by a court or a tribunal
- disagreement with a decision where a statutory right of appeal exists
- an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision.

We will not treat these issues as complaints, but will instead direct the customer raising them to use the appropriate procedures.

Handling anonymous complaints

We value all complaints. This means we treat all complaints including anonymous complaints seriously and will take action to consider them further, wherever this is appropriate. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. If, however, an anonymous complaint does not provide enough information to enable us to take further action, we may decide not to pursue it further. Any decision not to pursue an anonymous complaint must be authorised by a senior manager.

If an anonymous complaint makes serious allegations, it will be considered by a senior officer immediately.

If we pursue an anonymous complaint further, we will record the issues as an anonymous complaint on the complaints system. This will help to ensure the completeness of the complaints data we record and allow us to take corrective action where appropriate.

What if the customer does not want to complain?

If a customer has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, tell them that we do consider all expressions of dissatisfaction, and that complaints offer us the opportunity to improve services where things have gone wrong. Encourage them to submit their complaint and allow us to deal with it through the CHP. This will ensure that they are updated on the action taken and receive a response to their complaint.

If, however, the customer insists they do not wish to complain, we will record the issue as an anonymous complaint. This will ensure that their details are not recorded on the complaints database and that they receive no further contact about the matter. It will also help to ensure the completeness of the complaints data recorded and will still allow us to fully consider the matter and take corrective action where appropriate.

Who can make a complaint?

Anyone who is affected by the decisions made by Borders Integrated Joint Board can make a complaint. This is not restricted to people who receive services through Borders Integrated Joint Board and their relatives or representatives. Sometimes a customer may be unable or reluctant to make a complaint on their own. We will accept complaints brought by third parties as long as the customer has given their personal consent.

Complaints involving the Health & Social Care Partnership or more than one organisation

A complaint may relate to a decision that has been made by the IJB, as well as a service or activity provided by the HSCP. Initially, these complaints should all be handled in the same way. They must be logged as a complaint, and the content of the complaint must be considered, to identify which services are involved, which parts of the complaint we can respond to and which parts are appropriate for the HSCP to respond to. A decision must be taken as to who will be contributing and investigating each element of the complaint, and that all parties are clear about this decision. The final response must be a joint response, taking into account the input of all those involved.

Where a complaint relates to a decision made jointly by the IJB and the Health Board or Local Authority, the elements relating to the IJB should be handled through this CHP. Where possible, working together with relevant colleagues, a single response addressing all of the points raised should be issued.

Should a member of staff who represents the HSCP receive a complaint in relation to the IJB, and they have the relevant and appropriate information to resolve it, they should attempt to do so. If the staff member feels unable to offer a response, the complaint should be passed to the IJB team as early as possible for them to resolve.

If a customer complains to the Borders Integrated Joint Board about services of another agency or public service provider, but the Borders Integrated Joint Board has no involvement in the issue, they will be advised to contact the appropriate organisation directly.

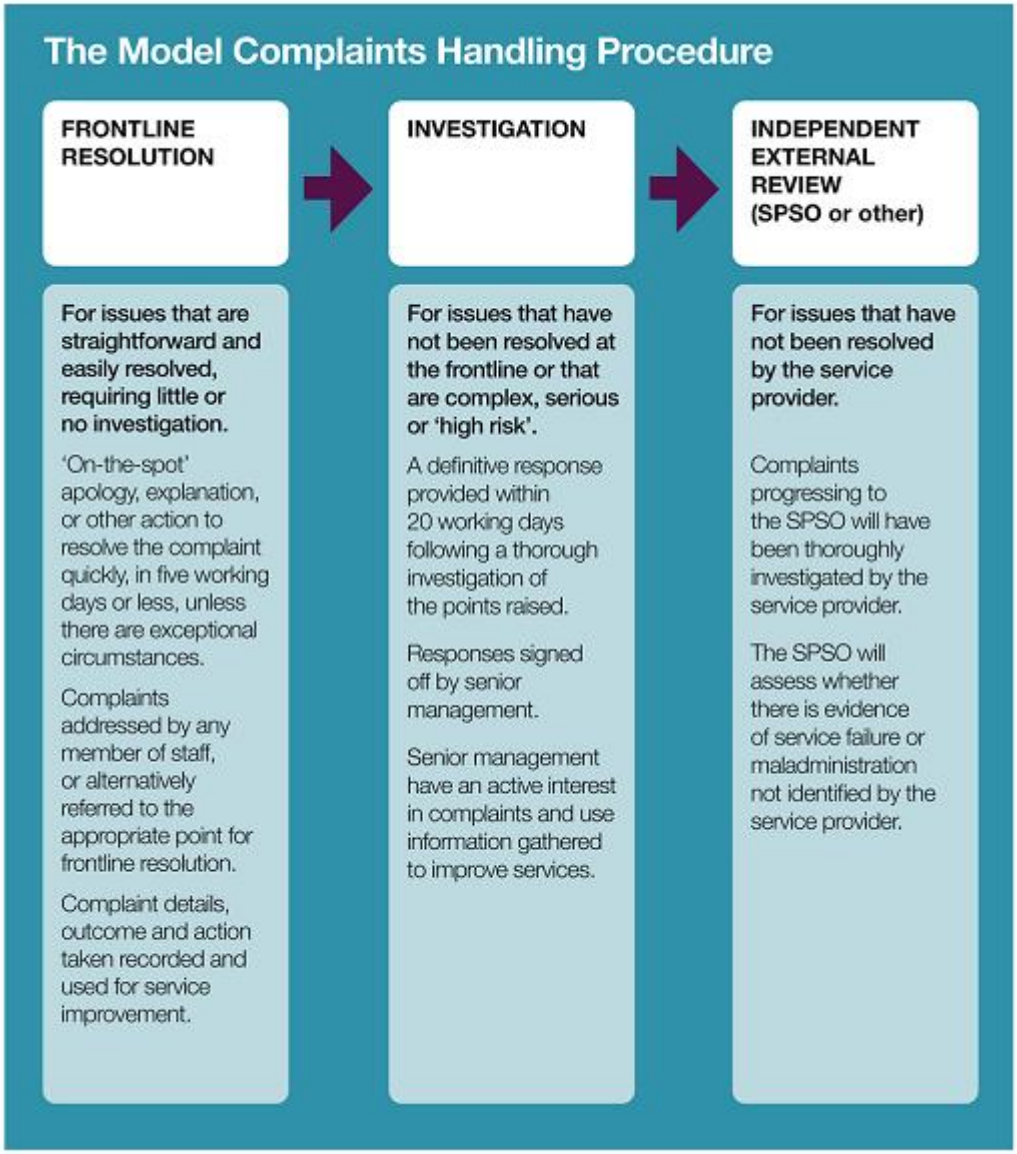
If we need to make enquiries to an outside agency in relation to a complaint we will always take account of data protection legislation and SPSO guidance on handling our customer's personal information. The Information Commissioner has detailed guidance on data sharing and has issued a data sharing code of practice.

The complaints handling process

The CHP aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

Our complaints process provides two opportunities to resolve complaints internally:

- **frontline resolution**, and
- **investigation**.



For clarity, the term 'frontline resolution' refers to the first stage of the complaints process. It does not reflect any job description within Borders Integrated Joint Board but means seeking to resolve complaints at the initial point of contact where possible.

Stage one: frontline resolution

Frontline resolution aims to quickly resolve straightforward customer complaints that require little or no investigation. Any member of staff may deal with complaints at this stage; if the member of staff receiving the complaint is not able to provide a response, then it should be referred on to a more appropriate member of staff.

The main principle is to seek early resolution, resolving complaints at the earliest opportunity. This may mean a face-to-face discussion.

Whoever responds to the complaint, it may be settled by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. They may also explain that, as an organisation that values complaints, we may use the information given when we review policies and processes in the future.

A customer can make a complaint in writing, in person, by telephone, by email or online, or by having someone complain on their behalf. Frontline resolution will always be considered, regardless of how the complaint has been received.

What we will do when we receive a complaint

1 On receiving a complaint, we will first decide whether the issue can indeed be defined as a complaint. The customer may express dissatisfaction about more than one issue. This may mean we treat one element as a complaint, while directing them to pursue another element through an alternative route.

2 If we have received and identified a complaint, we will record the details on our complaints system.

3 Next, we will decide whether or not the complaint is suitable for frontline resolution. Some complaints will need to be fully investigated before we can give the complainant a suitable response. A senior officer will escalate these complaints immediately to the investigation stage.

4 Where we consider frontline resolution to be appropriate, we will consider four key questions:

- What exactly is the complaint (or complaints)?
- What does the complainant want to achieve by complaining?
- Can I achieve this, or explain why not?
- If I cannot resolve this, who can help with frontline resolution?

What exactly is the complaint (or complaints)? It is important to be clear about exactly what the customer is complaining about. Staff may need to ask the supplementary questions to get a full picture.
What does the complainant want to achieve by complaining? At the outset, staff will seek to clarify the outcome the complainant wants. Of course, they may not be clear about this, so there may be a need to probe further to find out what they expect and whether they can be satisfied.

Can I achieve this, or explain why not?
If staff can achieve the expected outcome by providing an on-the-spot apology or explain why they cannot achieve it, they will do so. If they consider an apology is suitable, they may wish to follow the SPSO's guidance on the subject, which can be found on the SPSO website.

The customer may expect more than we can provide. If their expectations appear to exceed what the organisation can reasonably provide, the officer will tell them as soon as possible in order to manage expectations about possible outcomes.

Decisions at this stage may be conveyed face to face or on the telephone or via e-mail. In those instances, you are not required to write to the customer as well, although you may choose to do so. A full and accurate record of the decision reached must be kept, including the information provided to the customer..

If I can't resolve this, who can help with frontline resolution?
If the complaint raises issues which you cannot respond to in full because, for example, it relates to an issue or area of service you are unfamiliar with, pass details of the complaint to more senior staff who will try to resolve it.

Timelines
Frontline resolution must be completed within five working days of the Borders Integrated Joint Board receiving the complaint, although in practice we would often expect to resolve the complaint much sooner.

Staff may need to get more information or seek advice to resolve the complaint at this stage. However, they will respond to the complainant within five working days, either resolving the matter or explaining that the Borders Integrated Joint Board's will investigate their complaint.

Extension to the timeline
In exceptional circumstances, where there are clear and justifiable reasons for doing so, senior management may agree an extension of no more than five working days with the complainant. This must only happen when an extension will make it more likely that the complaint will be resolved at the frontline resolution stage.

If, however, the issues are so complex that they cannot be resolved in five days, it will be appropriate to escalate the complaint straight to the investigation stage.
If the customer does not agree to an extension but it is unavoidable and reasonable, a senior manager can still decide upon an extension. In those circumstances, they will then tell the complainant about the delay and explain the reason for the decision to grant the extension.

Such extensions will not be the norm, though, and the timeline at the frontline resolution stage will be extended only rarely. All attempts to resolve the complaint at this stage will take no longer than **ten working days** from the date the Borders Integrated Joint Board's received the complaint.

The proportion of complaints that exceed the five-day limit will be evident from reported statistics. These statistics will be presented to the Borders Integrated Joint Board's on a quarterly basis.

Appendix 1 provides further information on timelines.

Closing the complaint at the frontline resolution stage

When staff have informed the customer of the outcome, they are not obliged to write to the customer, although they may choose to do so. The response to the complaint must address all areas that we are responsible for and must explain the reasons for our decision. Staff will keep a full and accurate record of the decision reached. The complaint will then be closed and the complaints system updated accordingly. The complaints resolved at the frontline stage will be reported to the Borders Integrated Joint Board on a quarterly basis.

When to escalate to the investigation stage

The Borders Integrated Joint Board's will escalate a complaint to the investigation stage when:

- frontline resolution has been attempted but the customer remains dissatisfied and requests an investigation. This may happen immediately when the decision at the frontline stage is communicated, or some time later
- the customer refuses to take part in frontline resolution
- the issues raised are complex and require detailed investigation
- the complaint relates to serious, high-risk or high-profile issues.

When a previously closed complaint is escalated from the frontline resolution stage, the complaint should be reopened on the complaints system.

We will take particular care to identify complaints that might be considered serious, high risk or high profile. The SPSO defines potential high-risk or high-profile complaints as those that may:

- involve a death or terminal illness
- involve serious service failure, for example major delays in providing, or repeated failures to provide, a service
- generate significant and ongoing press interest
- pose a serious risk to an organisation's operations
- present issues of a highly sensitive nature, for example concerning:
    - a particularly vulnerable person
    - child protection.

Stage two: investigation

Not all complaints are suitable for frontline resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically complex or require a detailed examination before we can state our position. These complaints may already have been considered at the frontline resolution stage, or they may have been identified from the start as needing immediate investigation.

An investigation aims to establish all the facts relevant to the points made in the complaint and to give the complainant a full, objective and proportionate response that represents our final position.

What we will do when we receive a complaint for investigation

It is important to be clear from the start of the investigation stage exactly what is being investigated, and to ensure that all involved – including the customer - understand the investigation's scope. It may be helpful for an investigating officer to discuss and confirm these points with the customer at the outset, to establish why they are dissatisfied and whether the outcome they are looking for sounds realistic.

In discussing the complaint with the customer, the investigating officer will consider three key questions:

1. What specifically is the complaint or complaints?
2. What does the complainant want to achieve by complaining?
3. Are the complainant's expectations realistic and achievable?

It may be that the customer expects more than we can provide. If so, our staff will make this clear to them as soon as possible.

Where possible we will also clarify what additional information we will need to investigate the complaint. The customer may need to provide more evidence to help us reach a decision.

Details of the complaint must be recorded on the system for recording complaints. Where appropriate, this will be done as a continuation of frontline resolution. The details must be updated when the investigation ends.

If the investigation stage follows attempted frontline resolution, staff will ensure that all relevant information will be passed to the officer responsible for the investigation, and record that they have done so.

Timelines

The following deadlines are appropriate to cases at the investigation stage:

- complaints must be acknowledged within **three working days**
- The Borders Integrated Joint Board will provide a full response to the complaint as soon as possible but not later than **20 working days** from the time they received the complaint for investigation.

Extension to the timeline

Not all investigations will be able to meet this deadline. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20-day limit. However, these would be the exception and we will always try to deliver a final response to a complaint within 20 working days.

If there are clear and justifiable reasons for extending the timescale, senior management will set time limits on any extended investigation, as long as the complainant agrees. They will keep the customer updated on the reason for the delay and give them a revised timescale for completion. If the customer does not agree to an extension but it is unavoidable and reasonable, then senior management can consider and confirm the extension. The reasons for an extension might include the following:

- Essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, customers or others but they cannot help because of long-term sickness or leave.
- Further essential information cannot be obtained within normal timescales.
- Operations are disrupted by unforeseen or unavoidable operational circumstances, for example industrial action or severe weather conditions.
- The customer has agreed to mediation as a potential route for resolution.

These are only a few examples, and senior management will judge the matter in relation to each complaint. However, an extension would be the exception and we will always try to deliver a final response to the complaint within 20 working days.

As with complaints considered at the frontline stage, the proportion of complaints that exceed the 20-day limit will be evident from reported statistics. These statistics will be presented to the Borders Integrated Joint Board on a quarterly basis.

Appendix 1 provides further information on timelines.

Mediation

Some complex complaints, or complaints where customers and other interested parties have become entrenched in their position, may require a different approach to resolving the complaint. Where appropriate, we may consider using services such as mediation or conciliation using suitably trained and qualified mediators to try to resolve the matter and to reduce the risk of the complaint escalating further.

Mediation will help both parties to understand what has caused the complaint, and so is more likely to lead to mutually satisfactory solutions.

If the Borders Integrated Joint Board and the customer agree to mediation, revised timescales will need to be agreed.

Closing the complaint at the investigation stage

We will inform the customer of the outcome of the investigation, in writing or by their preferred method of contact. This response to the complaint will address all areas that we are responsible for and explain the reasons for the decision. We will record the decision, and details of how it was communicated to the customer, on the system for recording complaints. The complaint will then be closed and the complaints system updated accordingly. The complaints resolved at the investigation stage will be reported to the Borders Integrated Joint Board on a quarterly basis.

In responding to the customer, we will make clear:

- their right to ask SPSO to consider the complaint
- the time limit for doing so, and
- how to contact the SPSO.

Independent external review

Once the investigation stage has been completed, the customer has the right to approach the SPSO if they remain dissatisfied. The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues such as service failures and maladministration (administrative fault), as well as the way we have handled the complaint.

We will use the wording below to inform customers of their right to ask SPSO to consider the complaint. The SPSO provides further information for organisations on the Valuing Complaints website. This includes details about how and when to signpost customers to the SPSO.

Information about the SPSO

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about the Scottish Government, NDPBs, agencies and other government sponsored organisations. If you remain dissatisfied with an organisation after its complaints process, you can ask the SPSO to look at your complaint. The SPSO cannot normally look at complaints:

- where you have not gone all the way through the organisation's complaints handling procedure
- more than 12 months after you became aware of the matter you want to complain about, or
- that have been or are being considered in court.

The SPSO's contact details are:

SPSO
4 Melville Street
Edinburgh
EH3 7NS

Freepost SPSO

Freephone: **0800 377 7330**
Online contact **www.spso.org.uk/contact-us**
Website: **www.spso.org.uk**

Governance of the Complaints Handling Procedure

Roles and responsibilities

The Chief Officer's role is to provide a single senior point of overall strategic and operational advice to the integration authority. In line with this, overall responsibility and accountability for the management of complaints lies with the Chief Officer.

Our final position on a complaint must be signed off by an appropriate senior officer and we will confirm that this is our final response. This ensures that our senior management own and are accountable for the decision. It also reassures the customer that their concerns have been taken seriously.

Chief Officer:

The Chief Executive provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes ensuring that there is an effective complaints handling procedure, with a robust investigation process that demonstrates how we learn from the complaints we receive. The Chief Officer may take a personal interest in all or some complaints, or may delegate responsibility for the CHP to appropriate members of the Senior Management Team of the Health & Social Care Partnership. Regular management reports assure the integration authority of the quality of complaints performance.

Members of the Senior Management Team:

Members of the Senior Management Team of the Health & Social Care Partnership may be responsible for:

- managing complaints and the way we learn from them
- overseeing the implementation of actions required as a result of a complaint
- investigating complaints
- deputising for the Chief Officer on occasion.

However, members of the Senior Management Team may decide to delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff. Where this happens, senior management should retain ownership and accountability for the management and reporting of complaints. They may also be responsible for preparing and signing decision letters to customers, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.

Heads of service:

May be involved in the operational investigation and management of complaints handling. As senior officers they may be responsible for preparing and signing decision letters to customers, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.

Complaints investigator:

The complaints investigator is responsible and accountable for the management of the investigation. They may work in a service delivery team or as part of a centralised customer

service team, and will be involved in the investigation and in co-ordinating all aspects of the response to the customer. This may include preparing a comprehensive written report, including details of any procedural changes in service delivery that could result in wider opportunities for learning across the organisation.

All staff:

A complaint may be made to any member of staff in the Borders Integrated Joint Board. So all staff must be aware of this CHP and how to handle and record IJB complaints at the frontline stage. They should also be aware of who to refer a complaint to, in case they are not able to personally handle the matter. We encourage all staff to try to resolve complaints early, as close to the point of service delivery as possible, and quickly to prevent escalation.

The Borders Integrated Joint Board's SPSO liaison officer:

Our SPSO liaison officer's role may include providing complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy on our behalf in response to SPSO reports, and confirming and verifying that recommendations have been implemented.

Complaints about senior staff

Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We must ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints, including the handling of complaints about the Chief Officer.

Recording, reporting, learning and publicising

Complaints provide valuable customer feedback. One of the aims of the complaints handling procedure is to identify opportunities to improve services across the Borders Integrated Joint Board. We must record all complaints in a systematic way so that we can use the complaints data for analysis and management reporting. By recording and using complaints information in this way, we can identify and address the causes of complaints and, where appropriate, identify opportunities for improvements.

Recording complaints

To collect suitable data it is essential to record all complaints in line with SPSO minimum requirements, as follows:

- the complainant's name and address
- the date the complaint was received
- the nature of the complaint
- how the complaint was received
- the date the complaint was closed at the frontline resolution stage (where appropriate)
- the date the complaint was escalated to the investigation stage (where appropriate)
- action taken at the investigation stage (where appropriate)
- the date the complaint was closed at the investigation stage (where appropriate)

- the outcome of the complaint at each stage
- the underlying cause of the complaint and any remedial action taken.

We have structured systems for recording complaints, their outcomes and any resulting action.

Reporting of complaints

Complaints details are analysed for trend information to ensure we identify procedural failures and take appropriate action. Regularly reporting the analysis of complaints information helps to inform improvement actions.

We publish on a quarterly basis the outcome of complaints and the actions we have taken in response. This demonstrates the improvements resulting from complaints and shows that complaints can influence our processes. It also helps ensure transparency in our complaints handling service and will help the public to see that we value their complaints.

We must:

- publicise on a quarterly basis complaints outcomes, trends and actions taken
- where and when possible, use case studies and examples to demonstrate how complaints have led to improvements.

This information should be reported regularly (and at least quarterly) to the integration authority.

Learning from complaints

At the earliest opportunity after the closure of the complaint, officers involved in handling the complaint will make sure that the customer and relevant staff in the integration authority understand the findings of the investigation and any recommendations made.

Senior management will review the information gathered from complaints regularly and consider whether processes could be improved or internal policies and procedures updated.

As a minimum, we must:

- use complaints data to identify the root cause of complaints
- take action to reduce the risk of recurrence
- record the details of corrective action in the complaints file, and
- systematically review complaints performance reports to improve processes.

Where we have identified the need for improvement:

- the action needed to improve services must be agreed by the integration authority
- senior management will designate the 'owner' of the issue, with responsibility for ensuring the action is taken
- a target date must be set for the action to be taken
- the designated individual must follow up to ensure that the action is taken within the agreed timescale
- where appropriate, performance should be monitored to ensure that the issue has been resolved

- we must ensure that the integration authority learns from complaints.

Publicising complaints performance information

We also report on our performance in handling complaints annually in line with SPSO requirements. This includes performance statistics showing the volumes and types of complaints and key performance details, for example on the time taken and the stage at which complaints were resolved.

Maintaining confidentiality

Confidentiality is important in complaints handling. It includes maintaining the complainant's confidentiality and explaining to them the importance of confidentiality generally. We must always bear in mind legal requirements, for example, data protection legislation, as well as internal policies on confidentiality and the use of customer's information.

Managing unacceptable behaviour

People may act out of character in times of trouble or distress. The circumstances leading to a complaint may result in the complainant acting in an unacceptable way. Customers who have a history of challenging or inappropriate behaviour, or have difficulty expressing themselves, may still have a legitimate grievance.

A customer's reasons for complaining may contribute to the way in which they present their complaint. Regardless of this, we must treat all complaints seriously and properly assess them. However, we also recognise that the actions of customers who are angry, demanding or persistent may result in unreasonable demands on time and resources or unacceptable behaviour towards our staff. We will, therefore, work with the Health Board and the Council to apply the relevant organisational policies and procedures to protect staff from unacceptable behaviour such as unreasonable persistence, threats or offensive behaviour. Where a decision is made to restrict access to a customer under the terms of an unacceptable actions policy, the relevant procedure will be followed to communicate that decision, notify the customer of a right of appeal, and review any decision to restrict contact with us. This will allow the customer to demonstrate a more reasonable approach later.

Supporting the complainant

All members of the community have the right to equal access to our complaints handling procedure. Customers who do not have English as a first language may need help with interpretation and translation services, and other customers may have specific needs that we will seek to address to ensure easy access to the complaints handling procedure.

We must always take into account our commitment and responsibilities to equality. This includes making reasonable adjustments to our processes to help the customer where appropriate.

Several support and advocacy groups are available to support individuals in pursuing a complaint and customers should be signposted to these as appropriate.

Time limit for making complaints

This complaints handling procedure sets a time limit of six months from when the customer first knew of the problem, within which time they may ask us to consider the complaint, unless there are special circumstances for considering complaints beyond this time.

We will apply this time limit with discretion. In decision making we will take account of the Scottish Public Services Ombudsman Act 2002 (Section 10(1)), which sets out the time limit within which a member of the public can normally ask the SPSO to consider complaints. The limit is one year from when the person first knew of the problem they are complaining about, unless there are special circumstances for considering complaints beyond this time.

If it is clear that a decision not to investigate a complaint will lead to a request for external review of the matter, we may decide that this satisfies the special circumstances criteria. This will enable us to consider the complaint and try to resolve it.

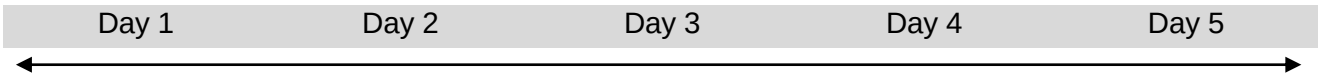
Appendix 1 - Timelines

General

References to timelines throughout the complaints handling procedure relate to working days. When measuring performance against the required timelines, we do not count non-working days, for example weekends, public holidays and days of industrial action where our service has been interrupted.

Timelines at frontline resolution

We will aim to achieve frontline resolution within five working days. The day the Chief Officer receives the complaint is day 1. Where they receive it on a non-working day, for example at the weekend or on a public holiday, day 1 will be the next working day.



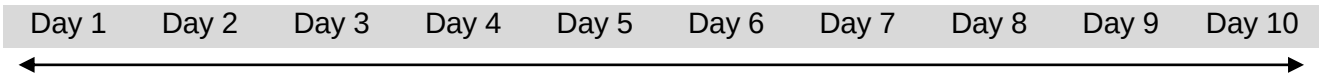
Day 1:
Day the Borders Integrated Joint Board receives the complaint, or next working date if date of receipt is a non-working day.

Day 5:
Frontline resolution achieved or complaint escalated to the investigation stage.

The date of receipt will be determined by Borders Integrated Joint Board's usual arrangements for receiving and dating of mail and other correspondence.

Extension to the five-day timeline

If the Borders Integrated Joint Board has extended the timeline at the frontline resolution stage in line with the procedure, the revised timetable for the response will take no longer than 10 working days from the date of receiving the complaint.



Day 1:
Day Borders Integrated Joint Board receives the complaint, or next working date if date of receipt is a non-working day.

In a few cases where it is clearly essential to achieve early resolution, the Borders Integrated Joint Board may authorise an extension within five working days from when the complaint was received. They must conclude the frontline resolution stage within 10 working days from the date of receipt, either by resolving the complaint or by escalating it to the investigation stage.

Day 10:
Frontline resolution achieved or complaint escalated to the investigation stage.

Transferring cases from frontline resolution to investigation

If it is clear that frontline resolution has not resolved the matter, and the complainant wants to escalate the complaint to the investigation stage, the case must be passed for investigation without delay. In practice this will mean on the same day that the complainant is told this will happen.

Timelines at investigation

The Borders Integrated Joint Board may consider a complaint at the investigation stage either:

- after attempted frontline resolution, or
- immediately on receipt if they believe the matter to be sufficiently complex, serious or appropriate to merit a full investigation from the outset.

Acknowledgement

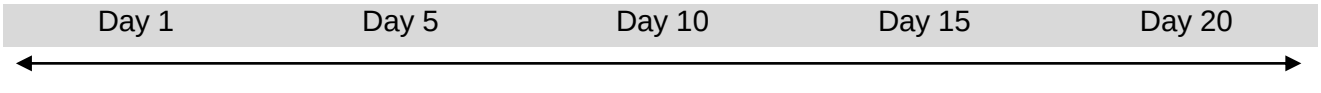
All complaints considered at the investigation stage must be acknowledged within **three working days** of receipt. The date of receipt is:

- the day the case is transferred from the frontline stage to the investigation stage, where it is clear that the case requires investigation, or
- the day the complainant asks for an investigation after a decision at the frontline resolution stage. It is important to note that a complainant may not ask for an investigation immediately after attempts at frontline resolution, or
- the date [*the organisation*] receives the complaint, if it is sufficiently complex, serious or appropriate to merit a full investigation from the outset.

Investigation

The Borders Integrated Joint Board will respond in full to the complaint within **20 working days** of receiving it at the investigation stage.

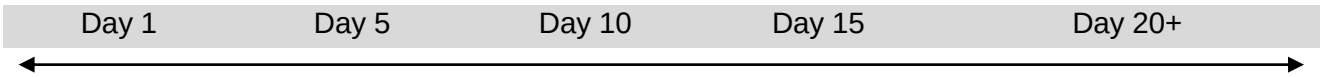
The 20-working day limit allows time for a thorough, proportionate and consistent investigation to arrive at a decision that is objective, evidence-based and fair. We have 20 working days to investigate the complaint, regardless of any time taken to consider it at the frontline resolution stage.



Day 1:
Day complaint received at investigation stage, or next working day if date of receipt is a non-working day. Acknowledgement issued within three working days.

Day 20:
The decision issued to complainant or agreement reached with them to extend deadline

Exceptionally you may need longer than the 20-day limit for a full response. If so, the Chief Officer will explain the reasons to the complainant, and agree with them a revised timescale.

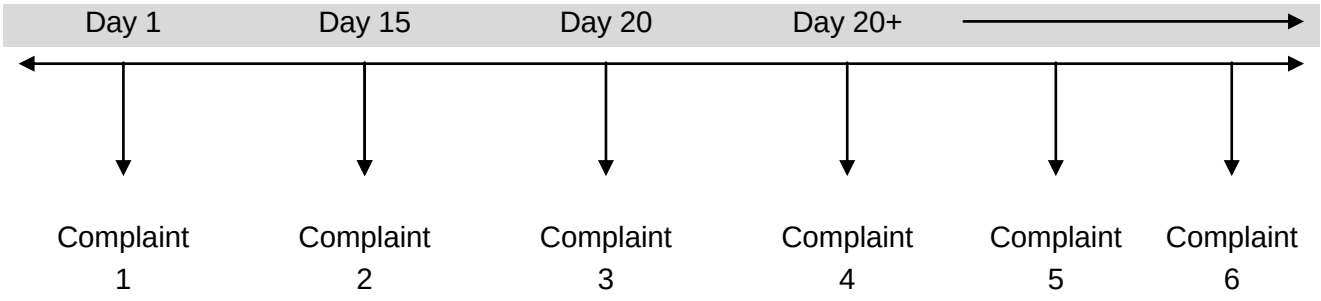


Day 1:
Day complaint received at investigation stage, or next working day if date of receipt is a non-working day. Acknowledgement issued within three working days.

By Day 20:
In agreement with the complainant where possible, decide a revised timescale for bringing the investigation to a conclusion.

By agreed date:
Issue our final decision on the complaint

Timeline examples
The following illustration provides examples of the point at which we conclude our consideration of a complaint. It is intended to show the different stages and times at which a complaint may be resolved.



The circumstances of each complaint are explained below:

Complaint 1
Complaint 1 is a straightforward issue that may be resolved by an on-the-spot explanation and, where appropriate, an apology. Such a complaint can be resolved on day 1.

Complaint 2

Complaint 2 is also a straightforward matter requiring little or no investigation. In this example, resolution is reached at day three of the frontline resolution stage.

Complaint 3

Complaint 3 refers to a complaint that we considered appropriate for frontline resolution. We did not resolve it in the required timeline of five working days. However, we authorised an extension on a clear and demonstrable expectation that the complaint would be satisfactorily resolved within a further five days. We resolved the complaint at the frontline resolution stage in a total of eight days.

Complaint 4

Complaint 4 was suitably complex or serious enough to pass to the investigation stage from the outset. We did not try frontline resolution; rather we investigated the case immediately. We issued a final decision to the complainant within the 20-day limit.

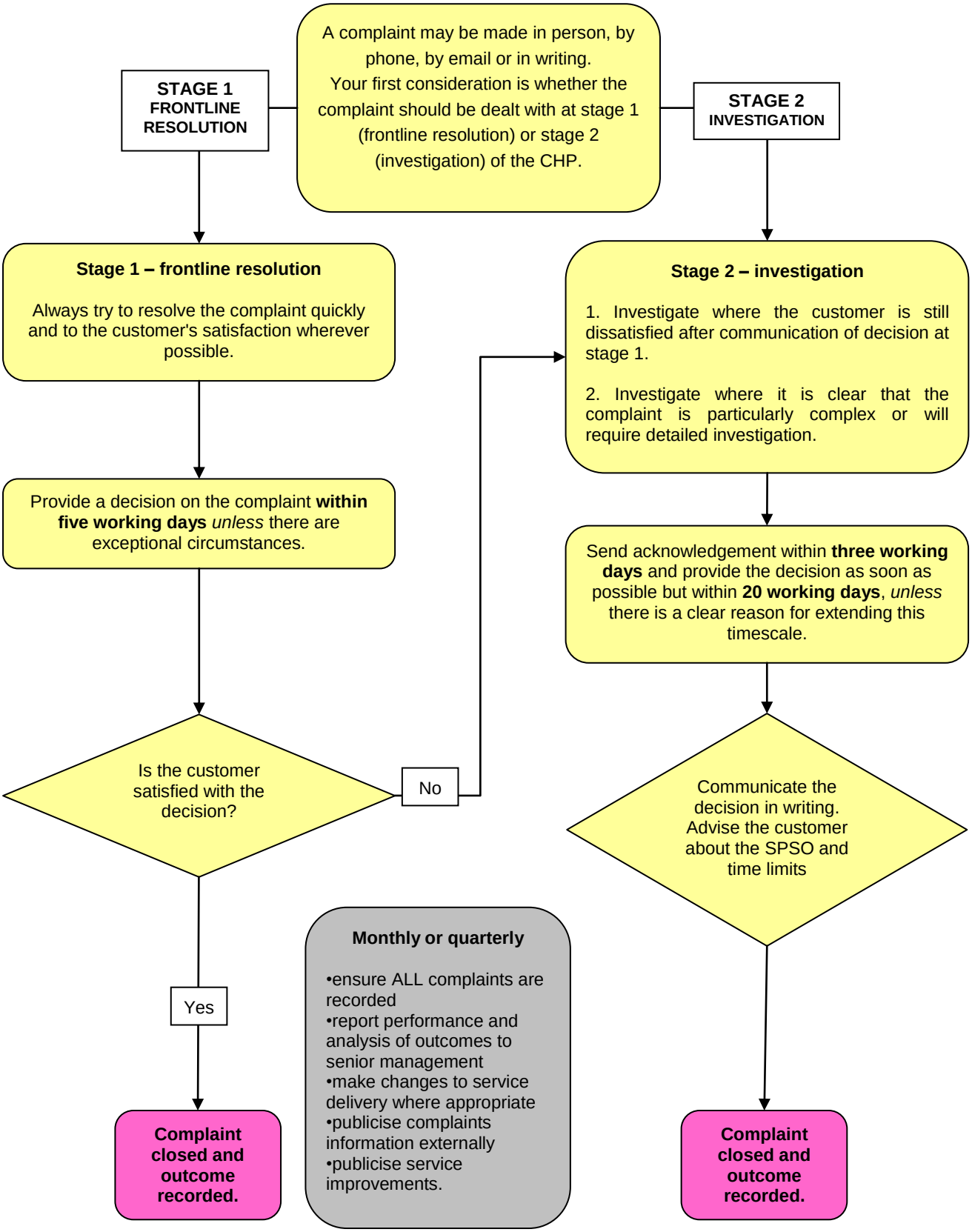
Complaint 5

We considered complaint 5 at the frontline resolution stage, where an extension of five days was authorised. At the end of the frontline stage the complainant was still dissatisfied. At their request, we conducted an investigation and issued our final response within 20 working days. Although the end-to-end timeline was 30 working days we still met the combined time targets for frontline resolution and investigation.

Complaint 6

Complaint 6 was considered at both the frontline resolution stage and the investigation stage. We did not complete the investigation within the 20-day limit , so we agreed a revised timescale with the customer for concluding the investigation beyond the 20-day limit.

Appendix 2 - The complaints handling procedure



Scottish Borders
Health and Social Care
PARTNERSHIP

MODEL PUBLICATION SCHEME

Introduction

The Freedom of Information (Scotland) Act 2002 (the Act) requires Scottish public authorities to adopt and maintain a publication scheme. Authorities are under a legal obligation to:

(i) publish the classes of information that they make routinely available.
(ii) tell the public how to access the information they publish and whether information is available free of charge or on payment.

Scottish Borders Integration Joint Board (IJB) has adopted the Model Publication Scheme 2016 produced by the Scottish Information Commissioner. The Commissioner has approved this scheme until dd mmm yyyy.

The Publication Scheme is split into the following six sections:

- Availability and formats;
- Exempt information;
- Copyright and re-use;
- Charges;
- Contact details; and
- The classes of information

In instances where the IJB does not hold the information requested, we will work with applicants to ensure that they are directed to the correct authority.

Availability and formats

Information published through this scheme is, wherever possible, available on the authority's website. We offer alternative arrangements for people who do not wish to, or who cannot, access the information either online or by inspection at our premises. For example, we can usually arrange to send out information to you in paper copy on request (although there may be a charge for doing so).

Exempt information

If information described by the classes cannot be published and is exempt under Scotland's Freedom of Information laws (for example sensitive personal data or a trade secret), we may withhold the information or provide a redacted version for publication and will explain why we have done so.

Copyright and re-use

Where the IJB holds copyright in its published information, the information may be copied or reproduced without formal permission, provided that:

- it is copied or reproduced accurately;
- it is not used in a misleading context; and
- the source of the material is identified

Where the IJB does not hold the copyright in the information we publish, we will make this clear.

Access to the information does not mean that copyright has been waived, nor does it give the recipient the right to re-use the information for a commercial purpose. If you intend to re-use information obtained from the scheme, and you are unsure whether you have the right to do so, you are advised to make a request to the IJB (see Contact Details below).

Charges
Unless otherwise specified in the classes of information, all information published through this scheme is available free of charge where it can be downloaded from our website, or where it can be sent to you electronically by email.

We reserve the right to impose charges for providing information in paper copy or on computer disc. Charges will reflect the actual costs of reproduction and postage to the authority as set out below.

In the event that a charge is to be levied, you will be advised of the charge and how it has been calculated. Information will not be provided to you until payment has been received.

Photocopied information will be charged at a standard rate of 11p per A4 side of paper (black and white copy).

Postage costs will be charged at the rate paid to send the information to you.

This charging schedule does not apply to our commercial publications (see Class 8 below) where pricing may be based on market value.

Contact details
You can contact us for assistance with any aspect of this scheme, Guide to Information and to ask for copies of the authority's published information.

Scottish Borders Health and Social Care Integration Joint Board
Scottish Borders Council HQ
Newtown St Boswells
MELROSE
TD6 0SA

Our e-mail address is: integration@scotborders.gov.uk
Telephone: 0300 100 1800
Website: www.scotborders.gov.uk/integration

We will also provide reasonable advice and assistance to anyone who wants to request information which is not published.

Duration
Once published, the information will be available for at least the current and previous two financial years. Where information has been updated or superseded, only the current version might be available but previous versions may be requested from the authority.

The Classes of Information

Class 1: About the authority

Class description: Information about the authority, who we are, where to find us, how to contact us, how we are managed and our external relations.

Background on health and social care integration and the Scottish Borders IJB which was formally established on 6 February 2016 by Scottish Government can be found on: ***www.scotborders.gov.uk/integration***

If you have any enquiries about health and social care integration, please contact us at:

e-mail: integration@scotborders.gov.uk

By telephone: 0800 100 1800

Our postal address is:
Scottish Borders Health and Social Care Integration Joint Board
Scottish Borders Council HQ
Newtown St Boswells
MELROSE
TD6 0SA

The IJB has appointed a Chief Officer and a Chief Financial Officer as its management structure, and other support resources are provided from within the partnership.

Class 2: How we deliver our functions and services

Class description: Information about our work, our strategies and policies for delivering functions and services and information for our service users

The Strategic Plan sets out what the IJB wants to achieve and details how we will do it. It sets out the actions needed to improve health and social care services to meet changing local demands and is firmly based on evidence and developed by engaging with local stakeholders, including staff, to ensure services are designed around the people who use them and their communities.

The Strategic Plan was approved by the IJB on 7 March 2016 (Item 7) to enable the Council and Health Board to delegate functions on 1 April 2016.

Scottish Borders Health and Social Care Partnership Strategic Plan 2016-2019

Class 3: How we take decisions and what we have decided

Class description: Information about the decisions we take, how we make decisions and how we involve others

Our decisions, including the minutes and reports of the Board Meetings (every second month) and sub-committees, are published on ***http://scottishborders.moderngov.co.uk/***

Class 4: What we spend and how we spend it

Class description: Information about our strategy for, and management of, financial resources (in sufficient detail to explain how we plan to spend public money and what has actually been spent)

Periodic reports on Budget Monitoring in year and Financial Plans for future years are presented to IJB for consideration, decision-making and approval (example below – Item 8 IJB 27 March 2017):
Budget Monitoring and Financial Planning Report to January 2017 – IJB 27 March 2017

Class 5: How we manage our human, physical and information resources

Class description: Information about how we manage the human, physical and information resources of the authority.

The services commissioned by the IJB are delivered by Scottish Borders Council and NHS Borders. Therefore the IJB does not contain any information within this class but information can be found through each organisation's respective publication scheme.

Scottish Borders Council Publication Scheme:
https://www.scotborders.gov.uk/downloads/download/385/publication_scheme

NHS Borders Publication Scheme:
http://www.nhsborders.scot.nhs.uk/corporate-information/freedom-of-information/model-publication-scheme/

The IJB's programme of work is periodically discussed at Board meetings the papers of which are published on: ***http://scottishborders.moderngov.co.uk/***

What we want to achieve with integration is set out in the Strategic Plan approved by the IJB on 7 March 2016 (Item 7).
Scottish Borders Health and Social Care Partnership Strategic Plan 2016-2019
Also can be found on: ***www.scotborders.gov.uk/integration***

Class 6: How we procure goods and services from external providers

Class description: Information about how we procure goods and services and our contracts with external providers

The services commissioned by the IJB are delivered by Scottish Borders Council and NHS Borders. Therefore the IJB does not contain any information within this class but information can be found through each organisation's respective publication scheme.

Scottish Borders Council Publication Scheme:
https://www.scotborders.gov.uk/downloads/download/385/publication_scheme

NHS Borders Publication Scheme:
http://www.nhsborders.scot.nhs.uk/corporate-information/freedom-of-information/model-publication-scheme/

Class 7: How we are performing

Class description: Information about how we perform as an organisation and how well we deliver our functions and services

The IJB publishes performance information through reports to Board, which meets every 2 months (example below – Item 5c IJB 27 March 2017):
Draft Annual Performance Report 2016/17 – IJB 27 March 2017

Class 8: Our commercial publications

Class description: Information packaged and made available for sale on a commercial basis and sold at market value through a retail outlet e.g., bookshop, museum or research journal.

The IJB does not create information within this class.

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Scottish Borders
Health and Social Care
PARTNERSHIP

JOINT WINTER PLAN 2017-18

Aim

1.1 To request approval for the Joint Winter Plan for 2017/18.

Background

2.1 NHS Borders and Scottish Borders Council, like all Partnerships, is required on an annual basis to produce a Winter Plan which outlines potential risks and contingency planning relevant to the winter season, with a particular focus on the festive period. The 2017/18 Winter Plan has been developed as a joint Winter Plan between NHS Borders and Scottish Borders Council. An outline of the draft Winter Plan was presented to the Health & Social Care Integration Joint Board (IJB) on 28th August.

2.2 The Winter Plan is an overarching plan which signposts other relevant plans, which may be required over the winter period, for example severe weather plans, pandemic influenza plans and infection control policies and protocols. The overall aim of the planning process is to ensure that the partnership prepares effectively for winter pressures so as to continue to deliver high quality care, as well as national and local targets.

2.3 Following the evaluation of last year's winter plan it was recommended that this year's Winter Plan should focus on:

- Work to reduce the number of people requiring admission.
- To manage the daily patient flow through the system more effectively
- To reduce delays in transfer and discharge of patients across health and social care systems

Summary

Expected demand

3.1 Activity last winter was minimally changed from the previous year:

- There was a 5% increase in activity through the Emergency Department during last winter, but this was mostly related to an increase in minor injury and illness patients.
- Admissions to the BGH increased by 2% - there was a fall in medical admissions but an increase in surgical admissions

3.2 However there were ongoing pressures on bed capacity, due to a one-day increase in average length of stay compared to other periods of the year. Occupancy also

increased to an average 88.9% at midnight and 92.9% at midday, an increase of 1.1% compared to the previous year.

3.3 Delayed Discharge occupied beddays increased by 18% compared to the previous year, equivalent to a total average 30 beds occupied by delayed discharges, an increase of 4.5 beds compared to the previous year.

3.4 The impact of these pressures was a requirement for up to 36 surge beds being required above core bed capacity, especially in January 2017.

Winter Planning Actions

4.1 The 2017/18 Winter Plan sets out a wide range of action to address these pressures for the coming winter:

1. Actions to reduce the impact of winter on population health – flu vaccination, self-management plans for high-risk respiratory patients, anticipatory care plans for nursing home residents
2. Range of actions to ensure that service capacity matches expected increased demand – additional capacity in BECS and Emergency Department, recruitment to actual and predicted staff vacancies, support service capacity planning
3. Actions to actively avoid unnecessary admissions of patients and to discharge patients from hospital care when clinically fit. These include;

Action	Reduction in bed requirement
Increase Acute Assessment Unit capacity and opening hours	0.5
Establish Surgical assessment unit	3
Criteria-led discharge planning (increase in weekend discharges)	3
Transitional care bed expansion (Grove House)	2
Additional beds in Waverley Care Home for homecare waits	0.5
HCSW team based in Knoll to provide short-term homecare to enable discharge	2
Total	11

4. Planned additional staffed inpatient capacity in appropriate locations;

Action	Additional beds
Flexible inpatient capacity in Medical Assessment Unit	8
Flexible capacity in Borders Stroke Unit	2
Flexible capacity in Community Hospitals	2
Step-down beds within former inpatient capacity in Day Hospitals	16-20
Total	28 -32

Financial Plan

5.1 As there is no funding available to support the Winter Plan, funding sources for most actions detailed within the Winter Plan has been identified. Work is underway to identify funding sources for the remainder.

5.2 A full financial plan will be presented as part of the regular reporting to the IJB.

Monitoring

6.1 A detailed action plan has been developed to monitor delivery of each of these actions. The Winter Planning Board oversees the action plan. A draft high-level project plan is attached as appendix 1.

6.2 A weekly monitoring scorecard was established last winter, capturing key indicators of performance against prediction. This is being revised and will provide a weekly scorecard demonstrating performance against this years predicted trajectory for both demand and capacity. This will form the basis of reporting to the IJB.

6.3 Progress against the overall programme will be monitored through the Winter Planning Board, chaired by the Chief Officer.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** this update on the Joint Winter Plan 2017/18.

Policy/Strategy Implications	Request from the Scottish Government that a whole system Winter Plan is developed and signed off by the Health Board.
Consultation	The Winter Plan is being prepared by and in conjunction with stakeholders. The plan will be reviewed by Clinical Executive Operational Group, Strategy and Performance Committee, SBC Corporate Management Team and Integrated Joint Board.
Risk Assessment	Will be undertaken as part of development of Winter Plan
Compliance with Board Policy requirements on Equality and Diversity	Winter Plan will be assessed using Equality and Diversity Scoping template Plan.
Resource/Staffing Implications	Resource and staffing implications of the Winter Plan will be addressed through the development of the plan

Approved by

Name	Designation	Name	Designation
Robert McCulloch-Graham	Chief Officer Health & Social Care		

Author(s)

Name	Designation	Name	Designation
Phillip Lunts	General Manager for Unscheduled Care		

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Winter Plan 2017/18

Status: Final

Author: **Phillip Lunts**

Sponsor: **Robert McCulloch-Graham, Chief Officer, Scottish Borders Health and Social Care Partnership**

Version: **2.0**

Version control

Version	Date	Author	Comments
1.0	20/7/17	Phillip Lunts	First draft
1.1	21/7/17	Reviewed by Winter Planning Board	Multiple revisions
1.2	24/7/17	Phillip Lunts	Updated based on responses from services
1.3	31/8/2017	Phillip Lunts	Updated based on responses from IJB
1.4	8/9/2017	Phillip Lunts	Final draft plan
2.0	6/10/2017	Phillip Lunts	Revisions to draft plan, including details of Craw Wood and Haylodge additional capacity and other minor changes. Inclusion of festive period plan

Contents

1. Introduction

The winter period is a challenging time for the delivery of health and social care services. Each year, we plan to ensure that services can continue to provide timely and high quality care regardless of any increases in demand or additional challenges associated with the winter period.

It is therefore important that the actions set out within the Winter Plan address the areas of greatest challenge in timely and effective manner.

This year's Winter Plan has been developed as a whole system plan between NHS Borders and Scottish Borders Council based on lessons learnt over the course of the last 3 winters.

The plan covers all areas in which the population of the Scottish Borders may come into contact with health and social care services and aims to ensure that, where services might be impacted by the winter period, plans are in place to ensure that there is minimal delay or disruption.

The winter period is between 1st November 2017 and 31st March 2018

The delivery of the Winter Plan will be overseen by an Integrated Winter Planning Board, chaired by the Chief Officer for Health and Social Care. The Board will report to both the Health Board and the Council, with regular updates to the Integrated Joint Board.

Key Deliverables

The Winter Plan takes a whole systems approach, with measures to address the demand for services from the individual's home through to acute hospital care. However, the main measures of success will be measured by the impact on hospital services.

The Winter Plan aims to;

- Maintain normal delivery of services – no disruptions
- Work within footprint of existing bed resources– nobody cared for in an area that is not the right specialty and no delayed discharges
- Make transformational changes – no surge beds
- Flexibility to manage peaks in demand

The delivery of safe and effective care for people requiring the health and social care will be measured through delivery of:

- Emergency Access Standard (98%)
- Local and National Waiting Times Targets
    - Treatment Time Guarantee (TTG)
    - 18 Weeks Referral to Treatment
    - Stage of Treatment
    - 31 and 62 Day Cancer Waiting Times
    - Stroke (Admitted to the stroke unit within one day of admission)

- No Delayed Discharges over 72 hours
- Bed Occupancy compared to target of 85%
- Zero boarders

2. Self Assessment

A self-assessment exercise has been undertaken based on the Scottish Government Winter Preparedness checklist template. This indicates that all areas are being addressed.

1. Recommendations from Winter 2016/17

The following table outlines the key learning and recommendations from the 2016/17 Winter Period.

Lessons learned /Recommendations from Winter 2016/17

Recommendation	Actions	Status
Identify and undertake community-based prevention strategies to reduce admissions related to high volume admissions affected by winter period (e.g. respiratory)	Developing plan to avoid respiratory admissions	G
Expand ambulatory care services to reduce numbers of patients requiring admission	Relocation of Acute Assessment Unit and increase in opening hours in August 2017 will expand capacity Surgical Assessment Service being developed	G
Review and expand health and social care services accessible at weekends to ensure maximum effective discharges	Sunday AHP Rapid Assessment and Discharge Service now in place. Work to test public holiday social work and AHP services underway	G
Restrict elective operating to daycases for first two weeks of January	Modelling of impact in progress	G
Present plans for surge beds, if required, for decision by end June 2017	New model for medical surge beds to be implemented from August 2017 Work to determine use of Ward 16 in progress Review of core bed complement about to commence	G
Establish and deliver project to reduce length of stay in Community Hospitals and reduce delayed discharges across the pathway.	External review commissioned, Commencement delayed until August 17	A

Resolve the issues preventing patients being discharged in the morning	Work to identify and deliver 11am discharges has increased discharge rate from 7% to 10% over past 3 months Further work to increase discharge lounge use to be undertaken	A
Build on and extend proactive recruitment strategies to minimise staffing vacancies going into winter	Ongoing regular nursing recruitment processes Alternative models for nurse staffing being developed	G
Earlier preparation and implementation of Winter Plan for 2017/18	Draft Winter Plan prepared by End July 17	G

2. Winter Plan 2017/18 Summary

The 2017/18 Winter Plan aims to

- Maintain normal delivery of services – no disruptions
- Work within footprint of existing bed resources– nobody cared for in an area that is not the right specialty and no delayed discharges
- Make transformational changes – no surge beds
- Flexibility to manage peaks in demand

In order to achieve this, the following actions are planned:

Action	Timescale
Ensure all services across the Partnership have combined resilience plans	Oct 17
Maintain community flu vaccination at previous year's levels and achieve 50% vaccination of health and social care staff	Dec 17
Ensure that those who are most at risk receive messages about preparation for winter and that the public are updated weekly on the delivery of services over the winter period	Dec 17
Confirm that primary care services are prepared for winter	Nov 17
Prevent admissions for respiratory conditions and from nursing homes by earlier intervention and support	Nov 17
Plan primary care out of hours services to meet expected demand	Oct 17
Plan Emergency Department services to meet expected demand	Nov 17
Increase capacity for rapid assessment of patients presenting as an emergency to increase the number of people who can avoid admission	Dec 17
Increase the number of people discharged in the morning and at the weekend to avoid people being delayed unnecessarily in hospital	Nov 17

Plan for additional inpatient capacity so that patients receive care in the appropriate areas	Nov 17
Establish step-down beds in the community so that people who are awaiting place in a care home can review care in a more local environment and release hospital beds	Jan 18
Establish additional care home capacity for people requiring additional support prior to returning home	Nov 17
Provide additional homecare capacity, including a test of rapid access homecare service to avoid delays for people ready to go home	Sept 17
Plan elective activity to avoid cancellations due to winter pressures	Oct 17
Ensure that services are fully staffed and with additional staffing for winter pressures	Oct 17
Ensure our facilities are fit for purpose for the winter	Oct 17
Establish weekly monitoring for early identification of any areas of delay or concern	Sept 17
Prepare a comprehensive plan for the festive period and early January, including planning for full normal services from January 1st	Oct 17

3. Resilience

This Winter Plan details the actions we will take to ensure that we are prepared to manage the extra demand for services we can expect during the winter period. NHS Borders, Scottish Borders Council and agencies supporting this winter plan have a number of policies and measures that ensure we are prepared to deal with unexpected or major events. These are summarised as resilience plans.

The aim of the Winter Plan will be to ensure that all services across health and social care will have up-to-date resilience plans and staff are aware of the location of these plans

- Business Continuity plans. Each department has a tested plan that explains how they will continue to operate in an emergency.

- Both NHS and Scottish Borders Council have severe weather plans that incorporate resilience arrangements for services. The SBC severe weather resilience plan covers Education, Social Work and Care Homes. The Severe Weather Policy for NHS Borders will have been updated and tested by November 2017.

- Pandemic Influenza Contingency Planning will be in place

- NHS Borders Major Incident Plan is being revised and will have been fully tested by November 2017

- Inter-agency emergency planning arrangements will have been updated to reflect increased joint working and to address winter pressures for 2017/18

4. Prevention of admission

Flu vaccination

Last year, the flu vaccination rate for primary school children in the Scottish Borders was 78.11%, the highest in Scotland and vaccination rate for over 65s was 74.8% , the second highest in Scotland. NHS staff flu vaccination achieved 41% coverage against the previous year's uptake of 44%.

The aim of the Winter Plan will be to maintain the same or better levels of flu vaccination uptake for community as last year and to improve staff vaccination uptake to above 50%.

Community programme

For flu vaccinations, NHS Borders will ensure:

- All adults aged 65 years and over and adults aged 18 years and over with "at-risk" health conditions are offered flu vaccination and that we will aim to vaccinate 75% of people within these groups, in line with WHO targets. We will also offer vaccinations to all pregnant women, at any stage of pregnancy,
- NHS Borders will offer vaccination to the same groups of children as last year. Specifically:
    - All children aged 2-5 (not yet at school) through GP practices
    - All primary school aged children (primary 1 to primary 7) at school.

The vaccination team will work closely with GP practices to increase rates of uptake – especially for at risk adults (including pregnant women) and will explore opportunities for working through educational initiatives with staff who are already in contact with patients.

Staff programme

The focus of staff vaccination is to ensure that front-line staff coming into contact with patients and clients are protected.

- NHS Borders will aim to achieve the 50% target for all staff vaccinated and encourage independent primary care providers such as GP, dental and optometry practices, and community pharmacists, to offer vaccination to staff. There will be a particular focus on improving uptake amongst staff working with high risk patients. Access to the vaccine for staff will be maximised using specific OH flu clinics, on-site sessions in ward areas, roving vaccinators and a robust network of peer vaccinators. The programme will be promoted via poster campaigns,

information leaflets, plasma screen and intranet, staff newsletter, weekly email and videos with local promotional material used as well as nationally produced material.

- Scottish Borders Council will work to ensure uptake of flu vaccination amongst staff is maximised.
- Through their contractual arrangements and other support, the Council will ensure that commissioned care providers have plans in place to maximise vaccination of staff against flu.

Communication and Engagement with the Public

The objectives of the Winter Communications and Engagement plan are to;

- Encourage the public to access the right services at the right time in the right place
- Be aware of seasonal viruses such as flu and norovirus, and how to prevent against them / deal with symptoms
- Remind people to prepare for the winter period by obtaining adequate supplies of prescribed medications
- To encourage the public to avoid accessing the Emergency Department or Primary Care Out-of-Hours services where other alternatives exist

These messages will be delivered through:

- The annual national campaign delivered by NHS 24 (Be Health-Wise this Winter)
- Widespread circulation of the 'Meet Ed - Know Where to Turn To' leaflet supported by local advertising campaign promoting the message along with localised messages about flu vaccination and seasonal GP and Pharmacy Opening Hours

The use of social media will once again be a major part of the communications mix. In particular, the posting of the Weekly Winter Update, carrying our key messages in a visual and easy to read format.

Communication and Engagement with Staff

- The Winter Plan and the detail of arrangements will be disseminated through all staff groups and services within NHS Borders, Scottish Borders Council and other partners.

- A Winter Planning staff focussed microsite will be launched in early December 2017 and be live until the end of March 2018. The microsite will have links to relevant external sites, as well as to key local policies relevant to the winter period. Arrangements for access to information from the microsite across both NHS and SBC will be explored, with information also to be made available to other partner organisations to populate their own websites where this is considered of value.

Primary and Community Care

We know that primary and community care services are affected by specific issues;

- If the acute hospital is busy, so is primary care.
- Admissions can only be avoided if there is a better and safer alternative.

- The winter plan should build on work being planned to improve and transform services rather than put in place separate arrangements.
- GP practices will arrange services according to their own winter plans.

The aim of the Winter Plan will be to take measures to reduce numbers of patients being admitted to the BGH through support of patients at high risk of admissions and by testing new ways of delivering services.

The aim of the Winter Plan is to ensure that

- All older people within care homes in the Borders will have Anticipatory Care Plans to avoid unnecessary attendances at ED and potentially reduce unnecessary admissions.

- We will ensure that all patients at risk of significant exacerbation of respiratory conditions have self management guidance and, where appropriate, self-management packs to support them in early intervention to avoid admission

- The paramedic practitioners' role working in GP Practices is maintained and enhanced, where appropriate. The Practitioners are working with Practices to support the management of emergency care between 8am and 6pm, allowing GPs to maintain focus on the provision of routine appointments. Paramedic practitioners are currently working within Hawick, Kelso and Galashiels practices

- Readmission avoidance; Last year, we reviewed the top 5% of most frequently admitted patients and the equivalent top 5% of people most frequently attending the Emergency Department. We will repeat this work again this year. The reviews will involve primary and secondary care, social care and voluntary sector to identify any interventions possible to support patients to be managed in the community setting.

- We will share the Scottish Borders Winter Plan with GP practices and again seek details of Winter Plans for individual practices

- Local arrangements are in place regarding winter planning building on the locality plans and using the existing locality structures

5. Out-of-hours provision.

Primary Care Out-of-hours/Borders Emergency Care Service (BECS)

Activity in BECS increased by 19% compared to the previous winter. However, BECS continued to meet 95% standards for time to attendance.

The aim of the Winter Plan is to maintain the out-of-hours GP services achieved last year and continue to achieve the quality standards for GP out-of-hours.

The most significant challenge continues to be availability of GPs to cover the BECS rotas. If there are not sufficient medical staff, many patients will have to use the Emergency Department. This will increase pressure on a busy department and increase the likelihood of Emergency Access Standard breaches

This year, we will

- Plan rotas well in advance to ensure they are covered. BECS uses both GPs who work in practices during the day (sessional GPs) and GPs who are employed by BECS (salaried GPs). Plans for recruitment of salaried GPs continue, whilst we are actively encouraging sessional GPs to join the rota. Where we anticipate that GP cover may be limited, other plans are put in place.
- Establish the Advanced Nurse Practitioner role as part of overall weekend cover for BECS. This will reduce the number of GPs shifts we need to cover
- Embed the new driver/care worker role that has been established within BECS to maximise the flexibility of staffing

BECS works closely with NHS 24 to monitor demand; when NHS 24 predicts that key dates could be particularly busy, the service looks to increase staffing availability, especially over the Christmas and New Year period.

BECS drivers will also be available to offer support to reception. BECS vehicles all have 4x4 capabilities. This will help service continuity throughout the winter period.

BECS provides advice directly to social work, pharmacists, district nurses and nursing homes. This means that patients receive a rapid local assessment based on anticipatory care planning.

Palliative care patients have direct access to the service which avoids delays or hospital attendance.

BECS GPs also provide professional to professional support for the Scottish Ambulance Service, thus preventing avoidable admissions and offer safe care alternatives.

Social Work Out-of-Hours Arrangements

- There will continue to be 24 hour support arrangements for social work through the Emergency Duty Team (EDT).
- In addition, we are exploring the potential for social care services to be operational at key points during the festive period, in particular on the public holidays after New Year, to support discharge arrangements following the festive period break.
- The Community hubs can provide early integrated support for people and families who are close to crisis. We will explore ways in which access to community hubs is possible during the festive period

6. Unscheduled Care

6.1 Emergency Department (ED)

The ED experiences the majority of the external pressures as the fall-back option for all medical emergencies as well as delays for patients waiting to be admitted when the hospital has pressures on beds.

Last year, our performance against the Emergency Access Standard achieved the 95% national standard for November, December and February. Performance in January dipped

well below this standard at 91.7% and in March to 92.8%. 60% of breaches in January were related to delays in transferring patients to inpatient beds and 51% in March.

The aim of the Winter Plan is to ensure that patients attending ED receive the best possible care and move to the next place for care without delay. This will be measured by achievement against the 95% monthly performance against the 4-hour Emergency Access Standard throughout the winter period.

This year, we will

- Complete and implement revised staffing plans for both medical and nurse staffing within the Emergency Department. A detailed review of staffing and activity has been carried out to reflect both changes in the pattern of attendances at ED and also to address long-standing issues regarding the overnight medical cover for the Emergency Department.
- Plan additional staffing for days of predicted high attendance, especially over the festive period, including increased Emergency Nurse Practitioners on days when high numbers of minor injuries are predicted
- Plan for separate areas to treat Flow 1 minor injury patients to avoid delays due to cubicle capacity
- Work closely with colleagues in Scottish Ambulance Service to ensure that flow to and from ED is as seamless as possible

As last year, we will again review the top 30 frequent attenders at ED to identify any general and specific actions that can be taken to reduce the numbers of times these patients attend ED.

Rapid Assessment

Medical patients referred by GPs have been reviewed in the Acute Assessment Unit for the past two years. This ensures rapid senior medical review and reduces the number of complex patients attending ED. Last year, the AAU discharged 41% of patients referred to the unit, although a reduction in opening hours meant that there was a 38% reduction in numbers attending compared to the previous year.

Last year, we introduced a Frail Elderly Assessment Service (Consultant, specialist nurse, AHP assessment). In winter 2016/17, the team reviewed 541 patients identified as having frail elderly needs within the Acute Assessment Unit and Medical Assessment Unit, as well as other areas of the hospital. 70% of patients were reviewed within 24 hours of admission. As well as early identification of patients who require DME care, reducing delays to accessing DME beds, they will also commence care and rehabilitation plans for these patients to avoid any delays in their recovery.

The Rapid Assessment and Discharge (RAD) Team, comprising of AHPs, review frail elderly patients within ED or MAU to identify ways of supporting patients to discharge home either directly or within 24-48 hours. This avoids patients potentially staying for prolonged periods of time in hospital.

Many patients referred through this process can attend in a planned manner to receive investigations or treatment. Last year, patients receiving investigation and treatment as a

daycase within the Medical Ambulatory Care facility increased by 45% compared to the previous year. This represented 4 patients per day who avoided being in a hospital bed.

The aim of the Winter Plan is to ensure that all appropriate patients referred by GP to Medicine or Surgery are reviewed within assessment areas

This year, we will

- Relocate Medical Acute Assessment Unit to a larger area and increase opening hours to expand capacity
- Develop a Surgical Assessment Service
- Increase capacity and numbers of patients attending Ambulatory Care Services
- Explore and develop models for providing rapid senior clinical advice outwith the BGH to avoid need for patients to travel to the hospital. This will link in with work to support older people in nursing homes to avoid unnecessary ED attendance or admission.

6.2 Medical Unit and Department of Medicine for the Elderly (DME)

Last year, we reconfigured the medical unit to more closely match the types of beds available, moving from two to one acute medical ward and from one to two elderly care wards.

Following the remodelling, length of stay within Medicine increased over the winter period compared to the previous year from 4.0 days on average to 4.2 days whilst the length of stay within Elderly Care fell from 21 days to 17.4 days.

The aim of this year's Winter Plan is to reduce length of stay for medical and elderly care patients to accommodate expected increases in admissions within existing footprint. We aim to maintain medical average length of stay at 4 days and DME average length of stay at 18 days

This year, we will

- Develop criteria-led discharge processes to allow patients to be discharged without further medical review once they have recovered to an agreed level, particularly at weekends
- Refresh the daily Board Round review process, using the national Dynamic Daily Discharge model to ensure that decisions are made in a timely fashion and acted upon
- Introduce a package of measures within DME to promote earlier mobilisation and greater independence for patients in the elderly care wards and support earlier discharge

6.3 Inpatient capacity

There was a 6% fall in medical admissions last winter compared to the winter before but a 12% increase in surgical admissions, with an overall increase in BGH admissions of 2%. Bed occupancy rates were an average 92.5% at midday and 88.9% at midnight, an increase of 1.2% in bed occupancy from the previous winter.

The aim of the Winter Plan is to ensure that patients receive care in the right place and are not delayed in admission because of availability of beds. The number of patients breaching the 4-hour ED standard will not increase in the winter period compared to the previous summer, we will intend to have minimal boarding patients and we will maintain bed occupancy rates as close as possible to the 85% target.

Our plans are to

- Reduce admissions (detailed in section 4)
- Reduce length of stay (detailed in sections 9-11)
- Improve discharges (detailed in sections 9 & 11)

The Winter Plan will, however establish arrangements to ensure that we have adequate beds within each area to appropriately accommodate patients requiring hospital care. By doing this, we will intend to eradicate or minimise patients being placed in wards outwith their specialty (boarding). We estimate that we require 10 additional beds to accommodate this group of patients.

Our contingency plans for accommodating inpatient demand will therefore be;

- We will reconfigure the Medical Assessment Unit to have capacity to flex between 22 and 30 beds, depending on demand. The Unit will be staffed appropriately to enable this to reduce dependence on supplementary staffing

- We will develop a patient selection and dependency plan to enable us to use the 2 surge beds within the Borders Stroke Unit without requirement for additional staffing

- We will develop an agreed plan for utilising 2 additional beds in the Knoll Community Hospital and 1 bed in Hawick Community Hospital (to take it up to 24 beds) without the need for additional staffing

- We will develop and implement plans for Ward 16 that will allow us to reconfigure the surgical floor so that there is access to additional surge beds in acute situations without impacting on daycase and other operating

We will also develop surge capacity outwith the Borders General Hospital to ensure that people who no longer require hospital care but are unable to move to their next stage of care. We estimate that we require 10 beds for people waiting for homecare packages and adaptations to housing and 10 beds for people waiting for availability in care homes.

- Through the Integrated Joint Board, we will
    - Utilise the 6 additional beds that will be available in Waverly Care Home from September 2017 to appropriately accommodate people waiting for homecare packages
    - Establish a 8-bedded step-down social care facility in Craw Wood residential home for people who no longer require hospital care but require ongoing social work assessment to determine the most appropriate long-term care provision

    - Release 4 beds within Grove House in Kelso for people requiring both transitional care and waiting for home care packages
    - Establish 10-15 additional inpatient beds within day hospitals through reconfiguration and integration of co-located day services and day hospitals and the creation of step-down interim beds for people waiting for care home placements

- We will complete work on a contingency plan for further alternative inpatient facilities for extreme situations (e.g. significant Norovirus outbreak or major incident)

These arrangements should be sufficient to minimise boarding of patients into other wards. However, when there are occasions that will require patients to be boarded, we will aim to ensure that all medical patients are boarded to one single area. This will ensure more effective medical and support service arrangements for these patients.

7. Elective Care

In November 2016, we introduced a remodelled planned care system, with a single elective ward and smoothing of the numbers of people attending for elective surgery to avoid peaks and troughs of activity.

However, for a substantial part of January 2017, we utilised all elective beds and the daycase facility in the Planned Surgical Assessment Unit to accommodate emergency inpatients. As a result, the number of cancellations last winter compared to the winter before was unchanged.

The aim of the Winter Plan is to have no elective procedures cancelled due to availability of beds.

The Winter Plan this year will

- Seek to protect elective inpatient beds and daycase facilities during peaks of activity by planning appropriate levels of surge capacity
- Plan for the first two weeks in January to minimise numbers of inpatient elective operations. This may be through not scheduling inpatient elective work during this period, or by managing scheduling to minimise beds required (e.g., schedule for one gender only)

8. Community Hospitals

Community Hospital length of stay last winter increased by 2.9 days compared to the previous winter and averaged 29.9 days. The Knoll Hospital increased bed complement to 23 beds from 18 beds over the winter to match the rest of the Community Hospitals and has maintained this number of beds since.

The aim of the Winter Plan is to maintain Community Hospital bed occupancy at 95%, to reduce length of stay and to accommodate all patients requiring community hospital care.

In order to best manage Community Hospital beds, we will;

- Undertake a range of actions to improve the operation of the Community Hospitals, including the commissioning of an external review of Community Hospitals to determine the best way to operate them in the future
- Test models for integrating social care day service and day hospital services
- Convert former inpatient accommodation within day hospital areas to implement model for step-down beds for people waiting for community services
- Address issues causing delayed discharges

The process for reviewing Community Hospitals is likely to extend beyond the winter period. Therefore, it is not likely that all these measures will be completed in time for winter. However, the measures outlined in this plan are expected to reduce Community Hospital average length of stay by 3.75 days to 26.1 days.

9. Discharge

A major part of the delays in admitting patients over the winter period last year was due to patients being discharged late in the day and a reduction in discharges at weekends. Last winter, there was a slight reduction in both morning and weekend discharges compared to the previous winter.

9.1 Morning and weekend discharges

The aim of the Winter Plan is to achieve and maintain 40% of total patients discharged before 12 midday and that the number of patients discharged at the weekend is the same as the number of patients admitted.

In order to improve morning discharge arrangements, we will;

- Ensure that each ward is aware of the number of morning discharges required each day and support wards to achieve this
- Maximise use of the Discharge Lounge, by staffing it and embedding protocols that mean that all patients attend the discharge lounge unless clinically inappropriate

In order to improve weekend discharge arrangements, we will;

- Establish a robust weekend discharge planning process, commencing early in the week, to identify patients with the potential to be discharged at the weekend and ensure that weekend medical and nursing staff are aware of these patients
- Introduce generic discharge criteria that will allow patients to be discharged during the weekend if they have achieved a checklist of planned requirements, rather than waiting for senior medical review on the Monday
- Continue coordinated weekend discharge team, including medical, nursing, AHP, pharmacy and social work and a weekend duty manager with site management oversight of patient flow and discharge at weekends.

9.2 Delayed Discharges

Delayed Discharges increased significantly in 2016/17 compared to the previous year. Numbers of patients coming onto the delayed discharge list over the period from November to January was up by 11% and total days patients were delayed also increased by 16%.

The main areas of challenge were availability of homecare and care home beds, and an increase in patients waiting for commencement or completion of assessment from 3.25 patients average in the summer to 4.6 patients average

The aim of the Winter Plan is to work towards a minimal number of delayed discharge patients over 72 hours

The Winter Plan will ensure

- Health staff and families have access to information and education, (notably the Moving On booklet) to ensure that they present a consistent message to patients and relatives that they may be discharged to transitional facilities whilst agreeing care home placements or other arrangements
- Maintain and improve joint delayed discharge review meetings, and continue to work to resolve on an individual basis each person delayed in their discharge
- Expand the Transitional Care Facility within Waverley Care Home
- Develop a step-down care home facility for people requiring ongoing social work assessment in Craw Wood Care Home
- Roll-out the homecare matching service across all areas of the Scottish Borders

10 Home Care

Patients delayed waiting for homecare increased by 21% between last winter and the previous winter and represented 41% of reasons for delays.

The aim of the Winter Plan is to reduce the number of patients who have the discharge delayed due to unavailability of home care

In order to ensure effective access to home care for patients being discharged from hospital, we will undertake the following measures

- Roll out across the whole of Scottish Borders the pilot Tweeddale matching unit to review all home care hours and reallocate hours released by patients admitted to hospital at an earlier stage
- Roll-out to other areas the transitional care service within Waverly Care Home for patients who no longer need to be in hospital but require a further period of social care or rehabilitation in order to return home.
- Establish a rapid access short-term care team to enable patients to be discharged home whilst awaiting the start of their formal care package
- Test a model of assessment beds within Craw Wood Care Home to allow flexible discharge to assess pathways that mean patients can receive both their assessment and onward placement to appropriate care environment outwith the hospital
- We will work with families and carers to offer support that will help them to continue to care for their relative in their own home and to ensure that systems and processes are in place for them to access support simply and in a timely fashion.

11 Nursing homes and residential care

Patients delayed waiting for care home places increased by 18% between last winter and the previous winter and represented 44% of reasons for delays.

The aim of the Winter Plan is to reduce the number of patients who have their discharge delayed due to unavailability of care home places

Working in partnership with stakeholders from NHS, Scottish Borders Council, Independent and third sectors, we will review measures to support access to 24-hour care placements and resilience of care homes during the winter period.

The Winter Plan will aim to

- review the available capacity of nursing and care homes over the winter period so that we know what capacity is available and to ensure that there is no diminution of capacity over this period.
- ensure availability of interim placement beds so that patients ready for discharge can be cared for in a more homely setting whilst awaiting place in their home of choice

A plan of action to deliver this will be developed by September with implementation commenced as actions are identified.

12 Borders Ability and Equipment Store

The Borders Ability and Equipment Store provide rapid access to equipment essential to allow patients to be safely discharged home. At times, when demand increases, there is the potential that equipment will not be available in a timely fashion.

The aim of the Winter Plan aims to ensure that no patient is delayed in their discharge home due to lack of equipment.

In order to support this, we will

- Ensure that sufficient and appropriate equipment is ordered in a timely fashion and available to support any surges in demand during the winter period
- Review and confirm that operating procedures are in place to ensure full and timely access to equipment during out-of-hours and festive periods
- Ensure that there is a robust plan for the distribution of equipment during periods of severe weather.

13 Patient Flow management

The aim of the Winter Plan is to ensure that patients requiring hospital care are not delayed in their pathway and that they receive their care in the appropriate place. There will be daily, weekly and monthly planning to ensure that system pressures are identified in advance and that contingency plans are in place and utilised where required.

There is a well-established patient flow management system already in place, including

- Daily patient flow meetings of all areas of hospital to review current situation and make plans for that day and the next day

- Weekly planning meetings for weekend patient flow management
- Clear escalation processes that are triggered based on early warning signs of increased activity or delays in the system

A Triumvirate team manages patient flow through the BGH and Community Hospitals on a daily basis:

- Hospital Bleepholder (person responsible for the daily operation of the hospital)
- Associate Medical Director available to address issues and delays related to doctors
- Duty Manager established as senior operational manager

As part of preparation for winter, we are moving to a model of a dedicated site management team. This will ensure that the responsibility for the smooth operation of the BGH will be led by a consistent team who have experience and training in managing patient flow.

The winter plan will ensure

- Escalation policies for ED, AAU and each specialty inpatient area are refreshed and followed
- The current patient flow management arrangements are reviewed to ensure the most effective arrangements
- Provide whole system reporting of daily patient flow to alert other agencies and services in cases of acute pressures

14 Infection Control

During Winter 2016/17, there was minimal disruption to health services due to Norovirus. There were 136 blocked beddays (number of patients per day who could not be moved due to bay closures as a result of infection), with a loss of 9 beddays (empty beds unable to be used). This is a similar experience to the previous winter.

The aim of the Winter Plan is to ensure that services continue as planned and are not adversely impacted as a result of Norovirus outbreaks.

To achieve this, we will;

- Continue current effective arrangements for managing outbreaks
    - Plan to reduce the risk of spread of Norovirus by monitoring national information on a weekly basis to provide early warning of Norovirus, increasing levels of cleaning during the winter period and raising awareness of risks through a high profile campaign directed at staff and visitors.
    - Take rapid and robust interventions when there are cases of Norovirus including rapid identification and isolation of patients, further increased cleaning in affected wards and precautionary closure of affected bays.
    - Manage outbreaks of Norovirus (2 or more cases) through daily outbreak meetings and close involvement of Infection Control in the daily management of the hospitals.

    - Review the Norovirus management plans. This includes ensuring accurate and up-to-date information is available to all staff, and reviewing options for cohorting patients, decision-making processes for closing and reopening affected wards and bays and risk assessments of the impact of ward closures. Review management plans for other infections that require control measures.
    - Test the impact of outbreaks of Norovirus and influenza on our ability to maintain services within the hospitals and address nay issues that are identified as a result.
- Review preparedness for other outbreaks, including influenza outbreak management

15 Respiratory

Admissions due to respiratory causes increased by 30% over winter period of 2015/16.

The aim of the winter plan is to increase the number of patients who can manage exacerbations of their respiratory condition at home and reduce respiratory admission

The Winter Plan will

- Support the national campaign to ensure that people are advised 'Keep Warm' during periods of cold weather. This will be reinforced through local media campaign
- Support a programme to ensure all known COPD patients receive self-management advice and plans including, where appropriate, medications that can provide early protection against exacerbations, with education on how to use them

Oxygen Therapy

Oxygen therapy is available at all emergency and unscheduled care points of contact. There is also a locally agreed pathway for the assessment and prescribing of home O2 support. Procedures for obtaining/organising home oxygen services are available on the Respiratory Microsite.

16 Women and Children

Children's Services, Borders General Hospital

Children's services are currently reviewing their bed management plans to ensure that there is a focus on early safe discharge and early medical review by 4pm where a child requires a further period of observation. There is a focus on:

- The development of criteria led discharge.
- Cohorting of children with Respiratory Syncitial Virus.
- Keeping children at home wherever possible.
- Ambulatory care wherever possible.

The children's ward is able to accommodate young people up to the age of 18 years where appropriate to support the management of patient flow across the wider hospital. The children's ward cannot accommodate adults over the age of 18 years (European Association

for Children in Hospital CHARTER). A revised boarding policy has been produced to ensure that criteria for admitting young people up to 18 years of age are clear and applied.

Maternity services

Maternity services will continue to focus on identifying and addressing service pressures promptly and focusing on safe and early discharge.

17 Mental Health

There are a number of areas in which mental health services will be affected by winter pressures:

- Mental health issues are likely to be a significant cause of frequent attendances in ED. We will involve mental health specialists as appropriate in reviewing the top 30 frequent attenders (see section 7) to review provision and potentially develop individualised plans for patients to reduce their need to attend ED and to assist staff in managing them when they do attend
- Older Adult mental health services will be impacted by the general pressures on older people, particularly pressures to provide social care to enable timely discharge from hospital. This will be further challenged by the need to avoid unnecessary movement of patients with dementia during their time in hospital.
    - Work is underway to enhance the Specialist Dementia Liaison service to support staff in both hospitals and care homes in the effective management of people with dementia
    - There is a recognition that that there are too few specialist dementia nursing home beds available in the Borders. Exploratory work to review ways of increasing this provision is underway with an intention to establish a plan before winter.
- Access to services, including housing, can be challenging for people with mental health issues, particularly over the festive period. As part of our festive plan, we will ensure that arrangements to access services are as effective as possible over this period.

18 Learning Disabilities

There are no requirements for additional staffing or other arrangements within Learning Disability services during the winter period. Any exceptional pressures on the service will be managed through the established business continuity and severe weather plans. Details of arrangements for cover over the festive period are contained within the Festive Period plan.

19 Staffing

During winter 2016/17, vacant nursing posts reduced significantly compared to the previous winter as a result of proactive and early planning for recruitment to nursing posts. However, there continued to be a dependence on agency nursing to support surge beds.

There is an ongoing national deficit of nursing, medical and AHP staff available for recruitment. This is creating significant challenges and requires us to develop new models for ensuring adequate staffing. **The aim of the Winter Plan is to ensure that all areas are appropriately staffed.**

Nursing

Recruitment is monitored weekly to ensure there are no delays and rosters are not available electronically and reviewed daily and weekly to maximise effective use of nurse staffing

We will continue to proactively recruit to nursing posts. We are actively recruiting for both existing and prospective vacancies on a recurring basis, with regular recruitment events. We will be trialling offering student nurses close to registration the opportunity to work at Band 4 level prior to registration being received. We will balance trained nurse skill mix across the organisation to ensure that critical nursing posts and duties are filled, whilst non-trained staff are available to support other duties.

Medical staffing

- Early planning of festive period rotas to ensure appropriate levels of medical staffing during this period
- Identifying areas of potential pressure or risk during the winter period and proactively identifying measures for addressing these pressures, including early recruitment to additional posts
- Close management of rotas to ensure they are level-loaded

Plans for forward planning of staffing are also being developed for other clinical professions, including AHPs.

Identification of demand for care services is being undertaken to help inform care providers to enable them to proactively manage staffing and recruitment.

20 Data and Reporting

Although normal reporting systems provided information on service status during last winter, improved predictive information to forecast potential pressures in the system would have helped plan for surges in demand. Access to whole system data would have helped with planning services to adjust to lack of availability of social care in specific areas.

The aim of the Winter Plan is to ensure that data is available at the times it is needed and in the right format.

To achieve this, we will;

- Bring together information on system pressures to provide a 2-week ahead forecast to predict pressure in the system. , This will include;

- Local Information (predicted pressures on hospital beds, care home bed availability, homecare capacity).
  - Systemwatch – predicted unscheduled care activity.
  - NHS 24 – for GP out-of-hours predicted activity.
  - Flu surveillance – for early warning of outbreaks.
  - Public Health – for early warning of other disease outbreaks.
  - Weather forecast
  - Staffing pressures
- Provide wards, departments and agencies with daily predictors of expected admissions and required discharges and feedback on performance against previous days predictor
- Establish a weekly scorecard of key measures and performance against predictions to highlight areas where demand exceeds capacity and where performance does not meet trajectory. This will provide an operational tool to address areas of concern and a performance scorecard to allow for monitoring of delivery against plan
- Establish a simple system for reporting daily information to the Scottish Government.

21 Estates & Facilities

The main challenge for Estates & Facilities services over the winter months is associated with the potential for severe weather. NHS Borders has a legal obligation to ensure the safety of all members of staff and members of the public when using the buildings, footpaths and car parks on their property. Snow and ice may present risks to the continuation of the provision of services which are provided by NHS Borders.

The aim of the Winter Plan is to ensure that services continue to function seamlessly throughout the winter period.

NHS Borders will do this by;

- Undertaking a programme of routine maintenance and testing to ensure anything we are likely to need over the winter months is in workable order
- Utilising the fleet of 4x4 vehicles to support staff transport when required during periods of severe weather
- Ensuring that normal Estates services are continued throughout the winter period

Scottish Borders Council will also take appropriate measures to maintain services and facilities during the winter period and to ensure resilience in the event of severe weather.

22 Working with other agencies

Scottish Ambulance Service (SAS)

Scottish Ambulance Service and Scottish Borders Winter plan will be aligned to ensure provision of ambulance services fits with changes to working arrangements within the Health Board. Additional capacity will be sought during the festive period. The Scottish Ambulance Service is represented on the Partnership Winter Planning Board

Voluntary Sector Provision

We will work with voluntary sector organisations to utilise services that will assist in maintaining people at home and assisting with safe and effective discharge of people from hospital. We will also plan services in recognition of potential for reduced voluntary sector availability during the festive period. A detailed plan will be developed jointly with NHS Borders, Scottish Borders Council and the Third sector.

SECTION 2 – FESTIVE PERIOD PLANNING

Festive period planning covers the period where normal working will be affected by the public holidays over the Christmas and New Year period. For this year, this will cover a 3 week period – 22nd December 2017 to 5th January 2018. In addition, it will cover the first two weeks in January.

In 2016/17, as for the previous year, arrangements for the operation of core services over the festive period worked well as demonstrated by the 51 breaches of the Emergency Access Standard (performance over the period of 96.3%)

However, performance immediately after the festive period was challenging due to delays and lost activity following the festive period shutdown.

During this period, **the aim of the Winter Plan is to ensure that appropriate health and social care services are available to meet the changed pattern of demand and to ensure that people have appropriate access to all services in a timely fashion**. In particular, services are planned to address the expected surges in activity following the public holidays. The aim of the Winter Plan is also to ensure that there is no impact on services in January as a result of lost capacity during the festive period.

Although plans for known areas of high activity or pressure worked well last year, the Festive period evaluation from 2016-17 noted the following areas of development;

- Ensure all services are operational over the New Year weekend and public holidays, including social work services with access to both home care and care home providers
- Reducing Community Hospital Length of Stay.
- Implement alternative arrangements to manage delayed discharges
- Planning for a reduction in elective operating for the first 2-3 weeks of January
- Review arrangements for annual leave allocation to ensure level-loading of annual leave for all services, not just nursing staff over the festive period
- Increase the reach of festive period messages by working more closely with GP practices, community pharmacies and social work

This year's festive plan aims to build on these messages.

The Emergency Department and BECS out-of-hours service will be operating with increased medical and nurse staffing during the festive period, particularly focused around the days when activity is predicted to peak. These arrangements worked well in previous years.

The plan includes ensuring that services in the BGH, Community Hospitals and community have enhanced or normal staffing over the public holidays of the 1st and 2nd January. In particular, the plan recommends work to ensure enhanced staffing for AHPs, Scottish Ambulance Service and social work services, including the Equipment Store, over this period. These are services that traditionally do not operate for the 4-day New Year break.

In addition, we are making arrangements to open Social Work Community Hubs over the period between Christmas and New Year to offer easy access to preventive services.

Identified hospital surge capacity of 16 beds will either be open or be staffed and in a state of readiness to open from January 1st onwards. This includes

- Medical Assessment Unit – 8 beds
- Borders Stroke Unit – 2 beds
- Ward 16 – 4 beds
- Knoll additional beds – 2 beds

Inpatient elective surgery will be restricted and will, as far as is possible, be scheduled based on gender, to enable elective work to operate out of one of the two elective bays in Ward 9. This will release 6 staffed additional hospital beds for unscheduled patients. This arrangement is planned to be in place for the first 3 weeks in January.

Work identified within the Winter Plan to increase community capacity is scheduled to come on stream before the festive period to provide additional surge capacity. This includes

- Rapid access home care service in Berwickshire (equivalent to 2 beds)
- Step-down beds in Craw Wood – 8 beds
- Additional beds for patients delayed in their discharge in Haylodge Day Hospital – between 8 – 11 beds.

Annual leave allocation for nursing staff has this year not included restrictions on annual leave over the festive period. Instead, there is closer scrutiny on ensuring level-loaded annual leave to ensure that there is no surge in annual leave immediately following the festive period. Last year, this caused staffing challenges at times of peak activity.

The Winter Plan communication strategy includes work to utilize community pharmacies and other people who have regular contact with older people and those at risk to help spread the message about being prepared for winter.

A full schedule of service arrangements over the festive period will be produced by the end of October.

Scottish Borders
Health and Social Care
PARTNERSHIP

QUARTERLY PERFORMANCE REPORT UPDATE SEPTEMBER 2017

Aim

1.1 The aim of this report is to provide a summary of the quarterly performance report (**Appendix One**) to Integration Joint Board (IJB) members. The report highlights how the quarterly performance scorecard has evolved since the last report in June 2017.

Background

2.1 The performance reporting scorecard for the IJB was originally developed to include the six themes defined by the Ministerial Strategy Group (MSG) for Health and Community Care. These themes are:

1. unplanned admissions;
2. occupied bed days for unscheduled care;
3. A&E performance;
4. delayed discharges;
5. end of life care;
6. balance of spend between institutional and community care.

2.2 The themes identified by the MSG are heavily weighted to hospital care and in recognition of this the performance reports presented to the IJB in 2017 have included additional sections headed Social Care, Carers and Other Relevant Measures to include local data collated via the Social Care Survey, Carers Centre Assessments, Patient feedback and evaluations of Integrated Care Fund (ICF) projects.

2.3 Since the last quarterly performance report the scorecard has been developed to include additional detail on the reasons recorded for delayed discharges. In the "Other Relevant Measures" section (which includes provision for ad hoc updates) summary information is presented on one of the ICF projects evaluations. A summary of the additional measures included in the September 2017 report is given below:

Theme	Measure(s)
4. Delayed Discharges	Delayed Discharges at Census point by reason for delay.
9. Other Relevant Measures	Evaluation summary from the Borders Ability Equipment Store, development of which was supported by monies from the Integrated Care Fund (ICF).

Summary

3.1 In a number of areas Borders is demonstrating improvement locally and/or good performance compared to Scotland. These include unscheduled occupied bed day rates, performance against the 4 hour A&E waiting times standard during June-August 2017, balance of spend measures, increases in the percentage of older adults looked after in the community rather than in care homes, and in the key achievements of the Borders Ability Equipment Store project (funded by ICF). These are all examples of improvements/successes that could be built upon.

3.2 Areas of challenge as illustrated in this performance report include:-

- Rates of emergency admissions have reduced in recent months however remain above the Scottish average. The development and implementation of the Falls Strategy could be an important contributor to further reductions in emergency admissions.
- A&E performance and Delayed Discharges remain ongoing challenges.
- There is a need to improve the consistency and robustness of social care client outcomes reporting.
- There is clear scope to improve outcomes for Carers; the work to implement the requirements of the new legislation will assist with this.
- Palliative care is one of the key themes in the National Health and Social Care Delivery Plan and an area for reporting to the Ministerial Strategy Group. The recording of data relating to the Margaret Kerr Unit requires review and amendment.

3.3 Given the many elements of integrated care the wide range of services delegated to Health and Social Care Partnership, and changes being proposed nationally e.g. to HEAT standards management information, it is anticipated that performance reporting to the IJB will further develop over time to include reporting at locality level and more specific reports on particular groups of service users and staff.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the additional themes and measures for reporting.

The Health & Social Care Integration Joint Board is asked to **note** the key performance issues highlighted.

The Health & Social Care Integration Joint Board is asked to **advise** of any further measures to be included in future quarterly performance reports.

Policy/Strategy Implications	This report gives an update on Partnership performance reporting which is directly related to the delivery of local objectives as detailed in the Strategic Plan.
Consultation	The performance report has been prepared in partnership with NHS Borders and SBC performance teams.

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Risk Assessment	A number of risks in relation to partnership performance have been highlighted in the report.
Compliance with requirements on Equality and Diversity	A comprehensive Equality Impact Assessment was completed as part of the strategic planning process.
Resource/Staffing Implications	Financial implications outlined in finance reports.

Approved by

Name	Designation	Name	Designation
Robert McCulloch-Graham	Chief Officer Health & Social Care		

Author(s)

Name	Designation	Name	Designation
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Scottish Borders
Health and Social Care
PARTNERSHIP

Quarterly Performance Report for the Scottish Borders Integrated Joint Board

September 2017

1. Unplanned Admissions

Part 1 - Emergency admissions for people aged 75+

What is this information and why is important to measure it?

Excellent emergency services are necessary when people are at a point of crisis or suffer serious injury. But many people who come to hospitals in emergencies could potentially have been offered better support or services earlier on, which would have prevented the need for them to go to hospital, or may have involved a planned visit to hospital instead.

Rates of emergency admissions in people aged 75 and over are of particular concern and are higher in Scottish Borders than across Scotland as a whole. Existing work within the Borders to reduce emergency admission rates needs to continue and be built on.

A reduction in this indicator should demonstrate improved partnership working. It should represent a shift from a reliance on hospital care towards proactive and coordinated care and support in the community. It should demonstrate the effectiveness of anticipatory care, identifying people who are at risk of emergency hospital admission, supporting people to be more confident in managing their long term conditions and providing coordinated care and support at home where safe and appropriate. Safe and suitable housing for people will also be important.

Data Source(s)

1. Hospital admissions are sourced from SMR01 (inpatient/daycase episodes of care in general/acute hospitals such as Borders General Hospital and the Royal Infirmary of Edinburgh). They apply to Borders residents admitted to any general/acute hospital in Scotland. These figures do not include admissions to beds coded as Geriatric Long Stay (which means the Borders' Community Hospitals are excluded) nor any acute psychiatric hospital beds.
2. Rates per 1,000 population are based on National Records for Scotland (NRS) mid year population estimates.

Part 2 - Emergency admissions for falls, people aged 65+

What is this information and why is important to measure it?

With health and social care services striving to address the challenge of demographic change and rising demands on public services, falls among older people are a major concern.

Falls can have a significant impact on an older person's independence and quality of life, impeding a person’s mobility and confidence. However, falls are not an inevitable consequence of old age. Well-organised services, delivering recommended and evidence based practices can prevent many falls and fractures in older people in the community setting. Rehabilitation services are also key to preventing repeat falls. In addition, the safety of a person’s immediate environment as well as their prescribed medicines will be important.

An economic evaluation published in 2013 estimated the cost to health and social care services in Scotland of managing the consequences of falls: in excess of £470 million (http://www.ncbi.nlm.nih.gov/pubmed/24215036) and without intervention is set to rise over the next decade as our population ages and the proportion with multi-morbidity and polypharmacy grows.

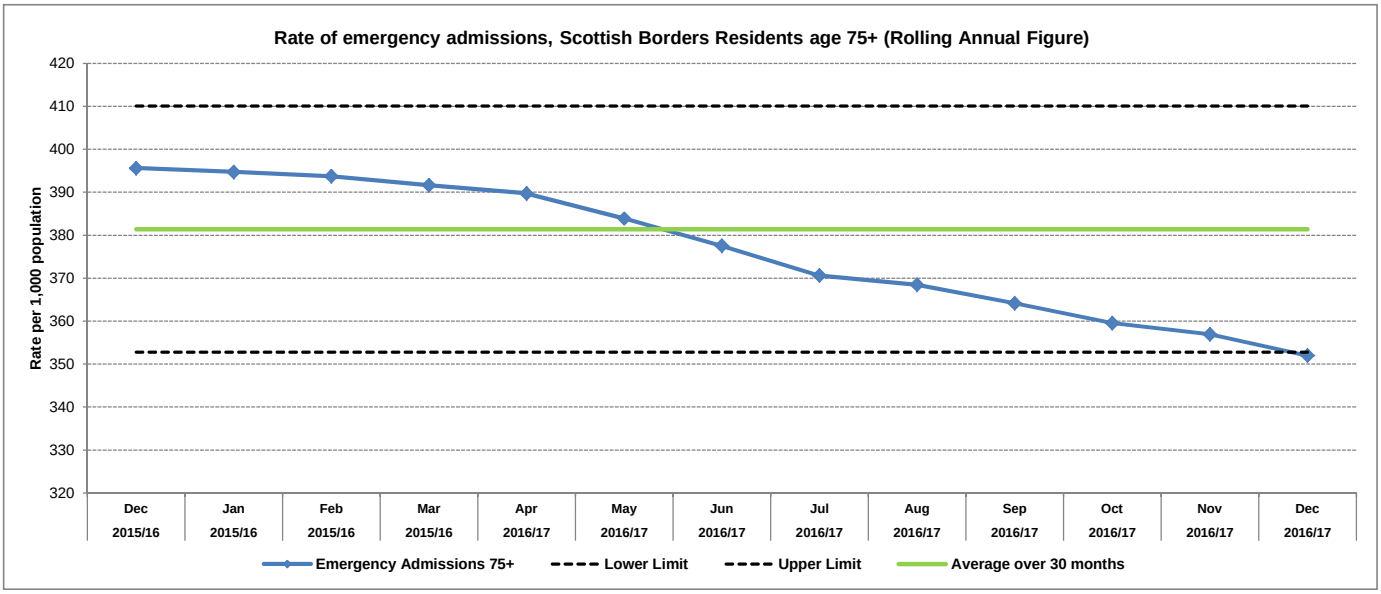
Data Source(s) and notes

1. Emergency Hospital admissions due to falls are sourced from SMR01 (inpatient/daycase episodes of care in general/acute hospitals such as Borders General Hospital and the Royal Infirmary of Edinburgh). They apply to Borders residents admitted to any general/acute hospital in Scotland. These figures do not include admissions to beds coded as Geriatric Long Stay (which means the Borders' Community Hospitals are excluded) nor any acute psychiatric hospital beds.
2. Diagnostic codes used to identify falls are ICD-10 codes W00-W19.
3. Rates per 1,000 population are based on National Records for Scotland (NRS) mid year population estimates.

1. Unplanned Admissions

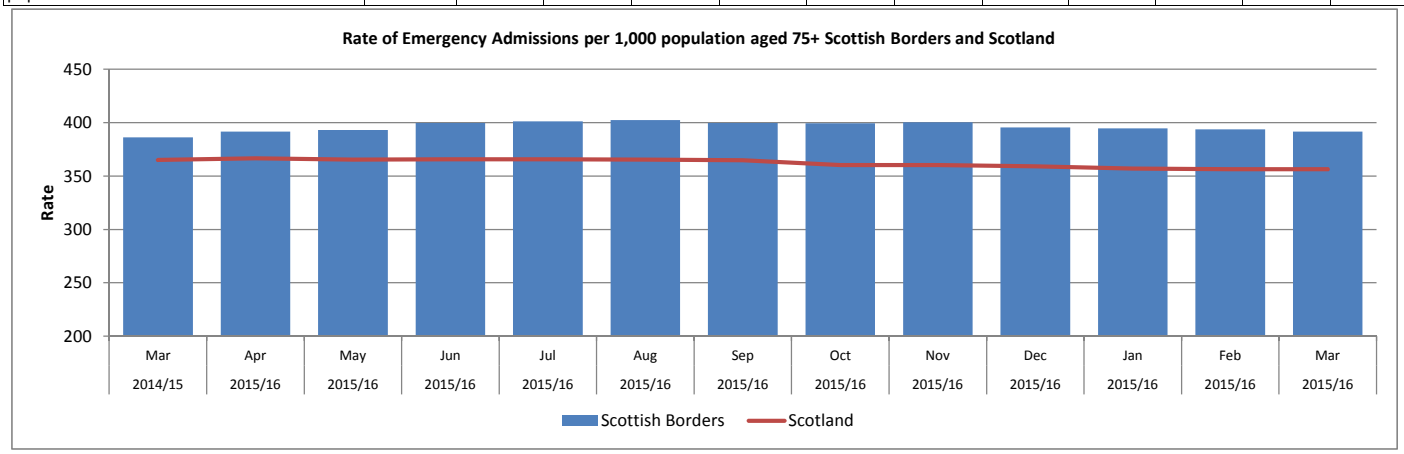
Emergency Admissions, Scottish Borders residents age 75+ No update available yet from June report on this performance measure from NHS National Services Scotland

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Number of Emergency Admissions, 75+	4,543	4,475	4,401	4,320	4,295	4,245	4,191	4,161	4,103			
Rate of Emergency Admissions per 1,000 population 75+	389.7	383.9	377.5	370.6	368.4	364.2	359.5	357.0	352.0			



Emergency Admissions, Scotland residents age 75+ No update available yet from June report on this performance measure from NHS National Services Scotland

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Number of Emergency Admissions, 75+	158,770	158,228	158,380	158,330	158,263	157,923	157,684	157,707	157,150	156,222	155,922	155,916
Rate of Emergency Admissions per 1,000 population 75+	366.5	365.2	365.6	365.5	365.3	364.5	360.2	360.3	359.0	356.9	356.2	356.2



How are we performing?

The rate of emergency admissions for the over 75 age group in Scottish Borders is decreasing: the rate was increasing gradually to August 2015 but from that point has seen a gradual decrease, in line with the Scottish trend. The Borders rate at March 2016 (latest published data point for Scotland) is higher than the national average. There is a lag time in data points as rates are produced from a nationally available source from ISD, based on data submitted by all the Health Boards that has been validated. There may be slight under-reporting for December 2016.

What are we doing to improve or maintain performance?

We are undertaking work to reduce emergency admissions for common conditions, focusing on developing pathways for patients with common respiratory and cardiac conditions to be reviewed and managed within their own homes and on reducing readmission rates.

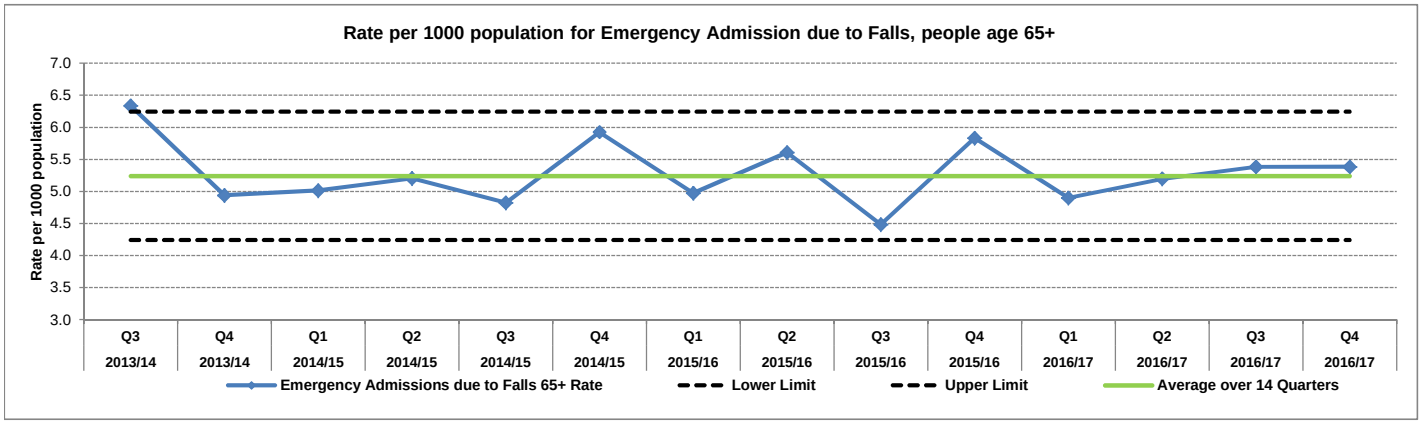
Use of the Acute Assessment Unit has improved our emergency admission rate allowing patients to receive tests and monitoring then discharge rather than being admitted into the hospital (Medical Assessment Unit) for this.

1. Unplanned Admissions

No update available yet from June report on this performance measure from NHS National Services Scotland

Emergency Admissions for falls, people aged 65+, rates per 1,000 population (aged 65+) in Scottish Borders residents

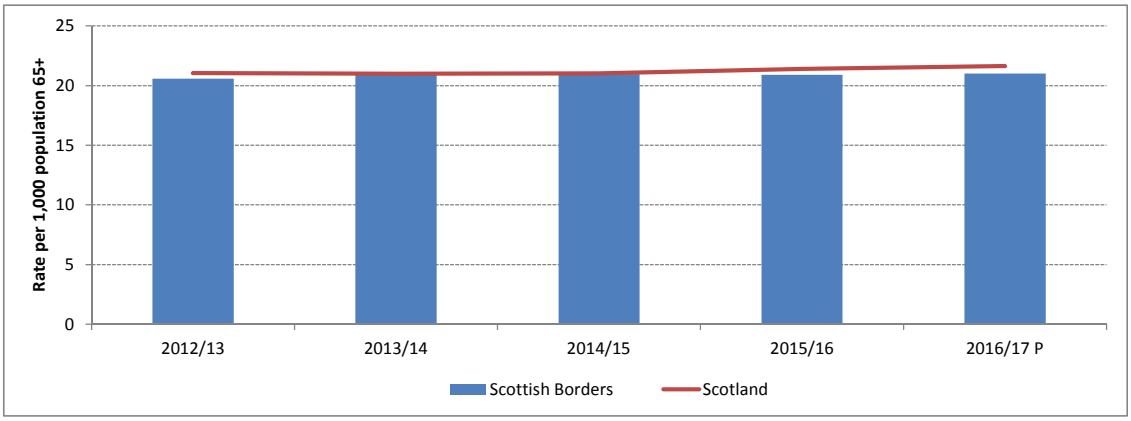
	Apr-Jun '14	Jul-Sep '14	Oct-Dec '14	Jan-Mar '15	Apr-Jun '15	Jul-Sep '15	Oct-Dec '15	Jan-Mar '16	Apr-Jun '16	Jul-Sep '16	Oct-Dec '16	Jan-Mar '17
Rate of Emergency Admissions for falls per 1,000 population 65+	5.0	5.2	4.8	5.9	5.0	5.6	4.5	5.8	4.8	5.1	5.7	5.3



Emergency Admissions for falls, people aged 65+, rates per 1,000 population (aged 65+) in Scottish Borders and Scotland Residents

	2012/13	2013/14	2014/15	2015/16	2016/17 (provisional)
Scottish Borders	20.6	21.1	21.0	20.9	21.0
Scotland	21.0	21.0	21.0	21.4	21.6

Annual figures to 2016/17 refreshed to reflect increased completeness of national data



How are we performing?

Since 2012/13 the rate of admissions due to falls in Borders residents aged 65+ has been very close to the Scottish average.

What are we doing to improve or maintain performance?

Work of the Borders Falls Steering Group is ongoing, including to finalise the draft Falls Strategy (with Action Plan) for 2017-19. This will be informed by a shared self-assessment exercise using the 'Prevention and Management of Falls in the Community' tool.

2. Occupied Bed Days

What is this information and why is important to measure it?

It is possible for the number of emergency admissions to increase whilst emergency bed days reduce, and vice versa, so this measure is included to ensure a balanced view. Once a hospital admission has been necessary in an emergency, it is important for people to get back home as soon as they are fit to be discharged to avoid the risk of them losing their confidence and ability to live independently.

Health and Social Care Partnerships have a central role in this by providing community-based treatment and support options, “step down” care and home care packages to enable people to leave hospital quickly once they are well enough. Additionally, care homes should where appropriate be able to support people with a wider range of physical and mental frailty and needs.

Hospitals also have a role to play, by streamlining their processes and sharing best practice to ensure more people can leave hospital quickly once they are well enough. This will include improving rehabilitation and also reducing the possibility of infections, harm and injury all of which can result in longer stays.

Data Source(s)

1. Hospital bed-days are sourced from SMR01 (inpatient/daycase episodes of care in general/acute hospitals such as Borders General Hospital and the Royal Infirmary of Edinburgh). They apply to Borders residents admitted to any general/acute hospital in Scotland. These figures do not include admissions to beds coded as Geriatric Long Stay (which means the Borders' Community Hospitals are excluded) nor any acute psychiatric hospital beds.

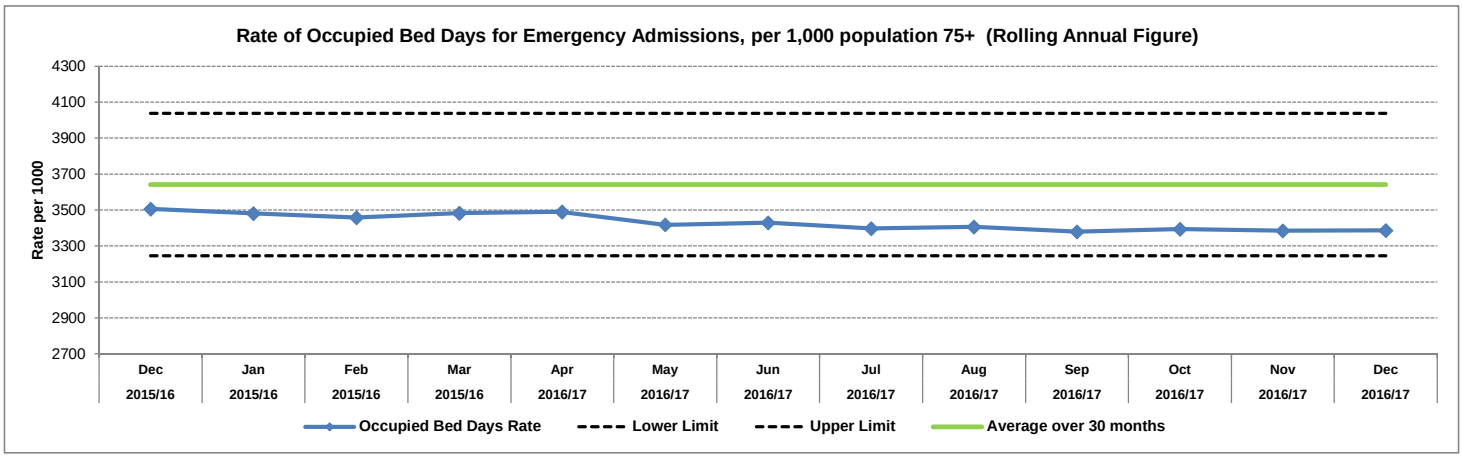
2. Rates per 1,000 population are based on National Records for Scotland (NRS) mid year population estimates.

2. Occupied Bed Days

No update available yet from June report on this performance measure from NHS National Services Scotland

Occupied Bed Days for emergency admissions, Scottish Borders Residents age 75+

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Number of Occupied Bed Days for emergency Admissions, 75+	40,671	39,832	39,972	39,592	39,702	39,396	39,555	39,445	39,470			
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+	3489	3417	3429	3396	3406	3380	3393	3384	3386			



How are we performing?

Emergency Occupied bed days for over 75s have been on the whole reducing since September 2014, following redesign work to reduce waits for patients requiring rehabilitation and elderly care beds.

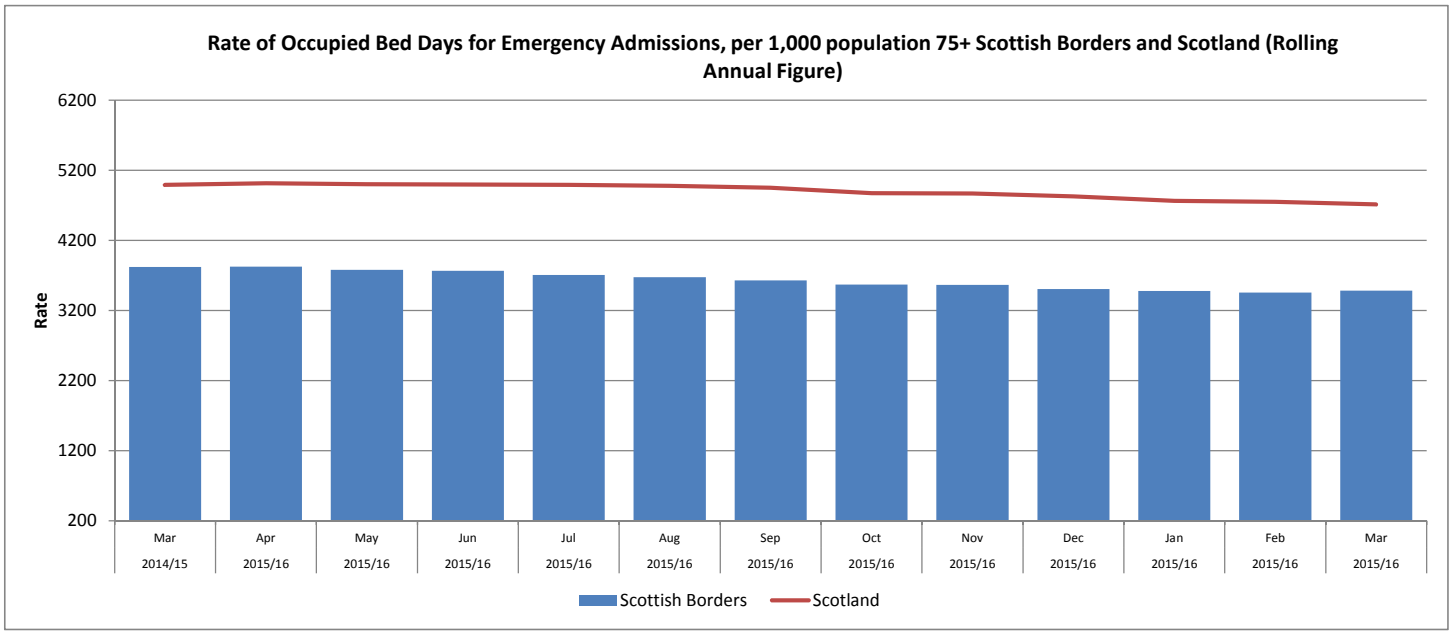
What are we doing to improve or maintain performance?

The medical inpatient floor was remodelled in October 2016 to create one acute medical ward and two acute elderly care wards. This change is intended to stream frail elderly patients who are acutely unwell directly to an elderly care ward and avoid delays in medical wards. The redesign is intended to reduce overall length of stay by 0.6 days within the medical unit. There is also an increase in partnership working across health and social care to reduce delays for people requiring support on discharge home. There continue to be delays in transitions of care and we are working closely with partners to address these.

No update available yet from June report on this performance measure from NHS National Services Scotland

Occupied Bed Days for emergency admissions, Scottish Borders and Scotland Residents age 75+

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scottish Borders	3,824	3,782	3,765	3,707	3,675	3,627	3,570	3,567	3,505	3,480	3,454	3,483
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scotland	5,013	4,998	4,996	4,989	4,976	4,948	4871.62	4866.16	4824.01	4764.4	4750.2	4713.73



3. Accident and Emergency Performance

What is this information and why is important to measure it?

The national standard for Accident & Emergency waiting times is that 95% of people arriving at an A&E Department in Scotland (including Minor Injury Units) should be seen and then admitted, transferred or discharged within 4 hours. NHS Boards are to work towards achieving 98% performance.

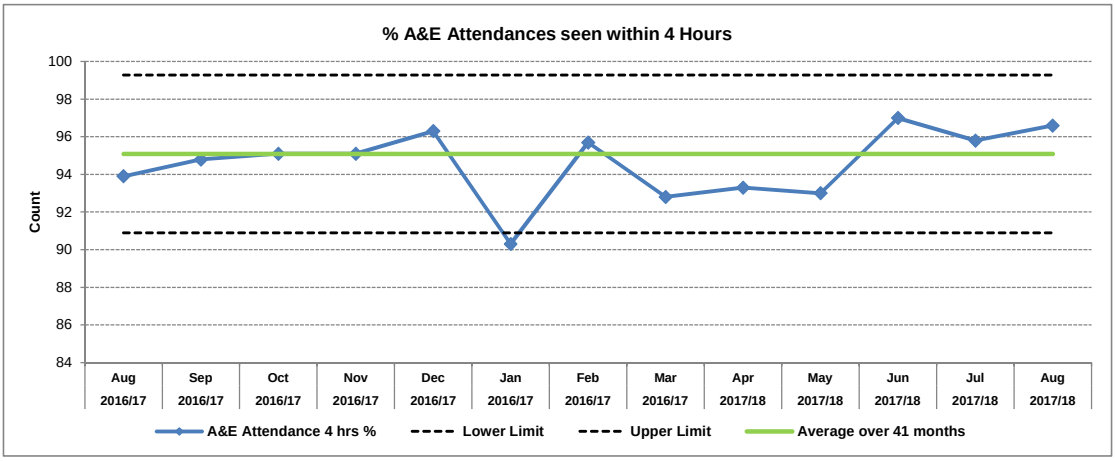
Although the standard is measured in the A&E Department, NHS Boards and Health and Social Care Partnerships are required to ensure that best practice is installed throughout the whole system, including health and social care, supporting joined up work to address wider issues of patient flow through each hospital that will safeguard timely access to services across the patient's journey and ensure the whole system works together effectively.

Data Source(s)
NHS Borders TrakCare system.

3. Accident and Emergency Performance

Accident and Emergency attendances seen within 4 hours

	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
Number of A&E Attendances seen within 4 hours	2,520	2,487	2,267	2,339	2,323	2,079	2,401	2,567	2,679	2,556	2,515	2,571
% A&E Attendances seen within 4 hour	94.8	95.1	95.1	96.3	90.3	95.7	92.8	93.3	93.0	97.0	95.8	96.6



How are we performing?

Patients attending A&E and the Acute Assessment Unit (AAU) are routinely discharged within 4 hours. NHS Borders is working towards consistently achieving the 98% local stretch standard.

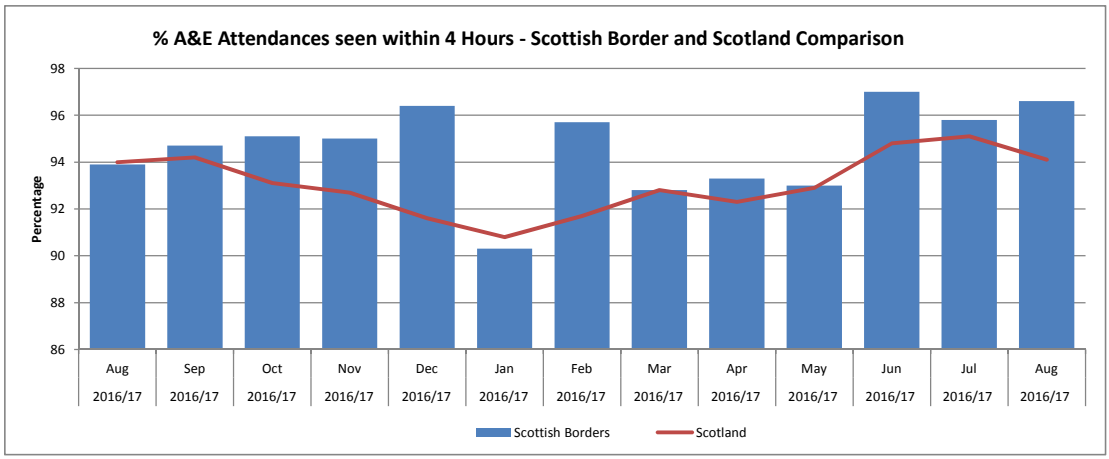
The 95% standard was achieved in June, July and August 2017. The main cause of breaches has been delays waiting for bed availability and reflects ongoing challenges in the discharge of complex patients.

What are we doing to improve or maintain performance?

For a third month running the department has achieved the Emergency Access Standard, that said it is necessary to continue to work to improve performance in respect of Flow 3&4, such as consistently increasing morning discharges. The main cause of breaches during this time has been delays waiting for bed availability and reflects ongoing challenges in the discharge of complex patients.
A review of delayed discharges has been commissioned and undertaken by Professor John Bolton and an action plan from this report is being developed to reduce numbers of patients delayed within BGH and Community Hospitals.
Other breaches have been the result of waits for transport, delays in specialty review and delays in first assessment. Work is underway to review and improve all these areas.
Daily breach review and escalation processes have been refreshed and additional rigour introduced to ensure that patients are not delayed unnecessarily. There is ongoing work to define correct medical and nursing staffing levels in ED. This work is likely to conclude by the end of August.

% A&E Attendances seen within 4 Hours - Scottish Border and Scotland Comparison

	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
% A&E Attendances seen within 4 hour Scottish Borders	94.7%	95.1%	95.0%	96.4%	90.3%	95.7%	92.8%	93.3%	93.0%	97.0%	95.8%	96.6%
% A&E Attendances seen within 4 hour Scotland	94.2%	93.1%	92.7%	91.6%	90.8%	91.7%	92.8%	92.3%	92.9%	94.8%	95.1%	94.1%



4. Delayed Discharge

What is this information and why is important to measure it?

A delayed discharge (often referred to in the media as "Bed Blocking") occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation for them is not readily accessible. For example, a person's house may first need to be altered to help them get around, or there may not be a place available in a local care home.

A long delay increases the risk of the patient falling ill again, or losing vital life skills, independence or mobility. It could ultimately result in the patient having to be admitted to a care home due to the deterioration in their health and mobility.

Data Source(s)
Monthly Delayed Discharge Census, ISD Scotland.

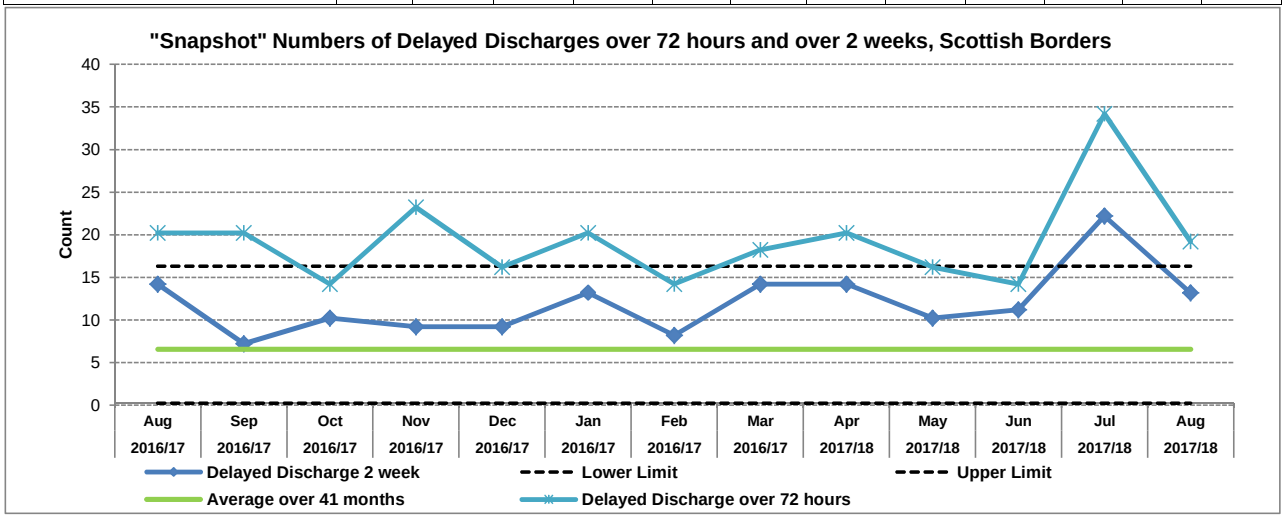
1) The measures on numbers of discharges delayed by more than 72 hours/more than 2 weeks, are snapshots of the number of patients waiting to be discharged, on a single day in each month.

2) The measure of bed days associated with delayed discharges is based on all delayed discharges within the specified time period.

4. Delayed Discharge

Delayed Discharges (DDs)

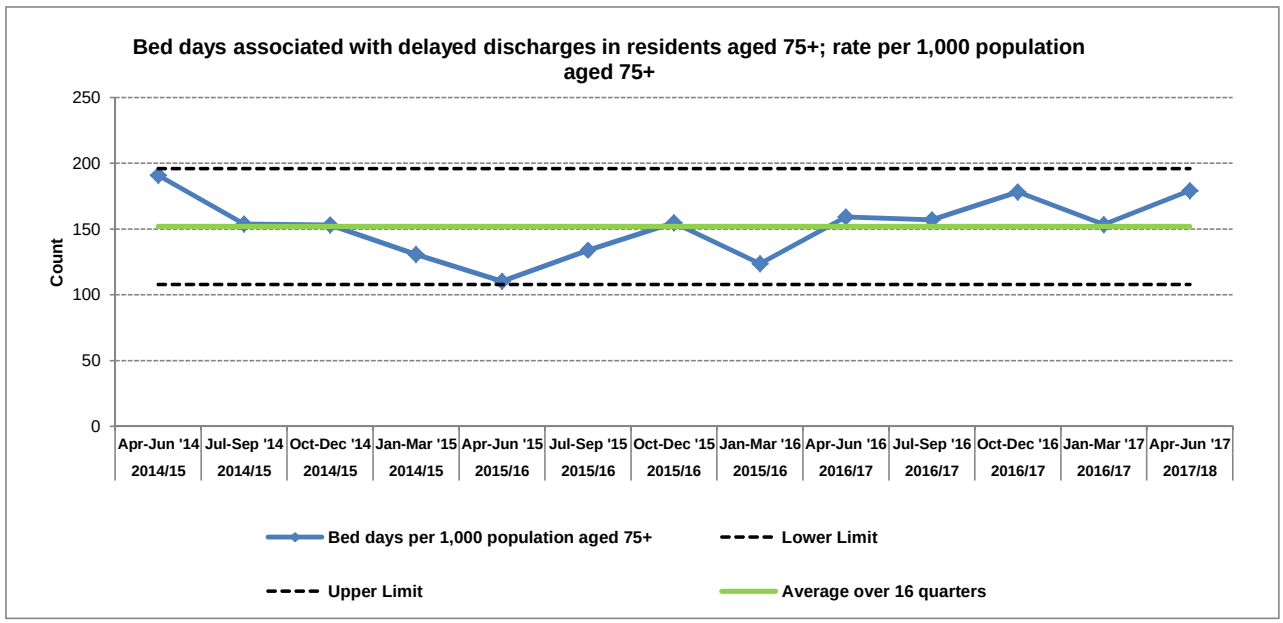
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
Number of DDs over 2 weeks	7	10	9	9	13	8	14	14	10	11	22	13
Number of DDs over72 hours	20	14	23	16	20	14	18	20	16	14	34	19



Please note the Delayed Discharge over 72 hours measurement has recently been implemented from April 2016.
It has been overlayed on this graph as an indicator of the new measurement (light blue line) however as data is limited we cannot provide a statistical run chart for this.
The DD over 2 weeks measurement has several years of data and has been plotted on a statistical run chart (with upper, lower limits and an average) to provide additional statistical information to complement the more recent 72 hour measurement.

Bed days associated with delayed discharges in residents aged 75+; rate per 1,000 population aged 75+

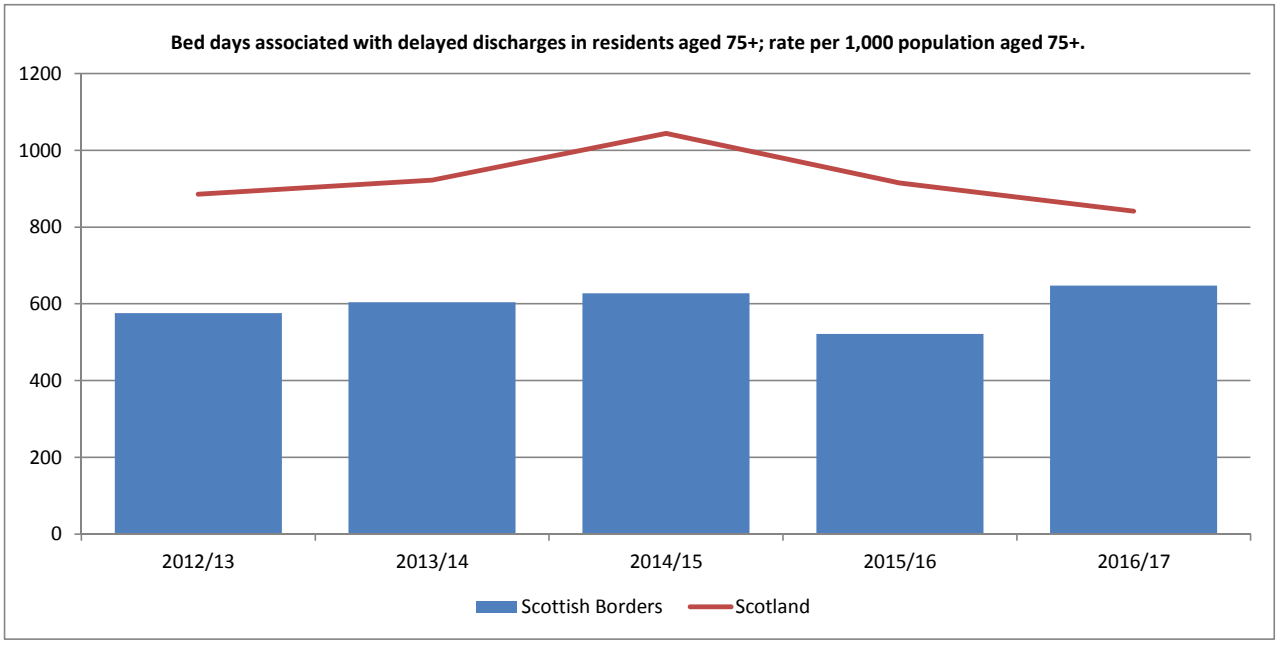
	Jul-Sep '14	Oct-Dec '14	Jan-Mar '15	Apr-Jun '15	Jul-Sep '15	Oct-Dec '15	Jan-Mar '16	Apr-Jun '16	Jul-Sep '16	Oct-Dec '16	Jan-Mar '17	Apr-Jun '17
Bed days per 1,000 population aged 75+	154	153	131	110	134	154	124	159	157	178	153	179



4. Delayed Discharge

Scotland / Scottish Borders comparison of bed days associated with delayed discharges in residents aged 75+

	2012/13	2013/14	2014/15	2015/16	2016/17	
Scottish Borders	575	604	628	522	647	
Scotland	886	922	1044	915	842	



Delayed Discharges at Census Point by Reason for Delay

	2016	2016	2016	2016	2016	2017	2017	2017	2017	2017	2017	2017
Reason for delay	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**
Total delays at census point	**32**	**31**	**37**	**29**	**39**	**23**	**34**	**31**	**30**	**29**	**51**	**33**
Health and social care / patient and family related reasons	**23**	**24**	**31**	**25**	**33**	**16**	**26**	**21**	**24**	**21**	**42**	**23**
Total health and social care reasons	**21**	**23**	**30**	**25**	**32**	**16**	**25**	**21**	**22**	**18**	**37**	**21**
Assessment	1	1	5	8	1	-	2	1	-	4	1	-
Funding	-	-	-	-	-	-	-	-	-	-	-	-
Place availability	11	13	13	8	18	8	10	10	10	9	21	9
Care arrangements	9	9	12	9	13	8	13	10	12	5	15	12
Transport	-	-	-	-	-	-	-	-	-	-	-	-
Total patient and family related reasons	**2**	**1**	**1**	**-**	**1**	**-**	**1**	**-**	**2**	**3**	**5**	**2**
Disagreements	-	-	-	-	-	-	1	-	-	1	2	1
Legal/financial	-	-	-	-	-	-	-	-	2	1	1	1
Other	2	1	1	-	1	-	-	-	-	1	2	-
Total complex delays	**9**	**7**	**6**	**4**	**6**	**7**	**8**	**10**	**6**	**8**	**9**	**10**
Adults with incapacity (AWI)	6	4	3	2	4	4	5	4	3	6	7	9
Other complex reasons (not AWI)	3	3	3	2	2	3	3	6	3	2	2	1

4. Delayed Discharge

How are we performing?

In terms of overall rates of occupied bed-days associated with delayed discharge, Borders has performed consistently better than the Scottish average. However, the local rate for 2016/17 as a whole was higher than for the preceding year.

A new national target of zero delays over 72 hours came into force on 1st April 2016. New definitions for recording delayed discharges were introduced on the 1st July 2016. NHS Borders is facing significant challenges with delayed discharges, which continues to impact on patient flow within the Borders General Hospital and our four Community Hospitals.

The key reasons for delay experienced by patients are currently being influenced by challenges relating to the following issues:
- Care at home – we continue to be challenged in sourcing care at home across the Borders.
- Choices of care home placements and availability thereof and total capacity in Care Homes in Borders, particularly for more complex cases.
- A number of complex cases with a significant length of stay.

Ongoing focus is being placed upon supporting the discharge of delayed patients awaiting their next stage of care across the system. This is within the context of work taking place to create adequate patient flow to ensure the achievement of the 4 Hour ED Standard, quality of care and ensuring people are in the right care setting, and the avoidance of disruption to planned surgical admissions.

There are weekly delayed discharge meetings with senior managers and senior colleagues from Scottish Borders Council and SB Cares, Chief Officer for Health and Social Care, and General Managers for Primary & Community Services and Unscheduled Care. The purpose of this meeting is to take cross service actions, escalated from daily and weekly monitoring and to implement the overall action plan taking short, medium and long term actions to help NHS Borders achieve the 72 hour standard.

What are we doing to improve or maintain performance?

Further work underway and planned:
- Professor John Bolton was commissioned to work with us to help to improve Delayed Discharges and Patient Flow across the system. This will inform subsequent work to improve community hospital LOS, effective use of community capacity across home care and care homes, pathway development, thresholds and risk management and improve patient safety. He reported back in early April 2017 and an action plan to redress his recommendations is being progressed.

- Dr Anne Hendry, HIS National Clinical Lead for Integrated Care and Consultant Geriatrician has agreed to work with us to review and develop our community & day hospital model. This fits well with, and will build upon, the outcomes from Professor Bolton's work.

5. End of Life Care

What is this information and why is important to measure it?

This indicator measures the percentage of time spent by people in their last 6 months of life at home or in a community setting. It is derived by linking recorded deaths data with hospital bed day data to calculate the percentage of time spent outside hospitals in the last 6 months of people's lives. Accidental deaths are excluded.

It is now possible to predict the progress of many diseases, enabling a planned approach to palliative and end of life care in ways which reflect best practice and which, as far as is practicable, in accordance with the needs and wishes of patients, carers and their families. Health and Social Care Partnerships are expected to be able to influence this by commissioning
high quality end of life services, and working with communities, families and staff to enable discussion about planning for end of life. As more people have anticipatory care plans and as electronic palliative care summaries are rolled out throughout the country, then we should see a gradual increase in this measure in the medium to long term.

The indicator should ideally represent the wishes and choices for patients and their carers and also demonstrate the effectiveness of having a planned approach to end of life care. For an individual, the preferred place of care can change as their condition and/or family circumstances change over time, making this very difficult to measure and track. Therefore this indicator has been chosen by the Scottish Government as an alternative. The last six months of life was chosen as this is the period when most hospital admissions occur, and the period when clinicians would tend to plan end life care if the patient was not expected to live longer than 6 months.

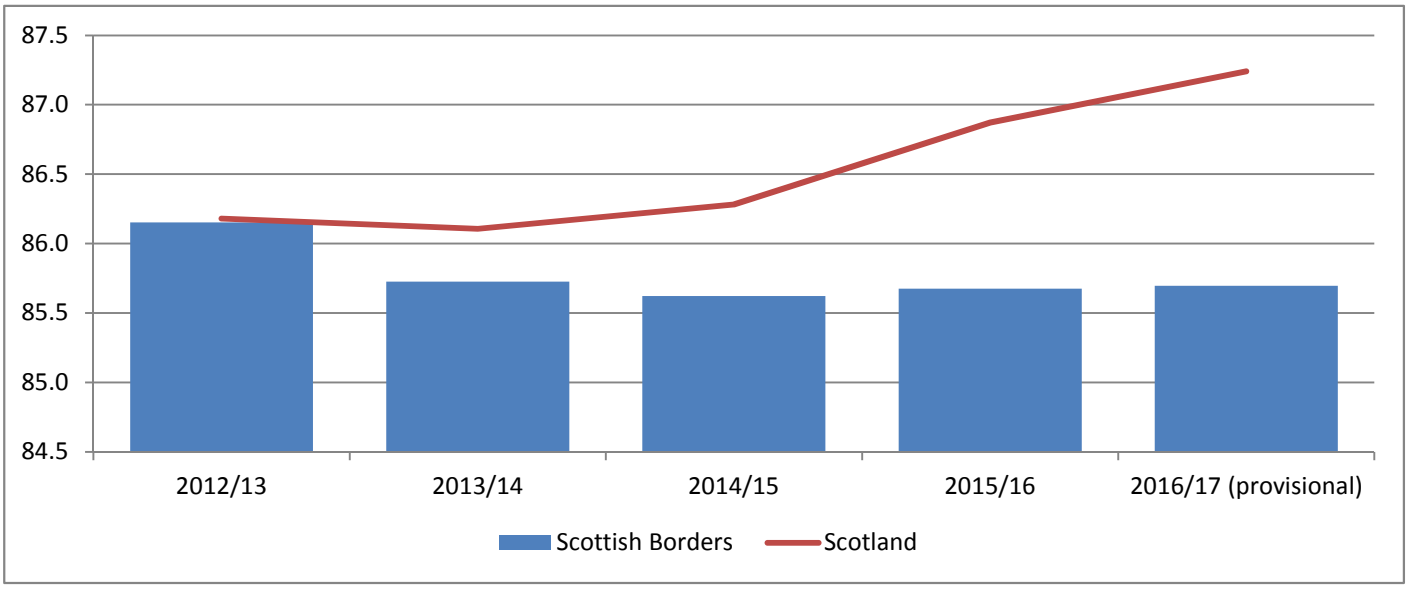
Data Source(s)
This is the "Core Suite Integration Indicator" number 15, taken from Core Suite Indicator Workbooks for Health and Social Care Partnerships, ISD Scotland. Data taken from National Records for Scotland (deaths) and SMR records for acute/general hospitals, geriatric long stay beds, and acute psychiatric hospitals.

5. End of Life Care

No update available yet from June report on this performance measure from NHS National Services Scotland

Proportion of last 6 months of life spent at home or in a community setting.

	2012/13	2013/14	2014/15	2015/16	2016/17 (provisional)	
Scottish Borders %	86.2%	85.7%	85.6%	85.7%	85.7%	
Scotland %	86.2%	86.1%	86.3%	86.9%	87.2%	



How are we performing?

The percentage of last 6 months of life spent at home or in a community setting has appeared fairly consistent in the Borders from year to year since 2013/14 but in each case remains a little below the Scottish average, which is gradually increasing.

What are we doing to improve or maintain performance?

Part of the reason for the Borders' figures appearing lower than average will be related to the way in which stays at the Margaret Kerr Unit (MKU) are recorded. This specialist palliative care unit, which opened at Borders General Hospital in January 2013, provides a range of care that in other parts of Scotland are often provided in hospices (run by voluntary/independent sector organisations). This means that what in many other areas might be identified as time in a community setting has been, for the Borders, instead recorded as time in a hospital setting. From April 2017 onwards, changes have been implemented to the recording of stays within the MKU so it will be possible to more readily distinguish in national databases between it and the wards in the main BGH.

Areas of development by the specialist team include MKU outreach providing ward based teaching and support - practical and clinical, MKU hospice at home to deliver the same level of care in the patient's home that is within the MKU, and sourcing care home beds for palliative patients - MKU care Home. Part of the role throughout is education of a wide range of staff throughout the patient journey in palliative care skills- through communications skills courses directed at difficult conversations, deteriorating patients and dealing with complaints, and a joint project with PATCH (a charity to support palliative patients in acute care) and St Columbas Education department, encouraging cross group and joint learning. We are also contributing to Borders carers education and are developing care home education.

The local specialist palliative care team are in the process of developing a suite of outcome measures (including those validated through the Cicely Saunders institute) which were included in the recommendations sent in by the Scottish Partnership for Palliative Care, to the national work. These and other data the team are starting to collect will inform in greater detail the quality and extent of palliative care provision.

Overarching all of this, there is national work planned to progressively develop data recording, collection and reporting in order to gain better insight into provision of palliative care across a range of settings. We anticipate that Scottish Borders H&SCP, in common with other H&SCPs across Scotland, will be involved in discussions and work around this.

6. Balance of Spend

Part 1 - % spent on community based care.

What is this information and why is important to measure it?

Health and Social Care Integration should allow Health and Social Care Partnerships to commission changes in the health and social care pathway that will optimise (where appropriate) community based care. For example, through intermediate care, anticipatory and preventative care. This ensures that emergency/non elective resources (staff, beds, equipment) are
used for those who need acute medical and trauma care.

Under integration it is expected that an increasing proportion of total health and social care spend should be on community-based services.

Data Source(s)

"Source" reporting system for Health and Social Care Partnerships, ISD Scotland. Please note:-
1. All NHS services are included in total spend, including health services that are not covered by integration (such as planned outpatient and inpatient care).
2. Community-Based Care comprises all NHS community services, family health services including GP prescribing, and all social care expenditure excluding accommodation based social care services.
3. Institutional Care comprises all hospital-based care including outpatients, day case and day patients, plus accommodation-based social care services.
4. Figures shown here for 2013/14 differ from those shown in the Scottish Borders HSCP Strategic Plan as they have since been updated to incorporate Community Dental Services and Community Ophthalmic Services.

Part 2 - % of total spend on hospital stays where the patient (age 18+) was admitted as an emergency.

What is this information and why is important to measure it?

Health and Social Care Integration should allow Health and Social Care Partnerships to commission changes in the health and social care pathway that will optimise (where appropriate) community based care. For example, through intermediate care, anticipatory and preventative care. This ensures that emergency/non elective resources (staff, beds, equipment) are
used for those who need acute medical and trauma care.

Under integration it is expected that a decreasing proportion of total health and social care spend should be on unscheduled hospital care.

Data Source(s)

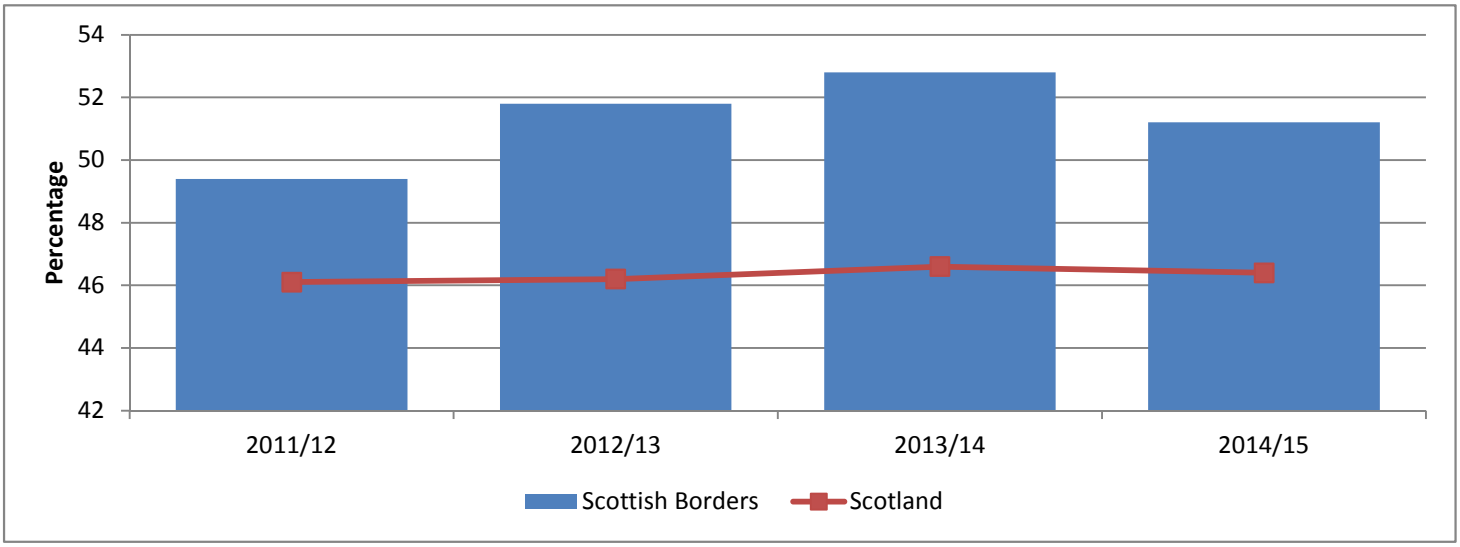
This is the "Core Suite Integration Indicator" number 20, taken from Core Suite Indicator Workbooks for Health and Social Care Partnerships, ISD Scotland.

6. Balance of Spend

Total Health and Social Care Expenditure

No update available yet due to postponed official statistics publication

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Scottish Borders Total Spend (£ millions)	248.7	247.7	257.8	267.2		
Scottish Borders % spent on Community-Based care	49.40%	51.80%	52.80%	51.20%		
Scottish Total Spend (£ millions)	11,675	11,782	12,109	12,620		
Scottish % spent on Community-Based care	46.10%	46.20%	46.60%	46.40%		



How are we performing?

In the four years 2011/12 to 2014/15 the percentage of total health and care spend in the Borders that was accounted for by community-based services has been consistently higher than the Scottish average. Whilst this is a good baseline position for the Health and Social Care Partnership relative to Scotland, it will be important to ensure that the community service share is maintained/improved. The share for 2014/15 dropped relative to that for 2013/14. We anticipate figures for 2015/16 will be available to us at the end of June 2017, when they are published as Official Statistics.

What are we doing to improve or maintain performance?

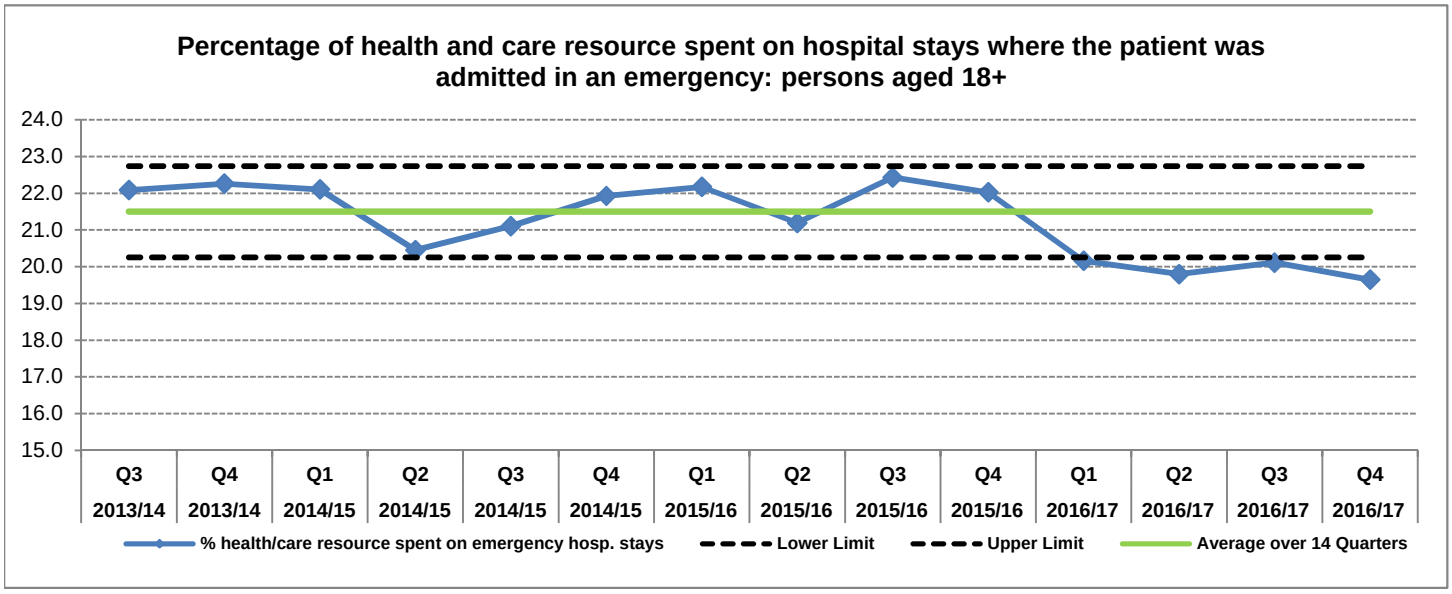
There are a wide range of factors that impact on the balance of spend between acute and community based services. Following the work that John Bolton has carried out on discharge flows there is a requirement for re-ablement services in the community. An action plan is being developed to follow this through. The Buurtzorg pilot is also underway looking at a new model for community based services to support patients at home. This will deliver improvements in a person-centred holistic model for both health and social care in the community.

6. Balance of Spend

Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency: persons aged 18+

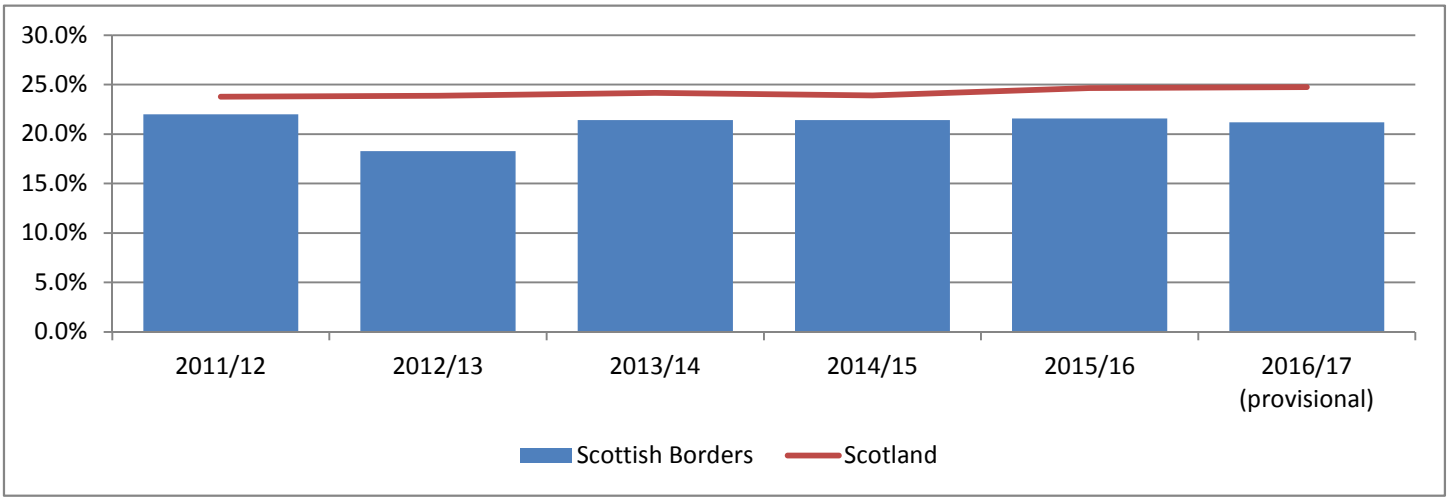
No update available yet due to postponed official statistics publication

Quarter ending	Apr-Jun '14	Jul-Sep '14	Oct-Dec '14	Jan-Mar '15	Apr-Jun '15	Jul-Sep '15	Oct-Dec '15	Jan-Mar '16	Apr-Jun '16	Jul-Sep '16	Oct-Dec '16	Jan-Mar '17
% of health and care resource spent on emergency hospital stays	22.1	20.5	21.1	21.9	22.2	21.2	22.4	22.0	20.2	19.8	20.1	19.6



Figures for 2015/16 and 2016/17 revised to reflect updated costs reference data

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17 (P)
Scottish Borders	22.0%	18.3%	21.4%	21.4%	21.6%	21.2%
Scotland	23.8%	23.9%	24.2%	23.9%	24.7%	24.7%



How are we performing?

Scottish Borders has consistently performed slightly better than Scotland. However, there is no obvious downward (improving) trend, and as with other Health and Social Care Partnerships, Scottish Borders is expected to work to reduce the relative proportion of spend attributed to unscheduled stays in hospital.

6. Balance of Spend

What are we doing to improve or maintain performance?
Work continues to reduce emergency admissions to the BGH. The Long Term Conditions self-management project helps patients with chronic conditions to support themselves in the community. Also Anticipatory Care Plans are routinely created and shared between health and social care to make sure patients receive the support that they require in their own homes.

7. Social Care

Part 1 - Percentage of social care clients reporting that they feel safe.

What is this information and why is important to measure it?

All adults who require support receive a care assessment by an occupational therapist, social worker or a nurse. A care assessment looks at the emotional and social side of an individuals life as well as any physical difficulties they may be experiencing.

At the end of a care assessment the individuals views are recorded to give an indication of how they feel the support discussed during the assessment will make them feel.

Ensuring our assessments and social care provision allow an individual to remain at home and feel safe in their environment is a fundemental requirement for care within a community setting. If this care is correctly administered it will allow individuals to remain within the community and in their own homes for longer. By increasing our ability to successfully support individuals in the community, we reduce the impact on other services over time.

Data Source(s)

1. Do you feel safe? is a Social Care Survey measurement taken during a social care adult assessment . It is recorded on the SBC Framework System and collated on a monthly basis. The questions applies to any adult who has received (and completed) an adult social care assessment during the month.

Part 2 - People within SB with intensive care needs receiving support in a community setting rather than a care home.

What is this information and why is important to measure it?

This measurement considers how we are managing to support elderly clients to remain within the community rather than move into residential care. It reviews our ability to support clients to sustain an independent quality primarily through home care, however it considers other areas:

- Homecare service (irrespective of hours)
- Direct payment or SDS payment
- Living within an extra care housing facility (Dovecot)
- The number of clients age 65 or older supported within a community setting is then compared to those age 65 or older in a residential setting (Care Home).

Home care is one of the most important services available to local authorities to support people with community care needs to remain at home. Increasing the flexibility of the service is a key policy objective for both central and local government, to ensure that people receive the type of assistance which they need, when they need it.

The measurement only captures 'home care services' which are provided on an hourly basis. Other services which support people at home, such as laundry services, home shopping, community alarms and meals-on-wheels, are not included.
The measurement will be affected by the pattern of need and demand within the area, influenced by the age-structure of the elderly population, the distribution of poverty and ill health, household composition and other factors.

It will become increasingly important that we maximise our ability to support the elderly within the community as budget and financial considerations impact our service.

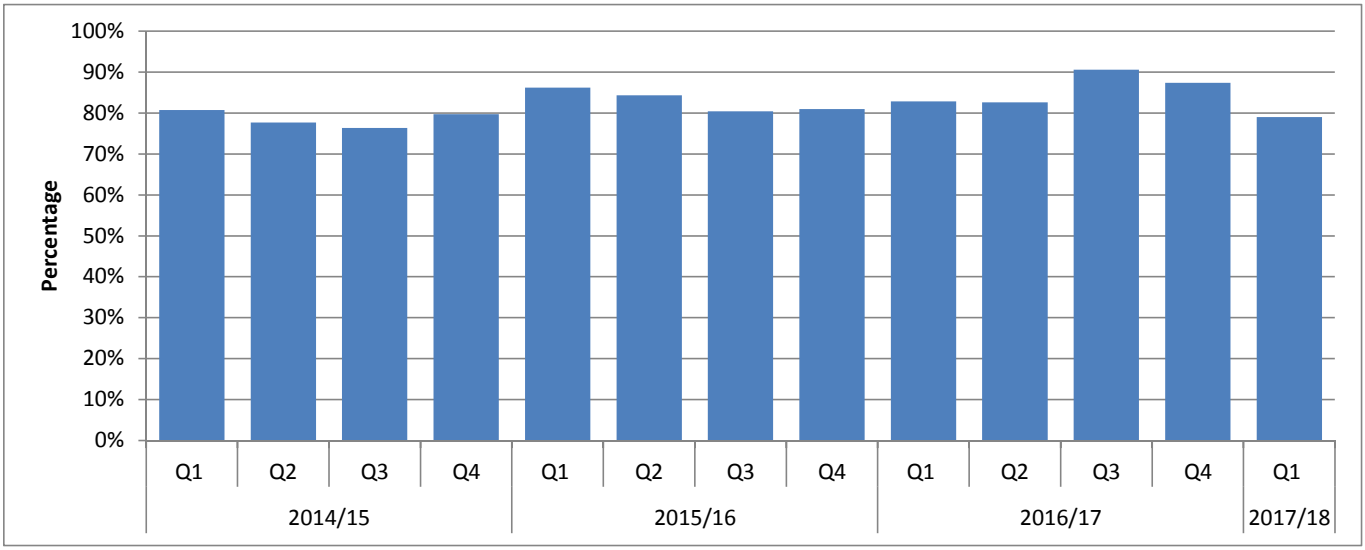
Data Source(s)

1. Report from SBC Framework System provided monthly for internal monitoring via the current reporting structure.

7. Social Care

Social Care Survey - Do you feel safe?

	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18
Number of People Feeling Safe	562	504	659	690	638	624	629	585	445	502	504	514
Ave. % of People Feeling Safe	78%	76%	80%	86%	84%	80%	81%	83%	83%	91%	87%	79%



How are we performing?

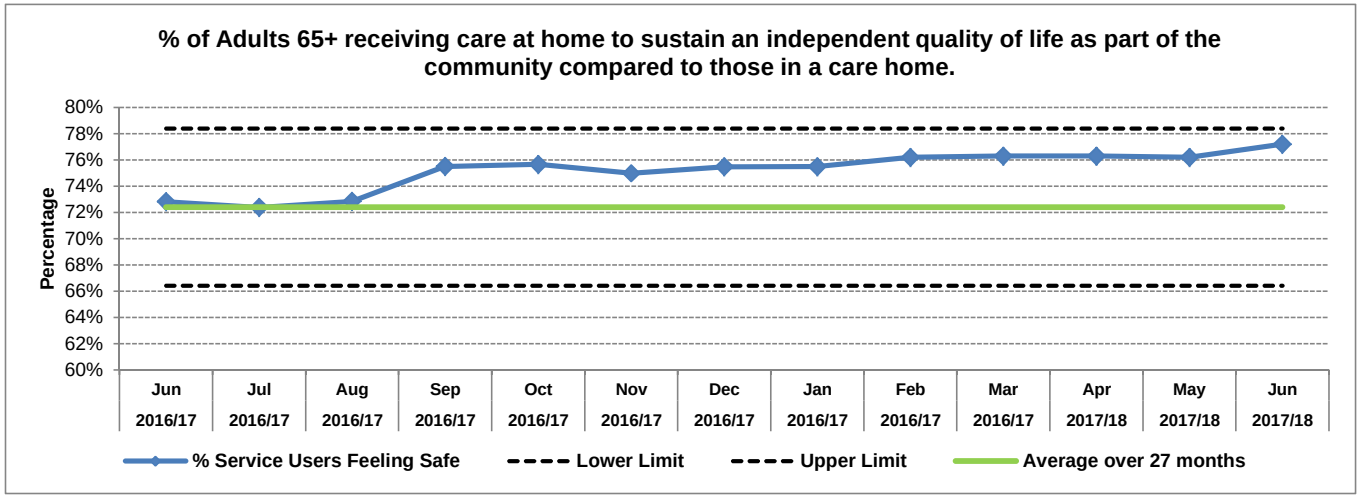
Fluctuating over the past 3 years, this indicator shows on average over 80% of those asked if they feel safe following a Social Care Adult Assessment answered yes.

What are we doing to improve or maintain performance?

This question has been consistently used to measure the outcome of a Social Care Assessment in which the clients needs are assessed and desired outcomes discussed. The methodology of collecting and measuring this outcome has changed over time and these inconsistencies may impact the measure. Further work is underway to find new and more specific outcome measures which will have more stringent collection methodology and provide a wider ranging outcome evaluation.

People within the Scottish Borders with intensive care needs receiving support in a community setting rather than a care home.

	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Number of Adults 65+ within community.	1710	1766	2032	2019	1988	2018	2074	2126	2153	2176	2145	2291
% of Adults 65+ receiving care at home compared to those in a care home.	72%	73%	76%	76%	75%	75%	76%	76%	76%	76%	76%	77%



7. Social Care

How are we performing?
Since June 2016 this measure has been consistently better than the average over the past two years. This indicator shows we are actively supporting a large percentage of adults over 65 within a homely, community setting rather than a residential environment.
What are we doing to improve or maintain performance?
Locality based teams monitoring and assessing the needs of our clients ensure a more community based outcome for clients. Further emphasis on locality management of client will further maintain and improve this measure.

8. Carers

Part 1 - Carers Centre Assessments - Support for Caring

A Carers Assessment includes a baseline review of several key areas including Support for Caring, Caring Choice, and Caring Stress based on the Quality of Life assessment tool. These areas are reviewed within a 3 month to 12 month period depending on the level of need and the indicators from the initial baseline. This information is collated to measure individual outcomes for Carers.

Data Source(s)

1. Carer Centre Assessment responses to - Support for Caring questions
2. Carer Centre Assesment responses to - Caring Choice
3. Carer Centre Assesment responses to - Caring Stress

Part 2 - Carers Assessments offered and completed.

What is this information and why is important to measure it?

It is estimated that around 788,000 people are caring for a relative, friend or neighbour in Scotland. This includes around 44,000 people under the age of 18. A large percentage of these are currently not recognised as carers and are unpaid. Their contribution to caring within the community is substantial and could not be replaced.

The Carers (Scotland) Act will commence on April 1, 2018. There is a package of provisions within the Act designed to support carers' health and wellbeing. Local Authorities have a requirement to identify and support carers needs and personal outcomes.

Any carer who appears to have a need for support should be offered an assessment. The assessment is provided regardless of the amount or type of care provided, financial means or level of need for support.

Improving our methods of identifying and offering support to carers will ensure their contribution is recognised and complements the social care system currently in place.

Data Source(s)

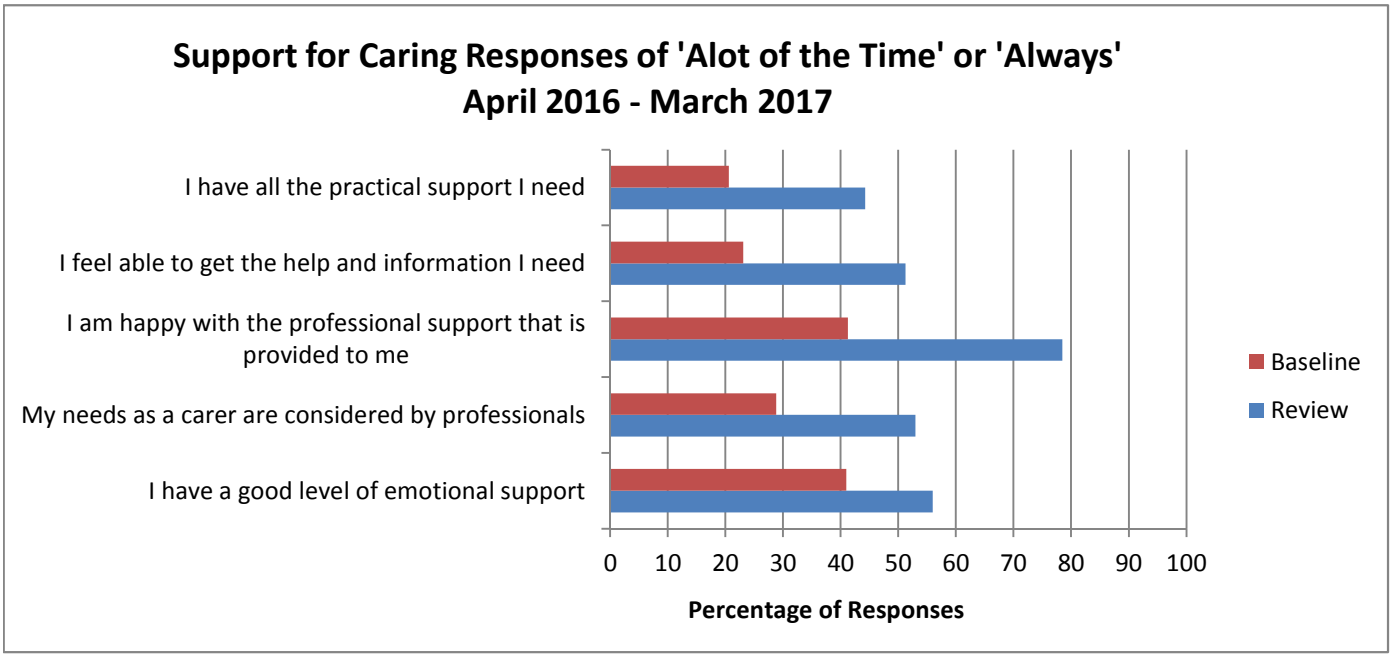
1. Offered assessment data is extracted from the SBC Framework System and is a question asked during a Adult Assessment.

2. The Carer Centre provides a monthly count of all completed assessments for the Scottish Borders.

8. Carers

Carers Centre Assessments - Support for Caring

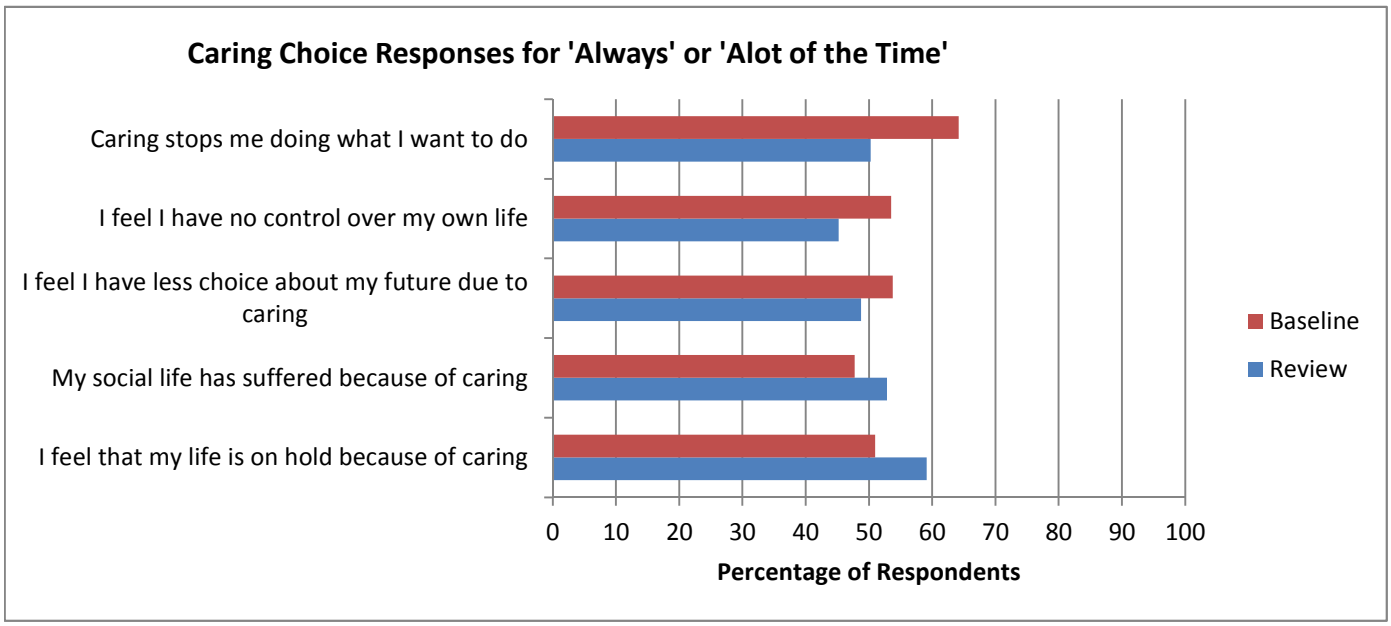
	Apr 2016 - Mar 2017									
	Baseline %					Review %				
	Always	A lot of the Time	Some of the Time	Never	Total: Always/ A lot	Always	A lot of the Time	Some of the Time	Never	Total: Always/ A lot
I have a good level of emotional support	22	19	36	24	**41**	19	19	37	38	**38**
My needs as a carer are considered by professionals	6	24	36	36	**29**	29	24	26	28	**53**
I am happy with the professional support that is provided to me	23	19	31	29	**42**	42	37	28	26	**79**
I feel able to get the help and information I need	14	9	59	18	**23**	23	29	37	29	**52**
I have all the practical support I need	14	7	47	32	**21**	21	24	27	40	**45**



Carers Centre Assessments - Caring Choice

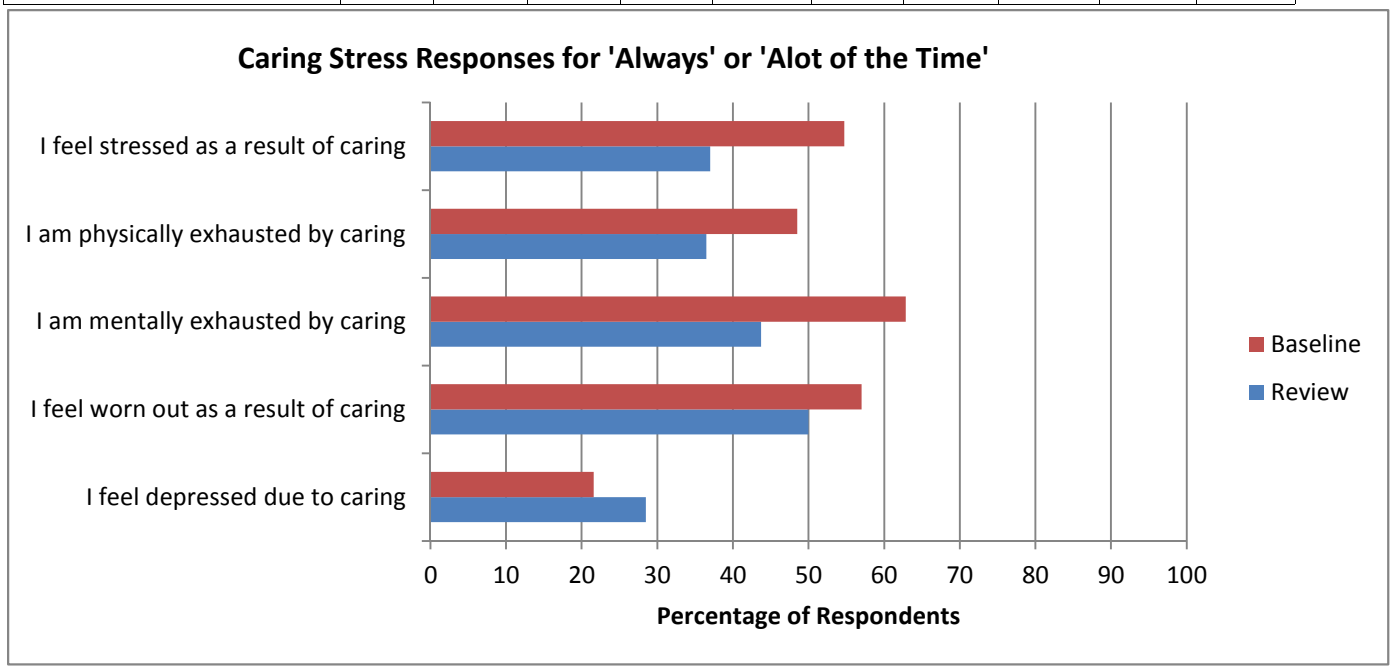
	Apr 2016 - Mar 2017									
	Baseline %					Review %				
	Always	A lot of the Time	Some of the Time	Never	Total: Always/ A lot	Always	A lot of the Time	Some of the Time	Never	Total: Always/ A lot
I feel that my life is on hold because of caring	27	24	21	28	**51**	25	34	24	17	**59**
My social life has suffered because of caring	32	16	25	28	**48**	24	29	29	18	**53**
I feel I have less choice about my future due to caring	38	16	9	38	**54**	17	32	31	20	**49**
I feel I have no control over my own life	25	29	24	23	**54**	19	26	27	28	**45**
Caring stops me doing what I want to do	33	31	17	18	**64**	17	33	31	19	**50**

8. Carers



Carers Centre Assessments - Caring Stress

	Apr 2016 - Mar 2017									
	Baseline %					Review %				
	Always	A lot of the Time	Some of the Time	Never	Total: Always/ A lot	Always	A lot of the Time	Some of the Time	Never	Total: Always/ A lot
I feel depressed due to caring	9	13	56	23	**22**	22	7	11	54	**29**
I feel worn out as a result of caring	45	12	38	6	**57**	16	34	39	12	**50**
I am mentally exhausted by caring	33	30	28	9	**63**	13	31	39	17	**44**
I am physically exhausted by caring	23	26	26	26	**49**	21	16	43	21	**37**
I feel stressed as a result of caring	29	25	40	5	**55**	13	25	48	15	**37**



8. Carers

How are we performing?

A Carers Assessment includes a baseline review of several key areas including Support for Caring, Caring Choice, and Caring Stress based on the Quality of Life assessment tool. These areas are reviewed within a 3 month to 12 month period depending on the level of need and the indicators from the initial baseline. This information is collated to measure individual outcomes for carers.

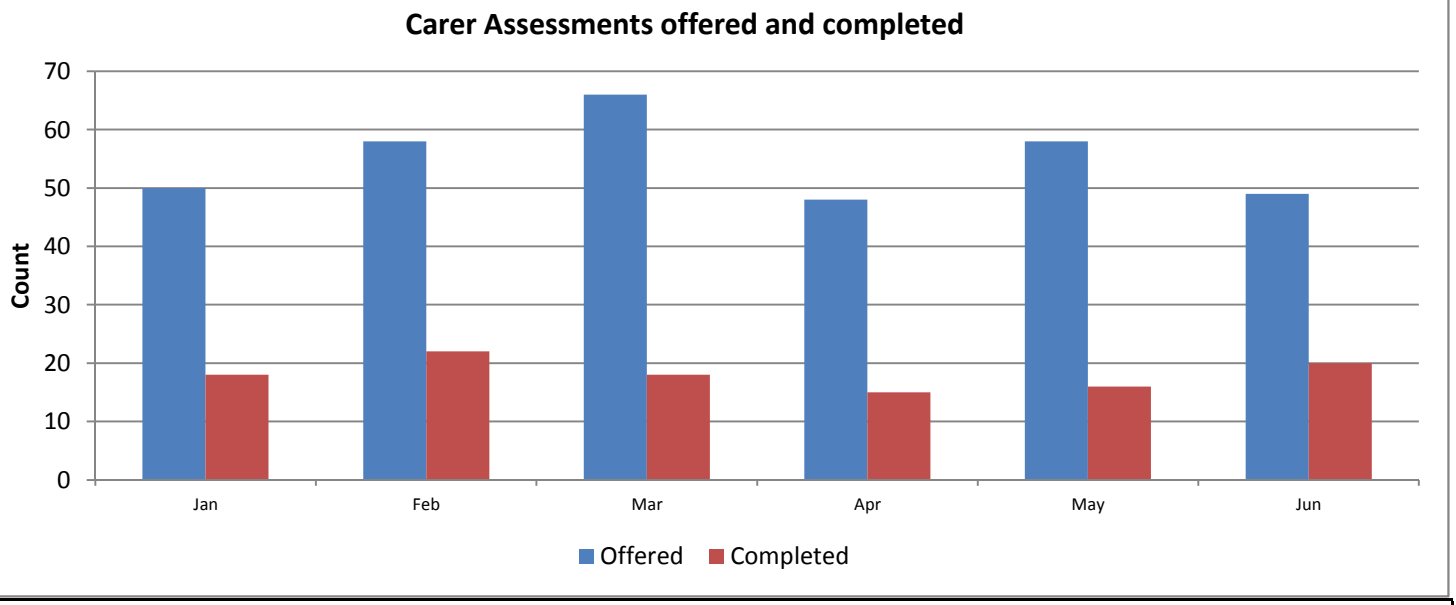
Data for April 2016 - March 2017 shows improvement between the baseline and review surveys in nearly all respects. There are just two exceptions to this – the questions under caring choices around Carers' social lives and feelings as to whether their lives have been put on hold.

What are we doing to improve or maintain performance?

The Carers (Scotland) Act 2016, which will be implemented from 1st April 2018, includes a range of duties on the Partnership and Scottish Borders Council to support Carers' health and wellbeing. These include a duty to provide support to adult and young Carers, based on the Carer's identified needs which meet the local eligibility criteria. The H&SCP is working to implement the requirements of the Act; in collaboration with the Carers Centre we have set up a Project Board and we are developing a structure to ensure Carers and Carer representatives participate in the planning process. It is anticipated that this will lead to an increase in the number of Carers who will seek support and in the range of support made available to Carers. The work of the Borders Carers Centre (commissioned by the Partnership) is a crucial component of the support offered to Carers.

Carers offered and completed assessments.

	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Mar-17
Assessments offered during Adult Assessment	New measure. Recording started in 2017						**50**	**58**	**66**	**48**	**58**	**49**
Carers Centre							18	22	18	15	16	20



How are we performing?

This information shows that during the last quarter of 2016/17 we offered of average 58 assessment to individuals who were identified as carers during a Social Work Adult Assessment. Within the same month the Carers Centre completed on average 20 assessments per month. Although these measurement are taken within the same month they may not relate to the same individuals, for example a person offered an assessment in January may not actually undergo an assessment until some time later. We expect over a year the total offered will be similar to the total completed.

8. Carers

What are we doing to improve or maintain performance?
Although the offering of an assessment to a carer identified during an adult assessment is not a new action, we have not regular recording or monitored the take up of the offer. With regular monitoring and review of this measure we can identify improvement we can make in the service to ensure uptake of the carers assessment is maintain or improved.

9. Other Relevant Measures

Part 1 - BGH and Community Hospital Patient/Carer/Relative '2 Minutes of Your Time' Survey

What is this information and why is important to measure it?

NHS Borders has introduced a proactive patient feedback system '2 minutes of your time', which comprises a brief survey of 3 quick questions. Feedback boxes are located within our acute hospital (the BGH), community hospital and mental health units. In addition patient feedback volunteers have been recruited and gather feedback from patients, carers and their relatives within clinical and public areas throughout the hospital. This enables us to look at changing the way in which we do things and ensuring our work has a more person centred approach.

Data Source(s)

NHS Borders

Part 2 - Integrated Care Fund Project Evaluations

What is this information and why is important to measure it?

It was recognised nationally, and evidenced locally, that the Reshaping Care for Older People Fund had worked well in encouraging the NHS , Local Authority, the third and independent sectors to work together to begin to redesign services for the future with a focus on older people.

It has now set more ambitions challenges; to be innovative, taking preventative approaches with the express intent to reduce inequalities across all adult services. This fund (Integrated Care Fund) is allocated to parnerships to help facilitate and drive forward the changes requied, tackling collectively the challenge associated with multiple and chronic conditions for all adults.

Several project have been established to focus on specific preventitive areas and this section summerises the project evaluations as they become available. During this quarter one project evaluation was available. More detail of each project and their evaluation findings are available via their 2 page summaries.

Data Source(s)

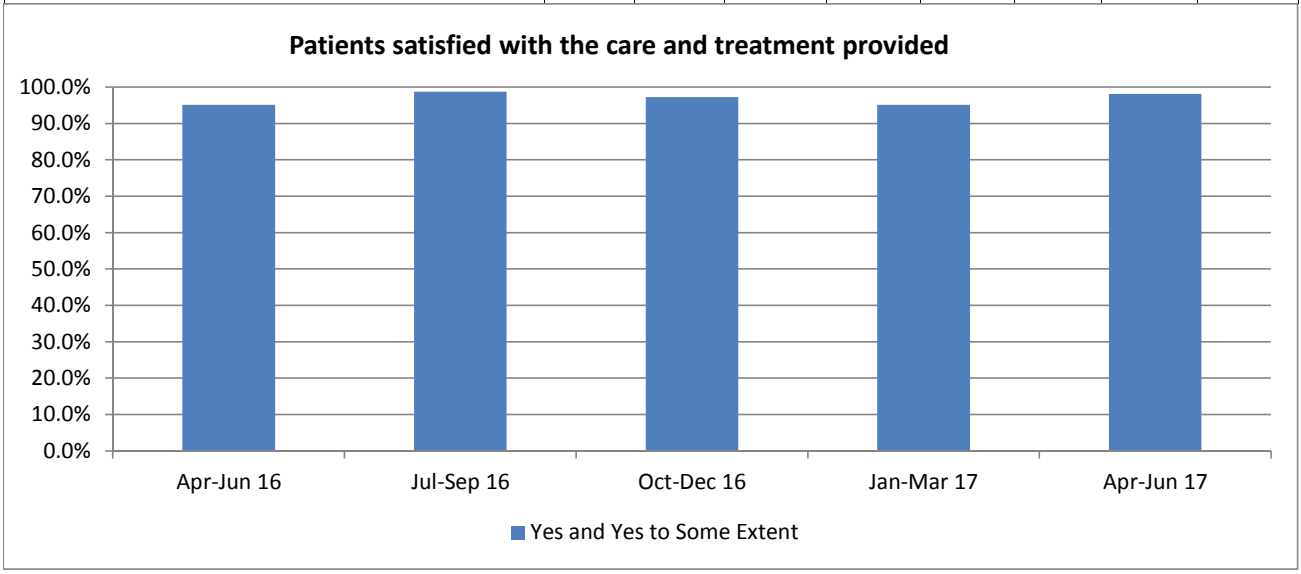
1. Community Equipment Service/Border Ability Equipment Service Relocation

9. Other Relevant Measures

BGH and Community Hospital Patient/Carer/Relative '2 Minutes of Your Time' Survey

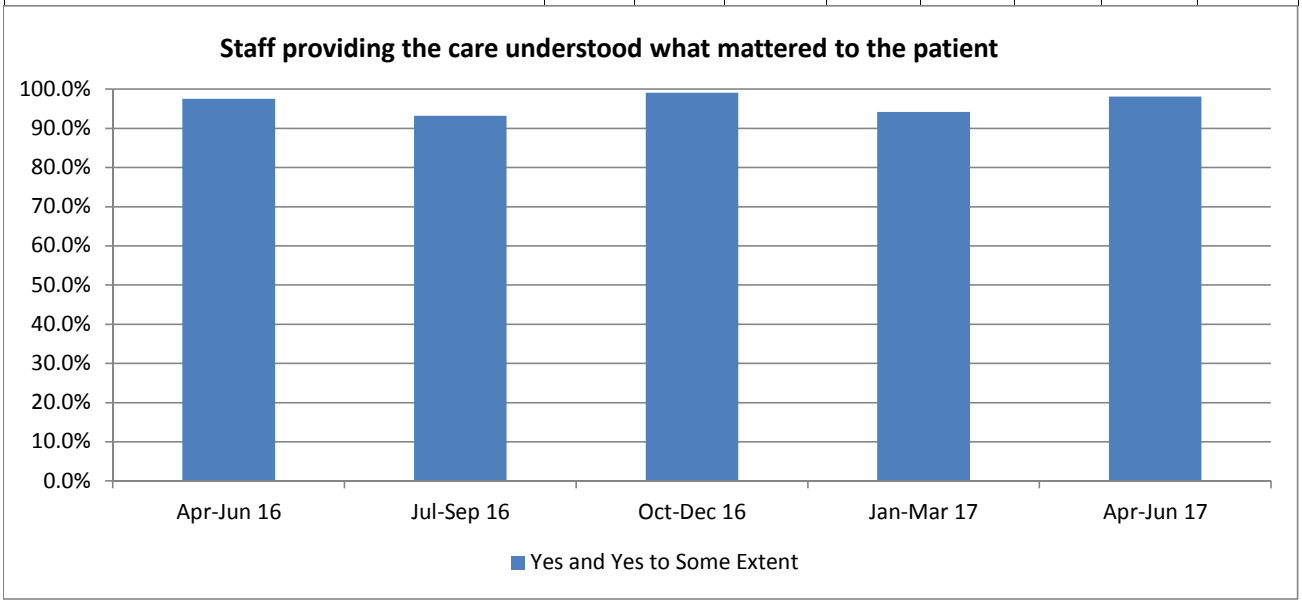
Q1 Was the patient satisfied with the care and treatment provided?

	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
Patients feeling satisfied or yes to some extent	232	160	105	116	105			
% feeling satisfied or yes to some extent	95.1%	98.8%	97.2%	95.1%	98.1%			



Q2 Did the staff providing the care understand what mattered to the patient?

	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
Staff providing the care understood what mattered to the patient, or yes to some extent	238	151	106	113	105			
% understood what mattered or yes to some extent	97.5%	93.2%	99.1%	94.2%	98.1%			

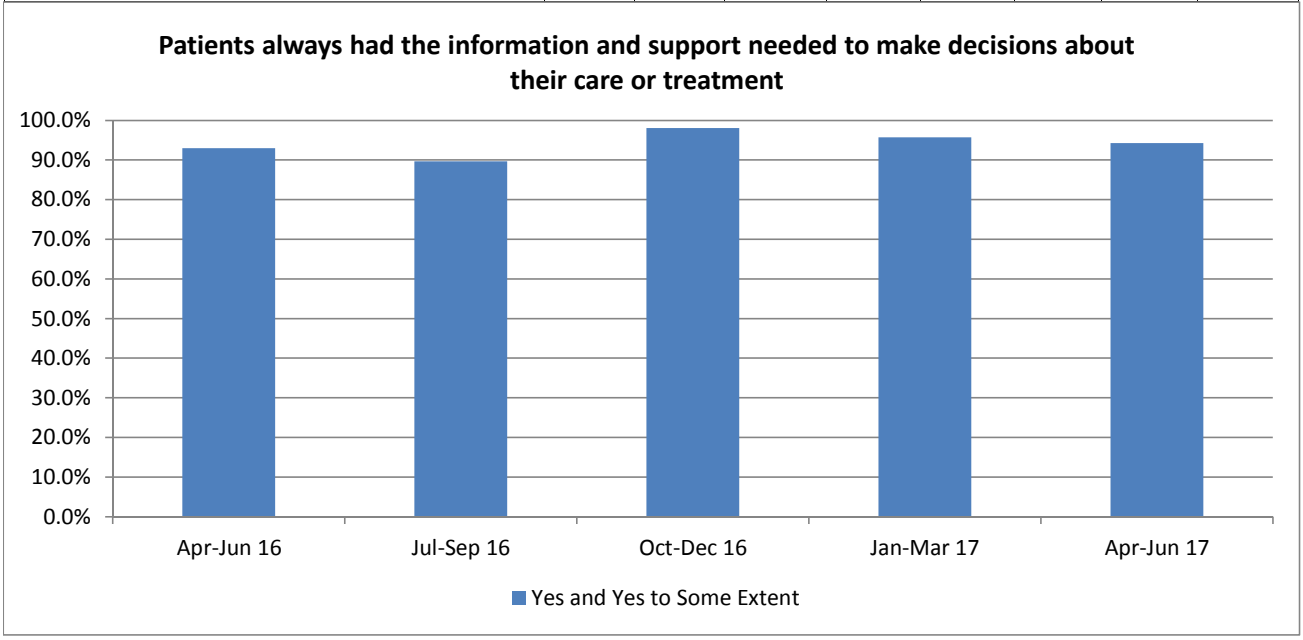


9. Other Relevant Measures

BGH and Community Hospital Patient/Carer/Relative '2 Minutes of Your Time' Survey

Q3 Did the patient always have the information and support needed to make decisions about their care or treatment?

	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018
Patients always had the information and support needed to make decisions about their care or treatment, or yes to some extent	226	147	101	111	99			
% always had information or support, or yes to some extent	93.0%	89.6%	98.1%	95.7%	94.3%			



How are we performing?

The 2 Minutes of Your Time Survey is carried out across the Borders General Hospital and Community Hospitals and comprises of 3 quick questions asked of patients, relatives or carers by volunteers. There are also boxes posted in wards for responses. The results given here are the responses where the answer given was in the affirmative or 'yes to some extent'. Percentages given are of the total number of responses.
The positive response averages for the last 5 quarters are 96.6% for question 1, 96.4% for question 2 and 93.6% for question 3.

What are we doing to improve or maintain performance?

The feedback collected is reported to our clinical and public areas in a timely manner. Within our clinical areas this is displayed on their quality and safety information boards and in public areas this is visible in a 'You said, We did' report. This enables the public and staff to see what changes have been made as a result of feedback. This feedback is reported across the organisation and to the Board.

9. Other Relevant Measures

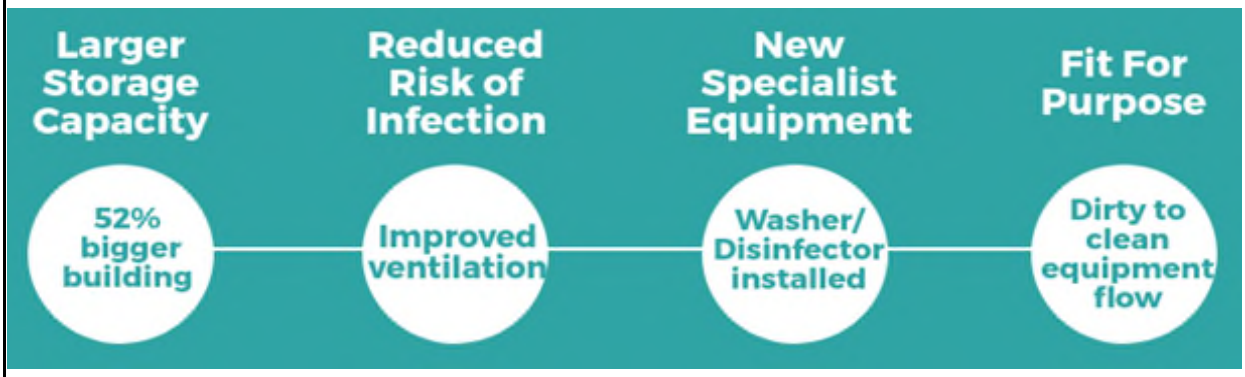
Integrated Care Fund Projects

Community Equipment Service/Border Ability Equipment Service Relocation

What is this project and why is important?

Ther Border Ability Equipment Service (now renamed the Community Equipment Service) provide community loan equipment to vulnerable people across the Borders. The purpose of the relocation project was to provide an upgraded, fit for purpose building which would be able to meet the future demands of the growing elderly population of the Borders. The relocation took place in June 2017.

Key Achievements



Evidence of Change

"Significant improvements have been made to the infection control risk by improving the decontamination process and management of equipment. This is directly related to the service re-provision and purpose designed unit, which now meets legislative criteria and follows available best practice guidelines."
Markclark, NHS Borders Infection Control Officer

Service staff were surveyed before and immediately after the move. There was an increase in the number who agreed the building allows for efficient service delivery (63% up from 20% in the previous building) and an increase in the number who felt infection control easy to maintain (43% versus 20% in the previous building). It is expected that these results would improve further after a bedding in period.

Scottish Borders
Health and Social Care
PARTNERSHIP

LOCALITY PLAN CONSULTATION UPDATE

Aim

1.1 The aim of this report is to update the Integration Joint Board (IJB) on findings following consultation on the Health and Social Care Locality Plans.

1.2 The report also identifies proposals for revision of the plans based on the feedback received during consultation.

Background

2.1 In line with Scottish Government Guidance five Health and Social Care Locality Plans (see **Appendix 1**) were developed in consultation with members of Locality Working Groups (LWG's) which include members of the public, service users, Carers, health and social care professionals, Senior Managers across the Partnership, the Community Planning Partnership and Public Health. In addition to this, summary plans and easy read versions of the plans were also developed.

2.2 Included in each plan is a detailed area profile which highlights the key demographics of the locality as well as summary of the health and social care needs of the population. The plans outline the key priorities for each locality and identify the high level action required in order to deliver on key priorities.

Summary

3.1 All versions of the plans are accessible via the SBC website and widespread circulation of plans across all key stakeholder groups took place in July 2017 to publicise the start of a two month consultation period on the plans. Feedback on the plans could be submitted via an electronic questionnaire or by post and the questionnaire can be seen on the back page of the plans in **Appendix 1**.

3.2 The consultation period ended on 16 September 2017 and work has been underway to collate responses received and identify the key themes emerging throughout the period of consultation. A breakdown of the total number of questionnaires returned during the consultation period can be seen below:

Locality	Responses	%
Berwickshire	34	33.3%
Cheviot	13	12.7%
Eildon	19	18.6%
Teviot	16	15.7%
Tweeddale	20	19.6%
Total	**102**	

3.3 Mid way through the consultation period the number of questionnaires returned was 33 which was considered low. In response to this a proactive approach to raising awareness of the opportunity to comment on the plans was undertaken by the Locality Co-ordinators to encourage stakeholders to submit feedback on the plans via Locality Working Group networks. Further communication raising awareness of the consultation on the plans and offering information on how to submit feedback on the plans was circulated across all key stakeholders mid August 2017. Attendance at Local Area Committee's as well as many other fora including the Joint Staff Forum, the Providers Forum and the Third Sector to present the plans and encourage feedback was also been undertaken. The impact of this proactive approach to raising awareness increased the final number of returns by more than three fold to a total number of 102.

3.4 Analysis of responses received indicates that 76% like how the plan looks, 71% like how the plan is laid out, 67% like what is in the plan and 87% agree with the priorities identified for the locality. 13% of respondents noted they had a disability and 16% of respondents identified themselves as in a caring role.

Analysis of survey questions

Question	**% who agree**
Like how the plan looks	75.5%
Like how the plan is laid out	70.6%
Like what is in the plan	66.7%
Right Priorities for the Area	87.3%
Any Priorities Missing	41.2%
Any Groups Missing	30.4%
Do you have a disability	13.4%
Are you a Carer?	16.4%

Responses by Age Group		
Under 50	19	18.6%
50 to under 65	37	36.3%
65 and older	32	31.4%
Blank	14	13.7%
Total	102	

3.5 Analysis also identified a number of common themes which relate to the content of the plans. These are detailed below:

Carers – need for more detail in the plans related to shortage of paid carers, the role of unpaid carers and the implications of the Carers Act;
Transport – need for more detail in the plans regarding how transport issues will be resolved;
Long Term Conditions – insufficient detail in the plans related to dementia, palliative care and end of life care;
Third Sector – need for more reference to Third Sector in the plans which is reflective of all Third Sector partners as opposed to Red Cross;
Specialist Client Groups – concern expressed that mental health, physical disabilities and learning disabilities missing from plans;

Glossary of Terms – need for a glossary to assist the reader to understand terminology contained within the plans;
More Detailed Action Planning– evident in the majority of responses is the request for more detailed action plans.

Proposed Revision to Plans

4.1 In response to the feedback received during consultation the following revisions to the Health and Social Care Locality Plans are proposed:

You Said	We Will Do
Need for more detail and reference to the role of carers	Reflect number of unpaid carers in each locality area profile Include the needs of carers as a borders wide priority for health and social care
Need for more detail regarding how transport issues will be resolved	Remove reference to Transport Hub and replace with transport providers
Need for reference to dementia, palliative care and end of life care	Include an explicit statement in all versions of plans which explains the link to already existing specific strategies and actions plans
Need for more detail which reflects the Third Sector as a whole	Remove reference to Red Cross in all plans and replace with more generic reference to Third Sector
Need for more explicit reference to Learning Disability, Physical Disability and Mental Health	Include an explicit statement in all versions of the plans which explains the link to already existing specific strategies and actions plans
Need for a Glossary of Terms	Include a glossary of terms in all versions of the plans
Need for more detailed action planning	Clearly identify 'Next Steps' to include more detailed actions plans within all versions of the plans

Summary

5.1 Five Scottish Borders Health and Social Care Locality Plans have been co-produced in line with the legislative requirements of the Public Bodies Joint Working (Scotland) Act 2014.

5.2 The plans have been out for public consultation between 17 July and 16 September 2017. Analysis of responses has been completed and key themes identified.

5.3 Proposals have been made to revise the plans based on the feedback received.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the number of questionnaires returned and the key themes emerging from feedback received.

The Health & Social Care Integration Joint Board is asked to **endorse** the proposals to revise the plans based on feedback received.

Policy/Strategy Implications	This report gives an update on feedback received following consultation of Health and Social Care Locality Plans.
Consultation	The plans have been developed co-productively with colleagues from across the partnership, members of the public, service users and carers and the third and independent sectors. The plans are currently out for public consultation.
Risk Assessment	Risks identified within risk log.
Compliance with requirements on Equality and Diversity	A comprehensive Equality Impact Assessment was completed as part of the strategic planning process.
Resource/Staffing Implications	Work underway to determine resource to provide ongoing support for revision of plans and monitoring of locality action plans.

Approved by

Name	Designation	Name	Designation
Robert McCulloch-Graham	Chief Officer Health & Social Care		

Author(s)

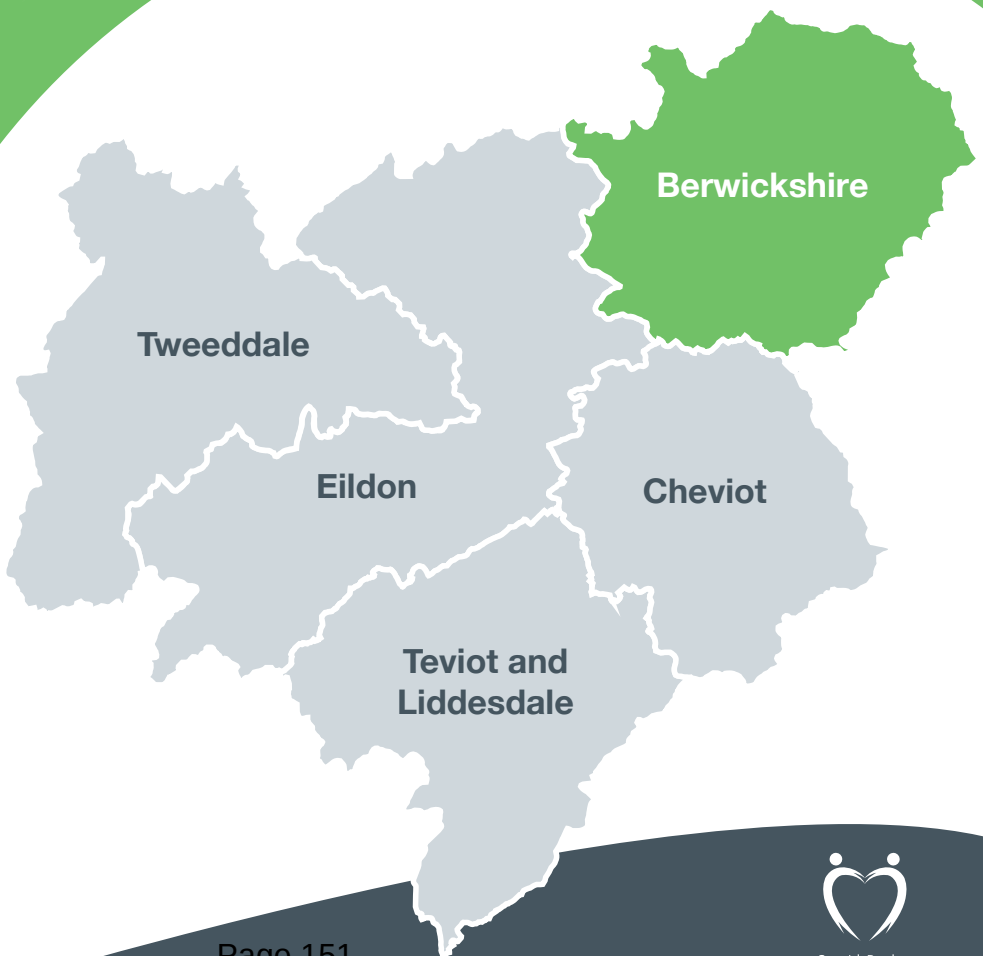
Name	Designation	Name	Designation
Jane Robertson	Strategic Planning and Development Manager		

Scottish Borders **Health & Social Care** Partnership

HEALTH & SOCIAL CARE LOCALITY PLAN BERWICKSHIRE

for consultation

2017-2019



Scottish Borders Health and Social Care PARTNERSHIP

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HEALTH & SOCIAL CARE LOCALITY PLAN 2017-2019

APPENDICES

BERWICKSHIRE
HEALTH & SOCIAL CARE LOCALITY PLAN 2017-2019

1. FOREWORD

In April 2016, following an extensive period of consultation with local people, we published the Scottish Borders Health and Social Care Partnership's Strategic Plan. The Strategic Plan sets out the Partnership's objectives for improving health and social care services for the people in the Scottish Borders and lays the foundation for the key priorities for improvement going forward.

In parallel to this, Community Planning Partnerships (CPP) are also required to produce Locality Plans under the requirements of the Community Empowerment (Scotland) Act 2015. In the future our aspiration is to bring these plans together within one plan.

Guidance from the Scottish Government is clear that local representatives – including health and social care professionals, third and independent sectors, housing, service users and carers - are given the opportunity to influence and inform service planning as we move towards achieving the objectives set out in the Strategic Plan.

As a result local working groups across the five localities in the Scottish Borders have been established. These working groups are made up of local representatives and they have made a significant contribution to the development of this Locality Plan which focuses on local needs and key priorities for improvement from the perspective of local people who use and deliver health and social care services.

Our aim is that we plan, commission and deliver services in a way that puts people at the heart of decision making as well as meets the needs of local communities. As such we want to continue to work in partnership with everyone who has an interest in improving health and social care services at a local level and seek your view on this Locality Plan.

Together, with you, we know we can make a real difference.

Elaine Torrance
Chief Officer for Health and Social Care Integration
Scottish Borders

2. CONTEXT FOR THIS PLAN

The Scottish Government, through the Public Bodies (Joint Working) (Scotland) Act 2014 has two very clear aims.

Better **outcomes and experiences** for individuals and communities

Better **use of resources** across health, care and support systems at national and local levels.

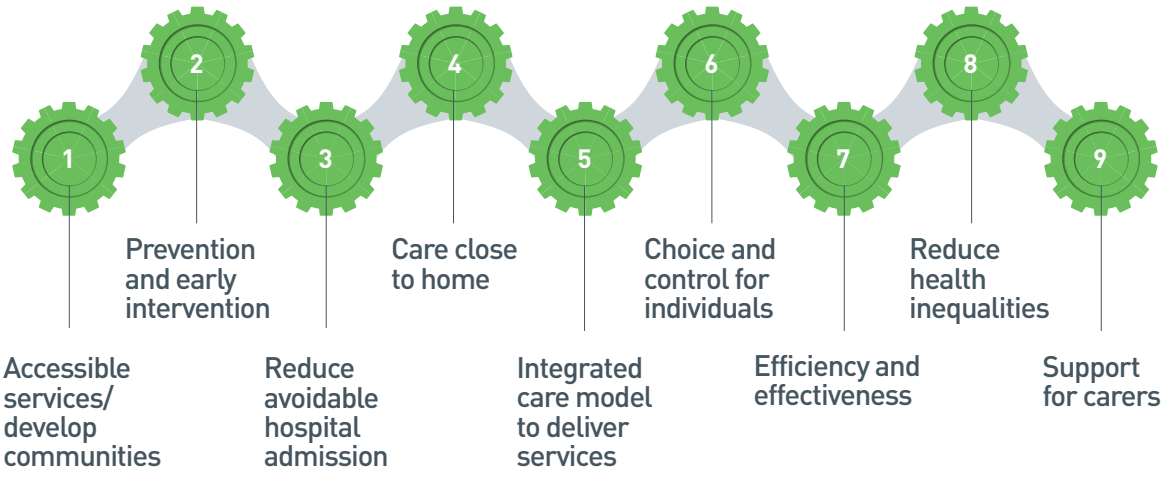
In order to address these aims and after extensive consultation during 2015-2016, the Scottish Borders Health & Social Care Partnership published its Strategic Plan where the following vision and objectives are outlined.

Scottish Borders Strategic Plan 2016 -19

"work together for the best possible health and well-being in our communities"

9 Scottish Borders Local Objectives

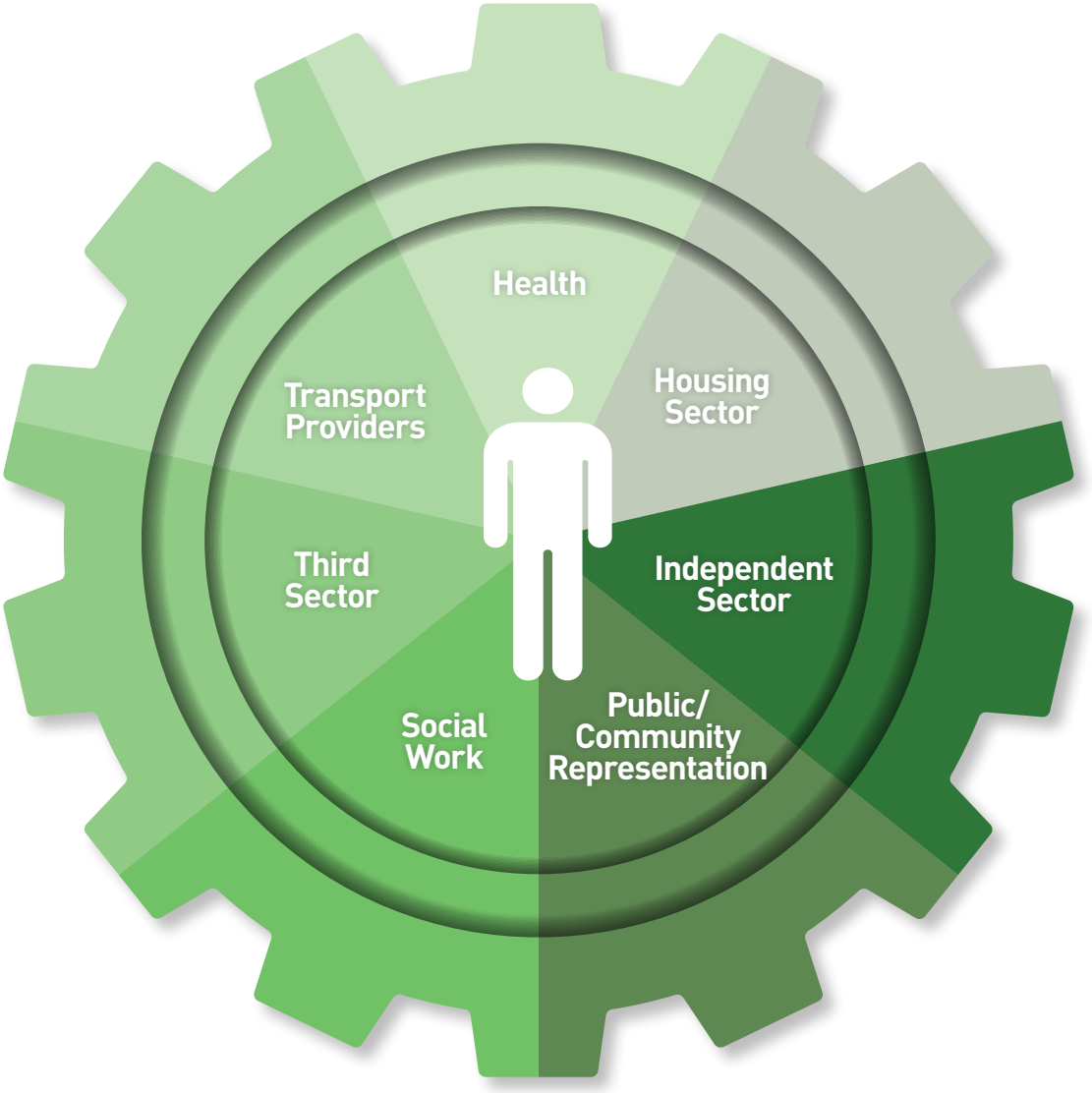
(defined during consultation on our Strategic Plan in 2015)



The Borders Health & Social Care Strategic Plan can be accessed **www.scotborders.gov.uk/HSCStrategicPlan**

How the Partnership seeks to meet the Objectives laid out in the Strategic Plan at a local level requires to be demonstrated in a local plan. The Scottish Borders already has five localities – Berwickshire, Cheviot, Eildon, Teviot & Liddesdale and Tweeddale. **This plan is for Berwickshire**.

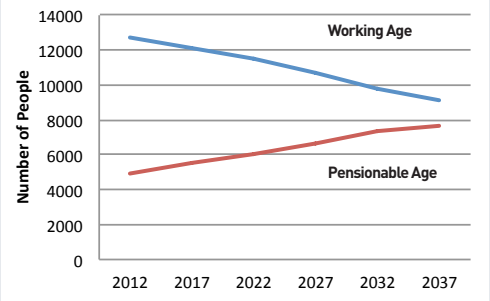
Five Locality Working Groups have been established and have contributed to the development of the five local plans. All key stakeholders are represented on the locality working groups as indicated below:



Details of the Berwickshire Locality Working Group can be found
www.scotborders.gov.uk/BerwickshireLocality

3. THE BERWICKSHIRE AREA - AREA PROFILE

PROJECTED POPULATION 2012-2037 FOR BERWICKSHIRE



57.2% increase in **pensionable age**

28.1% decrease in **working age**

POPULATION

20,657 population*
(19% of the Scottish Borders)

15.1% aged **0-15**
(Scottish Borders = 16.7%)

60.4% aged **16-64**
(Scottish Borders = 60.2%)

24.5% aged **65+**
(Scottish Borders = 23.1%)

9.9% provide **unpaid care**

*(est 2014)

AREA

45.3% live in an area of **less than 500 people**
(Scottish Borders = 27.4%)

85% live in **rural areas**
30% Remote rural
55% Accessible rural

Settlements with **more than 500 people:**

TOWN	POPULATION
Eyemouth	3,540
Duns	2,722
Coldstream	1,867
Chirnside	1,426
Greenlaw	629
Ayton	573
Coldingham	549

HEALTH OF THE LOCALITY

LIFE EXPECTANCY RANGE

78.3 to **83 yrs men**
(Scottish Borders = 78.1)

81.5 to **87.5 yrs women**
(Scottish Borders = 82)

Higher rate of **of new cancer diagnosis**
(compared to Scottish Borders)

Lower rate of **early cancer deaths**
(compared to Scottish Borders and Scotland)

A&E ATTENDANCE

47.5% non-emergencies could be cared for within Locality of which **75+ age group represent the highest proportion**
(last year 43.5%)

52.5% emergencies require hospital care
(last year 56.5%)

7.67 rate of **Over 75 Falls** per 1,000
(Scottish Borders = 5.62)

LONG TERM CONDITIONS

1,107 on **Diabetes Register**
6.23% of **GP Register over 15 yrs**

183 on **Dementia Register**
3.55% of **GP Register over 65 yrs**

NEIGHBOURHOOD AND COMMUNITY INFLUENCES ON HEALTH

20.5% report **public transport** as an accessibility issue

People in Berwickshire place a **higher priority** on:

providing **sustainable transport links** including **demand responsive transport**

HOUSEHOLD PROFILE

aged 65+

26.8% Berwickshire
(Scottish Borders = 25.4%)
(Scotland = 20.7%)

7.9% feel lonely or **isolated**
(Scottish Borders = 6.1%)

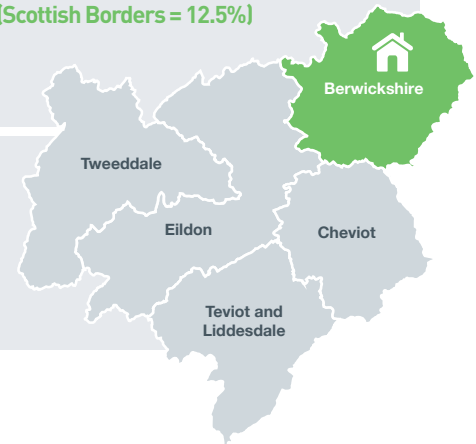
12 culture and sport facilities operated by the public sector
(Scottish Borders = 69)

SAFETY

9.92 rate of **road** and **home safety incidents** per 1,000
(Scottish Borders = 7.65)

0.81 rate of **fires** in **homes** per 1,000
(Scottish Borders = 0.74)

8.1% say there are **areas** where **they feel unsafe**
(Scottish Borders = 12.5%)



PROPOSED HOUSING DEVELOPMENTS

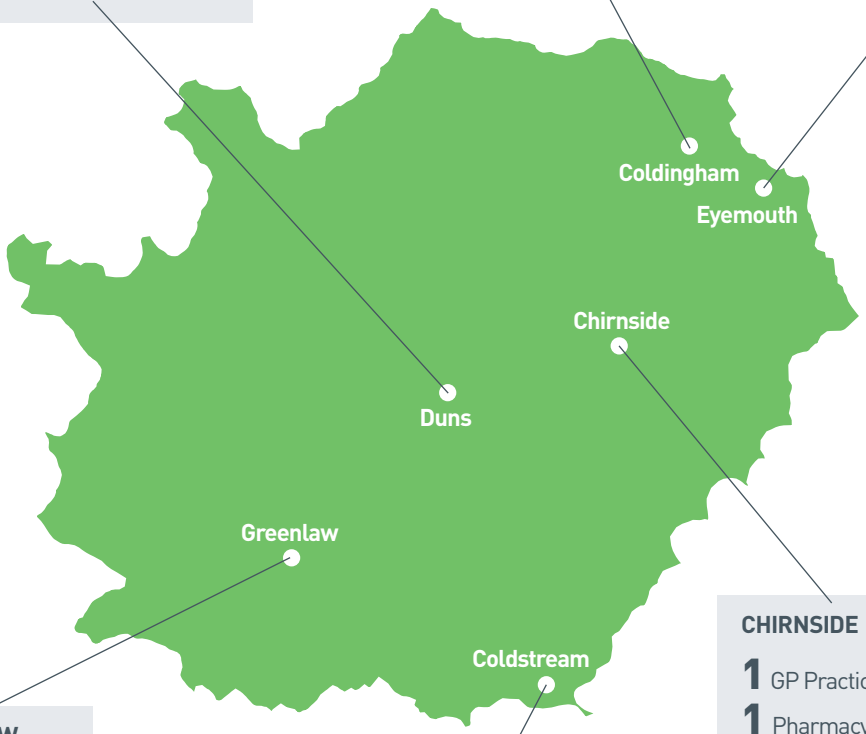
AFFORDABLE HOUSING		EXTRA CARE HOUSING
2017-2018	26 units	-
2018-2019	73 units	-
2019-2020	59 units	30 units

3. THE BERWICKSHIRE AREA
SERVICES & SUPPORT 2017-2019

DUNS
- **2** GP Practices
- **1** Pharmacy
- **1** Optician
- **1** Dental Practice
- **1** Community Hospital
- **1** Day Hospital
- **1** Social Care & Health Team

COLDINGHAM
- **1** Pharmacy

EYEMOUTH
- **1** GP Dispensing Practice
- **1** Pharmacy
- **1** Dental Practice
- **1** Community Nursing Team
- **36** Residental Care Beds
- **1** Day Hospital



CHIRNSIDE
- **1** GP Practice
- **1** Pharmacy

GREENLAW
- **1** GP Practice
- **1** Pharmacy

COLDSTREAM
- **1** GP Practice
- **1** Dental Practice
- **74** Residental Care Beds

4. PRIORITIES FOR BERWICKSHIRE 2017-2019

Our understanding of Berwickshire is taken from:

- our analysis of both national and local data and statistics (e.g. Area Profile),
- the knowledge and experience of our service users and carers
- the views of the Locality Working Group
- the knowledge and experience of staff working within the community

The following priorities for Berwickshire have been identified and will contribute to the 9 local objectives for Integration:

PRIORITIES FOR BERWICKSHIRE		WHAT MAKES THIS A PRIORITY FOR BERWICKSHIRE
•	Improve the availability and accessibility of services for people living in rural areas and towns across Berwickshire	• majority of the population live in remote and rural areas • limited access to public transport networks • lack of volunteer drivers • increasing 65+ age group who are reliant on private transport
•	Increase the availability of locally based rehabilitation services	• limited allied health professional services in the community • limited rehabilitation support workers in the community • no domiciliary physiotherapy services in the community • limited access to day hospital services
•	Increase the range of care and support options across the locality to enable people to remain in their own homes and communities	• lack of paid carers across locality • lack of domiciliary care provision • lack of transitional care beds in Berwickshire • increased reliance on residential and nursing home placements • tendency to pilot different models and approaches within one locality with no roll out to other localities • difficulty recruiting and sustaining capacity in provider organisations
•	Increase the range of housing options across the locality	• significant projected increase in people of pensionable age • limited options for housing in rural/outlying areas

Work is currently underway to support the delivery of the 9 Local Objectives and an action plan has been developed which identifies work required to ensure the ongoing delivery of the priorities for Berwickshire. This is summarised in **Appendix 1**.

There are some actions which are common across the whole of the Scottish Borders and will be progressed at a Scottish Borders Partnership level, for example the provision of IT access within integrated sites. These actions can be viewed in the Borders wide summary plan in **Appendix 2**.

These actions will be continually evaluated and the plan updated annually.

APPENDIX 1
ACTION PLAN FOR BERWICKSHIRE

PRIORITY: Improve the availability and accessibility of services for people living in rural areas and towns across Berwickshire

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Investigating integrated team working between Health, Social care and Third sector	• Develop two integrated teams covering all areas across the locality • Implement joint staff meetings and training for Health, Social care and Third sector staff	• Improve access to health and social care services at a local level • Sharing of information to support people at home • Improve sharing of information at a local level • Improve staff understanding of roles and responsibilities • Increase efficiency and reduce duplication • Improve access to care at home • Support the prevention of unnecessary admission to hospital • Provide alternatives to attendance at hospital • Reduced inequalities for people within rural areas	• Health and Social care partnership leads • Allied Health Professional leads • Third sector leads	September 2017
• Working with the Transport Hub to improve rural transport	• Develop a link with the Transport Hub to establish rural needs and potential solutions	• Supports people from rural areas to access services	• Transport Hub	September 2017
• Community led support steering group considering suitable locations for "What Matters" hubs throughout Berwickshire	• Work with community led support steering group to establish appropriate 'What Matters' hubs across the Berwickshire locality	• Supports people from rural areas to access information, support and services	• Community led support	2017-18

PRIORITY: Increase the availability of locally based rehabilitation services				
WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Investigating integrated working across Health, Social care and Third sector	• Scope out the gaps in community rehabilitation services across the partnership and devise and implement a structure to address these • Increase access to Allied Health Professionals and support staff to manage peoples' rehabilitation needs within the community	• Support peoples' rehabilitation at home • Reduce hospital admissions • Improve peoples' outcomes • Support safe discharge from hospital • Reduce the reliance on home care provision • Reduce delayed discharges • Reduce the admissions to bed based care facilities • Supports positive risk taking	• Locality working group • Allied Health Professional leads	September 2017
• Rehabilitation approach ongoing with care providers across SB cares and Third/ Independent sector	• Link with Third sector around development of the model and roll out	• Support the reablement work within SB cares and independent home care providers	• Red Cross • SB cares • Independent providers	March 2018
• Day services review	• Link with the programme and input into service redesign as required from the locality • Engagement events on 27 June 2017 to agree next steps	• Supports the redesign of day services • Increased options to support people to remain at home	• Day services review project manager • Locality working group	September 2017
• Live Borders "Active ageing" programme	• Raise awareness of programme in the local community	• Supports self-management • Prevents hospital admissions • Maintains peoples' current abilities	• Locality working group • Live Borders	March 2017

PRIORITY: Increase the range of available care and support options across the locality to enable people to remain in their own homes and communities

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Community led support steering group considering suitable locations for "What Matters" hubs throughout Berwickshire • Ongoing communication in relation to Carers Act • Increased awareness and usage of self-directed support	• Work with Community led support steering group to establish "What Matters" hubs across the Berwickshire locality • Ensure "What Matters" hubs have relevant information available eg. Carers Act and self-directed support	• People are able to access information and services earlier • People are supported to be as independent as possible • Community resources are key to support people at home • People are supported to self-manage • Reduced waiting lists	• Community led Support Steering group	March 2018
• Increased recruitment by providers • Work with care providers to identify opportunities for development of care services • Frailty redesign programme to ensure people are supported to stay at home • Long term conditions pathway work across the partnership • My Home Life initiative	• Work with providers in the development of available support services • Support the implementation of new ways of working through the frailty redesign pathways • Support the independent sector to implement My Home Life	• Reduced care home admissions • Reduced waiting lists • People are supported to remain at home • People are engaged with at an earlier stage to prevent crisis occurring • Helps to fully engage the skills and expertise of voluntary and third sector partners	• Locality working group •	March 2018
• Reablement provision through Red Cross	• Support the further development of reablement services within the Third sector	• People are supported to stay at home • People are supported to self-manage • Less reliance on home care provision	• Locality working group • Red Cross	March 2018
• Equipment provision being reviewed • Satellite equipment stores being reviewed	• Support the redesign of Borders Ability Equipment Service to support people in the community	• Improved access to equipment at point of need • People are supported to stay at home	• Borders Ability Equipment service	October 2017
• Healthy living network" local activities programme in Eyemouth	• Link to develop locality specific services • Development of further healthy living network activity plans	• Supports local people to continue to be managed at home • Supports the health inequalities agenda	• Joint Health Improvement Team • Locality working group	September 2017
• Refurbished of Eyemouth health centre	• Work to support future developments within this practice	• Increased capacity to provide health and social care	• Eyemouth practice • Locality working group	September 2017
• Development of new community resources	• Support development of community capacity building initiatives	• People are supported to self-manage • Training and development to empower Individuals, therefore building capacity to form stronger communities • Intergenerational support and learning	• Borders community capacity building team	2017/18

PRIORITY: Increase the range of housing options available across the locality				
WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Local housing providers represented on Locality working group	• Work with registered social landlords to develop alternative accommodation across all areas of the locality	• Increase availability of affordable housing	• Registered social landlords • Housing Strategy team	2017-2019
• Strategic Housing Investment Plan (SHIP) 2017-22	• Work with Berwickshire Housing Association to support the development of appropriate extra care housing	• People are able to access appropriate supported housing within their own communities	• Berwickshire Housing Association • Housing Strategy team	2019-2020

APPENDIX 2
BORDERS WIDE SUMMARY ACTION PLAN

Devised in line with strategic plan together with national outcomes and local objectives.

PRIORITIES	ACTION PLAN
Increase the range of care & support options across the Scottish Borders to enable people to remain in their own homes and communities	• Work with providers in the development of available support services • Support the implementation of new ways of working through the frailty redesign pathway • Support the independent sector to implement "My Home Life" initiative • Support the redesign of Borders Ability Equipment Service to support people in the community • Support development of community capacity building initiatives to develop locality specific services • Development of further healthy living network activity plans • Provide joint training and development for staff • Develop "What Matters" hubs • Adopt the National Anticipatory care plan • Develop integrated teams within each Locality to improve outcomes for the people of that locality • Increase interventions to support people to remain at home and reduce the need for ED /GP attendance • Support discharge from hospital at an appropriate stage with the right service interventions • Early identification of people who require support through early interventions and screening • Establish SBC IT access within identified Health centres to enable NHS staff to access SBC systems and allow Social care & health staff to work from health office
Improve the availability and accessibility of services across the Scottish Borders	• Bring together staff from NHS, SBC and Third sector to work together within integrated teams • Develop a link with the transport hub to establish rural need and potential solutions • Develop "What Matters" hubs
Increase the availability of locally based rehabilitation services across the Scottish Borders	• Support the further development of reablement services within the Third sector • Scope out the gaps in community rehabilitation services across the partnership and devise and implement a structure to address these • Increase access to Allied Health Professionals and support staff to manage peoples' rehabilitation needs within the community • Link with Third sector around development of the reablement model and roll out to all areas • Link with the Day services review programme and input into service redesign as required from each locality • Support and inform future developments within the locality
Increase the range of housing options available across the Scottish Borders	• Work with registered social landlords to develop alternative accommodation across all localities • Support delivery of extra care housing

WORK HAS BEEN INFORMED BY

This plan has been informed in consultation and dialogue with the stakeholders involved in developing the plans, strategies and programmes listed below:

- Community Learning and Development Strategic Plan 2015-2020
- Community Led Support
- Frailty Redesign Programme
- Living well with a disability - Future services for people with a physical disability 2013
- Reducing inequalities in the Scottish Borders 2015-2020 Strategic Plan
- Scottish Borders Alcohol & Drugs Partnership Strategy 2015-2020
- Scottish Borders Autism Strategy 2015
- Scottish Borders Council Local Housing Strategy 2012-17
- Scottish Borders Learning Disability Service Strategic Commissioning Plan 2016-19
- Strategic Housing Investment Plan (SHIP) 2017-22
- The Keys to life strategy 2013

This consultative approach will continue throughout the delivery of this plan.

HEALTH & SOCIAL CARE LOCALITY PLAN 2017-2019
WHAT DO YOU THINK?

We want to know what you think about this plan.

Please answer these questions online or send it back by **16 September** to:

Christopher Svensson
FREEPOST RRBU – KBCB – JBJG
Borders Health and Social Care Partnership | Council Headquarters
Newtown St Boswells | MELROSE | TD6 0SA
tel: 0300 100 1800 | email: integration@scotborders.gov.uk
www.scotborders.gov.uk/HSCPLocalityPlans

1. We would like to know what you think about the Health and Social Care Locality Plan for Berwickshire.

Do you like:

How it looks?	☐ Yes	☐ No
How it is laid out?	☐ Yes	☐ No
What is in it?	☐ Yes	☐ No

Do you have any other comments? (on a separate sheet if necessary)

2. The priorities in Berwickshire have been identified as:

- Improve the availability and accessibility of services
- Increase the availability of rehabilitation services
- Increase the range of available care and support
- Increase the range of housing

Are these the right priorities for Berwickshire?

☐ Yes ☐ No

Are there any key priorities missing for Berwickshire?

☐ Yes ☐ No

Please comment: (on a separate sheet if necessary)

3. The Locality Working Group has contributed to the development of this plan and is made up of the following representatives:

Health	Housing Sector	Independent sector	Public/Community Representation
Social Work	Transport	Third sector	

Do you think there are any groups missing? ☐ Yes ☐ No

Please comment: (on a separate sheet if necessary)

4. What is your postcode ..... 5. What is your age .....

6. Do you have a disability?

☐ Yes ☐ No ☐ Prefer not to say

7. Are you a Carer?

☐ Yes ☐ No ☐ Prefer not to say

THANK YOU

Thank you for completing this survey.

Scottish Borders Council will treat your information in strictest confidence and will store it securely. We will not disclose your personal information to anyone outside our organisation and it will be destroyed in line with our retention schedule.

You can get this document on audio CD, in large print, and various other formats by contacting us at the address below. 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.

SCOTTISH BORDERS COUNCIL
Council Headquarters | Newtown St Boswells | MELROSE | TD6 0SA
tel: 0300 100 1800
email: integration@scotborders.gov.uk
www.scotborders.gov.uk/HSCPLocalityPlans

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For consultation - July 2017

Scottish Borders Health & Social Care Partnership

HEALTH & SOCIAL CARE LOCALITY PLAN

CHEVIOT

for consultation

2017-2019

Scottish Borders Health and Social Care PARTNERSHIP

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CHEVIOT

HEALTH & SOCIAL CARE LOCALITY PLAN 2017-2019

1. FOREWORD

In April 2016, following an extensive period of consultation with local people, we published the Scottish Borders Health and Social Care Partnership's Strategic Plan. The Strategic Plan sets out the Partnership's objectives for improving health and social care services for the people in the Scottish Borders and lays the foundation for the key priorities for improvement going forward.

In parallel to this, Community Planning Partnerships (CPP) are also required to produce Locality Plans under the requirements of the Community Empowerment (Scotland) Act 2015. In the future our aspiration is to bring these plans together within one plan.

Guidance from the Scottish Government is clear that local representatives – including health and social care professionals, third and independent sectors, housing, service users and carers - are given the opportunity to influence and inform service planning as we move towards achieving the objectives set out in the Strategic Plan.

As a result local working groups across the five localities in the Scottish Borders have been established. These working groups are made up of local representatives and they have made a significant contribution to the development of this Locality Plan which focuses on local needs and key priorities for improvement from the perspective of local people who use and deliver health and social care services.

Our aim is that we plan, commission and deliver services in a way that puts people at the heart of decision making as well as meets the needs of local communities. As such we want to continue to work in partnership with everyone who has an interest in improving health and social care services at a local level and seek your view on this Locality Plan.

Together, with you, we know we can make a real difference.

Elaine Torrance
Chief Officer for Health and Social Care Integration
Scottish Borders

CHEVIOT HEALTH & SOCIAL CARE
LOCALITY PLAN 2017-2019

2. CONTEXT FOR THIS PLAN

The Scottish Government, through the Public Bodies (Joint Working) (Scotland) Act 2014 has two very clear aims.

Better **outcomes and experiences** for individuals and communities

Better **use of resources** across health, care and support systems at national and local levels.

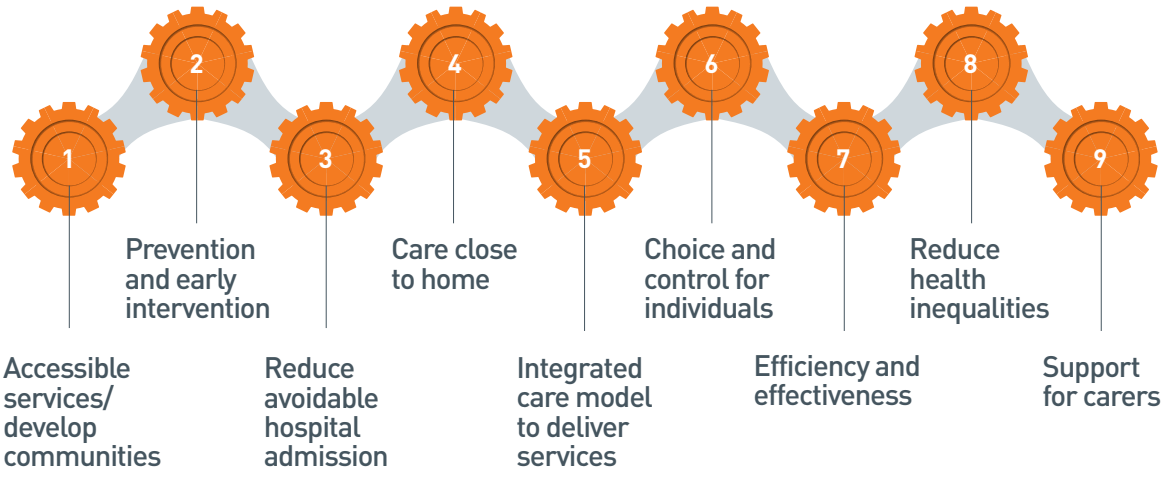
In order to address these aims and after extensive consultation during 2015-2016, the Scottish Borders Health & Social Care Partnership published its Strategic Plan where the following vision and objectives are outlined.

Scottish Borders Strategic Plan 2016 -19

"work together for the best possible health and well-being in our communities"

9 Scottish Borders Local Objectives

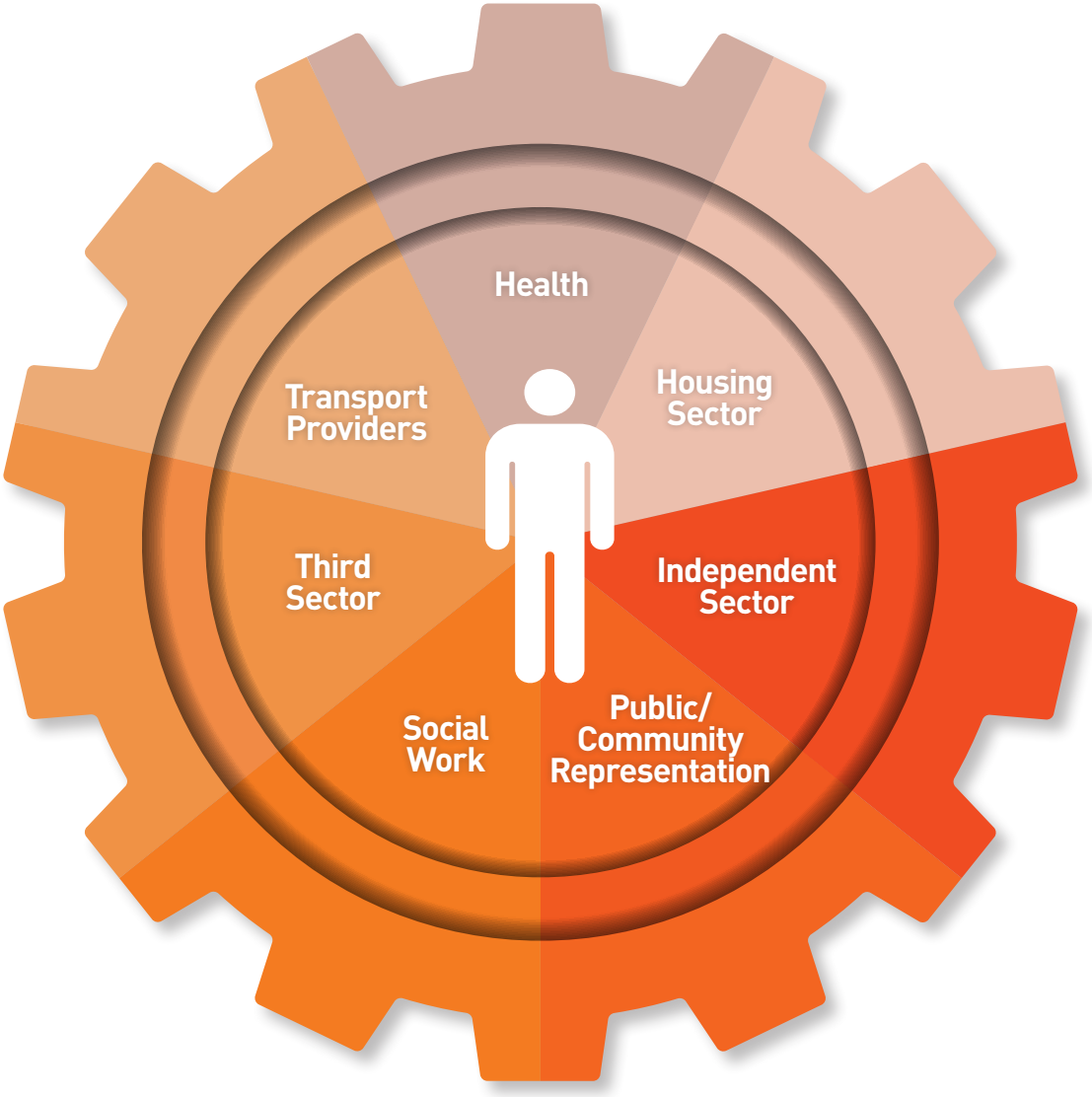
(defined during consultation on our Strategic Plan in 2015)



The Borders Health & Social Care Strategic Plan can be accessed **www.scotborders.gov.uk/HSCStrategicPlan**

How the Partnership seeks to meet the Objectives laid out in the Strategic Plan at a local level requires to be demonstrated in a local plan. The Scottish Borders already has five localities – Berwickshire, Cheviot, Eildon, Teviot & Liddesdale and Tweeddale. **This plan is for Cheviot**.

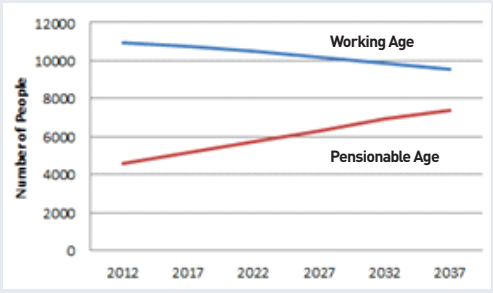
Five Locality Working Groups have been established and have contributed to the development of the five local plans. All key stakeholders are represented on the locality working groups as indicated below:



Details of the Cheviot Locality Working Group can be found
www.scotborders.gov.uk/CheviotLocality

3. THE CHEVIOT AREA - AREA PROFILE

PROJECTED POPULATION 2012-2037 FOR CHEVIOT



61.4% increase in **pensionable age**

12.70% decrease in **working age**

POPULATION

19,503 population *
(17% of the Scottish Borders)

14.9% aged **0-15**
(Scottish Borders = 16.7%)

58.2% aged **16-64**
(Scottish Borders = 60.2%)

26.9% aged **65+**
(Scottish Borders = 23.1%)
of this 11.8% are aged 75+
the highest percentage of the Scottish Borders

*(est 2014)

AREA

34.0% live in an area of **less than 500 people**
(Scottish Borders = 27.4%)

50% live in **rural areas**
28% Remote rural
22% Accessible rural

Settlements with **more than 500 people:**

TOWN	POPULATION
Kelso	6,821
Jedburgh	3,961
St Boswells	1,466
Yetholm	618

HEALTH OF THE LOCALITY

LIFE EXPECTANCY RANGE

77 to **82 yrs men**
(Scottish Borders = 78.1)

81.4 to **85.8 yrs women**
(Scottish Borders = 82)

Lower rate of **coronary heart disease hospitalisations** and **early deaths** (compared to the Scottish borders and Scotland)

Cheviot has a **higher** rate of **suicide** (compared to Scottish Borders and Scotland)

A&E ATTENDANCE

59.8% the locality has the **highest percentage who attend A&E out of hours in the Scottish Borders**

55.5% non-emergencies could be cared for within the Locality, between **2014/16** the **over 65 age group represented** the **largest proportion** of **attendees**

Cheviot had the **lowest rate** of **emergency hospitalisations** (compared to other Borders Localities and Scotland)

5.36 rate of **Over 75 Falls** per 1,000
(Scottish Borders = 5.62)

LONG TERM CONDITIONS

1,073 on **Diabetes Register**
6.76 % of **GP Register over 15 yrs**

193 on **Dementia Register**
4.0% of **GP Register over 65 yrs**

3972 per **100,000 Multiple emergency hospitalisations Patients 65+**
(Cheviot has the lowest rate)
(Scottish Borders = 5122.5
Scotland = 5159.5)

NEIGHBOURHOOD AND COMMUNITY INFLUENCES ON HEALTH

16.4% report **public transport** as an accessibility issue
(Scottish Borders = 16.6%)

People in Cheviot place a **higher priority** on:

providing **high quality care for older people** and making **more affordable housing available**

HOUSEHOLD PROFILE

One person household: aged 65+

16.6% Cheviot
(Scottish Borders = 15.2%)
(Scotland = 13.1%)

5.1% feel lonely or **isolated**
(Scottish Borders = 6.1%)

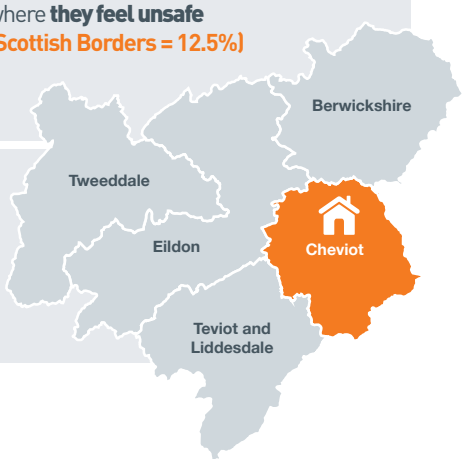
9 culture and sport facilities operated by the public sector
(Scottish Borders = 69)

SAFETY

7.13 rate of **road** and **home safety incidents** per 1,000
(Scottish Borders = 7.65)

0.49 rate of **fires** in **homes** per 1,000
(Scottish Borders = 0.74)

11% say there are **areas** where **they feel unsafe**
(Scottish Borders = 12.5%)



PROPOSED HOUSING DEVELOPMENTS

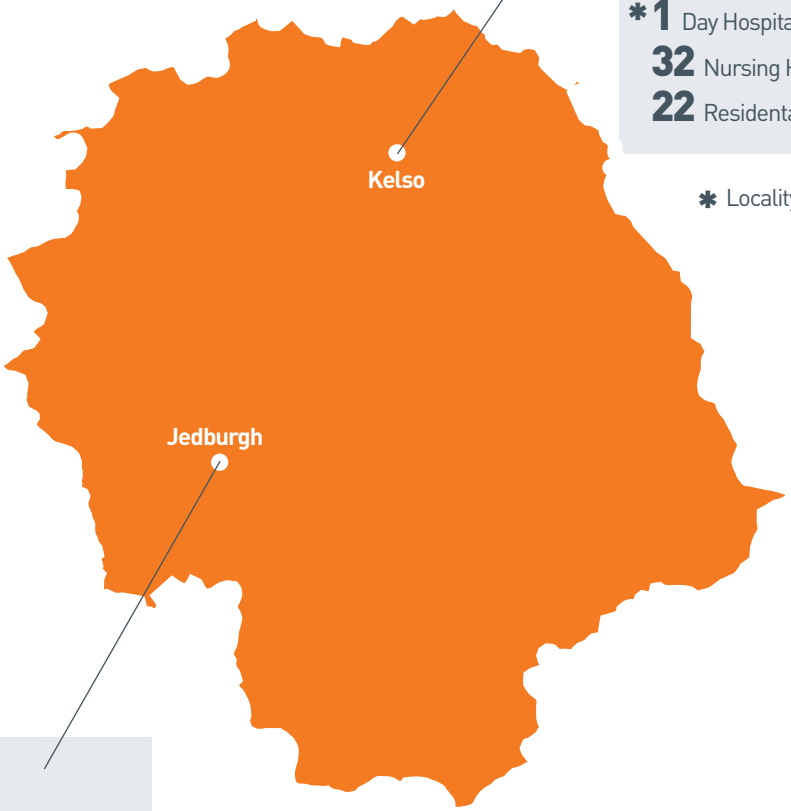
AFFORDABLE HOUSING		EXTRA CARE HOUSING
2017-2018	18 units	-
2018-2019	26 units	-
2019-2020	20 units	-

3. THE CHEVIOT AREA
SERVICES & SUPPORT 2017-2019

KELSO

1 GP Practice
2 Pharmacies
2 Dental Practices
1 Optician
1 Community Nursing Team
***1** Social Care & Health Team
***1** Community Hospital
***1** Cheviot Community Healthcare Team
***1** Day Hospital
32 Nursing Home Beds/Residential
22 Residental Care Beds

✱ Locality wide including Coldstream



JEDBURGH

1 GP Practice
2 Pharmacies
2 Dental Practices
1 Community Nursing Team
47 Nursing Home Beds
23 Residental Beds

4. PRIORITIES FOR CHEVIOT 2017-2019

Our understanding of Cheviot is taken from:

- our analysis of both national and local data and statistics (e.g. Area Profile),
- the knowledge and experience of our service users and carers
- the views of the Locality Working Group
- the knowledge and experience of staff working within the community

The following priorities for Cheviot have been identified and will contribute to the 9 local objectives for Integration:

PRIORITIES FOR CHEVIOT		WHAT MAKES THIS A PRIORITY FOR CHEVIOT
•	Increase the availability of locally based rehabilitation services	• limited allied health professional services in the community • limited rehabilitation support workers in the community • limited domiciliary physiotherapy services in the community • limited access to day hospital services
•	Increase the range of care and support options across the locality to enable people to remain in their own homes and communities	• difficulty recruiting and sustaining capacity in provider organisations • lack of paid carers across locality • lack of domiciliary care provision • lack of transitional care beds in Cheviot • increased reliance on residential and nursing home placements • tendency to pilot different models and approaches within one locality with no roll out to other localities
•	Increase the range of housing options available across the locality	• significant projected increase in people of pensionable age • limited options for housing in rural/outlying areas
•	Improve efficiency and effectiveness of existing co-located and integrated teams	• number of existing co-located and integrated teams who work independently • scope to further integrate these teams in order to:- - remove barriers to service provision - empower staff to be more effective - increase efficiency and effectiveness
•	Improve transport links across Cheviot	• limited access to transport networks in rural areas • increasing over 75+ age group who are reliant on private transport

Work is currently underway to support the delivery of the 9 Local Objectives and an action plan has been developed which identifies work required to ensure the ongoing delivery of the priorities for Cheviot. This is summarised in **Appendix 1**.

There are some actions which are common across the whole of the Scottish Borders and will be progressed at a Scottish Borders Partnership level, for example the provision of IT access within integrated sites. These actions can be viewed in the Borders wide summary plan in **Appendix 2**.

These actions will be continually evaluated and the plan updated annually.

APPENDIX 1
ACTION PLAN FOR CHEVIOT

PRIORITY: Increase the availability of locally based rehabilitation services

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Investigating integrated working across Health, Social care and Third sector • Cheviot Community Healthcare Team	• Scope out the gaps in community rehabilitation services across the partnership and devise and implement a structure to address these • Increase access to Allied Health Professionals and support staff to manage peoples' rehabilitation needs within the community	• Support peoples' rehabilitation at home • Reduce hospital admissions • Improve peoples' outcomes • Support safe discharge from hospital • Reduce the reliance on home care provision • Reduce delayed discharges • Reduce the admissions to bed based care facilities • Supports positive risk taking	• Locality working group • Allied Health Professional leads	September 2017
• Rehabilitation approach ongoing with care providers across SB cares and Third / Independent sector	• Link with Third sector around development of the model and roll out	• Support the reablement work within SB cares and independent home care providers	• Red Cross • SB cares • Independent providers	March 2018
• Day services review	• Link with the programme and input into service redesign as required from the locality	• Supports the redesign of day services • Increased options to support people to remain at home	• Day services review project manager • Locality working group	September 2017
• Live Borders "Active ageing" programme	• Support and inform future developments within the locality	• Supports self-management • Prevents hospital admissions • Maintains peoples' current abilities	• Locality working group • Live Borders	June 2017
• "Living Safely in the Home" – promotion of safer communities across Cheviot	• Raise awareness of programme in the local community	• Provides support to older people at risk of falls • Direct link to refer to the Cheviot Community Healthcare Team	• Scottish Fire and Rescue Service	June 2017

PRIORITY: Increase the range of available care and support options across the locality to enable people to remain in their own homes and communities

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Community led support steering group considering suitable locations for "What Matters" hubs throughout Cheviot • Ongoing communication in relation to Carers Act • Increased awareness and usage of self-directed support	• Work with Community led support steering group to establish "What Matters" hubs across the Cheviot locality • Ensure "What Matters" hubs have relevant information available eg. Carers Act and self-directed support	• People are able to access information and services earlier • People are supported to be as independent as possible • Community resources are key to support people at home • People are supported to self-manage • Reduced waiting lists	• Community led support steering group	March 2018
• Increased recruitment by providers • Work with care providers to identify opportunities for development of care services • Frailty redesign programme to ensure people are supported to stay at home • Long term conditions pathway work across the partnership • My Home Life initiative	• Work with providers in the development of available support services • Support the implementation of new ways of working through the frailty redesign pathways • Support the independent sector to implement My Home Life	• Reduced care home admissions • Reduced waiting lists • People are supported to remain at home • People are engaged with at an earlier stage to prevent crisis occurring • Helps to fully engage the skills and expertise of voluntary and third sector partners	• Locality working group • Commissioners • Frailty Group • Independent sector • Scottish Care	March 2018
• Reablement provision through Red Cross	• Support the further development of reablement services within the Third sector	• People are supported to stay at home • People are supported to self-manage • Less reliance on home care provision	• Locality working group • Red Cross	March 2018
• Equipment provision being reviewed • Satellite equipment stores being reviewed	• Support the redesign of Borders Ability Equipment Service to support people in the community	• Improved access to equipment at point of need • People are supported to stay at home	• Borders Ability Equipment Service	October 2017
• Development of new community resources	• Support development of community capacity building initiatives	• People are supported to self-manage • Training and development to empower Individuals, therefore building capacity to form stronger communities • Intergenerational support and learning	• Borders community capacity building team	2017/18

PRIORITY: Increase the range of housing options available across the locality

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Local housing providers represented on locality working group	• Work with registered social landlords to develop alternative accommodation across all areas of the locality	• Increase availability of affordable housing	• Registered social landlords • Housing Strategy team	2017-2019
• Strategic Housing Investment Plan (SHIP) 2017-22	• Support the development of appropriate extra care housing	• People are able to access appropriate supported housing within their own communities	• Housing Strategy Team	2020-2021

PRIORITY: Improve efficiency and effectiveness of existing collocated and integrated teams

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• GP on Locality Working Group Co- • Located health and Social Care team Multidisciplinary team meetings • Cheviot Community Healthcare Team	• Establish current demand and plan future service to meet need • Arrange workshop with all key stakeholders • Share workshop outcomes with health and social care partnership operational leads and agree future service structure • Agree review date to evaluate service and future proof	• Provide equitable service provision • Support people to stay in their own home • Support improved outcomes for people • Support peoples rehabilitation at home • Reduce the admission to bed based care facilities • Support safe discharge from hospital • Enable older people to adapt and learn new skills to support health and wellbeing • Support reablement within Locality	• Health and social care partnership operational leads	November 2017
• Investigating Buurtzorg Nursing Pilot for Coldstream	• Link with Buurtzorg development planned for Coldstream	• Support safe discharge from hospital • Support people to stay in their own home • Support improved outcomes for people • Support peoples rehabilitation at home • Reduce the admission to bed based care facilities • Enable older people to adapt and learn new skills to support health and wellbeing	• Health and Social Care Partnership	September 2017

PRIORITY: Improve transport links across Cheviot				
WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Working with transport hub to improve rural transport • Transport representative on Locality Working Group • Demand Responsive Transport (DRT) Smailholm, Stichill and surrounding area	• Work with the Strategic Transport Group and Transport Hub to develop sustainable and demand responsive transport	• Increase transport options available • Support people from rural areas to access services • Reduce inequalities for rural population • Reduce loneliness and isolation	• Transport hub and Strategic Transport Group	September 2017

APPENDIX 2
BORDERS WIDE SUMMARY ACTION PLAN

Devised in line with strategic plan together with national outcomes and local objectives.

PRIORITIES	ACTION PLAN
Increase the range of care & support options across the Scottish Borders to enable people to remain in their own homes and communities	• Work with providers in the development of available support services • Support the implementation of new ways of working through the frailty redesign pathway • Support the independent sector to implement "My Home Life" initiative • Support the redesign of Borders Ability Equipment Service to support people in the community • Support development of community capacity building initiatives to develop locality specific services • Development of further healthy living network activity plans • Provide joint training and development for staff • Develop "What Matters" hubs • Adopt the National Anticipatory care plan • Develop integrated teams within each Locality to improve outcomes for the people of that locality • Increase interventions to support people to remain at home and reduce the need for ED /GP attendance • Support discharge from hospital at an appropriate stage with the right service interventions • Early identification of people who require support through early interventions and screening • Establish SBC IT access within identified Health centres to enable NHS staff to access SBC systems and allow Social care & health staff to work from health office
Improve the availability and accessibility of services across the Scottish Borders	• Bring together staff from NHS, SBC and Third sector to work together within integrated teams • Develop a link with the transport hub to establish rural need and potential solutions • Develop "What Matters" hubs
Increase the availability of locally based rehabilitation services across the Scottish Borders	• Support the further development of reablement services within the Third sector • Scope out the gaps in community rehabilitation services across the partnership and devise and implement a structure to address these • Increase access to Allied Health Professionals and support staff to manage peoples' rehabilitation needs within the community • Link with Third sector around development of the reablement model and roll out to all areas • Link with the Day services review programme and input into service redesign as required from each locality • Support and inform future developments within the locality
Increase the range of housing options available across the Scottish Borders	• Work with registered social landlords to develop alternative accommodation across all localities • Support delivery of extra care housing

CHEVIOT HEALTH & SOCIAL CARE
LOCALITY PLAN 2017-2019

WORK HAS BEEN INFORMED BY

This plan has been informed in consultation and dialogue with the stakeholders involved in developing the plans, strategies and programmes listed below:

- Community Learning and Development Strategic Plan 2015-2020
- Community Led Support
- Frailty Redesign Programme
- Living well with a disability - Future services for people with a physical disability 2013
- Reducing inequalities in the Scottish Borders 2015-2020 Strategic Plan
- Scottish Borders Alcohol & Drugs Partnership Strategy 2015-2020
- Scottish Borders Autism Strategy 2015
- Scottish Borders Council Local Housing Strategy 2012-17
- Scottish Borders Learning Disability Service Strategic Commissioning Plan 2016-19
- Strategic Housing Investment Plan (SHIP) 2017-22
- The Keys to life strategy 2013

This consultative approach will continue throughout the delivery of this plan.

HEALTH & SOCIAL CARE LOCALITY PLAN 2017-2019
WHAT DO YOU THINK?

We want to know what you think about this plan.

Please answer these questions online or send it back by **16 September** to:

Christopher Svensson
FREEPOST RRBU – KBCB – JBJG
Borders Health and Social Care Partnership | Council Headquarters
Newtown St Boswells | MELROSE | TD6 0SA
tel: 0300 100 1800 | email: integration@scotborders.gov.uk
www.scotborders.gov.uk/HSCPLocalityPlans

1. We would like to know what you think about the Health and Social Care Locality Plan for Cheviot.

Do you like:

How it looks?	☐ Yes	☐ No
How it is laid out?	☐ Yes	☐ No
What is in it?	☐ Yes	☐ No

Do you have any other comments? (on a separate sheet if necessary)

2. The priorities in Cheviot have been identified as:

- Increase the availability of rehabilitation services
- Increase the range of available care and support
- Increase the range of housing
- Integrate health and social care teams
- Improve transport links

Are these the right priorities for Cheviot?

☐ Yes ☐ No

Are there any key priorities missing for Cheviot?

☐ Yes ☐ No

Please comment: (on a separate sheet if necessary)

3. The Locality Working Group has contributed to the development of this plan and is made up of the following representatives:

Health	Housing Sector	Independent sector	Public/Community Representation
Social Work	Transport	Third sector	

Do you think there are any groups missing? ☐ Yes ☐ No

Please comment: (on a separate sheet if necessary)

4. What is your postcode ..... 5. What is your age .....

6. Do you have a disability?

☐ Yes ☐ No ☐ Prefer not to say

7. Are you a Carer?

☐ Yes ☐ No ☐ Prefer not to say

THANK YOU

Thank you for completing this survey.

Scottish Borders Council will treat your information in strictest confidence and will store it securely. We will not disclose your personal information to anyone outside our organisation and it will be destroyed in line with our retention schedule.

You can get this document on audio CD, in large print, and various other formats by contacting us at the address below. 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.

SCOTTISH BORDERS COUNCIL
Council Headquarters | Newtown St Boswells | MELROSE | TD6 0SA
tel: 0300 100 1800
email: integration@scotborders.gov.uk
www.scotborders.gov.uk/HSCPLocalityPlans

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For consultation - July 2017

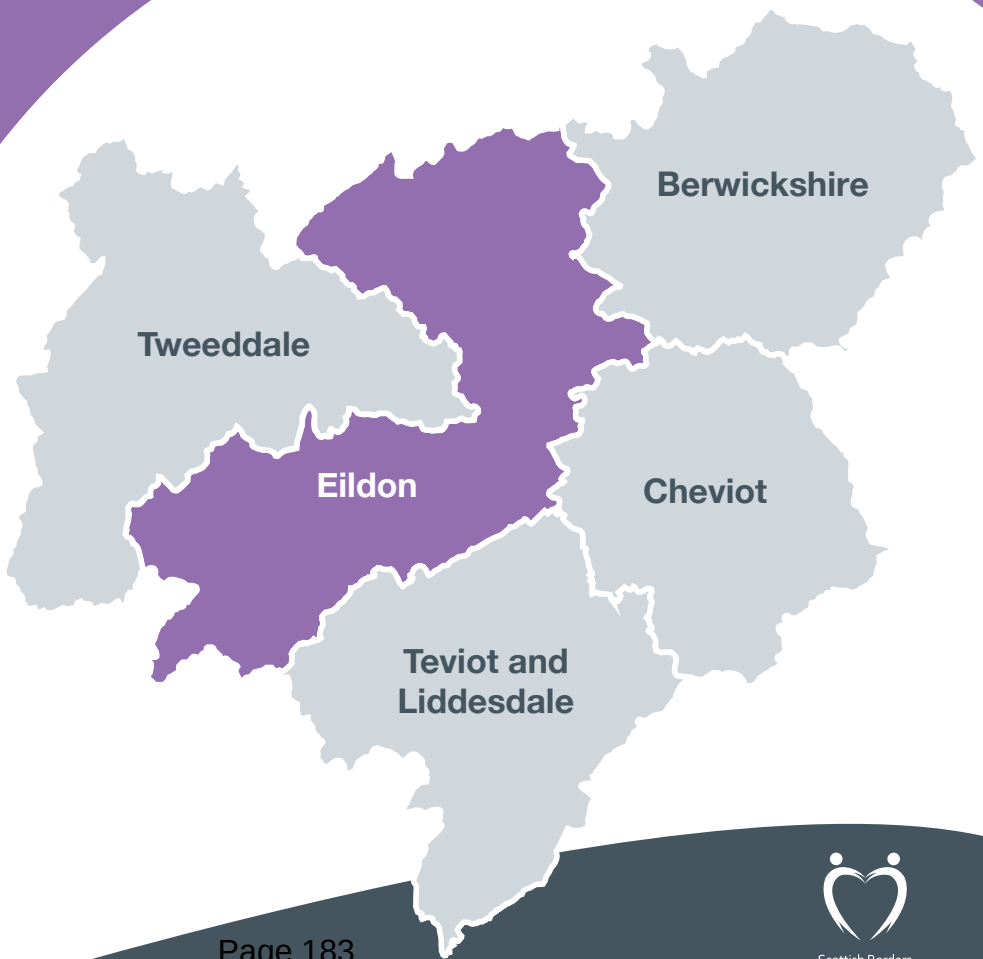
Scottish Borders **Health & Social Care** Partnership

HEALTH & SOCIAL CARE LOCALITY PLAN

EILDON

for consultation

2017-2019



Scottish Borders
Health and Social Care
PARTNERSHIP

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EILDON

HEALTH & SOCIAL CARE LOCALITY PLAN 2017-2019

1. FOREWORD

In April 2016, following an extensive period of consultation with local people, we published the Scottish Borders Health and Social Care Partnership's Strategic Plan. The Strategic Plan sets out the Partnership's objectives for improving health and social care services for the people in the Scottish Borders and lays the foundation for the key priorities for improvement going forward.

In parallel to this, Community Planning Partnerships (CPP) are also required to produce Locality Plans under the requirements of the Community Empowerment (Scotland) Act 2015. In the future our aspiration is to bring these plans together within one plan.

Guidance from the Scottish Government is clear that local representatives – including health and social care professionals, third and independent sectors, housing, service users and carers - are given the opportunity to influence and inform service planning as we move towards achieving the objectives set out in the Strategic Plan.

As a result local working groups across the five localities in the Scottish Borders have been established. These working groups are made up of local representatives and they have made a significant contribution to the development of this Locality Plan which focuses on local needs and key priorities for improvement from the perspective of local people who use and deliver health and social care services.

Our aim is that we plan, commission and deliver services in a way that puts people at the heart of decision making as well as meets the needs of local communities. As such we want to continue to work in partnership with everyone who has an interest in improving health and social care services at a local level and seek your view on this Locality Plan.

Together, with you, we know we can make a real difference.

Elaine Torrance
Chief Officer for Health and Social Care Integration
Scottish Borders

2. CONTEXT FOR THIS PLAN

The Scottish Government, through the Public Bodies (Joint Working) (Scotland) Act 2014 has two very clear aims.

Better **outcomes and experiences** for individuals and communities

Better **use of resources** across health, care and support systems at national and local levels.

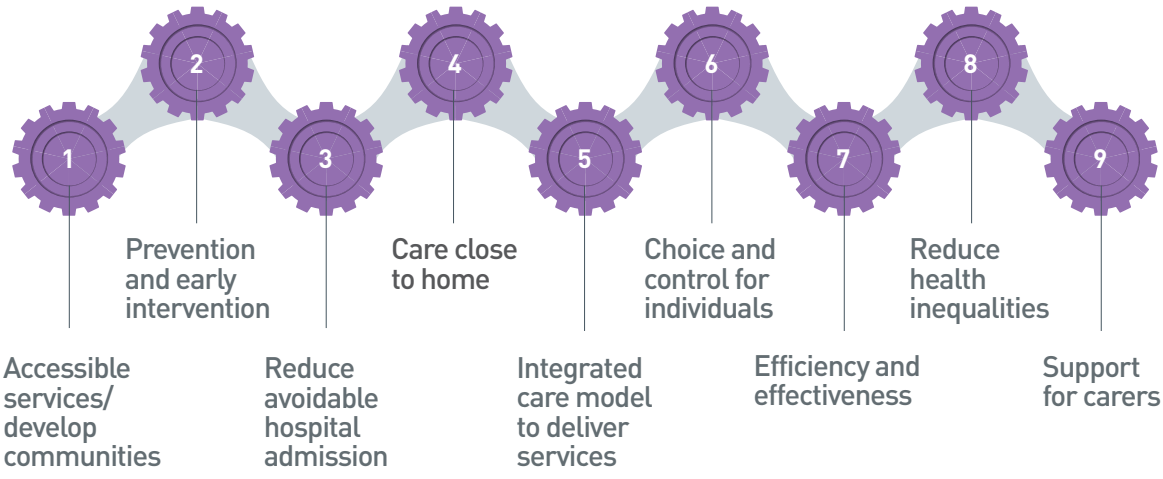
In order to address these aims and after extensive consultation during 2015-2016, the Scottish Borders Health & Social Care Partnership published its Strategic Plan where the following vision and objectives are outlined.

Scottish Borders Strategic Plan 2016 -19

"work together for the best possible health and well-being in our communities"

9 Scottish Borders Local Objectives

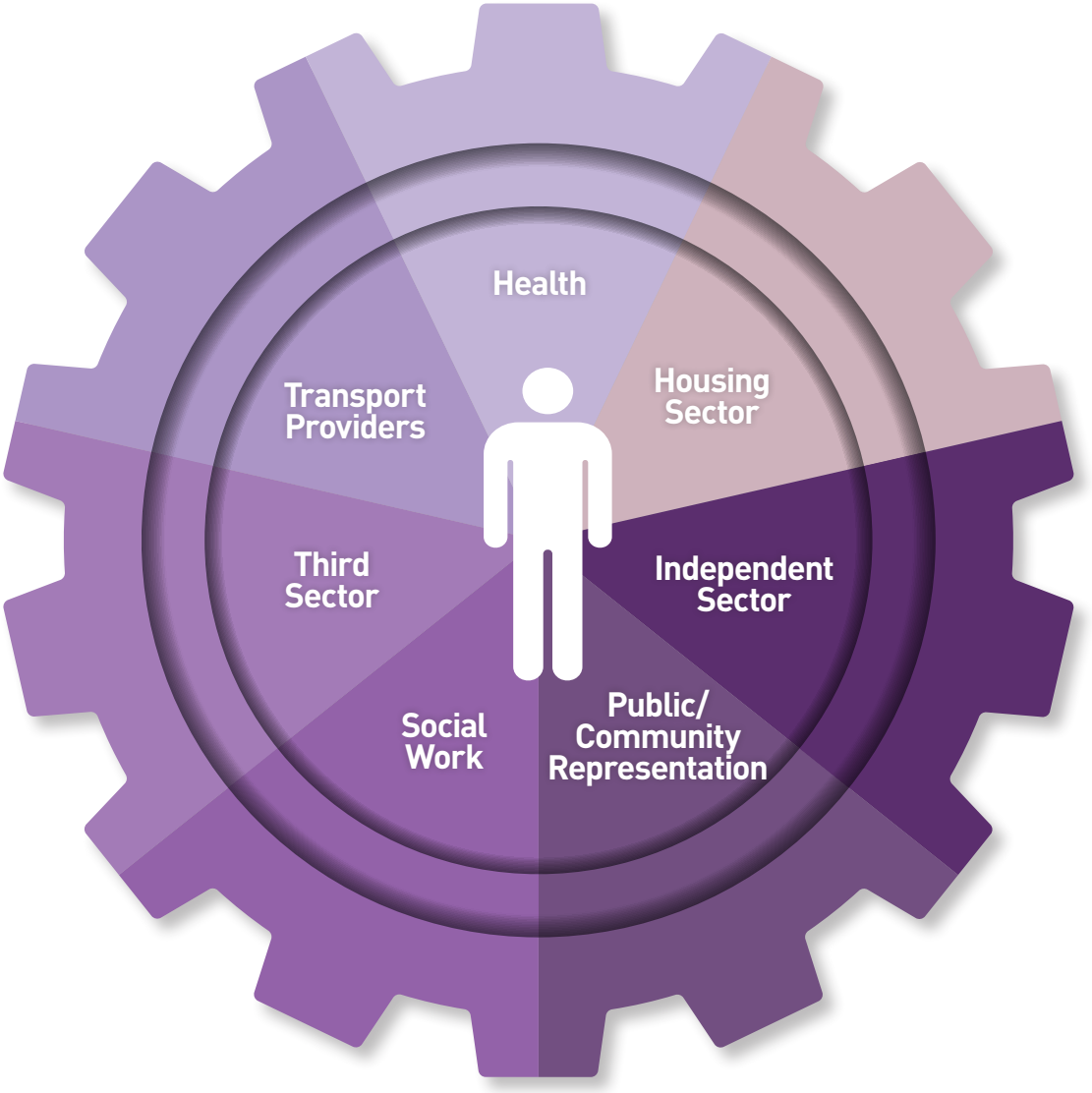
(defined during consultation on our Strategic Plan in 2015)



The Borders Health & Social Care Strategic Plan can be accessed **www.scotborders.gov.uk/HSCStrategicPlan**

How the Partnership seeks to meet the Objectives laid out in the Strategic Plan at a local level requires to be demonstrated in a local plan. The Scottish Borders already has five localities - Berwickshire, Cheviot, Eildon, Teviot & Liddesdale and Tweeddale. **This plan is for Eildon**.

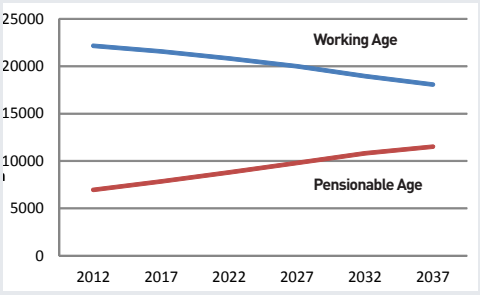
Five Locality Working Groups have been established and have contributed to the development of the five local plans. All key stakeholders are represented on the locality working groups as indicated below:



Details of the Eildon Locality Working Group can be found
www.scotborders.gov.uk/EildonLocality

3. THE EILDON AREA - AREA PROFILE

PROJECTED POPULATION 2012-2037 FOR EILDON



65% increase in **pensionable age**

18.4% decrease in **working age**

POPULATION

35,000 population*
(31% of the Scottish Borders)

17.8% aged **0-15**
(Scottish Borders = 16.7%)

60.9% aged **16-64**
(Scottish Borders = 60.2%)

21.3% aged **65+**
(Scottish Borders = 23.1%)

*(est 2014)

AREA

19.3% live in an area of **less than 500 people**
(Scottish Borders = 27.4%)

43% live in **rural areas**
15% Remote rural
32% Accessible rural

Settlements with **more than 500 people:**

TOWN	POPULATION
Galashiels	12,670
Selkirk	5,586
Melrose	2,457
Tweedbank	2,073
Lauder	1,773
Earlston	1,766
Newtown St Boswells	1,347

HEALTH OF THE LOCALITY

LIFE EXPECTANCY RANGE

74.7 to **82.5 yrs men**
(Scottish Borders = 78.1)

79.1 to **89 yrs women**
(Scottish Borders = 82)

Higher rate of **coronary heart disease hospitalisations**
(Compared to Borders and Scotland)

700.5 per 100,000 **Higher rate** of **alcohol related hospitalisations** and **deaths**
(compared to Borders = 566)

108.9 per 100,000 **Higher rate of drug related hospitalisations and deaths**
(compared to Scottish Borders= 88.1)

A&E ATTENDANCE

59.4% non-emergencies could be cared for within **Locality**
(last year 56.8%)

40.6% emergencies
(last year 43.2%)

Higher rate of **emergency hospitalisations**
(compared to Scottish Borders)

3.74 rate of **Over 75 Falls** per 1,000
(Scottish Borders = 5.62)

LONG TERM CONDITIONS

2,050 on **Diabetes Register**
6.14 % of **GP Register****

315 on **Dementia Register**
3.82% of **GP Register*****

5684.8 per **100,000 Multiple emergency hospitalisations Patients 65+**
(Eildon has the highest rate)
(Scottish Borders = 5122.5
Scotland = 5159.5)

** over 15 yrs
*** over 65 yrs

NEIGHBOURHOOD AND COMMUNITY INFLUENCES ON HEALTH

16.6% report **accessibility** to **public transport as an issue**
(lower than any other Locality)

5.5% feel lonely or **isolated**
(Scottish Borders = 6.1%)

28 culture and sport facilities operated by the public sector
(Scottish Borders = 69)

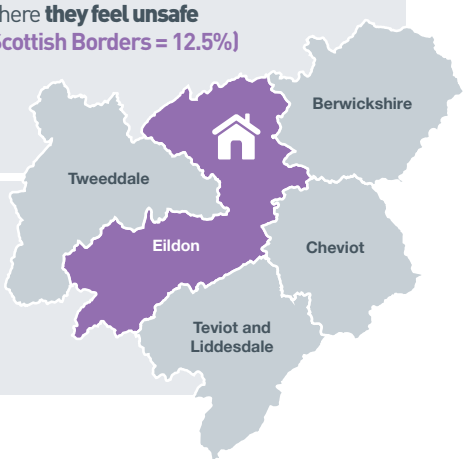
Eildon has a **proportion** of its **population living** in each of the **ten deprivation deciles, demonstrating the large degree of variance** in **deprivation profile** within the **locality**

Eildon has the **highest rate** of **suicide 21.7 per 100,000**
(Scottish Borders=15.7. Scotland =14.7)

SAFETY

0.80 rate of **fires** in **homes** per 1,000
(Scottish Borders = 0.74)

15.3% say there are **areas** where **they feel unsafe**
(Scottish Borders = 12.5%)



PROPOSED HOUSING DEVELOPMENTS

AFFORDABLE HOUSING		EXTRA CARE HOUSING
2017-2018	54 units	-
2018-2019	181 units	-
2019-2020	84 units	24 units

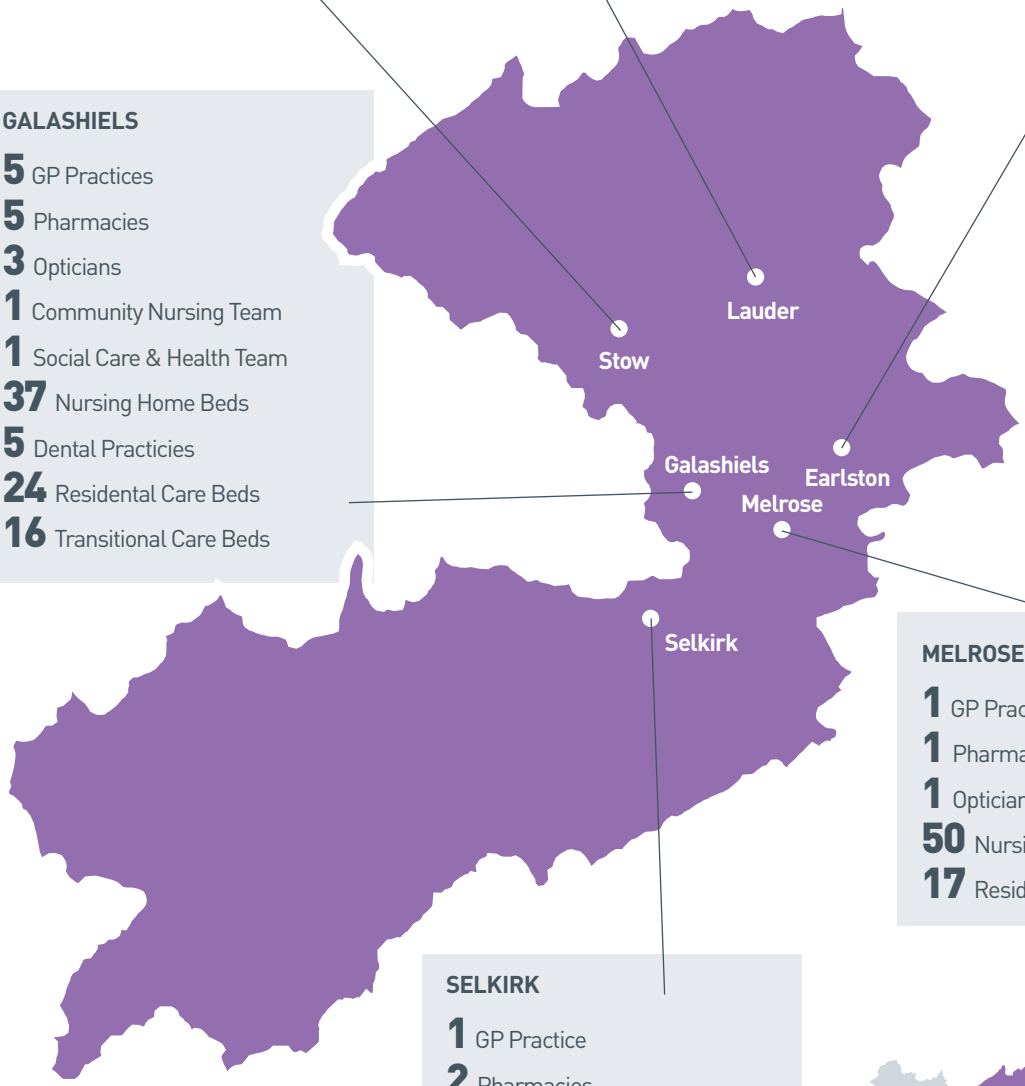
3. THE EILDON AREA
SERVICES & SUPPORT 2017-2019

STOW
1 GP Dispensing Practice

LAUDER
1 GP Practice
1 Pharmacy
1 Dental Practice

EARLSTON
1 GP Practice
1 Pharmacy
1 Dental Practice

GALASHIELS
5 GP Practices
5 Pharmacies
3 Opticians
1 Community Nursing Team
1 Social Care & Health Team
37 Nursing Home Beds
5 Dental Practicies
24 Residental Care Beds
16 Transitional Care Beds



MELROSE & ST BOSWELLS
1 GP Practice
1 Pharmacy
1 Optician
50 Nursing Home Beds
17 Residental Care Beds

SELKIRK
1 GP Practice
2 Pharmacies
1 Optician
1 Dental Practice
45 Nursing Home Beds
25 Residental Care Beds

4. PRIORITIES FOR EILDON 2017-2019

Our understanding of Eildon is taken from:

- our analysis of both national and local data and statistics (e.g. Area Profile),
- the knowledge and experience of our service users and carers
- the views of the Locality Working Group
- the knowledge and experience of staff working within the community

The following priorities for Eildon have been identified and will contribute to the 9 local objectives for Integration:

PRIORITIES FOR EILDON		WHAT MAKES THIS A PRIORITY FOR EILDON
•	Increase the range of care and support options across the locality to enable people to remain in their own homes and communities	• difficulty recruiting and sustaining capacity in provider organisations • lack of paid carers across locality • lack of domiciliary care provision • lack of transitional care beds in Eildon • increased reliance on residential and nursing home placements • tendency to pilot different models and approaches within one locality with no roll out to other localities
•	Increase the availability of Locally based rehabilitation services	• limited allied health professional services in the community • limited rehabilitation support workers in the community • no domiciliary physiotherapy services in the community • limited access to day hospital services
•	Improve the availability and accessibility of services for people living in rural areas	• limited access to transport networks in rural areas • tendency for services to be located in large settlement areas • lack of care at home providers in rural areas
•	Increase the range of housing options available across the locality	• significant projected increase in people of pensionable age • limited options for housing in rural/outlying areas
•	Reduce the number of people admitted to hospital with drug and alcohol related problems	• increased number of people using drugs and alcohol in the larger Eildon settlements
•	Reduce the number of people attending the Borders General Hospital on multiple occasions	• no community hospital in the locality • limited options for GP's to maintain people at home • evidence of increased attendance at BGH possibly due to proximity • limited access to day hospital services

Work is currently underway to support the delivery of the 9 Local Objectives and an action plan has been developed which identifies work required to ensure the ongoing delivery of the priorities for Eildon. This is summarised in **Appendix 1**.

There are some actions which are common across the whole of the Scottish Borders and will be progressed at a Scottish Borders Partnership level, for example the provision of IT access within integrated sites. These actions can be viewed in the Borders wide summary plan in **Appendix 2**.

These actions will be continually evaluated and the plan updated annually.

APPENDIX 1
ACTION PLAN FOR EILDON

PRIORITY: Increase the range of available care and support options across the locality to enable people to remain in their own homes and communities

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Ettrick "What matters hub launch 7th June • Ongoing communication in relation to Carers act • Increased awareness and usage of self directed supported	• Work with community led support steering group to establish "what matters" hubs across Eildon locality • Ensure "What matters" hubs have relevant information on carers act and self-directed support	• People are able to access information and services earlier • People are supported to be as independent as possible • Community resources are key to support people at home • People are supported to self-manage • Reduced waiting times	• Community led Support Steering group	March 2018
• Increased recruitment by providers • Frailty redesign programme to ensure people are supported to stay at home • Work with care providers to identify opportunities for development of care services • Long term conditions pathway work across the partnership • My Home Life initiative	• Work with providers in the development of available support services • Support the implementation of new ways of working through the frailty redesign pathways • Support the independent sector to implement "My Home life"	• Reduce care home admissions • reduce waiting lists • support people to remain at home • People are supported to remain at home • People are engaged with at an earlier stage to prevent crisis occurring • Helps to fully engage the skills and expertise of the voluntary and third sector partners	• Locality working group Commissioners • Frailty group • Independent sector • Scottish Care	March 2018
• Reablement provision through red cross	• Support the further development of reablement services within the third sector	• People are supported to stay at home • People are supported to self-manage • Less reliance on home care provision	• Locality working group Red Cross	March 2018
• Equipment provision being reviewed • Satellite equipment stores being reviewed	• Support the redesign of the Borders Ability Equipment service to support people in the community	• Improved access to equipment at point of need • People are supported to stay at home	• Borders Ability Equipment service	October 2017
• Development of new Community resources	• Support development of community capacity building initiatives	• People are supported to self manage • Training and development to empower individuals • Building capacity to form stronger communities	• Borders Community capacity building team	2017/18

PRIORITY: Increase the availability of locally based rehabilitation services				
WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Investigating integrated working across Health, Social care and Third sector.	• Scope out the gaps in community rehabilitation services across the partnership and devise and implement a structure to address these • Increase access to Allied Health professionals and support staff to manage peoples rehabilitation needs within the community • Work with the Rapid assessment and discharge team (RAD) re potential to support people post discharge	• Support peoples rehabilitation at home • Reduce hospital admissions • Improve people's outcomes • Support safe discharge from hospital • Reduce the reliance on home care provision • Reduce delayed discharges • Reduce the admissions to bed based care facilities • Supports positive risk taking • Links to Frailty Pathway • Provides limited Follow-up Post Discharge • Supported Discharge Model	• Locality working group with • Allied Health Professional leads • Rapid Access And Discharge team	September 2017
• Rehabilitation approach ongoing with care providers across SB cares and Third/ Independent sector	• Link with third sector re development of the model and roll out	• Support the reablement work within SB Cares and independent home care providers	• Red Cross • Independent Providers • SB cares	March 2018
• Day services review	• Link with the programme and input into service redesign as required from the Locality	• Supports the redesign of day services • Increased options to support people to remain at home	• Day services review project manager • Locality working group	September 2017
• Transitional care beds in Waverely care home within the Independent sector	• Support the further development of transitional care beds within Waverley	• Supports local needs to remain managing at home • Supports the health inequalities agenda	• Health and Social partnership operational leads	September 2017
• Live Borders "Active Ageing Programme	• Support and inform future developments within the locality	• Supports self-management • Prevents hospital admissions • Maintains people's current abilities	• Locality working group • Live Borders	March 2018

PRIORITY: Improve the availability and accessibility of services for people living in rural areas across Eildon

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Investigating integrated team working between Health, Social care and Third sector	• Develop three Integrated teams covering all areas across the Eildon Locality • Implement joint staff meetings and training for Health, Social care and Third sector staff	• Supports people from rural areas to access services equitably • Reduced inequalities for people within the rural areas • Supports staff joint working	• Health and Social care Partnership leads	March 2018
• Working with the Transport Hub to improve rural transport	• Develop a link with the transport hub to establish rural needs and potential solutions	• Support people from rural areas to access services	• Transport Hub	September 2017
• Establishing "What Matters" Hub in Ettrickbridge	• Work with Community led support steering group to establish appropriate "What Matters" Hubs across the Eildon locality	• Support people from rural areas to access information, support and services	• Community led support	2017/18

PRIORITY: Increase the range of housing options available across the locality

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Local housing providers represented on locality working group	• Work with registered social landlords to develop alternative accommodation across all areas of the locality	• Increase availability of affordable housing	• Registered social landlords • Housing Strategy team	2017-2019
• Strategic Housing Investment Plan (SHIP) 2017-22	• Work with Eildon and Trust housing associations to support the development of appropriate extra care housing	• People are able to access appropriate supported housing within their own communities	• Housing Strategy Team	2019-2020

PRIORITY: Reduce the number of people admitted to hospital with drug and alcohol related problems

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Health Living network localities activity plan for Langlee, Galashiels	• Support individuals with drug and alcohol problems	• Support people to access appropriate services within the community	• Borders Alcohol and drug partnership	2019-20
• Health inequalities provision and establishing new ways to reach all groups	• Work with health inequalities to support people at home	• Provides alternatives for people other than attending the acute hospital	• Borders Alcohol and drug partnership	2019-20

PRIORITY: Reduce the number of people attending the Borders General Hospital on multiple occasions

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Regular meetings between H&SC staff to coordinate services	• Implement three integrated health and social care teams across Eildon • Ensure joint staff meetings and training are in place between all relevant Health and Social care teams to support joint working • Provide access to SBC IT system within NHS sites to support joint working • Further develop the frailty pathways work across the partnership	• Provides services within the person's community to support them to remain at home • Can support the prevention of admission and support discharge home • Can provide a seamless approach to care provision • Can provide alternatives to hospital attendance • Sharing of information to support • Improved staff understanding of roles and responsibilities • Increased confidence between different professions • Increase efficiency from staff • Improved outcomes for people	• Health and Social care team leaders • Allied health professional leads Voluntary sector • SBC Corporate Transformation • Frailty group	March 2018
• Pilot of Anticipatory Care Plans within the Galashiels Health Centre practice population	• Work with GP practices to roll out anticipatory care plans	• Identifies people with long term conditions and frailty who require ongoing support • provides alternative options when medical conditions change • supports people to remain at home	• Dr Anderson – Anticipatory Care Project lead	April 2018
• Locality working group established	• Further development of Locality working group to progress plans	• cross organisations, professional approach to locality provision • supports future service change agenda	• Locality working group	September 2017
• Community capacity building across Eildon	• Work with communities to engage support for people to remain at home	• provides alternatives within the community to support people at home	• Community Capacity Building Team	March 2018

APPENDIX 2
BORDERS WIDE SUMMARY ACTION PLAN

Devised in line with strategic plan together with national outcomes and local objectives.

PRIORITIES	ACTION PLAN
Increase the range of care & support options across the Scottish Borders to enable people to remain in their own homes and communities	• Work with providers in the development of available support services • Support the implementation of new ways of working through the frailty redesign pathway • Support the independent sector to implement "My Home Life" initiative • Support the redesign of Borders Ability Equipment Service to support people in the community • Support development of community capacity building initiatives to develop locality specific services • Development of further healthy living network activity plans • Provide joint training and development for staff • Develop "What Matters" hubs • Adopt the National Anticipatory care plan • Develop integrated teams within each Locality to improve outcomes for the people of that locality • Increase interventions to support people to remain at home and reduce the need for ED /GP attendance • Support discharge from hospital at an appropriate stage with the right service interventions • Early identification of people who require support through early interventions and screening • Establish SBC IT access within identified Health centres to enable NHS staff to access SBC systems and allow Social care & health staff to work from health office
Improve the availability and accessibility of services across the Scottish Borders	• Bring together staff from NHS, SBC and Third sector to work together within integrated teams • Develop a link with the transport hub to establish rural need and potential solutions • Develop "What Matters" hubs
Increase the availability of locally based rehabilitation services across the Scottish Borders	• Support the further development of reablement services within the Third sector • Scope out the gaps in community rehabilitation services across the partnership and devise and implement a structure to address these • Increase access to Allied Health Professionals and support staff to manage peoples' rehabilitation needs within the community • Link with Third sector around development of the reablement model and roll out to all areas • Link with the Day services review programme and input into service redesign as required from each locality • Support and inform future developments within the locality
Increase the range of housing options available across the Scottish Borders	• Work with registered social landlords to develop alternative accommodation across all localities • Support delivery of extra care housing

EILDON HEALTH & SOCIAL CARE
LOCALITY PLAN 2017-2019

WORK HAS BEEN INFORMED BY

This plan has been informed in consultation and dialogue with the stakeholders involved in developing the plans, strategies and programmes listed below:

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- Community Led Support
- Frailty Redesign Programme
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- Scottish Borders Autism Strategy 2015
- Scottish Borders Council Local Housing Strategy 2012-17
- Scottish Borders Learning Disability Service Strategic Commissioning Plan 2016-19
- Strategic Housing Investment Plan (SHIP) 2017-22
- The Keys to life strategy 2013

This consultative approach will continue throughout the delivery of this plan.

HEALTH & SOCIAL CARE LOCALITY PLAN 2017-2019
WHAT DO YOU THINK?

We want to know what you think about this plan.

Please answer these questions online or send it back by **16 September** to:

Christopher Svensson
FREEPOST RRBU – KBCB – JBJG
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Newtown St Boswells | MELROSE | TD6 0SA
tel: 0300 100 1800 | email: integration@scotborders.gov.uk
www.scotborders.gov.uk/HSCPLocalityPlans

1. We would like to know what you think about the Health and Social Care Locality Plan for Eildon.

Do you like:

How it looks?	☐ Yes	☐ No
How it is laid out?	☐ Yes	☐ No
What is in it?	☐ Yes	☐ No

Do you have any other comments? (on a separate sheet if necessary)

2. The priorities in Eildon have been identified as:

- Increase the range of available care and support
- Increase the availability of rehabilitation services
- Improve the availability and accessibility of services
- Increase the range of housing
- Reduce the number of people admitted to hospital with drug and alcohol related problems
- Reduce the number of people attending the Borders General Hospital

Are these the right priorities for Eildon?

☐ Yes ☐ No

Are there any key priorities missing for Eildon?

☐ Yes ☐ No

Please comment: (on a separate sheet if necessary)

3. The Locality Working Group has contributed to the development of this plan and is made up of the following representatives:

Health	Housing Sector	Independent sector	Public/Community Representation
Social Work	Transport	Third sector	

Do you think there are any groups missing? ☐ Yes ☐ No

Please comment: (on a separate sheet if necessary)

4. What is your postcode ..... 5. What is your age .....

6. Do you have a disability?

☐ Yes ☐ No ☐ Prefer not to say

7. Are you a Carer?

☐ Yes ☐ No ☐ Prefer not to say

THANK YOU

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For consultation - July 2017

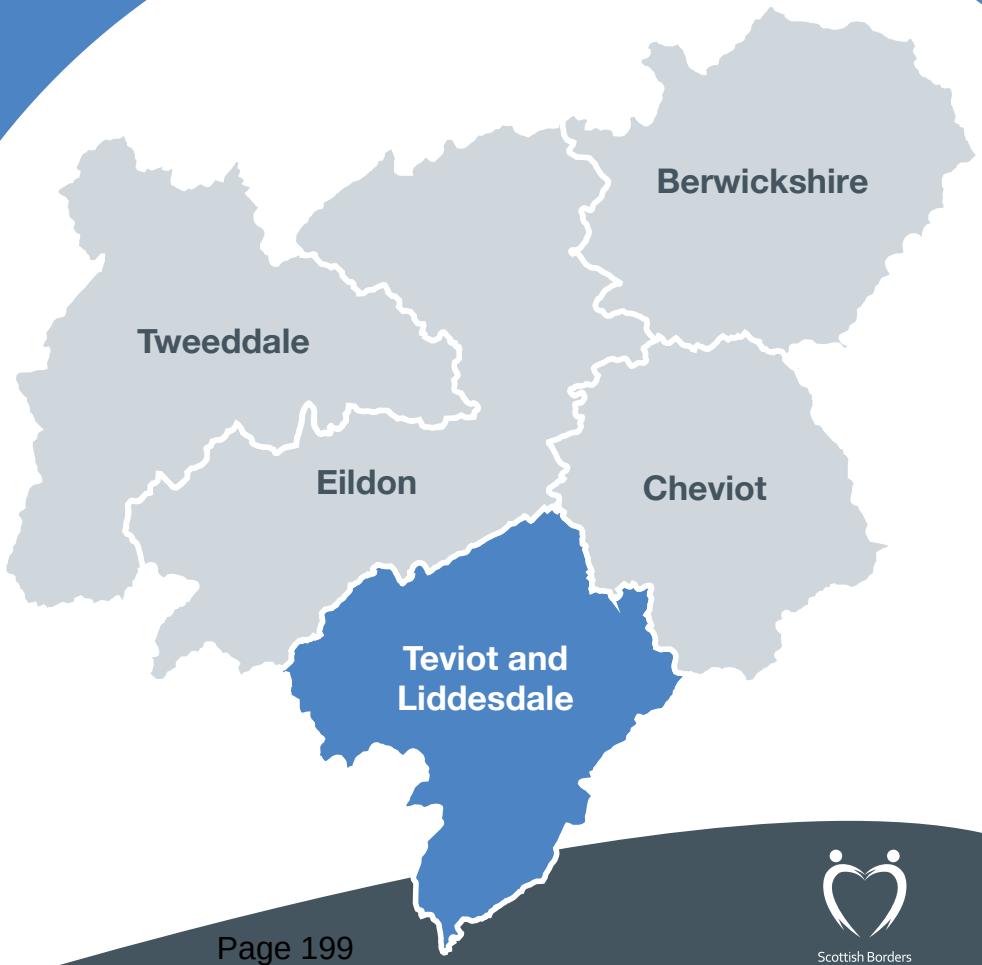
Scottish Borders **Health & Social Care** Partnership

HEALTH & SOCIAL CARE LOCALITY PLAN

TEVIOT & LIDDESDALE

for consultation

2017-2019



Scottish Borders Health and Social Care PARTNERSHIP

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HEALTH & SOCIAL CARE LOCALITY PLAN 2017-2019

1. FOREWORD

In April 2016, following an extensive period of consultation with local people, we published the Scottish Borders Health and Social Care Partnership's Strategic Plan. The Strategic Plan sets out the Partnership's objectives for improving health and social care services for the people in the Scottish Borders and lays the foundation for the key priorities for improvement going forward.

In parallel to this, Community Planning Partnerships (CPP) are also required to produce Locality Plans under the requirements of the Community Empowerment (Scotland) Act 2015. In the future our aspiration is to bring these plans together within one plan.

Guidance from the Scottish Government is clear that local representatives – including health and social care professionals, third and independent sectors, housing, service users and carers - are given the opportunity to influence and inform service planning as we move towards achieving the objectives set out in the Strategic Plan.

As a result local working groups across the five localities in the Scottish Borders have been established. These working groups are made up of local representatives and they have made a significant contribution to the development of this Locality Plan which focuses on local needs and key priorities for improvement from the perspective of local people who use and deliver health and social care services.

Our aim is that we plan, commission and deliver services in a way that puts people at the heart of decision making as well as meets the needs of local communities. As such we want to continue to work in partnership with everyone who has an interest in improving health and social care services at a local level and seek your view on this Locality Plan.

Together, with you, we know we can make a real difference.

Elaine Torrance
Chief Officer for Health and Social Care Integration
Scottish Borders

TEVIOT & LIDDESDALE HEALTH & SOCIAL CARE LOCALITY PLAN 2017-2019

2. CONTEXT FOR THIS PLAN

The Scottish Government, through the Public Bodies (Joint Working) (Scotland) Act 2014 has two very clear aims.

Better **outcomes and experiences** for individuals and communities

Better **use of resources** across health, care and support systems at national and local levels.

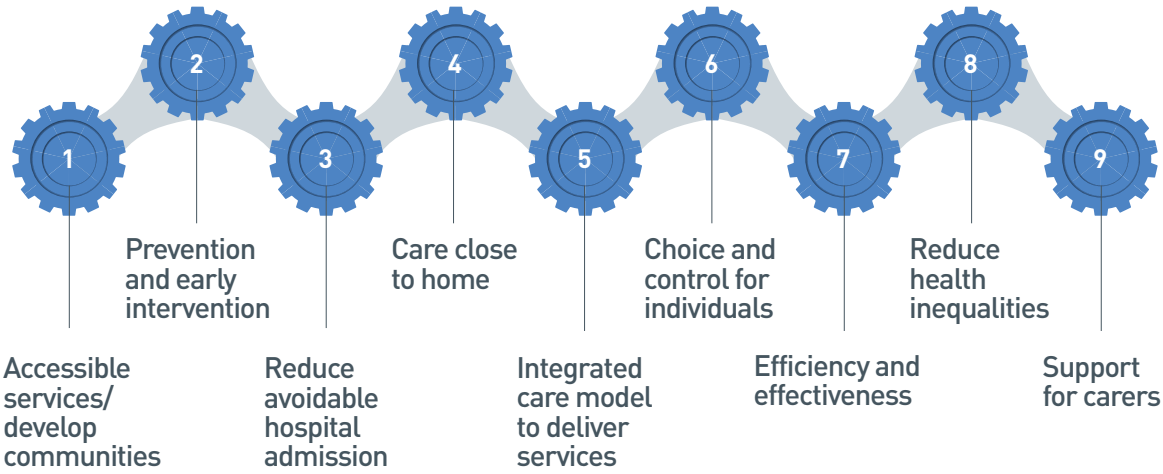
In order to address these aims and after extensive consultation during 2015-2016, the Scottish Borders Health & Social Care Partnership published its Strategic Plan where the following vision and objectives are outlined.

Scottish Borders Strategic Plan 2016 -19

"work together for the best possible health and well-being in our communities"

9 Scottish Borders Local Objectives

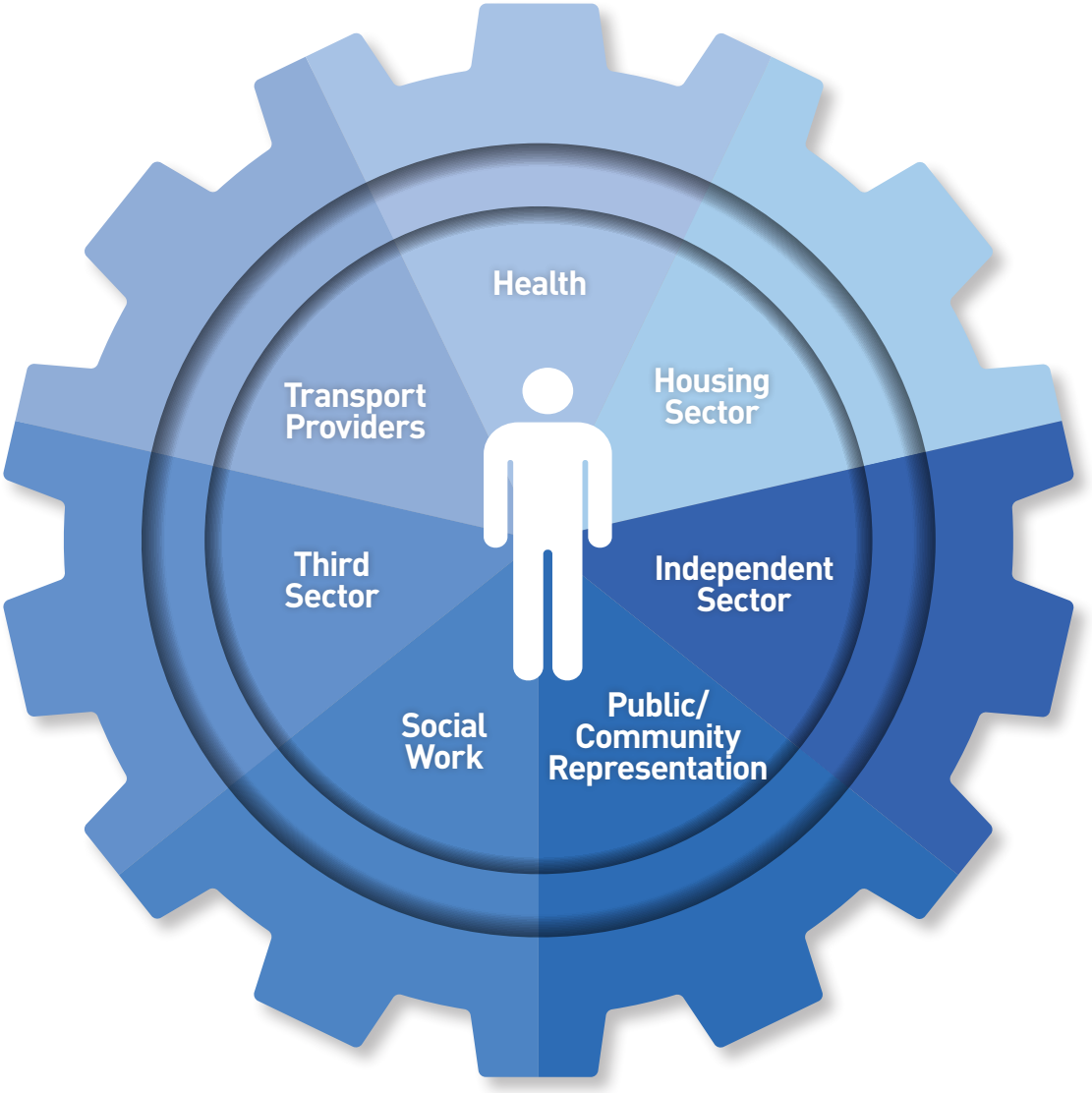
(defined during consultation on our Strategic Plan in 2015)



The Borders Health & Social Care Strategic Plan can be accessed **www.scotborders.gov.uk/HSCStrategicPlan**

How the Partnership seeks to meet the Objectives laid out in the Strategic Plan at a local level requires to be demonstrated in a local plan. The Scottish Borders already has five localities - Berwickshire, Cheviot, Eildon, Teviot & Liddesdale and Tweeddale. **This plan is for Teviot & Liddesdale**.

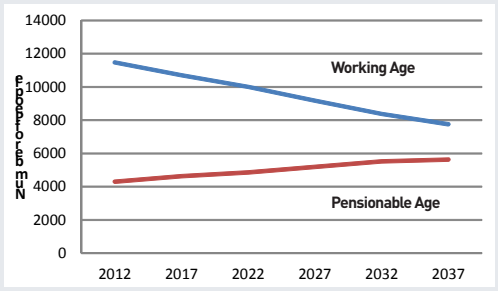
Five Locality Working Groups have been established and have contributed to the development of the five local plans. All key stakeholders are represented on the locality working groups as indicated below:



Details of the Teviot Locality Working Group can be found
www.scotborders.gov.uk/TeviotLocality

3. THE TEVIOT AREA - AREA PROFILE

PROJECTED POPULATION 2012-2037 FOR TEVIOT & LIDDESDALE



65% increase in **pensionable age**

18.4% decrease in **working age**

POPULATION

17,965 population*
(31% of the Scottish Borders)

13.5% aged **0-15**
(Scottish Borders = 16.7%)

58.6% aged **16-64**
(Scottish Borders = 60.2%)

27.9% aged **65+**
(Scottish Borders = 23.1%)

*(est 2014)

AREA

14.2% live in an area of **less than 500 people**
(Scottish Borders = 27.4%)

26% live in **rural areas**
8% Remote rural
18% Accessible rural

Settlements with **more than 500 people:**

TOWN	POPULATION
Hawick	14,003
Newcastleton	757
Denholm	625

HEALTH OF THE LOCALITY

LIFE EXPECTANCY RANGE

77.3 to **78.5 yrs men**
(Scottish Borders = 78.1)

79.9 to **84.1 yrs women**
(Scottish Borders = 82)

Highest rate of **coronary heart disease hospitalisations** and **early deaths**
(compared to the Scottish Borders and Scotland)

646.3 per 100,00
Higher rate of **alcohol related hospitalisations** and **deaths** and **increasing in recent years**
(Compared to Borders = 566)

580.9 per 100,000 Highest rate of **COPD hospitalisations**
(compared to Scottish Borders=497.6)

A&E ATTENDANCE

50.2% non-emergencies could be cared for within **Locality**
(last year 45.9%)

49.8% emergencies
(last year 54.1%)

Higher rate of **emergency hospitalisations**
(compared to Scottish Borders)

LONG TERM CONDITIONS

1,233 on **Diabetes Register**
7.65 % of **GP Register over 15 yrs**

201 on **Dementia Register**
4.34% of **GP Register over 65 yrs**

5463 per **100,000 Multiple emergency hospitalisations Patients 65+**
(Teviot has a higher rate)
(Scottish Borders = 5122.5
Scotland = 5159.5)

NEIGHBOURHOOD AND COMMUNITY INFLUENCES ON HEALTH

15.0% report **accessibility** to **public transport as an issue**
(Scottish Borders=16.6%)

8.4% feel lonely or **isolated**
(Scottish Borders = 6.1%)

8 culture and sport facilities operated by the public sector
(Scottish Borders = 69)

Teviot is the **most deprived population** in the **Scottish Borders** with **over 40%** of its **population living in the 4 most deprived deciles**

Teviot has **highest number** of individuals **claiming JSA and pension credits**

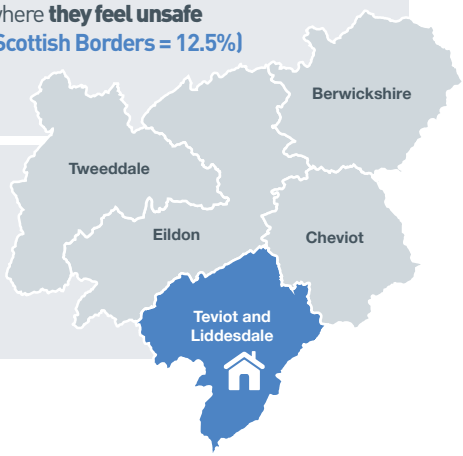
Among lowest suicide rates in the **Scottish Borders** at **12.3 per 100,000**

SAFETY

9.19 Highest rate of **over 75 falls** per 1000
(compared to 5.62 for Scottish Borders)

1.07 rate of **fires** in **homes** per 1,000
(Scottish Borders = 0.74)

17% say there are **areas** where **they feel unsafe**
(Scottish Borders = 12.5%)



PROPOSED HOUSING DEVELOPMENTS

AFFORDABLE HOUSING		EXTRA CARE HOUSING
2017-2018	6 units	-
2018-2019	12 units	-
2019-2020	-	-

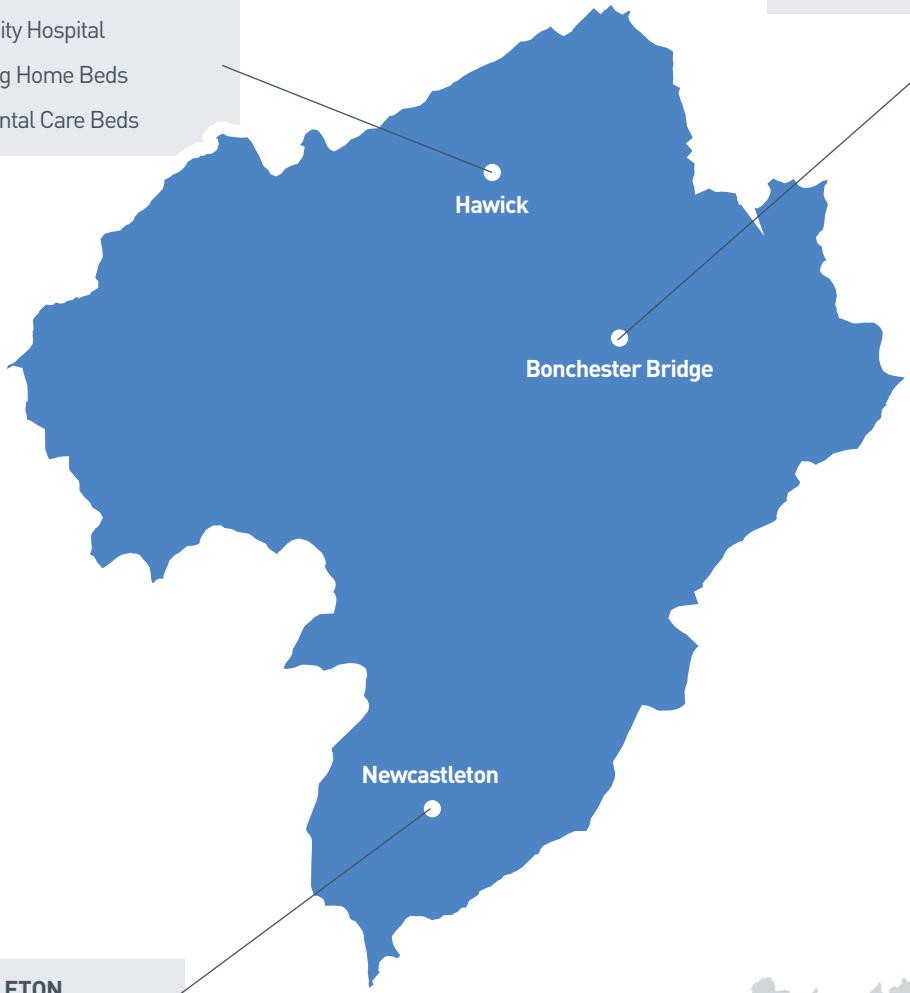
3. THE TEVIOT & LIDDESDALE AREA
SERVICES & SUPPORT 2017-2019

HAWICK

2 GP Practices
5 Pharmacies
3 Dental Practices
3 Opticians
1 Community Nursing Team
1 Social Care & Health Team
1 Community Hospital
72 Nursing Home Beds
56 Residental Care Beds

BONCHESTER BRIDGE

24 Residental Care Beds



NEWCASTLETON

1 GP Dispensing Practice

4. PRIORITIES FOR TEVIOT & LIDDESDALE 2017-2019

Our understanding of Teviot & Liddesdale is taken from:

- our analysis of both national and local data and statistics (e.g. Area Profile),
- the knowledge and experience of our service users and carers
- the views of the Locality Working Group
- the knowledge and experience of staff working within the community

The following priorities for Teviot & Liddesdale have been identified and will contribute to the 9 local objectives for Integration:

PRIORITIES FOR TEVIOT & LIDDESDALE		WHAT MAKES THIS A PRIORITY FOR TEVIOT & LIDDESDALE
•	Improve the availability and accessibility of services for people living in rural areas and towns across Teviot	• limited access to transport networks in rural areas • tendency for services to be located in large settlement areas- • lack of care at home providers in rural areas
•	Increase the availability of locally based rehabilitation services	• limited allied health professional services in the community • limited rehabilitation support workers in the community • no domiciliary physiotherapy services in the community • limited access to day hospital services
•	Increase the range of care and support options across the locality to enable people to remain in their own homes and communities	• difficulty recruiting and sustaining capacity in provider organisations • lack of paid carers across locality • lack of domiciliary care provision • lack of transitional care beds in Teviot • increased reliance on residential and nursing home placements • tendency to pilot different models and approaches within one locality with no roll out to other localities
•	Increase the range of housing options available across the locality	• significant projected increase in people of pensionable age • limited options for housing in rural/outlying areas
•	Develop robust preventative services and early intervention for long term conditions	• higher than average incidence of long term conditions in Teviot • increased non-emergency attendances at BGH due to lack of local alternatives • limited access to preventative services

Work is currently underway to support the delivery of the 9 Local Objectives and an action plan has been developed which identifies work required to ensure the ongoing delivery of the priorities for Teviot. This is summarised in **Appendix 1**.

There are some actions which are common across the whole of the Scottish Borders and will be progressed at a Scottish Borders Partnership level, for example the provision of IT access within integrated sites. These actions can be viewed in the Borders wide summary plan in **Appendix 2**.

These actions will be continually evaluated and the plan updated annually.

APPENDIX 1
ACTION PLAN FOR TEVIOT & LIDDESDALE

PRIORITY: Improve the availability and accessibility of services for people living in rural areas and towns across Teviot

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Investigating integrated team working between Health, Social care and Third sector	• Develop one integrated team covering all areas across the locality • Implement joint staff meetings and training for Health, Social care and Third sector staff	• Improve access to health and social care services at a local level • Sharing of information to support people at home • Improve sharing of information at a local level • Improve staff understanding of roles and responsibilities • Increase efficiency and reduce duplication • Improve access to care at home • Support the prevention of unnecessary admission to hospital • Provide alternatives to attendance at hospital • Reduced inequalities for people within rural areas	• Health and Social care partnership leads, Allied Health Professional leads Third sector leads	March 2018
• Working with the Transport Hub to improve rural transport	• Develop a link with the Transport Hub to establish rural needs and potential solutions	• Supports people from rural areas to access services	• Transport Hub	September 2017
• Establishing "What Matters" hub in Burnfoot, Hawick	• Work with Community led support steering group to establish appropriate "What Matters" hubs across the Teviot locality	• Supports people from rural areas to access information, support and services	• Community led support	2017-18

PRIORITY: Increase the availability of locally based rehabilitation services				
WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Investigating integrated working across Health, Social care and Third sector	• Scope out the gaps in community rehabilitation services across the partnership and devise and implement a structure to address these • Increase access to Allied Health Professionals and support staff to manage peoples' rehabilitation needs within the community	• Support peoples' rehabilitation at home • Reduce hospital admissions • Improve peoples' outcomes • Support safe discharge from hospital • Reduce the reliance on home care provision • Reduce delayed discharges • Reduce the admissions to bed based care facilities • Supports positive risk taking	• Locality working group • Allied Health Professional leads	September 2017
• Rehabilitation approach ongoing with care providers across SB cares and Third/ Independent sector	• Link with Third sector around development of the model and roll out	• Support the reablement work within SB cares and independent home care providers	• Red Cross • SB cares • Independent providers	March 2018
• Day services review	• Link with the programme and input into service redesign as required from the locality	• Supports the redesign of day services • Increased options to support people to remain at home	• Day services review project manager • Locality working group	September 2017
• Live Borders "Active ageing" programme	• Support and inform future developments within the locality	• Supports self-management • Prevents hospital admissions • Maintains peoples' current abilities	• Locality working group • Live Borders	
• Investigating previous examples of good practice	• Review benefits of Teviot Project and scope out opportunities for future development	• Reduced length of stay in hospital • Increased options to support people to remain at home • More people treated at home instead of hospital	• Locality working group • Allied Health Professional leads	October 2017

PRIORITY: Increase the range of available care and support options across the locality to enable people to remain in their own homes and communities

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Burnfoot, Hawick "What Matters" hub launch 22nd May • Ongoing communication in relation to Carers Act • Increased awareness and usage of self-directed support	• Work with Community led support steering group to establish "What Matters" hubs across the Teviot locality • Ensure "What Matters" hubs have relevant information available eg. Carers Act and self-directed support	• People are able to access information and services earlier • People are supported to be as independent as possible • Community resources are key to support people at home • People are supported to self-manage • Reduced waiting lists	• Community led Support Steering group	March 2018
• Increased recruitment by providers • Work with care providers to identify opportunities for development of care services • Frailty redesign programme to ensure people are supported to stay at home • Long term conditions pathway work across the partnership • My Home Life initiative	• Work with providers in the development of available support services • Support the implementation of new ways of working through the frailty redesign pathways • Support the independent sector to implement My Home Life	• Reduced care home admissions • Reduced waiting lists • People are supported to remain at home • People are engaged with at an earlier stage to prevent crisis occurring • Helps to fully engage the skills and expertise of voluntary and third sector partners	• Locality working group • Commissioners • Frailty group • Independent sector • Scottish Care	March 2018
• Reablement provision through Red Cross	• Support the further development of reablement services within the Third sector	• People are supported to stay at home • People are supported to self-manage • Less reliance on home care provision	• Locality working group • Red Cross	March 2018
• Equipment provision being reviewed • Satellite equipment stores being reviewed	• Support the redesign of Borders Ability Equipment Service to support people in the community	• Improved access to equipment at point of need • People are supported to stay at home	• Borders Ability Equipment service	October 2017
• Development of new Community resources	• Support development of community capacity building initiatives	• People are supported to self manage • Training and development to empower individuals • Building capacity to form stronger communities	• Borders Community capacity building team	2017/18
• "Healthy living network" local activities programme in Burnfoot, Hawick	• Link to develop locality specific services • Development of further healthy living network activity plans	• Supports local people to continue to be managed at home • Supports the health inequalities agenda	• Joint Health Improvement Team • Locality working group	September 2017

PRIORITY: Increase the range of available care and support options across the locality cont...

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Paramedic practitioner project, Teviot Medical Practice	• Support rollout at other practices	• Supports people to remain at home • Releases GP capacity	• Teviot Medical Practice • Scottish Ambulance Service	
• Matching Unit launched in Hawick 17th April to source home care provision and match with assessed need	• Increase range of available options from Social Work managed care packages offered at launch to include direct payments and individual service fund	• Releases staff capacity • Highlight areas where there is difficulty sourcing home care eg. Rural areas	• Matching Unit Project Manager	2017/18
• Participatory budgeting (PB) at Burnfoot Community Centre	• Engage with Burnfoot Community Futures following their successful bid for a new social group for senior ages	• Reduces loneliness and isolation • Provides services within local community	• Burnfoot Community Futures	October 2017

PRIORITY: Increase the range of housing options available across the locality

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Local housing providers represented on Locality working group	• Work with registered social landlords to develop alternative accommodation across all areas of the locality	• Increase availability of affordable housing	• Registered social landlords • Housing Strategy team	2017-2019
• Strategic Housing Investment Plan (SHIP) 2017-22	• Support the development of appropriate extra care housing	• People are able to access appropriate supported housing within their own communities	• Housing Strategy team	2020-2021

PRIORITY: Develop robust preventative services and early intervention for long term conditions

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Ongoing long term conditions pathway work • Gathering information on diabetes pathway with Information Service Division (ISD)	• Improve preventative and early intervention elements of the care pathway	• Supports people to self-manage at home • Supports people to remain well for longer	• Primary Care Team • Consultant for diabetes	March 2018
• GP Cluster leads appointed	• Work with GP cluster quality leads to improve preventative approaches in primary care	• Identifies people with long term conditions to be supported earlier	• GP cluster quality leads	March 2018
• Establishing "What Matters" hub in Burnfoot, Hawick • NHS Informs relaunched	• Improve access to information on self -management	• Earlier access to condition specific information	• Locality working group	September 2017
• National Anticipatory Plan	• Support the rollout of anticipatory care planning	• Early identification of support mechanisms	• GP cluster quality leads	March 2018

APPENDIX 2
BORDERS WIDE SUMMARY ACTION PLAN

Devised in line with strategic plan together with national outcomes and local objectives.

PRIORITIES	ACTION PLAN
Increase the range of care & support options across the Scottish Borders to enable people to remain in their own homes and communities	• Work with providers in the development of available support services • Support the implementation of new ways of working through the frailty redesign pathway • Support the independent sector to implement "My Home Life" initiative • Support the redesign of Borders Ability Equipment Service to support people in the community • Support development of community capacity building initiatives to develop locality specific services • Development of further healthy living network activity plans • Provide joint training and development for staff • Develop "What Matters" hubs • Adopt the National Anticipatory care plan • Develop integrated teams within each Locality to improve outcomes for the people of that locality • Increase interventions to support people to remain at home and reduce the need for ED /GP attendance • Support discharge from hospital at an appropriate stage with the right service interventions • Early identification of people who require support through early interventions and screening • Establish SBC IT access within identified Health centres to enable NHS staff to access SBC systems and allow Social care & health staff to work from health office
Improve the availability and accessibility of services across the Scottish Borders	• Bring together staff from NHS, SBC and Third sector to work together within integrated teams • Develop a link with the transport hub to establish rural need and potential solutions • Develop "What Matters" hubs
Increase the availability of locally based rehabilitation services across the Scottish Borders	• Support the further development of reablement services within the Third sector • Scope out the gaps in community rehabilitation services across the partnership and devise and implement a structure to address these • Increase access to Allied Health Professionals and support staff to manage peoples' rehabilitation needs within the community • Link with Third sector around development of the reablement model and roll out to all areas • Link with the Day services review programme and input into service redesign as required from each locality • Support and inform future developments within the locality
Increase the range of housing options available across the Scottish Borders	• Work with registered social landlords to develop alternative accommodation across all localities • Support delivery of extra care housing

WORK HAS BEEN INFORMED BY

This plan has been informed in consultation and dialogue with the stakeholders involved in developing the plans, strategies and programmes listed below:

- Community Learning and Development Strategic Plan 2015-2020
- Community Led Support
- Frailty Redesign Programme
- Living well with a disability - Future services for people with a physical disability 2013
- Reducing inequalities in the Scottish Borders 2015-2020 Strategic Plan
- Scottish Borders Alcohol & Drugs Partnership Strategy 2015-2020
- Scottish Borders Autism Strategy 2015
- Scottish Borders Council Local Housing Strategy 2012-17
- Scottish Borders Learning Disability Service Strategic Commissioning Plan 2016-19
- Strategic Housing Investment Plan (SHIP) 2017-22
- The Keys to life strategy 2013

This consultative approach will continue throughout the delivery of this plan.

HEALTH & SOCIAL CARE LOCALITY PLAN 2017-2019
WHAT DO YOU THINK?

We want to know what you think about this plan.

Please answer these questions online or send it back by **16 September** to:

Christopher Svensson
FREEPOST RRBU – KBCB – JBJG
Borders Health and Social Care Partnership | Council Headquarters
Newtown St Boswells | MELROSE | TD6 0SA
tel: 0300 100 1800 | email: integration@scotborders.gov.uk
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What is in it?	☐ Yes	☐ No

Do you have any other comments? (on a separate sheet if necessary)

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- Improve the availability and accessibility of services
- Increase the availability of rehabilitation services
- Increase the range of available care and support
- Increase the range of housing
- Develop robust preventative services and early intervention for long term conditions

Are these the right priorities for Teviot & Liddesdale?

☐ Yes ☐ No

Are there any key priorities missing for Teviot & Liddesdale?

☐ Yes ☐ No

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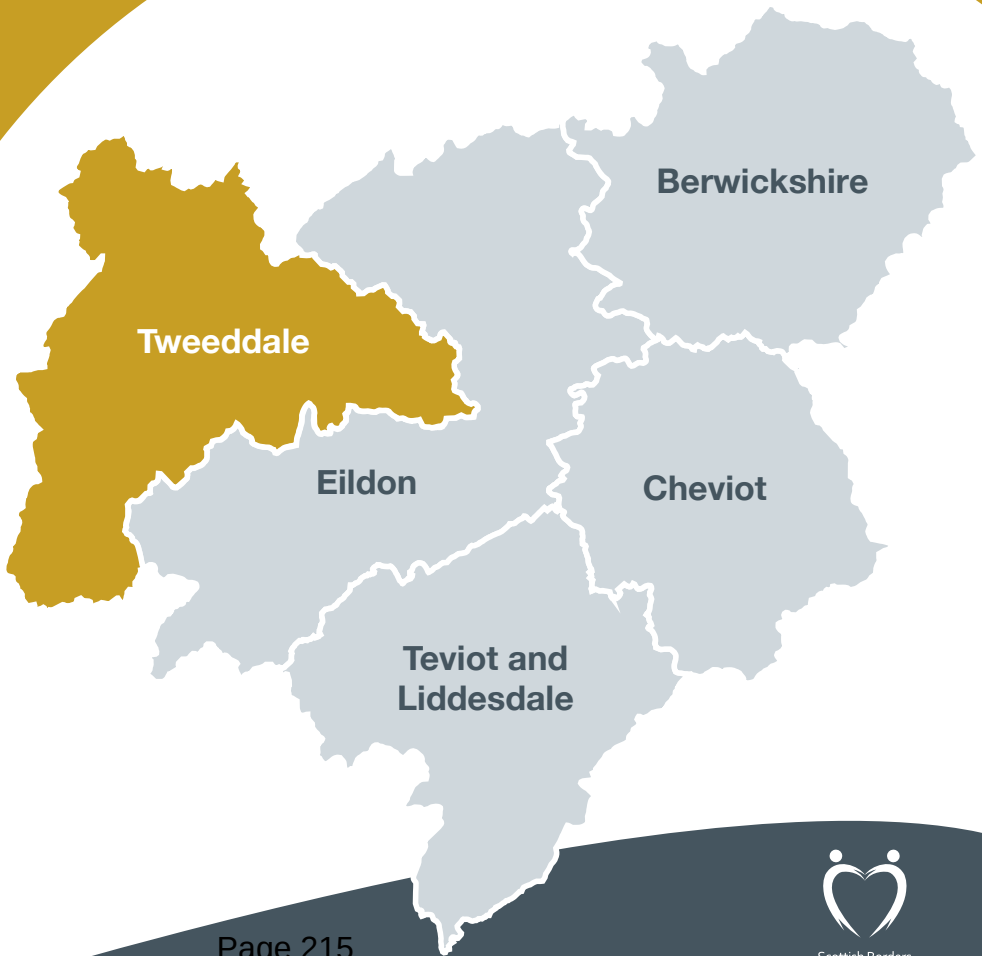
Scottish Borders Health & Social Care Partnership

HEALTH & SOCIAL CARE LOCALITY PLAN TWEEDDALE

for consultation

2017-2019



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Together, with you, we know we can make a real difference.

Elaine Torrance
Chief Officer for Health and Social Care Integration
Scottish Borders

2. CONTEXT FOR THIS PLAN

The Scottish Government, through the Public Bodies (Joint Working) (Scotland) Act 2014 has two very clear aims.

Better **outcomes and experiences** for individuals and communities

Better **use of resources** across health, care and support systems at national and local levels.

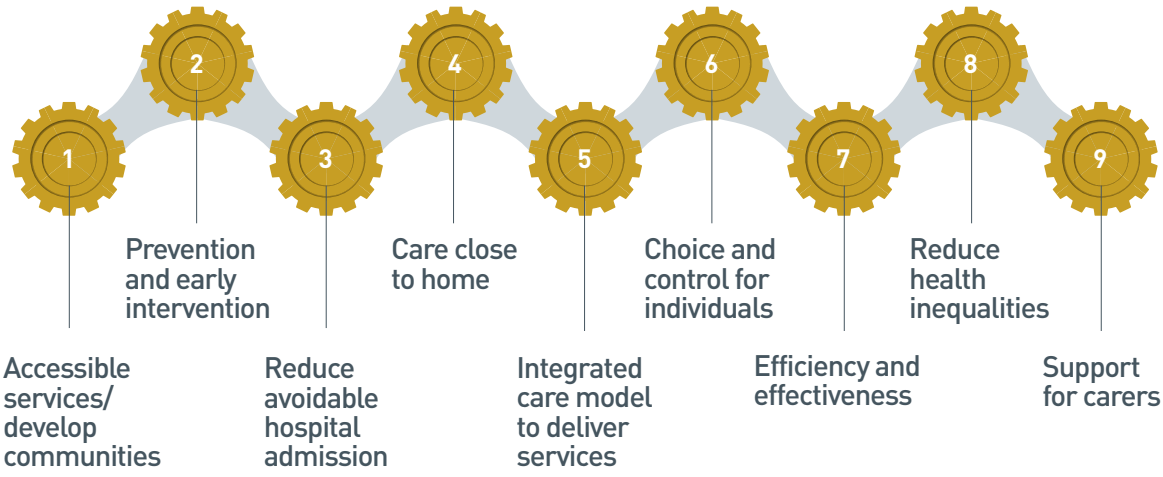
In order to address these aims and after extensive consultation during 2015-2016, the Scottish Borders Health & Social Care Partnership published its Strategic Plan where the following vision and objectives are outlined.

Scottish Borders Strategic Plan 2016 -19

"work together for the best possible health and well-being in our communities"

9 Scottish Borders Local Objectives

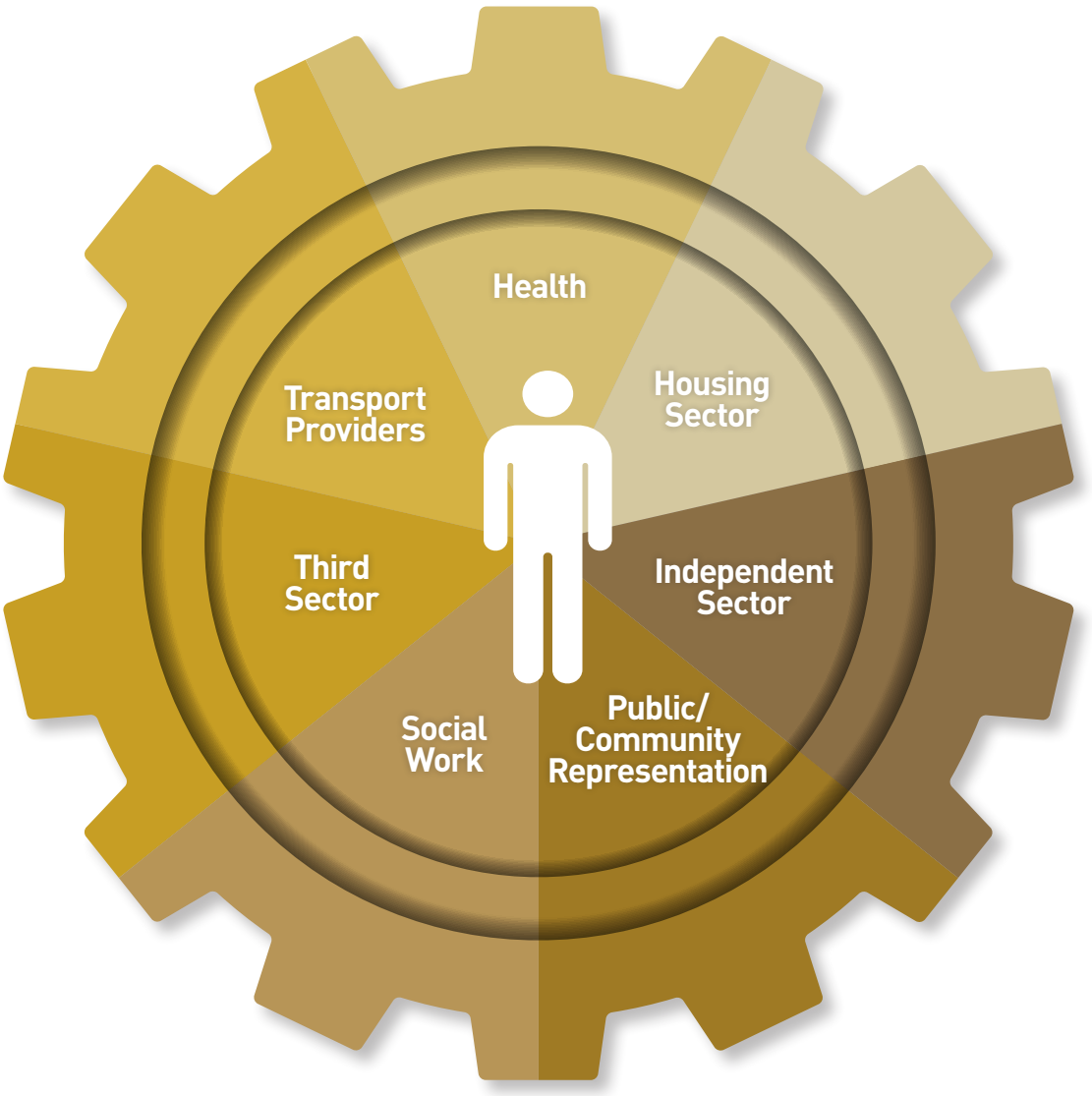
(defined during consultation on our Strategic Plan in 2015)



The Borders Health & Social Care Strategic Plan can be accessed **www.scotborders.gov.uk/HSCStrategicPlan**

How the Partnership seeks to meet the Objectives laid out in the Strategic Plan at a local level requires to be demonstrated in a local plan. The Scottish Borders already has five localities – Berwickshire, Cheviot, Eildon, Teviot & Liddesdale and Tweeddale. **This plan is for Tweeddale**.

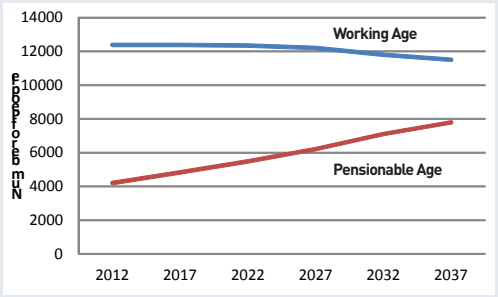
Five Locality Working Groups have been established and have contributed to the development of the five local plans. All key stakeholders are represented on the locality working groups as indicated below:



Details of the Tweeddale Locality Working Group can be found
www.scotborders.gov.uk/TweeddaleLocality

3. THE TWEEDDALE AREA - AREA PROFILE

PROJECTED POPULATION 2012-2037 FOR TWEEDDALE



85.1% increase in **pensionable age**

28.1% decrease in **working age**

POPULATION

20,175 population*
(31% of the Scottish Borders)

18.8% aged **0-15**
(Scottish Borders = 16.7%)

61.6% aged **16-64**
(Scottish Borders = 60.2%)

19.6% aged **65+**
(Scottish Borders = 23.1%)

*(est 2014)

AREA

28.4% live in an area of **less than 500 people**
(Scottish Borders = 27.4%)

47% live in **rural areas**
15% Remote rural
32% Accessible rural

Settlements with **more than 500 people:**

TOWN	POPULATION
Peebles	8,583
Innerleithen	3,064
West Linton	1,561
Cardrona	919
Walkerburn	711

HEALTH OF THE LOCALITY

LIFE EXPECTANCY RANGE

77.6 to **81.2 yrs men**
(Scottish Borders = 78.1)

80.9 to **84.5 yrs women**
(Scottish Borders = 82)

Higher rate of **of coronary heart disease**
(Compared to Scottish Borders and Scotland)

Lower rate of **early deaths** of **coronary heart disease or cancer**

Rate of **alcohol related hospitalisations (518.4 per 100,000)** has **risen in last 12 years, increasing from lowest to 3rd highest in the Scottish Borders (566.0)**

A&E ATTENDANCE

54.0% non-emergencies could be cared for within **Locality**
(last year 51.1%)

46.0% emergencies require hospital care
(last year 48.9%)

Lower rate of **emergency hospitalisations**
(compared to Scottish Borders)

Lowest rate **3.96** of **Over 75 Falls** per 1,000
(Scottish Borders = 5.62)

LONG TERM CONDITIONS

898 on **Diabetes Register**
5.5 % of **GP Register over 15 yrs**

148 on **Dementia Register**
3.54% of **GP Register over 65 yrs**

5410 per **100,000 Multiple emergency hospitalisations Patients 65+**
(Tweeddale has a higher rate)
(Scottish Borders = 5122.5
Scotland = 5159.5)

NEIGHBOURHOOD AND COMMUNITY INFLUENCES ON HEALTH

13.8% report **Accessibility** to **public transport** as an issue
(Scottish Borders =16.6%)

3.5% feel lonely or **isolated**
(Scottish Borders = 6.1%)

12 culture and sport facilities operated by the public sector
(Scottish Borders = 69)

Tweeddale is the **least deprived locality** with none of its **population living** in the **most deprived deciles and over 75% living in least deprived.**

Lower percentage of **pension credit claimants (4.9%)** than **Scottish Borders (5.8%)** and **Scotland (7.7%)**

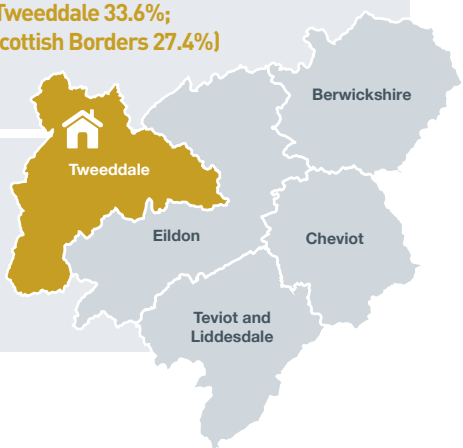
Among lowest suicide rates **12.9 per 100,000**
(Scottish Borders=15.7; Scotland =14.7)

SAFETY

Lowest rate 0.42 of **fires** in **homes** per 1,000
(Scottish Borders = 0.74)

11.5% say there are **areas** where **they feel unsafe**
(Scottish Borders = 12.5%)

Highest number of **residents involved** in **voluntary work**
(Tweeddale 33.6%;
Scottish Borders 27.4%)



PROPOSED HOUSING DEVELOPMENTS

AFFORDABLE HOUSING		EXTRA CARE HOUSING
2017-2018	4 units	-
2018-2019	42 units	-
2019-2020	40 units	-

3. THE TWEEDDALE AREA
SERVICES & SUPPORT 2017-2019

WEST LINTON

1 GP Practice
1 Pharmacy
1 Dental Practice
1 Optician

LAMANCHA

38 Residental Care Beds

PEEBLES

2 GP Practices
2 Pharmacies
4 Dental Practices
3 Opticians
1 Community Nursing Team
1 Social Care & Health Team
28 Nursing Home Beds

INNERLEITHEN

1 GP Practice
1 Pharmacy
24 Residental Care Beds

4. PRIORITIES FOR TWEEDDALE 2017-2019

Our understanding of Tweeddale is taken from:

- our analysis of both national and local data and statistics (e.g. Area Profile),
- the knowledge and experience of our service users and carers
- the views of the Locality Working Group
- the knowledge and experience of staff working within the community

The following priorities for Tweeddale have been identified and will contribute to the 9 local objectives for Integration:

PRIORITIES FOR TWEEDDALE		WHAT MAKES THIS A PRIORITY FOR TWEEDDALE
•	Improve the availability and accessibility of services for people living in rural areas and towns across Tweeddale	• limited access to transport networks in rural areas • tendency for services to be located in large settlement areas • lack of care at home providers in the rural areas
•	Increase the availability of locally based rehabilitation services	• limited allied health professional services in the community • limited rehabilitation support workers in the community • no domiciliary physiotherapy services in the community • limited access to day hospital services
•	Increase the range of care and support options available across the locality to enable people to remain in their own homes and communities	• difficulty recruiting and sustaining capacity in provider organisations • lack of paid carers across locality • lack of domiciliary care provision • lack of transitional care beds in Berwickshire • increased reliance on residential and nursing home placements • tendency to pilot different models and approaches within one locality with no roll out to other localities
•	Increase the range of housing options across the locality	• significant projected increase in people of pensionable age • limited options for housing in rural/outlying areas

Work is currently underway to support the delivery of the 9 Local Objectives and an action plan has been developed which identifies work required to ensure the ongoing delivery of the priorities for Tweeddale. This is summarised in **Appendix 1**.

There are some actions which are common across the whole of the Scottish Borders and will be progressed at a Scottish Borders Partnership level, for example the provision of IT access within integrated sites. These actions can be viewed in the Borders wide summary plan in **Appendix 2**.

These actions will be continually evaluated and the plan updated annually.

APPENDIX 1
ACTION PLAN FOR TWEEDDALE

PRIORITY: Improve the availability and accessibility of services for people living in rural areas and towns across Tweeddale

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Investigating integrated team working between Health, Social care and Third sector	• Develop one integrated team covering all areas across the locality • Implement joint staff meetings and training for Health, Social care and Third sector staff	• Improve access to health and social care services at a local level • Sharing of information to support people at home • Improve sharing of information at a local level • Improve staff understanding of roles and responsibilities • Increase efficiency and reduce duplication • Improve access to care at home • Support the prevention of unnecessary admission to hospital • Provide alternatives to attendance at hospital • Reduced inequalities for people within rural areas	• Health and Social care partnership leads • Allied Health Professional leads • Third sector leads	September 2017
• Working with the Transport Hub to improve rural transport	• Develop a link with the Transport Hub to establish rural needs and potential solutions	• Supports people from rural areas to access services	• Transport Hub	September 2017
• Community led support steering group considering suitable locations for 'What Matters' hubs throughout Tweeddale	• Work with community led support steering group to establish appropriate "What Matters" hubs across the Tweeddale locality	• Supports people from rural areas to access information, support and services	• Community led support	2017-18

PRIORITY: Increase the availability of locally based rehabilitation services				
WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Investigating integrated working across Health, Social care and Third sector	• Scope out the gaps in community rehabilitation services across the partnership and devise and implement a structure to address these • Increase access to Allied Health Professionals and support staff to manage peoples' rehabilitation needs within the community • Improve the availability and accessibility of information provided around what services and types of care are available to patients	• Support peoples' rehabilitation at home • Reduce hospital admissions • Improve peoples' outcomes • Support safe discharge from hospital • Reduce the reliance on home care provision • Reduce delayed discharges • Reduce the admissions to bed based care facilities • Supports positive risk taking	• Locality working group • Allied Health Professional leads	September 2017
• Rehabilitation approach ongoing with care providers across SB cares and Third/ Independent sector	• Link with Third sector around development of the model and roll out	• Support the reablement work within SB cares and independent home care providers	• Red Cross • SB cares • Independent providers	March 2018
• Day services review	• Link with the programme and input into service redesign as required from the locality	• Supports the redesign of day services • Increased options to support people to remain at home	• Day services review project manager • Locality working group	September 2017
• Live Borders "Active ageing" programme	• Support and inform future developments within the locality	• Supports self-management • Prevents hospital admissions • Maintains peoples' current abilities	• Locality working group • Live Borders	March 2018
	• Further develop Day hospital and Day services options to meet rehabilitation needs	• Increased rehabilitation options	• Health and Social care partnership leads • Allied Health Professional leads	March 2018
	• Investigate options to provide domiciliary multidisciplinary outreach services	• Increased options to support people to remain at home	• Allied health professional leads	March 2018

PRIORITY: Increase the range of available care and support options across the locality to enable people to remain in their own homes and communities

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Community led support steering group considering suitable locations for "What Matters" hubs throughout Tweeddale • Ongoing communication in relation to Carers Act • Increased awareness and usage of self-directed support	• Work with Community led support steering group to establish "What Matters" hubs across the Tweeddale locality • Ensure "What Matters" hubs have relevant information available eg. Carers Act and self-directed support	• People are able to access information and services earlier • People are supported to be as independent as possible • Community resources are key to support people at home • People are supported to self-manage • Reduced waiting lists	• Community led Support Steering group	March 2018
• Increased recruitment by providers • Work with care providers to identify opportunities for development of care services • Frailty redesign programme to ensure people are supported to stay at home • Long term conditions pathway work across the partnership • My Home Life initiative	• Work with providers in the development of available support services • Support the implementation of new ways of working through the frailty redesign pathways • Support the independent sector to implement My Home Life	• Reduced care home admissions • Reduced waiting lists • People are supported to remain at home • People are engaged with at an earlier stage to prevent crisis occurring • Helps to fully engage the skills and expertise of voluntary and third sector partners	• Locality working group • Commissioners • Frailty group • Independent sector • Scottish Care	March 2018
• Reablement provision through Red Cross	• Support the further development of reablement services within the third sector	• People are supported to stay at home • People are supported to self-manage • Less reliance on home care provision	• Locality working group • Red Cross	March 2018
• Equipment provision being reviewed • Satellite equipment stores being reviewed	• Support the redesign of the Borders Ability Equipment Service to support people in the community	• Improved access to equipment at point of need • People are supported to stay at home	• Borders Ability Equipment Service	October 2017
• Development of new Community resources	• Support development of community capacity building initiatives	• People are supported to self-manage • Training and development to empower Individuals, therefore building capacity to form stronger communities • Intergenerational support and learning	• Borders Community capacity building team	2017/18
• Transforming Care after Treatment joint project (TCAT)	• Link with TCAT joint project team	• People are able to live as independently as possible in their community following treatment from cancer	• Macmillan • Red Cross • FitBorders • Scottish Borders Council • NHS Borders	October 2017
• Matching Unit launched in Peebles 22nd May to source home care provision and match with assessed need	• Increase available options from Social Work managed care packages offered at launch to include direct payments and individual service fund	• Releases staff capacity • Highlight areas where there is difficulty sourcing home care eg. Rural areas	• Matching Unit Project Manager	2017/18

PRIORITY: Increase the range of housing options available across the locality				
WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Local housing providers represented on Locality Working Group	• Work with registered social landlords to develop alternative accommodation across all areas of the locality	• Increase availability of affordable housing	• Registered social Landlords Housing strategy team	2017-2019
• Extra care housing, Dovecot Court, Peebles	• Ongoing support and development of Dovecot Court, Peebles	• People are able to access appropriate supported housing within their own communities	• Eildon Housing Association	2017-2019

APPENDIX 2
BORDERS WIDE SUMMARY ACTION PLAN

Devised in line with strategic plan together with national outcomes and local objectives.

PRIORITIES	ACTION PLAN
Increase the range of care & support options across the Scottish Borders to enable people to remain in their own homes and communities	• Work with providers in the development of available support services • Support the implementation of new ways of working through the frailty redesign pathway • Support the independent sector to implement "My Home Life" initiative • Support the redesign of Borders Ability Equipment Service to support people in the community • Support development of community capacity building initiatives to develop locality specific services • Development of further healthy living network activity plans • Provide joint training and development for staff • Develop "What Matters" hubs • Adopt the National Anticipatory care plan • Develop integrated teams within each Locality to improve outcomes for the people of that locality • Increase interventions to support people to remain at home and reduce the need for ED /GP attendance • Support discharge from hospital at an appropriate stage with the right service interventions • Early identification of people who require support through early interventions and screening • Establish SBC IT access within identified Health centres to enable NHS staff to access SBC systems and allow Social care & health staff to work from health office
Improve the availability and accessibility of services across the Scottish Borders	• Bring together staff from NHS, SBC and Third sector to work together within integrated teams • Develop a link with the transport hub to establish rural need and potential solutions • Develop "What Matters" hubs
Increase the availability of locally based rehabilitation services across the Scottish Borders	• Support the further development of reablement services within the Third sector • Scope out the gaps in community rehabilitation services across the partnership and devise and implement a structure to address these • Increase access to Allied Health Professionals and support staff to manage peoples' rehabilitation needs within the community • Link with Third sector around development of the reablement model and roll out to all areas • Link with the Day services review programme and input into service redesign as required from each locality • Support and inform future developments within the locality
Increase the range of housing options available across the Scottish Borders	• Work with registered social landlords to develop alternative accommodation across all localities • Support delivery of extra care housing

TWEEDDALE HEALTH & SOCIAL CARE LOCALITY PLAN 2017-2019

WORK HAS BEEN INFORMED BY

This plan has been informed in consultation and dialogue with the stakeholders involved in developing the plans, strategies and programmes listed below:

- Community Learning and Development Strategic Plan 2015-2020
- Community Led Support
- Frailty Redesign Programme
- Living well with a disability - Future services for people with a physical disability 2013
- Reducing inequalities in the Scottish Borders 2015-2020 Strategic Plan
- Scottish Borders Alcohol & Drugs Partnership Strategy 2015-2020
- Scottish Borders Autism Strategy 2015
- Scottish Borders Council Local Housing Strategy 2012-17
- Scottish Borders Learning Disability Service Strategic Commissioning Plan 2016-19
- Strategic Housing Investment Plan (SHIP) 2017-22
- The Keys to life strategy 2013

This consultative approach will continue throughout the delivery of this plan.

HEALTH & SOCIAL CARE LOCALITY PLAN 2017-2019
WHAT DO YOU THINK?

We want to know what you think about this plan.

Please answer these questions online or send it back by **16 September** to:

Christopher Svensson
FREEPOST RRBU – KBCB – JBJG
Borders Health and Social Care Partnership | Council Headquarters
Newtown St Boswells | MELROSE | TD6 0SA
tel: 0300 100 1800 | email: integration@scotborders.gov.uk
www.scotborders.gov.uk/HSCPLocalityPlans

1. We would like to know what you think about the Health and Social Care Locality Plan for Tweeddale.

Do you like:

How it looks?	☐ Yes	☐ No
How it is laid out?	☐ Yes	☐ No
What is in it?	☐ Yes	☐ No

Do you have any other comments? (on a separate sheet if necessary)

2. The priorities in Tweeddale have been identified as:

- Improve the availability and accessibility of services
- Increase the availability of rehabilitation services
- Increase the range of available care and support
- Increase the range of housing

Are these the right priorities for Tweeddale?

☐ Yes ☐ No

Are there any key priorities missing for Tweeddale?

☐ Yes ☐ No

Please comment: (on a separate sheet if necessary)

3. The Locality Working Group has contributed to the development of this plan and is made up of the following representatives:

Health	Housing Sector	Independent sector	Public/Community Representation
Social Work	Transport	Third sector	

Do you think there are any groups missing? ☐ Yes ☐ No

Please comment: (on a separate sheet if necessary)

4. What is your postcode ..... 5. What is your age .....

6. Do you have a disability?

☐ Yes ☐ No ☐ Prefer not to say

7. Are you a Carer?

☐ Yes ☐ No ☐ Prefer not to say

THANK YOU

Thank you for completing this survey.

Scottish Borders Council will treat your information in strictest confidence and will store it securely. We will not disclose your personal information to anyone outside our organisation and it will be destroyed in line with our retention schedule.

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SCOTTISH BORDERS COUNCIL
Council Headquarters | Newtown St Boswells | MELROSE | TD6 0SA
tel: 0300 100 1800
email: integration@scotborders.gov.uk
www.scotborders.gov.uk/HSCPLocalityPlans

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For consultation - July 2017

Scottish Borders
Health and Social Care
PARTNERSHIP

UPDATE ON BUURTZORG IN THE BORDERS

Aim

1.1 This paper aims to update the IJB on progress so far on the implementation of a neighbourhood care model in the Borders.

1.2 The aim of this model is to develop a relationship based model of holistic care which uses an integration approach to improve outcomes for people receiving care in our communities.

.

Background

2.1 Buurtzorg in Dutch means neighbourhood care. This approach to care in the community was developed over a decade ago in the Netherlands. It has key principles which include a nurse led approach to integrated and holistic care, with teams of no more than twelve, who self-manage to care for a client caseload in a local community.

2.2 The model aims for clients to achieve independence working with informal and formal networks depending on the client need. This has been very successful in the Netherlands and Buurtzorg teams are now delivering care across the country through over 10,000 teams. This approach focuses on supporting the staff delivering care by reducing bureaucracy, providing an enabling IT infrastructure and 'back office' support for the teams to maximise contact time with clients.

2.3 It has proved very successful in the Netherlands with evidence of improved outcomes for clients, increased satisfaction for both staff and clients.

Summary

3.1 During 2016 we held three events in our communities with open invitations to our population as well as our staff. In the events held in Coldstream, Hawick and Galashiels we had over 150 attendees from a mix of carers, those receiving care, third sector organisations, members of the local communities and staff from SBC, NHS and SB Cares. At these events the model was introduced by a Buurtzorg Nurse and then we held facilitated conversations about what this would mean in the Borders. There was a lot of enthusiasm about testing this model and it was decided that we would start in the Coldstream area.

3.2 In June this year a study trip, which included the Chief Executives of both SBC and NHS Borders, nurses, SB cares director and a carer went to the Netherlands to learn more about the model to translate this into local implementation.

3.3 In Borders the aim is clear that this is an integrated model which focuses on building a relationship with the client to provide holistic and outcomes based approach to care. This is in partnership with SBC, NHS, SB Cares and those receiving care.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** progress do date and support project management resource to increase pace and scale of improvements.

Policy/Strategy Implications	Supports the objectives of integrated working and IJB.
Consultation	-
Risk Assessment	Identified as the project evolves.
Compliance with requirements on Equality and Diversity	Compliant
Resource/Staffing Implications	Project management and project officer support.

Approved by

Name	Designation	Name	Designation
Robert McCulloch-Graham	Chief Officer Health & Social Care		

Author(s)

Name	Designation	Name	Designation
Erica Reid	Lead Nurse for Community		

Integrated Joint Board

Buurtzorg (neighbourhood care) in the Borders

Summary of Progress and Recommendations for Next Steps

1. What is Buurtzorg?

Buurtzorg in Dutch means neighbourhood care. This approach to care in the community was developed over a decade ago in the Netherlands. It has key principles which include a nurse led approach to integrated and holistic care, with teams of no more than twelve, who self-manage to care for a client caseload in a local community.

The model aims for clients to achieve independence working with informal and formal networks depending on the client need. This has been very successful in the Netherlands and Buurtzorg teams are now delivering care across the country through over 10,000 teams. This approach focuses on supporting the staff delivering care by reducing bureaucracy, providing an enabling IT infrastructure and 'back office' support for the teams to maximise contact time with clients.

It has proved very successful in the Netherlands with evidence of improved outcomes for clients, increased satisfaction for both staff and clients.

2. A Borders Approach to Neighourhood Care

Since July last year we have been introducing this concept to the Borders. This has been supported by Healthcare Improvement Scotland(HIS) who have been commissioned by Scottish Government to link and engage with early adopters of this model in Scotland. We are in a national network of areas that are testing this model which include Aberdeen, Highland and a care agency called Cornerstone. We are one of four areas who are actively progressing this model.

During 2016 we held three events in our communities with open invitations to our population as well as our staff. In the events held in Coldstream, Hawick and Galashiels we had over 150 attendees from a mix of carers, those receiving care, third sector organisations, members of the local communities and staff from SBC, NHS and SB Cares. At these events the model was introduced by a Buurtzorg Nurse and then we held facilitated conversations about what this would mean in the Borders. There was a lot of enthusiasm about testing this model and it was decided that we would start in the Coldstream area.

In June this year a study trip, which included the Chief Executives of both SBC and NHS Borders, nurses, SB cares director and a carer went to the Netherlands to learn more about the model to translate this into local implementation.

In Borders the aim is clear that this is an integrated model of care which focuses on building a relationship with the client to provide holistic and outcomes based approach to care.. This is in partnership with SBC, NHS, SB Cares and those receiving care.

3. Why Buurtzorg?

Integration is a key policy driver both at strategic level and point of care delivery. Evelyn and Jean who are both receiving both health and social care, in their individual homes, have shared some of their experiences. They were both happy with the care provided but their comments provide some insights about the challenges of integrated care from the perspective of the person receiving care.

Evelyn's comments:

- 'I know all my carers but not by name and I enjoy having a bit of fun with the lasses'
- 'I have no idea how much care I get, nurses come in the morning and carers through the day for meals'
- 'Nurses and carers are always rushing between jobs, they don't have time to sit and chat.'

Jean's comments

- 'Communication is a great disappointment'
- 'It is very difficult to keep in good communication with nurses and carers'
- 'Time is of the essence so I can't often communicate about important things as I don't want to take time'

There are a small group of people in every locality, like Evelyn and Jean, in the Borders who receive both health and social care. Our aim is to test this model in the Coldstream to integrate care and share learning to spread this across the Borders population.

4. How have we approached this in Coldstream?

a. Executive support

Our Chief Executives have met with the teams in Coldstream (NHS, SBC and SB Cares) and made clear the permission they have given to progress and explore how this model of care can be introduced in our local context.

b. Supporting Local Teams to Work Differently

In August we had support from Public World, a consultancy that are contracted by HIS to provide facilitation and implementation expertise (along with a Buurtzorg Nurse) to work with the Coldstream team for three days and explore in detail how to progress this model. In these three days all SB Cares and the District Nurse team met together to explore local solutions to integrate care. Due to the challenges of local workforce we were unable to provide any additional capacity and the teams had to ensure clients continued to receive care, this led to difficulties in having the whole team together at any one time. However, the team decided to work together on one individual (Evelyn above) to explore different ways of integrating care.

c. Impact on Evelyn

Evelyn is an insulin dependent diabetic who received her insulin in the morning from the district nurse team and then carers are in four times a day to support with meals and some personal care. The teams decided that the District Nurses would make Evelyn her breakfast when visiting to administer her insulin. Over a three week period, Evelyn has progressed from a dependency (sitting

waiting for breakfast to be made) to being able to make this herself. This has been due to the additional investment in time during this morning visit, establishing a relationship with Evelyn to enable her to become more independent. This is a small example of how this approach can be beneficial by improving quality of interaction which has the potential to lead to improved outcomes.

5. Our Partnership Approach

This has been a partnership approach from the outset, firstly with our communities and then between our organisations. We have held several meetings with NHS, SBC and SB Cares colleagues including senior staff and team leaders. They have created a shared vision of our aims in implementing a Buurtzorg model of care:

'A shared and integrated approach to building and sustaining our communities. This model will catalyse creative solutions to achieve meaningful outcomes through effective communication and **real** team work.'

We have also, in partnership, developed an organisational framework with the key principles that teams will be working towards (Appendix 1). Through this we are aiming to transcend our traditional organisational boundaries and provide seamless and integrated services from the perspectives of those receiving care.

We have also listed our proposed evaluation framework which requires us to see health and social care as a whole system without boundaries. For example the financial framework for care in the locality needs to be evaluated as well as the individual components. We need to move towards an outcomes based approached to care and measure this as well as the processes and tasks that are currently more easily measured. See appendix 2 for the proposed evaluation framework.

6. Recommendations

- To note progress to date on Buurtzorg in the Borders
- To approve the organisational framework within which the teams will operate
- To consider providing project management and project officer support to help to create conditions for success through supporting care teams to break the boundaries of our traditional care models and cut through the bureaucracy that reduces client facing time. This will also support an increased pace of change and improvement.

Erica Reid,

Lead Nurse for Community.

October 2017

Appendix 1 – Organisational Framework

Good Quality Care	**Staff Wellbeing**	**Financial Health**
Holistic and person-centred	Appropriate staffing levels	Commissioning Framework
One vision	Clear expectations, well defined	Performance Framework
One Team	Small teams	Clarity
Working to National Care Standards across both health and social care, eg Care Inspectorate	Joint responsibility for care	Local Management
Working in partnership with the client	Work life balance	Joint Responsibility
All staff with appropriate and up to date registration and/or training	Trust each other	
One single point of contact to discuss care provided	Well resourced	
Effective communication with patients – staff listen	Trained and Skilled	
Take an outcomes approach		
Expectations discussed and defined with clients		
Collaboration with formal and informal networks		
Shared Care Plans		

Appendix 2 – Evaluation Framework

Draft Proposed Dataset

Purpose of Dataset

To provide evidence the Buurtzorg model can be translated into our local context, and can provide holistic, efficient and effective care. By March 2018 this model will have been tested in Coldstream and Greenlaw with the following measures used to monitor progress and define success.

(*Operational definitions to be confirmed.)*

General Measures

- Number of staff, WTEs across health and social care team for population base
- Financial framework for delivery of care to the population

Process Measures

- Patient/client facing time
- Number of service users seen per day/week who receive both health and social care
- Hours of care per service user
- Number individuals visiting each service user per day/week
- Communication between teams and person receiving care
    - Frequency of meetings and quality of communication

Outcome Measures

- Number discharged from caseload
- Number of service users with reduced/reducing hours of care
- Service User Experience
- Staff Experience
- Decreased travel time

Balancing Measures

- Unplanned staff absence
- Hospital Admissions
- Prevented admissions
- Readmissions
- New referrals

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Scottish Borders
Health and Social Care
PARTNERSHIP

HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD BUSINESS CYCLE 2018

Aim

1.1 To provide the Health & Social Care Integration Joint Board with a focused and structured approach to the business that will be required to be conducted over the coming year.

Background

2.1 To deliver against targets and objectives, the Health & Social Care Integration Joint Board must be kept aware of progress on a regular basis.

2.2 Health & Social Care Integration Joint Board meeting agendas will be mainly focused on strategic, clinical and care governance and financial issues in order to facilitate strong debate of items.

2.3 Standing items will be submitted to the Health & Social Care Integration Joint Board in full format with verbal by exception reporting required at the meeting.

2.4 Attached is the proposed Business Cycle for 2018 for the Health & Social Care Integration Joint Board and Development sessions. The business cycle will remain a live document and subject to amendment to accommodate any appropriate changes to timelines, legislative requirements, etc.

Summary

3.1 It is proposed that the Health & Social Care Integration Joint Board meet on no less than 6 occasions throughout 2018 with 5 Development sessions scheduled.

3.2 It is proposed the Audit Committee of the Integration Joint Board meet on no less than 3 occasions throughout 2018 either preceding or following a Board meeting or Development session.

3.3 It is proposed that there are no meetings held in July.

3.4 Both the Scottish Borders Council and the Borders Health Board schedules of meetings have been taken into account in order to maximise attendance.

3.5 All Health & Social Care Integration Joint Board meetings, development sessions and Audit Committee meetings will take place at Scottish Borders Council.

3.6 In order to maximise the availability of Health & Social Care Integration Joint Board (H&SC IJB) members all meetings and sessions have been arranged for Mondays as per the schedule listed below:-

Date/Event	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
H&SC IJB Meeting 2pm to 4pm		12		23		11		20		22		17
H&SC IJB Development Session 9.30am to 12.30	29		19		28				17		19	
H&SC IJB Audit Committee 2pm-4pm (March & September) 10am-12noon (June)			19			11			17			

Recommendation

The Health & Social Care Integration Joint Board is asked to **approve** the proposed meeting dates and business cycle for 2018.

Policy/Strategy Implications	Policy/strategy implications will be addressed in the management of any actions/decisions resulting from the business presented to the Health & Social Care Integration Joint Board.
Consultation	-
Risk Assessment	Risk assessment will be addressed in the management of any actions/decisions resulting from the business presented to the Health & Social Care Integration Joint Board.
Compliance with Board Policy requirements on Equality and Diversity	Compliant
Resource/Staffing Implications	Resource/staffing implications will be addressed in the management of any actions/decisions resulting from the business presented to the Health & Social Care Integration Joint Board.

Approved by

Name	Designation	Name	Designation
Dr Stephen Mather	Chair, Health & Social Care Integration Joint Board	Robert McCulloch-Graham	Chief Officer Health & Social Care

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD BUSINESS PLAN 2018/19 (H&SC IJB)**																	
2																		
3	**Item**	**Recurrence**	**Owner**	**H&SC IJB Development Session 29.01.18 9.30am-12.30**	**H&SC IJB 12.02.18 - 2pm-4pm**	**H&SC IJB Development Session 19.03.18 9.30am-12.30**	**H&SC IJB Audit Committee 19.03.18 - 2pm-4pm**	**H&SC IJB 23.04.18 - 2pm-4pm**	**H&SC IJB Development Session 28.05.18 9.30am-12.30**	**H&SC IJB Audit Committee 11.06.18 - 10am-12**	**H&SC IJB 11.06.18- 2pm-4pm**	**H&SC IJB 20.08.18 - 2pm-4pm**	**H&SC IJB Development Session 17.09.18 9.30am-12.30**	**H&SC IJB Audit Committee 17.09.18 - 2pm-4pm**	**H&SC IJB 22.10.18 - 2pm-4pm**	**H&SC IJB Development Session 19.11.18 9.30am-12.30**	**H&SC IJB 17.12.18 - 2pm-4pm**	**H&SC IJB Development Session January 2019 9.30am-12.30**
4	**Minutes**	each meeting	Board Secretary															
5	**Action Tracker**	each meeting	Board Secretary															
6	**Financial Governance & Management**	each meeting	Chief Financial Officer															
7	**Internal Audit Update Report**	each meeting	Chief Internal Auditor															
8	**Monitoring of the Health & Social Care Partnership Budget**	each meeting	Chief Financial Officer															
9	**Performance Report**	each meeting	Chief Officer					Annual Report 2017/18			QUARTERLY				QUARTERLY		QUARTERLY	
10	**Transformational Programme Update**	each meeting	Chief Officer															
11	**Integration Care Fund Update (ICF)**	each meeting	Chief Officer								PPT							
12	**Inspections Update**	each meeting	Chief Social Work Officer															
13	**Chief Officer Report**	each meeting	Chief Officer															
14	**Statutory & Other Committee minutes**	each meeting	Board Secretary															
15																		
16	**2016/17 Integrated Budget Monitoring Position - Recovery Plan**	/	Chief Financial Officer															
17	**Financial Planning**	/	Chief Financial Officer															
18	**Integration & Rebalancing Care (Prof John Bolton) (Out of Hospital Care)**	/	Chief Officer															
19	**Register of Interests**	yearly	Board Secretary															
20	**Festive Period Report**	yearly	Chief Officer, General Manager Unscheduled Care															
21	**Winter Plan**	yearly	Chief Officer, General Manager Unscheduled Care									DRAFT			FINAL			
22	**NHS Borders Draft Local Delivery Plan 18/19**	yearly	Director of Workforce & Planning															
23	**Code of Corporate Governance Refresh**	yearly	Board Secretary															
24	**Clinical & Care Governance Annual Report**		Chief Officer, Director of Nursing, Medical Director															
25	**H&SC IJB Annual Report**	yearly	Board Secretary															
26	**H&SC IJB Annual Performance Report**	-									2017/18							
27	**Chief Social Work Officer Annual Report**	yearly	Chief Social Work Officer															
28	**IJB Annual Accounts**	yearly	Chief Financial Officer															
29	**Board Committee Memberships**	yearly	Board Secretary															
30	**Board Meeting Dates & Business Cycle**	yearly	Board Secretary															
31	**Review of Strategic Plan Update**	/	Chief Officer															
32	**Alcohol and Drug Partnership Annual Report**	yearly	Director of Public Health															
33	**Health & Social Care Strategic Commissioning Plan Review**	3 yearly	Chief Officer					2018										
34	**Health & Social Care Delivery Plan Update**	/	Chief Officer															
35	**Locality Planning Progress Report**	yearly	Chief Officer															
36	**Financial Plan 2018/19**	yearly	Chief Financial Officer															
37	**Internal Audit Annual Plan**	yearly	Chief Internal Auditor															
38	**External Audit Annual Plan**	yearly	Chief External Auditor															
39	**Commissioning & Implementation Plan Update**	/	Chief Officer															
40	**Transforming Primary Care & Role of GPs**	/	Chief Officer, Angus McVean, Sandra Pratt															
41	**IJB Self Evaluation**	yearly	Chief Internal Auditor															
42	**H&SC IJB Model Publication Scheme Self Assessment**	yearly	Chief Internal Auditor															
43	**Transformation and Efficiencies Update**	/	Chief officer															
44	**Review of Risk Register**	/	Chief Officer															
45	**Annual Review of IJB Terms of Reference**	yearly	Board Secretary															
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Scottish Borders
Health and Social Care
PARTNERSHIP

INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2016/17

Aim

1.1 The aim of this report is to present, for approval, the final audited Annual Accounts of the Integration Joint Board (IJB) for the period to the 31 March 2017, complying with its statutory responsibility to produce financial statements in respect of financial year 2016/17.

Background

2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the Integration Joint Board is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973. This means that the IJB is required to prepare and publish audited annual accounts that meet the reporting requirements specified in relevant legislation and regulation (specifically s.12 of the Local Government in Scotland Act 2003 and regulations under s.105 of the Local Government (Scotland) Act 1973).

2.2 These accounts require to be proportionate to the limited number of transactions of the IJB. They must also comply however, with the public-sector requirement for transparency and true and fair financial reporting. Whilst they formally represent the operating activities of the partnership in financial terms, NHS Borders and Scottish Borders Council are also required to report additional disclosures within their statutory accounts reflecting the formal relationship with the IJB.

2.3 Integration Joint Board accounts require preparation in draft by 30 June each financial year, subject to audit, following which they require approval by the IJB Audit Committee by 30 September. They also require noting by the IJB itself following this approval by the Audit Committee.

2.4 IJB's are specified in legislation as 'section 106' bodies under the terms of the Local Government (Scotland) Act 1973 as amended and as such they are expected to prepare their financial statements in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.

2016/17 Annual Accounts

3.1 The Scottish Borders Health and Social Care Partnership Integration Joint Board was established on 06 February 2016, prior to which it operated as a shadow board. The commencement date for delegation of functions to the IJB was 01 April 2016. Since this date did not occur during 2015/16, the previous year's IJB accounts did not need to include part-year contributions from NHS Borders or Scottish Borders Council or part-year payments from the IJB to respective partners for carrying out its directions.

3.2 This situation has therefore changed for 2016/17 and fuller accounts are required reflecting payment to / from the IJB in respect of functions delegated to it and services commissioned by it.

3.3 Draft accounts were presented to the IJB Audit Committee for noting on 26 June 2017 and submitted to Audit Scotland, the partnership's appointed External Auditor, immediately after. Following a process of independent audit involving the supply of supplementary evidence, explanatory information and incorporation of suggested presentational amendments, a final version incorporating the External Auditor's audit opinion has been agreed. This version is included as **Appendix 1** to this report.

3.4 Under the Code of Practice on Accounting for Local Authorities in the United Kingdom, the IJB accounts must meet a number of specific reporting requirements. These include:

- Management Commentary
- Remuneration Report
- Statement of Responsibilities
- Annual Governance Statement
- Independent Auditor's Report
- Statement of Accounts
- Disclosure Notes to the Accounts

3.5 The Partnership's governance arrangements determine who is responsible for signing the financial statements by 30 September each year, following specification in Regulations under s.105 of the Local Government (Scotland) Act 1973. This is provided for within the Annual Accounts and consists of the IJB Chair, Chief Officer and Chief Financial Officer where relevant. The accounts also require signing by the Independent Auditor by the same date.

Independent Auditor's Conclusions and Recommendations

4.1 The external Independent Auditor submitted the 2016/17 Draft Annual Audit Report on 12 September 2017. It remains draft as, whilst the work of the Independent Auditor is substantially complete, it is subject to the outstanding matters being concluded and final review of the resulting revised set of financial statements provided to them prior to the meeting of the IJB Audit Committee on 25 October 2017.

4.2 This will enable the Independent Auditor to issue an unqualified auditor's report on 26 September 2017.

4.3 **Appendix 2** details the External Auditor's draft Annual Audit Report to the Members of the Scottish Borders Integration Joint Board and the Accounts Commission, together with the Letter of Representation. In addition to the auditor's judgement on the 2016/17 Annual Accounts, it also contains a detailed evaluation of the activities of the IJB against the four dimensions of audit that frame the wider scope of public sector audit requirements – Financial Sustainability, Financial Management, Governance & Transparency and Value for Money.

4.4 The report also recommends an Action Plan based on the 2016/17 Annual Accounts Audit.

4.5 In summary, the Key Messages highlighted within the draft Annual Audit Report are:

2016/17 Annual Accounts

1 Our audit opinions were all unqualified. These covered the financial statements, the remuneration report, the management commentary and the annual governance statement.

Financial management

2 The Integration Joint Board (IJB) has appropriate and effective budgetary processes in place which provide timely and reliable information for monitoring financial performance.

Financial sustainability

3 We concluded that the IJB has adequate financial planning arrangements in place.

Governance and transparency

4 The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the board. However improvements to the arrangements have been identified, including a need to focus on strategic issues rather than operational matters.

5 The Chief Officer and Chief Financial Officer are both leaving their post in September 2017. Changes in key personnel could impact on the ability of the IJB to deliver its strategic objectives.

6 Arrangements for the monitoring and reporting of risks relating to the IJB are not yet fully embedded at the board.

Value for money

7 A performance management framework has been prepared but still needs to be developed and embedded. Performance has started to be reported quarterly to the IJB.

8 An Annual Performance Report for 2016/17 was produced in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

4.6 An unqualified audit opinion on its statutory financial reports and recognition of the robustness of its governance, financial planning and budgetary control arrangements by the Independent Auditor provides the IJB not only with assurance over the financial aspects of its operations, but is a measure of the progress made since its establishment on 06 February 2016. A number of other findings by the Independent Auditor specifically in relation to the Annual Accounts such as in relation to the standard of supporting working papers or the lack of need to make

any material adjustments to the accounts is also very positive, given that this is the IJB's first full year's set of financial statements, with only presentational or disclosure issues requiring adjustment either within the IJB accounts or its partners'.

4.7 A number of key points have been highlighted for further development however. These largely are driven by where the IJB is in the ongoing development of its governance, planning, management and reporting arrangements and cover areas such as risk management, performance management and further development of the budget planning and management of the large hospital budget retained and set-aside. These form the key recommendations within the Action Plan set out by the Independent Auditor and will be progressed to completion during 2017/18.

Recommendation

The Health & Social Care Integration Joint Board is asked to **approve** the report and the 2016/17 Annual Accounts as endorsed by the Integration Joint Board Audit Committee.

Policy/Strategy Implications	The requirement for the Integration Joint Board to produce Annual Accounts for 2016/17 is contained within Regulation 5 (1) of the Local Authority Accounts (Scotland) Regulations 1985.
Consultation	Following preparation of the Annual Accounts for 2016/17, consultation has taken place between the partnership's Chief Financial Officer, NHS Borders' Director of Finance, Scottish Borders Council's Chief Financial Officer and the Chief Internal Auditor of the Integration Joint Board. The Chief Financial Officer has worked closely with the Independent Auditor during the external audit of the accounts process.
Risk Assessment	There are no risks directly arising from this report. The accounts are now audited and are the Independent Auditor has expressed an opinion that they represent a true and fair view of the IJB's financial affairs during 2016/17 and at the 31 March 2017. The Independent Auditor has made a number of recommendations within the Management Letter and Audit Report that require consideration and addressing by the IJB and its officers.
Compliance with requirements on Equality and Diversity	There is no impact on the partnership's equality and diversity requirements arising from this report.
Resource/Staffing Implications	The accounts and their underlying supporting records contain all financial information for the partnership's activities to 31st March 2017.

Approved by

Name	Designation	Name	Designation
Paul McMenamin	Chief Financial Officer		

Author(s)

Name	Designation	Name	Designation
Paul McMenamin	Chief Financial Officer		

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Scottish Borders
Health and Social Care
PARTNERSHIP

Scottish Borders Integration Joint Board

ANNUAL ACCOUNTS 2016/17

For the Financial Year 01 April 2016 to 31 March 2017

(Audited)

Table of Contents

Management Commentary

Purpose

Welcome to the Annual Accounts for the Scottish Borders Health and Social Care Partnership Integration Joint Board for the year ended 31 March 2017. The purpose of the Management Commentary is to inform all users of the 2016/17 Statement of Accounts and help them assess how the Integration Joint Board (IJB) has performed in fulfilling its duties over the course of the financial year.

The Scottish Borders

The Scottish Borders area is 473,614 hectares (1,827 square miles) and is located in the South East of Scotland. It has Edinburgh and the Lothians to the North, Northumberland to the South and Dumfries and Galloway to the West.

The Scottish Borders is a rural area with a population of 114,530 people, 30% of whom live in population settlements below 500 people or in isolated hamlets. The largest town is Hawick with an estimated population of 14,003, followed by Galashiels with 12,670. The only other towns with a population of over 5,000 people are Peebles, Kelso and Selkirk. The Scottish Borders is the fourth most sparsely-populated mainland local authority area in Scotland after Highland, Argyll and Bute and Dumfries and Galloway.

The population of the Scottish Borders accounts for 2.1% of the total population of Scotland. Since 1988, the Scottish Borders' total population has risen overall. Scotland's population has also risen during this period. In the Scottish Borders, 13.5% of the population are aged 16 to 29 years. This is lower than the rest of Scotland, where 18.3% are aged 16 to 29 years. Persons aged 60 and over make up 30.2% of the Scottish Borders, much higher than the Scottish average, where 24.0% are aged 60 and over.

The overall population of Scotland is expected to increase by 8% over the next 20 years but the overall population of the Scottish Borders is not expected to change significantly during the same period. The constitution of the population by banded age group however is expected to change significantly, with a reduction in the proportion of children and working-age people and an increase in the proportion of older people. Such changes are expected to be more marked in the Scottish Borders than in Scotland as a whole. In particular, the number of the 75+ age group in the Scottish Borders is projected to increase by almost 100%, which is much higher than the projected Scottish increase.

These demographic factors result in unique and challenging influence over the models and levels of provision and costs of health and social care in the Scottish Borders, currently and in the future.

Role and Remit of the Integration Joint Board

The Scottish Borders Health and Social Care Partnership is co-terminus. This means that the partnership has the same geographical boundaries as both the health board and the local authority and that partnership working between the area's Health Board and any Local Authorities within the same area exists only on a 1:1 basis. Whilst not exclusive to the Borders, this differs from a number of other partnerships across Scotland where the health

board works in partnership with two or more local authorities within its geographical boundaries.

Since 2005, health and social care partners in the Scottish Borders have worked together as the Scottish Borders Community Health and Care Partnership in order to provide a range of primary and social care services and promote health improvement across the region. Relationships between the health board, local authority and other partners including the voluntary and independent sectors, are therefore well established and have been now formalised legally as a result of the legislation leading to health and social care integration.

The Scottish Borders Integration Joint Board (IJB) is now a legal entity in its own right which was created following the implementation of the Joint Working Public Bodies (Scotland) Act 2014. On 6th February 2016, Ministerial approval was given to establish the Integration Joint Board between NHS Borders and Scottish Borders Council in order to integrate the planning and commissioning of health and social care services in the Scottish Borders.

The operation of the IJB is governed by its Scheme of Integration which sets out the body corporate model of integration within the Scottish Borders and details the functions delegated. These delegated functions include:

Healthcare Functions	Social Care Functions
Accident & Emergency	Adults and Older People social care
Inpatient hospital services relating to a number of branches of medicine	Services and support for adults with physical or learning disabilities
Other hospital services incl. palliative care, addiction and mental health	Mental Health services
District Nursing	Drug and Alcohol services
Dental and Opthalmic services	Support to Carers
Pharmaceutical services	Community Care Assessment
General Medical Services contracts	Support services including Housing Support
Out of Hours primary medical services	Residential Care
Allied Health Professional Services	Occupational Therapy, Reablement, Equipment and Assistive Technology
Community Learning Disability services	Day services
Public Health	Respite
Outwith hospital services relating to addiction, geriatric medicine, palliative care, mental health, kidney dialysis and continence	Health Improvement

The IJB has a responsibility for the strategic planning of hospital services most commonly associated with the emergency care pathway. As such, the IJB has control of the resources supporting those associated hospital functions retained by NHS Borders and set-aside for the population of the Scottish Borders: the “Set-Aside Budget”.

Operations of the IJB

Performance against Key Priorities 2016/17

By working with individuals and local communities, the Partnership aims to assist people to achieve the 9 national health and wellbeing outcomes. These represent what partnerships across Scotland are attempting to achieve through the integration of health and social care, in particular, improving the quality provided. To enable their delivery, the partnership here in the Scottish Borders has agreed 9 local strategic objectives. These are detailed on Page 13.

The Partnership has continued to focus on reducing the number of delayed discharges and reducing the number of inappropriate admissions to hospital. A key focus of this work has been mapping care pathways from hospital to community to identify any potential blocks in the system and seek solutions. This will continue to be a priority over the coming year as

further redesign is undertaken to streamline the pathway, provide a wider range of out of hospital intermediate care and enablement approaches and also make best use of resources. A number of specific priorities for the Partnership were identified for 2016/17. The Integrated Care Fund (ICF) has been used to assist, support and develop the integration of Health and Social care services and below is a summary of progress on 9 Key Priority Actions:

- To develop integrated and accessible transport - *Scottish Borders Council, NHS Borders, The Bridge, The Red Cross, Berwickshire Association of Voluntary Services and the RVS are partners in the Transport Hub project to put in place a co-ordinated, sustainable approach to community transport provision. In its first year of operation the transport hub facilitated 482 journeys and 150 hospital appointments. 80% of service users agreed that the service has increased independence.*

- To integrate services at a local level – *Three locality co-ordinators have been recruited to develop locality plans and support the redesign of health and social care services at a local level.*

- To roll out care co-ordination to provide a single point of access to services – *The Community Led Support programme commenced in September 2016 with the aim of making health and social care services more accessible within local communities. Following extensive community engagement, 2 pilot hubs will open during June 2017.*

- To improve communication and accessible information across groups with differing needs – *Local area co-ordinators for mental health, learning disability and older people have enabled more people to access local community activities and to provide good local information.*

- Work with communities to develop local solutions - *The Community Capacity Building team have worked with communities to develop local solutions. To date 31 new activity sessions have been developed. A toolkit on co-production has been developed through the Community Planning Partnership supported by an e-learning package to enhance staff skills in this area and promote this approach.*

- Provide additional training and support for staff and for people living with dementia – *The Stress & Distress Project provides training in understanding and intervening in stress and distressed behaviours in people with dementia. Thus far, bite size training has been provided to 148 staff and full training to 177.*

- Further develop our understanding of housing needs for people across the Borders - *A housing strategy for older people is now under development. Following a robust business case detailed planning is now in place to build additional Extra Care Housing Developments in the Scottish Borders.*

- To promote healthy and active living – *The Borders Healthy Living Network works in three of our deprived communities, with community members and other partners to develop a range of activities: cooking skills sessions, food co-ops, activities such as walking football, reminiscence groups, and volunteering development. The Healthier Me network of learning disability service providers continues to work with service users on health eating and active living. Pathways and formal referral routes from health care to physical activity sessions in the community are now in place. Routes from hospital services to smoking cessation advice and to the Lifestyle Adviser Support have been improved. A comprehensive health inequalities impact assessment of screening services is being undertaken to identify improvements required to extend reach and uptake in key vulnerable groups. Borders Community Capacity Building Team have initiated projects ranging from curling and walking football to lunch clubs and have reported significant increases in wellbeing and physical activity as well as providing opportunities for older people to socialise. Further work is underway to develop*

intergenerational projects around IT. Evaluations to date have shown that 98% of gentle exercise participants have reported that the class has given them increased opportunities to socialise and 45% have reported an increase in confidence following participation in the class.

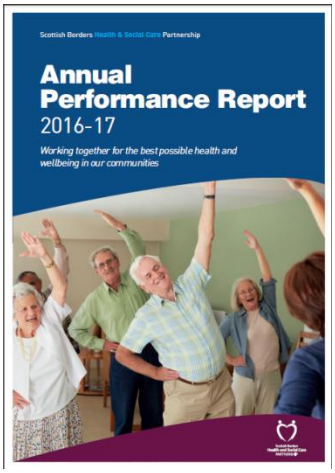
- To improve the transition process for young people with disabilities moving into adult services – *A project manager has been appointed and mapping workshops have been held to review the pathway and produce an improvement plan to be implemented.*

- To improve the quality of life of people with long term conditions by supporting self-management and promoting healthy living – *The evaluation of a pilot initiative on supported self-management has provided valuable learning on the development required in pathways and in staff knowledge and skills. This is being integrated into the planning of our locality services. The pilot showed a 21% improvement in wellbeing for service users. A new initiative is being trialled on diabetes prevention that provides health coaching support and subsidised exercise for those newly diagnosed. Mental health rehabilitation services have developed standardised health assessment and care planning tools to support the health and wellbeing of clients with significant mental health issues.*

- To improve support for Carers within our communities- *The Partnership has continued to support the Carers' Centre which offers practical support and advice to Carers as well as undertaking Carer's assessments. In 2016/17, 401 new Carers have been referred to the Carers Centre service. The transitions work has also focused on Carers/Parents as a key partner in this work.*

- Promote support for independence and reablement so that all adults can live as independently as possible- *16 transitional care beds focusing on improving the skills and confidence of older people with the key aim of returning home following admission to hospital have been developed in a care home setting. To date, 72% of patients have returned to their original home and 75% have stayed for 6 weeks or less. Further transitional care beds are now planned in other homes. The Borders Ability Equipment Store has recently been relocated to a purpose built building to improve the efficiency of the supply of equipment which allows people to live independently in their own homes. This will have an impact of reducing preventable hospital and care home admissions.*

The partnership published its Annual Performance Report (APR) for 2016/17 in June 2017.



The APR presents the financial performance of the Partnership and its performance against the National "Core Suite" of Integration Indicators identified by the Scottish Government and the delivery of the 9 Local Objectives identified in its Strategic Plan.

The partnership's priorities for 2017/18 are also set out in the report and we will continue to work hard to deliver responsive health and social care services which are focused on the needs of the people who use them and their local communities.

A key focus for the Partnership going forward will be delivering our joint programme of transformation to ensure that we can successfully address the challenges and achieve the Partnership's objectives to ensure the best possible health and wellbeing for our communities.

A full copy of the Annual Performance Report can be requested by contacting the IJB Chief Officer, Scottish Borders Council HQ, Newtown St Boswells, Melrose. TD6 0SA or on 01835 824000.

Key Partnership Decisions 2016/17

Since its establishment on 6th February 2016, the Integration Joint Board has met regularly in order to put in place sound governance and operating arrangements and to direct its performance and resource planning, management and reporting. Examples of key governance decisions it has made since its establishment include:

- The appointment of its Chief Officer, Chief Financial Officer and Chief Internal Auditor
- Approval of its Strategic Plan
- Approval of the Scheme of Integration for the Scottish Borders
- Approval of the Local Code of Governance within which the partnership operates
- Established its Audit Committee arrangements

In relation to performance and resources, the IJB has:

- Approved and delivered its 2016/17 financial plan and approved its 2017/18 financial plan
- Directed the successful delivery of an in-year financial recovery plan
- Directed the use of over £5m of social care funding allocation and £4m of integrated care funding to meet new and existing partnership priorities
- Approved its financial planning and reserves strategy
- Approved its Performance Monitoring Framework
- Approved its Annual Performance Report

Locality Planning

Locality planning is a key tool in the delivery of the changes required to meet the increasing service demands within the Borders and supports the requirements of the Community Empowerment (Scotland) Act 2015. Local working groups across the five localities in the Scottish Borders have been established. These working groups are made up of local representatives and they have made a significant contribution to the development of five Locality Plans. The plans focus on local needs and key priorities for improvement from the perspective of local people who use and deliver health and social care services.

Governance

During 2016/17 the governance structure for the Partnership was revised in order to streamline the process and clarify the decision making roles within the structure. The revised governance structure consists of two layers:

- **The Integration Joint Board (IJB)** provides ratification and feedback of all decisions proposed by the Executive Management Team (EMT). It receives regular progress updates from the EMT through the Chief Officer and Chief Financial Officer as well as frequent and regular financial and performance planning and management reports.

- **The Executive Management Team (EMT)** supports the **Chief Officer** to commission tests of change and/or service redesign. These are then drawn up into business cases by the operational level of the governance structure and returned to the EMT for review and decision making. The EMT also considers or supports the preparation of all reports to the IJB and advises the Chief Officer on the Partnership's governance, planning, monitoring and reporting responsibilities.

The Strategic Planning Group, Public Participation Forum and the Joint staff Forum offer advice to the Integration Joint Board whilst the Health and Social Care Joint Management Team provide operational support and delivery and progress reporting.

During 2016/17, the Partnership worked to fulfil its commitment to ongoing and continuous improvement. A range of activities continue to be developed in order that the Integration Joint Board identifies and understands its key strengths and areas for improvement across all aspects of its governance, operations and performance. In relation to governance specifically, the Integration Joint Board approved the formation of and held the first formal meetings of its Audit Committee during the year delivering the 2016/17 Internal Audit Plan.

At the start, middle and end of the financial year, the IJB and its partners undertook a full review and evaluation of its degree of compliance with legislation and recommended best practice in relation to the Partnership's financial governance, planning, management and reporting arrangements. A number of positive outcomes have been reported following these processes and clear forward planning is in place to continue to provide full assurance to the Partnership going forward.

A quarterly performance reporting scorecard has been developed for the IJB, in line with the themes defined by the Ministerial Strategy Group. In addition to these themes, the scorecard allows for the reporting on more localised measures which have a primary, community or social care focus.

A joint inspection of the Health and Social Care Partnership's older people's services undertaken by the Care Inspectorate and Healthcare Improvement Scotland in early 2017 will also provide assurance and a clear strategy for further improvement across the partnership. The Partnership currently awaits the final report.

Financial Position at 31 March 2017

Delegated Budget

Overall, following additional funding delegated to the partnership during the financial year, a breakeven outturn position against the partnership's Delegated Budget at 31 March 2017 is reported. This reported position across delegated functions is summarised below:

Delegated Functions Total	**Base Budget £'000**	**Revised Budget £'000**	**Actual Outturn £'000**	**Outturn Variance £'000**
Joint Learning Disability Service	18,270	19,082	18,951	131
Joint Mental Health Service	15,977	16,153	16,084	69
Joint Alcohol and Drug Service	948	803	738	65
Older People Service	22,843	20,635	20,979	(344)
Physical Disability Service	3,180	3,448	3,343	105
Generic Services	77,212	82,933	82,959	(26)
	138,430	**143,054**	**143,054**	**0**

During 2016/17 significant financial pressures were experienced by the partnership and required mitigation and remedial action. These included:

- meeting the increased costs of service provision in areas such as care at home as a result of both increased market costs and the implementation of the Scottish Living Wage for all adult carers
- funding significant price increases of a number of prescribed drugs

- increased demand for services above levels budgeted across functions such as residential care and unplanned admissions to hospital requiring increased bed capacity and staffing
- slippage in the delivery of planned efficiencies
- other staffing pressures

In order to meet these pressures, a recovery plan was implemented during the year in order to deliver mitigating savings. This plan included a range of actions which included:

- direction of additional funding by the IJB
- capital slippage
- planned slippage of the local delivery plan
- additional control measures
- non-recurring accounting adjustments from balance sheet to revenue

It is primarily by the delivery of an NHS-Borders-wide recovery plan that the reported position above has been achieved. It is also through the wider recovery plan that sufficient financial capacity has been created across wider non-delegated functions in 2016/17 that enabled an additional contribution of £3.879m to be delegated to the IJB in order to meet the projected outturn variance at 31 March 2017 (£3.840m from NHS Borders, £0.039k from Scottish Borders Council).

The direct impact in 2016/17 of this in-year recovery plan on the partnership's Strategic Plan has been assessed as low to medium. The main positive factors which determine this are:

- securing Scottish Government endorsement and financial support to ensure that adverse impact is minimised
- improved efficiency and control measures which form part of the recovery plan
- utilisation of contingency
- technical financial adjustments which have a low impact directly on front-line functions
- one-off nature of a significant proportion of the plan

Conversely however, the wider medium-term impact is, without further action, likely to be higher as a result of:

- the opportunity cost of directing social care funding and integrated care fund, both on a non-recurring basis, to meet pressures across surge and community hospital beds and prescribing
- the non-recurring nature of much of the recovery plan actions requiring permanent addressing going forward
- the requirement to still deliver previously planned efficiency savings in future financial years
- the continued pressures across key functions threatening overall affordability which have yet to be addressed

Beyond the challenges arising from a lack of overall affordability of delegated functions, there are a number of other risks to which the partnership is currently exposed which require management and mitigation:

- the 2017/18 Financial Plan remains draft and does not currently address all historic and existing pressures
- levels of planned efficiency and other savings is significant and delivery in full will be at best, challenging
- the partnership's Strategic Plan is a medium-term document spanning 3 financial years of which 2017/18 forms year 2 of the original plan. Both NHS Borders and Scottish Borders Council will receive only a 1-year financial settlement - future delegated and notional budgets are only indicative and will be subject to change;
- the full impact of in-year recovery in 2016/17 together with the significant level of efficiencies and savings required in 2017/18 and 2018/19 on the ability of the partnership to deliver the plan has yet to be undertaken

- further cost pressures may emerge during 2017/18 that are not yet projected or provided for within either partner's 2017/18 financial plan, nor the resources delegated to the IJB
- prescribing: this is a high risk area due to the level of spend and volatility of supply and price
- ongoing provision of service at Winter Plan levels, other than Prescribing, was the largest area of pressure in 2016/17 and may continue to occur in 2017/18
- further 2017/18 legislative and regulatory requirements including the implementation of the Living Wage of £8.45 in 2017/18 and the financial consequences of the implementation of Carers' legislation
- the risk of loss of service provision as a result of market failure would result in additional costs as alternative supply is transitioned
- the requirement to realign resources in line with priorities / demand and shift resource across the health and social care pathway across functions will be required
- partners' financial plans assume that in the main, the partnership will mitigate against the impact of increased future demographic pressure across delegated services. This has not yet been addressed

The impact on performance as a result of the considerable savings targets required in 2017/18 requires identification and evaluation. The partnership's Strategic Plan was approved prior to the IJB being established and will be updated during 2017/18. The prevalent financial position will provide key context to this review.

Large Hospital Budget Retained and Set-Aside

Legislation sets out that Integration Authorities are responsible for the strategic planning of hospital services most commonly associated with the emergency care pathway along with primary and community health care and social care.

At 31 March 2017, the Scottish Government recognises that, in many partnership areas, arrangements for the sum set-aside for hospital services under the control of Integration Authorities are not yet operating as required by the legislation and statutory guidance. Advice to Health Boards and Integration Authorities will be issued in summer 2017 by the Scottish Government in order to help establish arrangements that meet these requirements for 2017/18 and subsequent years.

In the meantime, Health Boards and Integration Authorities are required to agree a figure for the sum set aside to be included in their respective 2016/17 annual accounts. Where the required arrangements are not yet in place, Integration Authorities should use the sum identified by the Health Board and made available to the Integration Authority when the budget was agreed for 2016/17. It has been acknowledged by the Scottish Government that this means that the sum set aside recorded in annual accounts will not reflect actual hospital use in 2016/17.

Applying the Scottish Government's direction in relation to accounting for set-aside resources is a transitional arrangement for 2016/17 only. Health Boards and Integration Authorities should prioritise establishing revised processes for planning and performance management of delegated hospital functions and associated resources in 2017/18. Within the Scottish Borders, this will take place during 2017/18 taking account of any new guidance issued.

In relation to the Large Hospital Budget Retained by NHS Borders and Set-Aside therefore, a balanced breakeven position has been reported at 31 March 2017, summarised as:

Set Aside Healthcare Functions	Revised Budget £'000	Actual Outturn £'000	Outturn Variance £'000
Accident & Emergency	2,043	2,043	0
Medicine & Long-Term Conditions	13,029	13,029	0
Medicine of the Elderly	6,142	6,142	0
Planned Savings and Social Care Fund	(350)	(350)	0
	20,864	**20,864**	**0**

£0.500m of social care funding was directed by the partnership in order to supplement the final set-aside budget of the IJB of £20.364m (see below).

Other Resources

Social Care Funding

The direction in full by the IJB of its £5.267m Scottish Government allocation of Social Care funding across both its delegated and set-Aside function budgets is included within the reported position above. In summary however, resources were directed during 2016/17, as follows:

Social Care Funding	Directed Funding 2016/17 £'000
Delegated Functions: Social Care	3,845
Delegated Functions: Healthcare	922
Set-Aside Functions: Healthcare	500
	5,267

In relation to social care, the funding allocation was directed in order to meet the costs of implementation of the Scottish Living Wage from 01 October 2016, increased market provider costs and increased demand for social care services, in particular care at home and equipment. It was also used to address the impact of the loss of income as a result of a change to the basis on which client contributions to the cost of their care are calculated.

In relation to delegated healthcare functions, non-recurring contributions to partially preserve the level of Alcohol and Drug Partnership services commissioned and to address wider delegated healthcare function financial pressures were made, as part of the in-year recovery plan, during the financial year.

Direction of funding was also made on a non-recurring basis to part-meet the costs of unbudgeted pressure arising as a result of the level of surge beds remaining open during the non-winter period of 2016/17.

Integrated Care Fund

In addition to the delegated and set-aside budgets outlined above, the IJB also has assumed responsibility for the direction of the Scottish Borders' Integrated Care Fund (ICF) Allocation. 2016/17 represented year 2 of a 3-year funded programme. The Scottish Borders' allocation of this funding is £2.13m per annum, a total of £6.39m over the life of the current programme.

A summary of the 2016/17 ICF expenditure is detailed below, in the context of previous spend and annual / total allocations:

Actual Outturn 2015/16 £'000		Actual Outturn 2016/17 £'000	Budget/ Allocation 2015/16 £'000	Budget/ Allocation 2016/17 £'000	Slippage at 31/03/2017 £'000
21	NHS Borders-Led	621	21	194	(427)
204	Scottish Borders Council-Led	703	204	703	0
-	Uncommitted Resources	-	1,905	1,233	3,138
225		**1,324**	**2,130**	**2,130**	**2,711**

£1.324m of the 2016/17 £2.130m allocation was spent during 2016/17. In 2015/16 (year 1 and pre-establishment of the IJB), £225k of the 2015/16 £2.130m allocation was spent. This has resulted in compound carry forward of funding of £1.905m and £0.806m respectively, a total carry forward to 2017/18 of £2.711m. The budget for the remainder of the programme in 2017/18 will therefore, when added to the 2017/18 £2.13m allocation, be £4.841m.

Of this, £2.555m remains uncommitted by the partnership at the current time. Plans are advanced however, for this remaining allocation to be directed in full during 2017/18 in order to enable the significant remodelling of health and social care being developed within the partnership's Integrated Transformation Programme.

Integrated Care Fund	**IJB Directed to Date £'000**
NHS Borders-Led	1,188
Scottish Borders Council-Led	2,647
Uncommitted Resources	2,555
	6,390

Former Older People's Change Fund

Prior to the establishment of the Health and Social Care Partnership, NHS Borders, Scottish Borders Council and their third and fourth sector partners worked in together to deliver the

Reshaping Care Programme, funded by Scottish Government Change Fund allocation over 4 years to March 2015. This programme is now complete, but a residual uncommitted balance on the funding allocation of £557k remains for carry forward to 2017/18 for use by the partnership.

Strategic Plan

The Scottish Borders Integration Joint Board ("the Board" or "the IJB") of the Scottish Borders Health and Social Care Partnership ("the Partnership") was established as a body corporate by Scottish Ministers on 6th February 2016. The Partnership has published a Strategic Plan for 2016 – 2019 which sets out what we want to achieve to improve health and well-being in the Borders through integrating health and social care services.

The Strategic Plan sets out a high level summary of some of what all partners are doing in order to deliver more personalised care and make best use of advancing technology to achieve "Best Health, Best Care, Best Value". This high-level Plan is be supported by the implementation of strategies related to specific themes (such as Dementia, Mental Health) and Locality Plans that reflect differing patterns of need across the Borders.

The partnership's Strategic Plan also describes some of the actions it is taking to start to make the shift towards more community-based health and social care services, the outcomes sought to achieve these and the steps being taken to deliver our local objectives. In addition, the performance measures used to assess the progress we are making are outlined.

Our 9 Local Objectives are:

1. We will make services more accessible and develop our communities
2. We will improve prevention and early intervention
3. We will reduce avoidable admissions to hospital
4. We will provide care close to home
5. We will deliver services within an integrated care model
6. We will seek to enable people to have more choice and control
7. We will further optimise efficiency and effectiveness
8. We will seek to reduce health inequalities
9. We want to improve support for Carers to keep them healthy and able to continue in their caring role

Risk, Uncertainty and Change

Management of risk and in particular, Financial Risk is one of the key responsibilities of the Board. Work continues currently to develop both Strategic and Operational Risk Registers for the Partnership. Specific prevalent risks are outlined on Page 9. Within the Partnership's Risk Register, these are categorised across the following strategic themes:

- Real-term funding reductions
- Insufficient transformation funding
- Slippage in the ambitious programme to transform to new models of care
- Further political policy initiatives and funding conditions
- The delivery of challenging efficiency and savings programmes
- Future demographic (demand) pressures
- Increasing market / provider costs of health and social care services
- Market / provider failure
- Price volatility, in particular increased Drugs costs

- Failure of financial planning, management and governance
- Other emerging pressures

In 2017/18, the IJB chair will be Dr Stephen Mather, who is an NHS Borders Non-Executive Director. The previous Chair, Councillor Catriona Bhatia, has now retired from her role as a local authority member. Mrs Pat Alexander, Vice-Chair of the IJB during 2016/17, has also retired from her role as an NHS Borders Non-Executive Director. Following the Scottish Local Government Election 2017, 5 new local authority members have been nominated to the IJB by Scottish Borders Council.

Annual Accounts

The Integration Joint Board is required to prepare Annual Accounts by the Local Authority Accounts (Scotland) Regulations 2014, which section 12 of the Local Government in Scotland Act 2003 requires preparation in accordance with proper accounting practices. These practices primarily comprise the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 (the Code) and the Service Reporting Code of Practice 2016/17 (SeRCOP), supported by International Financial Reporting Standards (IFRS) and statutory guidance issued under section 12 of the 2003 Act.

Dr Stephen Mather **Chair**	**Sandra Pratt** **Chief Officer**	**Paul McMenamin** **Chief Financial Officer**

On behalf of the Integration Joint Board Members and Officers of Scottish Borders Health and Social Care Partnership Integration Joint Board

25 September 2017

Remuneration Report

Introduction

The remuneration report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014. These Regulations require various disclosures about the remuneration and pension benefits of specific IJB members and senior employees in respect of earnings and pension benefits.

Remuneration

The term remuneration means gross salary, fees and bonuses, allowances and expenses, and compensation for loss of employment. It excludes pension contributions paid by the Employee. Pension contributions made to a person's pension are disclosed as part of the pension benefits disclosure below.

The information contained in the report is subject to external audit. The explanatory text within the report is reviewed by external auditors to ensure that it is consistent with the financial statements.

Remuneration of Integration Joint Board Members

The voting members of the IJB are appointed through nomination by NHS Borders and Scottish Borders Council. Nomination of the IJB Chair and Vice-Chair posts alternates between an elected member (2016/17 chair) and a Health Board representative (2017/18 chair).

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice Chair appointments and any taxable expenses paid by the IJB are therefore shown below as nil:

Name	Post(s) Held	Nominated By	Taxable Expenses 2016/17 £
Cllr Catriona Bhatia	Chair	Scottish Borders Council	Nil
Mrs Pat Alexander	Vice-Chair	NHS Borders	Nil
Total			**Nil**

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for the Chair and Vice-Chair of the IJB as they are defined above.

Remuneration of Senior Employees

The term 'Senior Employee' means:

1. Any employee who has responsibility for the management of the Integration Joint Board to the extent that the person has the power to direct or control the major activities of the Board (including activities involving the expenditure of money), during the year to which the Report relates, whether solely or collectively with other persons;
2. Who holds a post that is politically restricted by reason of section 2(1) (a), (b) or (c) of Local Government and Housing Act 1989 (4); or
3. Whose annual remuneration, including any remuneration from a local authority subsidiary body, is £150,000 or more.

The IJB does not employ any staff in its own right. Specific post-holding officers are non-voting members of the board however.

Chief Officer: Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014, a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

Other Officers: No other staff have been appointed by the IJB under a similar legal regime. The Chief Finance Officer and Secretary to the Integration Joint Board posts' duties are covered by each post holder's substantive posts in Scottish Borders Council and NHS Borders respectively. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

The Chief Officer therefore has responsibility for the management of the IJB, supported by the Chief Financial Officer from a financial context. Regardless of how these posts are supplied to the partnership or funded, both are therefore deemed to be Senior Employees in line with criterion 1 above.

Two officers held the post of Chief Officer during 2016/17. The duration of their undertaking is summarised below:

Total 2015/16 £	Name	Employing Organisation	Salary £	Fees and Allowances £
15,866 (FYE £80,024)	Mrs Susan Manion 01 April 2016 to 11 December 2016)	NHS Borders	57,960 (FYE £82,638)	445
Nil	Mrs Elaine Torrance (01 December 2016 to 31 March 2017)	Scottish Borders Council	26,899 (FYE £80,697)	43
15,866	**Total**		**84,859**	**488**

The Chief Financial Officer role was undertaken during 2016/17 by Mr Paul McMenamin:

Total 2015/16 £	Name	Employing Organisation	Salary £	Fees and Allowances £
Nil	Mr Paul McMenamin	Scottish Borders Council	50,033	Nil
Nil	**Total**		**50,033**	**Nil**

During the period, no payments were made in respect of bonuses, taxable expenses, compensation for loss of office or any non-cash benefits. No exit packages were agreed by the Board during this period.

Susan Manion, employed as Chief Officer from 01 April 2016 to 11 December 2016, held an employment contract with NHS Borders on NHS pay terms and conditions of employment and was a member of the NHS Pension Scheme. Elaine Torrance, employed as Chief Officer from 01 December 2016 to 31 March 2017 held an employment contract with Scottish Borders Council on Scottish Borders Council pay terms and conditions of employment and is a member of the Scottish Borders Council Local Government Pension Scheme (LGPS).

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis, there is no pensions liability reflected on the IJB Balance Sheet for the Chief Officer or any other officers. The IJB however has the responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits and the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions:

Name	In-Year Pension Contributions For Year To		Accrued Pension Benefits At 31 March 2017	
	31 March 2016 £	31 March 2017 £	Pension £	Lump Sum £
Chief Officer Mrs Susan Manion (01 April 2016 to 11 December 2016)	1,499	8,636	12,087	36,262
	Movement from 31 March 2017 =		785	2,356
Chief Officer Mrs Elaine Torrance (01 December 2016 to 31 March 2017)	Nil	4,842	39,827	85,345
	Movement from 31 March 2017 =		680	282
Chief Financial Officer Mr Paul McMenamin	Nil	9,006	22,740	0
	Movement from 31 March 2017 =		2,374	0
Total	**1,499**	**22,484**	**74,654**	**121,607**
	Total Movement from 31 March 2017 =		**3,839**	**2,638**

*1 Pro-rata for period employed as Chief Officer 01 April 2016 to 11 December 2016

*2 Pro-rata for period employed as Chief Officer 01 December 2016 to 31 March 2017

The regulations require any officer whose remuneration for the year was £50,000 or above, to be disclosed in bandings of £5,000. For the IJB in 2016/17 this is:

Number of Employees in Band 2015/16	Remuneration Band	Number of Employees in Band 2016/17
0	£50,001-£55,000	1
0	£55,001-£60,000	1

Dr Stephen Mather
Chair

Sandra Pratt
Chief Officer

On behalf of the Councillors and Officers of Scottish Borders Health and Social Care Partnership

25 September 2017

Statement of Responsibilities

Integration Joint Board

The Integration Joint Board has appointed its Chief Officer and Chief Financial Officer on an interim secondment basis.

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has the responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this Joint Board, that officer is the Chief Financial Officer;
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003); and
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature by the Integration Joint Board Audit Committee at its meeting on 25 September 2017.

Signed on behalf of Scottish Borders Health and Social Care Partnership Integration Joint Board

Dr Stephen Mather
Chair

Chief Financial Officer

The Chief Financial Officer is seconded at no cost to the IJB from one or other partner organisation. Currently, this post is filled on an interim basis.

The Chief Finance Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with the proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Finance Officer has:

- selected suitable accounting policies and then applied them consistently;
- made judgements and estimates that were reasonable and prudent;
- complied with legislation; and
- complied with the Local Authority Accounting Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also:

- kept adequate proper accounting records which were up to date; and
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of Scottish Borders Health and Social Care Partnership Integration Joint Board as at 31 March 2017 and the transactions of the Joint Board for the year then ended.

Paul McMenamin, BA CPFA
Chief Financial Officer

Annual Governance Statement 2016/17

Introduction

The Annual Governance Statement explains the IJB's governance arrangements and system of internal control and reports on their effectiveness.

Scope of Responsibility

The IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.
To meet this responsibility the IJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the IJB's policies, aims and objectives. Reliance is also placed on NHS Borders and Scottish Borders Council (the partners) systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.
The system can only provide reasonable and not absolute assurance of effectiveness.

The Governance Framework and Internal Control System

The Board of the IJB comprises voting members, nominated by either NHS Borders or Scottish Borders Council, as well as non-voting members including a Chief Officer appointed by the Board.
The IJB's Local Code of Corporate Governance (IJB Local Code) sets out the framework and key principles, which require to be complied with, to demonstrate effective governance. Revisions were required to the IJB Local Code to ensure it reflects the changing context of integration and is consistent with the principles and recommendations of the new CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government' (2016) and the supporting guidance notes for Scottish authorities. The overall aim of the Framework is to ensure that: resources are directed in accordance with agreed policy and according to priorities; there is sound and inclusive decision making; and there is clear accountability for the use of those resources in order to achieve desired outcomes for service users and communities.
The main features of the governance framework and internal control system associated with the seven core principles of good governance defined in the revised Framework in existence during 2016/17 included:

A. *Behaving with integrity, demonstrating strong commitment to ethical values, and respecting rule of law*

The roles and responsibilities of Board members and statutory officers and the processes to govern the conduct of the Board's business are defined in the Scheme of Integration, approved constitution and Procedural Standing Orders to make sure that public business is conducted with fairness and integrity.

Reliance is placed on the values and standards set out in the codes of conduct within the employer partner organisations, which incorporate "The Seven Principles of Public Life" identified by the Nolan Committee on Standards in Public Life.

The IJB is dependent upon arrangements within the partner organisations for areas such as:

- ensuring legal compliance in the operation of services;
- handling complaints;
- ethical awareness training and whistleblowing policies and procedures;
- staff appointment and appraisal processes which take account of values and ethical behaviour;
- identifying, mitigating and recording conflicts of interest, hospitality and gifts; and
- procurement of goods and services which are sustainable, represent value of money and which reinforce ethical values.

Other areas where the IJB places significant reliance on arrangements in place within the partner organisations are set out in the remainder of the statement.

The Chief Officer is responsible for ensuring that agreed procedures are followed and that all applicable statutes and regulations are complied with.

Professional advice on the discharge of duties is provided to the Board by the Chief Officer supported by Board Secretary, Chief Financial Officer, and Chief Internal Auditor as appropriate

B. Ensuring openness and comprehensive stakeholder engagement

Board meetings are held in public unless there are good reasons for not doing so on the grounds of confidentiality.

Unless confidential, decisions made by the Board are documented in the public domain. Community engagement was encouraged as part of the development of the Scheme of Integration and the Strategic Plan of the Health and Social Care Partnership was developed following consultations with interested parties including members of the public.

C. Defining outcomes in terms of sustainable economic, social, and environmental benefits

The vision, strategic objectives and outcomes are reflected in the Scottish Borders Health & Social Care Partnership's Strategic Plan 2016-2019 and the associated Commissioning and Implementation Plan. Planning is underpinned by the Locality Plan.

Equality and Diversity implications are considered during the decision making process to promote fair access to services.

D. Determining the interventions necessary to optimise the achievement of the intended outcomes

In determining how services and other courses of action should be planned and delivered the partnership has a statutory responsibility to involve patients and members of the public. The Scottish Borders Health & Social Care Partnership's Strategic Plan 2016-2019 is based on consultation. The plan will be updated before the end of its life and any update will be based upon further consultation.

Decision makers receive objective analysis indicating how intended outcomes would be achieved.

Community benefit is an important consideration in the procurement of goods and services. Reliance is placed on the arrangements within the partner organisations for achieving community benefits

E. Developing the entity's capacity, including the capability of its leadership and the individuals within it

The Board is supported by the Chief Officer and the Chief Financial Officer who are 'employed' by the IJB. The roles of these officers are defined in agreed job profiles.
The Chief Officer is responsible and accountable to the Board for all aspects of management including promoting sound governance and providing quality information/support to inform decision-making and scrutiny.

Regular meetings are held between the Chief Officer and the Chair and Vice Chair of the IJB. The Chief Officer also meets regularly with the Chief Executives of the partner organisations.

Members of the IJB Board are provided with the opportunity to attend development sessions covering a broad range of subject matter.

F. Managing risks and performance through robust internal control and strong public financial management

The Chief Officer has overall responsibility for directing and controlling the partnership. The IJB Board is responsible for key decision-making.

The Partnership has a risk management strategy which was approved by the IJB on 7 March 2016. It includes: the reporting structure; types of risks to be reported; risk management framework and process; roles and responsibilities; and monitoring risk management activity and performance.

The Chief Financial Officer is responsible for the proper administration of all aspects of the Partnership's financial affairs including ensuring appropriate advice is given to the Board on all financial matters.

The IJB's system of internal financial control is dependent upon on the framework of financial regulations, regular management information, administrative procedures (including segregation of duties), management supervision and systems of delegation and accountability within the partner organisations.

Revenue Budget Monitoring reports are presented to the Board at each meeting for monitoring and control purposes including the annual outturn. Financial reporting for the partnership requires the application of appropriate financial regulations, codes of financial practice, and reporting standards.

The IJB also relies upon the partners for:

- pursuing a proactive, holistic approach to tackling fraud, theft, corruption and crime, as an integral part of protecting public finances, safeguarding assets, and delivering services effectively and sustainably; and
- management of data in accordance with applicable legislation.

G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability

The Chief Officer Audit & Risk of Scottish Borders Council has been appointed by the Board (as Chief Internal Auditor) to provide an independent and objective annual opinion on the effectiveness of internal control, risk management and governance. This is carried out in conformance with the Public Sector Internal Audit Standards.
Effective working arrangements are in place between the partner's respective Internal Auditors on matters relevant to the IJB.

The Board responds to the findings and recommendations of Internal Audit, External Audit, Scrutiny and Inspection bodies. The IJB Audit Committee is integral to overseeing assurance and monitoring improvements in internal control and governance.

An Annual Performance Report for 2016/17 has been prepared to outline progress against strategic objectives in year 1.

Review of Adequacy and Effectiveness

The IJB is required to conduct, at least annually, a review of the effectiveness of its governance framework.
The review was informed by:

- an annual self-assessment against the IJB's Local Code of Corporate Governance consistent with the principles and recommendations of the new CIPFA/SOLACE Framework (2016), carried out by IJB Internal Audit;
- IJB Internal Audit reports;
- IJB External Audit reports;
- relevant reports by other external scrutiny bodies and inspection agencies; and
- relevant partners' (NHS Borders and Scottish Borders Council) Internal Audit and External Audit reports.

The results of the review were reported to the IJB Audit Committee whose role includes high level oversight of the IJB's governance, risk management, and internal control arrangements.

Improvement Areas of Governance

The collective review activity outlined above has identified the following areas where further improvement in governance arrangements can be made to enhance compliance with the Local Code. Action required is summarised under the following themes:

Regulation of the Board and scrutiny arrangements

1 Definition of the roles and responsibilities of Board members clearly set out in formal Terms of Reference (soon to be submitted to the Board), supported by focussed learning and development to assist members in discharging their roles and responsibilities properly.
2 Formal assessment of the skills required by Board members to effectively perform their role with personalised learning and development to advance their individual skills set as required.
3 Introduction of an appraisal process in order to review the performance of the statutory officers and of individual Board members.
4 Development of a formal scheme of delegation and reserve powers within the constitution, including a formal schedule on those matters specifically reserved for collective decision of the Board, taking account of relevant legislation.
5 Delegation of relevant powers to the Chief Officer to facilitate implementation of the strategy and managing the delivery of services and other outputs set by members.
6 Promotion of a culture that fully endorses and accepts challenge among partners.
7 Seeking clarification on arrangements to ensure robustness and independence of the IJB Audit Committee's operations.

Decision making

8 Formalisation of arrangements for access to specialist legal advice that might be required, through the partners' legal services and their support service arrangements.
9 Review of the decision making process ensuring that in future reports upon which decisions are to be made identify social and environmental benefits, legal and sustainability considerations and include a comprehensive analysis of risk. The implications of the decision along with possible alternative actions are clearly and consistently set out. When documenting the decision the criteria and rationale used in taking the decision is explained.

Engagement and Implementation

10 Revision and completion the Commissioning and Implementation Plan ensuring that it represents a sufficiently detailed approach to service redesign to bring about intended impact or changes including quality of service and value for money.
11 Decision on when consultation on service reconfiguration should take place going forward and reflection of the decision as policy in the Communications and Engagement Plan.
12 Commencement of commissioning to bring about required service redesign and intended outcomes through either disinvestment or targeted reinvestment.

Monitoring progress, performance and risk

13 Completion of risk registers currently prepared to a draft stage.
14 Embed risk management into the culture of the authority and fully consider risk in the decision making process.
15 Continue to develop and then embed a Performance Management Framework which:
- Establishes, through the development of relevant KPIs, an effective mechanism for monitoring performance and quality of all services including value for money in redesigned services within scope of health and social care integration;
- assists in objectively challenging progress made with integrating service delivery in terms of activities, outputs and planned outcomes; and
- performance monitoring reports are regularly presented to the Board.

Financial and resource planning

16 Definition of sustainable outcomes and available resources recognising the significant risk to outcomes posed by the cost of current models of delivery on financial sustainability.
17 Development of a medium term financial strategy as proposed in February 2017 along with the development of medium and long term resource plans.

The implementation of these actions to enhance the governance arrangements in 2017/18 will be driven and monitored by the IJB Chief Officer in order to inform the next annual review. Internal Audit work planned in 2017/18 is designed to test improvements and compliance.

Conclusion and Opinion on Assurance

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements and system of internal control, while recognising that improvements are required to fully demonstrate compliance with the Local Code in order for the IJB to fully meet its principal objectives. Systems are in place to regularly review and improve governance arrangements and the system of internal control.

Dr Stephen Mather
Chair

Sandra Pratt
Chief Officer

On behalf of the Councillors and Officers of Scottish Borders Health and Social Care Partnership

25 September 2017

Independent Auditor's Report

Independent auditor's report to the members of Scottish Borders Integration Joint Board and the Accounts Commission

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Scottish Borders Integration Joint Board for the year ended 31 March 2017 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 (the 2016/17 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2016/17 Code of the state of affairs of the Scottish Borders Integration Joint Board as at 31 March 2017 and of its income and expenditure on the provision of services for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2016/17 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis of opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK and Ireland (ISAs (UK&I)). My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standards for Auditors, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the Chief Financial Officer] for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in

accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit and express an opinion on the financial statements in accordance with applicable legal requirements and ISAs (UK&I) as required by the Code of Audit Practice approved by the Accounts Commission. Those standards require me to comply with the Financial Reporting Council's Ethical Standards for Auditors. An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the circumstances of the body and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Financial Officer; and the overall presentation of the financial statements.

My objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK&I) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Other information in the annual accounts

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements in accordance with ISAs (UK&I), my responsibility is to read all the financial and non-financial information in the annual accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Report on other requirements

Opinions on other prescribed matters

I am required by the Accounts Commission to express an opinion on the following matters.

In my opinion, the auditable part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the auditable part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Gillian Woolman MA FCA CPFA

Assistant Director
Audit Scotland
102 West Port
Edinburgh
EH3 9DN

26 September 2017

Statement of Accounts

Comprehensive Income and Expenditure Statement (CIES) for the Year Ended 31 March 2017

This statement shows the cost of providing services for the year according to accepted accounting practices. Where the impact on the General Fund is amended by statutory adjustments, these would be included in both the Expenditure and Funding Analysis and the Movement in Reserves Statement. For 2016/17, there are no statutory adjustments.

Gross Expenditure 2015/16 £'000	Income 2015/16 £'000	Net Expenditure 2015/16 £'000		Gross Expenditure 2016/17 £'000	Income 2016/17 £'000	Net Expenditure 2016/17 £'000	Note
0	0	0	Health Services Delegated	97,322	0	97,322	4,7
0	0	0	Social Care Services Delegated	47,453	0	47,453	
0	0	0	Health Services Retained and Set-Aside by NHS Borders	20,864	0	20,864	
20	0	20	Corporate Services	127	0	127	
20	**0**	**20**	**Cost of Services**	**165,766**	**0**	**165,766**	
0	(20)	(20)	Taxation and Non-Specific Grant Income	0	(165,766)	(165,766)	5
0	**(20)**	**(20)**	**Surplus or (Deficit) on Provision of Services**	**165,766**	**(165,766)**	**0**	
		0	**Total Comprehensive Income and Expenditure**			**0**	

The Integration Joint Board was established on 06 February 2016. Whilst a legal entity from that date, integrated delivery of health and social care services did not commence until 01 April 2016. Consequently, the 2016/17 financial year is the first fully operational financial year for the IJB and the figures stated in the Comprehensive Income and Expenditure Statement reflect this.

Movement in Reserves Statement

The Movement in Reserves Statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the IJB's General Fund balance are separately identified from the movements due to accounting practices.

The Comprehensive Income and Expenditure Statement reports no net surplus or deficit on the provision of services at 31 March 2017. No statutory adjustments have been made in respect of any absence entitlement on the part of the Chief Officer which has been earned but not yet taken as at 31 March 2017.

Following these positions therefore, no net movement in reserves has been calculated for 2016/17.

	General Fund Balance £'000	Useable Reserves: Employee Statutory Adjustment Account £'000	Total Reserves £'000
Opening Balance at 31 March 2016	**0**	**0**	**0**
Adjustments between accounting basis and funding under regulations	0	0	0
Closing Balance at 31 March 2017	**0**	**0**	**0**
Increase or Decrease during 2016/17	0	0	0

Balance Sheet at 31 March 2017

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB. At 31 March 2017, these remain nil.

31 March 2016 £'000			31 March 2017 £'000		Note
4		Short-Term Debtors	6,694		6
	4	**Current Assets**		**6,694**	
(4)		Short-Term Creditors	(6,694)		6
	(4)	**Current Liabilities**		**(6,694)**	
0		Provisions	0		
	0	**Long-Term Liabilities**		**0**	
	0	**Net Assets**		**0**	
	0	Useable Reserve: General Fund		0	
	0	Useable Reserve: Employee Statutory Adjustment Account		0	
	0	**Total Reserves**		**0**	

The unaudited accounts were issued on 30 June 2017 and the audited accounts were authorised for issue on 25 September 2017.

Paul McMenamin BA, CPFA
Chief Financial Officer

25 September 2017

Notes to the Annual Accounts

1 – Significant Accounting Policies

1.1 General Principles

The Annual Accounts summarise the Integration Joint Board's transactions for the 2016/17 financial year and its position at the year-end of 31 March 2017.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a section 106 body as defined in the Local Government (Scotland) Act 1973.

It is therefore required to prepare Annual Accounts by the Local Authority Accounts (Scotland) Regulations 2014. Section 12 of the Local Government in Scotland Act 2003 requires these to be prepared in accordance with proper accounting practices. These practices primarily comprise the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounting convention adopted in the Annual Accounts is historical cost. They are prepared on a going-concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future.

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year in which it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

1.3 Funding

The IJB is primarily funded through funding contributions from the statutory funding partners, NHS Borders and Scottish Borders Council. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in the Scottish Borders.

1.4 Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to / from each funding partner, as at 31 March, is represented as a debtor or creditor on the IJB's Balance Sheet.

1.5 Employee Benefits

The IJB does not directly employ staff. Officers are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as Employee-Related costs. Where material, the Chief Officers absence entitlement as at 31 March will be accrued, for example in relation to annual leave earned but not yet taken. There are no charges from funding partners for other staff.

1.6 Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation, as at 31 March, due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

No provisions or contingent liabilities or assets have been made at 31 March 2017.

1.7 Reserves

The IJB's reserves are classified as either Usable or Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

The IJB's only Unusable Reserve is the Employee Statutory Adjustment Account. This is required by legislation. It defers the charge to the General Fund for the Chief Officer's absence entitlement as at 31 March, for example any annual leave earned but not yet taken. The General Fund is only charged for this when the leave is taken, normally during the next financial year.

1.8 VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

In November 2016, HMRC issued an opinion on the VAT treatment of services provided by IJB's partners. This related to the VAT treatment of the exchanges of staff between the Health Board and Local Authority, when under the direction of the Integrated Joint Board.

Relevant to the Scottish Borders, where other than the Chief Officer, the supply of these services is seen as part of the party's statutory obligation/contribution to the IJB and therefore the LA/HB have not recharged for any costs incurred, HMRC's opinion is that there is no consideration and as such no supply for VAT purposes.

HMRC has issued a final view that the secondment of the Chief Officer is outside the scope of VAT as the provision of a Chief Officer by and HB and/or LA to the IJB is done under a special legal regime. Therefore the LA/HB should not be charging VAT to the other party on this supply as it outside the scope of VAT.

2 – Events after the Reporting Period

2.1 Events after the Reporting Period / Balance Sheet Date

The unaudited Annual Accounts were authorised for issue by the Chief Financial Officer on 30 June 2017. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provide information about conditions existing at 31 March 2017, the figures in the financial statements and notes would normally be adjusted in all material respects to reflect the impact of this information. There are no identified Events after the Reporting Period to 31 March 2017.

3 – Expenditure and Funding Analysis

3.1 Expenditure and Funding Analysis

The Expenditure and Funding Analysis shows how the funding available to the IJB in the form of funding partner contributions has been used in providing services. This is compared to the cost of services on an accounting basis.

2015/16				2016/17		
Net Expenditure Chargeable to the General Fund £'000	Adjustments £'000	Net Expenditure in the CIES £'000		Net Expenditure Chargeable to the General Fund £'000	Adjustments £'000	Net Expenditure in the CIES £'000
0	0	0	Joint Learning Disability Service	18,951	0	18,951
0	0	0	Joint Mental Health Service	16,084	0	16,084
0	0	0	Joint Alcohol and Drug Service	738	0	738
0	0	0	Older People Service	20,979	0	20,979
0	0	0	Physical Disability Service	3,343	0	3,343
0	0	0	Generic Services	82,959	0	82,959
0	0	0	Older Peoples Change Fund	397	0	397
0	0	0	Integrated Care Fund	1,324	0	1,324
0	0	0	Health Services Retained and Set-Aside by NHS Borders	20,864	0	20,864
20	0	20	Corporate Services	127	0	127
20	**0**	**20**	**Cost of Services**	**165,766**	**0**	**165,766**
(20)	0	(20)	Other Income and Expenditure	(165,766)	0	(165,766)
0	**0**	**0**	**Surplus or (Deficit) on Provision of Services**	**0**	**0**	**0**

0		**0**
0	Opening General Fund Balance	0
0	Surplus or (Deficit) in the Year	0
0	**Closing General Fund Balance**	**0**

No adjustments are required in relation to the statutory requirement to defer any charge to the General Fund for the Chief Officer's absence entitlement at 31 March 2017.

4 – Expenditure and Income Analysis by Nature

4.1 Expenditure and Income Analysis by Nature

2015/16 £'000		2016/17 £'000
0	Services commissioned from NHS Borders	118,186
0	Services commissioned from Scottish Borders Council	47,453
16	Employee Benefits Expenditure	110
4	Auditor Fee: External Audit	17
(20)	Partners' Funding Contributions	(165,766)
0	**Cost of Services**	**0**

The Fee charged by the External Auditor for 2016/17 was £17,470.

5 – Taxation and Non-Specific Grant Income

5.1 Taxation and Non-Specific Grant Income

2015/16 £'000		2016/17 £'000
(10)	Funding Contribution from NHS Borders	(123,529)
(10)	Funding Contribution from Scottish Borders Council	(42,237)
(20)	**Taxation and Non-Specific Grant Income**	**(165,766)**

The funding contribution from the NHS Board shown above includes £20.364m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

6 – Debtors and Creditors

6.1 Debtors

The IJB's Debtors include money owed to the partnership at 31 March 2017 and any payments made in respect of delegated functions in advance of the 2017/18 financial year:

31 March 2016 £'000		31 March 2017 £'000
2	Funding NHS Borders	676
2	Funding Scottish Borders Council	6,018
0	Funding Non-Public Sector	0
4	**Debtors**	**6,694**

6.2 Creditors

The IJB's Creditors include payments due by the partnership not yet made by the 31 March 2017 and any income it has received in advance of the 2017/18 financial year:

31 March 2016 £'000		31 March 2017 £'000
(2)	Funding NHS Borders	(676)
(2)	Funding Scottish Borders Council	(6,018)
0	Funding Non-Public Sector	0
(4)	**Creditors**	**(6,694)**

7 – Related Party Transactions

7.1 Related Party Transactions

The IJB has related party relationships with NHS Borders and Scottish Borders Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

NHS Borders

2015/16 £'000		2016/17 £'000
(10)	Funding Contributions	(123,529)
0	Service Income	0
0	Expenditure on Services Provided	118,186
0	Key Management Personnel	75
10	Support Services	9
0	**Net Transactions with NHS Borders**	**(5,260)**

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the IJB include only the Chief Officer (01 April 2016 to 11 December 2016). Details of the remuneration for some specific post-holders are provided in the Remuneration Report.

31 March 2016 £'000		31 March 2017 £'000
2	Debtors: Amounts Due from NHS Borders	676
(2)	Creditors: Amounts Due to NHS Borders	(676)
0	**Net Balance with NHS Borders**	**0**

Scottish Borders Council

2015/16 £'000		2016/17 £'000
(10)	Funding Contributions	(42,237)
0	Service Income	0
0	Expenditure on Services Provided	47,453
0	Key Management Personnel	35
10	Support Services	9
0	**Net Transactions with Scottish Borders Council**	**5,260**

Key Management Personnel: The senior officers employed by the Local Authority and recharged to the IJB include only the Chief Officer (01 December 2016 to 31 March 2017).

Details of the remuneration for some specific post-holders are provided in the Remuneration Report.

31 March 2016 £'000		31 March 2017 £'000
2	Debtors: Amounts Due from Scottish Borders Council	6,018
(2)	Creditors: Amounts Due to Scottish Borders Council	(6,018)
0	**Net Balance with Scottish Borders Council**	**0**

8 – Other Notes to the Accounts

8.1 Provisions: No provisions have been made at the 31 March 2017.

8.2 Useable Reserve: General Fund: The IJB does not hold a balance on its General Fund Reserve at 31 March 2017. The IJB has an approved Reserves Policy which enables it over time to earmark or build up funds which are to be used for specific purposes in the future such as known or predicted future expenditure needs. This supports strategic financial management. The Policy can also enable a contingency fund to be established in order to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.

8.3 Unusable Reserve: Employee Statutory Adjustment Account: Only one officer, the Chief Officer, requires to be considered in relation to absence entitlement earned but not yet taken at 31 March 2017. The value of this untaken but accrued entitlement is not considered material to the overall financial position of the IJB as presented in the Comprehensive Income and Expenditure Statement.

8.4 Agency Income and Expenditure: The Scottish Borders Partnership IJB is co-terminus between NHS Borders and Scottish Borders Council. The IJB does not act as the lead agency / manager for any delegated health or care services nor does it commission services on behalf of any other IJBs.

8.5 Contingent Assets and Contingent Liabilities: No Contingent Liabilities or Contingent Assets have been identified relating to any item not recognised on the IJB's Balance Sheet.

Scottish Borders
Health and Social Care
PARTNERSHIP

INTERIM TRANSFORMATION & EFFICIENCIES PROGRAMME TRACKER

Aim

1.1 To update IJB on progress in developing and delivering the transformation and efficiencies programme

Background

2.1 A presentation on progress in developing the programme was presented to the IJB at its 28th August meeting. This report details an update as at 31st August 2017.

2.2 There are currently 10 projects that comprise the IJB Transformation Programme. These are:

I. Community & Day Hospitals
II. Care at Home (including Re-ablement)
III. Allied Health Professionals
IV. Dementia
V. Mental Health Redesign
VI. Re-Imagining Day Services
VII. Carers Strategy
VIII. Alcohol & Drug Services
IX. IT & Telehealth Care
X. Re-Imagining Integrated Health & Social Care Teams

2.3 A high level Programme Plan is set out in Appendix 1 and a Programme Tracker which sets out workplan elements from the current and forthcoming reporting periods is provided at Appendix 2.

Summary

3.1 With the exception of the Re-Imagining Integrated Health & Social Care Teams project which is still in development, projects are progressing as planned.

3.2 Project groups are now meeting and a communication briefing note has been sent out to staff and managers to raise awareness of the programme. An awareness event was also held at Tweed Horizon on 5th September to engage with senior and operational managers whose services will be impacted by and who will influence the development of the transformation programme.

3.3 The current programme plan does not yet include indicative financial savings which may be possible from each of the individual projects. Discussions are planned with project leads, the Chief Finance Officer and Programme Manager to robustly review the financial context and savings opportunities from each project, the linkages between projects and across care pathways within health and care services. These

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discussions will take place over October/December and an update will be provided to EMT and IJB immediately after this.

3.4 EMT and IJB have discussed a notional percentage saving on operational costs on delegated functions to be achieved by 2019/20. The financial information relating to the Transformation Programme which will be made available to EMT and IJB will be presented in the context of this notional target. This will include all efficiency savings targets within health and social care.

3.5 As part of the agreed Financial Plan for NHS Borders the required central recurring savings target brought forward from 2016/17 to the start of 2017/18 for delegated functions totalled £1.922m. In addition delegated services were required to achieve a 3% savings on operational budgets which totalled £1.110m with GP Prescribing budgets requiring a £3.2m uplift achieved through a corresponding efficiency target. Historical savings targets across Primary and Community Services (P&CS), Allied Health Professionals (AHP's) and Mental Health (MH) also remain unachieved. The following table summarises the position on these savings targets and the savings achieved in 2017/18 on both a recurring and non recurring basis.

DELEGATED FUNCTIONS	**Required - Recurring**	**Achieved - Recurring**	**Achieved - Non Recurring**	**Planned - Non Recurring**	**Total outstanding**
Central Efficiency - Delegated Services	£1.922m	£0.683m	-	-	£1.239m
3% Efficiency Savings - Operational Budgets	£1.110m	£0.139m	£0.260m	£0.300m	£0.411m
GP Prescribing	£3.200m	£1.700m	-	-	£1.500m
Historical savings - P&CS, AHP's and MH	£0.963m	-	-	-	£0.963m
2017/18 Current position	£7.195m	£2.522m	£0.260m	£0.300m	£4.113m
2018/19 Baseline outstanding	£7.195m	£2.522m	-	-	£4.673m

3.6 The recurring outstanding efficiency target of £4.673m will carry forward as a baseline efficiency target into 2018/19 for delegated functions.

3.7 In addition to the savings targets of delegated functions as noted above, the Financial Plan from NHS Borders identified savings for Large Hospital - Set Aside budgets of £0.672m brought forward and £0.517m as the 3% target for operational budgets.

3.8 The table overleaf summarises the position on these savings targets and the savings achieved in 2017/18.

Page 2 of 4

SET ASIDE BUDGETS	Required - Recurring	Achieved - Recurring	Achieved -Non Recurring	Planned - Non Recurring	Total outstanding
Central Efficiency - Set aside budgets	£0.672m	-	-	-	£0.672m
3% Efficiency Savings - Operational Budgets	£0.517m	£0.105m	-	-	£0.412m
2017/18 Current position	£1.189m	£0.105m	-	-	£1.084m*
2018/19 Baseline outstanding	£1.189m	£0.105m	-	-	£1.084m*

*note the above excludes the Acute Drugs Efficiency Target.

3.9 The recurring outstanding efficiency target of £1.084m will carry forward as a baseline efficiency target into 2018/19 for set aside budgets.

3.10 The baseline 2018/19 efficiency savings targets for both health and social care will be verified as part of financial planning processes.

3.11 Preliminary discussions on the transformation programme, as developed to date, have identified that the level of recurring savings required by the IJB will not be achieved by the current projects. Additional projects will be required. It is important to note that the in-year savings are unlikely to be achieved as previously predicted. The financial information on the programme will therefore require to show the delivery timescale of savings in 2017/18 and future years.

3.12 As part of the discussions with project leads, the resource requirements to deliver projects will be fully established. It is anticipated that additional resource will be required. A clear business case, based on achievement of outcomes against resources required, will be included in each funding application.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the report and **request** an update on the delivery of efficiencies in 2017/18 and future years from the Transformation Programme.

Policy/Strategy Implications	This Programme will support the delivery of the Partnership's Strategic Plan.
Consultation	Programme Proposals are being developed through the Joint H&SC Management Team and with service leads. A workshop was held on 5th September to ensure all key managers in the programme are aware of and engaged in the programme.

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Risk Assessment	The risks relating to each project are being developed as part of the project briefs. Overall, there is a risk that without a robust programme, the Partnership will be unable to address the current – and future – affordability gap.
Compliance with requirements on Equality and Diversity	A comprehensive Equality Impact Assessment was completed as part of the strategic planning process.
Resource/Staffing Implications	Resource and staffing implications are being developed as part of both the development of the project briefs and the service redesigns that will be addressed through the projects.

Approved by

Name	Designation	Name	Designation
Rob McCullochGraham	Chief Officer Health & Social Care		

Author(s)

Name	Designation	Name	Designation
Susan Swan	Interim Chief Financial Officer	James Lamb	Portfolio Manager

	IJB Transformation Programme		Impact								2017-18												2018-19												2019-20				2020-21				2021-22			
	Project	Purpose	Improved Quality & Outcomes	Improved Pathways	Productivity & Efficiency	Project Lead	Project Manager Assigned	Project Stages	RAG Status		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
1	Community & Day Hospitals	Implement best practice service models in Community Hospitals to improve patient pathway and make best use of resources.	X	X	X	Sandra Pratt	TBC	Planning & Data Gathering	On Track																																			
								Establish & Cost Service Models																																							
								Agree & Develop Preferred Option																																							
								Implement Test of Change																																							
2	Care at Home (Including Reablement)	Targeted enablement within a homecare setting to deliver improved outcomes and help reduce the average hours of long-term care required.	X	X	X	Murray Leys	Lesley Horne	Develop Proposal	On Track																																			
								Pilot & Evaluate																																							
								Roll Out																																							
3	Allied Health Professionals	Reshape AHP services in order to support the emerging community services "Out of Hospital Care" model	X	X	X	Sandra Pratt	TBC	Management Review	On Track																																			
								Clinical Productivity Programme																																							
								Service Redesign & Roll-Out																																							
4	Dementia	Redesign the care and support service to deliver improved outcomes for clients who suffer from dementia.	X	X	X	Murray Leys	Peter Lerpiniere	Establish specialist dementia centre	On Track																																			
								Improve post-diagnosis support																																							
								Improve care home liaison																																							
								Improve training & support																																							
5	Mental Health Redesign	Service redesign in line with Mental Health Needs Assessment Recommendations, MH Strategy and to achieve identified Financial Savings	X	X	X	Simon Burt	Haylis Smith	Planning/Preperation	On Track																																			
								Development																																						
								Transformation Planning																																							
								Refine & Agree																																							
								Implement From																																							
6	Re-imagining Day Services	Review of Day Services to identify and deliver a more effective and efficient service options	X	X	X	Murray Leys	Michael Curran	Planning & Data Gathering	On Track																																			
								Implementation																																							
								Completion																																							
7	Carers Strategy	Work co-productively to implement the legislation effectively.	X			Sandra Pratt	Susan Henderson	Planning & Evaluation	On Track																																					
								Deliver Action Plan																																							
								Act Requirements Met																																							
8	Alcohol & Drug Services	To work with Borders Addiction Service (BAS) and Addaction to confirm potential co-location to improve joint working			X	Tim Patterson	Fiona Doig	Identify & Agree Location	On Track																																					
								Implementation																																							
								New Arrangements go live																																							
9	IT & Telehealth Care	Delivery of a video conferencing (Attend Anywhere) capability in care homes to support Out of Hours Emergency Care, Diabetes Services and Orthopaedics avoiding the need for expensive travel (time) and hospital visits - including avoidance of missed appointments.	X	X	X	Murray Leys	Bill Edwards/ Jackie Stephen	Attend Anywhere Pilot	On Track																																					
								Evaluation & Roll-Out																																							
								Draft wider IT Project Proposals																																							
								Agree & Implement IT Proposals																																							
10	Re-imagining Integrated H&SC Teams	Design and Implementation of Integrated Health & Social Care Teams across the 5 localities	X	X	X	Murray Leys	TBC	Plan to be developed	Amber																																			

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IJB Transformation Programme High Level Delivery Summary Tracker

August 2017

Corporate Lead / *Project Manager*		Programme/ Project	Purpose	Work / Milestones Achieved / Comments on Status – this period to 31 July 2017		Work / Milestones to be achieved – next period to 30 November 2017
				RAG Progress	Progress on work and reasons for RAG Status	Comments
1	Sandra Pratt/TBC	**Community & Day Hospitals**	Implement best practice service models in Community Hospitals to improve patient pathway and make best use of resources.		**Status is green as project is on plan** ▪ Community & Day Hospital Clinical Reference Group established as part of the project structure. ▪ Project Management Structure currently being determined.	• External "first phase"reviewprocess to be progressed. • Service Models to be confirmed • Establish criteria for appraisal options
2	Murray Leys	**Care at Home (incl. Enablement)**	Targeted and appropriate Enablement within a homecare setting to deliver improved outcomes for individuals and contribute to reductions in the average hours of long-term care required. Links with Technology Enabled Care (TEC) to enhance or replace direct contact time by carers		**Status is green as the project is on track** ▪ Draft Reablement proposal received from SB Cares (2nd August) ▪ Appointed TEC Lead for 1 year secondment (1st August – Lesley Horne – Senior Contracts Manager)	• ML to discuss draft proposal draft proposal with SB Cares senior management team to finalise proposal including financial details (end September) • LH to consult with key stakeholders and develop detailed brief for the future delivery of the project (October)
3	Sandra Pratt.	**Allied Health Professionals**	The overall project aim is to reshape AHP services in order to support the emerging community services "Out of Hospital Care" model		**Status is green as the project is on track** • AHP Management Review – draft options identified currently being finalised for option appraisal. Criteria for option appraisal being confirmed. • AHP Clinical Productivity Programme – initial phase with external consultancy working with each service; new clinic templates, norms and work plans being tested.	• AHP Management Review – option appraisal to be held and preferred option identified and costed by end Oct. Recruitment process to progress accordingly. • AHP Clinical Productivity Programme – external consultancy phase complete Aug 2017; support in place to enable services to embed new ways of working • Discussion with AHP Service Leads re planning for Phase 3
4	Murray Leys	**Dementia**	Redesign the care and support service to deliver improved outcomes for clients who suffer from dementia.		**Status is green as the project is on track.** • Dementia Strategy Group finalising draft Scottish Borders Dementia Strategy for consultation (October) The Strategy has been aligned with the recently published national dementia strategy. • Proposals sought from Voluntary Sector agencies (Alzheimers Scotland) for potential commission of enhanced liaison service using residual funding (£75k) from redesign of Endear Service • A discussion paper provided by the Integrated Mental Health Service has been provided. This paper allows for the development and delivery of a dementia liaison service with funding from both partners. • Consideration being given to developing specialist residential and respite support through current NHS, 3rd Sector and Council estate (Business Case being developed for capital funding bid as per Council process).	• Consultation over strategy (October) • Consultation with and feedback from vol sector (October) • Supporting discussion paper from Joint Mental Health Service (end September). • Discussion with Eildon Ho Association and visits to potential sites (by end August) • Capital Bid/Business case to be finalised and submitted.
5	Simon Burt	**Mental Health Redesign**	Service redesign in line with Mental Health Needs Assessment Recommendations, MH Strategy and to achieve identified Financial Savings		**Status is green as the project is on track** ▪ Workshops planned to take this forward throughout September and October 2017 ▪ Managers within the service identified to co-facilitate the workshops and lead by MH Strategy & Commissioning Manager ▪ Information and data gathering in progress to support transformation	• Aim to produce redesign plan by end March 2018 • Plan for required project and transition support in development • Implementation of redesign plan by end of 2019/20 financial year

Corporate Lead / *Project Manager*		Programme/ Project	Purpose	Work / Milestones Achieved / Comments on Status – this period to 31 July 2017		Work / Milestones to be achieved – next period to 30 November 2017
				RAG Progress	Progress on work and reasons for RAG Status	Comments
6	Murray Leys/ Michael Curran	**Re-Imagining Day Services**	Review of Day Services to identify and deliver a more effective and efficient service options		**Status is green as the project is on track** • Reimaging team attended 2 residential events (5days) June &September to explore new models of day time support with colleagues from, Leeds, Bradford and East Renfrewshire partnerships. • Held 7 community connections events to test a new approach in Berwickshire as an alternative to formal day services, • Discussed and agreed a way forward with communities to progress and support community connections into the future • Attended task and finish groups to explore, employment, Partnership working and how they support reimagining of day time support. • Hosted task and finish group on volunteering in the Interchange in Galashiels • Identified, and booked people onto the Good conversation training • Individual discussions with Adult services users in the Galashiels area	• Proposing & Discussing an alternative model for adults & older peoples day services with key strategic managers • Mapping inter-dependencies and joint work streams with MH and Community day hospital Transformation projects • Developing implementation plan and resources requirements and timescales
7	Elaine Torrance/ Susan Henderson	**Carers Strategy**	Work co-productively, through the Health and Social Care Partnership and children and young people's services, with carer representative organisations and with carers, to implement the legislation effectively.		**Status is Green because project is on track** • In conjunction with the Borders Carers Centre a new draft carers support plan has been tested, with positive response from staff and carers to date. • A draft eligibility criteria has been agreed by Carers Act Board.	• Test out draft eligibility criteria • Consult on and respond to Scottish Government consultation on draft regulations • Options appraisal completed on the pathways to provide support plans and effective support
8	Tim Patterson/ Fiona Doig	**Alcohol & Drug Services**	To undertake work with Borders Addiction Service (BAS) and Addaction to confirm potential development of a single management structures and/or co-location to improve joint working		**Status is green as the project is on track** A visit took place to potential co-location site of Galavale on 3.8.17.	Costings expected from NHS Borders Estates by 17.8.17. Depending on outcome will inform discussions with services.

9	Murray Leys/ TBC	**IT &Telehealthcare**	Delivery of a video conferencing (Attend Anywhere) capability in care homes to support Out of Hours Emergency Care, Diabetes Services and Orthopaedics avoiding the need for expensive travel (time) and hospital visits - including avoidance of missed appointments.		**Status is green as the project is on track**
					The brief currently covers the Attend Anywhere video conferencing facility. This is a TEC (the national Technology Enabled Care) funded project – a skype-like browser-based facility.
					• Orthopaedics Dept. have held virtual clinics
					• Diabetes Dept. are in the process of setting-up virtual clinics for hard-to-reach younger patients
					• Exploring how GP clusters can exploit the Attend Anywhere functionality
					• Appointed TEC Lead for 1 year secondment (1st August – Lesley Horne – Senior Contracts Manager)
					• **Wifi solution established for Buurtzorg pilot in Coldstream (SBCares staff in NHS Premises)**
					• **Connectivity issues at Transitional Care Facility at Waverly are being investigated**
					• The brief will be developed further to cover the wider IT requirements of integrated services.
					• A proposed outline for a wider IT Programme to address the needs of integrated services was presented to the October EMT
						• Develop the wider programme scope in line with direction from October EMT
						• Continued roll out of Attend Anywhere
						  • Diabetes Services
						  • GP Clusters

10	Murray Leys/ TBC	**Re-Imagining Integrated Health & Social Care Teams**	Design and Implementation of Integrated Health & Social Care Teams across the 5 localities		**The Status is amber as the project is still in development** • Continuing to hold vacancy in Cheviot locality. In principle discussion with SW and Health Managers has considered outline proposals. Job descriptions for integrated roles and supporting brief to be developed. • Staff engagement at the 5th September Staff Transformation Event at Tweed Horizons	• Continue to develop the project – brief and implementation plan

Scottish Borders
Health and Social Care
PARTNERSHIP

MONITORING OF THE HEALTH AND SOCIAL CARE PARTNERSHIP BUDGET 2017/18 AT 31 AUGUST 2017

Aim

1.1 The aim of this report is to provide an overview of the monitoring position of the Health and Social Care Partnership Budget at 31 August 2017.

Background

2.1 The report relates to the monitoring position on both the budget supporting all functions delegated to the partnership (the "delegated budget") and the budget relating to large-hospital functions retained and set aside for the population of the Scottish Borders (the "set-aside budget").

2.2 On the 30th March 2017, the Integration Joint Board (IJB) agreed the delegation of £146.288m of resources supporting integrated health and social care functions for financial year 2016/17. At the same time, it noted the proposed budget of £18.978m relating to the large hospitals budget set-aside. Within the delegated budget, £94.490m related to healthcare functions delegated by NHS Borders and £51.978m related to social care functions delegated by Scottish Borders Council.

2.3 Since the Financial Statement was approved by the IJB in March 2017, a number of factors have resulted in the revisions to the base budgets supporting delegated and set-aside functions. These factors include final grant allocation settlements having been made, intra-organisational budget realignments and additional funding provisions by the Scottish Government. The revised budget positions are currently:

	2017/18 Revised Budget £m
Healthcare Functions - Delegated	98.587
Social Care Functions - Delegated	53.313
Total Delegated	**151.900**
Healthcare Functions - Set-Aside	**20.420**

2.4 This report sets out the current monitoring position on both the delegated and set-aside budgets at 31 August 2017 and details the key areas of financial pressure and proposals for their mitigation.

Overview of Monitoring Position at 31 August 2017

Delegated Budget

Healthcare Functions

3.1 As in 2016/17, delegated healthcare functions continue to experience considerable financial pressure. Currently, an adverse outturn projection of almost £3.9m is forecast, representing 4.1% of the overall budget. The prime service area where this pressure is being experienced is Generic Services within which a range of miscellaneous functions such as community hospitals, dental, pharmacy and nursing, prescribing and general medical services and primary staffing and management are managed. Generic Services is also where any unallocated savings target are reported.

3.2 Within Generic Services, significant overspends relate in the main to the shortfall in, and non-delivery of, planned efficiency and savings targets.. These include:

- £1.5m related to shortfall on projected savings target in prescribing – a considerable savings target (£3.2m) was applied at the start of the financial and year and currently, £1.7m of schemes have been identified although delay in releasing savings on particular schemes is also impacting on the realisable savings available.
- £0.411m related to the overall unachieved balance on the operational budgets 3% savings targets.
- £1.239m of £1.922m recurring savings that were carried forward from 2016/17 that will not be delivered in year and no mitigating action has been identified.

The NHS Financial Recovery Plan for 2017/18 has been discussed by the EMT and will be presented to the NHS Borders Board at its October meeting.

3.3 A priority for the IJB is in ensuring a sustainable approach to financial planning and management within the partnership in line with the Board's approved Financial Strategy.

Social Care Functions

3.4 Social care functions are currently projecting a year end overspend position of £0.285m.

3.5 The reported overspend relates to the in year budget pressure within the Borders Ability Store - equipment budget. A recent externally commissioned report and subsequent drafted action plan have highlighted the requirement for additional non recurring resources to be directed by the IJB to address the current budget pressure. Further work is progressing to establish the extent of the underlying recurring funding requirement for this budget area. Implementation of the full action plan is a critical step to being able to evidence any recurring funding requirement.

3.6 The EMT have recommended a non recurring direction of Social Care Fund monies to the Ability Equipment Store in 2017/18 of £0.285m, this recommendation is detailed in the CFO Ring Fences Resources - Update paper to the IJB.

3.7 The IJB approved direction of £0.707m additional Social Care Fund monies at its August 2017 meeting to address need in Learning Disability Support Plans, Older People Residential Care and Equipment. This additional recurring funding has been factored to the reported position.

Large Hospital Budget Set-Aside

3.8 Set Aside budgets are reporting a projected £4.1m overspend position.

3.9 The EMT was recently updated on the NHS Financial Recovery Plan for 2017/18, the update highlighted the in year funding pressures within the Set Aside budget areas including agency costs to staff surge bed capacity and as cover for vacancies, additional staffing to address clinical risk and outstanding efficiency targets.

3.10 A main area of overspend reported by the NHS for 2017/18 is the additional costs incurred by the continuing provision of surge bed capacity to address the ongoing high number of delayed discharges across the health system, costs are being forecast at £1m for the full year.

3.11 The NHS 2017/18 Recovery Plan paper presented to EMT requested consideration of a non recurring allocation totalling £1m of Social Care Fund resource to cover this cost pressure in 2017/18. The EMT supported the recommendation being made to IJB and this has been included in the IJB Ring Fenced Resources - Update paper on the IJB Agenda for 23rd October.

Recovery Planning and Delivery

4.1 Section 3 above clearly outlines significant ongoing financial pressures across healthcare delegated services and set aside budgets.

4.2 For health the 2017/18 Financial Recovery Plan has been discussed by the EMT and will be presented to the NHS Borders Board at its October meeting. The IJB will be recommended by EMT to approve and direct a non recurring allocation of £1m from the Social Care Fund to address the surge bed capacity cost pressure highlighted by the NHS Recovery Plan.

4.3 For social care functions by incorporating the anticipated mitigating actions by the Scottish Borders Council-wide savings programme, and the additional directed funding from the social care fund, the forecasted pressures have been addressed except for the remaining issue from the Borders Ability Store - equipment budget. The IJB will be recommended by EMT to direct a non recurring allocation from the Social Care Fund to address this pressure in year.

Risk

5.1 A number of risks associated with the reporting of the IJB's monitoring position have been historically reported, including the extent of financial recovery required, the challenge over ensuring the recovery plan is delivered, the assumptions used to project the financial position and any change to those assumptions from the present time to the year end.

5.2 The most significant strategic risk relates to the partner financial plans in future years and the significant level of non-recurring efficiency and savings actions on which the partnership's budget remains predicated. The Chief Officer together with EMT are working to develop and implement a large-scale strategic transformation programme which will underpin the ability of partners and, as a consequence the IJB, to achieve financial sustainability.

5.3 Any adverse variance at the end of the financial year will be dealt with as per the partnership's Integration Scheme which requires a number of actions to be taken but ultimately will be supported from partner organisations.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the report and the monitoring position on the partnership's 2017/18 revenue budget at 31st August 2017 and **request** details of the financial recovery plan for 2017/18 at the next meeting.

Policy/Strategy Implications	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
Consultation	The report has been reviewed by the Chief Officer and by NHS Borders' Director of Finance and Scottish Borders Council's Chief Financial Officer for factual accuracy. Both partner organisations' Finance functions have contributed to its development and will work closely with IJB officers in delivering its outcomes.
Risk Assessment	To be reviewed in line with agreed risk management strategy. The key risks outlined in the report form part of the draft financial risk register for the partnership.
Compliance with requirements on Equality and Diversity	There are no equalities impacts arising from the report.
Resource/Staffing Implications	No resourcing implications beyond the financial resources identified within the report.

Approved by

Name	Designation	Name	Designation
Rob McCulloch Graham	Chief Officer Health & Social Care		

Author(s)

Name	Designation	Name	Designation
Susan Swan	Interim Chief Financial Officer		

MONTHLY REVENUE MANAGEMENT REPORT

Summary	2017/18	At end of Month:	August

Scottish Borders Health and Social Care PARTNERSHIP

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	19,396	7,879	19,372	19,372	51	
Joint Mental Health Service	15,850	6,355	15,470	15,470	(50)	
Joint Alcohol and Drug Service	1,006	316	651	651	0	
Older People Service	24,448	5,144	24,910	24,910	0	
Physical Disability Service	6,161	1,480	6,160	6,160	0	
Generic Services	80,501	37,157	85,337	89,525	(4,189)	
Large Hospital Functions Set-Aside	18,978	10,406	20,420	24,491	(4,071)	
Total	166,340	68,737	172,320	180,579	(8,259)	

MONTHLY REVENUE MANAGEMENT REPORT

Delegated Budget Social Care Functions	2017/18	At end of Month:	August

Scottish Borders Health and Social Care PARTNERSHIP

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	15,753	6,391	15,750	15,750	0	
Joint Mental Health Service	1,969	799	1,967	1,967	0	*Generic Services:* • Projected pressure within Borders Ability and Equipment Service (£285k) • Low actual spend profile as this includes all ICF brought forward
Joint Alcohol and Drug Service	173	47	171	171	0	
Older People Service	24,448	5,144	24,910	24,910	0	
Physical Disability Service	6,161	1,480	6,160	6,160	0	
Generic Services	4,368	660	4,355	4,640	(285)	
Total	52,872	14,521	53,313	53,598	(285)	

MONTHLY REVENUE MANAGEMENT REPORT

Large Hospital Functions Set-Aside	2017/18	At end of Month:	August

Scottish Borders Health and Social Care PARTNERSHIP

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Accident & Emergency	1,997	1,081	1,990	2,607	(617)	Primary issues are as follows : A&E overspends are in the main related to management of risk and associated medical staffing costs. In Medicine & long term conditions the most significant issues are Nursing and Medical costs with a significant contributing factor additional cost of surge beds. Non delivery of Savings is also contributing to the overspend reported position. In medicine for the elderly the additional staffing costs is linked to gaps in rota and the acuity of patients. Savings and planned actions relate to the unmet target from last financial year
Medicine & Long-Term Conditions	11,633	6,394	12,728	14,894	(2,166)	
Medicine of the Elderly	6,020	2,931	6,374	6,990	(616)	
Savings and Planned Actions	(672)	0	(672)	0	(672)	
Total	18,978	10,406	20,420	24,491	(4,071)	

MONTHLY REVENUE MANAGEMENT REPORT

Delegated Budget Healthcare Functions | **2017/18** | **At end of Month:** August

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	3,643	1,488	3,622	3,622	51	The outturn variance relate to 4 primary issues : Nursing overspends in Community Hospitals related to agency spend covering vacant posts, patient dependancy issues and sickness absence (£250k). AHP overspend related to non delivery of savings, both prior and current year targets (£358k). A shortfall on the projected savings in GP prescribing represented by a shortfall in schemes identifed (£1,448k). Recurring savings carried forward from 2016/17 and elements of the in year 3% savings target which will not be delivered in year account for the balance.
Joint Mental Health Service	13,881	5,556	13,503	13,503	(50)	
Joint Alcohol and Drug Service	833	269	480	480	0	
Older People Service	0	0	0	0	0	
Physical Disability Service	0	0	0	0	0	
Generic Services	76,133	36,497	80,982	84,885	(3,904)	
					0	
Total	94,490	43,810	98,587	102,490	(3,903)	

Scottish Borders
Health and Social Care
PARTNERSHIP

INTEGRATION JOINT BOARD – RING FENCED RESOURCES - UPDATE ON SOCIAL CARE FUND, INTEGRATED CARE FUND AND CHANGE FUND

Aim

1.1 The aim of this report is to provide an update to the IJB on the Social Care Fund, Integrated Care Fund and Change Fund resources.

Background

2.1 The IJB has a number of new members and in addition a recently appointed Chief Officer and interim Chief Finance Officer. This report has been provided to support the new appointments with background knowledge on the ring fenced resources which are in addition to those provided for the delegated functions and the set aside budgets.

2.2 The report provides a status update on the following resources

- Social Care Fund
- Integrated Care Fund and,
- Change Fund

2.3 The ring fenced resources support the achievement of the agreed outcomes of the Strategic Commissioning Plan.

2.4 As detailed in the Board's Scheme of Integration the IJB is supported by Scottish Borders Council to hold the balance of these resources in a designated reserve for use across financial years.

Current Status

Social Care Fund

3.1 Resources designated as the Social Care Fund are allocated by Scottish Government as part of the NHS annual allocation, the funding is ring fenced for use by the IJB to support financial pressures in Social Care and create additional capacity within Health and Social Care Partnerships to support the IJB's Strategic Planning outcomes.

3.2 Approval for the use of the Social Care Fund resources is recommended to the IJB by the EMT based on information presented by partner organisations.

3.3 Appendix 1 details the Social Care Fund allocations which have been made available to the IJB in 2016/17 and 2017/18 and the commitments approved by the

IJB. The appendix also reports the anticipated spend levels from this allocation in2018/19.

3.4 Financial commitments from the Social Care Fund made in 2017/18 previously included anticipated costs to provide the single living wage for all night support sleep-in staff, this at a estimated cost of £750k. The implementation of this pay rate change has been delayed to 2018/19 thus freeing up the resource for use during 2017/18.

3.5 The IJB Financial Monitoring Report for August 2017 detailed the external review which has been concluded on the Borders Ability Store service. A number of actions have been agreed in response to the review findings and are currently being implemented. In year pressures on the equipment budget of the store have been noted by the EMT and it is recommended to direct £0.285m of Social Care Fund monies on a non recurring basis to support the equipment budget pressures in year pending a full and evidenced case of the budget position for this service.

3.6 The EMT on 13th October 2017 discussed the NHS operational pressures and Financial Recovery Plan for 2017/18 and noted the information provided on the continued use of surge bed capacity, this use as a consequence of the ongoing level of delayed discharges which remain within the health system. The in year costs associated with the use of surge beds during 2017/18 was highlighted at £1m. NHS Borders requested consideration of financial support from the IJB in this area of overspend. The EMT discussed the request and recommended the allocation of £1m from Social Care Fund with the IJB Chief Finance Officer being furnished with the detailed cost analysis of surge bed use. Going forward the EMT discussed a number of measures being planned which will support the management of delayed discharge across both the health and social care patient pathways. Information on these measures will continue to be presented to the EMT and will be brought forward to IJB as required.

3.7 At the date of this report and anticipating approval by the IJB of the EMT recommendations for a non recurring allocation of £0.285m to the Borders Ability Store and a non recurring £1m to the NHS for the use of surge bed capacity, a total of £0.127m remains uncommitted for 2017/18 (£0.662m full year) of Social Care Fund monies.

Integrated Care Fund

3.8 Resources designated as the Integrated Care Fund are allocated by Scottish Government as part of the NHS annual allocation, the funding is ring fenced for use by the IJB to pump prime initiatives and specific projects which will enable health and social care services to be redesigned to support a shift in the 'balance of care' for the Board's commissioned services. The ICF allocation is received on a non recurring basis and therefore permanent financial commitments cannot be made against this allocation.

3.9 Approval for the use of Integrated Care Fund resources is recommended by the EMT to the IJB based on information presented to EMT by partner organisations and from the work of the Strategic Planning Group who support and direct services to deliver the required outcomes as agreed by the IJB.

3.10 Appendix 2 details the Integrated Care Fund allocations which have been made available to the IJB in 2015/16, 2016/17 and 2017/18 and the commitments approved by the IJB to date.

3.11 The Chief Officer and the H&SCI Senior Operational Management Team have agreed to review the individual projects currently receiving funding from the ICF to ensure delivery of outcomes as projected is being evidenced and that maximum benefit to the partnership agreed outcomes is being delivered from the use of the resources. All findings from the review will be reported to the IJB in due course.

3.12 An update was provided to the recent EMT meeting on the outlines of likely projects which will require ICF funding in 2017/18, these including winter planning capacity and Discharge to Assess facilities. Further information and funding recommendations for these projects will be made to IJB in due course.

3.13 At the date of this report a total of £2.188m remains as uncommitted ICF resources.

Change Fund

3.14 Resources designated as the Change Fund were allocated by Scottish Government as part of the NHS annual allocation, the funding was ring fenced for use by the Health & Social Care Partnership predating the IJB. The Change Fund provided resource to reshape services for older people shifting care towards anticipatory care and prevention. The Change Fund was received on a non recurring basis and therefore permanent financial commitment was not made against the allocations.

3.15 Approval for the use of Change Fund was given via a formal 'application for funding' process to the Health and Social Care Partnership Governance Groups. Projects provided midyear and end of year evaluation reports to evidence the delivery of agreed outcomes.

3.16 As at 31st March 2017 a balance of £0.557m remains on Change Fund resources. Confirmation of any further commitments against this fund is now being sought. The uncommitted balance of the Change Fund is held within an SBC designated reserve fund.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** this report and the status of resources on the Social Care Fund, the Integrated Care Fund and the Change Fund.

The Health & Social Care Integration Joint Board is asked to **approve** the recommendation by EMT to direct £1m of Social Care Fund resources on a non recurring basis for 2017/18 to NHS Borders to cover the costs of surge bed capacity used across the health system linked to the level of delayed discharges.

The Health & Social Care Integration Joint Board is asked to **approve** the recommendation by EMT to direct £0.285m of Social Care Fund resources on a non recurring basis for 2017/18 to the Borders Ability Store - equipment budget.

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Policy/Strategy Implications	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
Consultation	The report has been reviewed by the Chief Officer and NHS Borders' Director of Finance and Scottish Borders Council's Chief Financial Officer for factual accuracy. Both partner organisations' Finance functions have contributed to its development and will work closely with IJB officers in delivering its outcomes.
Risk Assessment	To be reviewed in line with agreed risk management strategy. The key risks outlined in the report form part of the draft financial risk register for the partnership.
Compliance with requirements on Equality and Diversity	There are no equalities impacts arising from the report.
Resource/Staffing Implications	No resourcing implications beyond the financial resources identified within the report.

Approved by

Name	**Designation**	**Name**	**Designation**
Rob McCulloch Graham	Chief Officer Health & Social Care		

Author(s)

Name	**Designation**	**Name**	**Designation**
Susan Swan	Interim Chief Financial Officer		

APPENDIX 1
Scottish Borders Health & Social Care Partnership
Social Care Fund - Resources Update October 2017.

	2016/17			2017/18			2018/19		
	Temporary £'000	Permanent £'000	Total £'000	Temporary £'000	Permanent £'000	Total £'000	Temporary £'000	Permanent £'000	Total £'000
Directed during 2016/17:									
Living Wage to £8.25		813	813		1,626	1,626		1,626	1,626
Social Care Demographic/Demand	220	2,508	2,728		2,508	2,508		2,508	2,508
Night Support Sleep Ins			0			0		750	750
Community Mental Health Worker		25	25		50	50		50	50
Charging Threshhold		154	154		154	154		154	154
Surge Beds	500		500			0			0
Prescribing	677		677			0			0
Borders Ability Store - Equipment	295		295			0			0
Night Support Review	75		75			0			0
Directed during 2017/18 to date:									
COSLA Uplift					261	261		261	261
Living Wage to £8.45					829	829		829	829
Residential Care					407	407		407	407
Housing With care					100	100		100	100
Adults with Learning Disabilities					200	200		200	200
EMT Recommendation October 2017									
Borders Ability Store - Equipment				285		285			0
NHS Financial Recovery 17/18 - Surge Beds				1,000		1,000			0
	1,767	**3,500**	**5,267**	**1,285**	**6,135**	**7,420**	**0**	**6,885**	**6,885**
	Fully Utilised Allocation = £5,267k			**Total Allocation = £7,547k**			**Total Allocation = £7,547k**		
				Remaining Resources = £127k			**Remaining Resources = £662k**		

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APPENDIX 2

Scottish Borders Health & Social Care Partnership

Integrated Care Fund - Resources Update October 2017

Project Title	Project Host NHS / SBC	Total Spend 2015-16	Total Spend 2016-17	Budget 2017-18	TOTAL APPROVED
Project Management Team	SBC	£87,721	£254,504	£364,233	£706,458
Community Capacity Building	SBC	£337	£158,756	£240,907	£400,000
Independent Sector Officer	SBC	£19,000	£28,165	£46,795	£93,960
Transport Hub	SBC	£70,600	(£8,418)	£76,818	£139,000
Mental Health Integration	SBC	£24,393	£0	£0	£24,393
My Home Life	SBC	£1,631	£37,486	£32,224	£71,340
Autism Co-ordinator	SBC	£0	£5,371	£94,015	£99,386
Alcohol Related Brain Disorders	SBC	£0	£0	£102,052	£102,052
BAES Relocation	SBC	£0	£105,110	£135,890	£241,000
Locality Co-ordinators	SBC	£0	£49,634	£19,866	£69,500
Locality Management	SBC	£0	£0	£50,818	£50,818
Transitions - Learning Disability	SBC	£0	£24,361	£35,839	£60,200
Matching Unit	SBC	£0	£3,763	£111,237	£115,000
Community Led Support	SBC	£0	£43,797	£46,203	£90,000
Transitional Care Facility	SBC	£0	£0	£516,600	£516,600
Domestic Abuse Service	SBC	£0	£0	£120,000	£120,000
Unallocated Funds	SBC	**£0**	**£0**	**£2,188,262**	**£2,188,262**
		£203,682	**£702,529**	**£4,181,759**	**£5,087,969**
Adjustment NHS ICF reconciliation (Query outstanding)		£0	(£86,245)	£0	(£86,245)
Health Improvement (*phase 1*)	NHS	£8,000	£8,000	£22,000	£38,000
Stress & Distress Training	NHS	£0	£32,035	£133,965	£166,000
Mental Health Integration	NHS	£13,000	£0	£0	£13,000
Locality Co-Ordinators	NHS	£0	£119,058	£70,942	£190,000
Health Care & Co-ordination	NHS	£0	£0	£49,238	£49,238
Locality Management	NHS	£0	£0	£80,818	£80,818
Transitional Care Facility	NHS	£0	£410,000	£0	£410,000
Transitions - Learning Disability	NHS	£0	£0	£5,000	£5,000
Pharmacy - Practice & Protocols	NHS	£0	£0	£97,000	£97,000
GP Clusters	NHS	£0	£0	£50,000	£50,000
Alcohol & Drug Partnership	NHS	£0	£0	£46,000	£46,000
Buurtszorg - Community Support Model	NHS	£0	£0	£52,000	£52,000
Healthcare Support Workers	NHS	£0	£0	£51,999	£51,999
Rapid Assessment & Discharge	NHS	£0	£139,000	£221	£139,221
		£21,000	**£621,848**	**£659,183**	**£1,302,031**
		£224,682	**£1,324,377**	**£4,840,942**	**£6,390,000**

Allocation 2015/16	£2,130,000
Allocation 2016/17	£2,130,000
Allocation 2017/18	£2,130,000
Total Allocations	**£6,390,000**

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Scottish Borders
Health and Social Care
PARTNERSHIP

COMMITTEE MINUTES

Aim

To raise awareness of the Health & Social Care Integration Joint Board on the range of matters being discussed by the Strategic Planning Group and the Audit Committee.

Background

The Health & Social Care Integration Joint Board will receive various approved minutes as appropriate.

Summary

Committee minutes attached are:-

- Strategic Planning Group: 24.04.17

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the minutes.

Policy/Strategy Implications	As detailed within the individual minutes.
Consultation	Not applicable
Risk Assessment	As detailed within the individual minutes.
Compliance with requirements on Equality and Diversity	As detailed within the individual minutes.
Resource/Staffing Implications	As detailed within the individual minutes.

Approved by

Name	Designation	Name	Designation
Robert McCulloch-Graham	Chief Officer Health & Social Care		

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		

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Scottish Borders
Health and Social Care
PARTNERSHIP

Meeting of the Strategic Planning Group
3.30pm to 4.30pm on Monday 24 April 2017
Cheviot Room, Revier Complex, Scottish Borders Council Headquarters

Minute

Present: Jane Robertson (Chair), Margaret McGowan, Colin McGrath, Caroline Green, Lynne Crombie, Linda Jackson, David Bell, Elaine Torrance

In Attendance: Tim Patterson, Susan Yates, Suzanne Hislop (Minutes)

1.	**Welcome** • The meeting was declared quorate and introductions were made.	
2.	**Apologies**: Tim Young, Shirley Burrell, Gerry Begg, Amanda Miller, Jenny Smith, Morag Walker, Murray Leys, Paul McMenamin, Alasdair Pattinson, Julie Watson, Steph Errington	
3.	**Minutes of the previous meeting 13 February 2017 & Action Tracker** • The minutes of the previous meeting of 13 February were accepted as a true record. SPG Minutes.doc • The group went through the actions arising from the last meeting and updated the action tracker. SPG Action Tracker.doc	
4.	**Matters Arising** • None noted.	
5.	**Draft Annual Performance Report** • A large amount of work has gone into developing the Annual Performance Report (APR). The latest version has been electronically circulated to both the Integration Joint Board (IJB) and the Executive Management Team (EMT) for comment. • The Chair gave a brief overview of the document. The Partnership is required to report on progress between 2016 and 2017 and information has been gathered to demonstrate performance in relation to the nine Local Objectives across the Partnership. Comments are welcomed in the timeframe specified. • The group was asked to send any comments to Suzanne Hislop for forwarding to Clare Richard (Project Manager). The tight timescale	

	was emphasised with comments on this version to be submitted by 5 May. • The content relating to Buurtzorg was queried. Caroline Green to direct any question to Erica Reid (Director for Hospital Care) who supplied the content on Buurtzorg for the report and is the pilot lead. • A question of whether the general public have been consulted properly on the work being undertaken around integration was raised. The variety of methods used when consulting on the Strategic Plan were highlighted and this issue is to be discussed more fully at a meeting being held tomorrow (25 April) involving Elaine Torrance, Jane Robertson and Colin McGrath. • Members' responsibility to share information as widely as possible with their prescribed group was emphasised. • The issue of having a Community Council Representative for each of the five localities on the group was again raised. This issue is to also be discussed more fully at the aforementioned meeting taking place tomorrow but it was highlighted that this issue has been discussed at previous SPG meetings and the consensus had been to not expand the group/increase Community Council representation. • It was suggested that the APR reflected a huge amount of work and that those involved with pulling together the document should be thanked for their efforts. • The reduction in hospital admissions for those aged 75 and over was highlighted (page 6). This shows a significant reduction in a short time and it was suggested reflects the focus of a lot of the work of the Partnership including the work undertaken by the Ambulatory Care Assessment Unit Team. This is to be looked at further and if appropriate may be highlighted in the APR as a success of a whole system approach to this issue. It was agreed that Tim Patterson would forward suggested amendments/provide a paragraph after consulting with Phillip Lunts (General Manager, Unscheduled Care, NHS Borders).	**ACTION TP**
6.	**Commissioning & Implementation Plan** • Work on the Commissioning & Implementation Plan had previously been led by Eric Baijal the former Director of Strategy and further work has been undertaken involving the Health & Social Care Management Team. The format has changed and the document now outlines how the Partnership is going to deliver on the nine local objectives. • A further session is planned with the Health & Social Care Management Team, where they will review the document before it is presented to the IJB to establish if any further work is required. The Plan will go to EMT and then will become more widely available for circulation and comment. The plan will come to the July meeting/next formal meeting of this group for discussion/feedback.	**ACTION SH**
7.	**My Home Life Project Feedback** • The tabled paper on the *My Home Life Project* was discussed by the group. MHL evaluation infographic 20.04.17.d • This project is run by the University of the West of Scotland and	

	builds on work previously undertaken by Age Scotland. The two cohorts have been funded by the Integrated Care Fund (ICF). Community development is taking place following the first cohort with the second cohort having recently started. The hope is that cohort two maintains the same momentum as one. The second cohort is also working in partnership with NHS Education for Scotland. • The feedback from residents and their families has been positive. A number of senior staff from SB Cares have been included in the training and this has been positive. • The My Home Life Team holds a retreat every year and all of those who have attended the course are invited to this for a mini refresher. • The infographic format of the paper was well received by the group. • It was agreed that this project had been a good use of the ICF. • Professor Belinda Dewar is the project lead and the project is now spreading internationally. • It was agreed that the last sentence of the first paragraph on the first page should be amended to reflect that 16 people attended each cohort and that all nine care homes had been involved. • 32 people will have attended the course by the end of cohort two and will be in a position to share what they have learned with colleagues. • Margaret McGowan agreed to forward additional information to give the group a better understanding of the context and percentages for the project.	**ACTION MM** **ACTION MM**
8.	**Locality Plans** • Some SPG members are involved in the Locality Working Groups (LWGs). Five summary plans have been seen by the IJB and endorsed and work is now underway to develop the full plans. • The Locality Co-ordinators have worked hard with the LWGs to address the challenges in meeting the needs and expectations of all of those involved. • Now on the 8th round of LWG meetings in all localities. • Working towards presenting a full plan to EMT in May and then work will begin on the remaining plans on this basis. Feedback will be sought from IJB to ensure that that they are happy with how things are progressing before the plans go out for up to three months of public consultation. This will have to link in with a number of plans including the Local Outcome Improvement Plan (LOIP) and conversations on the best way this can be achieved are ongoing. • The issue of information sharing between the SPG and the LWGs was raised. It was agreed that there should be a clear linkage between the groups. It was agreed that the SPG minutes would be made available to the LWGs and vice versa. • There was discussion around the usefulness of social media in reaching different groups and this is something that may be looked at moving forward.	**ACTION SH**
9.	**Revised Terms of Reference & Membership** • The revised Terms of Reference and membership were discussed in detail at a previous meeting before going to the IJB for information. This has now come back to the group for a final look over.	

	• The importance of providing the details of a deputy was raised again and members currently without a named person to deputise were asked to forward a name and contact details to Suzanne Hislop. • The importance of Health professional representation of both clinical and community staff was raised. The previous representative for this prescribed group was Anne Livingston who is no longer in post. • It was suggested that it may be useful to link in with the Borders Older Peoples' Planning Partnership (BOPPP) as membership of BOPPP may help to inform SPG membership in terms of health professional representation. Tim Patterson agreed to link in with Murray Leys and feedback to the group. • The frequency of SPG meetings was raised and it was suggested that these should be more frequent. It was highlighted that this had been discussed previously and the consensus was that SPG meetings should continue to be held prior to and be aligned with IJB meetings.	**ACTION SH** **ACTION TP**
10.	**Development Session** • The group were asked to help shape the agenda for the development session scheduled for 15 May. This has been organised on the back of early conversations that looked at moving the group forward. The agenda for the session is currently open and members were asked what they wanted from this session that will be facilitated by Christina Naismith (Head of Strategic Commissioning, Integration Division, Scottish Government). Christine Naismith has a wealth of knowledge and experience around what is happening across the country and the group were asked to think about how to make best use of this. Suggestions included: ➢ Emphasis on a number of small discussions rather than presentations ➢ Feedback on what other partnerships are doing ➢ Feedback on how strategic planning groups in other partnerships are organised/work ➢ Lessons learned from other areas/partnerships • It was agreed that an invitation to the development session should be extended to SPG deputies. • It was highlighted that public members should have the right to challenge decisions. Public membership is in place to challenge and hold the professionals to account to make sure everything is working. • It was highlighted that the SPG was not the only group through which the partnership was getting its message across. The Joint Staff Forum (JSF), Public Participation Forum (PPF) and Local Area Forums are all examples of other channels for information. The SPG has a formal part to play but is not the only route that is use to get information out. • It was suggested that PPF receive a regular update on the work of the SPG and it was agreed that SPG minutes are to be forwarded to the PPF. • Elaine Torrance is unable to attend the development session on 15 May as she will be attending the Community Led Support National	**ACTION SH** **ACTION SH**

	Gathering in Manchester.	
11.	**AOB** • None noted.	
12.	**Date and time of next meeting: 15 May 2017 between 1.00pm & 4.00pm in Committee Room 1 SBC HQ**	

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