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Scottish Borders
Health and Social Care
PARTNERSHIP

A meeting of the **Health & Social Care Integration Joint Board** will be held on **Monday, 17th September, 2018** at **9.30 am** in CR2/3, Scottish Borders Council HQ

AGENDA

Time	No		Lead	Paper
2:00	**1**	**ANNOUNCEMENTS AND APOLOGIES**	**Chair**	Verbal
2:01	**2**	**DECLARATIONS OF INTEREST** Members should declare any financial and non financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.	**Chair**	Verbal
2:03	**3**	**MINUTES OF PREVIOUS MEETING** 20 August 2018	**Chair**	(Pages 3 - 12)
2:05	**4**	**ACTION TRACKER**	**Chair**	(Pages 13 - 16)
2:10	**5**	**CHIEF OFFICER'S REPORT**	**Chief Officer**	(Pages 17 - 20)
2:15	**6**	**FOR DECISION**		
	6.1	Monitoring of the Integration Joint Budget 2017/18	**Interim Chief Financial Officer**	To follow
	6.2	Integration Joint Board Local Code of Corporate Governance	**Chief Officer**	(Pages 21 - 36)
	6.3	Health & Social Care Partnership Communications Strategy	**Chief Officer**	(Pages 37 - 48)
	7	**FOR NOTING**		

7.1	Quarterly Performance Report	**Chief Officer**	(Pages 49 - 74)
7.2	Joint Winter Plan 2018/19	**Chief Officer**	(Pages 75 - 80)
8	**ANY OTHER BUSINESS**	**Chair**	
	(a) Health & Social Care Integration Joint Board Development Session: 19 November 2018 • Look Back: Look Forward • Public Protection Service • 2019/20 Finance • Strategic Plan	**Chief Officer**	Verbal
9	**DATE AND TIME OF NEXT MEETING** Monday 22 October 2018 at 2.00pm in Committee Room 2, Scottish Borders Council.	**Chair**	Verbal

Scottish Borders
Health and Social Care
PARTNERSHIP

Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 20 August 2018 at 2.00pm in the Council Chamber, Scottish Borders Council.

Present:	(v) Cllr S Haslam	(v) Dr S Mather (Chair)
	(v) Cllr J Greenwell	(v) Mr D Davidson
	(v) Cllr H Laing	(v) Mrs K Hamilton
	Mrs J Smith	(v) Mr T Taylor
	Mr M Porteous	(v) Mr J Raine
	Ms L Gallacher	Dr A McVean
	Mr D Bell	Mr J McLaren
	Mr C McGrath	Mr R McCulloch-Graham
In Attendance:	Miss I Bishop	Mrs J Davidson
	Mrs T Logan	Mrs J Stacey
	Mrs C Gillie	Mr D Robertson
	Mr G Clinkscale	Ms Z Trendell
	Ms S Watters	Mrs J Robertson
	Mr L Gill	Ms S Bell

1. Apologies and Announcements

Apologies had been received from Cllr David Parker, Cllr Tom Weatherston, Dr Cliff Sharp, Mrs Claire Pearce and Mr Murray Leys.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Mike Porteous, Interim Chief Financial Officer.

The Chair welcomed Mr Gareth Clinkscale, Ms Zena Trendell and Ms Sarah Watters 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 none.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 11 June 2018 were amended at page 3, first paragraph, line 3, to delete “for outsourcing”

and replace with “difficulties” and at page 4 paragraph 3, line 6, to read “participation, and remained concerned ...” and with those amendments the minutes were approved.

4. Matters Arising

4.1 Strategic Plan: Mr Tris Taylor noted that the second recommendation within the minute referred to the dissent of one Board member and he suggested that the individual was probably himself. He wished to advise that on reflection he fully accepted the consensus of opinion as part of a collective responsibility and supported the refreshed version of the strategic plan.

4.2 Chief Officer’s Report: Mrs Karen Hamilton asked for sight of the evaluation that had been carried out.

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

5. Chief Officer’s Report

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted the preparation of the primary care improvement plan; Day of Care Audit (DoCA) across all community hospitals and some of the wards within the Borders General Hospital; joint winter plan progress; regional work in regard to Diabetes; Child and Adolescent Mental Health Services (CAMHS) performance; older people’s inspection progress and Buurtzorg.

Mr John McLaren enquired if the impact of the CAMHS decision on the service was fully understood. Mr McCulloch-Graham advised that the drop in performance was unusual and had been attributed to a failure to recruit to key posts within such a small service. To address the situation interim appointments had been made, succession planning explored, isolated what the issues were and pushed forward with driving up the changes needed. In regard to the IT issue, additional help had been provided to ensure such a situation did not happen again.

Mr Tris Taylor enquired if the facility of an audit should be used more frequently as a driver for change. Mr McCulloch-Graham advised that the DoCA was a regular event involving multi disciplinary professionals which gave a rounded view of the patient, their pathway and destination and provided a springboard for change. Mr Taylor enquired if there were other areas where the initiative could be utilised. Mr McCulloch-Graham advised that there were already detailed areas identified under the 3 objectives within the Strategic Plan to undertake such an initiative.

Mr Taylor enquired about the status of CAMHS in regard to the Integration Joint Board (IJB). Mrs Tracey Logan advised that whilst CAMHS was not a delegated function to the IJB it was part of the mental health service and the performance was presented to the IJB for information. Mrs Jane Davidson commented that Mr McCulloch-Graham was the operational Director in charge of Mental Health services overall and an improvement plan had been put in place.

Mr Colin McGrath suggested that the Locality Working Groups were being ignored in favour of Areas Partnerships and he also suggested as finance was not a subject discussed at the

Page 2 of 4

Locality Working Groups the whole integration agenda was not working. He advised the IJB that he had been re-elected as the Chair of Community Councillors and attended both Locality Working Group and Area Partnership meetings.

Mr McCulloch-Graham refuted the suggestion that integration was not working and advised that Scottish Borders Council and NHS Borders worked together through the formation of locality working groups to formulate local plans that were then shared with the Area Partnerships. Cllr Shona Haslam commented that Mr McCulloch-Graham was a regular attendee at the Area Partnerships and took a lead role in discussions on health and wellbeing. She suggested if there were any concerns being raised by the localities then they would be fully explored in the next round of engagement.

The Chair enquired if the Professor John Bolton work would be revisited and Mr McCulloch-Graham confirmed that it would be.

The Chair enquired it if was an appropriate time to revisit Buurtzorg. Mr McCulloch-Graham commented that there had been a recent visit from the Scottish Government to the Berwickshire area as a pre-empt to a future visit by the Cabinet Secretary. Buurtzorg was in the early stages and the proposal before the IJB under the Integrated Care Fund paper later on the agenda was to extend the Hospital to Home initiative in order to mainstream the initiative and create more grip in the system.

Mr John McLaren suggested the model being formulated locally was not strictly the Buurtzorg model as not all of that model could be replicated and he suggested giving it a different name. Mrs Davidson commented that the principles of Buurtzorg went beyond what the Buurtzorg model could do with health and home care and a stock take of where the current project was needed to be taken, so that the IJB could see what the community model was. She advised that liaison was taking place with the new Cabinet Secretary's Office in regard to a future visit and in the meantime Health Improvement Scotland were filming a video to capture the work achieved to date.

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

6. Primary Care Improvement Plan

Mr Robert McCulloch-Graham gave an overview of the content of the report and advised that both Ms Zena Trendell and Dr Angus McVean had been heavily involved in the production of the final improvement plan. He spoke of the background to the plan and the anticipated outcomes of its introduction in line with the new contract for GPs. He explained that it was a 3 year plan and there was an expectation that it would continue to develop and evolve over that period. The plan had been approved by the GP Sub Committee and was presented to the IJB for approval prior to a Direction being issued to the Health Board to implement the plan.

Ms Trendell gave further background information and advised that the plan was linked to the new General Medical Services (GMS) contract. It was a requirement of the GMS contract that the plan focus on 6 key areas. Ms Trendell further advised that the plan would be revised on a 6 monthly basis.

Mr John Raine arrived.

Dr Angus McVean advised that there had been funds delegated for the formulation of the plan and about £600k had been allocated to provide best value for money and best service. The main driver of the contract was to move work from GPs in day time hours to other staff such as to pharmacists to help manage and run medication reviews. He assured the Board that GPs were keen to invest in the areas of greatest value for money in the first instance and that by the end of year 3 all of the identified areas would have been addressed.

A discussion ensued that highlighted: what will good look like in 3-5 years time; GP clusters designed to maintain quality across the region; creation of multi-disciplinary teams in clusters with GPs providing local clinical leadership; inclusion of support groups and community link workers; link efforts of Local Authority, GPs and Primary Care; dependence on ability to recruit pharmacists, physiotherapists, advance nurse practitioners and support staff to ensure GPs do the job the contract envisages them doing; whilst premises and IT sat outwith the plan, there was an initiative for Health Boards to undertake the purchase of all GP practices over a 20 year period; IT was centrally purchased and it was acknowledged that it was a critical function to assist in the integration of services; need to strengthen the role of carers; potential to review Primary Care Strategy Board membership to ensure representative of community services; and it was understood that it was a live document and would evolve as it developed.

Mrs Jane Davidson reminded the Board that the GP sub committee was a sub committee of the Health Board and the plan was about the GP element of primary care services. She wished to make the point on governance that it was a draft diagram and there was work to be done with the Health Board through that governance structure. In regard to the inclusion of social care, nursing, voluntary sector that would be important as things developed further.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the Primary Care Improvement Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to issue a direction to NHS Borders to implement the Primary Care Improvement Plan.

7. Direction – Primary Care Improvement Plan

Mr Robert McCulloch-Graham gave an overview of the content of the direction.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the issuing of a Direction to NHS Borders to implement the Primary Care Improvement Plan (PCIP) for 2018-21 (GMS Contract).

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested NHS Borders to implement the Primary Care Improvement Plan for 2018-21 (GMS Contract) and the proposed funding allocations for 18/19, under this new “Direction”.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested highlight reports from NHS Borders on the progress and on-going development of the implementation of the PCIP (GMS Contract) every six months.

8. Integrated Care Fund Conditions

Mr Robert McCulloch-Graham gave an overview of the conditions attached to the transfer of the Integrated Care Fund from NHS Borders to the Integration Joint Board.

Mr Tris Taylor advised that he was concerned about accepting conditions for budgets from partners who the Integration Joint Board were then to commission services from.

Mrs Carol Gillie advised that from an NHS perspective, the Health Board received funding from the Scottish Government and then decided how much it would provide to the IJB aligned to the detail within the legislation. In regard to the Integrated Care Fund (ICF) that had been a 3 year fund that ended at the end of the last financial year and NHS Borders had agreed that it would ring fence funding to provide some additional resource to the IJB to do certain things and the conditions were what the Health Board wished the IJB to do, as well as accept that it was non recurring ring fenced funding. She advised that should the IJB accept the conditions then it should commission something in line with those conditions from health or other providers.

Mr John Raine suggested the conditions were reflective of the priorities of the IJB and should not be seen as setting a precedent.

Mrs Tracey Logan advised that from a Local Authority perspective she had concerns as she did not think they had the same interpretation of the transfer of monies as Mrs Gillie had set out. She suggested that whilst the partners might agree with the priorities for the IJB there could be other actions to be taken to support the desired outcome but where funding would need to be directed to actions not necessarily compliant with conditions 1 and 2.

Cllr Shona Haslam suggested amending the conditions.

The Chair reminded the IJB that it had made the view the previous year to make the main thrust of business to reduce Delayed Discharges and progress on that front was being made along those lines and the conditions reinforced that position, however he reflected that reducing delayed discharges may not be commensurate with reducing costs.

Karen Hamilton left the meeting.

Mrs Jenny Smith commented that the third sector would have welcomed the opportunity at an earlier stage to inform some the criteria as the conditions at points 1 and 2 would not necessarily lend themselves to the prevention work that the third sector was involved in.

Cllr Haslam commented that the discussion was about criteria and not conditions and it was semantics and in suggesting slight changes to make the conditions more generic did not suggest a focus would not be given to delayed discharges and occupied bed days as they would continue to be priority areas for het IJB.

Mrs Gillie reminded the IJB that it was a 1 year fund only.

Mrs Logan commented that by attaching specific conditions to the funding there would be an impact on the social work part of the budget, as when delayed discharges were reduced they

were pushed to social work and the third sector end of the budget. She suggested the fund be about having more efficient outcomes and by making the conditions more generic no agencies would be penalised.

Mr McCulloch-Graham advised that the next set of ICF projects impacted on delayed discharges and if there was a delay in approval it would lead to further delays in action and he suggested to be pragmatic and did not disagree with any of the discussion. He suggested a decision required to be made to drive down the current pressures in the system and if we look at the changes suggested by Cllr Haslam he could provide reassurance that all the proposals did have an impact on delayed discharges and if there were changes made to the conditions then he would suggest accepting the conditions for that one year funding to see the IJB through the winter period and a renegotiation of conditions for any funding that might be supplied from the Health Board the following year.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** accepted the proposed conditions for the 4 projects to be discussed at the next agenda item.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** suggested Mr Robert McCulloch-Graham and Dr Stephen Mather find a form of words appropriate to asking the Health Board to reconsider the conditions for the remainder of the non recurring 1 year fund.

9. Integrated Care Fund

Mr Robert McCulloch-Graham gave an overview of the content of the report and explained each individual proposal.

Craw Wood

Mr John Raine enquired if 22% of patients who were readmitted was expected? Mr McCulloch-Graham advised that there would always be a readmission rate and that 22% was less than expected and when analysed it was an improvement.

Mrs Jenny Smith enquired about the identification of staff to support the project and capacity pressures on that team. Mr McCulloch-Graham advised that there was close working with the team and it was in a better position in comparison to the previous year.

The Chair noted the saving of 19.6 days which equated to a £200k saving with the average bed cost being £131 per bed and he queried that it appeared to be a low bed cost. If ISD stated out patient costs were £152 for one appointment, a day in hospital had to cost more. Mr Raine enquired if the figures took into account the readmission of patients.

Mrs Jane Davidson commented that it would be marginal costs in terms of savings. Mr Mike Porteous commented that the cost of savings was area based on direct costs of a service and did not include the overheads, so there would be a stepped element to the savings and it was based on the most recent information published.

Hospital to Home

Dr Angus McVean commented that there appeared to be no management structure in place. Mr McCulloch-Graham advised that the existing management team would be used to enable the release of as much resource as possible instead of starting from scratch, and he referred to the central process set out in Appendix 3.

Mrs Davidson assured the Board that the initiative had been proven in different areas and the change should just be made as there was evidence for the work and return on savings.

COPD

Mrs Alison Wilson introduced the project.

Dr Angus McVean queried the numbers and suggested they needed to be revisited.

Cllr Shona Haslam supported the project and commented that we were behind other areas in regard to COPD.

Jane Davidson left the meeting.
Tris Taylor left the meeting.

Mr Gareth Clinkscale advised that the paper had been written before the new Respiratory Consultant had commenced in post and he confirmed that the new Consultant was keen for the project to be agreed as there was clear evidence that it did reduce admissions.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the ICF proposal which has already gained approval for the Strata Programme.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the proposals for IC funding to the end of March 2019 for: Craw Wood, Hospital to Home and COPD.

Cllr Shona Haslam left the meeting.
Mrs Tracey Logan left the meeting.

The meeting was declared inquorate.

10. Monitoring of the Integration Joint Budget 2017/18

As the meeting was inquorate the item was deferred to the next meeting.

11. Integrated Joint Board Local Code of Corporate Governance

As the meeting was inquorate the item was deferred to the next meeting.

12. Health & Social Care Partnership Communications Strategy

As the meeting was inquorate the item was deferred to the next meeting.

13. Strategic Planning Group Report

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

13. Quarterly Performance Report

The Chair suggested the Health Board performance figures be included in the report as they showed the waiting times for the various services and the action being taken to address areas of poor performance.

Mr Robert McCulloch-Graham advised that the report had been updated following feedback received and he anticipated that it would evolve further. He thanked the officers involved in producing the current iteration of the document.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and approved the changes to performance reporting subject to ratification by the IJB at its meeting to be held on 17 September.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the key challenges highlighted.

13. Winter Plan 2018/19

Mr Gareth Clinkscale gave an informative presentation on winter plan preparation for 2018/19, the data gathered from the 2017/18 winter period and how that had been utilised to plan for 2018/19.

Mr Malcolm Dickson commented that some of the new initiatives seemed sensible and creative like the increased weekend discharge and reduction in delayed discharges and he enquired if they were successful would they be sustainable across the year and not just in the winter period. Mr Clinkscale confirmed that he expected them to be sustainable across the year as the benefit impact on improving patient flow would go beyond winter. He advised that other areas were also being looked at for the winter with an intention make them sustainable across the year including, increasing capacity to meet demand, hospital over the weekend, and length of stay targets.

Cllr John Greenwell enquired what Daily Dynamic Discharge was. Mr Clinkscale confirmed that Daily Dynamic Discharge was the national approach to the running of a ward around patient flow and was very prescriptive. He advised that a programme manager was in post and there was already benefit being seen in the turnover of patients at the weekend in Ward 4.

Mr John McLaren enquired about the use of community hospitals and Mr Robert McCulloch-Graham advised that there was an issue in regard to accessing community hospital beds for people who lived outwith that specific locality area. He was keen to free up the beds in the first instance and then have the discussion around them being available to all people and not just those in that locality area.

Cllr Greenwell enquired in relation to the daily dynamic discharge if there was a discussion with community transport to get patients home. Mr Clinkscale clarified that part of the approach was to look at requests for pharmacy, booking transport and making decisions as

early as possible when the patient arrived on the ward, so that they would know what there stay would look and what they could expect. He advised that where it had been instigated clear benefit had been seen and it was now being targeted in other areas.

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

13. Audit Committee Minutes

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the approved minutes of the IJB Audit Committee held on 26.06.17, 25.09.17, 19.03.18.

14. Any Other Business

Mr Robert McCulloch-Graham reminded the Board of the proposed content for the forthcoming development session to be held on 19 November 2018:

- Look Back: Look Forward
- Public Protection Service
- 2019/20 Finance
- Strategic Plan

Mr Colin McGrath commented that he had been advised that 74.5% of the social care budget had been transferred to the IJB.

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 17 September 2018 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 4.27pm.

Signature: ……
Chair

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Scottish Borders
Health and Social Care
PARTNERSHIP

Health & Social Care Integration Joint Board Action Point Tracker

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 for 12 February 2018. **Update**: Item rescheduled to 20 August 2018 meeting. **Update:** Item rescheduled to 17 September meeting due to holidays. **Update:** confirmation of attendance not received. To be rescheduled to 22 October meeting.	G

Meeting held 12 February 2018

Agenda Item: Inspection Update

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status

24	6	The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update and agreed to receive a presentation on the Public Protection Service at a Development session later in the year.	Murray Leys	December 2018	**In Progress:** Item scheduled for 19 November 2018.	G

Meeting held 23 April 2018

Agenda Item: Scottish Borders Health and Social Care Partnership 2017/18 Winter Period Evaluation Report

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
29	9	The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** welcomed the opportunity to receive a report at a future meeting on Quality and Governance from Mrs Claire Pearce, Director of Nursing, Midwifery & Acute Services and Dr Angus McVean, GP Clinical Lead.	Claire Pearce, Angus McVean	2018	**In Progress:** Item scheduled for 17 December 2018.	G

Meeting held 28 May 2018

Agenda Item: Chief Officer's Report

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
30	6	Mr Murray Leys to provide a presentation to a future Development session on Demographics	Murray Leys	2018	**In Progress:** Item scheduled for 19 November 2018.	G

Meeting held 11 June 2018

Agenda Item: Monitoring of the Health and Social Care Partnership Budget 2017/18 at 31 March 2018

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
31	8	The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** asked the Chief Officer to bring forward a plan to the next meeting of the IJB for delivery of permanent remedial savings to address the recurring resource gap experienced during both 2016/17 and 2017/18 which required additional contributions from partners at the financial year-end.	Carol Gillie	2018	**In Progress:** Scheduled for 17 September meeting.	

Agenda Item: Deliverability of Health & Social Care Partnership Financial Plan Savings for Financial Year 2018/19

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
32	9	The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** asked the Chief Officer to bring forward a plan to the next meeting of the IJB for delivery of savings to address the resource gap in year and recurrently.	Carol Gillie	2018	**In Progress:** Scheduled for 17 September meeting.	

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 & Social Care Integration Joint Board

Meeting Date: 17 September 2018

Report By	Robert McCulloch-Graham, Chief Officer Health & Social Care
Contact	Robert McCulloch-Graham, Chief Officer Health & Social Care
Telephone:	01896 825528

CHIEF OFFICER'S REPORT

Purpose of Report:	To inform the Health & Social Care Integration Joint Board (IJB) of the activity undertaken by the Chief Officer since the last meeting.

Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) **Note** the report.

Personnel:	Not Applicable

Carers:	Not Applicable

Equalities:	Not Applicable

Financial:	Not Applicable

Legal:	Not Applicable

Risk Implications:	Not Applicable

Chief Officer Report

Winter Planning

A significant amount of modelling has been undertaken to determine the number of beds we require going into the winter period. The agreement at the last IJB meeting in August has allowed us to progress the expansion of the Hospital to Home work across all five localities and to maintain the Craw Wood step down facility. Both of these areas will provide a saving in the number of beds required for the winter. We are now working hard to recruit to the positions required to ensure we will be operational by the first week in January.

The draft winter plan is on the agenda for this meeting, and NHS Scotland has requested submissions from all integration authorities explaining our intentions to mitigate the expected pressures.

Regional Work

The Diabetes steering group Chaired by Tracey Logan continues to drive the joint work of the three NHS boards, the six Integration Authorities and the six Councils to reduce the number of people at risk of Type 2 Diabetes. There was a workshop held regarding weight management programmes operating across the region last week. The outcome was to identify areas of common practice and to agree areas for development.

I have agreed to work on the Education Work Stream across the region. We will aim to base line current services/approaches and to develop new initiatives using the resources of partners to target vulnerable groups. The work will promote a healthier lifestyle and make it easier for people to access activities and information to help reduce Type 2 Diabetes.

Public Protection Executive Group

I attended the first meeting of this group which aims to provide a multi-agency response to areas where the public are vulnerable. In attendance were; the Chief Social Work Officer (Chair), both Chairs of the Adult and Child Protection Committees, The Police, Childrens and Adults Social Services. The group will focus on many cross cutting themes including, drug usage, crime, domestic violence and abuse of adults and children. All of these areas and others are relevant to the wide range of services represented on the group. I will endeavour to keep the IJB informed of the programme of events / reviews commissioned throughout the year.

7 Day Discharge

As part of the winter plan, we intend to move to be able to discharge people from hospital throughout the week. To this end we pulled together all of the services that would be required to enable hospital discharge over the weekend. There remains further work to do, and further funds to source to enable this to happen. We will extend the group to include residential care providers as well as the Matching Unit.

New Posts

Mike has already made a difference in his role as Director of Finance for the IJB, and has been busy getting up to speed across both the Council and NHS Borders. We have recently agreed to go to advert for the Chief Officer position for Adult Social Care and for an additional Group Manager which will report into that position.

We are examining where more support could be provided for the Health and Social Care Partnership leadership team and further reports will be brought to the Board.

Set Aside Budget

NHS Scotland Director of Finance has requested that all partnerships unify their approach to determining the allocation of funds to the “Set Aside” part of the IJB Budgets. These funds are required to resource delegated service provision within acute hospitals.

At present each local Board has determined how they arrive at these sums independently. This makes it impossible to compare how boards are achieving a shift in the balance of care.

We have now formed a Board to determine how Borders IJB will determine this sum and will be sharing our deliberations with the national group of IJB Directors of Finance before the end of the year.

Primary Care Improvement Plan

As you will be aware we agreed the PCIP and have issued a direction to the NHS Borders for its implementation. As part of the six areas of focus, one was to introduce Community Link Workers. We agreed that in the first year we would strengthen our existing work in this area and we are shortly going to advertise for an additional four workers.

There are a number of areas within this work but all operate either through GP practices or support them through referrals. The current work is well regarded and it seems prudent to develop from this strong base.

In the second and third year we are hoping to provide a targeted approach to those families which require provision from a wide range of services. This work will however emerge from current experience and that gained from the forthcoming year.

Rob McCulloch-Graham
September 2018

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Scottish Borders Health and Social Care Integration Joint Board Local Code of Corporate Governance (approved 28 August 2017)

(updated May 2018)

The public sector has adopted Corporate Governance principles. Fundamentally Corporate Governance is about openness, integrity and accountability. It comprises the systems and processes, and cultures and values, by which organisations are directed and controlled and through which they account to, engage with and, where appropriate, lead their communities.

The 7 core principles of good governance are:

A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
B. Ensuring openness and comprehensive stakeholder engagement
C. Defining outcomes in terms of sustainable economic, social, and environmental benefits
D. Determining the interventions necessary to optimise the achievement of the intended outcomes
E. Developing the entity's capacity, including the capability of its leadership and the individuals within it
F. Managing risks and performance through robust internal control and strong public financial management
G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability

Authorities are urged to test their structure against these principles by reviewing their existing governance arrangements against the Framework, developing and maintaining an up-to-date local code of governance including arrangements for ensuring its ongoing application and effectiveness and preparing a governance statement in order to report publicly on the extent to which they complies with their own code on an annual basis, including how they have monitored the effectiveness of their governance arrangements in the year, and on any planned changes for the current period.

The preparation and publication of an Annual Governance Statement in accordance with the Framework fulfils the statutory requirement for the authority to conduct a review at least once in each financial year of the effectiveness of its system of internal control and to include a statement reporting on the review with its Statement of Accounts. This process not only creates an opportunity for the Integration Joint Board to set out its standard for good governance but also to ensure that its governance arrangements are seen to be sound. This is important as the governance arrangements in public services are closely scrutinised.

A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
Local government organisations are accountable not only for how much they spend, but also for how they use the resources under their stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes they have achieved. In addition, they have an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. It is essential that, as a whole, they can demonstrate the appropriateness of all their actions and have mechanisms in place to encourage and enforce adherence to ethical values and to respect the rule of law.

A1 Behaving with integrity

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Ensuring members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation	Reliance is placed on the values and standards set out in the codes of conduct within the employer partner organisations, as well as the organisational development plans, which incorporate "The Seven Principles of Public Life" identified by the Nolan Committee on Standards in Public Life. Shared values are reflected in the Strategic Plan.
2	Ensuring members take the lead in establishing specific standard operating principles or values for the organisation and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)	The Integration Joint Board has an approved Constitution, Standing Orders and Terms of Reference. Reliance is placed on the values and standards set out in the codes of conduct within the employer partner organisations, as well as their organisational development plans. Shared values are reflected in the Strategic Plan.
3	Leading by example and using these standard operating principles or values as a framework for decision making and other actions	The IJB Audit Committee remit includes promotion of the highest standards of conduct and professional behaviour. Reliance is placed on the arrangements within the employer partner organisations for identifying, mitigating and recording conflicts of interest, hospitality and gifts. Declarations of Interest are set out in the IJB's Standing Orders which govern the conduct of each Committee meeting. They are also a standard agenda item at all meetings of the Board. The standard template for decision-making reports to the IJB and its Committees includes a section on implications covering Policy/Strategy, Consultation, Risk Assessment, Compliance with requirements on Equality and Diversity, and Resource/Staffing Evaluation of the implications in reports could be more consistently applied The IJB's Annual Governance Statement is the outcome of the annual self-evaluation of compliance.
4	Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively	As A1.3 The role of the IJB Audit Committee is to have high-level oversight of internal control, governance and risk management. The IJB Audit Committee has been constituted with a Terms of Reference and has periodic meetings during the year in line with the Audit Cycle. Reliance is placed on partners' policies and processes for complaints and whistle blowing.

A2 Demonstrating strong commitment to ethical values

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Seeking to establish, monitor and maintain the organisation's ethical standards and performance	The IJB's Annual Governance Statement is the outcome of an annual self-evaluation of compliance.
2	Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture and operation	Reliance is placed on the arrangements within the partner organisations for: • Provision of ethical awareness training • Appraisal processes taking account of values and ethical behaviour • Staff appointments policy • Procurement policy • Ethical values feature in contracts with external service providers
3	Developing and maintaining robust policies and procedures	
4	Ensuring that external providers of services on behalf of the organisation are required to act with integrity and in compliance with high ethical standards expected by the organisation	

A3 Respecting the rule of law

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Ensuring members and staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations	Advice and overseeing compliance on legal matters is provided by the Chief Officer supported by Board Secretary, Chief Financial Officer, and Chief Internal Auditor as appropriate.
2	Creating the conditions to ensure that the statutory officers, other key post holders and members are able to fulfil their responsibilities in accordance with legislative and regulatory requirements	The Scheme of Integration sets out the roles and responsibilities of statutory officers (Chief Officer, Chief Financial Officer) which are reflected within job descriptions and relevant governance documents. Guidance is available. As A3.1.
3	Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders	The scope is set out in the Scheme of Integration in order to comply with the Public Bodies (Joint Working) (Scotland) Act 2014 which requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. Guidance is available on use of powers. As A3.1.
4	Dealing with breaches of legal and regulatory provisions effectively.	In the context of health and social care integration this is the Chief Officer; a Statutory post with a job profile. Reliance is placed on the arrangements within the partner organisations for ensuring legal compliance in operation of services. Advice and overseeing compliance on legal matters is provided by the Chief Officer supported by Board Secretary, Chief Financial Officer, and Chief Internal Auditor as appropriate.
5	Ensuring corruption and misuse of power are dealt with effectively	Reliance is placed on the arrangements within the employer partner organisations for effective anti-fraud and corruption policies and procedures.

B. Ensuring openness and comprehensive stakeholder engagement
Local government is run for the public good, organisations therefore should ensure openness in their activities. Clear, trusted channels of communication and consultation should be used to engage effectively with all groups of stakeholders, such as individual citizens and service users, as well as institutional stakeholders

B1 Openness

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness	Corporate governance is about openness, integrity and accountability and the Local Code sets out the IJB's systems and processes through which it accounts to, engages with and, where appropriate, leads its communities. Committee Minutes and Reports are published on modern.gov website for transparency. The IJB business is held in public unless there are good reasons for not doing so on the grounds of confidentiality. Reliance is placed on the arrangements within the partner organisations to ensure compliance with Data Protection and Freedom of Information legislation.
2	Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should be provided	As B1.1
3	Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear	There is a Calendar of dates for submitting, publishing and distributing reports to IJB Board and Committees. Report pro-formas set out professional advice and considerations in reaching decisions. Professional advice and overseeing compliance with the legal and financial framework is provided by the Chief Officer, Chief Financial Officer, Chief Internal Auditor and Secretary to the IJB as appropriate.
4	Using formal and informal consultation and engagement to determine the most appropriate and effective interventions/ courses of action	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.

B2 Engaging comprehensively with institutional stakeholders

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Effectively engaging with institutional stakeholders to ensure that the purpose, objectives and intended outcomes for each stakeholder relationship are clear so that outcomes are achieved successfully and sustainably	The Strategic Plan, which was developed following consultations with interested parties including members of the public (therefore highly co-produced), is currently being reviewed and updated. Locality Plans have been produced and published (October 2017) following consultation. The Communications and Engagement Plan, which sets out the key requirements for effective communications and engagement with all relevant stakeholders, requires review and update.

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
2	Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively	Scottish Borders Council and NHS Borders are partners in the Scottish Borders Health & Social Care Partnership which also involves the third sector, independent sector and user/ carer representatives. The Strategic Planning Group and the Integrated Performance Group which have representation from partners are also part of the governance arrangements.
3	Ensuring that partnerships are based on: • trust • a shared commitment to change; • a culture that promotes and accepts challenge among partners; and that • the added value of partnership working is explicit	As B2.2.

B3 Engaging stakeholders effectively, including individual citizens and service users

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve individual citizens, service users and other stakeholders to ensure that service/other provision is contributing towards the achievement of intended outcomes	As B2.1.
2	Ensuring that communication methods are effective and that members and officers are clear about their roles with regard to community engagement	As B2.1
3	Encouraging, collecting and evaluating the views and experiences of communities, citizens, service users and organisations of different backgrounds including reference to future needs	As B2.1
4	Balancing feedback from more active stakeholder groups with other stakeholder groups to ensure inclusivity.	Consultation processes seek to secure opinion which is as inclusive as possible.
5	Taking account of the interests of future generations of tax payers and service users	The partnership has a statutory responsibility to involve patients and members of the public in how health and social care services are designed and delivered.

C. Defining outcomes in terms of sustainable economic, social, and environmental benefits
The long-term nature and impact of many of local government's responsibilities mean that it should define and plan outcomes and that these should be sustainable. Decisions should further the authority's purpose, contribute to intended benefits and outcomes, and remain within the limits of authority and resources. Input from all groups of stakeholders, including citizens, service users, and institutional stakeholders, is vital to the success of this process and in balancing competing demands when determining priorities for the finite resources available

C1 Defining outcomes

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Having a clear vision which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provides the basis for the organisation's overall strategy, planning and other decisions	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. The Strategic Plan is currently being reviewed and updated to ensure it is based upon on-going assessment of need. The Commissioning and Implementation Plan has been updated during 2017/18.
2	Specifying the intended impact on, or changes for, stakeholders including citizens and service users. It could be immediately or over the course of a year or longer	As C1.1
3	Delivering defined outcomes on a sustainable basis within the resources that will be available	As C1.1
4	Identifying and managing risks to the achievement of outcomes	The Risk Management Strategy 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 IJB Strategic Risk Register is a work in progress.
5	Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available	As C1.1

C2 Sustainable economic, social and environmental benefits

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Considering and balancing the combined economic, social and environmental impact of policies, plans and decisions when taking decisions about service provision	The standard template for decision-making reports to the IJB and its Committees includes a section on implications covering Policy/Strategy, Consultation, Risk Assessment, Compliance with requirements on Equality and Diversity, and Resource/Staffing.
2	Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints	The standard template for decision-making reports to the IJB and its Committees includes a section on implications covering Policy/Strategy, Consultation, Risk Assessment, Compliance with requirements on Equality and Diversity, and Resource/Staffing. Potential conflicts between the IJB's intended outcomes and short-term factors such as the political cycle or financial constraints of the partner organisations are recognised as part of value for money considerations and medium term financial planning. Reliance is placed on the value for money arrangements within the partner organisations. The IJB has issued directions to the partners primarily to deliver business as usual, with the exception of a limited amount of commissioning through ICF and Social Care funding. As limited commissioning has taken place it follows that little in-roads has been achieved in service redesign through either disinvestment or targeted reinvestment. It is therefore unclear how value for money will be assessed in those commissioning decisions. The performance management framework does not contain any value for money metrics e.g. cost per case throughput. The performance management framework is being further developed over time by the Integrated Performance Group.
3	Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs	As C2.2
4	Ensuring fair access to services	As C2.2 To promote fair access to services compliance with requirements on Equality and Diversity are considered during the decision making process and reliance is placed on the equality and diversity arrangements within the partner organisations.

D. Determining the interventions necessary to optimise the achievement of the intended outcomes
Local government achieves its intended outcomes by providing a mixture of legal, regulatory, and practical interventions. Determining the right mix of these courses of action is a critically important strategic choice that local government has to make to ensure intended outcomes are achieved They need robust decision-making mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types of resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed continually to ensure that achievement of outcomes is optimised.

D1 Determining interventions

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and including the risks associated with those options. Therefore ensuring best value is achieved however services are provided	The standard template for decision-making reports to the IJB and its Committees include a section on implications covering Policy/Strategy, Consultation, Risk Assessment, Compliance with requirements on Equality and Diversity, and Resource/Staffing. Officers attend IJB and its Committee meetings to advise as appropriate. Committee reports are published on modern.gov one week in advance of meeting dates For best value - see C2.2 above
2	Considering feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts	The Scottish Borders Health & Social Care Partnership's Strategic Plan 2016-2019 is based on consultation. The Strategic Plan is currently being reviewed and updated and any update will be based upon further consultation. The partnership has a statutory responsibility to involve patients and members of the public in how health and social care services are designed and delivered.

D2 Planning interventions

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets	Reporting schedule for meetings and timetable for papers. Committee reports are published on modern.gov one week in advance of meeting dates.
2	Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered	See D1.2
3	Considering and monitoring risks facing each partner when working collaboratively including shared risks	A risk management framework is in place but risk management is not yet embedded.
4	Ensuring arrangements are flexible and agile so that the mechanisms for delivering outputs can be adapted to changing circumstances	The IJB has issued directions to the partners primarily to deliver business as usual with the exception of a limited amount of commissioning through ICF and Social Care funding. In future there will be more use of directions as service redesign and recommissioning in line with the transformation programme is progressed.

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
5	Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be measured	Regular performance reporting is in place on identified Ministerial priority areas and other indicators which are more relevant to social care reducing the predominance of Health related indicators. The performance management framework is being further developed over time by the Integrated Performance Group.
6	Ensuring capacity exists to generate the information required to review service quality regularly	As D2.5
7	Preparing budgets in accordance with organisational objectives, strategies and the medium-term financial plan	Budgets are based on existing service configuration which will not necessary align with objectives where major service reconfiguration is required.
8	Informing by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy	As D2.7. Reliance is placed on the financial strategies and planning arrangements within the partner organisations.

D3 Optimising achievement of intended outcomes

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints	As D2.7
2	Ensuring the budgeting process is all-inclusive, taking into account the full cost of operations over the medium and longer term	Budgeting guidance and protocols take account of the budgeting processes of the partner organisations.
3	Ensuring the medium-term financial strategy sets the context for ongoing decisions on significant delivery issues or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimising resource usage	As D2.7
4	Ensuring the achievement of 'social value' through service planning and commissioning *(Social Value is technically referred to as Community Benefit in Scotland)*	Reliance is placed on the arrangements for achieving community benefits within the partner organisations.

E. Developing the entity's capacity, including the capability of its leadership and the individuals within it
The integration authority needs appropriate structures and leadership, as well as people with the right skills, appropriate qualifications and mindset, to operate efficiently and effectively and achieve their intended outcomes within the specified periods. The integration authority must ensure that it has both the capacity to fulfil its own mandate and to make certain that there are policies in place to guarantee that its management has the operational capacity for the organisation as a whole. Because both individuals and the environment in which an authority operates will change over time, there will be a continuous need to develop its capacity as well as the skills and experience of the leadership of individual staff members. Leadership in entities is strengthened by the participation of people with many different types of backgrounds, reflecting the structure and diversity of communities.

E1 Developing the entity's capacity

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Reviewing operations, performance and use of assets on a regular basis to ensure their continuing effectiveness	Reliance is placed on the operational arrangements, performance and use of assets within the partner organisations relating to the services commissioned by the IJB.
2	Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how the authority's resources are allocated so that outcomes are achieved effectively and efficiently	Reliance is placed on the arrangements for resource allocation within the partner organisations.
3	Recognising the benefits of partnerships and collaborative working where added value can be achieved	Scottish Borders Health & Social Care Partnership is a partnership specifically created to deliver agreed outcomes.
4	Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources	Reliance is placed on the arrangements for managing people within the employer partner organisations.

E2 Developing the capability of the entity's leadership and other individuals

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Developing protocols to ensure that elected and appointed leaders negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained	The Chair and Vice Chair of the IJB are involved in the appointment process of the Chief Officer. 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.
2	Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the governing body	The IJB's Standing Orders were amended on 8 November 2017 to include emergency powers for urgent decision making.
3	Ensuring clearly defined and distinctive leadership roles within a structure, whereby the chief officer leads the authority in implementing strategy and managing the delivery of services and other outputs set by members and each provides a check and a balance for each other's authority	The Scheme of Integration sets out the roles and responsibilities of statutory officers (Chief Officer, Chief Financial Officer) and the Board, whose standalone Terms of Reference were approved on 28 August 2017. 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.

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
4	Developing the capabilities of members and senior management to achieve effective shared leadership and to enable the organisation to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks.	IJB Development Sessions have been held for Board members during the year relevant to their role. An Induction process is in place for any new Non-Executive Directors of NHS Borders and SBC Councillors appointed to the IJB Board.
5	Ensuring that there are structures in place to encourage public participation	The partnership has a statutory responsibility to involve patients and members of the public in how health and social care services are designed and delivered.
6	Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections	Feedback from inspection reports have been presented to the IJB who have supported the improvement actions set out by Management.
7	Holding staff to account through regular performance reviews which take account of training or development needs	Reliance is placed on the arrangements for managing people within the employer partner organisations.
8	Ensuring arrangements are in place to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing	Reliance is placed on the arrangements for managing people within the employer partner organisations.

F. Managing risks and performance through robust internal control and strong public financial management
Local government needs to ensure that the organisations and governance structures that it oversees have implemented, and can sustain, an effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and integral parts of a performance management system and crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision making activities. A strong system of financial management is essential for the implementation of policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery, and accountability. It is also essential that a culture and structure for scrutiny is in place as a key part of accountable decision making, policy making and review. A positive working culture that accepts, promotes and encourages constructive challenge is critical to successful scrutiny and successful delivery. Importantly, this culture does not happen automatically, it requires repeated public commitment from those in authority.

F1 Managing risk

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making	The Risk Management Strategy 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 IJB Strategic Risk Register is a work in progress, and the arrangements for managing strategic IJB risks are not yet fully embedded.
2	Implementing robust and integrated risk management arrangements and ensuring that they are working effectively	As F1.1
3	Ensuring that responsibilities for managing individual risks are clearly allocated	As F1.1.

F2 Managing performance

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Monitoring service delivery effectively including planning, specification, execution and independent post-implementation review	The Performance Management Framework exists but is not fully developed or complete. Development is ongoing. Regular performance reporting is in place on identified Ministerial priority areas and other indicators which are more relevant to social care reducing the predominance of Health related indicators.
2	Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the organisation's financial, social and environmental position and outlook	The standard template for decision-making reports to the IJB and its Committees include a section on implications covering Policy/Strategy, Consultation, Risk Assessment, Compliance with requirements on Equality and Diversity, and Resource/Staffing.

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
3	Ensuring an effective scrutiny or oversight function is in place which encourages constructive challenge and debate on policies and objectives before, during and after decisions are made thereby enhancing the organisation's performance and that of any organisation for which it is responsible (OR, for a committee system) Encouraging effective and constructive challenge and debate on policies and objectives to support balanced and effective decision making Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement	As F2.1
4	Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement	As F2.1
5	Ensuring there is consistency between specification stages (such as budgets) and post-implementation reporting (e.g. financial statements)	Reliance is placed on Financial standards and guidance within the partner organisations. There are IJB Financial Regulations and Standing Orders. Arrangements are in place for the External Audit of IJB annual financial statements.

F3 Robust internal control

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Aligning the risk management strategy and policies on internal control with achieving objectives	The Risk Management Strategy was approved by the IJB on 7 March 2016, though these arrangements are not yet fully embedded. The IJB Strategic Risk Register is work in progress.
2	Evaluating and monitoring risk management and internal control on a regular basis	As F3.1
3	Ensuring effective counter fraud and anti-corruption arrangements are in place	Reliance is placed on counter fraud and anti-corruption arrangements within the partner organisations.
4	Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor	Internal Audit service is provided by Scottish Borders Council's Internal Audit team. Effective liaison with NHS Borders Internal Audit service providers.
5	Ensuring an audit committee or equivalent group or function which is independent of the executive and accountable to the governing body: • provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment • that its recommendations are listened to and acted upon	The IJB Audit Committee has been constituted with a Terms of Reference and has periodic meetings during the year in line with the Audit Cycle.

F4 Managing data

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data	Reliance is placed on the arrangements for managing data within the partner organisations.
2	Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies	
3	Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring	

F5 Strong public financial management

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Ensuring financial management supports both long-term achievement of outcomes and short-term financial and operational performance	Financial management extends only to the short term. In February 2017 proposals made to extend financial management planning horizon to three years were noted and the policy outlining the arrangements for the maintenance of IJB reserves was approved by the Board. Reliance is placed on the budget setting and monitoring arrangements within the partner organisations.
2	Ensuring well-developed financial management is integrated at all levels of planning and control, including management of financial risks and controls	There is a budget monitoring process and regular reporting to IJB Board.

G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability

Accountability is about ensuring that those making decisions and delivering services are answerable for them. Effective accountability is concerned not only with reporting on actions completed, but also ensuring that stakeholders are able to understand and respond as the organisation plans and carries out its activities in a transparent manner. Both external and internal audit contribute to effective accountability.

G1 Implementing good practice in transparency

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Writing and communicating reports for the public and other stakeholders in an understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate	There is a standard template for decision-making reports to the IJB and its Committees. Reports are available for transparency on the modern.gov website.
2	Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand	As G1.1

G2 Implementing good practices in reporting

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Reporting at least annually on performance, value for money and the stewardship of its resources	An Annual Performance Report is presented to the IJB Board and then published. The Annual Accounts and Report that sets out the financial position is produced in accordance with accounting regulations and is presented in draft and then final after the External Audit process to the IJB Audit Committee and then to the IJB Board.
2	Ensuring members and senior management own the results	The IJB has approved the statutory roles of Chief Officer and Chief Financial Officer.
3	Ensuring robust arrangements for assessing the extent to which the principles contained in the Framework have been applied and publishing the results on this assessment including an action plan for improvement and evidence to demonstrate good governance (annual governance statement)	The Annual Review of the Framework is reported in the IJB's Annual Governance Statement.
4	Ensuring that the Framework is applied to jointly managed or shared service organisations as appropriate	Reliance is placed on the governance arrangements within the partner organisations.
5	Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the statements allow for comparison with other similar organisations	As G2.1

G3 Assurance and effective accountability

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Ensuring that recommendations for corrective action made by external audit are acted upon.	The Accounts Commission appoints the External Auditors of the IJB on a 5-year appointment: Audit Scotland from 2016/17 – 2020/21. Any recommendations made by External Audit are acted upon.
2	Ensuring an effective internal audit service with direct access to members is in place which provides assurance with regard to governance arrangements and recommendations are acted upon	The Board appointed Scottish Borders Council's Chief Officer Audit and Risk as Chief Internal Auditor for the Integration Joint Board on 1 February 2016 with agreement that the Internal Audit service for the IJB is provided by the Council's Internal Audit team. Compliance with CIPFA's Statement on the Role of the Head of Internal Audit (2010). Compliance with Public Sector Internal Audit Standards (2017). Any recommendations made by Internal Audit are acted upon.
3	Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations	Any recommendations made by Regulatory Bodies or Inspection Agencies are acted upon.
4	Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement	The approved IJB Risk Management Strategy 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. These arrangements are not yet fully embedded, and the IJB Strategic Risk Register is a work in progress. The IJB Annual Governance Statement is included within its Statutory Accounts.
5	Ensuring that when working in partnership, arrangements for accountability are clear and that the need for wider public accountability has been recognised and met	The Scottish Borders Health & Social Care Partnership involves partners from Scottish Borders Council, NHS Borders, the third sector, the independent sector and user/carer representatives. The IJB is made up of voting members from Scottish Borders Council and NHS Borders (Elected Members and Non-Executive Directors respectively), and other non-voting members from the partners (professional advisors). The IJB, as the strategic commissioner of health and social care services, gives directions to the Council and NHS Borders for delivery of the services in line with the Strategic Plan, and monitors performance thereon.

Scottish Borders Health & Social Care Integration Joint Board

Meeting Date**:** 17 September 2018

Report By	Robert McCulloch-Graham, Chief Officer for Integration
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HEALTH & SOCIAL CARE PARTNERSHIP COMMUNICATIONS STRATEGY

Purpose of Report:	The purpose of this report is to update the Integration Joint Board (IJB) on the Scottish Borders Health and Social Care Partnership Communications Strategy.

Recommendations:	The Health & Social Care Integration Joint Board is asked to: • **Note** the integrated approach to Partnership communication and the launch of the refreshed Health and Social Care Strategic Plan via the #yourpart campaign. • **Agree** communication work streams and standard operating procedures and joint working principles outlined in the Partnership Communication Strategy.

Personnel:	N/A
Carers:	N/A
Equalities:	Equalities Impact Assessment
Financial:	N/A
Legal:	N/A
Risk Implications:	Ineffective communication

1	**Purpose**
1.1	The purpose of the report is to update the Integration Joint Board (IJB) on the Partnership Communications Strategy which has been developed to support the delivery of the refreshed Health & Social Care Partnership's Strategic Plan through effective and consistent communication.
2	**Background**
2.1	The IJB has no dedicated communications support however both Scottish Borders Council (SBC) and NHS Borders have communication teams. Communication support for the Partnership has previously been provided on an as and when basis via existing communication teams. This arrangement has presented some challenges in terms of clarity of roles and responsibilities and consistency for Partnership communication. In order to improve on this a Partnership Communication Strategy has been developed (Appendix A) which clearly identifies three work streams for communication support for the Partnership as well as areas of responsibility for each team to ensure effective communication across the Partnership.
3	**Update on Progress**
3.1	The Partnership Communication Strategy has been developed by communication leads and officers from both SBC and NHS Borders communication teams. The strategy focuses on key messages and work streams which support the Partnership to effectively deliver on the three strategic objectives outlined in the refreshed Health and Social Care Strategic Plan.
3.2	The three communication work streams and the lead organisation for progressing each work stream are outlined in the table below:

Workstream		**Lead**
1	Use the new #yourpart campaign effectively where appropriate	Both SBC and NHS Comms
2	Corporate Communications support, promotional activity of good news stories, case studies, and opportunities/services available when appropriate	SBC Comms Lead
3	Internal communications activity to ensure staff play their part in fully support the partnership in delivering efficiency and effectiveness going forward	NHS Borders Comms Lead

3.3	The Communication Strategy also outlines the standard operating procedures for Partnership communication and joint working principles to ensure that both communication teams have clarity regarding roles and responsibilities and are consistent in their approach to Partnership communication.
3.4	Regular Partnership communication meetings chaired by the Chief Officer for Integration are in place with representatives from both communication teams in attendance. The purpose of meetings are to review communication activity across the Partnership and highlight key areas for Partnership communication on a monthly basis.
4.	**Next Steps**
4.1	A Partnership Communications Action Plan is being developed and will be populated continuously showing all ongoing communication activity. This will be reviewed and updated at monthly Partnership communication meetings. Measures will be put in place to evaluate the medium and long term effectiveness of Partnership communication and will be reviewed at Partnership communication meetings.
4.2	The refreshed Health and Social Care Strategic Plan will be launched in August 2018 as part of the #your part campaign across a range of communication activities.

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Scottish Borders Health and Social Care Partnership

Communications Strategy

July 2018

Background

The Integration Joint Board (IJB) became a legal entity in April, 2016 and is responsible for commissioning and ensuring the delivery of health and social care services in the Scottish Borders. The Partnership includes Scottish Borders Council (SBC), NHS Borders, the Voluntary/Independent sectors and the Housing sector with the requirement to work co-productively with members of the public, service users and carers to plan and deliver integrated health and social care services.

Communications approach

Communications activity will focus on **supporting the delivery of the revised Health and Social Care Partnership's Strategic Plan objectives.** This will ensure there is a clear focus on outcomes and will allow effective evaluation to take place. The updated Health and Social Care Partnership's Strategic Plan for 2018-2021 has three key objectives.

1. We will improve the health of the population and reduce the number of hospital admissions
2. We will improve the flow of patients into, through and out of hospital
3. We will improve the capacity within the community for people who have been in receipt of health and social care services to better manage their own conditions and support those who care for them.

Communications Strategy Workstreams

Existing communications teams at SBC and NHS Borders have equal responsibility for effective communications across the partnership. There are three types of communication activity required to support the Partnership to deliver on its strategic objectives, these are detailed below:

1 **Use the new #yourpart campaign effectively where appropriate (Both SBC and NHS Comms responsible)**
The #yourpart campaign is a vital Borders wide campaign which has been launched by SBC but has full support from all partners and will benefit all services/organisations within the Partnership. The aim of the campaign for the Partnership will be to encourage people to look after their own and their family's health and wellbeing to relieve pressure on vital public services.

2 **Corporate Communications support, promotional activity of good news stories, case studies, and opportunities/services available when appropriate (SBC Comms Lead)**
There are several areas and projects underway which involve corporate communications planning and input. This will include routine support for the IJB meetings, communications around performance, positive news, case studies and publicity of services available. The overarching Communications Action Planner which has been developed by the SBC Comms team will capture the communications activity per month (via a Trello Board). Whilst SBC Comms will continue to lead on this, NHS Borders input to the Action Planner will be regularly required. A particular focus should be on effectively promoting and signposting the various opportunities available to the public**.**

3 **Internal communications activity to ensure staff play their part in fully support the partnership in delivering efficiency and effectiveness going forward (NHS Borders Comms Lead)**
Internal communication is a critical requirement to promote the transformation of health and social care services. This is a particular challenging area in terms of reaching and engaging with staff across the Partnership. It is proposed that NHS Borders Comms lead on the internal communications activity including the development of an internal communications strategy.

Key messages

The following overarching key messages should be used consistently:

Refreshed Strategic Plan 2018-2022

- The Scottish Borders' Health and Social Care Partnership, which is made up of SBC, NHS Borders and the Voluntary and Independent sectors, has refreshed its Strategic Plan and continues to work to improve Health and Social Care Services in the Borders.
- The plan sets out why we want to integrate health and social care services, how this will be done (in partnership with individuals, families and communities) and what we can expect to see as a result.
- It is the aim of the H&SCP to create health and social care services that are more joined up, more personalised and can improve outcomes for all our service users, their Carers and their families.
- The aim is that we plan, commission and deliver services in a way that puts people at the heart of decision-making.
- The Health & Social Care Partnership commissions services for those who require them, but everyone in the Scottish Borders should play their part to ensuring that the limited resources we have can be focused on those who really need them.
- Why? Everyone is well aware that there is increasing demand for services at a time where public funding is reducing. In relation to Health and Social Care, we are faced with an ageing population where more people need our health and social care services and will continue to do so there simply won't be enough money to keep delivering services in the way and at the levels we currently do.
- We want to continue to have a positive impact on people's lives, despite being faced with various challenges but we can only do this if everyone in the Borders play their part.
- Even the small things everyone could do will have an impact on ensuring that we can maintain key local services.

#yourpart campaign and why we need you to play your part

- Working together, Scottish Borders Council, NHS Borders, the Voluntary and Independent sectors are encouraging members of the public, service users and carers to play their part to help us to continue to keep the Borders thriving through living healthier lives
- The #yourpart campaign aims to deliver the key message to all residents that their actions, no matter how small, can have a positive impact on key local services.
- People should take responsibility for their own health and well-being , whether that is eating more fruit and vegetables , undertaking more exercise or activities, or taking up advice and support on offer e.g. around smoking cessation. If people can stay healthier, then we can minimise time spend with a GP or in hospital.
- People should also know who to turn to and only use A&E when they need it. If you are unwell and it is not an emergency, there are a wide range of services available to provide you with appropriate treatment and care. Going directly to the correct health professional with the right skills is very important.
- The #yourpart campaign supports the Health and Social Care Partnership's refreshed Strategic Plan and also supports SBC's new approach to its Corporate Plan called 'Our Plan and Your Part in it' where the key message is that we need everyone to play their part in whatever way they can so we can continue to deliver excellent services into the future.
- We need to work differently and in partnership with our communities to allow us to continue to provide excellent Health and Social Care services into the future.
- There are many opportunities out there for people to choose to live a healthier lifestyle and we are keen to ensure communities continue to be supported to allow them to play their part.

- Fewer people in hospital means shorter waiting times and faster treatment; less people in GP surgeries means doctors can focus on providing vital care and support to those that absolutely do need it; more healthy people means fewer prescriptions.
- This approach will not only have positive benefits for residents, but should have positive impacts on public service finances, which mean we can target the limited resources we have on those services that need it most and are most valued by our communities, and maintain them in the longer term.

Target audience

The Council will engage/communicate with Public, Staff, IJB, voluntary/third Sector, Community Planning Partners, Trade Unions, Councillors, Community Councils.

Evaluation

Short term:

- Services to provide feedback regularly via the above structure to allow the Communications strategy to be reviewed on an ongoing basis. This should include feedback on numbers of people accessing services i.e. numbers attending Community Hubs, etc.
- A method of evaluating and gaining feedback from clients should be e.g. feedback on how people heard about services available.

Med-Long term

- For each of the 3 strategic objectives, a set of performance indicators has been developed and will be reviewed quarterly. These include things like number of unplanned admissions to hospital, A&E waiting times, delayed discharge etc. We should, over the longer term, hope to see a positive movement across these indicators as people take responsibility for their own health and avoid unnecessary contact with health and social care services.
- The Health and Social Care partnership produces an annual report.
- Integrated Change Fund project evaluation and mainstreaming.

Standard Operating Procedure and Joint Working Principles

In addition to above, a Standard Operating Procedure (appendix 1) is in place which clearly identifies the lead organisation for each of the joint services which fall under the Partnership – this will be adopted with immediate effect in addition to the above strategy.

Meetings structure

It is important that a clear structure is in place for meetings to ensure effective communications going forward. This will operate as follows:

- **EMT** – attended by Tracey Graham - Corporate Communications and Marketing Manager (SBC)
- **IJB** – attended by Sue Bell - Communications and Marketing Officer (SBC), Laura McIntyre – Communications Officer (NHS Comms)
- **IJB Leadership team meeting** – attended by Jane Robertson (with attendance by Comms representative as/when required)

- **Communications Project Team meetings** - once monthly, attended by:
  - Jane Robertson - Strategic Planning and Development Manager (H&SC Partnership)
  - Tracey Graham – Corporate Communications and Marketing Manager (SBC)
  - Sue Bell – Communications and Marketing Officer (SBC)
  - Laura McIntyre – Communications Officer (NHS Borders)
- **Monthly IJB Communications Meeting** – once monthly attended by:
  - Robert McCulloch Graham, Jane Robertson, Tracey Graham and Clare Oliver (or Laura McIntyre) and Louise Ramage.

Appendix 1

Standard Operating Procedure and Joint Working Principles

Health and Social Care Partnership communication activities

June 2018

The purpose of this document is to:

- clearly identify service areas that communications teams will take the lead on
- outline a set of principles that will be adopted by each team.

This applies to any of the following that relate to services delivered jointly through the H&SCP:

- communications planning
- proactive media relations
- reactive media enquiries.

As each communications team works independently from one another and has different standards and practices already in place, it is acknowledged that a set of standard principles will be mutually beneficial.

Given the nature of communications work, it is impossible to identify a prescriptive procedure for every possible situation. However, identifying clear lines of responsibilities and a set of principles will be of benefit to ensure resources are used as effectively as possible and reputational risk is minimised for both organisations.

Service Areas and Designated Lead Organisation

NHS Borders to lead on:

- District Nursing
- Primary Medical Services (GP practices)
- Out of Hours Primary Medical Services
- 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 outwith the hospital
- Services provided by health professionals that aim to promote public health
- Community Addiction Services
- Community Palliative Care
- Allied Health Professional Services
- Public Health
- Accident and Emergency
- Inpatient hospital services in these specialties:
    - 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 a hospital, except secure forensic mental health services.
- Health Improvement Services

SBC to lead on:

- Social Work Services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental Health Services
- Drug and Alcohol Services
- Adult protection and domestic abuse
- Carers support services
- Community Care Assessment Teams
- Care Home Services
- Adult Placement Services
- 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.
- Criminal Justice
- Safer Communities

Support for H&SC Partnership/Integration Joint Board (IJB)

Three workstreams have been identified in the Communications Strategy for the H&SC Partnership and leads for each strand has been identified as follows:

1 Use the new #yourpart campaign effectively where appropriate – **Both SBC and NHS Comms**

2 Routine Corporate Communications support, promotional activity of good news stories, case studies, and opportunities available when appropriate - **SBC Comms Lead**

3 Internal communications activity to ensure staff play their part in fully support the partnership in delivering efficiency and effectiveness going forward – **NHSB Comms Lead**

Principles for Joint Working

- Judgement will be made by relevant communications teams as to whether any communications work i.e. press response/release should be joint, or issued solely by the most appropriate organisation.
- All **joint** press releases and media responses will be issued from Scottish Borders Health and Social Care Partnership and approved by the Chief Officer Health and Social Care Integration (or in his absence, the relevant Service Director or Executive Management Team member).
- Joint press releases will contain a quote from one of the following, with the Chief Officer Health and Social Care Integration advising who is appropriate for each release:
  - Councillor Tom Weatherston, Executive Member for Adult Social Care
  - Dr Stephen Mather, Chair of the Integration Joint Board
  - Councillor David Parker, Vice Chair of the Integration Joint Board
- Joint press releases will be added to the SBC and NHS Borders websites. They will also be publicised through SBC and NHS Borders social media channels and if relevant, submitted for inclusion in the H&SCP newsletter, SBConnect and through other channels as appropriate.
- Communications teams will give as much advance notice as possible to their counterparts of any proactive press release in relation to a joint service. These should be captured on the Action Planner (Trello) and discussed at the Communications meetings.
- Communications teams will 'cc' their counterparts where appropriate when a media enquiry in relation to a joint service is passed to the relevant colleague for response.

- Given the complexity of joint services and the fast paced nature of emerging projects, if there is any uncertainty as to who leads on a specific piece of work, the teams will discuss and come to agreement on this.
- If a media enquiry in relation to a piece of partnership working is received by either organisation and it is deemed to have more relevance to the other organisation, it will be forwarded to them for responding.
- Requests for interviews in relation to joint services will be co-ordinated by the lead organisation's communications team as per normal processes. Communications teams will inform their counterparts of such requests when it is felt appropriate to do so.
- Journalists are within their right to approach SBC Elected Members on any issue to gain their political view on a subject matter.

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Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 20th August 2018

Report By	Robert McCulloch-Graham, Chief Officer Health& Social Care
Contact	Sarah Watters, Policy, Performance & Planning Manager, SBC
Telephone:	01835 826542

QUARTERLY PERFORMANCE REPORT, AUGUST 2018
(DATA AVAILABLE AT END JUNE 2018)

Purpose of Report:	To provide a high level summary of quarterly performance for Integration Joint Board (IJB) members, using latest data available, at the end of June 2018. The report also proposed changes to the quarterly performance report to support the IJB's revised Strategic Plan 2018 -2021

Recommendations:	Health & Social Care Integration Joint Board is asked to: a) **ratify** the changes to the performance report as detailed in the report submitted to the Board meeting held on 20 August 2018.

Personnel:	*n/a*

Carers:	*n/a*

Equalities:	A comprehensive Equality Impact Assessment was completed as part of the strategic planning process. Performance information supports the strategic plan.

Financial:	*n/a*

Legal:	*n/a*

Risk Implications:	*n/a*

Background

1.1 Now that the Scottish Borders Health and Social Care Partnership's Strategic Plan has been revised, members of the Integration Performance and Finance Group (IPFG) have taken the opportunity to revisit the structure and content of performance reporting for the IJB. Previously, the performance report was developed around the six themes defined by the Ministerial Strategy Group (MSG) for Health and Community Care (shown below) as well as a range of additional measures to reflect other areas important to the partnership, such as social care and carers.

MSG Themes:

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.

1.2 The inclusion of new, additional indicators under each theme each quarter meant that the performance report for the IJB has become progressively larger over the last 18 months and the opportunity has now been taken to refocus reporting down to key performance indicators (KPIs) that should provide IJB members with a sense of how effectively the partnership is addressing the 3 strategic objectives within the revised plan. Within the revised Strategic Plan, a section titled "*What will success look like*?" has been included for each of the 3 objectives and provided the starting point for the selection of the most relevant high-level KPIs.

1.3 Building on the experience of producing the last 3 quarterly reports for the IJB and using the expertise of LIST colleagues from NHS National Services Scotland (NSS), (who have been supporting the Partnership for the last 3.5 years), all currently reported data has been reviewed for its usefulness, relevance, and regular availability. By way of aligning performance reporting to the revised Strategic Plan, it is proposed that high level performance reporting for the IJB now be structured around the 3 objectives in the revised plan. Indicators chosen under each objective aim to demonstrate the impact that the work of the partnership is having on:

- keeping people healthy and out of hospital (Objective 1)
- getting people out of hospital as quickly as possible (Objective 2)
- building capacity within Scottish Borders communities (Objective 3)

1.4 It is therefore proposed that the IJB be provided with the following information quarterly, under each of the 3 objectives:

Objective 1: we will improve health of the population and reduce the number of hospital admissions

- Rate of emergency admissions to hospital, per 1,000 population (all ages);
- Rate of emergency admissions to hospital, per 1,000 population (ages 75+);
- Number of attendances at A&E;
- % of health and care resource spent on emergency hospital stays for persons aged 18+.

Objective 2: We will improve the flow of patients into, through and out of hospital

- % of people seen within 4 hours at A&E;
- Number of Occupied Bed Days for emergency Admissions, ages 75+;
- Rate of Occupied Bed Days* for emergency admissions, per 1,000 population (ages 75+);
- Number of Delayed Discharges over 72 hours; and over 2 weeks;
- Rate of Bed Days* associated with delayed discharges, per 1,000 population aged 75+;
- Summarised results for NHS Borders' "Two minutes of your time" survey (conducted on an ongoing basis at BGH and Community Hospitals).

looking at the rate of bed days per 1000 population (aged 75 and over) is necessary if we want to compare Scottish Borders performance against Scotland, and monitor trends over the longer term. For example, between October and December 2017, there were **10,587 bed days following emergency admissions for people aged 75+. That equated to a rate of 883 bed days per 1000 people aged 75 and over. The rate of occupied bed days will also reflect the fact that some people will spend a very short time in hospital, whilst for others it will be much longer.*

Objective 3: we will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

- Rate of Emergency Readmissions within 28 days of discharge from hospital (all ages), per 100 discharges;
- % of last 6 months of life spent at home or in a community setting;
- Carers offered assessments/assessments completed;
- Support for caring - change between baseline assessment and review in relation to: Health and well-being; managing the caring role; feeling valued; planning for the future; finance & benefits.

1.5 In addition to the quarterly measures outlined above, a number of annual measures will be included in either the quarterly report or the Annual Performance Report as and when updates become available (which can sometimes be mid-way through the year) and will give IJB members a sense of whether or not objectives are being achieved over the longer term. These are presented below:

- Premature mortality rate per 100,000 population
- % of adults who say they can look after their health very or quite well
- Balance of spend: % of total health and social care expenditure on community-based care;
- % of people satisfied with the care services they receive at home
- % of people who have a positive experience of the care provided by their GP
- % of care services in receipt of grade "good or better" in Care Inspectorate inspections
- % of last 6 months of life spent at home or in a homely setting (by setting e.g. Community; Hospice/Palliative Care Unit; Community Hospital; and Large Hospital)

The 2017/18 Annual Report has just been published, where members of the IJB can find these indicators updated, along with trend information and Scottish

comparators (2017/18 data has been summarised at the end of this report for convenience).

1.6 In addition to the indicators that are presented to the IJB on a quarterly basis, a broader range of indicators are collected and reviewed on a regular basis within services, at relevant partnership groups and at the Health and Social Care Leadership Group. Indicators within the IJB report, and the various "layers" that sit underneath, ensure that not only the national requirements for data and information are met e.g. when the MSG requires performance information but that services are able to be managed effectively and focused on continuous improvement.

1.7 The IPFG is currently developing its Performance Management Framework that will articulate the various reporting "layers" and should provide IJB members with the assurance that data and performance information is being used to inform continuous improvement across the wide breadth of services that sit within the Health and Social Care Partnership. Given this breadth, it would be impossible to cover all service areas in the high level IJB reporting but the IPFG will ensure that areas of strategic focus are covered as effectively as possible and this may involve the addition or amendment of indicators over time.

1.8 The IPFG will always endeavour to present the latest available data and for some measures, there may be a significant lag whilst data is checked, cleansed and then released publicly, which increases robustness and allows for national comparators. Work is ongoing within the group to improve the timeliness of data where possible and to explore the pros and cons of using unverified but timelier local data.

1.9 There are 3 appendices to this report:

Appendix 1 provides a very high level, "at a glance" summary for EMT and the IJB (for future reports, this summary will be designed to align with the revised Strategic Plan which, at the time of papers being produced, was not finished);

Appendix 2 provides the rationale for the inclusion of indicators in the summary;

Appendix 3 provides further details for each of the measures presented in Appendix 1, including performance trends and analysis.

Summary of Performance

2.1 In a number of areas, Borders is demonstrating good performance over time and when compared to Scotland, including rate of hospital admissions, % of Health & Social Care resources spent on emergency hospital stays, attendance at A&E, and rate of occupied bed days for emergency admissions (age 75+).

2.2 However, whilst the rate of emergency admissions to hospital is stable / improving, there are still around 3000 people being admitted each quarter, with a third of them over 75 years old, which places significant pressure on our hospital services. The winter period saw a slight increase in the proportion of people waiting more than 4 hours in A&E, and although Borders compares well to Scotland, achievement has been under the 95% standard for the last 5 months reported. Key challenges remain in relation to bed days associated with people being delayed in hospital and although the rate of bed days associated with delayed discharge (age 75+) has

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come down during Q4 (to 189.9 bed days per 1000 population age 75+), the *annual* rate for Borders is now 869 bed days per 1000 population age 75+, compared to 772 for Scotland)- Borders has been lower than Scotland in previous years. Quarterly end of life care measure fluctuates considerably and should be treated on a "provisional" basis. Challenges remain around support for carers and completing assessments and Borders Carers Centre continue to be commissioned to undertake assesem4rnt, as part of the revised strategic plan.

2.3 The revised Strategic Plan 2018 -21 and its Implementation plan provide more details on actions and timescales, many of which go beyond 2018 due to their transformational nature.

2.4 Given the many elements of integrated care, the wide range of services delegated to the Health and Social Care Partnership, and national changes in policy and direction, it is anticipated that performance reporting to the IJB will further develop over time. Performance reporting will increasingly align to and support the revised Strategic Plan and will be overseen by the IPFG.

Updated annual figures

Indicator	Scottish Borders	Scotland
Premature mortality rate per 100,000 population	**324 in 2017**	425
% of adults who say they can look after their health very or quite well	**94% in 2017/18**	93%
Balance of spend: % of total health and social care expenditure on community-based care	**51.4% in 2015/16**	46.5%
% of people satisfied with the care services they receive at home	**83% in 2017/18**	81%
% of people who have a positive experience of the care provided by their GP	**88% in 2017/18**	83%
% of care services in receipt of grade "good or better" in Care Inspectorate inspections	**80.7% in 2017/18**	85.4%
% of last 6 months of life spent at home or in a homely setting (by setting e.g. Community; Hospice/Palliative Care Unit; Community Hospital; and Large Hospital)	**87.2 for 2017/18**	88.3%

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Changing Health & Social Care for You

Working with communities in the Scottish Borders for the best possible health and wellbeing

Summary of Performance for Integration Joint Board: AUGUST 2018

This report provides an overview of quarterly performance under the 3 strategic objectives within the revised Strategic Plan, with **latest available data at the end of June 2018**. A number of annual measures that have been updated recently are included in the Annual Performance Report 2017/18

KEY					
	+ve trend/SB compares well to previous period/to Scotland		-ve trend/some concern from previous period or when compared to Scotland		Little change/little difference over time/to Scotland

How are we doing?

Objective 1: We will improve health of the population and reduce the number of hospital admissions

Emergency Hospital Admissions (Borders residents, all ages)	Emergency Hospital Admissions (Borders residents age 75+)	Attendances at A&E	£ on emergency hospital stays
27 admissions per 1,000 population	**84.2** admissions per 1,000 population Age 75+	**7,051** attendances	**20.8%** of total health and care resource, for those Age 18+ was spent on emergency hospital stays
(Jan - March 2018)	(Jan – March 2018)	(Jan - March 2018)	(Oct – Dec 2017)
Little change over 4 Qtrs	+ve trend over 4 Qtrs	+ve trend over 4 Qtrs	Little change over 4 Qtrs
Similar to Scotland	Lower than Scotland	Trend similar to Scotland	Lower than Scotland

Main challenges:

Whilst the *rate* of emergency admissions to hospital amongst the Borders population is stable / improving as shown above, there are still over **3000** emergency admissions each quarter, with a third of them people aged 75 and over. This places significant pressure on our hospital services (particularly on BGH, but also on other hospitals to which Borders' residents can be admitted, such as Edinburgh Royal Infirmary).

Our plans during 2018 to support this objective:

Develop Local Area Co-ordination; redesign day services; Continue Community Link Worker pilot in Central and Berwickshire areas; develop the role of community pharmacist; extend scope of the Matching Unit; Use Buurtzorg model of care to plan and deliver service by locality; increase use of telecare and telehealth; delivery of Post Diagnostic Support for people with dementia, and continued focus on referral process for dementia

Objective 2: We will improve the flow of patients into, through and out of hospital

A&E waiting times (Target = **95%**)	No. of Occupied Bed Days* for emergency admissions (ages 75+)	Rate of Occupied Bed Days* for Emergency admissions (ages 75+)	Number of delayed discharges ("snapshot" taken 1 day each month)	Rate of bed days associated with delayed discharge
89% of people seen within 4 hours (March 2018)	**10,587** bed days for admissions of people aged 75+ (Oct - Dec 2017)	**883** bed days per 1000 population Age 75+ (Oct – Dec 2017)	**19** over 72 hours **19** over 2 weeks (April 2018)	**189.8** bed days per 1,000 population Aged 75+ (Jan - March 2018)
-ve trend over 4 Qtrs	+ve trend over 4 Qtrs	Little change over 4 Qtrs	-ve trend over 4 Qtrs	-ve trend over 4 Qtrs
Higher than Scotland		Lower than Scotland		Higher than Scotland

*Occupied Bed Days in general/acute hospital beds such as Borders General Hospital. This does not include bed days in the four Borders' community hospitals.

"**Two minutes of your time**" survey, conducted at BGH and Community Hospitals (Jan – March 2018)		
Satisfaction with care and treatment **97.1%**	Staff understanding of what mattered **93.8%**	Patients had info and support needed **93.5%**
Little change over 4 Qtrs	-ve trend over 4 Qtrs (although high)	Little change over 4 Qtrs

Main challenges:

The winter period saw a reduction in the percentages of people seen within 4 hours in A&E, and although Borders compares relatively well to Scotland, nonetheless achievement has been under the 95% standard for the last 5 months reported. Key challenges remain in relation to bed days associated with people being delayed in hospital.

Our plans during 2018 to support this objective:

Support a range of "Hospital to Home" and "Discharge to assess" models to reduce delays (for adults who are medically fit for discharge); develop "step-up" facilities to prevent hospital admissions and increase opportunities for short-term placements; as well as a range of longer term transformation programmes aimed at shifting resources and redesigning services

Objective 3: we will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

Emergency readmissions within 28 days (all ages)	End of Life Care	Carers offered assessments/assessments complete	Support for carers: change between baseline assessment and review. Improvements in self-assessment:
10.3 per 100 discharges from hospital were re-admitted within 28 days (Oct – Dec 2017)	**88.2%** of people's last 6 months was spend at home or in a community setting (Oct – Dec 2017)	**187** Offered **36** Completed (Jan – March 2018)	Health and well-being Managing the caring role Feeling valued Planning for the future Finance & benefits (Jan – March 2018)
Little change over 4 Qtrs	-ve Trend over 4 Qtrs	Little change over 4 Qtrs	n/a (data from Q4 17/18)
Similar to Scotland	Lower than Scotland		

Main challenges:

Quarterly "end of life care" measure fluctuates considerably and should be treated on a "provisional" basis and could be influenced by seasonal factors such as variations in hospital activity. Measure may subsequently be replaced with one that better distinguishes time spent in the Margaret Kerr Unit as distinct from time spent on general/acute hospital wards. Challenges remain around support for carers

Our plans during 2018 to support the objective:

Further development of "What Matters" hubs; Support for Transitional Care as a model of service delivery for people 50+; redesign of care at home services to focus on re-ablement; increase provision of Extra Care Housing; roll out of Transforming Care after Treatment programme (commencing with Eildon); ongoing commissioning of Borders Carers Centre to undertake assessments.

Rationale for inclusion of measures in IJB performance reporting

Objective 1: we will improve health of the population and reduce the number of hospital admissions

Indicator	Why has this been included?
Rate of emergency admissions to hospital, per 1000 population (all ages)	Reducing emergency admissions in our population 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 manage 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.
Rate of emergency admissions to hospital, per 1000 population (age 75+)	This is of particular concern and has historically been higher in the 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.
Number of attendances at A&E	Whilst this focuses on 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 ultimately prevent people having to attend A&E
% of health and care resource spent on emergency hospital stays for persons 18+	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 to see the proportion of emergency spend reduce.

Objective 2: We will improve the flow of patient into, through and out of hospital

Indicator	Why has this been included?
% of people seen within 4 hours at A&E	The national standard for Accident and Emergency (A&E) waiting times is that 95% of people arriving in an A&E Department in Scotland (including Minor Injuries Units) should be seen and then admitted, transferred or discharged within 4 hours. NHS Boards are to work towards achieving 98% performance.
Number of Occupied Bed Days for emergency Admissions, 75+	Once a hospital admission has been necessary in an emergency, it is important for people to get back home (or to another appropriate place) 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
Rate of Occupied Bed Days for	

Indicator	Why has this been included?
emergency admissions, per 1000 population (ages 75+)	needs. There is a continuing focus in the Borders on providing alternative supports for older adults, rather than keep them unnecessarily in hospital. The number and the rate have both been included to demonstrate the scale of the challenge as well as the change over time. **Note:** These measures reflect all bed days in a general/acute hospital (such as BGH) following emergency admission, including those for delayed discharges. They *do not*, however, reflect bed days in any of the Borders' Community Hospitals. This is because, in common with several others in this report, the measures are based on standard, Scotland-wide measures (to allow benchmarking), which excludes data on beds coded as "Geriatric Long Stay" (GLS). All beds in the Borders Community Hospitals are coded by NHS Borders as GLS and thus those bed days are not reflected in these measures.
Number of Delayed Discharges over 72 hours; and over 2 weeks	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. 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. Delayed Discharges (DDs) over 2 weeks; over 72 hours are snapshots - taken on a census day each month - of the numbers of patients for whom the delay has exceeded the specified period of time.
Rate of Bed Days associated with delays, per 1,000 population aged 75+	This measure is included to provide a fuller picture (not just the monthly snapshot, above) of the impact of delays. Put simply, patients who are fit to leave hospital but are delayed (for a variety of reasons) take up beds that could be used for other patients who require urgent or planned care. Integration should ultimately see a reduction in this measure.
Summarised results for NHS Borders' "Two minutes of your time" survey (conducted on an ongoing basis at BGH and Community Hospitals)	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 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.

Objective 3: we will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

Indicator	Why has this been included?
Rate of Emergency Readmissions within 28 days of discharge from	The readmission rate reflects several aspects of integrated health and care services, including discharge arrangements and co-ordination of follow up care, underpinned by good communication. It also reflects the quality and level of care being provided within the community.

Indicator	Why has this been included?
hospital (all ages), per 100 discharges	This is a bespoke measure produced by ISD LIST (part of NHS National Services Scotland) for Scottish Borders H&SCP and includes patients discharged from the Borders' Community Hospitals as well as from general/acute beds such as BGH.
% of last 6 months of life spent at home or in a homely setting	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. This 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. 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.
Carers offered assessments /assessments complete	It is estimated that around 788,000 people are caring for a relative, friend or neighbour in Scotland (including 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 commenced 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.
Support for caring-change between baseline assessment and review	A Carers Assessment includes a baseline review of several key areas including health and wellbeing, managing the carer role and planning for the future. 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.

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Scottish Borders
Health and Social Care
PARTNERSHIP

Quarterly Performance Report for the Scottish Borders Integration Joint Board August 2018

SUMMARY OF PERFORMANCE:
DATA AVAILABLE AT END JUNE 2018

Structured Around the 3 Objectives in the Revised Strategic Plan

Objective 1: We will improve health of the population and reduce the number of hospital admissions

Objective 2: We will improve the flow of patients into, through and out of hospital

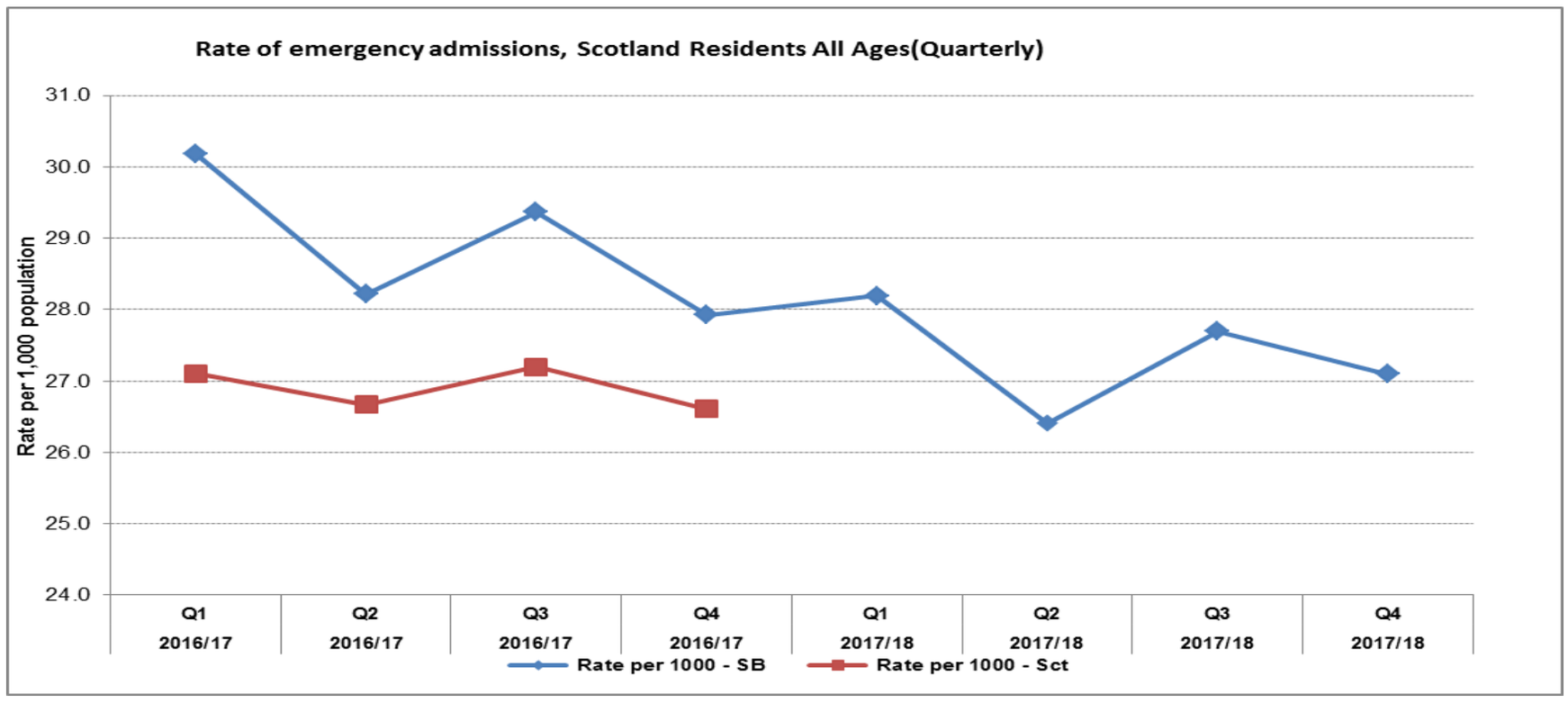
Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

Objective 1: We will improve health of the population and reduce the number of hospital admissions

Emergency Admissions, Scottish Borders residents All Ages

Source: MSG Integration Performance Indicators workbook (SMR01 data)

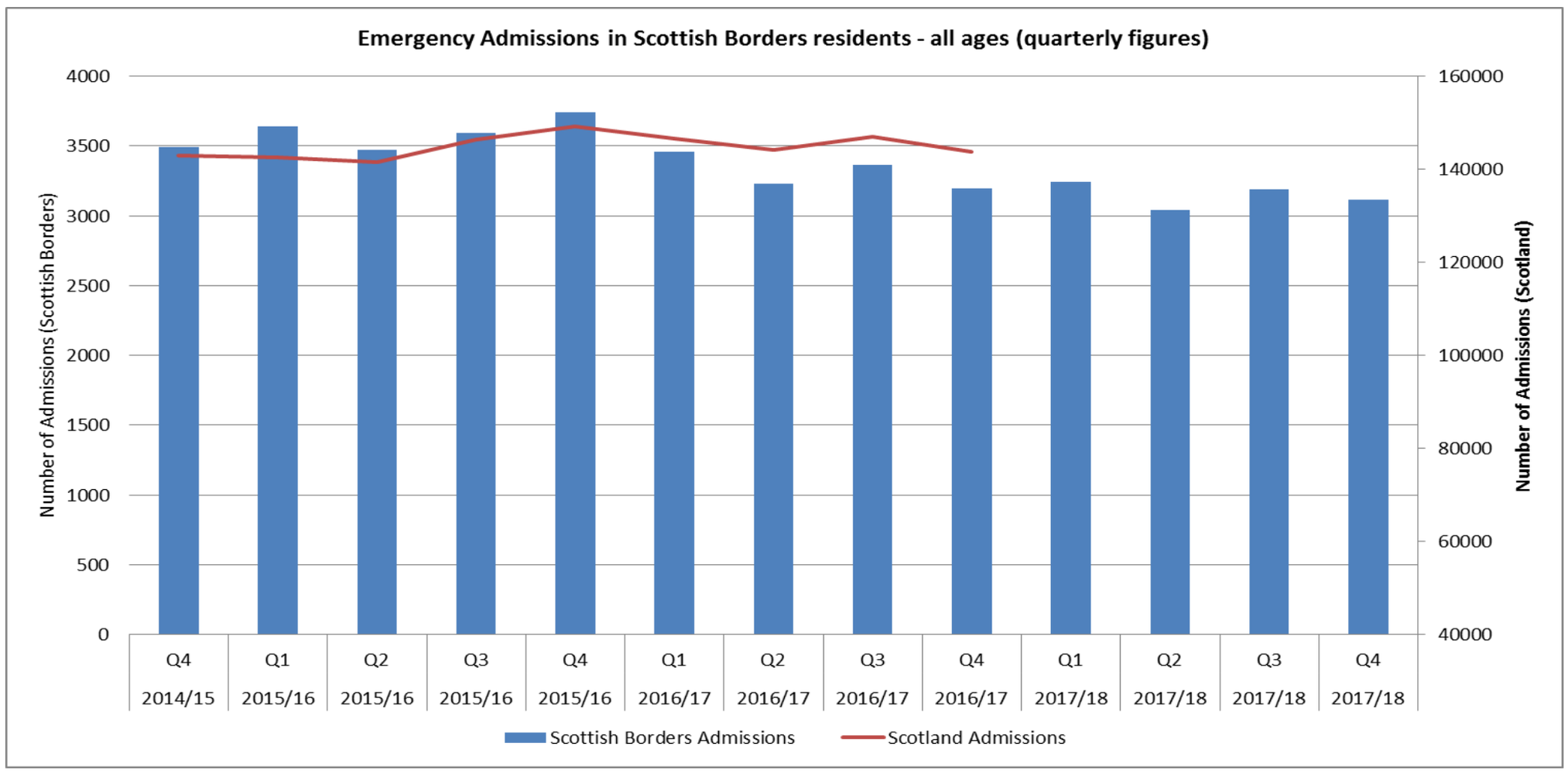
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
Number of Emergency Admissions, All Ages	3,457	3,232	3,363	3,198	3,243	3,038	3,186	3,117
Rate of Emergency Admissions per 1,000 population All Ages	30.2	28.2	29.4	27.9	28.2	26.4	27.7	27.1



Emergency Admissions in Scottish Borders residents - all ages (quarterly figures)

Source: MSG Integration Performance Indicators workbook (SMR01 data)

	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	Q2 2017/18	Q3 2017/18	Q4 2017/18
Scottish Borders Emergency Admissions - All Ages	3,641	3,470	3,593	3,739	3,457	3,232	3,363	3,198	3,243	3,038	3,186	3,117
Scotland Emergency Admissions - All Ages	142,453	141,573	146,317	149,099	146,484	144,123	147,016	143,822				



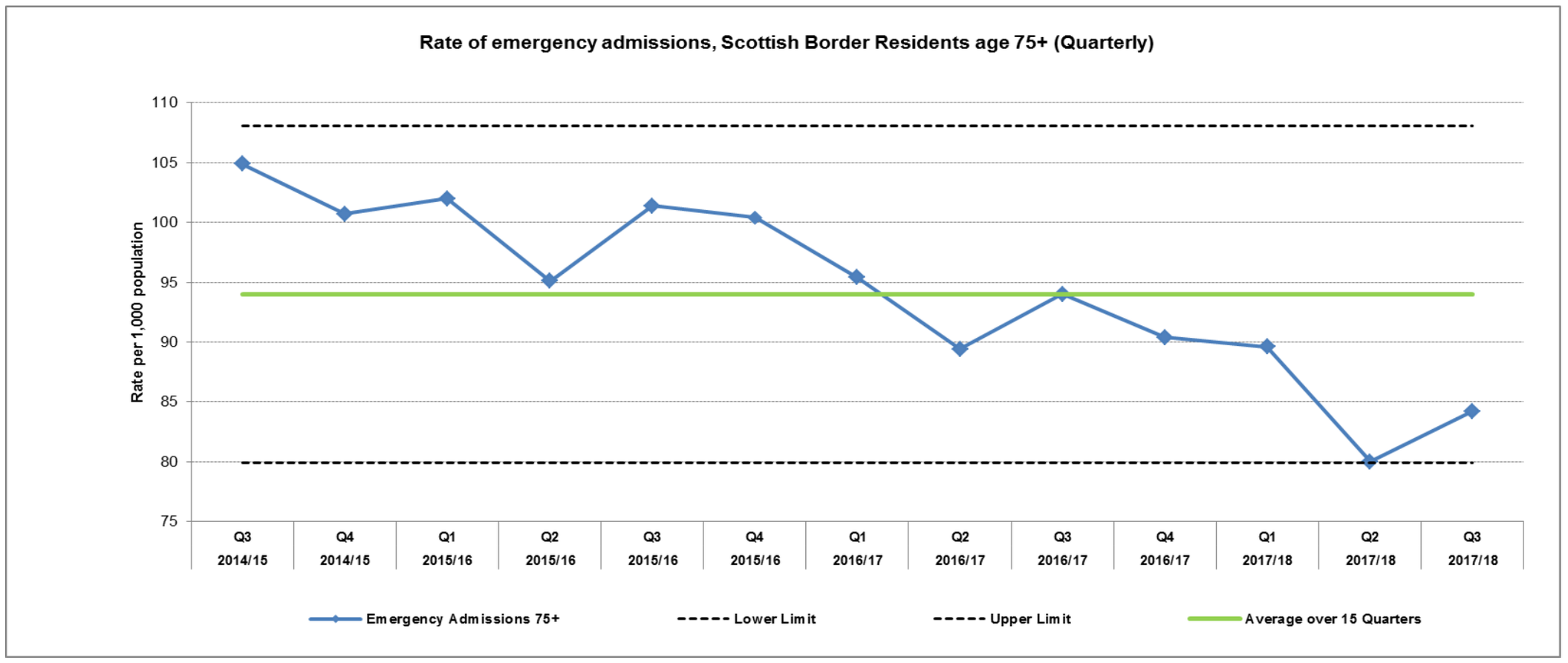
How are we performing?

The quarterly number of emergency admissions for the Scottish Borders has fluctuated since the end of the 2014/15 financial year, but has generally been decreasing. The Scottish number has also been fluctuating but the total number of emergency admissions has increased from 2015/16 to 2016/17, while it has decreased for the Scottish Borders.

Emergency Admissions, Scottish Borders residents age 75+

Source: NSS Discovery (SMR01 data)

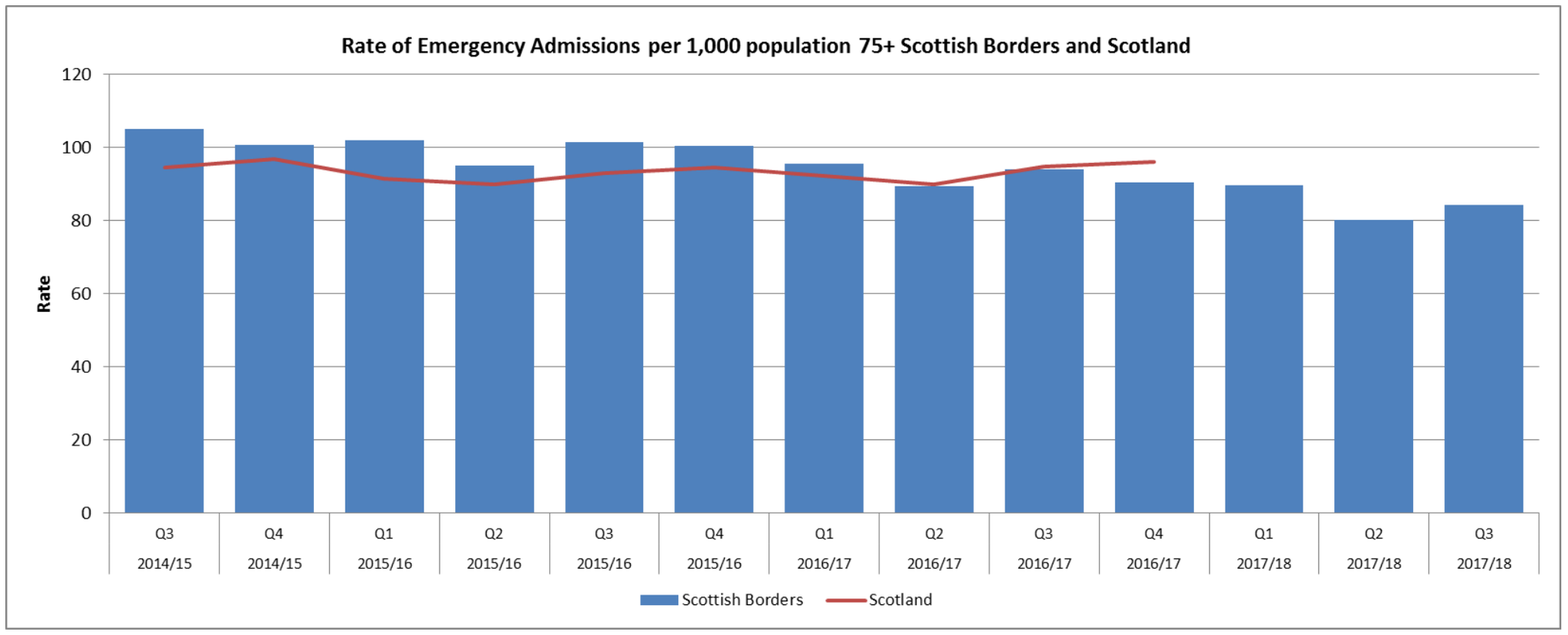
	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18
Number of Emergency Admissions, 75+	1,165	1,189	1,108	1,182	1,169	1,125	1,054	1,107	1,066	1,074	959	1,009
Rate of Emergency Admissions per 1,000 population 75+	100.7	102.0	95.1	101.4	100.4	95.4	89.4	94.0	90.4	89.6	80.0	84.2



Emergency Admissions comparison, Scottish Borders and Scotland residents age 75+

Source: NSS Discovery (SMR01 data)

	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	Q2 2017/18	Q3 2017/18
Rate of Emergency Admissions per 1,000 population 75+ Scottish Borders	100.7	102.0	95.1	101.4	100.4	95.4	89.4	94.0	90.4	89.6	80.0	84.2
Rate of Emergency Admissions per 1,000 population 75+ Scotland	96.9	91.5	89.9	92.9	94.5	92.2	89.9	94.7	95.9			



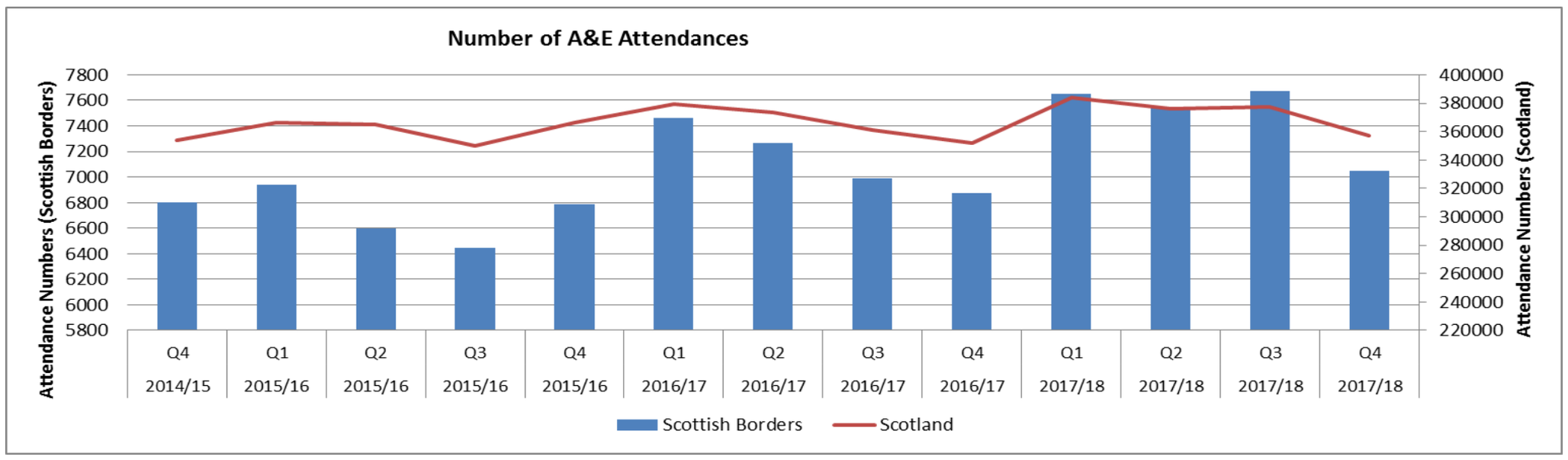
How are we performing?

The rate of emergency admissions for Scottish Borders residents aged 75 and over has generally been decreasing since late 2014. However, the Borders rate has been higher than the Scottish average until the second quarter of 2016 (July-Sept). Since October 2016, quarterly rates have been similar to or lower than the Scottish average.

Number of A&E Attendances

Source: MSG Integration Performance Indicators workbook (data from NHS Borders Trakcare system)

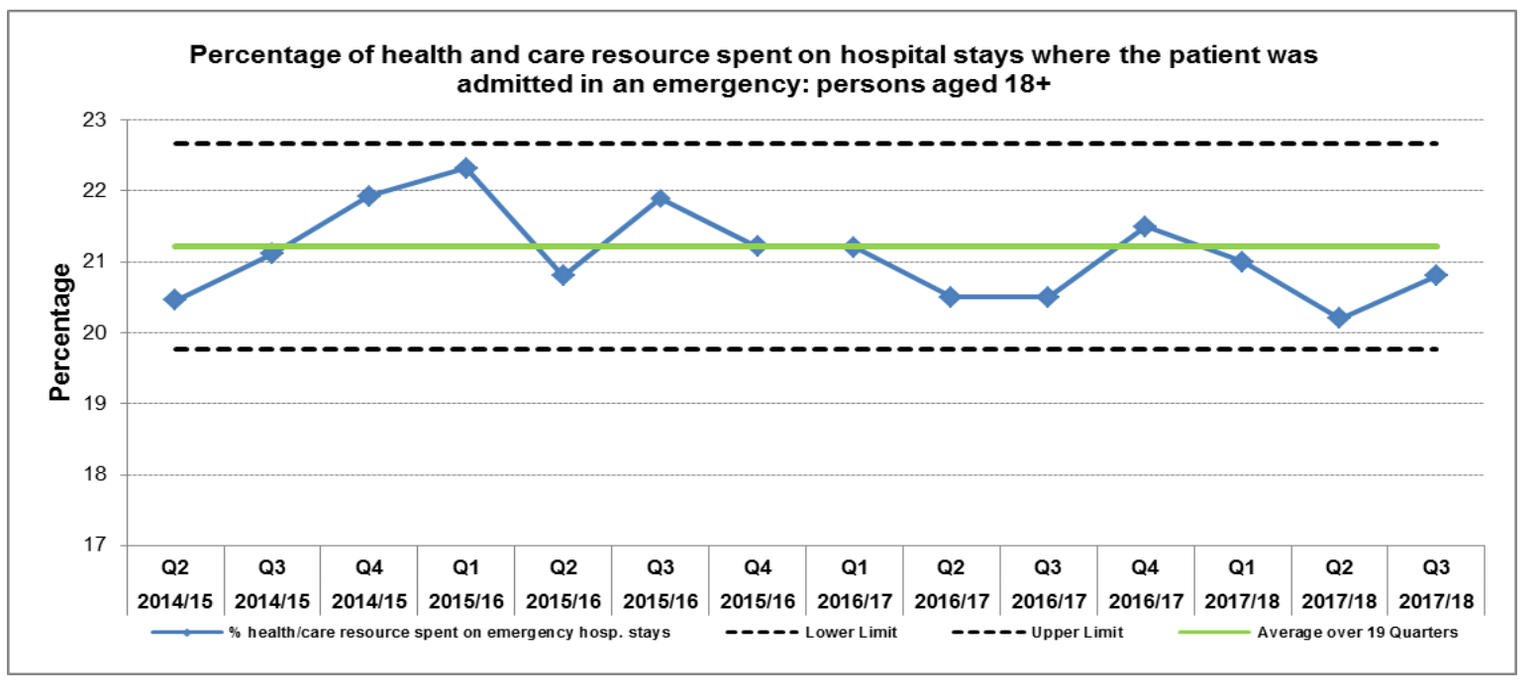
	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
Number of Attendances, Scottish Borders	6,936	6,598	6,446	6,785	7,465	7,266	6,989	6,876	7,654	7,550	7,670	7,051
Number of Attendances, Scotland	366,496	364,677	349,963	366,500	379,254	373,584	360,953	352,210	384,076	376,287	377,477	357,401

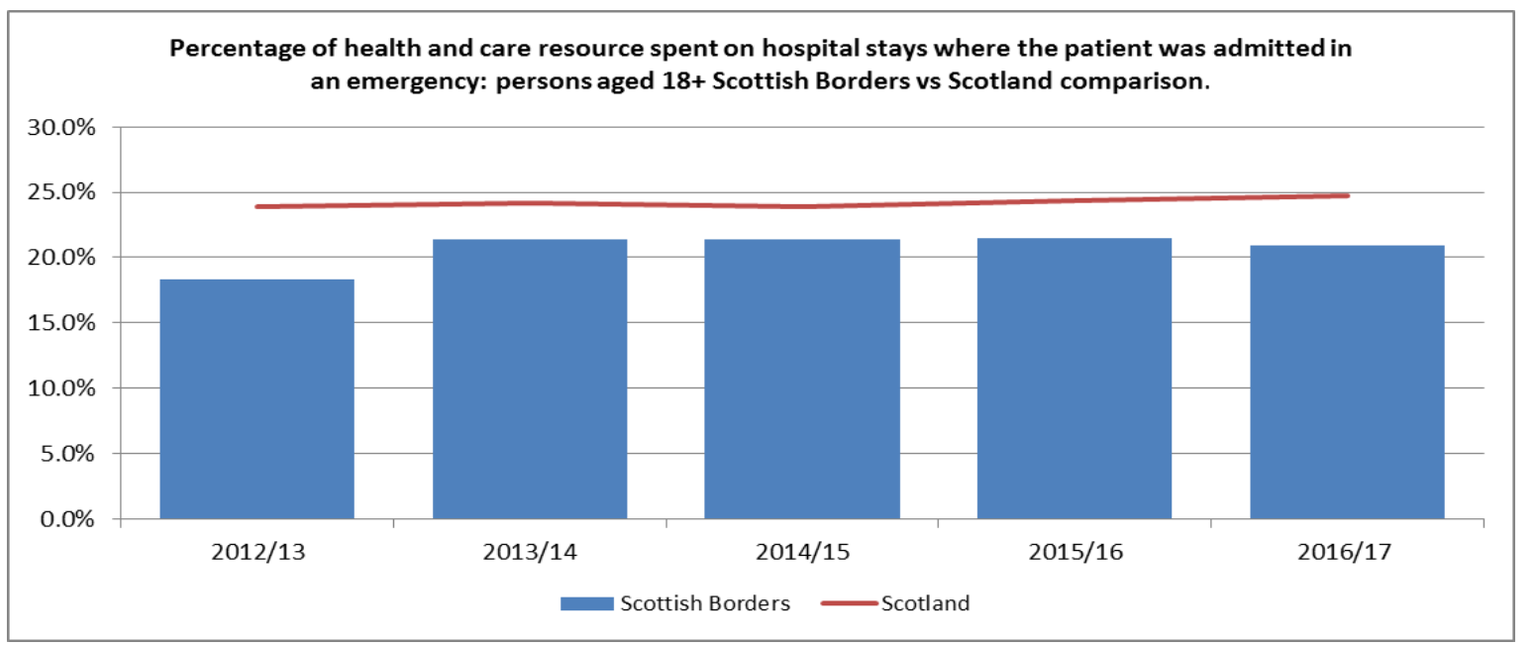


Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency: persons aged 18+

Source: Core Suite Indicator workbooks

	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	Q2 2017-18	Q3 2017-18
% of health and care resource spent on emergency hospital stays (Scottish Borders)	21.9	22.3	20.8	21.9	21.2	21.2	20.5	20.5	21.5	21.0	20.2	20.8





How are we performing?

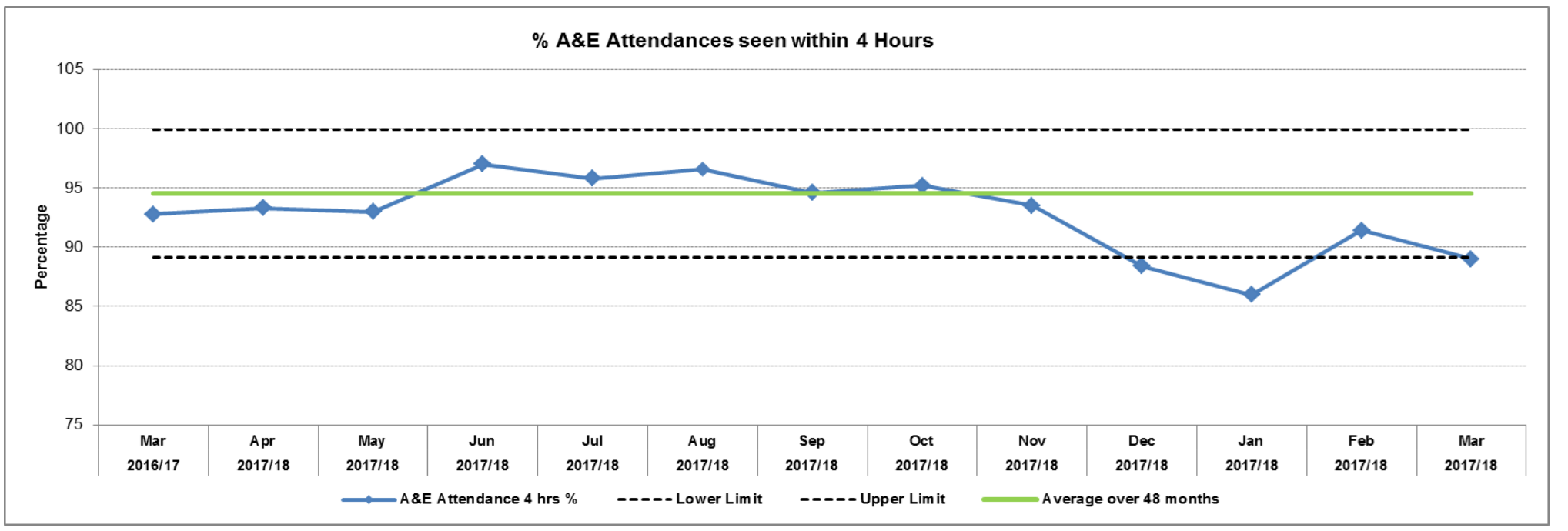
Scottish Borders has consistently performed slightly better than Scotland. However, there is no obvious downward (improving) trend, and as with other Health and Social Care Partnerships, Scottish Borders is expected to work to reduce the relative proportion of spend attributed to unscheduled stays in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

Objective 2: We will improve the flow of patients into, through and out of hospital

Accident and Emergency attendances seen within 4 hours- Scottish Borders

Source: NHS Borders Trakcare system

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Number of A&E Attendances seen within 4 hours	2,567	2,679	2,556	2,515	2,571	2,661	2,599	2,405	2,624	2,395	2,143	2,455
% A&E Attendances seen within 4 hour	93.3%	93.0%	97.0%	95.8%	96.6%	94.6%	95.2%	93.5%	88.4%	86.0%	91.4%	89.0%



How are we performing?

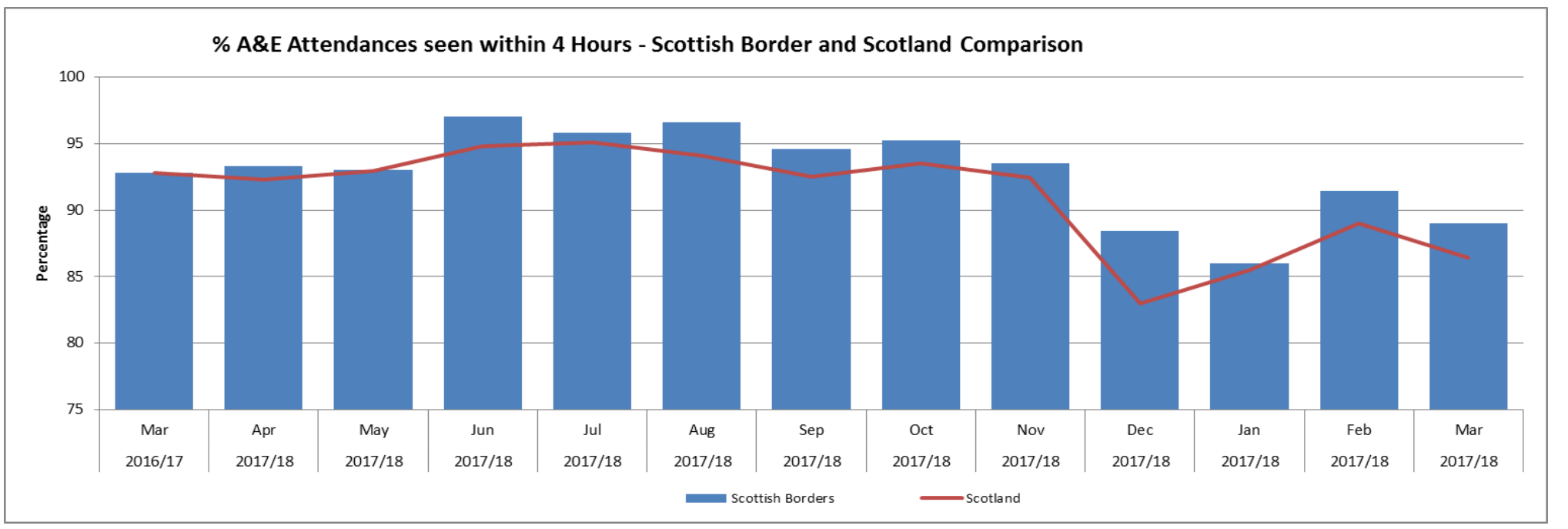
Patients attending A&E and the Acute Assessment Unit (AAU) are routinely discharged within 4 hours. NHS Borders is working towards consistently achieving the 98% local stretch standard.

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.

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

Source: NHS Borders Trakcare system

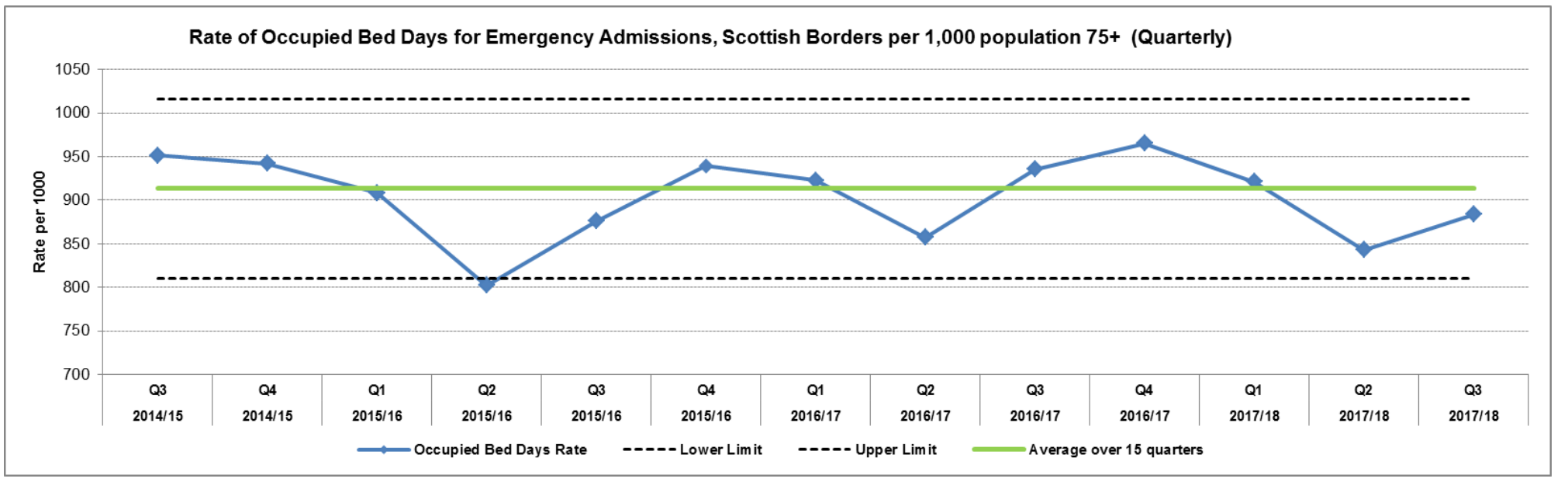
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	~~Sep-17~~	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
% A&E Attendances seen within 4 hour Scottish Borders	93.3%	93.0%	97.0%	95.8%	96.6%	0.946	0.952	0.935	88.4%	86.0%	91.4%	89.0%
% A&E Attendances seen within 4 hour Scotland	92.3%	92.9%	94.8%	95.1%	94.1%	0.925	0.935	0.924	83.0%	85.5%	89.0%	86.4%



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

Source: NSS Discovery (SMR01 data)

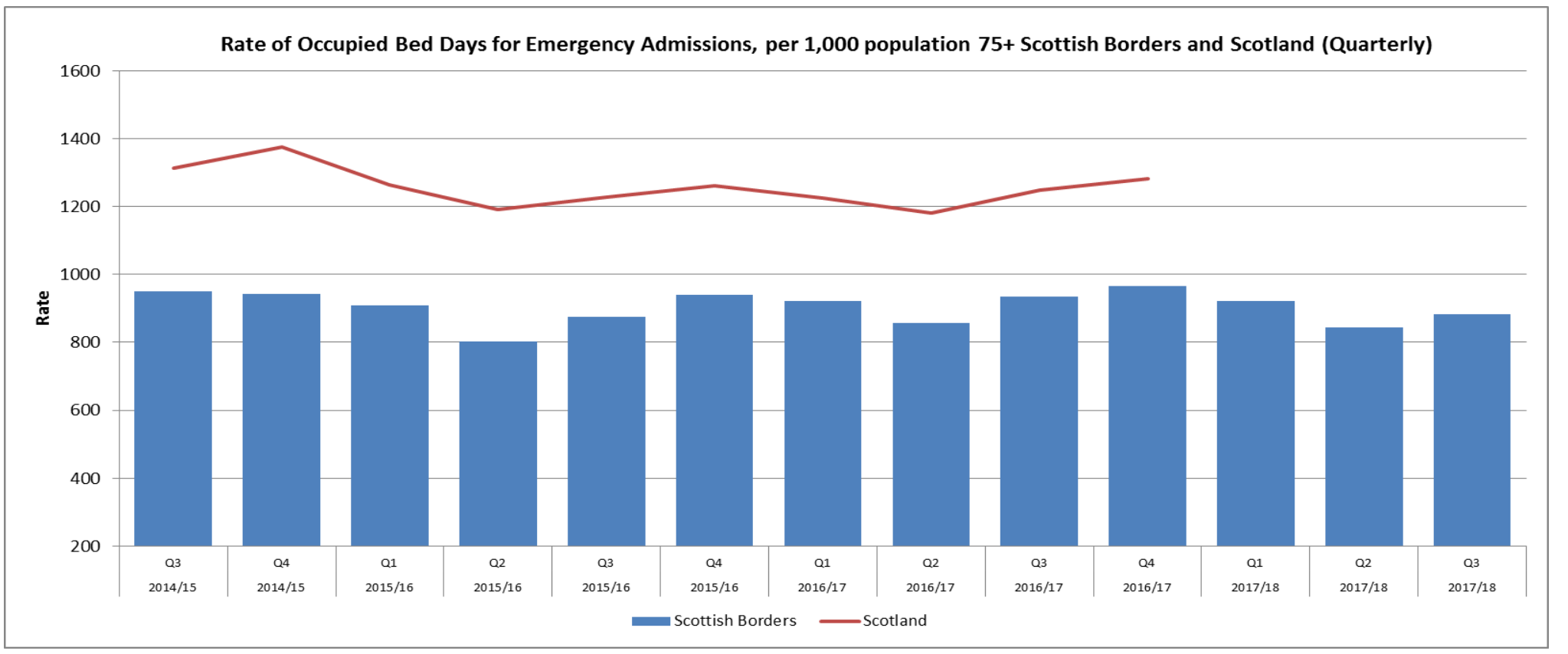
	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18
Number of Occupied Bed Days for emergency Admissions, 75+	10,896	10,587	9,348	10,213	10,948	10,877	10,109	11,028	11,382	11,035	10,103	10,587
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+	942	908	802	876	939	922	857	935	965	921	843	883



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

Source: NSS Discovery (SMR01 data)

	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	Q2 2017/18	Q3 2017/18
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scottish Borders	942	908	802	876	939	922	857	935	965	921	843	883
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scotland	1,375	1,263	1,190	1,227	1,261	1,224	1,181	1,248	1,282			



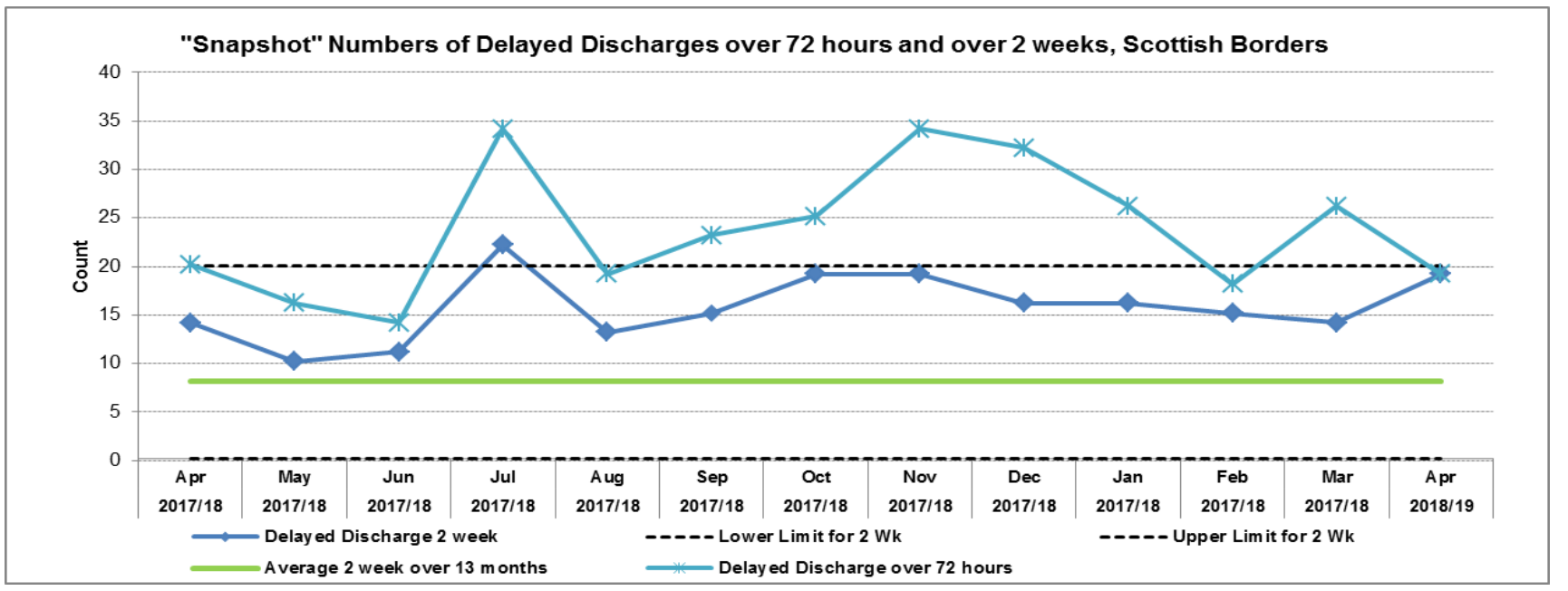
How are we performing?

The quarterly occupied bed day rates for emergency admissions in Scottish Borders residents aged 75 and over have fluctuated over time but are lower than the Scottish averages. The Scottish rate has only twice gone below 1,200 per 1,000 population, while the Scottish Borders rate has never gone above 1,000 per 1,000 population. However, it should be noted that this nationally-derived measure does not include bed-days in the four Community Hospitals in the Borders.

Delayed Discharges (DDs)

Source: EDISON/NHS Borders Trakcare system

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Number of DDs over 2 weeks	10	11	22	13	15	19	19	16	16	15	14	19
Number of DDs over72 hours	16	14	34	19	23	25	34	32	26	18	26	19



Please note the Delayed Discharge over 72 hours measurement has recently been implemented from April 2016.

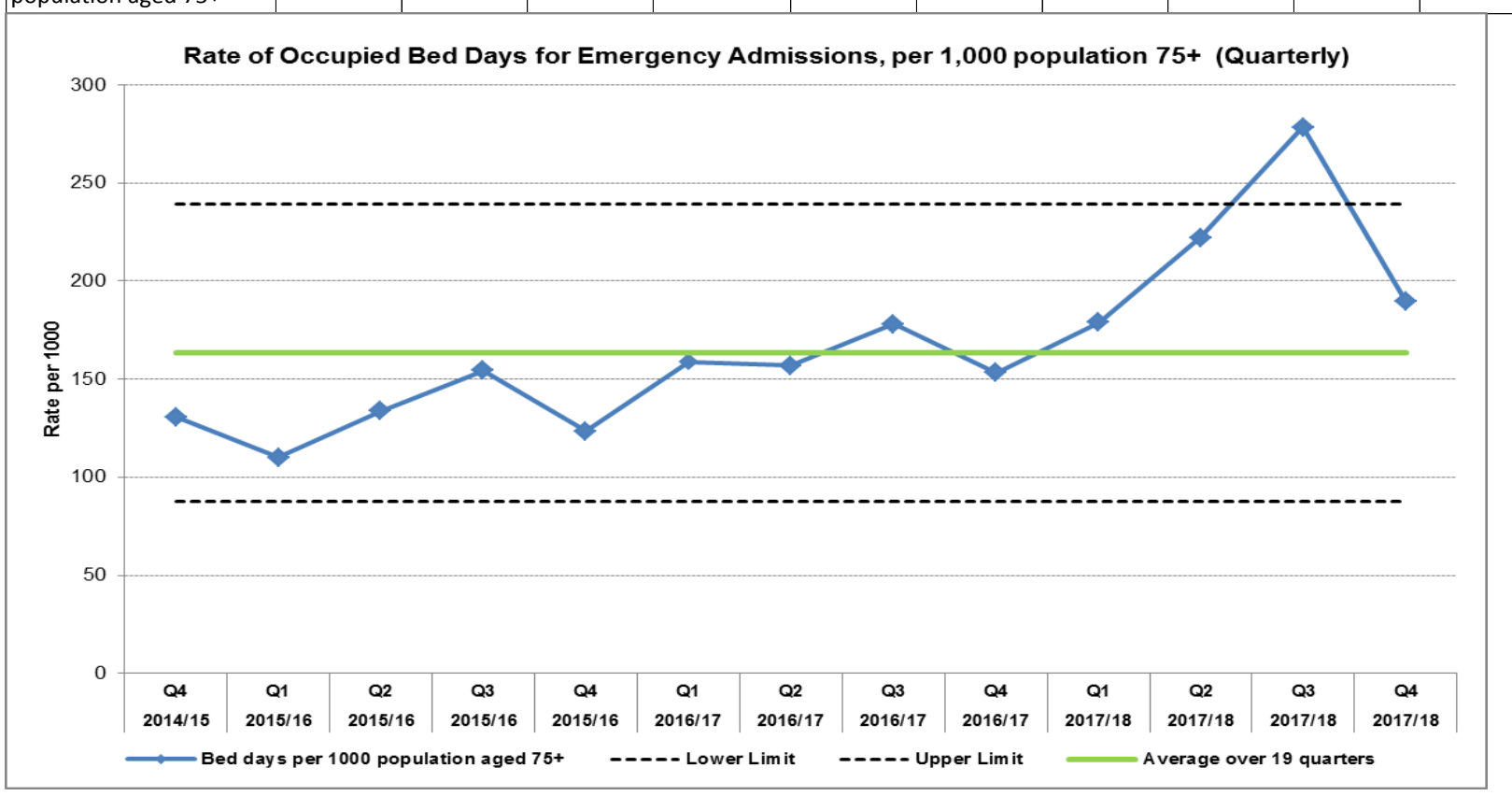
It has been overlayed on this graph as an indicator of the new measurement (light blue line) however as data is limited we cannot provide a statistical run chart for this.

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+

Source: Core Suite Indicator workbooks

	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2015/16	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
Bed days per 1,000 population aged 75+	110	134	154	124	159	157	178	153	179	222	278	190



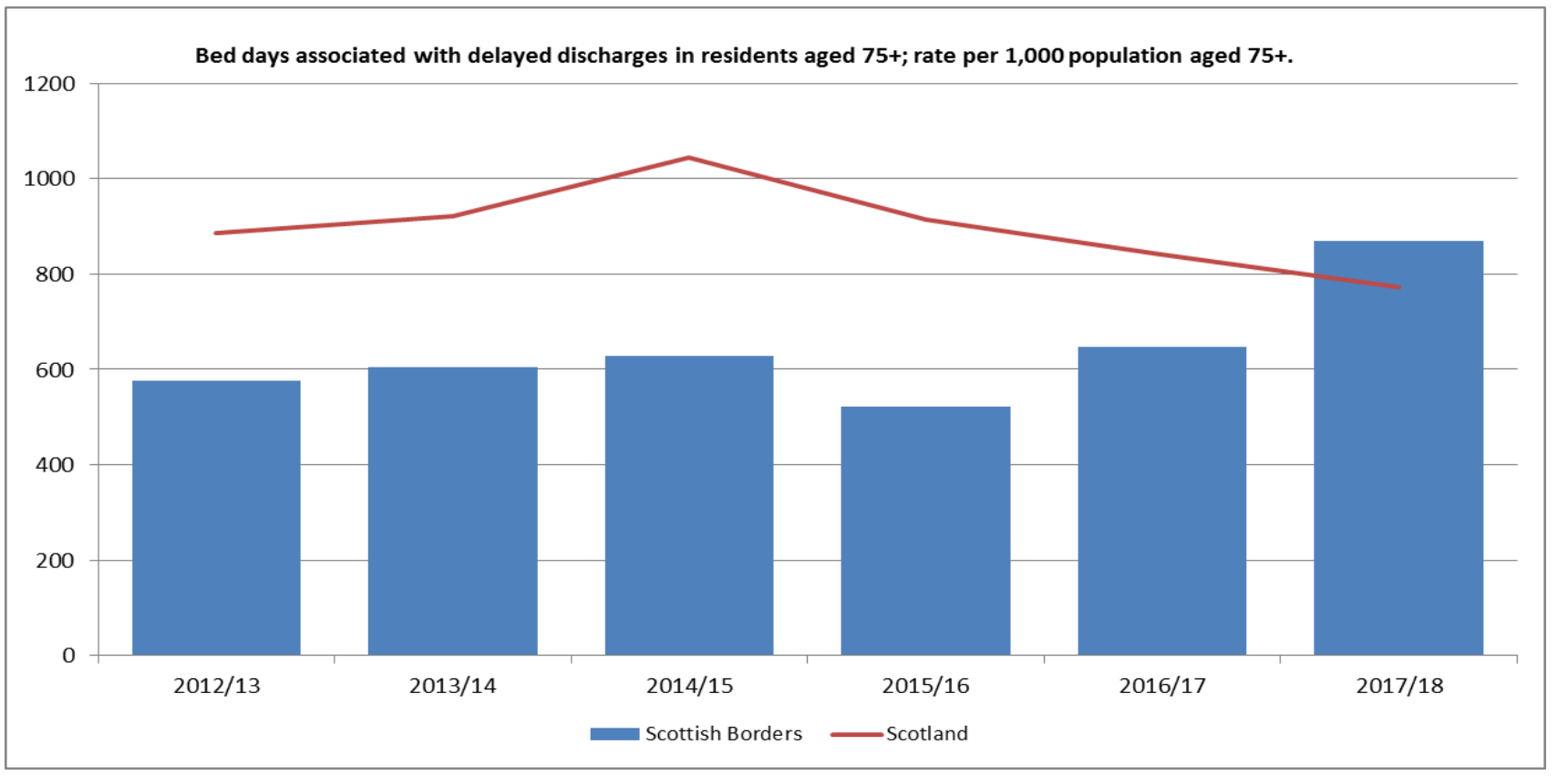
How are we performing?

The rate of bed days associated with delayed discharges for Scottish Borders residents aged 75 and over has fluctuated since the start of the 2013/14 financial year, but has generally remained around 100 to 200 per 1,000 residents. However, the rate for the middle two quarters of 2017/18 was higher than any previous quarter, increasing to over 200 per 1,000 residents for the first time.

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

Source: Core Suite Indicator workbooks

	2012/13	2013/14	2014/15	2015/16	2016/17*	2017/18*
Scottish Borders	575	604	628	522	647	869
Scotland	886	922	1044	915	842	772



How are we performing?

In terms of overall rates of occupied bed-days associated with delayed discharge for residents aged 75 and over, 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.

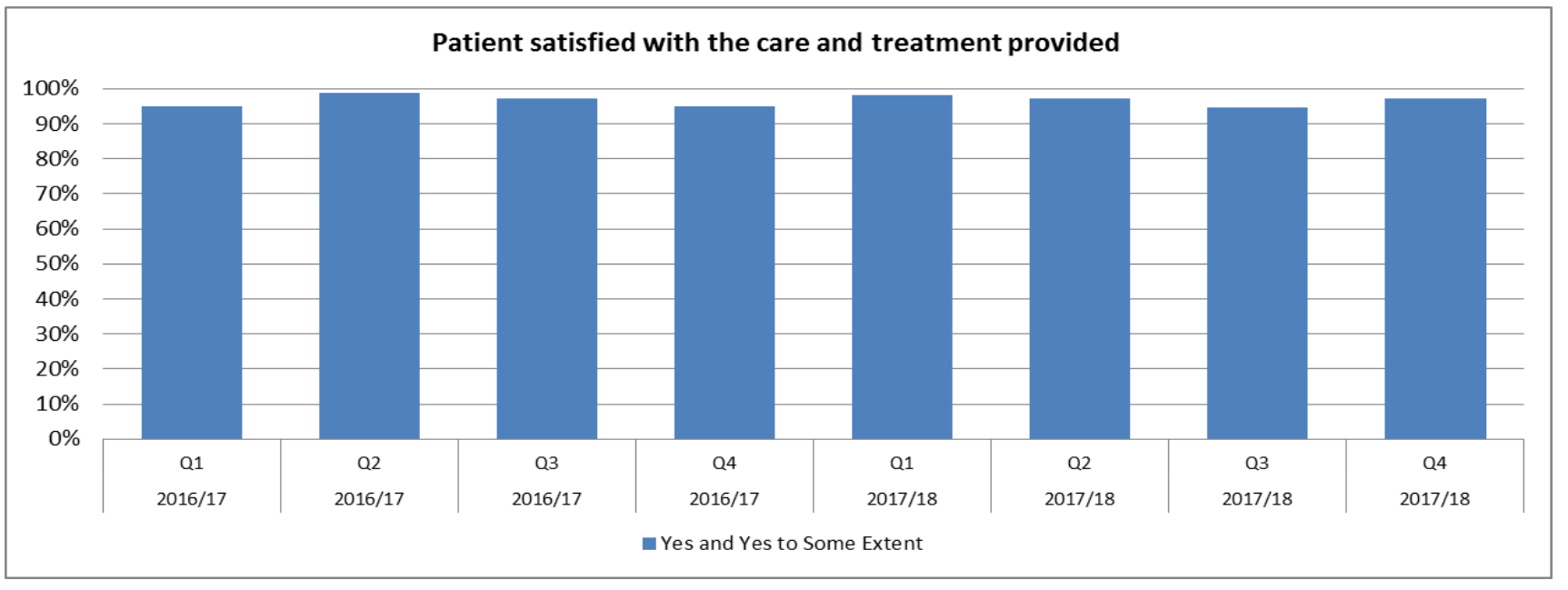
*Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account for the definitional changes during the year 2016/17. The changes affected reporting of figures in some areas more than others therefore comparisons before and after July 2016 may not be possible at partnership level. It is estimated that, at Scotland level, the definitional changes account for a reduction of around 4% of bed days across previous months up to June 2016, and a decrease of approximately 1% in the 2016/17 bed day rate for

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

Source: NHS Borders

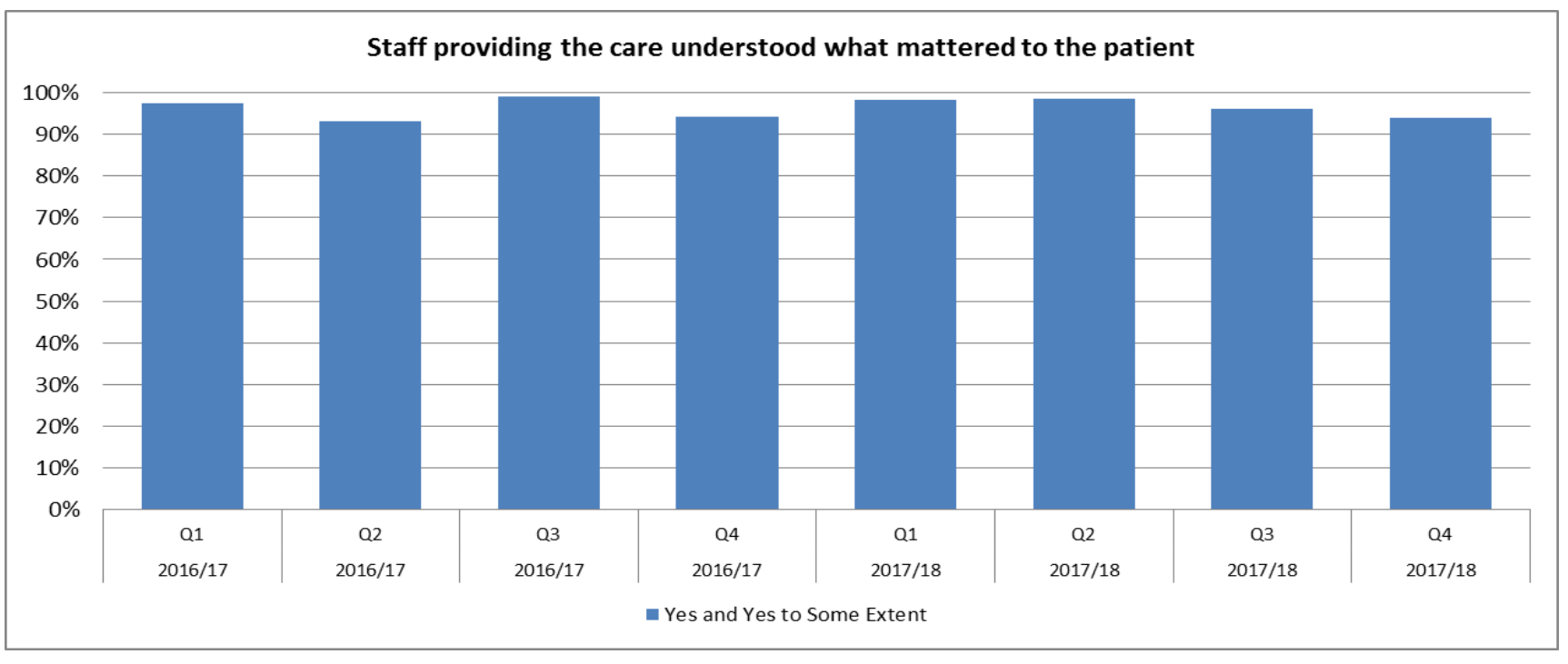
Q1 Was the patient satisfied with the care and treatment provided?

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q14 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
Patients feeling satisfied or yes to some extent	232	160	105	116	105	206	141	135
% feeling satisfied or yes to some extent	95.1%	98.8%	97.2%	95.1%	98.1%	97.2%	94.6%	97.1%



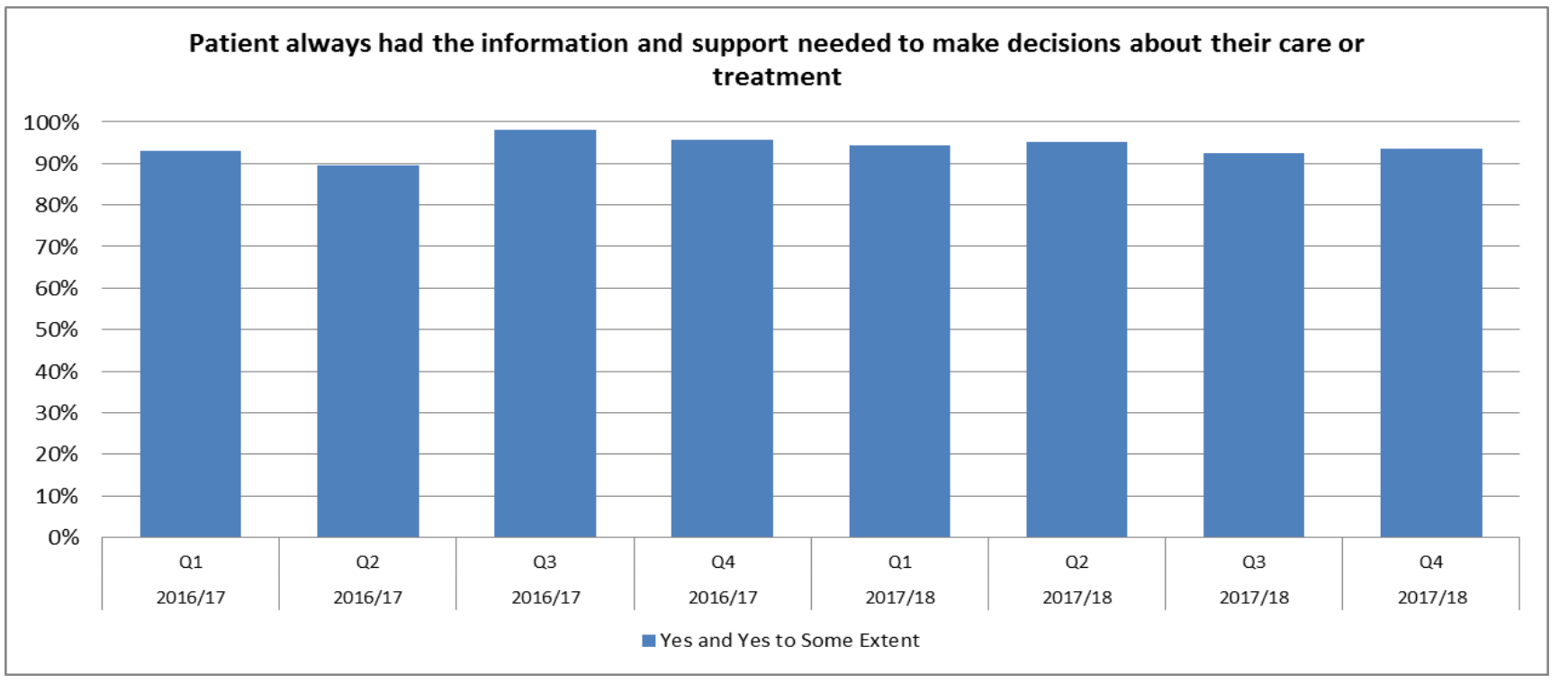
Q2 Did the staff providing the care understand what mattered to the patient?

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q14 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
Staff providing the care understood what mattered to the patient, or yes to some extent	238	151	106	113	105	213	144	135
% understood what mattered or yes to some extent	97.5%	93.2%	99.1%	94.2%	98.1%	98.6%	96.0%	93.8%



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

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q14 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
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	200	137	129
% always had information or support, or yes to some extent	93.0%	89.6%	98.1%	95.7%	94.3%	95.2%	92.6%	93.5%



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.

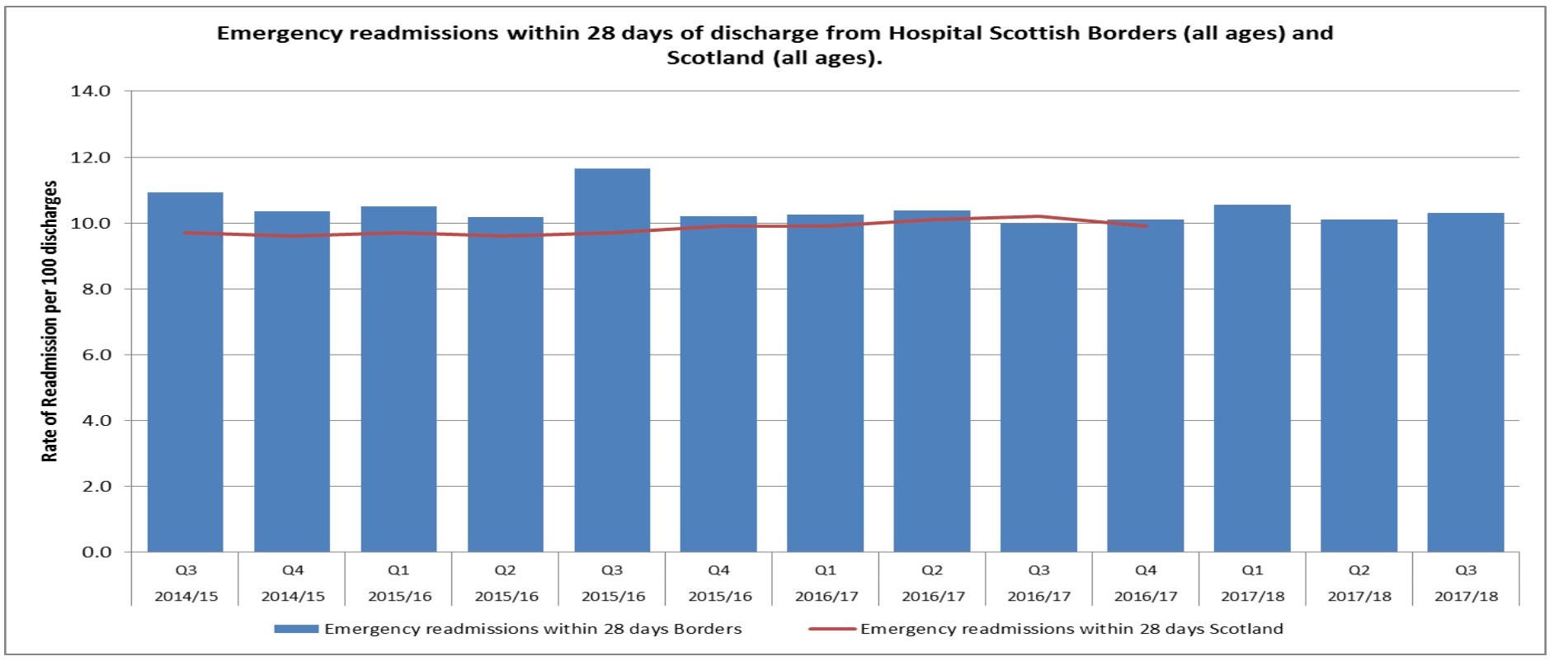
The positive response averages for the last 7 quarters are 96.5% for question 1, 96.7% for question 2 and 93.8% for question 3.

Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

Emergency readmissions within 28 days of discharge from hospital, Scottish Borders residents (all ages)

Source: ISD LIST bespoke analysis of SMR01 and SMR01-E data (based on "NSS Discovery" indicator but here also adding in Borders Community Hospital beds).

	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	Q2 2017/18	Q3 2017/18
28-day readmission rate Scottish Borders (per 100 discharges)	10.4	10.5	10.2	11.7	10.2	10.3	10.4	10.0	10.1	10.6	10.1	10.3
28-day readmission rate Scotland (per 100 discharges)	9.6	9.7	9.6	9.7	9.9	9.9	10.1	10.2	9.9			



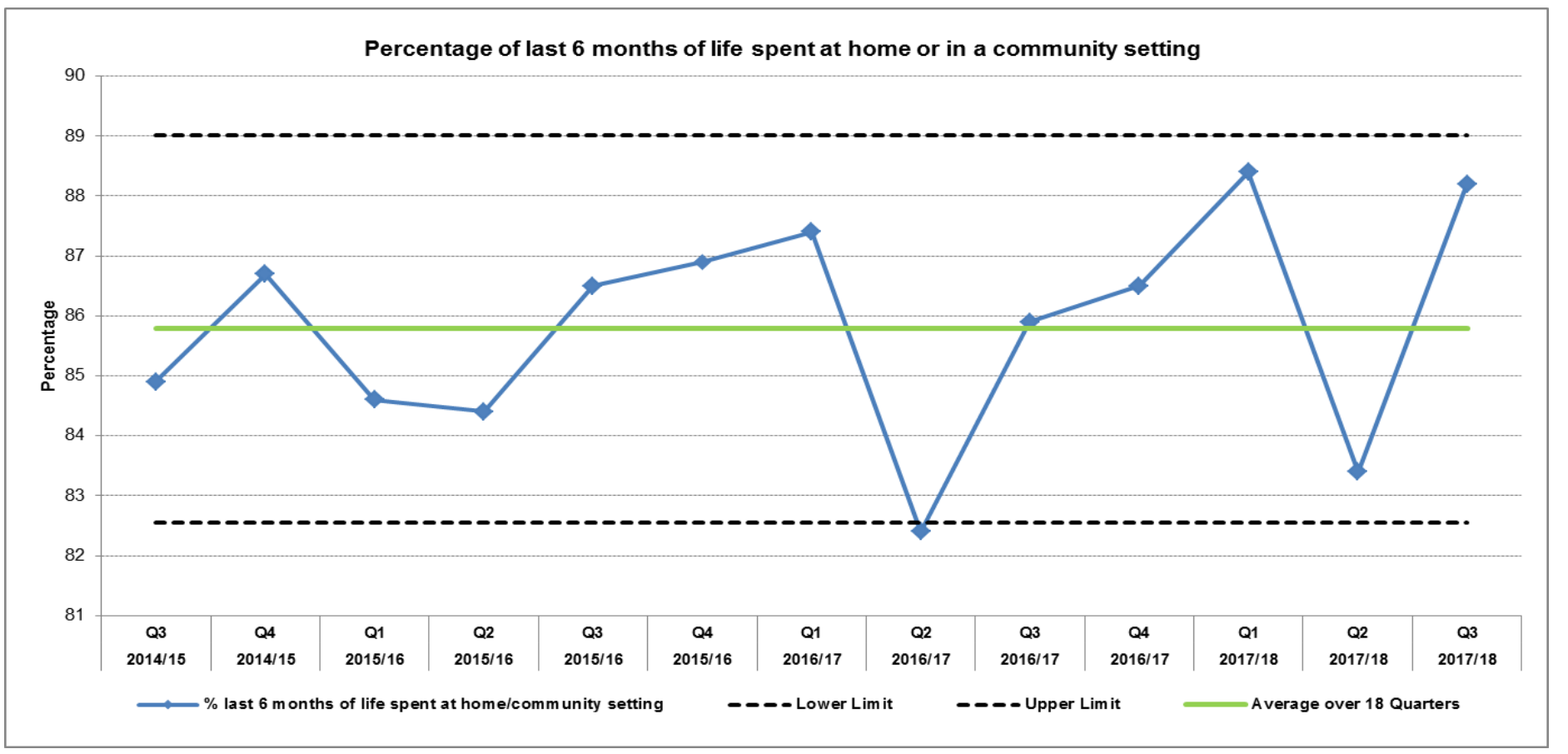
How are we performing?

The quarterly rate of emergency readmissions within 28 days of discharge for Scottish Borders residents has fluctuated since the start of the 2014/15 financial year, but has generally remained around 10 to 11 readmissions per 100 discharges. The Borders rate has usually been higher than the Scottish average. The gap has slightly narrowed over time, although at least in part this will reflect improvments in the accuracy of NHS Borders' data.

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

Source: Core Suite Indicator workbooks

	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	Q2 2017/18	Q3 2017/18
% last 6 months of life spent at home or in a community setting Scottish Borders	86.7%	84.6%	84.4%	86.5%	86.9%	87.4%	82.4%	85.9%	86.5%	88.4%	83.4%	88.2%



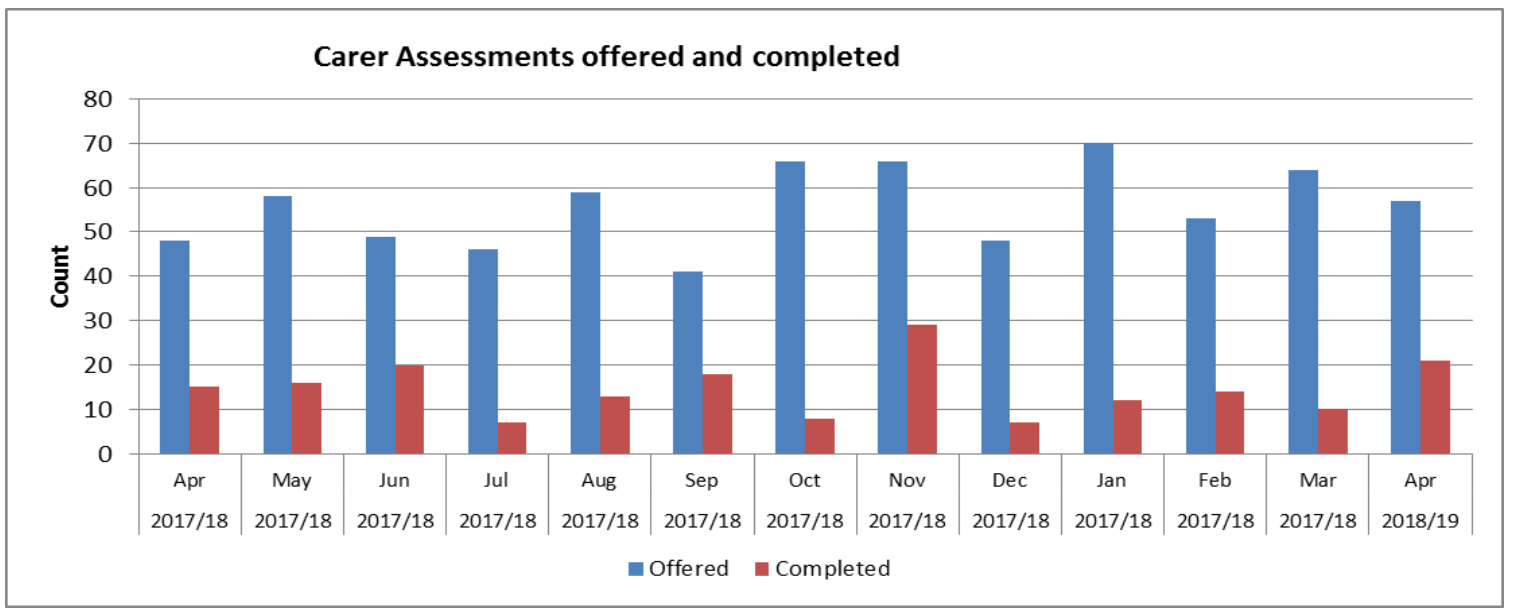
How are we performing?

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.

Carers offered and completed assessments.

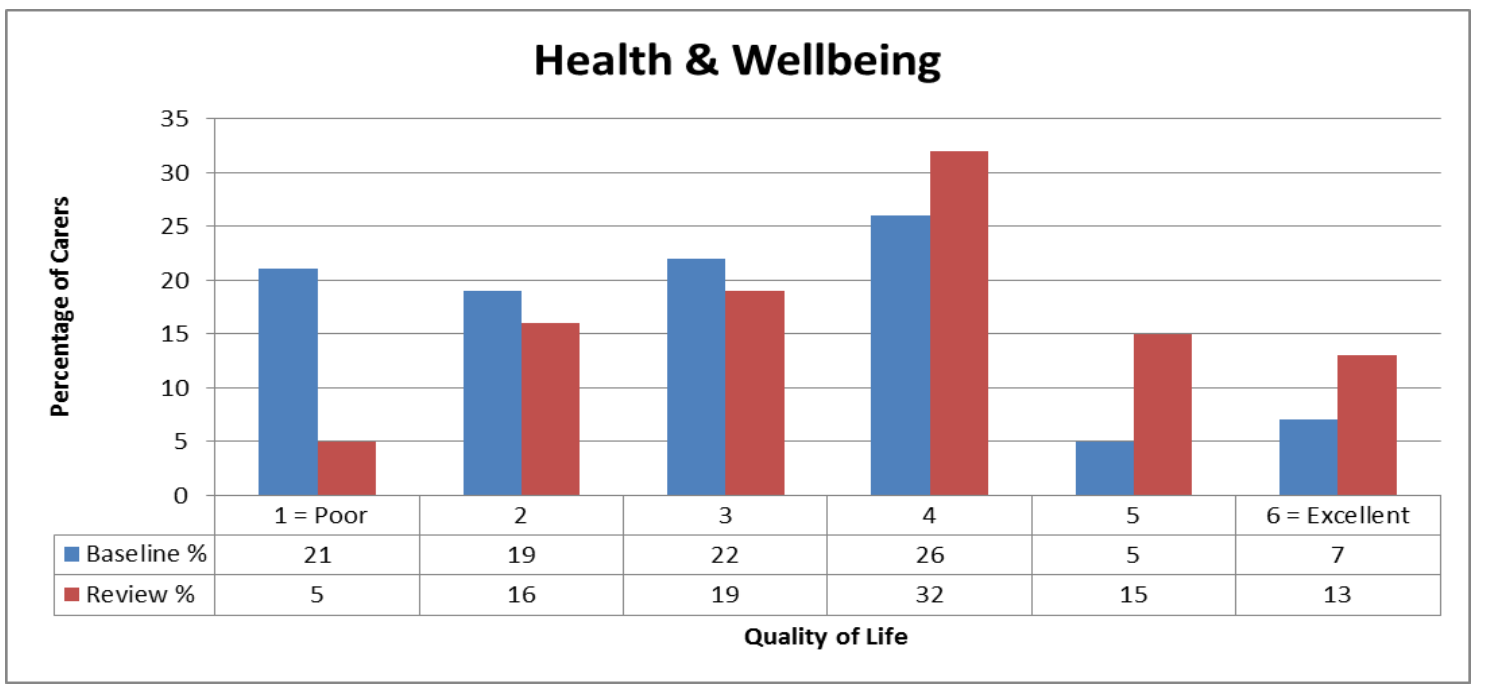
Source: Mosaic Social Care System and Carers Centre

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Assessments offered during Adult Assessment	49	46	59	41	66	66	48	70	53	64	57
Asssessments completed by Carers Centre	20	7	13	18	8	29	7	12	14	10	21



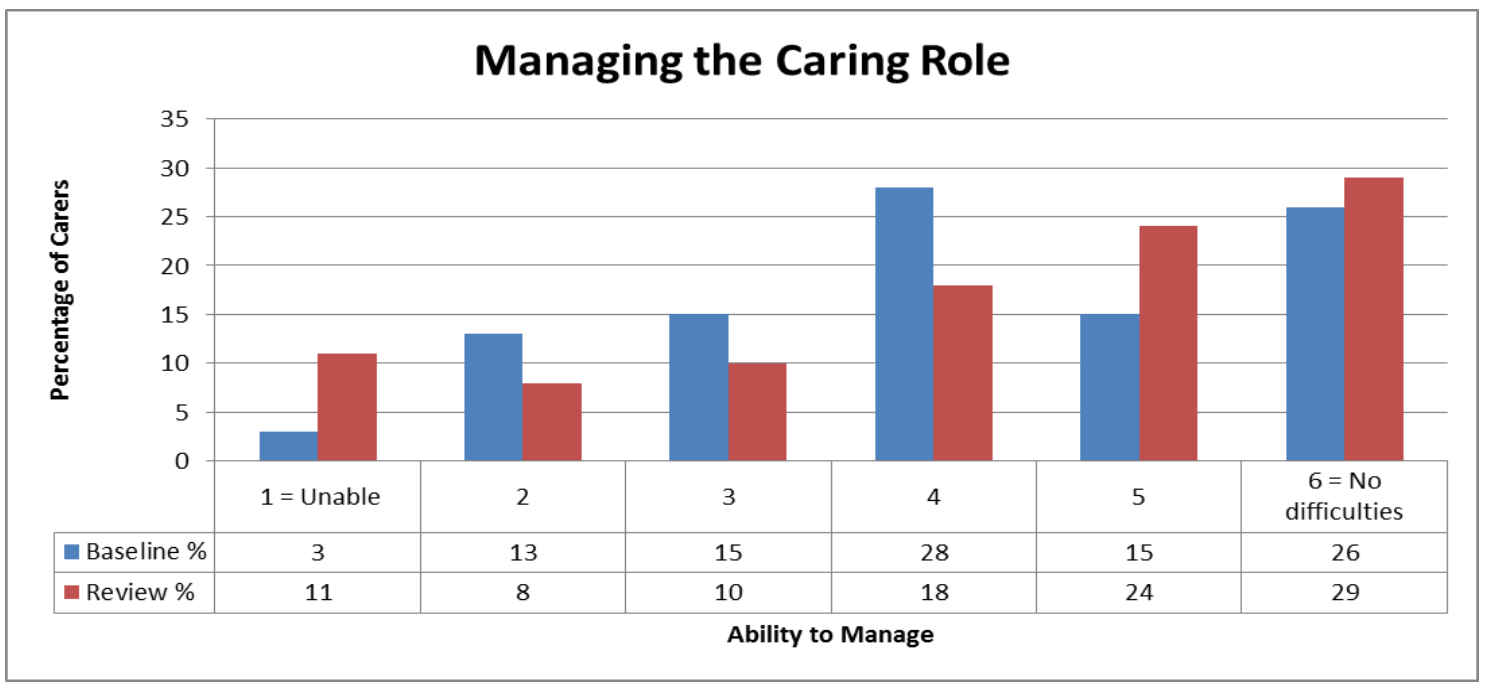
Health and Wellbeing

I think my quality of life just now is:



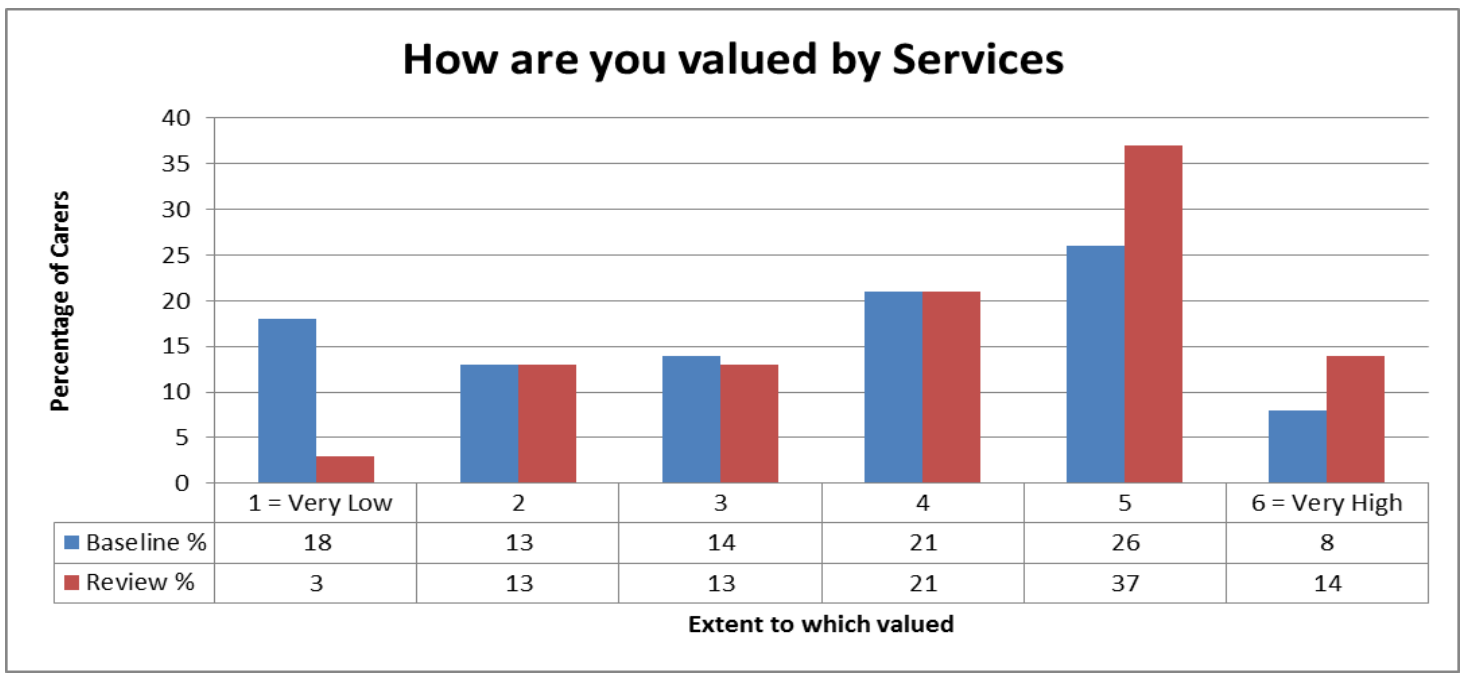
Managing the Caring role

I think my ability to manage my caring role just now is:



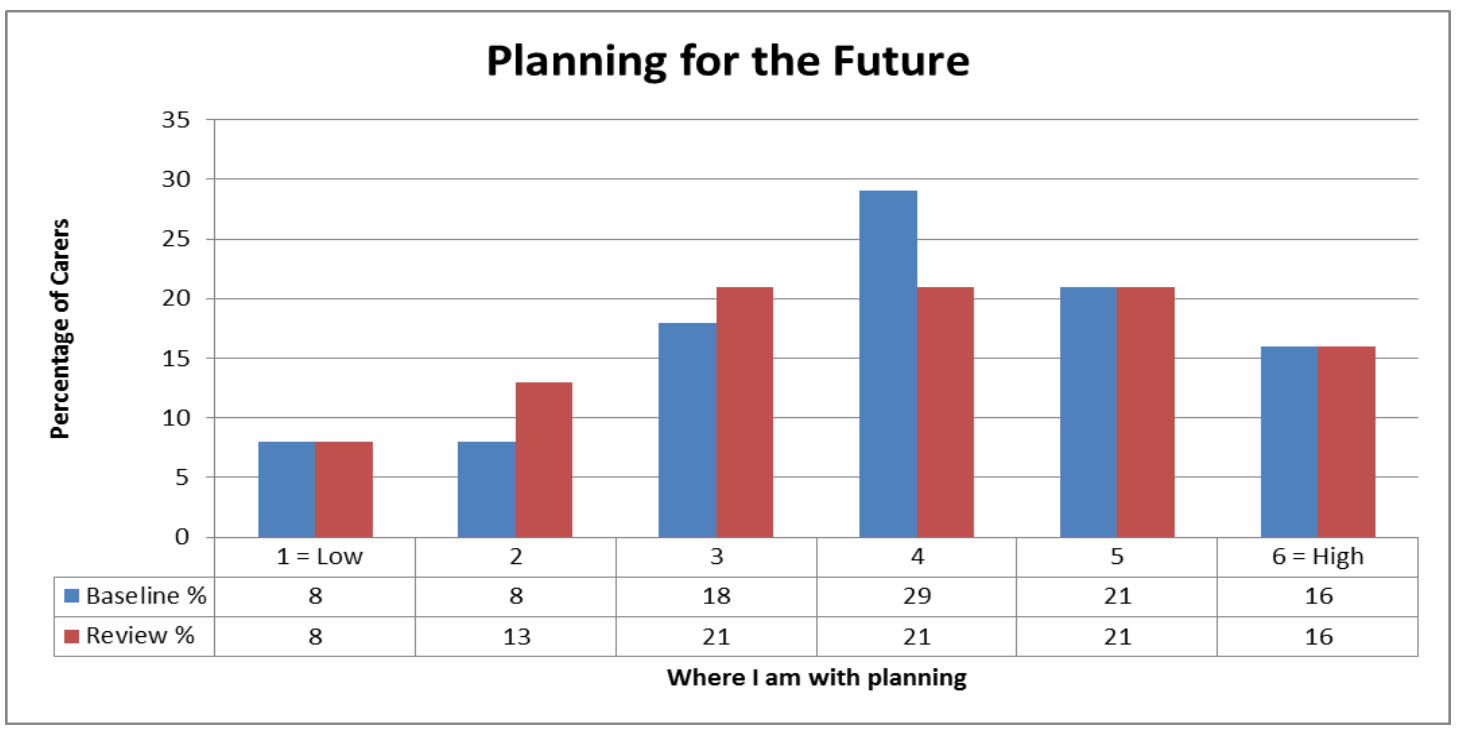
How are you valued by Services

I think the extent to which I am valued by services just now is:



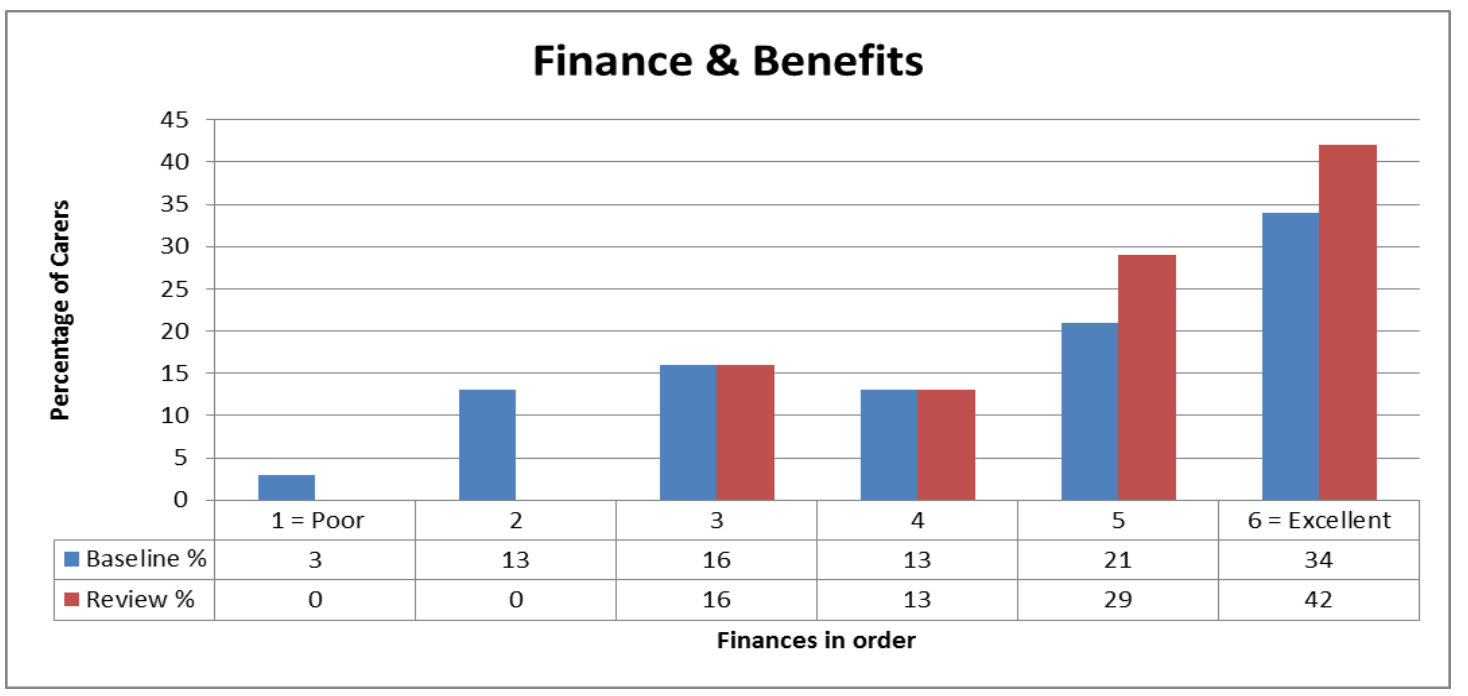
Planning for the Future

I think where I am at with planning for the future is:



Finance & Benefits

I think where I am at with action on finances and benefits is:



How are we performing?
A Carers Assessment includes a baseline review of several key areaswhich 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 Quarter 4 2017/18 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.

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Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: .....17 September 2018.....

Report By	*Robert McCulloch-Graham, Chief Officer Health & Social Care*
Contact	*Gareth Clinkscale, General Manager Unscheduled Care*
Telephone:	*This should be the authors contact number*

SCOTTISH BORDERS HEALTH & SOCIAL CARE PARTNERSHIP
WINTER PLAN 2018-19

Purpose of Report:	To brief the Board on the Joint Winter Plan.
Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) **Note** the Joint Winter Plan 2018/19.
Personnel:	Resource and staffing implications of the Winter Plan will be addressed through the development of the plan
Carers:	
Equalities:	Final Winter Plan will be assessed using Equality and Diversity Scoping template Plan.
Financial:	Resource and staffing implications of the Winter Plan will be addressed through the development of the plan
Legal:	Request from the Scottish Government that a whole system Winter Plan is developed.
Risk Implications:	Will be undertaken as part of development of the final Winter Plan. The Winter Plan has been consulted on widely with stakeholders within NHS Borders and the Scottish Borders Council.

SCOTTISH BORDERS HEALTH AND SOCIAL CARE PARTNERSHIP WINTER PLAN 2018-19

Background

The Scottish Borders Health and Social Care Partnership, 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. The 2018/19 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 Integrated Joint Board on 20th August 2018 and is presented for approval.

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.

Scottish Borders Health and Social Care Partnership like many other partnerships experienced a very difficult winter period extending across 20 weeks during 2017/18. Unscheduled demand for medical beds and the large number of delayed discharges meant that priority for beds had to be removed for elective patients meaning a significant level of inpatient and day case cancellations and the requirement for a large number of surge beds across the Borders General Hospitals (BGH), community hospitals and the opening of Craw Wood as a discharge to assess facility. The BGH length of stay increased by 15% and the Scottish Borders saw an increase in the delayed discharge position. The summer months have continued to show an increase in demand in the Emergency Department, June and July showing increases of 6.1% and 4.3% respectively.

The evaluation of last year's winter plan was presented to the Board in June 2018. The learning provided a focus for the development of the 2018/19 Winter Plan.

Summary of Winter Plan for 2018/19

Clinical engagement and integrated working has been at the heart of this year's winter planning process. A Winter Debrief session was held for BGH clinical leads in May which provided the basis for a number of improvement activities aimed at increasing capacity across both Health and Social Care.

The 2018/19 Winter Plan aims to achieve the following objectives:

Weekend discharges will be increased to smooth flow across the seven days

Capacity will be increased across Health & Social Care to meet increased demand

Patient flow will be improved throughout the system

Fewer patients will be delayed

Services will be safer

Staff wellbeing will improve

Utilising the demand profiles of 2017/18 and further local intelligence throughout the summer, a bed model for winter 2018/19 was developed. The plan seeks to increase capacity through enhanced staffing levels across seven days in the BGH, reducing delays for patients, and providing more appropriate alternative care settings.

Based on the unscheduled demand from December 2017 – March 2018 and building in a 3% increase, the total numbers of beds required are **370 beds**. This assumes:

- A BGH elective programme balanced against expected periods of high demand that protects 10 elective beds during January and 17 throughout the rest of the winter period
- Assumes 3% increase in activity (typical for previous years, was 6% last year)
- The Acute Assessment and Surgical Assessment Units are protected from bedding
- Models assumes capacity to meet worst day for occupied bed days

The 2018/19 Winter Plan should create capacity equivalent to **375 beds**. The breakdown of this:

Core beds	300 beds
Surge beds (BGH & CH)	23 beds
Surgical Assessment	6 bed equivalents
Hospital to Home	20 bed equivalents
Craw Wood (relaxed criteria)	10 bed equivalents
Reduction BGH LOS	10 bed equivalents
Reduction in CH LOS	6 bed equivalents
TOTAL	**375 beds**

The High Level Project Plan (Appendix 1) details those activities that will increase the capacity required to manage the winter demand. Appendix 2 summarises those key activities and associated Key Performance Indicators.

Financial Plan

Allocation from NHS Scotland is still to be determined.

Monitoring

The Winter Planning Board will oversee progress against plan and a refreshed weekly monitoring scorecard is being established, capturing the key indicators which will monitor performance against prediction. This will form the basis of reporting to the Board and IJB.

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

Appendix 1 NHS Borders High Level Project Plan

	September				October					November				December				January		
Winter Plan 2017/18	w/c 3rd	w/c 10th	w/c 17th	w/c 24th	w/c 1st	w/c 8th	w/c 15th	w/c 22nd	w/c 29th	w/c 5th	w/c 12th	w/c 19th	w/c 26th	w/c 3rd	w/c 10th	w/c 17th	w/c 24th	w/c 1st	w/c 7th	w/c 14th
Admission Avoidance																				
Match demand and capacity / review BECS rotas	■	■	■	■	■	■	■													
Anticipatory Care Plan for all care home residents	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
ED																				
Increase medical and nurse staffing																				
Increase RAD to 7 day service	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
Expand Crawwood Criteria																				
Expand criteria to reduce delays	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
Implementing Hospital to Home - 20 beds																				
Full Implementation of Team	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■		
Reduced Length of Stay - BGH - 10- beds																				
Increased weekend medical cover	■	■	■	■	■	■	■	■	■	■	■	■	■							
Increased Pharmacy cover	■	■	■	■	■	■	■	■	■	■	■	■	■							
Increased social work access	■	■	■	■	■	■	■	■	■	■	■	■	■							
Establish Hospital at Weekend			■	■	■	■	■	■	■	■	■	■	■							
Enhance DDD with the inclusion of criteria led discharge	■	■	■	■	■	■	■	■	■											
Increase utilisation of Discharge Lounge	■	■	■	■	■	■	■	■	■											
Extend Ambulatory Care	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Reduced length of Stay - Community - 6 beds																				
Enhance multi-disciplinary decision-making and coordination	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■		
Reduce Delays																				
Day of Care Audit Plus	■	■	■																	
Weekly Delayed Discharge Meeting	■																			
Patient Flow Management																				
Review Escalation Policy	■	■	■	■	■	■	■	■	■											
Implement new Site and Capacity Team	■	■	■	■																
Review Boarding Policy	■	■	■	■	■	■														
Refocus Weekend Planning Meeting		■	■	■	■	■	■	■	■											
Implement weekend huddles		■	■	■	■															
Safer Services																				
Protect Acute Assessment Unit																				
Protect Surgical Assessment Unit																				
Infection Control Plan	■	■	■	■	■															
Severe Weather Plan	■	■	■	■	■	■	■	■	■											
Staff Wellbeing																				
New monthly BGH Staff Awards	■	■	■	■	■	■	■	■	■	■	■	■	■							
Staff Wellbeing champion																				
Flu vaccination plan																				
Targeted wellbeing activities																				

Appendix 2 Summary of NHS Borders Winter Plan Objectives and KPIs

Objectives	Activities	Key Performance Indicators
Increase Weekend Discharge	7 Day RAD Service Increased Weekend Medical Cover Enhanced Weekend Pharmacy Service Increased Weekend Social Work Access Establish Hospital @ Weekend Increase discharge to Care Homes and POC	*% Weekend Discharges*
Increase Capacity To Meet Demand	Winter Surge Ward Elective Cessation Plan ED Twilight Shifts Enhanced BECS during Public Holidays Increase AHP capacity Enhance Ambulatory Care	*Length of Stay* *ED First Assessment Breaches* *Cancelled Electives* *Ambulatory Care Numbers*
Improve Patient Flow	New Site & Capacity Team Daily Dynamic Discharge Re-launch Unscheduled Care Improvement Forum Escalation Policy Review Establish Rapid Assessment and Transfer	*4 Hour EAS Breaches* *Pre 12pm Discharges* *Delayed Discharges*
Reduce Delays	Establish central Borders Hospital to Home Community Hospital capacity Weekly Delayed Discharge Meeting Day of Care Audit Plus	*Delayed Discharges* *Community Hospital DD* *Less than 28 Days Length of Stay*
Safer Services	Review BGH Boarding Policy Protect Acute Assessment Unit Protect Surgical Assessment Unit Infection control plan Severe weather plan Winter Communications strategy	*Boarders* *AAU Bedded/Functioning* *SAU Bedded/Functioning*
Staff Wellbeing	New monthly BGH Staff Awards Staff Wellbeing Champion Flu vaccination plan Targeted Wellbeing Activities	*Reduced Sickness Absence*

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