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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, 28th January, 2019** at **2.00 pm** in Council Chamber, SBC HQ

AGENDA

Time	No		Lead	Paper
14:00	**1**	**ANNOUNCEMENTS AND APOLOGIES**	**Chair**	Verbal
14:01	**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
14:03	**3**	**MINUTES OF THE PREVIOUS MEETING**	**Chair**	(Pages 3 - 10)
14:05	**4**	**MATTERS ARISING** Action Tracker	**Chair**	(Pages 11 - 14)
14:10	**5**	**CHIEF OFFICER'S REPORT**	**Chief Officer**	(Pages 15 - 18)
	6	**FOR DECISION**		
	6.1	Integrated Care Fund	**Chief Officer**	(Pages 19 - 34)
	6.2	Eildon Medical Practice	**Chief Officer**	(Pages 35 - 40)
	6.3	Strategic Risk Register	**Chief Internal Auditor**	(Pages 41 - 46)
15:05	**7**	**FOR NOTING**		

7.1	Quarterly Performance Report	**Programme Manager**	(Pages 47 - 68)
7.2	Financial Monitoring Report	**Interim CFO**	(Pages 69 - 82)
7.3	Strategic Planning Group Report	**Chief Officer**	(Pages 83 - 86)
8	**ANY OTHER BUSINESS**	**Chair**	
9	**DATE AND TIME OF NEXT MEETING** Monday 25 February 2019 at 2.00pm in the Council Chamber, Scottish Borders Council. **AT THE CONCLUSION OF THE PUBLIC MEETING THE BOARD MAY RECONVENE FOR ANY MATTERS OF RESERVED BUSINESS**	**Chair**	

Scottish Borders
Health and Social Care
PARTNERSHIP

Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 17 December 2018 at 2.00pm in the Council Chamber, Scottish Borders Council.

Present:	(v) Cllr D Parker	(v) Dr S Mather (Chair)
	(v) Mrs K Hamilton	(v) Cllr T Weatherston
	(v) Mr M Dickson	(v) Cllr E Thornton-Nicol
	Dr A McVean	Mrs J Smith
	Mr D Bell	Mrs N Berry
	Mr J McLaren	Mr R McCulloch-Graham
	Mr M Porteous	Mrs L Gallagher
In Attendance:	Miss L Ramage	Mrs T Logan
	Mrs Y Chapple	Mrs C Gillie
	Mrs L McIntyre	Mrs S Bell
	Mr D Robertson	Mrs J Stacey

1. Apologies and Announcements

Apologies had been received from Cllr Shona Haslam, Mr Tris Taylor, Mr John Raine, Dr Cliff Sharp, Mr Stuart Easingwood, Cllr John Greenwell, Miss Iris Bishop and Mrs J Davidson.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mrs Nicky Berry, Interim Director of Nursing, Midwifery & Acute Services to the meeting.

The Chair advised of the now vacant Service User Representative position on the Integrated Joint Board. The position was previously held by Mr Colin McGrath, from the Public Participation Forum, and a new representative was being sought from the locality groups.

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.

Cllr Elaine Thornton-Nicol advised she was a patient at Eildon Medical Practice.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the verbal declaration of interest.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 22 October 2018 were approved.

4. Matters Arising

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

Mrs Karen Hamilton sought assurance that actions which had extended deadlines were picked up and allocated in the 2019 Integrated Joint Board workplan. Mr Robert McCulloch-Graham advised the themes of many of those actions would be covered at the upcoming Integrated Joint Board Development Session, currently being arranged.

4.1 Action 29: Dr Angus McVean asked if the action could be rescheduled for March 2019 or April 2019 to take into account the Quality & Governance for the previous and forthcoming years. The Chair agreed the action should be amended and therefore added to the April 2019 agenda.

4.2 Action 31: The Chair advised the action could be closed.

4.3 Action 32: The Chair advised the action could be closed.

4.4 Action 33: The Chair advised the action could be closed.

5. Chief Officer's Report

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted the finalised agreement with Queen's House on the Murray House specialist dementia care beds; mental health Day of Care Audit Plus (DoCA Plus) results; Chief Officer conference and the proposed clinical productivity work through Meridian.

Mrs Karen Hamilton enquired in regard to the cost associated with the newly proposed clinical productivity projects. Mr Robert McCulloch-Graham advised the costs were covered in the existing three year contract with Meridian that NHS Borders held.

Mr John McLaren enquired in regard to the responsibility to ensure patients had the right level of clinical input and how assurance was secured on the care provided at Murray House. Mr Robert McCulloch-Graham advised that Queen's House retained ultimate responsibility to provide the standard of care required and NHS Borders retained the responsibility for selecting and placing the patients within appropriate care providers. Assurance on the quality of care was gained through the monitoring of Care Inspectorate reviews, staffing skill mixes and the continual review of patient's care.

Mr John McLaren raised concerns over the proposed Meridian clinical productivity projects, echoed by the Trade Unions, as it was felt a satisfactory level of engagement with Partnership had not yet been met. Additionally, Hospital to Home remained a project funded by the Integrated Joint Board and therefore discussions ensued around the potential distortion of the project with the involvement of Meridian. Mr Robert McCulloch-Graham advised of the

Page 2 of 7

rationale for the inclusion of Hospital to Home, covering the essential support required to scale up the development of systems.

Mr Robert McCulloch-Graham assured the Board that engagement would continue and this was addressed with Scottish Borders Council Trade Unions on 13 December 2018.

Mrs Nicky Berry advised the Royal College of Nursing had been informed of the Meridian clinical productivity proposal. Mr John McLaren asked if Partnership could also be approached as early as possible.

Mrs Lynn Gallagher enquired in regard to the involvement of carers in the Meridian clinical productivity, due to their close links with SBCares staff. Mr Robert McCulloch-Graham advised the involvement of carers was not detailed in the scope of the project; however that element could be developed after the findings were issued in the initial weeks of the project.

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

6. Chairs Action – Social Care Fund Direction of Funding

Mr Mike Porteous gave an overview of the report and the Chair advised that it had been circulated electronically for comment, following the cancellation of the November Integrated Joint Board meeting due to non quoracy. Therefore, through Chair's action, the Chair had approved the recommendations set out in the report.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the direction of the remaining balance of £0.512m of Social Care funding.

7. Chairs Action – Integrated Care Fund Direction of Funding

Mr Mike Porteous gave an overview of the report and the Chair advised that it had been circulated electronically for comment, following the cancellation of the November Integrated Joint Board meeting due non quoracy. Therefore, through Chair's action, the Chair had approved the recommendations set out in the report.

Mrs Karen Hamilton enquired in regard to the evidence of Garden View reducing delayed discharges. Mrs Nicky Berry advised that the information gathered on patient stays was now more robust with additional categories taken into account when reviewing the type of delay. The numbers of delayed discharges continued to vary, however reassurance was given that performance indicators were continually monitored to alert any pressure points and therefore the system was in a good state. Mrs Tracey Logan added the evidence from Garden View was compelling and a worthwhile project to continue.

Discussions ensued regarding the positive impact of Craw Wood last year; rationale of opening extra beds; and operational model of fluctuating SBCares and agency staffing.

Mr Mike Porteous advised an Integrated Care Fund update report would be brought to the Integrated Joint Board January meeting, giving an overview of all of the projects currently operating with Integrated Care funding.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the allocation of Integrated Care Funding to date, as detailed in the report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the direction of the sum of £100,000 to Scottish Borders Council from NHS Borders.

8. Scheme of Integration

Mr Rob McCulloch-Graham gave an overview of the report to highlight the two points which had been amended in the scheme of Integration; the inclusion of the Carers Scotland Act 2016 and the proposed extension of the Chair's term.

Given the upcoming year was crucial for the Integrated Joint Board to continue to evolve and mature, the collective view from the Chief Executives, NHS Borders Chairman and Council Convener was to maintain consistency of the Integrated Joint Board Chair and Vice Chair. Therefore, the proposed increase to a three year tenure for those positions was recommended.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the term of office extension.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the amendments to the Scheme of Integration in regard to the Carers Act 2016 and the term of office extension.

9. 2018/19 Financial Plan – Base Budget Approval

Mr Mike Porteous gave an overview of the content of the report and advised of the ongoing joint working between Scottish Borders Council and NHS Borders finance departments to progress this important piece of work.

Cllr Tom Weatherston asked for an amendment to be made in section 5.1 to ensure the commitment to fund additional expenditure should be done proportionately rather than equitably.

Mr Malcolm Dickson asked if any releasable savings had been identified from the Hospital to Home project. Mrs Carol Gillie advised NHS Borders Board had requested a business case to detail the Hospital to Home savings plan. Mr Robert McCulloch-Graham advised that the business case was being prepared, however a portion of releasable savings would only be realised by the reduction of investment in other service areas.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Financial Plan funding of £168.4m as the base budget for the Integrated Joint Board for 2018/19.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** delegated revenue resources of £45.829m to Scottish Borders Council and £122.528m (including Set Aside) to NHS Borders to deliver services in 2018/19 in line with the strategic plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that any expenditure in excess of these delegated budgets in 2018/19 will be funded by additional contributions from the partners in line with the approved scheme of integration.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the commitment to producing a Financial Recovery Plan and the work being done to progress developments to deliver efficiency schemes.

10. Strategic Planning Group Terms of Reference

The Chair asked for comments on the revised Terms of Reference as proposed by the Strategic Planning Group.

The Chair agreed to amend an expectation of the Strategic Planning Group members to 'Contribute to the ongoing development of the Strategic Plan' on page one of the document.

Mrs Karen Hamilton advised the appendix containing the group members would change quite frequently due to staff turnover and moving to different roles in the organisations. The Chair agreed the membership should be updated by the administration lead for the Strategic Planning Group whenever a change arose, to keep the document factually accurate.

The Chair also agreed for a second appendix to be added containing the contact details for each group member.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the revised Terms of Reference for the Strategic Planning Group, based on the above amendments.

11. Eildon Medical Practice

Mr Robert McCulloch-Graham gave an overview of the report and highlighted the next steps to be carried out in the option appraisal process.

Dr Angus McVean advised he had spoken to the GPs at Eildon Medical Practice who had reviewed and agreed the report. It was advised the GPs were looking to withdraw from the practice by October 2019 and therefore a contingency plan for service level provision was required until a solution was in place.

Mrs Carol Gillie advised there were a number of contingency options being considered and Dr Cliff Sharp would be discussing those with the Eildon Medical Practice Partners on 18 December 2018.

Cllr Elaine Thornton-Nicol advised a petition from patients of Eildon Medical Practice had been presented to Dr Cliff Sharp following the Integrated Joint Board Meeting on 22 October 2018. The Chair advised the petition was technically received by NHS Borders and therefore should be noted as such.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the work undertaken to date.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the further development of the financial appraisal to determine a final preferred option.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted receipt of a Petition.

12. Monitoring & Forecast of the Health & Social Care Partnership Budget 2018/19 at 31 October 2018

Mr Mike Porteous gave an overview of the content of the report and highlighted the forecast year end position.

Dr Angus McVean asked for the term 'GP Prescribing' to be renamed to 'Prescribing'.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast financial position for the Partnership for the year to 31 March 2018/19, based on available information.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress in securing brokerage which provides assurance that in year overspends will be covered.

13. Strategic Planning Group Report

Mr Robert McCulloch–Graham gave an overview of the content of the report and highlighted the proposal for Locality Working group administration support; Healthy Lives week and the Carer's Strategy.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Strategic Planning Group Report.

14. Any Other Business

Cllr Tom Weatherston provided an update on the involvement of Integrated Joint Board members in the annual review 2018/19 of the Local Code of Corporate Governance, further to the discussion at the Integration Joint Board Audit Committee held that morning. That engagement could be tied in with a future Board Development Session.

Mr Malcolm Dickson provided an update on NHS Borders internal audit of unscheduled care flow, further to the discussion at the NHS Borders Audit Committee on 11 December 2018.

Mrs Jill Stacey advised a paper would be brought to a future Integration Joint Board meeting on the Accounts Commission Report November 2018: Health and Social Care Integration update on progress.

The Chair advised the Integration Joint Board Development Session was being rescheduled from November 2018, with the date of 14 January 2019 in mind but yet to be confirmed. Mr Robert McCulloch-Graham gave an overview of the intentioned aims of that session.

Mrs Carol Gillie advised that the NHS Borders Endowment Fund Board of Trustees meeting was scheduled for 14 January 2019 and therefore many NHS Borders representatives would be unable to attend. Dr Angus McVean also advised it would be difficult to ensure sufficient clinical and GP attendance on that date, due to the lack of notice and the busy period of time.

The Chair agreed that new dates in March 2019 should be sought for the development session and advised further information would be circulated in due course.

Mrs Karen Hamilton gave her apologies for the January Integration Joint Board meeting.

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 **28 January 2019** at **2.00pm** in Committee Room 2, Scottish Borders Council.

The meeting concluded at 3.25pm.

Signature: ……
Chair

Page 79 of 7

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Scottish Borders
Health and Social Care
PARTNERSHIP

Health & Social Care Integration Joint Board Action Point Tracker

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~~ Stuart Easingwood	December 2018	**In Progress:** Item scheduled for 19 November 2018. **Update:** Session cancelled. Item to be rescheduled into a Development session in 2019.	R

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,~~ Nicky Berry, Angus McVean	~~December 2018~~ April 2019	**In Progress:** Item scheduled for 17 December 2018. **Update:** Item rescheduled to April 2019 meeting	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~~ Stuart Easingwood	2018	**In Progress:** Item scheduled for 19 November 2018. **Update:** Session cancelled. Item to be rescheduled into a Development session in 2019.	R

Meeting held 22 October 2018
Agenda Item: Alcohol and Drug Partnership Investment Plan 2018 – 2021

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
34	8	The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the plan in principle and sought an update report in January 2019 with more detail and evidence of funding levels being adequate to fund a redesign of services.	Tim Patterson	January 2019	**In Progress:** Item scheduled to 28 January 2019 meeting	A

Agenda Item: Quarterly Performance Review

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
35	10	The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and approved the move to a Red, Yellow and Green RAG status for the Performance Report.	Sarah Watters	January 2019	**In Progress:** Item scheduled to 28 January 2019 meeting	A

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

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Scottish Borders Health & Social Care
Integration Joint Board

Meeting Date: 28 January 2019

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

Queen's House

I am delighted to inform the IJB of the progress being made with the allocation of beds at Murray House the new development opened by Queens's house for individuals with substantial care and nursing needs. This commission has already substantially reduced pressure across both Cauldshiels Ward and Melbourne Lodge; this in itself has supported the wider hospital population as well.

This arrangement has also opened up the opportunity for further co-working with Queens House with regards to training and research for our most vulnerable, within the Borders.

Hawick Care Company

On a not so positive issue, we have had notification from Hawick Care Company of their intention to cease operating. We have had assurance that they will continue to care for those people already providing a service for until such time that they no longer require care or new arrangements have been put in place. A mini tender exercise has been begun to find replacement services.

St Phillips

Continuing this theme of reducing private sector provision within the Borders, St Phillips Care Home Provider indicated their intention to reduce the status of the care they provide from "full nursing care" to "enhanced care". This is due entirely to their inability to recruit nurses. Senior Managers have negotiated with their executive to slow their implementation of such a change and are working with them to introduce a further model of nurse provision.

Both of these private sector decisions reflect the vulnerability of the care sector within the Borders, and the need for our own directly commissioned services and provision to react quickly to need and engage at a senior level with local and national providers. It remains a worrying issue and one which needs addressing through future commissioning of care and resource allocation.

Adult Social Care Appointments

Discussions remain on-going regarding the appointment of a permanent Chief Officer for Adult Services after the initial round of recruitment was unsuccessful. I am however pleased to report that we have successfully appointed Brian Paris as Group Manager for Social Services, started his new post on 21st January. Brian comes with a range of very successful experience in Social Care from Mid and East Lothian, it was a unanimous decision and Brian, I am sure, will make a great addition to the team.

Clinical Productivity

We have commenced an extensive review of operations within the patient pathway from hospital to home care. This review will seek to identify ways in which these services can be assisted in their day to day operations. These services operate local services in the main, and require a great deal of logistical management and coordination. Meridian a productivity, analytical consultancy have been commissioned tom lead this important work.

We expect a detailed commentary on existing systems and processes along with identified areas for operational improvement. We are expecting to enter into a series of commissioning exercises later in the year and this work will greatly inform the criteria for future contracting.

Strata

Has been operational now for four months and is working through the START team and the Matching Unit. Participation from both teams has been good and the work welcomed. We are still awaiting a full evaluation which will inform a future deliberation on whether we should continue to invest for the long term. A further visit has been arranged for managers to examine STRATA's work in Cumbria which has been operational for a number of years, across both Health and Social Services.

Regional Work

My focus on regional work at present remains on the development of a regional response to reducing the prevalence of type 2 diabetes. To this end I will be hosting a workshop/seminar tomorrow on reducing childhood obesity and diabetes. We are expecting around 40 delegates from Fife, Edinburgh, the three Lothians as well as the Borders. With invited speakers giving the national picture from Health Scotland, local speakers will give details of needs and good practice from each of the Health and Social Care Partnerships

Kelso Medical Practice

I joined the Kelso Practice business meeting to meet with the local GPs and their Practice manager. As well as discussing the IJB's strategic plan I was able to hear first-hand of the local issues facing our GPs. This is one of our largest practices in the Borders and they are already involved extensively within their local community, beyond their GP duties.

We did talk extensively around the Cheviot Model which operates across their locality. Whilst I have reported previously on this work to the IJB and extolled its virtues, all of which are shared and supported by the practice, they did raise concerns about the departure of staff.

As we have seen elsewhere in Border services their scale is often small, and the departure of one or two staff has a disproportionate impact if we are not able to back fill these positions quickly. We will be doing that as soon as we are able, as the model remains an important one and its success is one we wish to emulate across the Borders.

Winter Pressures

I am writing this paragraph with great caution and a bit of trepidation that I might be tempting fate. The pressure on both BGH and the Community Hospitals over the festive period was much reduced this year. This was as a result of all of actions, the full range of NHS and Council services, have been undertaking within the Winter Plan.

Garden View (previously known as Craw Wood) has now increased its capacity to 23 beds as planned and Hospital to Home is now operational across the whole of the Scottish Borders. Processes have been smoothed and new monitoring and early warning arrangements are having a positive impact.

The trepidation remains however, that we are still at the start of winter, and pressures will build further, but I did think it worth reporting that services and agencies are doing what they said they would, and we are in a much better position than last year, as we leave the festive part of winter behind.

We are however still touching wood, crossing fingers and avoiding any leaning ladders until at least the middle of March.

We will be incorporating a report on the festive period within the wider report on winter practice to the IJB later in the spring.

Rob McCulloch-Graham
January 2019

Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 28 January 2019

Report By	Rob McCulloch-Graham, Chief Officer Health & Social Care
Contact	Mike Porteous, Chief Finance Officer
Telephone:	01835 826685

INTEGRATED CARE FUND UPDATE

Purpose of Report:	The purpose of this report is to provide the Integration Joint Board (IJB) with an update on the position of the Integrated Care Fund (ICF). Specifically: • A summary of the projects that are due to finish within the coming 12 months and will run to their conclusion • A recommendation to extend a number of existing projects and the related funding implications • A recommendation to fund a Community Outreach Team within the Mental Health service from available funds

Recommendations:	The Health & Social Care Integration Joint Board is asked to: **a)** **Note** the current position of the Integrated Care Fund (ICF) – Table 1 **b)** **Note** the projects which have either ended or are expected to run to the end of their funded duration and do not require further decision at this stage **c)** **Approve** the recommendation to extend and fund 3 live projects to establish a Discharge Programme of work for future evaluation. **d)** **Approve** the funding of the Community Outreach Team

Personnel:	There are no resourcing issues other than those presented within the report.

Carers:	Consideration has been given to the implications for carers in the paper.

Equalities:	An EQIA is underway.

Financial:	No resource implications beyond the financial resource identified within the report.

Legal:	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and

	any consequential Regulations, Orders, Directions and Guidance.

Risk Implications:	The key risks outlined in the report form part of the draft financial risk register for the partnership.

1 Integrated Care Fund – Allocation and Spend to Date

1.1 The ICF fund was established by the Scottish Government and allocated £2.13m pa to the H&SCP for the 3 years 2015/16 to 2017/18. The funding was baselined in 2018/19 and NHS Borders agreed to make it a recurring allocation to the IJB from this year onward.

1.2 The allocation has been utilised to support a range of projects and service changes over the years. To date of the total £8.520m allocated the sum of £7.636m has been committed to fund projects to their end date, leaving **£0.884m** uncommitted at the time of this update. Any funding either uncommitted or unspent at 31 March 2019 will be carried forward for use in 2019/20.

1.3 Table 1 summarises the direction of the funding to 31 December 2018. It presents the known spend to date and also shows the committed spend to the end of the projects agreed life. This forecast is based on the assumption that the allocated funding will be required and will be fully utilised. Projects are categorised as:

- Due to Finish – these projects have funding and have ended or are expected to run to the end of their funded duration and do not require any further decisions at this time.
- Recommended for Extension – it is recommended that a small number of live projects are extended beyond their end date. Section 3 provides the details of these projects.

Table 1 – Summary of ICF Projects Approved to Date with Resources Directed / Spent

IJB Approved Projects	Project End Date (£)	Project Allocation (£)	Total Actual Spend to 31.12.18 (£)	Forecast spend to end of project (£)	Projection for Life of Project (£)
Projects Due to Finish					
Hospital to Home	30/09/19	1,145,028	283,889	861,139	1,145,028
Transitions	30/09/19	57,200	41,422	15,778	57,200
COPD	30/09/19	99,000	0	99,000	99,000
Community Capacity Building	31/07/19	562,660	463,504	99,156	562,660
Domestic Abuse Service	30/06/20	120,000	37,785	82,215	120,000
Strata	Jan/Feb 2019	75,000	22,500	52,500	75,000
Pharmacy	31/03/19	94,470	68,532	25,938	94,470
Transport Hub	31/03/19	204,900	101,028	103,872	204,900
Community Led Support	31/03/19	133,648	113,610	20,038	133,648
Project Management Team	31/12/18	740,699	740,699		740,699
Projects to Extend					
Transitional Care Facility	31/03/19	926,600	789,296	137,304	926,600
Craw Wood Specialist Dementia Facility	31/03/19	1,371,402	642,003	729,399	1,371,402
Matching Unit	31/03/19	286,077	224,197	61,880	286,077
Closed Projects		1,819,369	1,811,363	8,007	1,819,370
	Total	**7,636,053**	**5,279,742**	**2,356,312**	**7,636,054**
	Total Funding	**8,520,000**			
	Total Unallocated Funding	**883,947**			

2 Projects Due to Finish

2.1 A number of projects have ended or are due to finish within the coming 12 months. The finances relating to these projects are presented in Table 1 and an update is summarised below.

Project	Description	End date	Notes
Hospital to Home	Provision of reablement and care at home to reduce delayed discharges and packages of care.	30/09/19	Project will be evaluated as part of the Discharge programme.
Transitions	Improve the transition process from children's to adult services for people with a learning disability.	30/09/19	Project was due to end December 2018. An extension has been requested to 30/09/2019. Project lead has confirmed that no further funding is required.
COPD	Development of a pulmonary rehabilitation intervention model.	30/09/19	Start date has slipped however agreed funding is expected to be spent in full. The project is expected to run beyond September 2019.
Community Capacity Building (CCB)	Use a capacity building approach to increase activities for older people in communities, to support health and wellbeing.	31/07/19	Project Lead has confirmed that mainstream funding of CCB will be achieved through savings delivered through 'Reimagining of Day Services'.
Domestic Abuse Service	Coordinated approach to addressing domestic abuse in the Scottish Borders.	30/06/20	Expectation that domestic abuse services will be incorporated into the wider remit of the Public Protection Unit.
Pharmacy	Pharmacy input and support to Health and Social Care services to reduce medication errors, reduce the need for carer visits and reduce inappropriate use of compliance aids.	31/03/19	The Pharmacy project aims include risk reduction for medication errors, a reduction in medicine-related carer visits and medicine-related harm. Since inception over 400 patients have been assessed by the project team prior to discharge from BGH.
Transport Hub	Transport facilities to support people primarily to attend hospital and local health appointments.	31/03/19	There is potential slippage in the use of funding and an alternative source of funding will be sought prior to the project ending.
Community Led Support (What Matters Hubs)	Provide advice and support to local communities with a focus on effective conversations.	31/03/19	The project has led to a change in work practice and this will be embedded on ongoing workplans.
Strata	Cloud based product that enables improved, automated processes for matching patient needs to available resources.	28/02/19	Pilot focused on discharge management processes. Training has been delivered and the roll out of the project began in December 2018. Expect a further bid for full roll out beyond February.

Project	Description	End date	Notes
Project Management Team	An ICF PM Team was formed to establish and implement robust processes and procedures for ICF and to ensure effective project governance.	31/12/18	Support now provided through SBC Transformation team and NHS Better Borders Team.

3 Projects Recommended for Extension

3.1 A number of projects are providing a range of services targeted at reducing the number of delayed discharges in the acute system and supporting care in the home or a more homely setting:

Transitional Care Facility

- Utilises 16 units at Waverley care home
- Focuses on up to 6 weeks rehabilitation / reablement to allow individuals to return home and be as independent as possible subsequent to a hospital stay.
- It is a AHP led model supported by SB Cares staff

Garden View (Craw wood)

- Provides 15 bedded capacity outwith BGH to assess patients prior to them moving home or to supported accommodation.
- Target length of stay of 2 weeks
- Assessment carried out on site prior to discharge

Matching Unit

- Established initially to source and secure required home care hours for clients
- Expanded to cover end of life and is also linked to Strata with regard to care home placement.
- The unit has contributed to the reduction in waiting lists and reduced the time individuals wait for care.
- It has also significantly reduced the workload of social workers - the estimated average time social workers spend sourcing care. This has allowed the teams to do more assessments and reviews of care needs.

3.2 Given the linkages within and across these projects with the Hospital to Home (H2H) project it is proposed that they are all project managed and evaluated under a single “Discharge” programme of work. To facilitate this it is recommended that their end date is extended to coincide with the H2H project and that funding is provided to meet the costs of extension for each project to the 30 September 2019. These projects are intended to be mainstream funded in the future as savings are released.

The table below summarises the financial implications of these recommendations.

Financial Implications of Extending Current Projects			
Project	Current End Date	Extended End Date	Estimated Financial Implication £'000
Transitional Care Facility	31/03/2019	30/09/2019	99
Garden View	31/03/2019	30/09/2019	397
Matching Unit	31/03/2019	30/09/2019	85
	Total estimated costs		**581**

4 Community Outreach Team (New Funding Request)

4.1 It is proposed to create a Mental Health Community Outreach Team (COT) to meet the needs of older adults with mental illness and dementia, working within care homes and community hospitals across the Scottish Borders. The key outcomes of the proposed service are summarised below:

- Improved detection, assessment and treatment of common mental health conditions
  - In particular to increase dementia diagnosis rates within the care home population with the aim of finally reaching the Scottish Government's national Local Delivery Plan (LDP) standard for dementia diagnosis in The Borders
- Reduction in the need to antipsychotic prescriptions
- Reducing hospital admissions, facilitating earlier discharge (reduction in delayed discharge days) and reducing the need for care home moves
- Raise awareness of mental health in care homes and community hospitals
- Increased confidence and skills in caring for older people with mental health difficulties and dementia in care home and community hospital staff

4.2 In order to aid recruitment and establish the service it is recommended that funding be provided for 2 years. It is anticipated that this becomes a permanent service and that costs saved by the reduction in occupied bed days (compared to the current base line) will fund the costs of the service within that 2 year period.

4.3 The proposed team will combine several existing posts and a number of new posts in a new service. The cost of the new service is estimated to be £243,379 in the first year and £230,000 recurringly. More detail is provided in the full bid presented in Appendix 1.

4.4 The following table gives a brief summary of costs and savings.

Community Outreach Team Funding	Yr 1 £'000	Yr 2 £'000
Additional Costs		
Pays	205	205
Non Pay	37	24
Total Additional Costs	**242**	**229**
Indicative Savings Scenario 1		
Admission avoidance 10%	200	200
Reduction in Inpatient bed days @ 10%	201	201
Total anticipated Savings	**401**	**401**
Estimated Saving	**159**	**172**
Indicative Savings Scenario 2		
Admission avoidance 10%	200	200
Reduction in Inpatient bed days @ 20%	399	399
Total anticipated Savings	**599**	**599**
Estimated Saving	**357**	**370**

5 Summary

5.1 The overall financial implications of the recommendations to extend 3 existing projects, continue the Strata project for a further 12 months, and create a new Community Outreach Team within the Mental Health services is shown below.

Summary ICF Funding and Committments	£'000
Uncommitted funds to date	884
New Committments	
Extend 3 discharge projects for 6 months	581
Create Community Outreach Team	243
Revised Uncommitted Balance	**60**

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Scottish Borders

Integrated Care Fund Project Brief

2015 – 2018

Appendix-2019-2

Project Name	Mental Health - Community Outreach Team (COT)		
Project Owner	Irene Thomson	**Application Main Contact**	Irene Thomson
Main contact email	Irene.thomson@borders.scot.nhs.uk	**Main Contact Telephone**	01896 827152

Guidance on Project Brief

The purpose of this form is to give an outline on the key aspects of the proposal to the Integrated Care Fund 2015-18

Please refer to the accompanying guidance notes for more information on the Integrated Care Fund (ICF) when completing this document.

1 Outline project description

Please summarise the project in no more than 250 words

Mental health conditions are common among the elderly. NICE(2013) estimates that around 2 in 5 older people living in care homes have depression, and an estimated 4 out of 5 people in care hoses live with dementia or sever memory problems. Despite the high prevalence of these conditions, NICE advises that these mental health issues are often not recognised, diagnosed or treated. Scottish Borders has the highest proportion of people with dementia in care homes (69%)

The Community Outreach Team (COT) would specialise in meeting the needs of older adults with mental illness and dementia, working within care homes and community hospitals across the Scottish Borders and give advice and guidance to carers.

It would aim to provide proactive and responsive support to care homes and community hospitals to help them better meet the needs of their residents and inpatients with mental illness and dementia. Interventions would include carrying out mental health and memory assessments for residents, advising on the best type of treatment for the individual and advising staff on managing the symptoms and behaviours of people with mental illness, dementia and memory problems.

The service would also provide training and education for care home and community hospital staff to provide them with the skills and knowledge to provide effective care for residents and inpatients with mental illness and memory problems. Working with The Carer's Centre, they will offer advice and guidance to support carers in their home.

The project would build on the current set up, skills and support offered by the current Liaison nursing staff and would work closely with the existing Community Mental Health Teams, Primary Care and Acute Medical Services and The Carer's Centre.

2.	**Project's strategic fit** (see guidance notes section 2) *Which local strategic objectives and Scottish Government ICF principles will it meet?*

Borders IJB Strategic Plan objectives

1. Improve the health of the population and reduce the number of hospital admission
2. Improve the flow of patients into, through and out of hospital
3. Improve the capacity for people to better manage their own conditions and support those who care for them

This project would meet all three of the IJB strategic objectives listed above.

Scottish Government ICF principles

1. Co-production
2. Sustainability
3. Locality
4. Leverage
5. Involvement
6. Outcomes

3	**Project Aims/ Achievements** *Please give a high level description of what will success look like?*

How to access the service

- Referrals to the service can be made by GPs, or senior care home/community hospital staff.
- All referrals sent to a COT referral inbox (email or sky gateway)
- Referrals are screened on the same day and the referrer is informed of the outcome. If the referral is appropriate COT will contact the care home or community hospital by phone to arrange an appointment
- If the referral is inappropriate contact will be made and advice given on how to proceed
- The service will also be open to more informal contact and discussion about possible referrals
- The COT will then assess the individual looking at:
    - Advice and treatment regarding specific mental health issues
    - A person-centred care plan that will ideally involve the individual, family, carers and staff in maximising quality of life, physical health and comfort
    - Offer advice and training where necessary to staff to support them in meeting an individual's care needs and maintain them in their current care setting
- The service would also work with The Carer's Centre to develop training and advice for carers.

Aims:

- To provide prompt access to a specialist mental health service for patients in care homes & community hospitals, who have or are suspected of having a mental health need
    - Emergency referrals will be responded to on the same day

  - Urgent referrals will be responded to within 2 working days
  - Routine referrals will be responded to within 7 days
- To promote good practice and develop personalised care plans to maximise an individual's quality of life, in order to maintain them within their current care setting
- To promote the use and consideration of anticipatory care planning for individuals
- To provide a bio-psychosocial model of care in which both non-pharmacological approaches and medication are considered. This may include:
  - Modelling and implementing Stress and Distress techniques – the team will work with an evidence based, psychological model for identifying and treating unmet needs in dementia patients called the Newcastle Clinical Model. This model is used in a number of projects throughout Scotland with the aim of supporting care homes maintain residents within their own environment. It aims to reduce admissions to hospital by supporting staff and carers to develop a better understanding of dementia as well as building a range of skills to enable staff and carers to work with residents in a way that limits stress and distress in those individuals with a diagnosis of dementia
- Signposting to other services or organisations for further support e.g Palliative care
- Assessment and management of risks to an individual, staff or other residents
- To consider the involvement of other professional groups following the assessment of an individual's needs
  - Physiotherapy
  - Occupational Therapy
  - Consultant psychiatrist
  - Psychology
- The service will provide training and education to care home, hospital staff and carers based on best practice and/or individual needs
- To work with an individual, carers and staff to facilitate a successful transition into a care home environment from hospital and home

Expected outcomes:

- Improved detection, assessment and treatment of common mental health conditions
  - In particular to increase dementia diagnosis rates within the care home population with the aim of finally reaching the Scottish Government's national Local Delivery Plan (LDP) standard for dementia diagnosis in The Borders
- Reduction in antipsychotic prescriptions
- Reducing hospital admissions, facilitating earlier discharge (reduction in delayed discharge days) and the need for care home moves
- Raise awareness of mental health in care homes and community hospitals
- Increased confidence and skills in caring for older people with mental health difficulties and dementia in care home and community hospital staff

	4 What areas of the Borders will the project cover *Will the project affect the whole of the Borders or a specific locality, if so please state?*

The project aims to work across the entirety of the Borders but initially it will begin roll out in the South and East (Berwickshire across to Jedburgh, Hawick and Newcastleton) An increase in the areas covered will continue as the staffing has been recruited to and feedback from care homes/ community hospitals in respect of what is or isn't working well has been considered.

It will cover all 92 community hospital beds and provide a service to the 695 care home beds within Scottish Borders. Therefore, it will provide a service to in excess of 787 individuals.

The project would anticipate having capacity to assess, plan treatment and intervene (where necessary) for 60-70 individuals per week, with capacity for support workers to work with around 40 individuals and staff teams implementing care plans, etc. In addition a rolling programme of training and implementation of stress and distress techniques will be undertaken with each care home and community hospital throughout the year. The programme will also support The Carers Centre in offering training and advice for carers.

The project will employ QI methodology in order to ensure its practice and service delivery is effective and of good quality

5	**Which care groups will the project affect?** (see guidance notes section 4)

Adults of any age within 24 hour care setting who have a dementia diagnosis or adults over the age 70 with a suspected mental illness eg psychosis or depression.

6	**Estimated duration of project** *Please provide high level milestones and including planning and evaluation time*

While this funding request is for 2 years the anticipation is that this becomes a permanent project and that costs saved by the reduction of inpatient beds and a reduction in occupied bed days (compared to the current base line) will fund the costs of the service.

7	**How much funding would the project need and how would it be spent?** (see guidance notes section 5) *Please break down into individual costs*

The funding will be spent on the following areas

<u>Staff</u>
0.2 Team Manager time Provided through current MHOAS management time
2 x sessions of medical time per week (£24,394)
1 x WTE clinical psychologist (8a - £58,205)
0.5 x Band 6 Occupational therapist(£19,966)
2 x Band 6 nurses These posts currently exist and will be part of the project (£46,464 per WTE)
4 x Band 5 nurses 2 x Band 5 post currently available to recruit to. (£31,746 per WTE)
4 x Band 3 nurses 2.26 WTE Band 3 Posts currently available to recruit to (£24,423 per WTE)

<u>Travel</u>
Travel costs for all of the above average of approx £200 per month per employee (£24,000 per year)

Training
Training in the Newcastle model for the qualified members of staff in train the trainer. (£2,000) (one off)

Hardware
Laptops and telephones approximate total (£11,000)(one off)

Total recurring costs £444,169
Total existing resources to be put into the project £211,616
Total additional funding required £232,553 (Plus additional one off costs of £13,000)

8 What would happen if ICF didn't invest in the project?

The current service will continue. At present there are 2 nurses who cover the whole of the Borders visiting care homes and community hospitals. The current service has no resilience and there is no back up or cover for holidays, sickness absence etc there is little ability to respond to more than one crisis at a time unless in the same or nearby location.

The current service is as responsive as it can be but generally picks up cases at a late stage in the journey by which time staff working with the individual find it difficult to remain positive or see any potential for a positive outcome for them or the resident. It has been difficult to build relationships or build on previous training/educational opportunities e.g. stress and distress because of the now stretched services due to crisis admissions from community hospitals and care homes and continued delayed discharges.

Care provided to people with dementia may not readily meet their needs without advice and guidance from a service with expertise in the care and treatment of older adults with mental health difficulties. As a result care homes may feel unable to meet the needs of individuals, and struggle to provide care at the standard they would wish to do so.

It is anticipated that if there are fewer in-patient beds within Scottish Borders care homes and community hospitals will need to be supported to be able to continue to care for individuals as their illness progresses. Without this type of service if would not be unrealistic to suggest that admission to acute care in times of crisis is more likely. Care home's ability to tolerate challenges may become depleted if they are not supported to manage in times of difficult and responded to in times of crisis. The proposed service will aim to support care homes and community hospitals to avoid admission to acute sites wherever possible.

By working with community based colleagues the proposed project will develop an ethos and culture which enables care providers feel supported and responded to when necessary and ensure there is easy access to expert advice, guidance, support and intervention as required. Alongside this practice individuals will be supported to transition into care home placements, reducing the number of failed admissions and helping care homes to feel more able to meet the needs of individuals expressing stressed and distressed behaviours. The anticipated outcome is this will bring about earlier discharge from older adult mental health wards, community hospitals and community based individuals. The relationship and interaction between the project and the community mental health team will facilitate planned and emergency transitions into care home placements from home, thus avoiding potential hospital admission in crisis.

The result being a reduction in bed days lost due to delayed discharge and reduced avoidable admissions. While the figures below focus only on older adult mental health inpatient beds it is anticipated that the service will have a positive impact on the whole of the hospital inpatient system, given the demographics of the Scottish Borders and that Dementia is the primary cause of death in females over 70 years of age area and the second highest cause of death (behind heart disease) in males of 70 years locally.

9	**How would the project release resources in order to sustain the project?** *What services would longer be provided or would be provided in different ways*

The project will release resources by supporting care homes to develop and sustain knowledge and skills to work with people with dementia and other mental illnesses throughout their journey; We anticipate shifting beliefs and culture to enable managers and charge nurses to be confident about providing care to this group of people. The potential impact on hospital admission and early discharge is significant. The project would help to facilitate the recommendations within the "Transforming Specialist Dementia Hospital Care" report to be implemented if carried out in conjunction with commissioning of services.

Over the past year there has been a rise in the number of bed days lost to care home waits across all inpatient facilities within NHS Borders. In 2017 – 166 individuals were delayed in hospital waiting for care home facilities, occupying 4429 days, the average length of delay per person in 2017 was 26.68 . In 2018, (to November) the number of individual delays dropped to 133 with 4227 bed days lost an average of 31.78 days delayed per person. The numbers for individuals awaiting specialist dementia beds also fell from 22 in 2017 to 20 in 2018 (although this figure does not include December 2018) however, the average length bed days delayed rose from 42.8 days to 54.9 days in 2017 and 2018 respectively.

The bed days lost within the older adult mental health wards is considerably higher. In 2017 there were 13 delays for care homes with 881 bed days lost (average 67.7 days per person) in 2018 while the number of delays remained the same (December figures not included) at 13 the bed days lost rose to 910 an average of 70 bed days lost per person. The team would anticipate having a significant impact on these figures. The average cost of older adult inpatient beds within NHS Borders is £473.85 per day, delays costing NHS Borders £417,461.85 and £431,203.50 in 2017 and 2018 respectively, in two wards alone which relates to only 13 patients.

The service would anticipate a positive impact on reducing length of stay across all wards across the acute site, mental health and community hospitals. Investment in the service would ultimately save funds from a whole system perspective but would also result in achieving the aims of the fund. The figures below show the potential savings that could be made by reducing admissions and lost bed days across NHS Borders :

Across all inpatient areas

- In 2017 there were 165 individuals whose discharge was delayed waiting for care home placements totalling - 4425 bed days lost.
- In 2018 (to November) there were 132 individuals whose discharge was delayed waiting for a care – totalling 4215 bed days lost.

The average length of delay rose from 26.82 bed days lost to 31.93 in 2017 and 2018 (to November).

SAVINGS

Reducing the bed days lost (across all inpatient beds)

- By 10% would produce a saving of **£201,518.93**,
- By 20% would result in savings of **£399,455.55** *based on Jan to Nov 2018 figures

It is not possible to determine the savings produced by admission avoidance accurately. We are representing this saving by removal of all bed days lost *(as above).

The project will aim to avoid 10% of admission at a saving of a further £199,716.40.

When admission avoidance is added to reduction in lost bed days potential savings are:

- **£401,235.33** for a 10% reduction of lost bed days
- **£599,171.95** for a 20% reduction to bed days lost.

10	**How would you identify/ recruit staff to support the project?**

Section 7 above identifies the staffing proposal. The following posts are currently vacant or occupied by members of the current team and would transfer to the new service they are

2 WTE Band 6
2 WTE Band 5
2.26 WTE Band 3

We would need to recruit to the remainder of posts on a temporary basis.

11	**Would the project require dedicated project support from the programme team** (see guidance notes section 6)

Please return this form to the Programme Team
Email: IntegratedCareFund@scotborders.gov.uk
Phone: 01835 82 5080

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Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 28 January 2019

Report By	*Rob McCulloch-Graham*
Contact	*Karen Shakespeare, Planning and Performance Manager*
Telephone:	*01896 828295*

EILDON MEDCIAL PRACTICE

Purpose of Report:	To provide the Integrated Joint Board (IJB) with an update on the option appraisal process for the future of Eildon Medical Practice sites. **Background** In November 2017 the Partners of Eildon Medical Practice informed NHS Borders of their intention to sell their Newtown St Boswells practice building by October 2019. Eildon Medical Practice currently operates from two surgery buildings; Melrose Health Centre (NHS Borders premises) and Newtown St Boswells (building owned by the Partners). NHS Borders Option Appraisal Process has been followed to date as outlined in Appendix 1. The process has been carried out with full engagement with patients and the wider community and we have worked in partnership with the Scottish Health Council to ensure due process is followed. The non financial Option Appraisal Event was held on 29th August 2018 and a high level financial appraisal was subsequently completed on each shortlisted option considered for the provision of primary care services by the Eildon Medical Practice. However, this financial appraisal has been heavily caveated due to the level of information available at this time for each option. Without more detailed information it is entirely feasible that there could be a significant movement in costs which would subsequently change the outcome of the appraisal and the ranking of the options. To establish a preferred option in line with the Option Appraisal process, the non financial scoring exercise and the financial appraisal are combined to enable a ranking of the options to be

calculated with the identification of the preferred option.

The three ranked options following the initial option appraisal exercise are:

1st - Sell existing Newtown St Boswells Site and rebuild Health Centre in alternative site in Newtown St Boswells whilst also retaining existing Melrose site (option 4)

2nd - The practice sell Newtown St Boswells site and consolidate practice on refurbished existing Melrose Site (option 3)

3rd - Sell both Newtown St Boswells and Melrose sites and Build one New Health Centre on a site which serves both populations and consolidate all practice patients and partnership working at the new build site (option 5)

The required development work will require significant input from key stakeholders to inform a strategic direction from the IJB to establish the required accommodation and future service requirements for the Eildon Medical Practice and wider health service teams. Identification of these requirements will enable robust costs to be finalised for each option. This detailed work is needed before a final preferred option can be proposed.

The Health Inequalities Impact Assessment and Public Bodies (Joint Working) (Scotland) Act 2014 planning principles assessment has also been completed at a workshop on 26th November 2018. Due to the requirement for continued development and more detail specification around the first three ranked options, the workshop participants undertook the assessments for the first three ranked options (Appendix 2)

Cliff Sharp, NHS Borders Medical Director, was presented with a petition from the Patients of Eildon Medical Practice after the IJB meeting on the 22nd October 2018. The petition has been recorded on the petitions register and is currently being held by NHS Borders Board Secretary until a recommendation is presented to the NHSB Board and IJB for approval to proceed.

Key Issues

IJB Strategic Direction

IJB strategic direction and consideration of the GP Contract is required to inform further development of the top 3 ranked options.

There may also be further variations to consider in relation to the 3rd ranked option (option 5) such as the proposed Care Village at

	Tweedbank. It is therefore proposed that NHS Borders Capital Planning Team work with the Eildon Health and Social Care Partnership locality working groups to inform any future service development and IJB strategic direction to identify and recommend the final preferred option. The plan and timeline will be updated in relation to the financial appraisal on an ongoing basis as further certainty to costs are established as part of the development work (dates to be confirmed by NHSB Finance). Capital funding will be required for all first 3 ranked options and we will be required to follow the Scottish Capital Investment Manual (SCIM) process. Once a preferred option is identified NHS Borders Capital Planning Team will update the Eildon Medical Practice Steering Group and present the recommendation to the NHSB Clinical Strategy Group seeking approval to present the recommendation to the IJB for approval, once approved NHSB Board will be updated. **Contingency** Interim contingency plans as to how Eildon Medical Practice Services will be delivered until a preferred option is identified and implemented are still in development. NHS Borders Head of Capital Planning and the Primary Care Contracting Manager are working with Eildon Medical Practice to establish what this contingency plan will be. **Communications** Eildon Medical Practice steering group suggested that an update be issued to the public by the end of January 2019. The update should include reference to Option Appraisal process we have gone through to date, next steps and what the contingency plans are to provide services going forward until a preferred option is identified and implemented. This may exceed the January 2019 deadline as dependent upon the preparation and agreement of the contingency plan. NHS Borders Communications Team will continue to be the lead for Communications in relation to Eildon Medical Practice at this stage.

	Summary It is proposed that NHS Borders Capital Planning Team work with the Eildon Health and Social Care Partnership locality working groups to inform any future service development and IJB strategic direction to identify and recommend the final preferred option. Interim contingency plans as to how Eildon Medical Practice Services will be delivered until a preferred option is identified and implemented is to be developed in line with IJB Strategic Direction. An update is to be issued to the public by the end of January 2019. NHS Borders Communications Team will continue to be the lead for Communications in relation to Eildon Medical Practice at this stage.

Recommendations:	The Health & Social Care Integration Joint Board is asked to: *a)* ***Note*** *the work undertaken to date and;* *b)* ***Note*** *the requirement for IJB Strategic direction to inform further development the top 3 ranked of the financial appraisal to determine a final preferred option for submission to the IJB;* c) ***Confirm*** *the approval route for the recommended preferred option requires agreement of the IJB*

Personnel:	Eildon Medical Practice Steering Group Health and Social Care Partnership Locality Working Group(s) IJB Eildon Medical Practice Staff

Carers:	As identified in the Health Inequalities Impact Assessment and identification of preferred option

Equalities:	The Health Inequalities Impact Assessment and Public Bodies (Joint Working) (Scotland) Act 2014 planning principles assessments were completed on 26th November. They are usually undertaken for the preferred option but due to the requirement for continued development of the first three ranked options by Finance, the Eildon Medical Practice Steering Group has undertaken these assessments for the first three ranked options.

Financial:	The level of detail of the information available on the options at this stage means it is entirely feasible that there could be a significant move in costs, which would change the outcome of the appraisal and the ranking of the options. At present it is therefore considered prudent to continue to develop the first 3 ranked

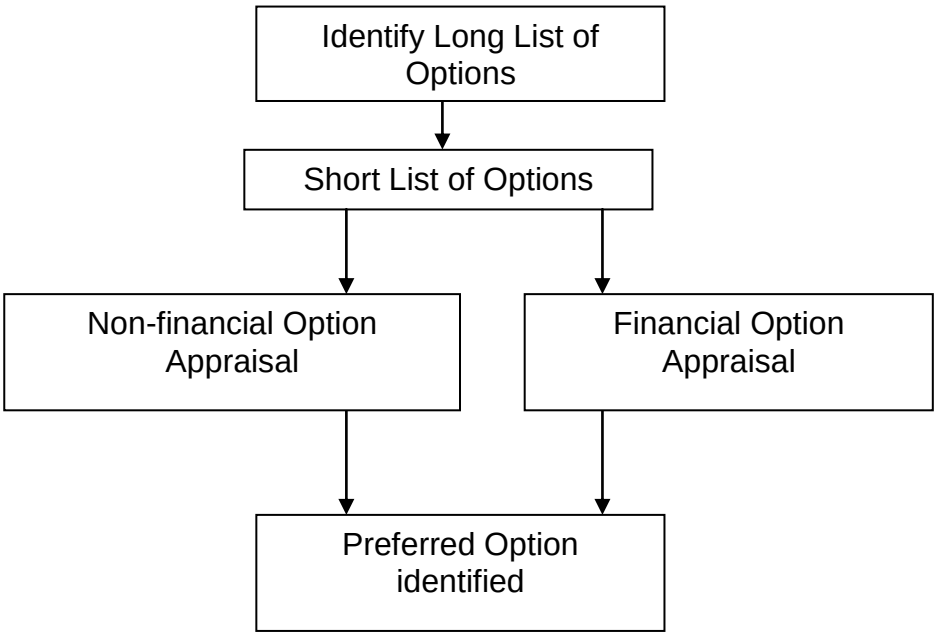
	options. The plan and recommendation will be updated in relation to the financial appraisal on an ongoing basis as further certainty to costs are established as part of the development work (dates to be confirmed by NHSB Finance). Capital funding will be required for all first 3 ranked options.

Legal:	Nothing noted at this stage

Risk Implications:	Risk Assessment will be undertaken once preferred option identified. The level of detail of the information available on the options at this stage means it is entirely feasible that there would be a significant move in costs, which would change the outcome of the appraisal and the ranking of the options and at present it is considered prudent to continue to develop the first 3 ranked options. The Partners of Eildon Medical Practice intend to sell their Newtown St Boswells practice building by October 2019.

Appendix 1
Option Appraisal Process

An option appraisal is a standard tool utilised in the decision making process for setting objectives, creating and reviewing options and analysing their relative costs and benefits. Following an option appraisal process gives stakeholders' assurance that the strengths, weaknesses, risks and issues of a range of different options have been fully considered to identify a "preferred option". The option identification and appraisal process is as described below and the diagram.



Appendix 2
The Health Inequalities Impact Assessment and Public Bodies (Joint Working) (Scotland) Act 2014 planning principles assessment

HIIA Workshop Report Eildon MP 261

Appendix 1 Public Bodies (Joint Working

Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 28 January 2019

Report By	Rob McCulloch-Graham, Chief Officer Health & Social Care
Contact	Jill Stacey, IJB Chief Internal Auditor
Telephone	01835 825036

SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD STRATEGIC RISK REGISTER

Purpose of Report:	The purpose of this report is to provide Members of the Board with the IJB Strategic Risk Register for approval on recommendation by the IJB Audit Committee.

Recommendations:	The Health & Social Care Integration Joint Board is asked to: (a) Scrutinise the IJB Strategic Risk Register to ensure it covers the key risks and mitigation actions of the IJB; and (b) Agree to receive a review of the IJB Strategic Risk Register on at least an annual basis.

Personnel:	Consultation has taken place on the IJB Strategic Risk Register with the Leadership Group of the Scottish Borders Health and Social Care Partnership, prior to its scrutiny by the IJB Audit Committee.

Carers:	N/A

Equalities:	There are no equalities impacts arising from the report.

Financial:	There are no direct financial implications arising from the proposals in this report.

Legal:	Good governance will enable the IJB to pursue its vision effectively as well as underpinning that vision with mechanisms for control and management of risk.

Risk Implications:	Risk Management arrangements will assist the IJB making informed business decisions and provide options to deal with potential problems in line with it agreed Risk Management Strategy.

Background

2.1 It is important that the IJB has its own robust risk management arrangements in place because if objectives are defined without taking the risks into consideration, the chances are that direction will be lost should any of these risks materialise. Furthermore the ability to manage risk will help the Board act more confidently on future business decisions. Knowledge of the risks they face will give them various options on how to deal with potential problems.

2.2 A Risk Management Strategy was approved by the IJB on 7 March 2016 which 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.

2.3 The Internal Audit Annual Assurance Reports for the Scottish Borders Health and Social Care Integration Joint Board 2016/17 and 2017/18 stated that a strategic financial risk register was prepared in 2016 but never finalised; however a new strategic risk register is currently a work in progress. The reports concluded that Risk Management is not yet fully embedded into the culture of the IJB and documentary evidence of risk deliberations in decision making requires improvement (whilst committee reports follow a standard reporting template in which discussions of risks associated with options is required, there are no real Board deliberations or properly documented evidence of risk discussion). Internal Audit made the following recommendation: “The IJB strategic risk register should be finalised. Ensure IJB strategic risks are considered and reviewed regularly at IJB meetings. Risk management deliberations associated with IJB decision making should be clearly documented.”

2.4 The IJB Audit Committee scrutinised the IJB Strategic Risk Register at its meeting on 17 December 2018, and recommended that it be presented to the full Board of the IJB for approval and requested that the IJB full Board review the IJB Strategic Risk Register on a six monthly basis. The IJB Audit Committee also agreed that it would receive a review of the IJB Strategic Risk Register on at least an annual basis as part of its role to oversee the IJB’s governance, internal control and risk management arrangements.

Summary

3.1 The IJB, as strategic commissioner of health and social care services, gives directions to NHS Borders and Scottish Borders Council for delivery of the services in line with the Strategic Plan. The Scheme of Integration sets out how the managerial arrangements across the integrated arrangements flow back to the IJB and the Chief Officer. These arrangements are further supported by the IJB’s Local Code of Corporate Governance.

3.2 The Scottish Borders Health and Social Care Integration Joint Board Strategic Risk Register, which sets out the key risks and mitigations associated with the achievement of objectives and priorities within the IJB’s Strategic Plan, is shown as the Appendix to this report. The Risk Register will be reviewed alongside the development of the Strategic Plan for the forthcoming 3 years. This will assist to address the Internal Audit recommendation.

Page 42

Risk Register IJB draft to be approved

No	Risk	Causes/ Risk factors	Consequences/ Potential effect	Proximity	Risk owner	Original risk: Impact	Original risk: Likelihood	Original risk: Score	Controls: Current internal controls	Controls: Control assessment/ Score	Current risk: Impact	Current risk: Likelihood	Current risk: Score	Risk Approach (Tolerate Treat Transfer)	Mitigation Actions: Action description	Mitigation Actions: Due date	Mitigation Actions: Action owner	Target risk: Impact	Target risk: Likelihood	Target risk: Score	Target risk: Due date
1	If the required change in culture is not achieved then the delivery of the Partnership's strategic objectives may be delayed or may not be fully met	Structures; Resistance to change; Communication; Finance; Leadership; Conflict/disputes over resource allocation and financial contributions; Conflicting agendas and priorities.	Progress is not made; Delay in decision making; Poor outcomes; SG scrutiny;	ongoing	Robert McCulloch-Graham	3	4	12	Improved financial transparency from Partner orgs; Joint Plans for Workforce Development, Finance and Performance Reporting and Communication; Refreshed Strategic Plan; Appointment of temporary IJB Director of Finance; Permanent Chief Officer;	Partially effective Effective	3	4	12	Treat	Appointment of senior management team;	Oct-18	rm-g	3	3	9	
	Risk Notes:																				
2	If we do not ensure that resource directed by the IJB is used efficiently and effectively then we may not achieve best value	Lack of transparency; Limited information sharing; Separate IT and sources of information/data; Existing structures; Lack of contract monitoring; Lack of quality reporting;	Not achieving best value; Poor outcomes;	ongoing	Robert McCulloch-Graham	3	4	12	Regular financial reporting to IJB; SLA; Monthly highlight reporting; Strategic Plan; Appointment of temporary IJB Director of Finance; Performance and Finance Group.	Partially effective	3	4	12	Treat				3	3	9	
	Risk Notes:																				
3	If the future market for care is insufficient to meet increasing demand then there may be gaps in service provision and poor outcomes/choices	Demographics - reduction in people of working age versus aging population; Higher wages and alternative career options; Less attractive T&C's; Lack of community capacity support;	Gaps in service provision; Delayed discharge; Reduction in choice; Poor outcomes; Services may not be able to meet need; Unable to deliver our statutory duty.	ongoing	Robert McCulloch-Graham	4	4	16	Market Facilitation Plan; Work ongoing re commissioning of home care hours; Projection modelling on future demand v demographic pressures; Developing the Bath Tub model.	Ineffective	4	4	16	Treat	Market Facilitation Plan; Formation of Older People's Capital Board; Queen's House Development		rm-g	4	3	12	2020
	Risk Notes:																				
4	If we do not ensure that we have a partnership approach when communicating and engaging with stakeholders then we may fail to get them to play their part in delivering the partnership's strategic objectives	Lack of joint Comms Strategy and Planning; Lack of Partnership Engagement Strategy; Vision, Mission and Values of Partnership not sufficiently well embedded. Poor Communication with Partners and Partner Organisations; Inadequate communication within the Management Structure; Decisions made by IJB are not effectively communicated.	Conflicting and confusing messages; Duplication; Inefficient use of resource; Stakeholders are not engaged in the transformation of service planning and delivery with negative implications for Integration and for business efficiency.	ongoing	Robert McCulloch-Graham	3	3	9	Integrated Communications Strategy; Local Area Partnership Forums with focus on health and wellbeing; Strategic Planning Group;	Partially effective Effective	3	3	9	Treat				3	2	6	
	Risk Notes:																				

Risk Register IJB draft to be approved

						Original risk			Controls		Current risk			Risk Approach Tolerate Treat Transfer	Mitigation Actions			Target risk			
No	Risk	Causes/ Risk factors	Consequences/ Potential effect	Proximity	Risk owner	Impact	Likelihood	Score	Current internal controls	Control assessment/ Score	Impact	Likelihood	Score		Action description	Due date	Action owner	Impact	Likelihood	Score	Due date
5	If both Partners do not sufficiently and rigorously plan and manage their Efficiency and Savings Programmes then the delegated budget may continue to overspend leading to inability to commission sufficient services to deliver the strategic objectives	Insufficient rigorous and robust Planning and Management over each partner's efficiency and savings programme; Lack of transparency;	Overspend position, unless subsequent direction made to reduce spend across delegated functions or partners identify alternative temporary or permanent savings proposals; Responsibility of the authority who originally delegated the budget to cover the shortfall; Inability to commission sufficient services to deliver the strategic objectives; Delayed discharge; Poor outcomes.	Ongoing	Robert McCulloch-Graham	4	5	20	Transformation / Efficiency programme governance within NHSB and SBC; It will be the responsibility of the authority who originally delegated the budget to cover the shortfall; IJB challenge. Temporary Director of Finance appointed; Formation of the Performance and Finance group	Partially effective	4	5	20	Treat	Ongoing conversations with Scottish Govt re NHS funding;		rm-g	4	4	16	
	Risk Notes:																				
6	If we do not have a workforce fit for purpose now and in the future then the Partnership may fail to deliver on the strategic objectives leading to poor outcomes	Shortage of staff from all disciplines across the Partnership; Demographics - decreasing working age population; Unappealing sector to work in;	Insufficient workforce to meet demand; Unable to deliver services; Poor outcomes	ongoing	Robert McCulloch-Graham	4	4	16	Workforce Plan with focus on key areas; New GMS contract; Recent pay increase from Scottish Government (June 2018); Workforce Development Plan;	Partially effective	4	4	16	Treat	Work underway with Borders College for training for Care and Health support staff;		rm-g	4	3	12	
	Risk Notes:																				
7	If a significant supplier was unexpectedly unable to fulfil their contract then there may be a serious gap in service provision leading to risk of harm and reputational damage	Insufficient contract management; Major incident, e.g. severe weather; Financial issues; Poor Business Continuity arrangements in place;	Services not delivered; Pressure on existing staff to deliver services; Quality of care/standards may decrease; Complaints; Reputational damage	ongoing	Robert McCulloch-Graham	4	3	12	Contract Management Framework working Group established; Business Continuity Plans; Experienced Emergency Planning and multi-agency response teams; Dedicated control room; Commissioning Plan	Partially effective Effective	4	3	12	Treat				4	2	8	
	Risk Notes:																				
8	If someone under the care of the IJB comes to harm because of a failure attributed to the Partners then this may result is significant reputational damage	Staff not following policies and procedures; Failure in partnership working; Failure in communications; Lack of resources and capacity; Individual's decisions; Lack of senior management oversight; Complex nature of partnership working.	Harm to individuals and families; Reputational damage; Emergency measures; People may lose job; Loss of public confidence.	ongoing	Robert McCulloch-Graham	4	3	12	Robust adult and child protection arrangements and partnerships; Clarity of process roles, triggers and communications; Mandatory public protection training for staff; Internal audit; External audit/inspections; MAPPA; Clinical Governance; Performance Reporting;		4	3	12	Treat	Review of Public Protection procedures;		rm-g	4	2	8	

Risk Register IJB draft to be approved

						Original risk			Controls		Current risk			Risk Approach Tolerate Treat Transfer	Mitigation Actions			Target risk			
No	Risk	Causes/ Risk factors	Consequences/ Potential effect	Proximity	Risk owner	Impact	Likelihood	Score	Current internal controls	Control assessment/ Score	Impact	Likelihood	Score		Action description	Due date	Action owner	Impact	Likelihood	Score	Due date
9	If we fail to manage and appropriately resource major programmes/projects undertaken simultaneously then we may be unable to achieve objectives	Inadequate programme management; Short timescales; Multiple programmes/projects at the same time requiring resource from support services; Lack of resource available from support services; Lack of appropriate skills and knowledge; Not prioritising; Over-reliance on key staff to deliver change programmes	Objectives not achieved; Timescales not achieved; Pressure on support services to deliver BAU and programmes/projects; Failure to deliver core business; Mistakes; Increased stress on key individuals; Reputational damage.	ongoing	Robert McCulloch-Graham	3	3	9	Structured Transformation Programme in place with resource requirements identified and appropriate resources allocated;	Partially effective	3	3	9	Treat	Will renegotiate project management support from NHS Borders and SBC;		rm-g	3	2	6	
	Risk Notes:																				
10	If the Partnership lose sensitive data or use data inappropriately then we may be in breach of data protection legislation resulting in fines and reputational damage	Mislaid paperwork; Insecure storage of information; Theft; Not securing permission to use personal details for the purpose other than what it was intended; Lack of data sharing protocols; Human error.	Distress caused to individuals; Fines; Reputational damage; Loss of confidence from public and service users .	ongoing	Robert McCulloch-Graham	4	2	8	Mandatory Data Protection training; IT Data Security Policy; Secure data; Confidential waste shredding; Records Management procedures; Data Management & Sharing Policy	Effective	4	2	8	Tolerate				0	0	0	
	Risk Notes:																				

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Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 28 January 2019

Report By	Robert McCulloch-Graham, Chief Officer for Integration
Contact	Graeme McMurdo, Programme Manager, Scottish Borders Council
Telephone:	01835 824000 ext. 5501

QUARTERLY PERFORMANCE REPORT, JANUARY 2018 (DATA AVAILABLE AT END DECEMBER 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 December 2018. The report focuses on demonstrating progress towards the Health and Social Care Partnership's Revised Strategic Plan 2018 -2021

Recommendations:	Health & Social Care Integration Joint Board is asked to: a) Note and approve any changes to performance reporting; b) Note the key challenges highlighted.

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

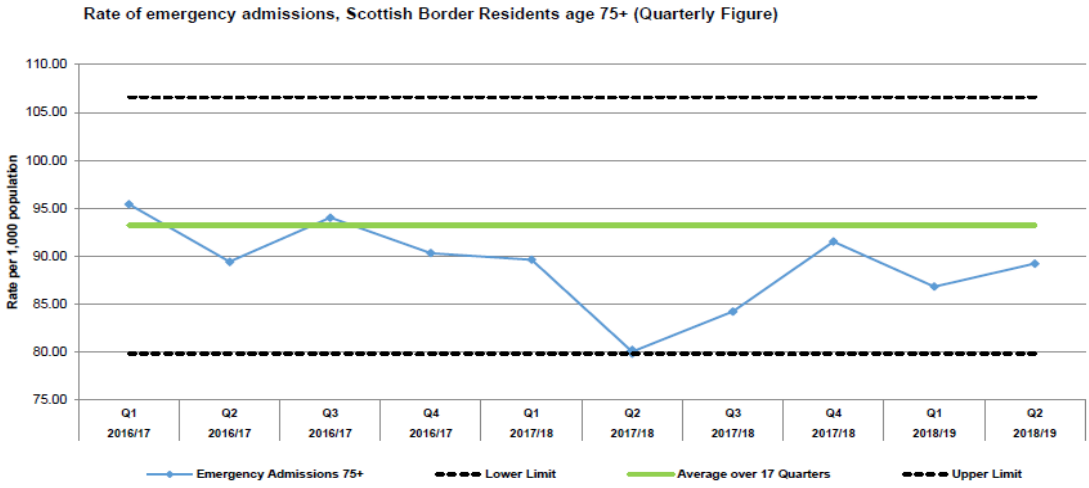
1.1 After a period of development, the Integration Performance Group (IPG) has established a set of high level indicators to report on to IJB, under the 3 objectives in the Health and Social Care Strategic Plan 2018 - 2021:

- We will improve the health of the population and reduce the number of hospital admissions;
- We will improve the flow of patients into, through and out of hospital;
- 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.

1.2 Although the proposals are largely accepted by the IJB, it has been noted that the measures are very "hospital" focussed, something that the IPG is aware of. The measures selected however, are from robust, reliable data sources, and can (in most cases) be compared nationally which is of benefit to both the IJB and to services. As other robust sources become available, the IPG will ensure that any relevant measures are proposed to the IJB for inclusion in this report.

1.3 At the last IJB in October 2018, IJG members commented on the key and colour coding used to interpret the measures presented within Appendix 1, and asked that "red" be added to ensure that areas of concern were highlighted within the report. This has now been done and indicators will only be flagged as red if the position in Scottish Borders is consistently worsening over the last 6 Quarters *AND* is worse than Scotland.

1.4 On many of the charts in Appendix 2, a Statistical Process Control (SPC) approach has been used, showing upper and lower limits, as well as averages based on longer term data (usually at least 17 months). For example this is shown below on the chart for Emergency Admissions age 75+:



1.5 The assessment of each indicator therefore takes these factors into account in considering-

- how far each indicator deviates from the average
- whether or not this was a "one off"
- how close the indicator is to either upper or lower limits (and how long this has been the case)
- how we compare to Scotland.

The IJB should note that this may vary slightly from the shorter term, operational assessment made, for example, for Clinical Boards within NHS Borders as the aim of the quarterly IJB performance reports is to show the impact of the H&SC Partnership over the longer term, as a result to more integrated working, and not to manage operational services on a day to day basis.

1.6 For the next quarter's performance report (April 2019), the IPG will explore further the SPC approach and define robustly the rules around the assessments of each indicator. However, the Performance Management Framework currently being developed by the IPG aims to build a culture focussed on longer term continuous improvement (i.e.) long-term trend, rather than focussing on whether an indicator is assessed as Red, Amber or Green over the short term. This Performance Management Framework will be brought to the IJB early in 2019.

1.7 The IPG 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.

1.8 There are two appendices to this report:

Appendix 1 provides a very high level, "at a glance" summary for EMT and the IJB. This is aligned with the revised Strategic Plan;

Appendix 2 provides further details for each of the measures presented in Appendix 1, including performance trends and analysis.

Summary of Performance

2.1 The rate of **emergency hospital admissions (all ages)**, has changed little over the last 4 quarters but the rate for those **over 75 years** has increased (however this remains below the National rate).

2.2 The **balance of spend** is now moving in a positive direction, with 21% of health and care resource spent on *hospital stays* where the patient was admitted as an emergency (persons aged 18+). This is down from 23.7% at the end of 2017/18. This is aligned to the aims of integration.

2.3 Once again Borders has demonstrated a positive trend in relation to **A&E waiting times**. September 2018 (96.1%), October 2018 (94.4%) just below target, November/December exceed 95% target. The actual **number of attendances at A&E** remains consistent at approx. 7,500 attendances per quarter.

2.4 The **quarterly occupied bed day rates for emergency admissions** in Scottish Borders *residents age 75+* have fluctuated over the last 4 quarters, and over the longer term, this indicator oscillates above and below the 17 quarter average - it has been rated "amber" and is therefore "one to watch".

2.5 Encouragingly, since Q2 2017/18, the quarterly **rate of bed days associated with delayed discharges** is showing a downward (positive) trend, and now sits at 175 bed days per 1,000 population age 75+. Borders however remains higher than Scotland and this remains a key area of focus for the H&SC Partnership.

2.6 The **% of patients satisfied** with care, staff & information in BGH and Community hospitals remains high. This data is taken from the "*2 minutes of your time*" survey done at BGH and community hospitals.

2.7 **Quarterly rate of emergency readmissions within 28 days of discharge** for Scottish Borders residents has fluctuated over the longer term, and now sits at 11 per 100 discharges from hospital following a slight increase the last 4 quarters (from 10.3 to 11.0). This is higher than the Scottish average but the gap has narrowed.

2.8 Scottish Borders quarterly data has been provided in relation to **end of life care**. The data is erratic on a quarter by quarter basis, with no distinct trend emerging, however data is within the upper and lower limits.

2.9 The **outcomes for carers** remains positive, when looking at the change between baseline assessment and review.

2.10 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 develop further over time. In the future, performance reporting will increasingly align to and support the updates required to the Strategic Plan. This work will be overseen by the IPG, and be reported to both SPG and IJB.

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: JANUARY 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 December 2018**. A number of annual measures that have been updated recently are included in the Annual Performance Report 2017/18

KEY			
+ve trend over 4 Qtrs /Scottish Borders compares well to previous period/to Scotland	-ve trend over 4 Qtrs /some concern from previous period or when compared to Scotland	Consistently worsening position over 6 Qtrs & worse than 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
27.1 admissions per 1,000 population (July to Sep 2018)	**89.2** admissions per 1,000 population Age 75+ (July to Sep 2018)	**7,547** attendances (July - Sep 2018)	**21.2%** of total health and care resource, for those Age 18+ was spent on emergency hospital stays (July - Sep 2018)
Little change over 4 Qtrs	-ve trend over 4 Qtrs	Little change over 4 Qtrs	+ve trend over 4 Qtrs
Similar to Scotland	Lower than Scotland	Trend similar to Scotland	Lower than Scotland

Main challenges:

The rate of emergency admissions has fluctuated over the last 4 quarters, but over the longer term is showing a downwards (positive) trend. The rate of emergency admissions for Scottish Borders (SB) residents aged 75+ has generally been decreasing over the longer term but there has been an increase over the last 4 quarters. Number of attendances at A&E remains around 7500 per quarter. In relation to spend on emergency hospital stays, Borders has consistently performed slightly better than Scotland and there is now a downward (positive) trend and we are back to one of the lowest levels since the beginning of 2016/17. As with other Health and Social Care Partnerships, we are expected to work to reduce the relative proportion of spend attributed to unscheduled stays in hospital,

Our plans during 2019 to support this objective:

Develop Local Area Co-ordination; redesign day services; continue Community Link Worker pilot in Central and Berwickshire areas; expand the scope of the Matching Unit, the "hospital to home" project (which is working to support frail elderly patients in their own homes) and Neighbourhood Care to focus on keeping people out of hospital. *JULIE KIDD has suggested including something on increasing the range of support available including COPD pathways and a focus on respiratory disease.*

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
94.4% of people seen within 4 hours (Oct 2018)	**12,356** bed days for admissions of people aged 75+ (July - Sep 2018)	**1,032** bed days per 1000 population Age 75+ (July – Sep 2018)	**23** over 72 hours **15** over 2 weeks (Oct 2018)	**175** bed days per 1,000 pop aged 75+ (July - Sep 2018)
+ve trend over 4 Qtrs (just below 95% target)	-ve trend over 4 Qtrs	-ve trend over 4 Qtrs	-ve trend over 4 Qtrs	+ve trend over 4 Qtrs
Higher than Scotland		Lower than Scotland (although see note*)		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 (July-Sep 2018)

Satisfaction with care and treatment	Staff understanding of what mattered	Patients had info and support needed
98.5%	**98.6%**	**93.3%**
+ve trend over 4 Qtrs	+ve trend over 4 Qtrs	Little change over 4 Qtrs

Main challenges:

Improving trend in relation to A&E, with the 95% target exceeded in September. Borders is now considerably lower than Scotland (89.4%). Quarterly occupied bed day rates for emergency admissions in SB residents age 75+ have fluctuated over time but are lower than the Scottish averages (although see note above*). Quarterly rate of bed days associated with delayed discharges now down to 175 in Q2 18/19, which is positive. % of patients satisfied with care, staff & information in BGH and Community hospitals remains high.

Our plans during 2019 to support this objective:

Continue to 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 to shift resources and re-design 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 support plans v complete	Support for carers: change between baseline assessment and review. Improvements in self-assessment:
11 per 100 discharges from hospital were re-admitted within 28 days (July - Sep 2018)	**84.2%** of people's last 6 months was spend at home or in a community setting (July - Sep 2018)	**176** Offered **55** Completed (July - Sep 2018)	Health and well-being Managing the caring role Feeling valued Planning for the future Finance & benefits (July - Sep 2018)
-ve trend over 4 Qtrs	-ve trend over 4 Qtr	Little change over 4 Qtrs	+ve impact
Higher than Scotland	Similar to Scotland		

Main challenges:

Quarterly rate of emergency readmissions within 28 days of discharge for SB residents is now 11 and has increase from just under 10 during 2016/17. SB quarterly data has been provided in relation to end of life care- the national comparator is *annual* data. Latest available data for Carers shows an increase in completed assessments & Carer support plans

Our plans during 2019 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; ongoing commissioning of Borders Carers Centre to undertake assessments and care support plans.

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Scottish Borders
Health and Social Care
PARTNERSHIP

Quarterly Performance Report for the Scottish Borders Integration Joint Board January 2019

SUMMARY OF PERFORMANCE:
DATA AVAILABLE AT END DECEMBER 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 patient flow within and outwith hospital

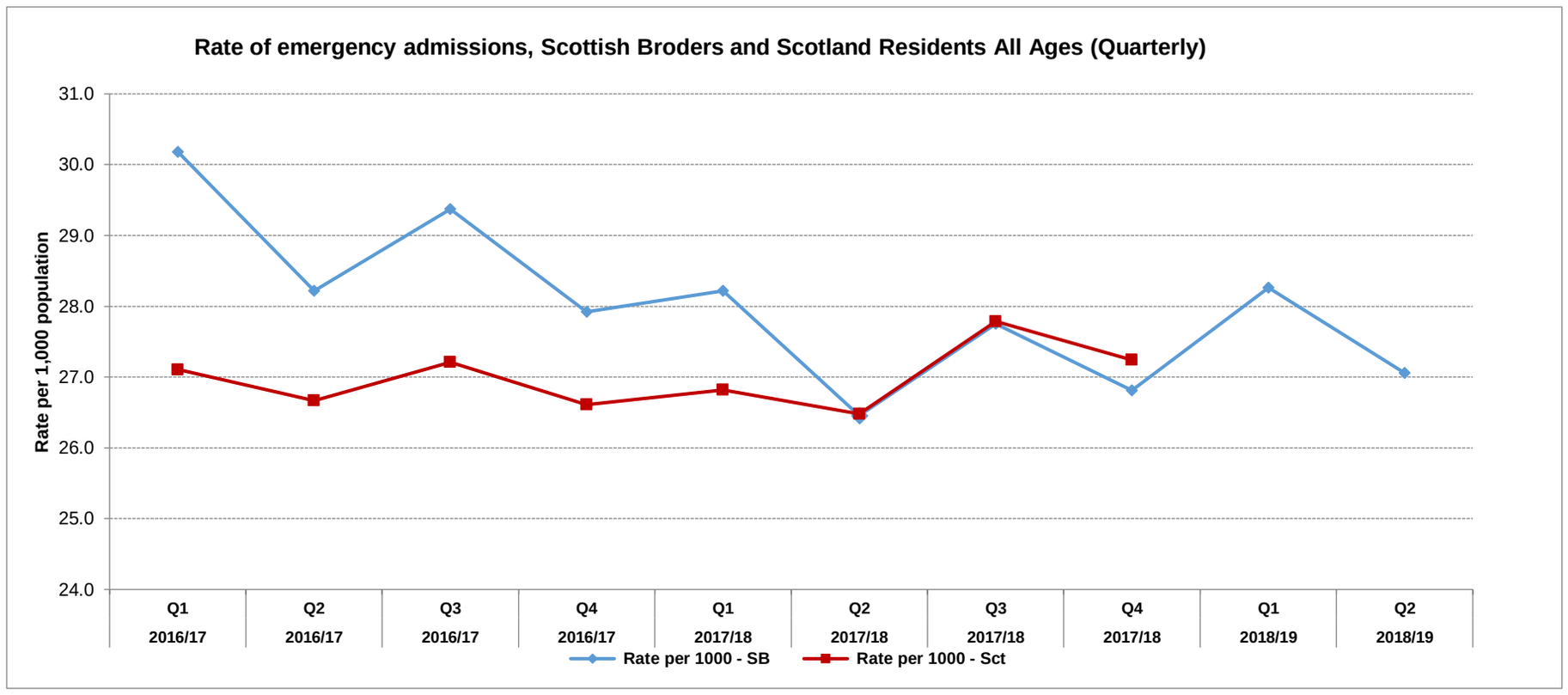
Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

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)

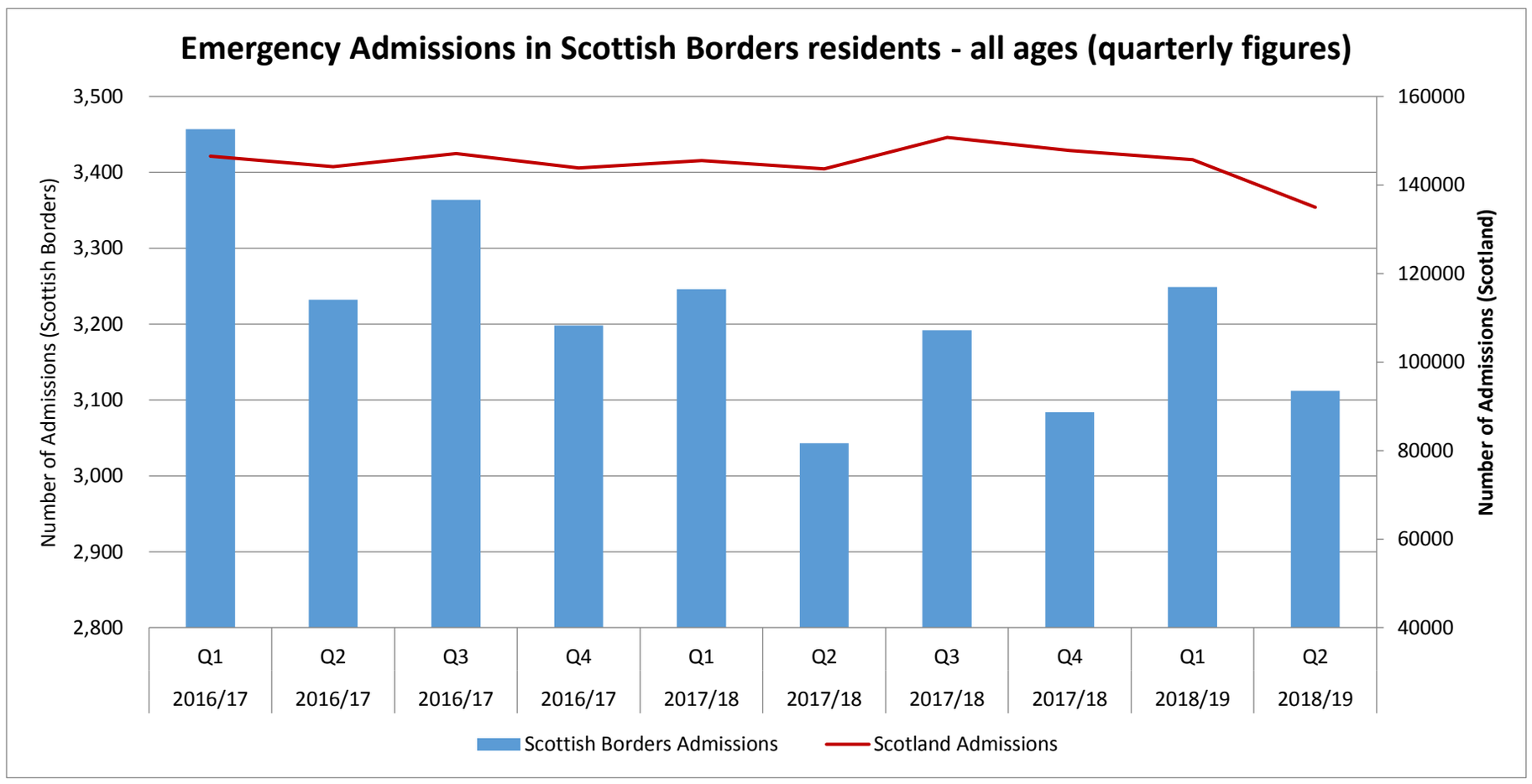
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
Scottish Borders - Rate of Emergency Admissions per 1,000 population All Ages	30.2	28.2	29.4	27.9	28.2	26.5	27.8	26.8	28.3	27.1
Scotland - Rate of Emergency Admissions per 1,000 population All Ages	27.1	26.7	27.2	26.6	26.8	26.5	27.8	27.2	-	-



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

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	Q1 2018/19	Q2 2018/19
Scottish Borders Emergency Admissions - All Ages	3,457	3,232	3,364	3,198	3,246	3,043	3,192	3,084	3,249	3,112
Scotland Emergency Admissions - All Ages	146,501	144,134	147,501	143,831	145,495	143,649	150,739	147,780	145,673	134,958



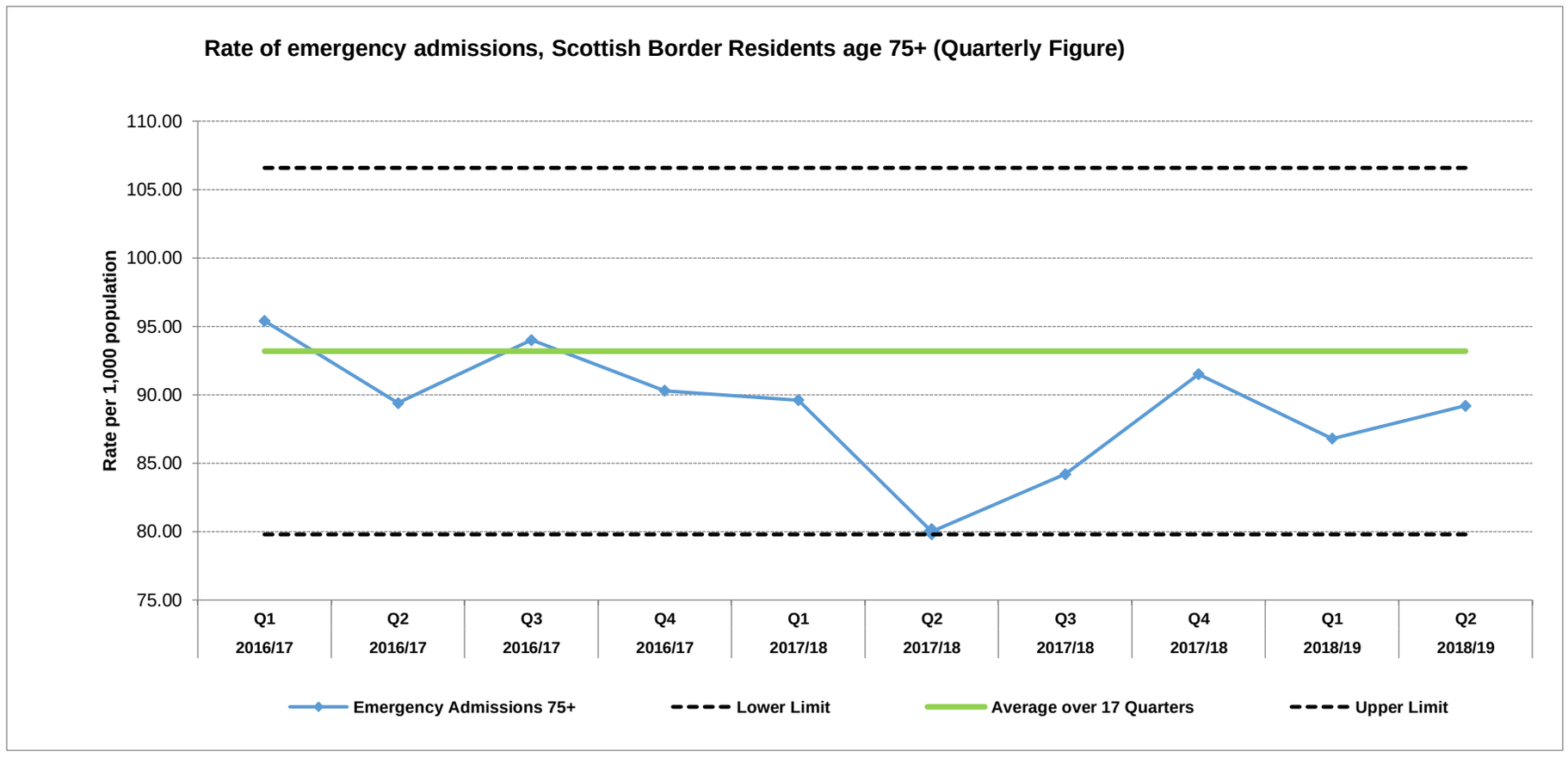
How are we performing?

The quarterly number of Emergency Admissions for Scottish Borders residents (all ages) has continued to fluctuate since the start of the 2016/17 financial year; however, shows an overall decrease since the first quarter of 2016/17. The corresponding quarterly rate per 1,000 population has come down from 30.2 per 1,000 to around 27 by the end of the second quarter in 2018/19. Rates for the borders were brought in line with the Scottish averages in the third and fourth quarters of 2017/18, but are gradually increasing in the first two quarters of 2018/19. This is in contrast to the Scottish averages which have decreased in the first two quarters of the 2018/19 financial year. Once official statistics on emergency admission rates for 2017/18 are published for Scotland, we will be able to show the Scotland comparators in these performance reports. ***Please note, Q1 & Q2 2018/19 Scotland Admissions figures are affected by data completeness - these figures are likely to alter in future updates.***

Emergency Admissions, Scottish Borders residents age 75+

Source: NSS Discovery (SMR01 data)

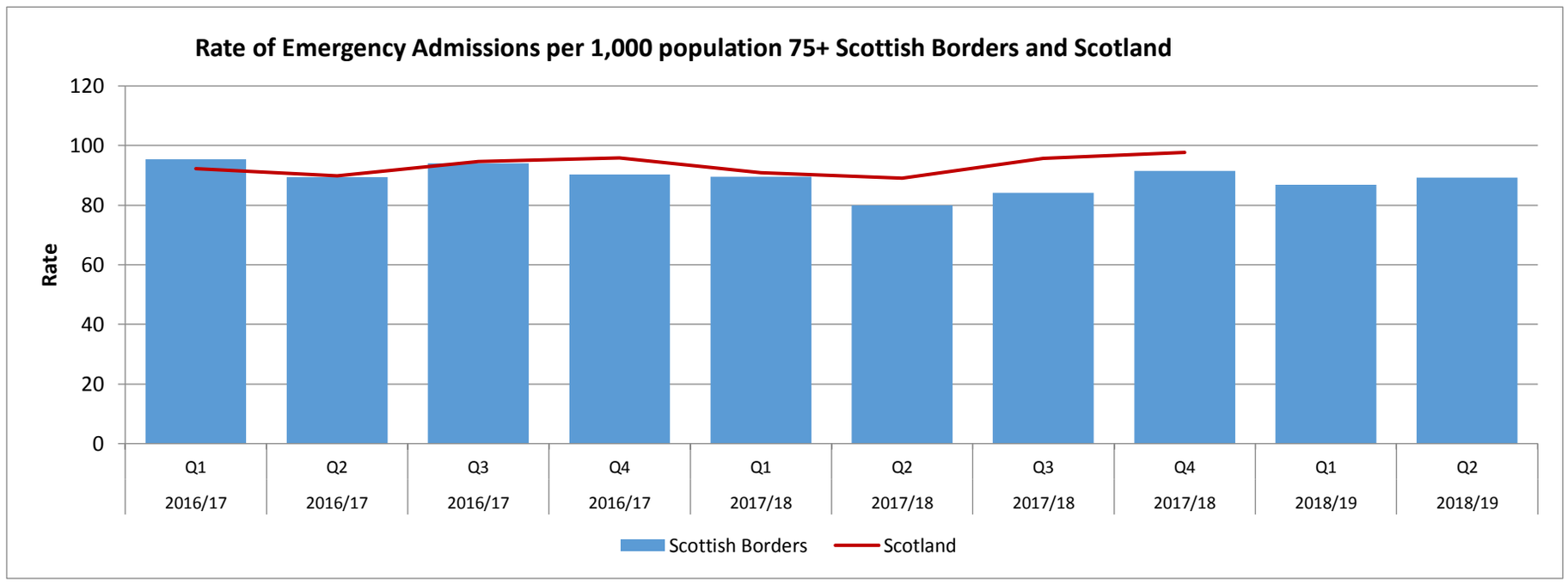
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
Number of Emergency Admissions, 75+	1,125	1,054	1,107	1,065	1,074	959	1,009	1,096	1,040	1,069
Rate of Emergency Admissions per 1,000 population 75+	95.4	89.4	94.0	90.4	89.6	80.0	84.2	91.5	86.8	89.2



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

Source: NSS Discovery (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	Q1 2018/19	Q2 2018/19
Rate of Emergency Admissions per 1,000 population 75+ Scottish Borders	95.4	89.4	94.0	90.3	89.6	80.0	84.2	91.5	86.8	89.2
Rate of Emergency Admissions per 1,000 population 75+ Scotland	92.3	89.8	94.7	95.8	90.9	89.1	95.8	97.7	-	-



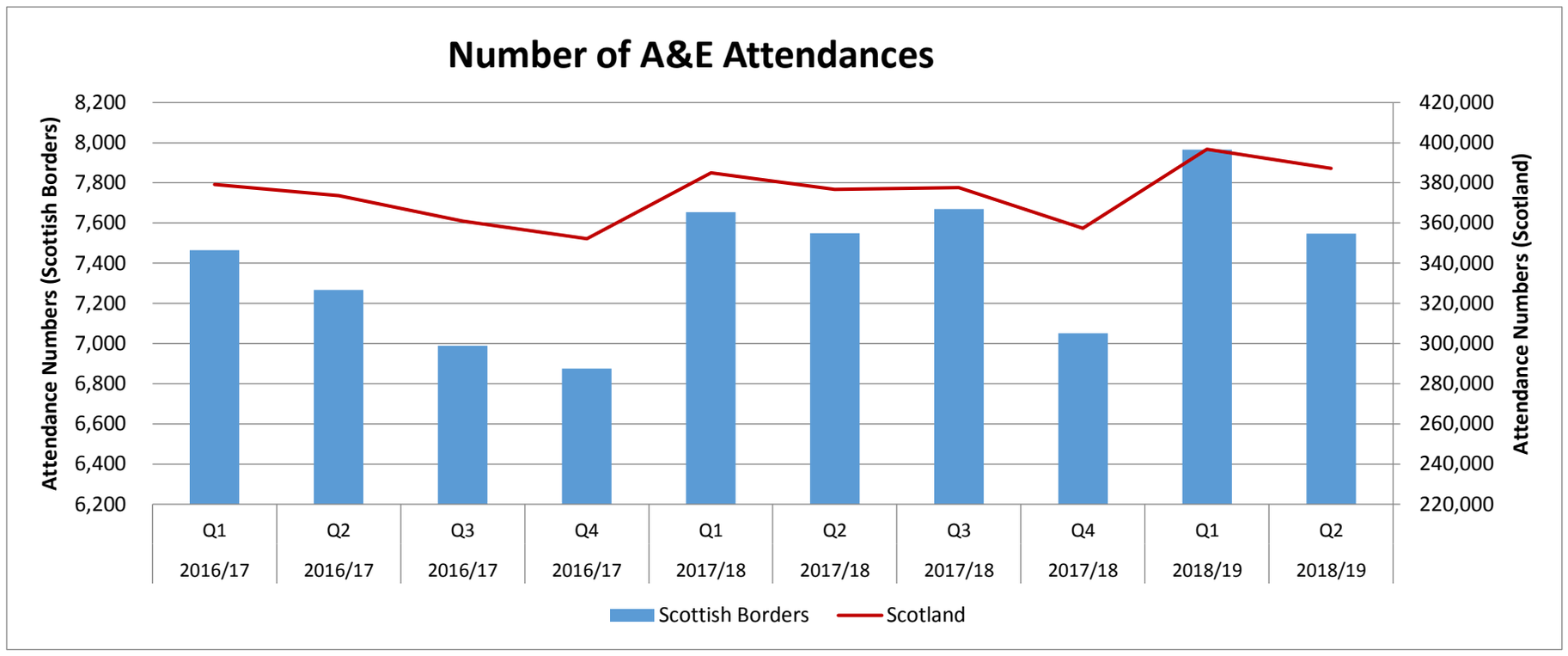
How are we performing?

The rate of emergency admissions for Scottish Borders residents aged 75 and over has generally been decreasing since the first quarter of 2016/17. The Borders rate has been consistantly lower than the Scottish average since the second quarter of 2016/17 (July-Sept 2016).

Number of A&E Attendances

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

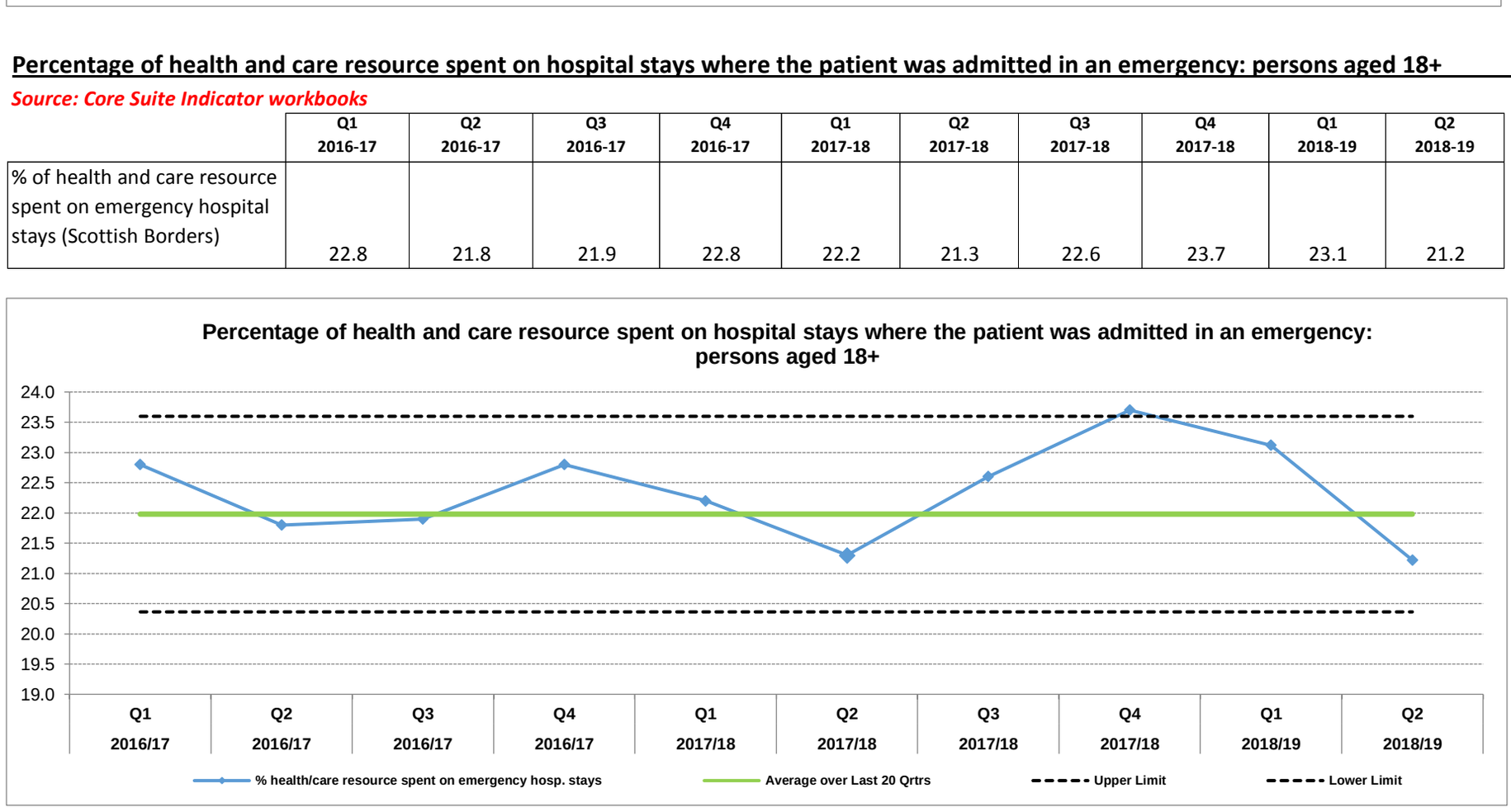
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
Number of Attendances, Scottish Borders	7,465	7,266	6,989	6,876	7,655	7,550	7,670	7,051	7,966	7,547
Number of Attendances, Scotland	379,254	373,584	360,953	352,210	384,898	376,666	377,588	357,401	396,748	387,218

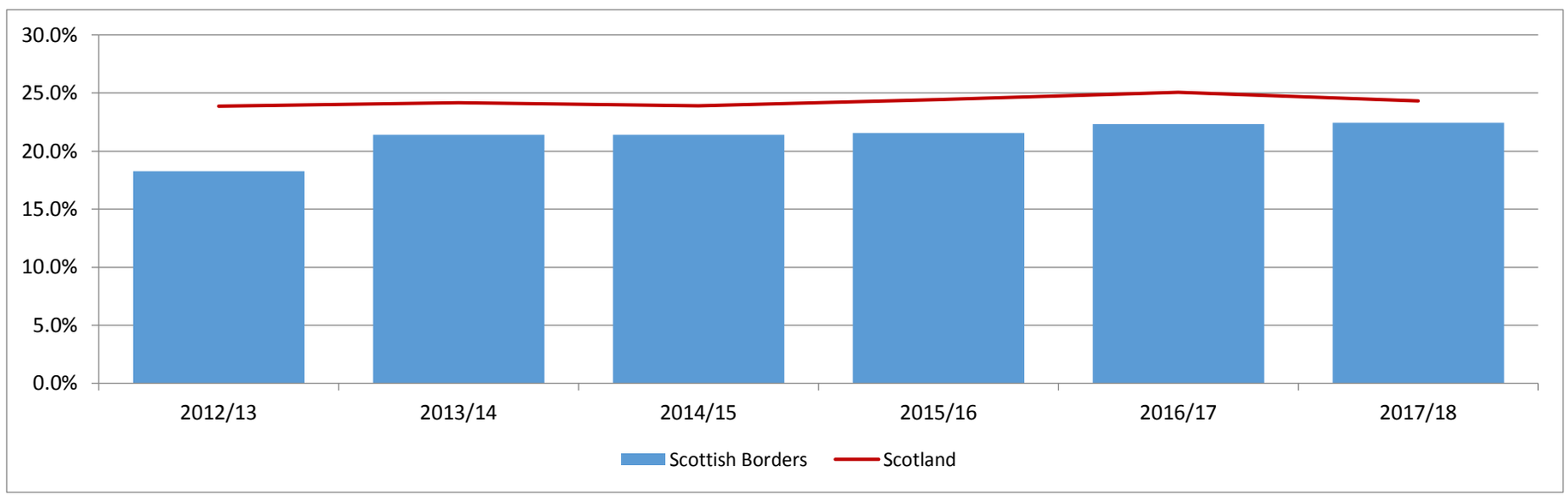


Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency: persons aged 18+

Source: Core Suite Indicator workbooks

	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18	Q1 2018-19	Q2 2018-19
% of health and care resource spent on emergency hospital stays (Scottish Borders)	22.8	21.8	21.9	22.8	22.2	21.3	22.6	23.7	23.1	21.2





How are we performing?

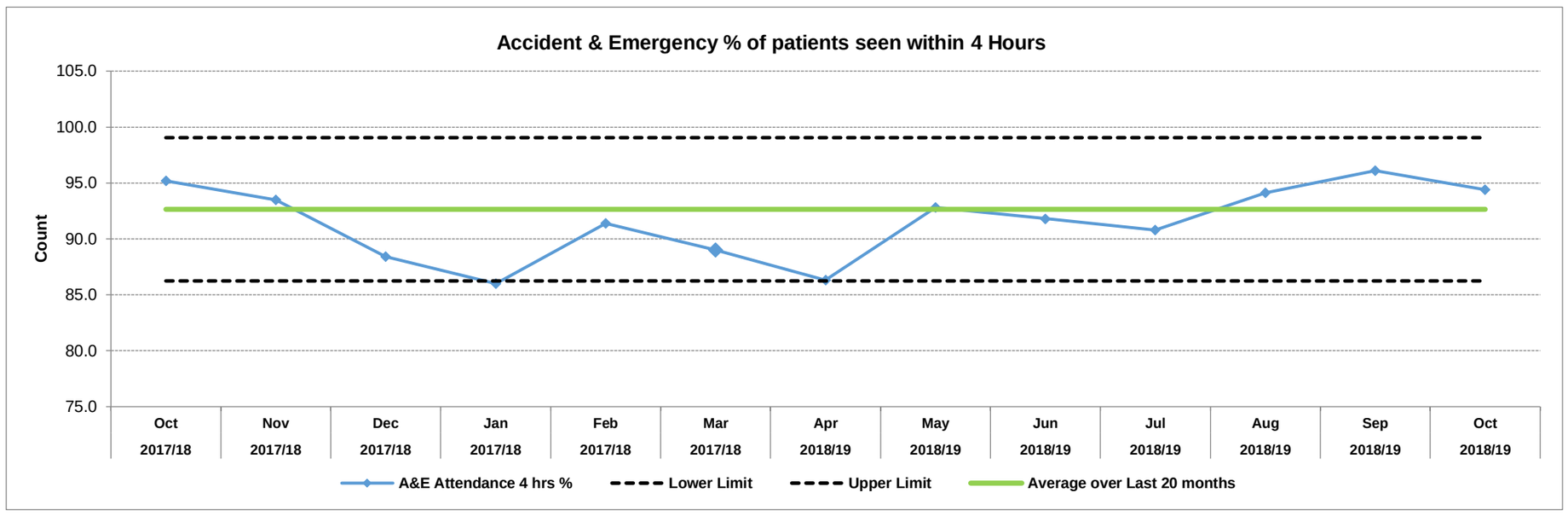
The percentage of health and social care resource spent on unscheduled hospital stays has seen an overall decrease since the first quarter of 2016/17. This spiked at the end of the 2017/18 financeial year aolthough has been decreasing over the first two quarters of this financial year (2018/19). As with other Health and Social Care Partnerships, Scottish Borders is expected to continue work to reduce the relative proportion of spend attributed to unscheduled stays in hospital.

Objective 2: We will improve patient flow within and out with hospital

Accident and Emergency attendances seen within 4 hours- Scottish Borders

Source: NHS Borders Trakcare system

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Number of A&E Attendances seen within 4 hours	2599	2405	2624	2395	2143	2455	2546	2747	2793	2812	2745	2630	2726
% A&E Attendances seen within 4 hour	95.2%	93.5%	88.4%	86.0%	91.4%	89.0%	86.3%	92.8%	91.8%	90.8%	94.1%	96.1%	94.4%



How are we performing?

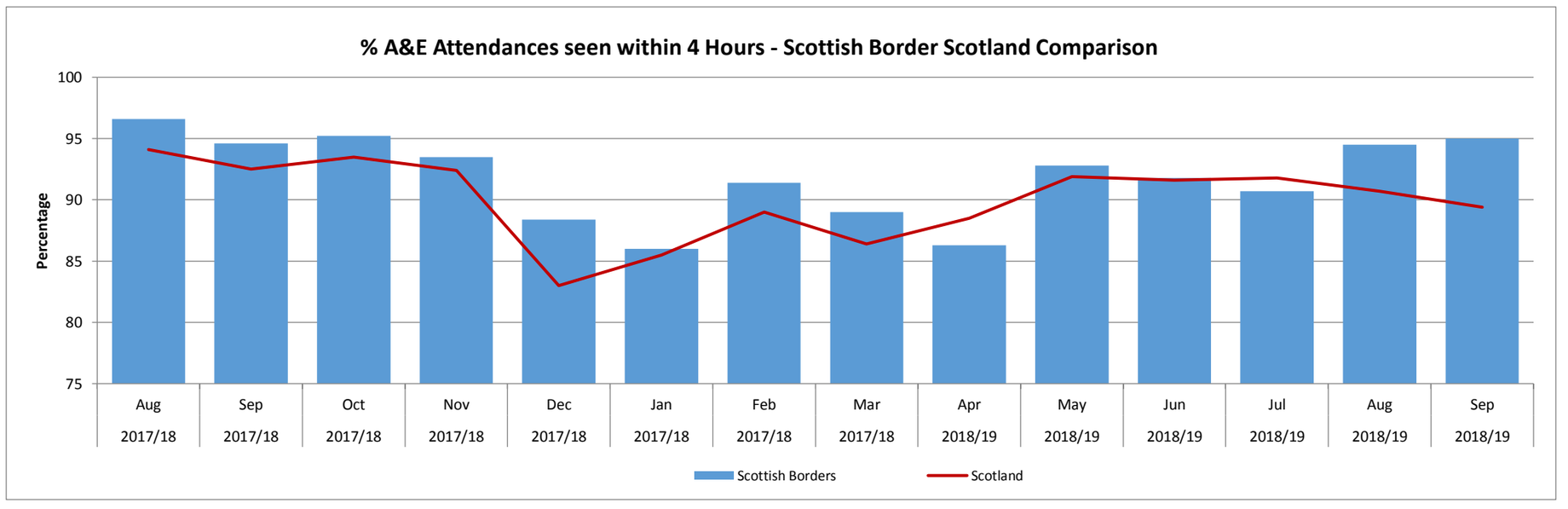
Patients attending A&E and the Acute Assessment Unit (AAU) are routinely discharged within 4 hours. NHS Borders is working towards consistently achieving the 98% local stretch standard.

The % of patients seen within 4 hours has consistently fallen below average since November 2017. The last 3 months have seen an increase with the % now sitting above the 94% average. Scottish Borders has also been higher that the Scottish Average for the last 2 months (August & September 2018), only falling below this average twice in the 2018/19 financial year to date.

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

Source: MSG Integration Performance Indicators workbook (A&E2 data) / ISD Scotland ED Activity and Waiting Times publication

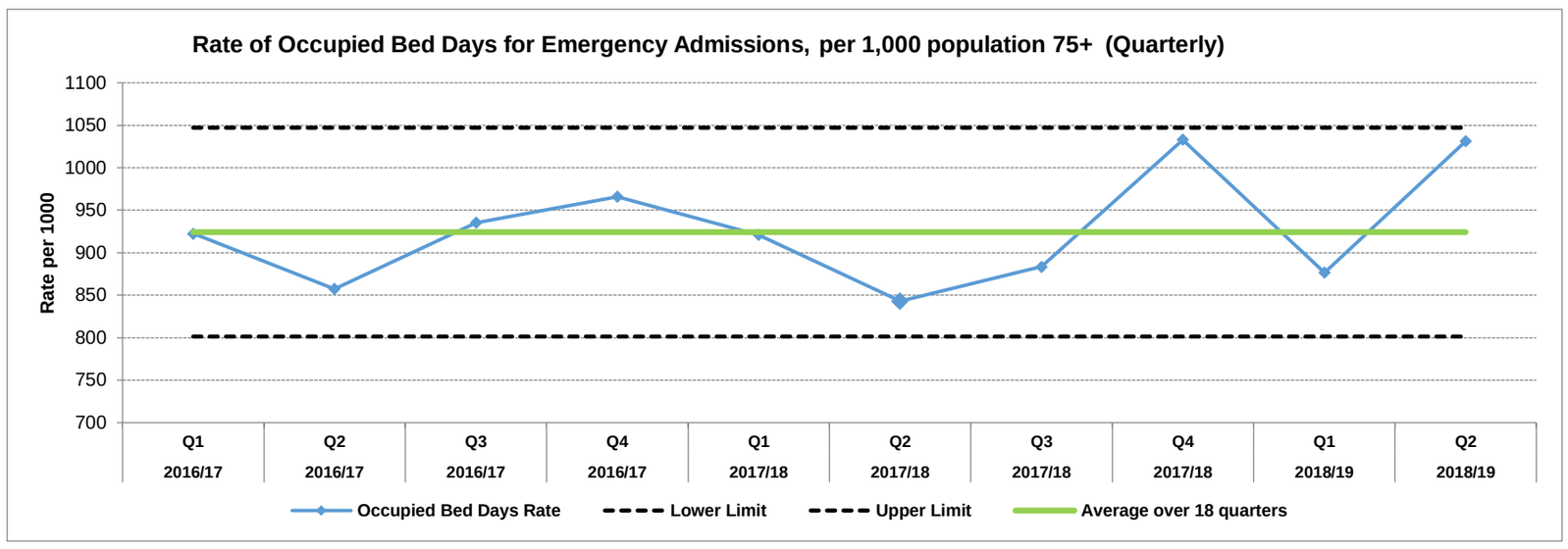
	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
% A&E Attendances seen within 4 hour Scottish Borders	94.6%	95.2%	93.5%	88.4%	86.0%	91.4%	89.0%	86.3%	92.8%	91.8%	90.7%	94.5%	95.0%
% A&E Attendances seen within 4 hour Scotland	92.5%	93.5%	92.4%	83.0%	85.5%	89.0%	86.4%	88.5%	91.9%	91.6%	91.8%	90.7%	89.4%



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

Source: NSS Discovery (SMR01 data)

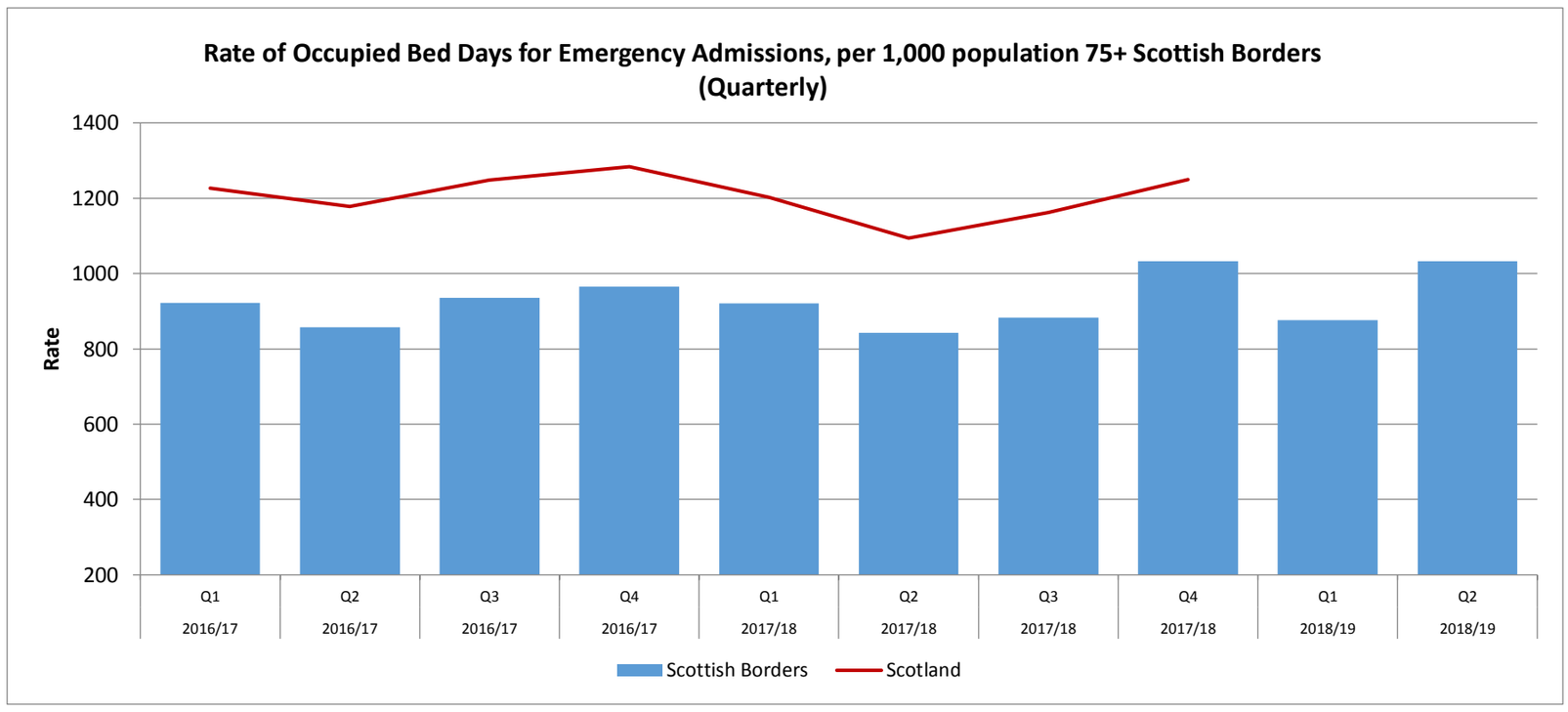
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/17	Q4 2017/18	Q1 2018/19	Q2 2018/19
Number of Occupied Bed Days for emergency Admissions, 75+	10877	10109	11028	11387	11035	10103	10582	12377	10523	12356
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+	922	857	935	966	921	843	883	1033	876	1031



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

Source: NSS Discovery (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	Q1 2018/19	Q2 2018/19
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scottish Borders	922	857	935	965	921	843	883	1033	876	1032
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scotland	1227	1178	1248	1284	1203	1094	1161	1250	-	-



How are we performing?

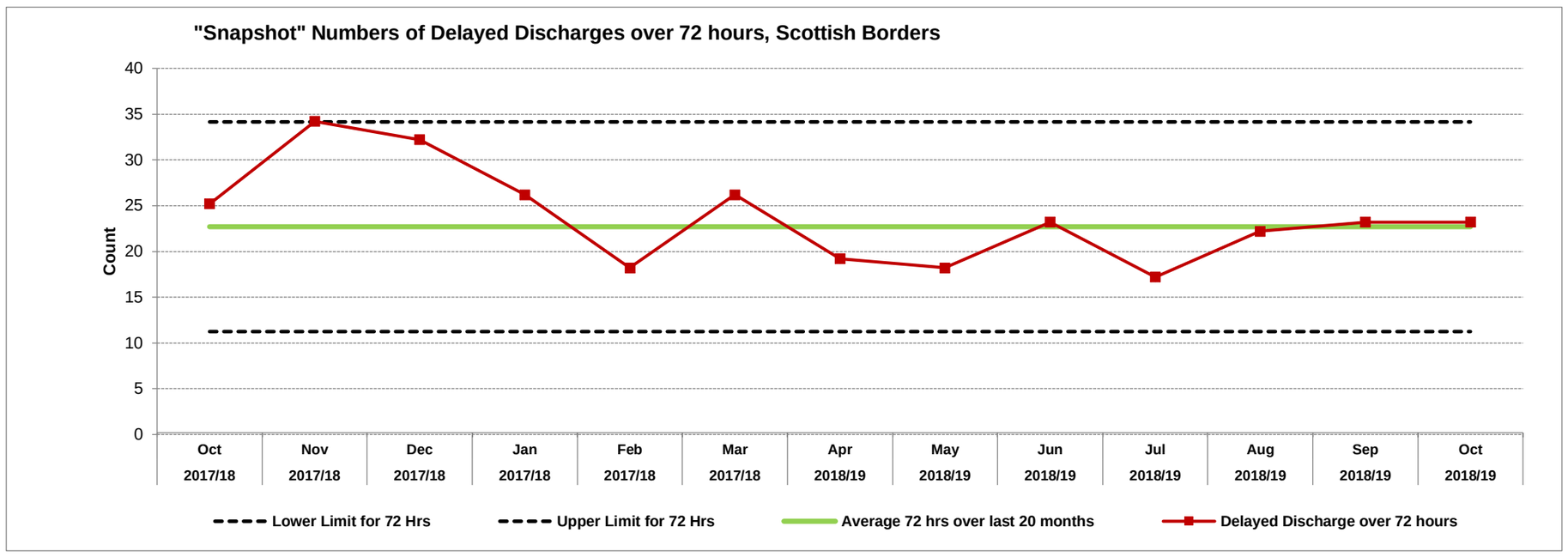
The quarterly occupied bed day rates for emergency admissions in Scottish Borders residents aged 75 and over have fluctuated over time but are lower than the Scottish averages. Since the fourth quarter of 2017/18, the Scottish rate has twice gone above 1,000 per 1,000 of the population and has seen an overall increase since quarter one of 2016/17. This mirrors the trend of the Scottish average, which also shows a slight overall increase since the first quarter of 2016/17.

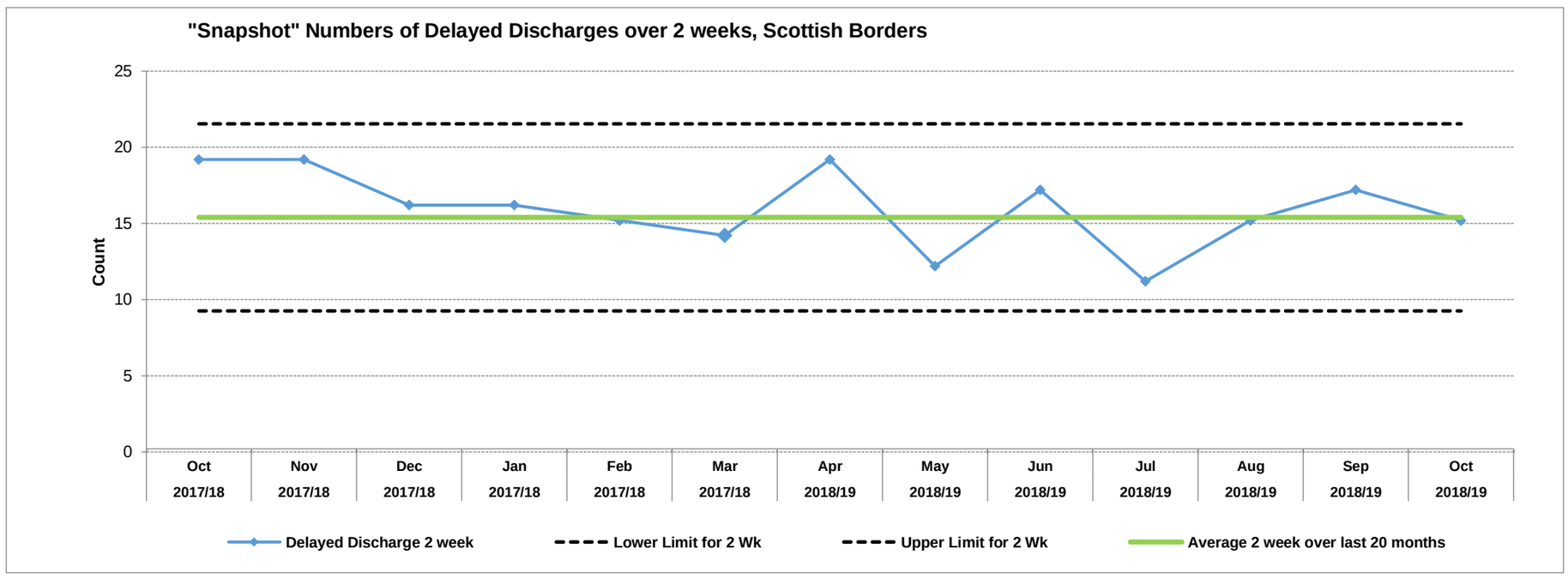
It should be noted that this nationally-derived measure does not include bed-days in the four Borders' Community Hospitals, which will be at least part of the reason for the Borders rates appearing lower than the national averages.

Delayed Discharges (DDs)

Source: EDISON/NHS Borders Trakcare system

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Number of DDs over 2 weeks	19	19	16	16	15	14	19	12	17	11	15	17	15
Number of DDs over72 hours	25	34	32	26	18	26	19	18	23	17	22	23	23





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

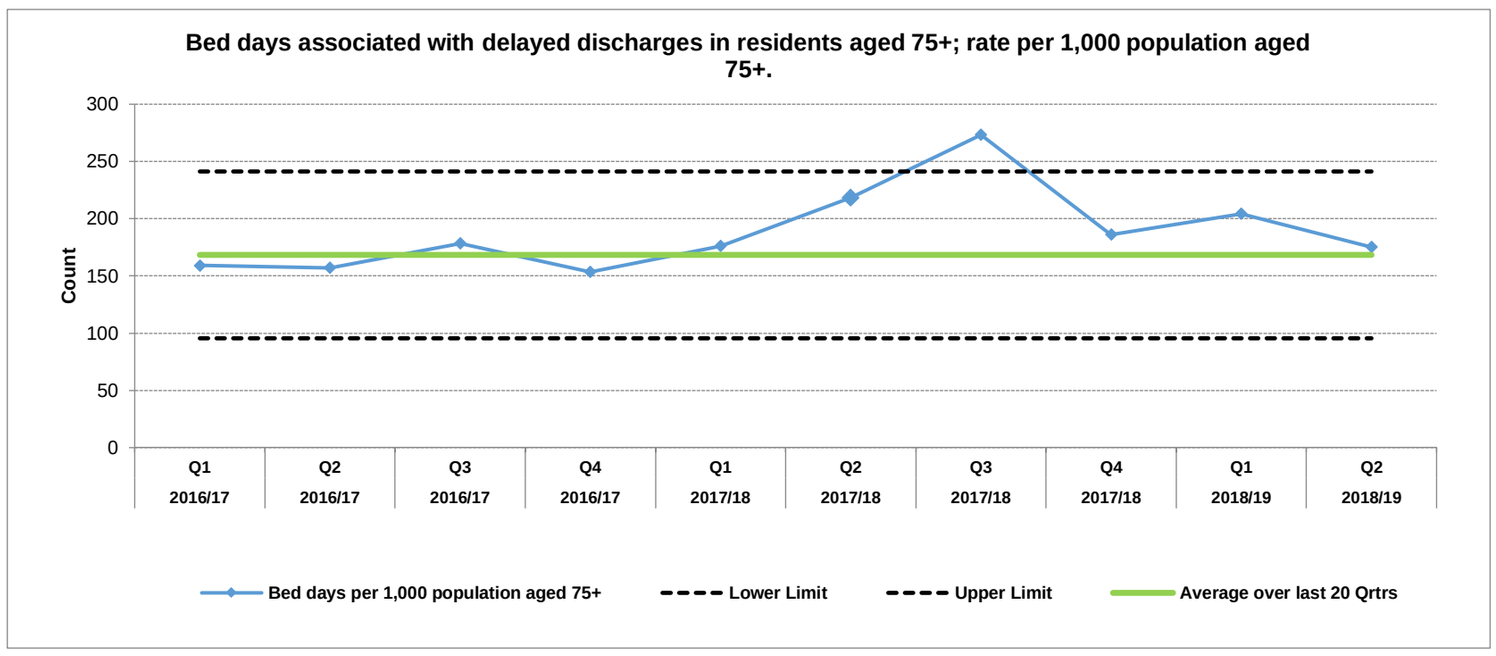
It has been overlayed on this graph as an indicator of the new measurement (light blue line) however as data is limited we cannot provide a statistical run chart for this.

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 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
Bed days per 1,000 population aged 75+	159	157	178	153	176	219	274	187	204	175



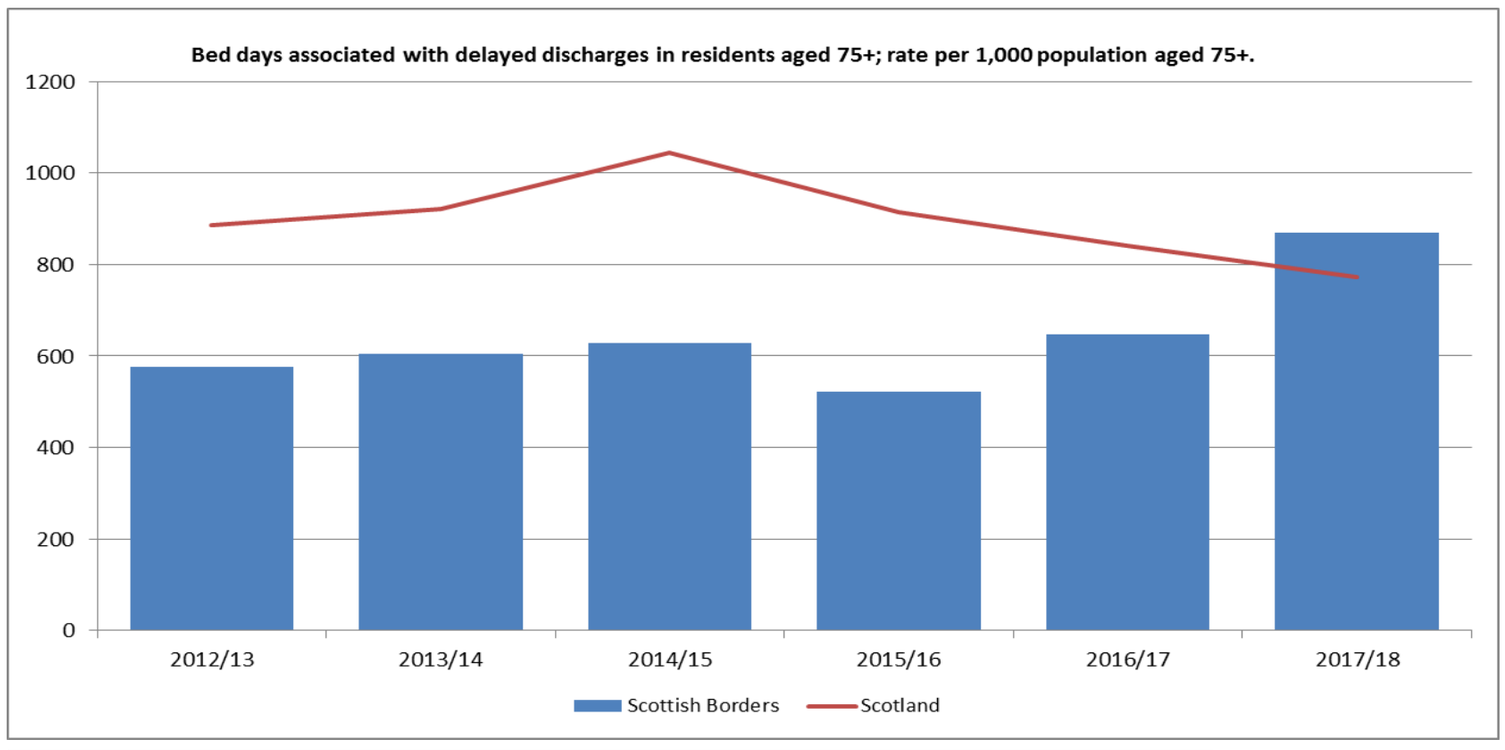
How are we performing?

The quarterly 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?

Up to 2016/17, rates for the Scottish Borders were lower (better) than the Scottish average. However, in 2017/18 the Borders' rate was higher than Scotland's.

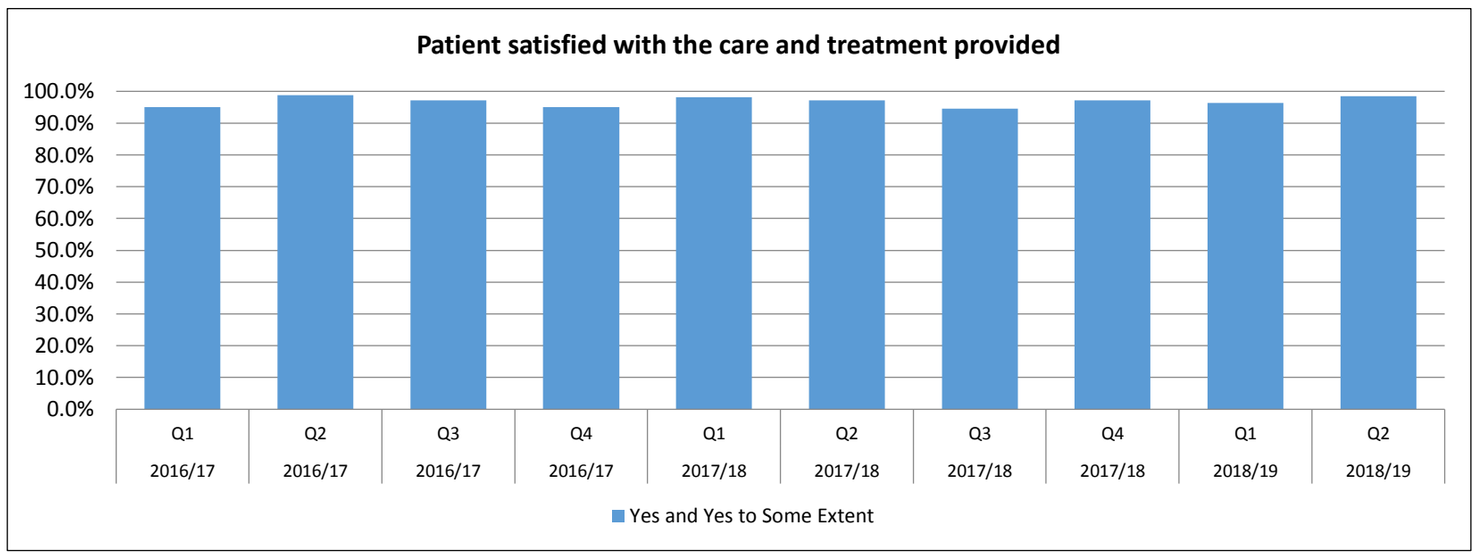
*Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account 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

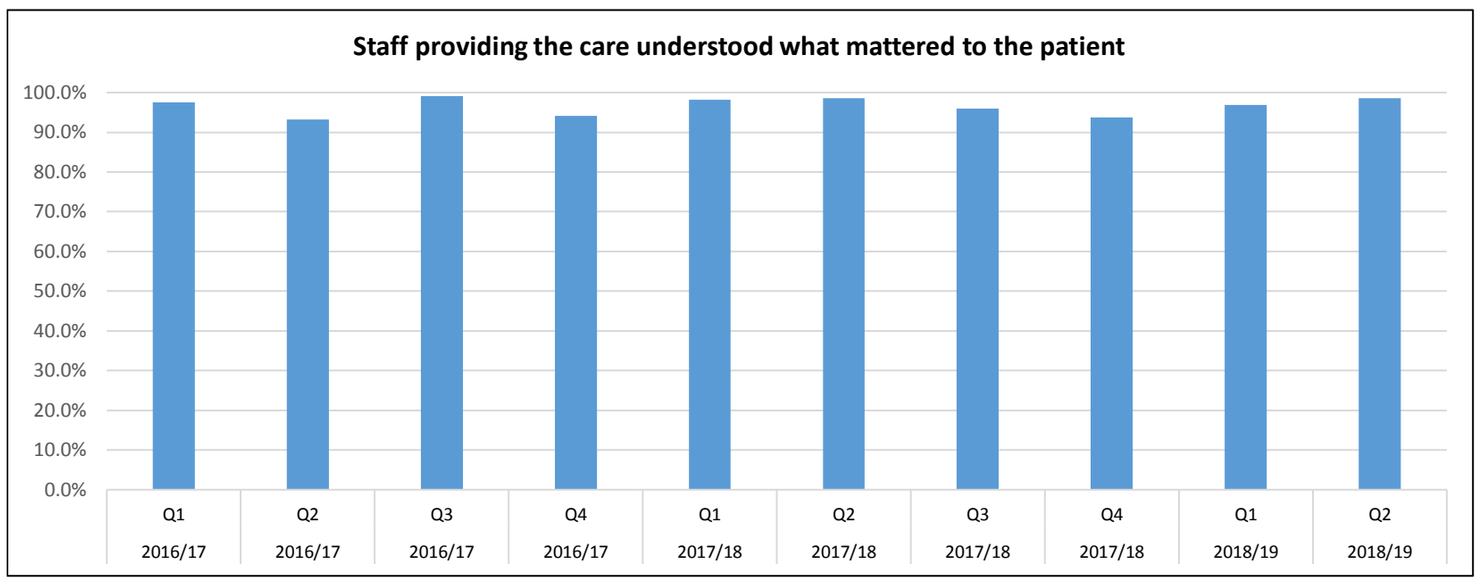
Q1 Was the patient satisfied with the care and treatment provided?

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q14 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
Patients feeling satisfied or yes to some extent	232	160	105	116	105	206	141	135	156	135
% feeling satisfied or yes to some extent	95.1%	98.8%	97.2%	95.1%	98.1%	97.2%	94.6%	97.1%	96.3%	98.5%



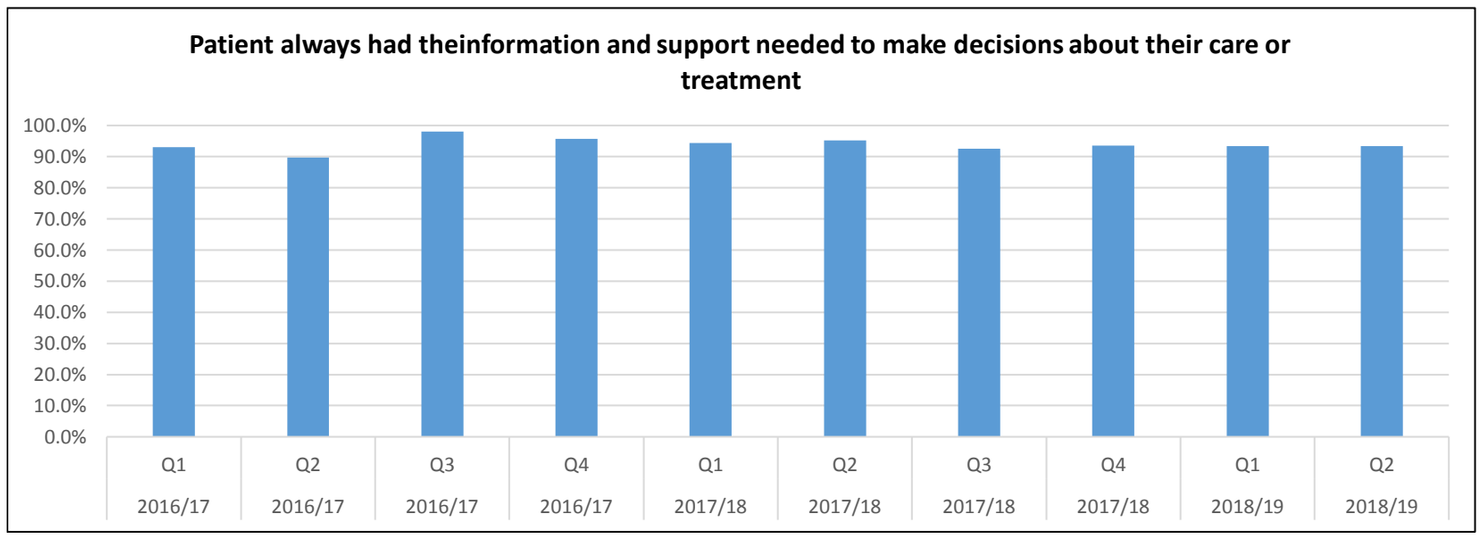
Q2 Did the staff providing the care understand what mattered to the patient?

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q14 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
Staff providing the care understood what mattered to the patient, or yes to some extent	238	151	106	113	105	213	144	135	158	136
% understood what mattered or yes to some extent	97.5%	93.2%	99.1%	94.2%	98.1%	98.6%	96.0%	93.8%	96.9%	98.6%



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	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
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	141	125
% 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%	93.4%	93.3%



How are we performing?

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

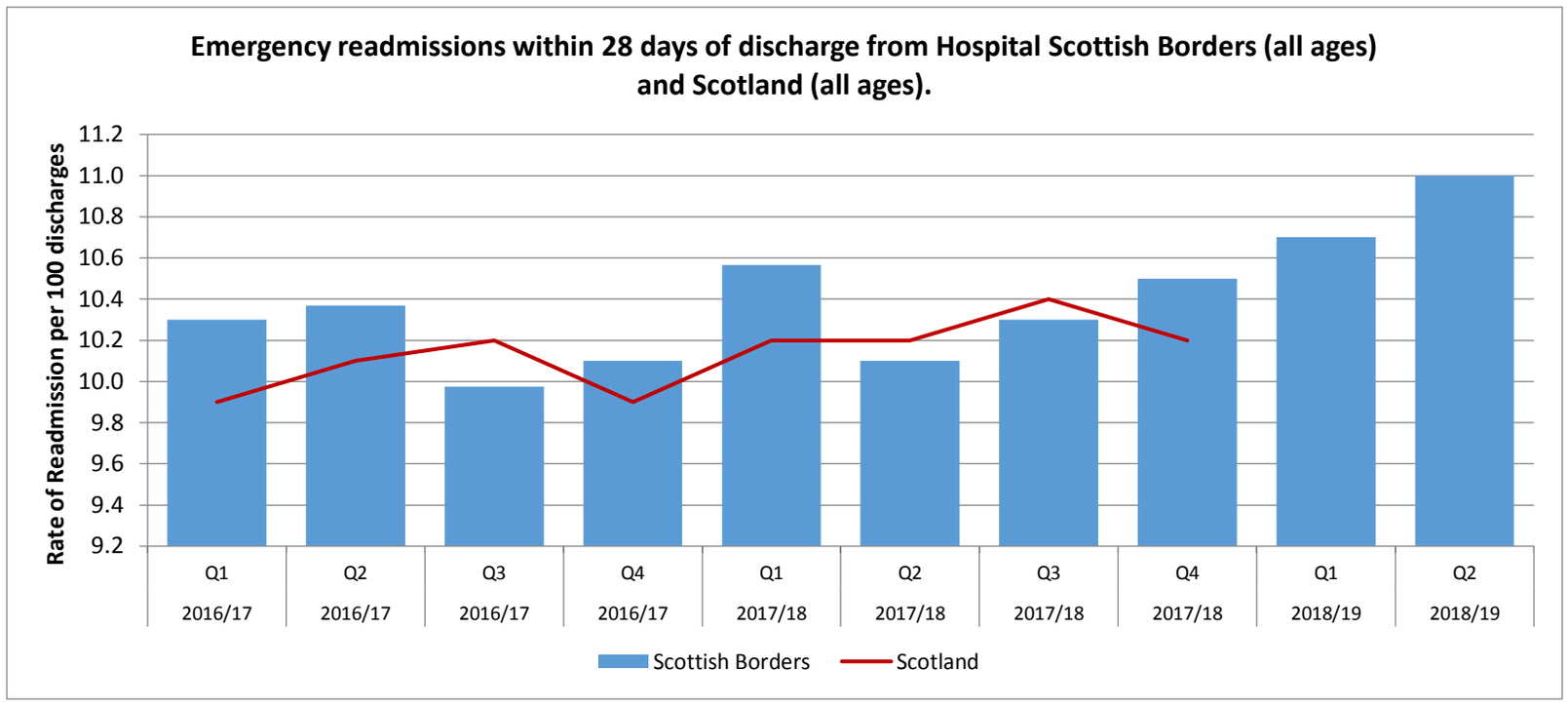
The positive response averages for the last 7 quarters are 96.7% for question 1, 96.6% for question 2 and 94.0% for question 3.

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).

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
28-day readmission rate Scottish Borders (per 100 discharges)	10.2	10.4	10.0	10.1	10.6	10.1	10.3	10.5	10.7	11.0
28-day readmission rate Scotland (per 100 discharges)	9.9	10.1	10.2	9.9	10.2	10.2	10.4	10.2	-	-



How are we performing?

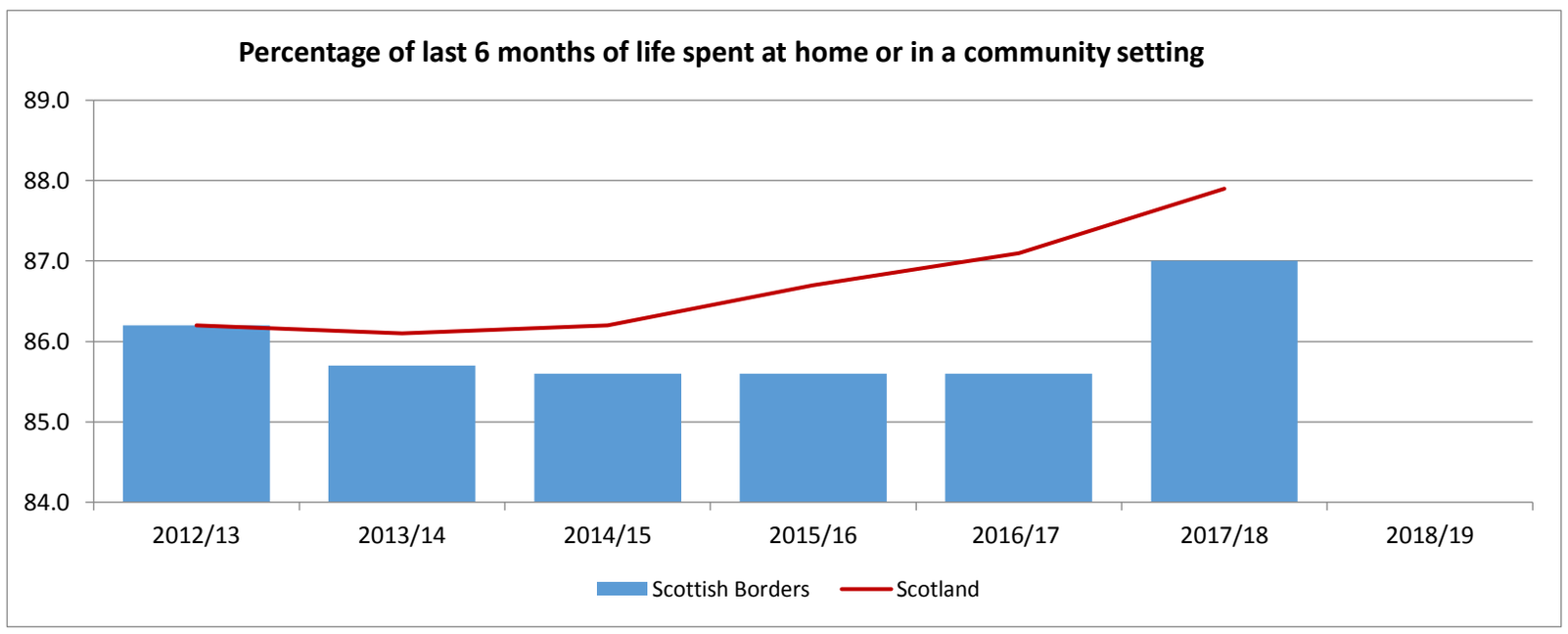
The quarterly rate of emergency readmissions within 28 days of discharge for Scottish Borders residents has fluctuated since the start of the 2016/17 financial year, but has generally remained under 11 readmissions per 100 discharges. There has been a notable increase in readmissions within 28 days of discharge since quarter two of 2017/18.

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 improvements in the accuracy of NHS Borders' data coding. Quarter 4 in 2017/18 saw the Borders rate increase beyond the Scottish Average again.

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

Source: Core Suite Indicator workbooks

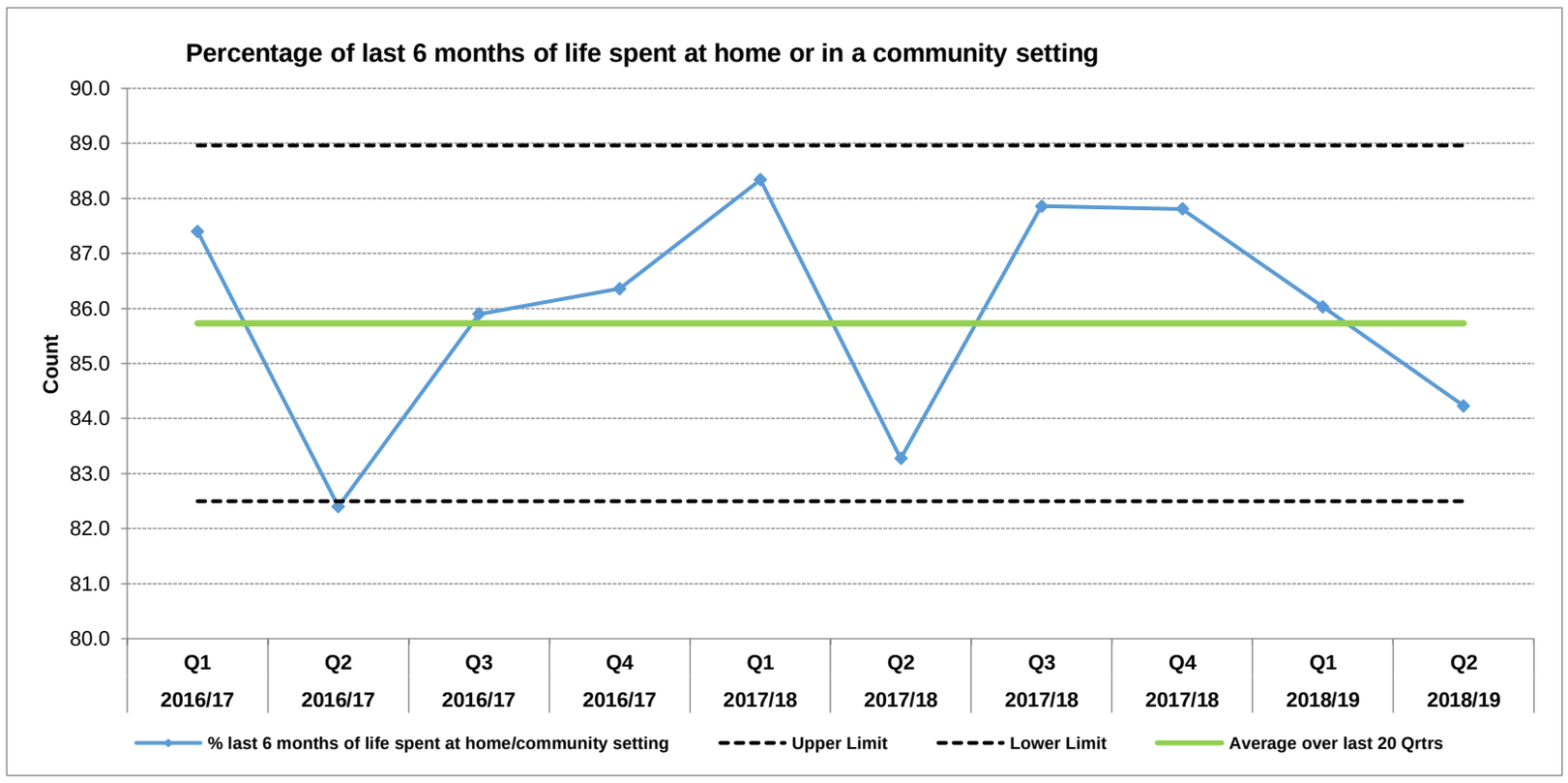
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Scottish Borders	86.2	85.7	85.6	85.6	85.6	87.0	
Scotland	86.2	86.1	86.2	86.7	87.1	87.9	



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

Source: Core Suite Indicator workbooks

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
% last 6 months of life spent at home or in a community setting Scottish Borders	87.4	82.4	87.9	86.4	88.3	83.3	87.9	87.8	86.0	84.2



How are we performing?

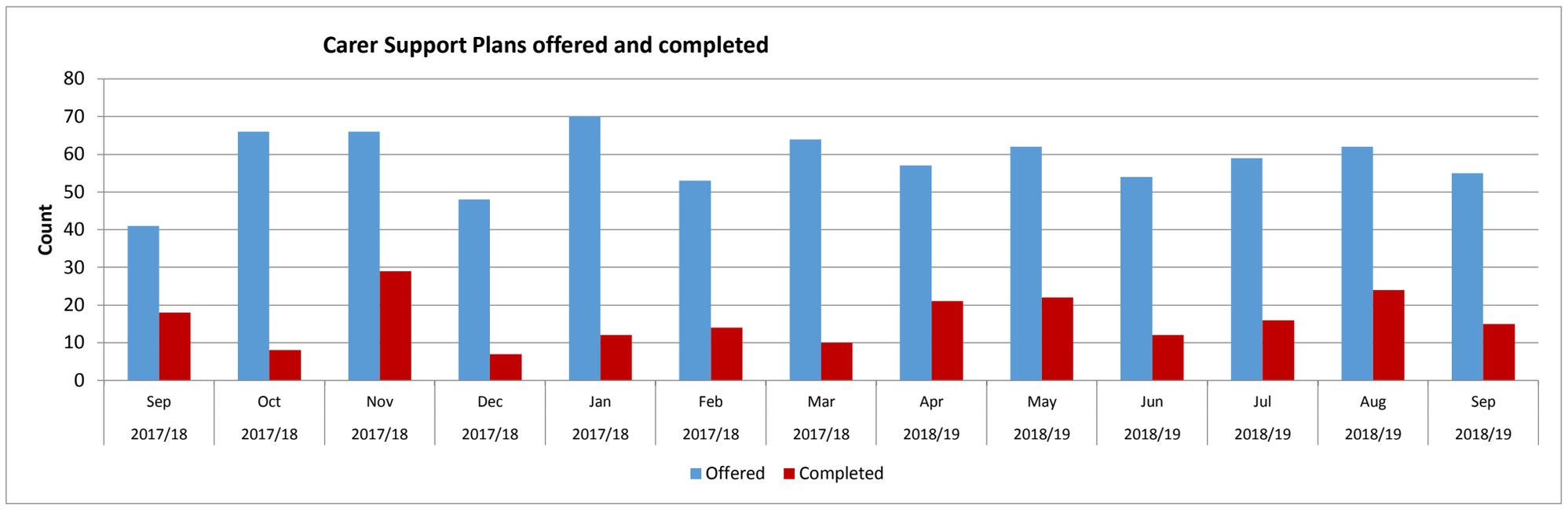
The percentage of last 6 months of life spent at home or in a community setting has appeared fairly consistent in the Borders from year to year since 2013/14 but in each case remains a little below the Scottish average, which is gradually increasing.

In addition to the annual measure around end of life care, local quarterly data has been provided in relation to last 6 months of life (for Scottish Borders only). However, the very "spikey" nature of the figures requires the Integration Performance Group to investigate this measure further to explore the reasons for the fluctuations and assess its usefulness and accuracy within this performance scorecard. It may be that the figures need to be treated on a "provisional" basis.

Carers offered and completed Carer Support Plans

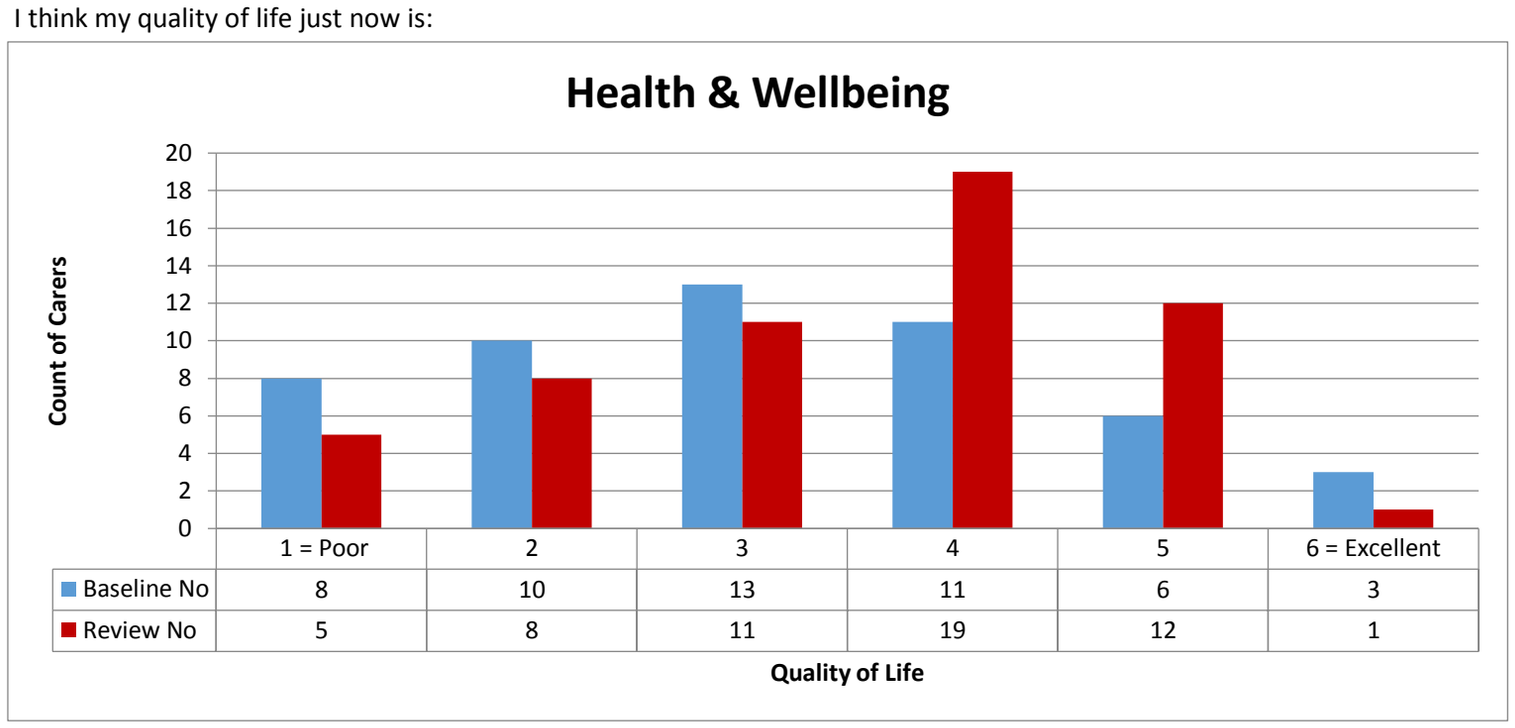
Source: Mosaic Social Care System and Carers Centre

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Assessments offered during Adult Assessment	41	66	66	48	70	53	64	57	62	54	59	62	55
Asssessments completed by Carers Centre	18	8	29	7	12	14	10	21	22	12	16	24	15



Health and Wellbeing (Q2 2018/19)

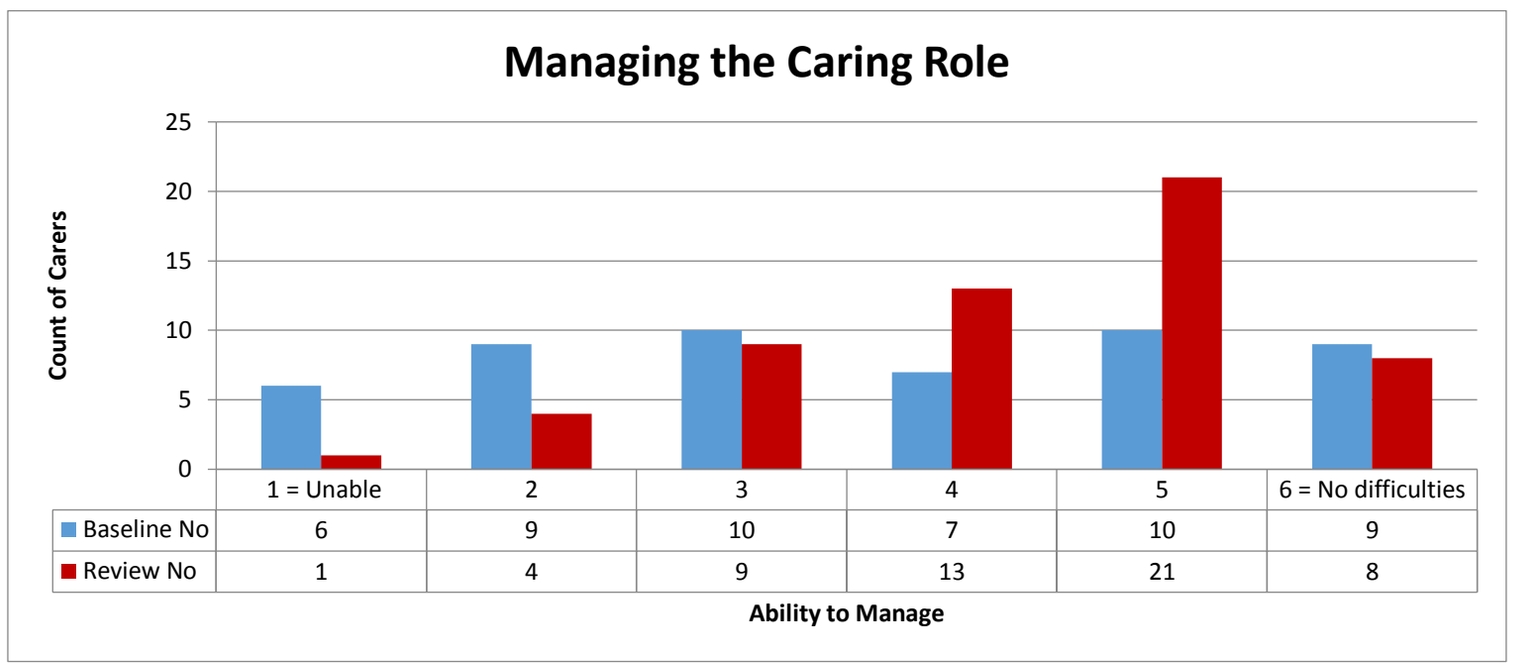
I think my quality of life just now is:



	1 = Poor	2	3	4	5	6 = Excellent
Baseline No	8	10	13	11	6	3
Review No	5	8	11	19	12	1

Managing the Caring role

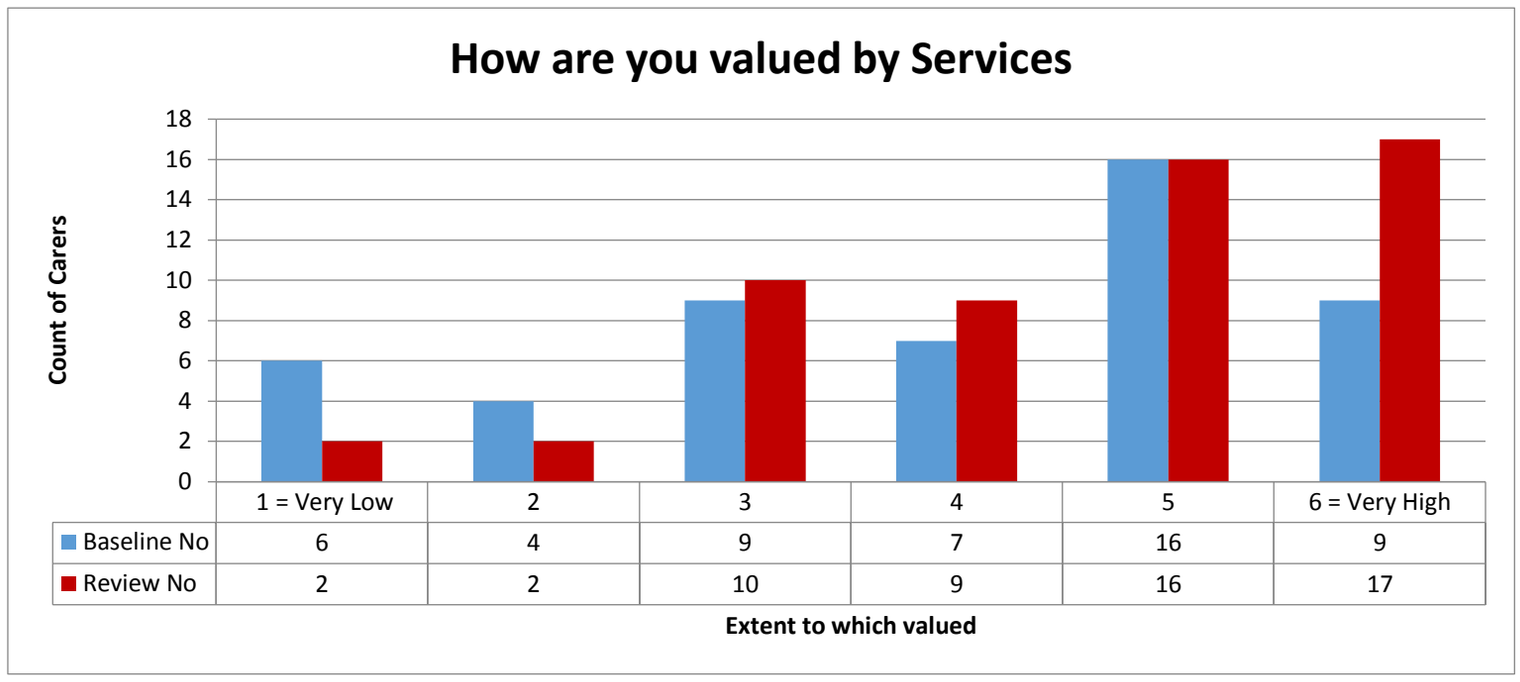
I think my ability to manage my caring role just now is:



	1 = Unable	2	3	4	5	6 = No difficulties
Baseline No	6	9	10	7	10	9
Review No	1	4	9	13	21	8

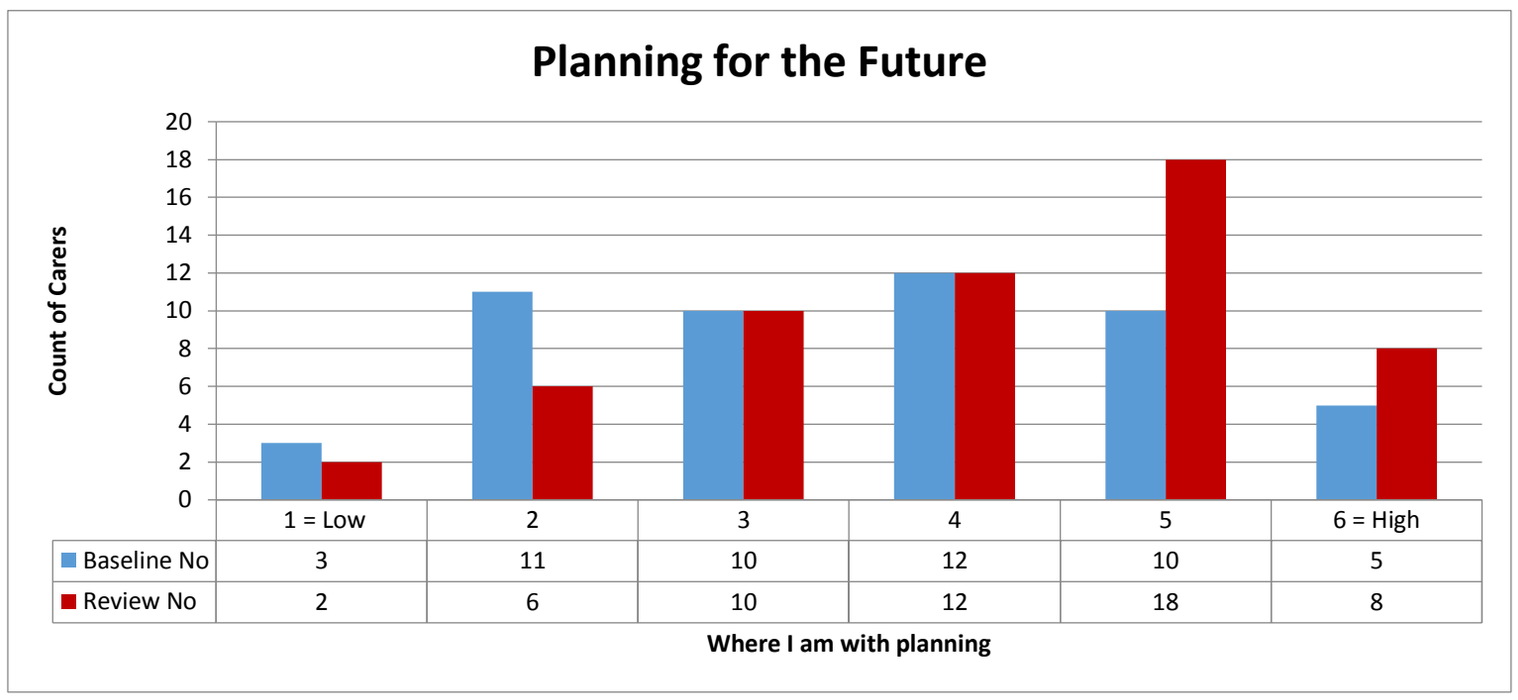
How are you valued by Services

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



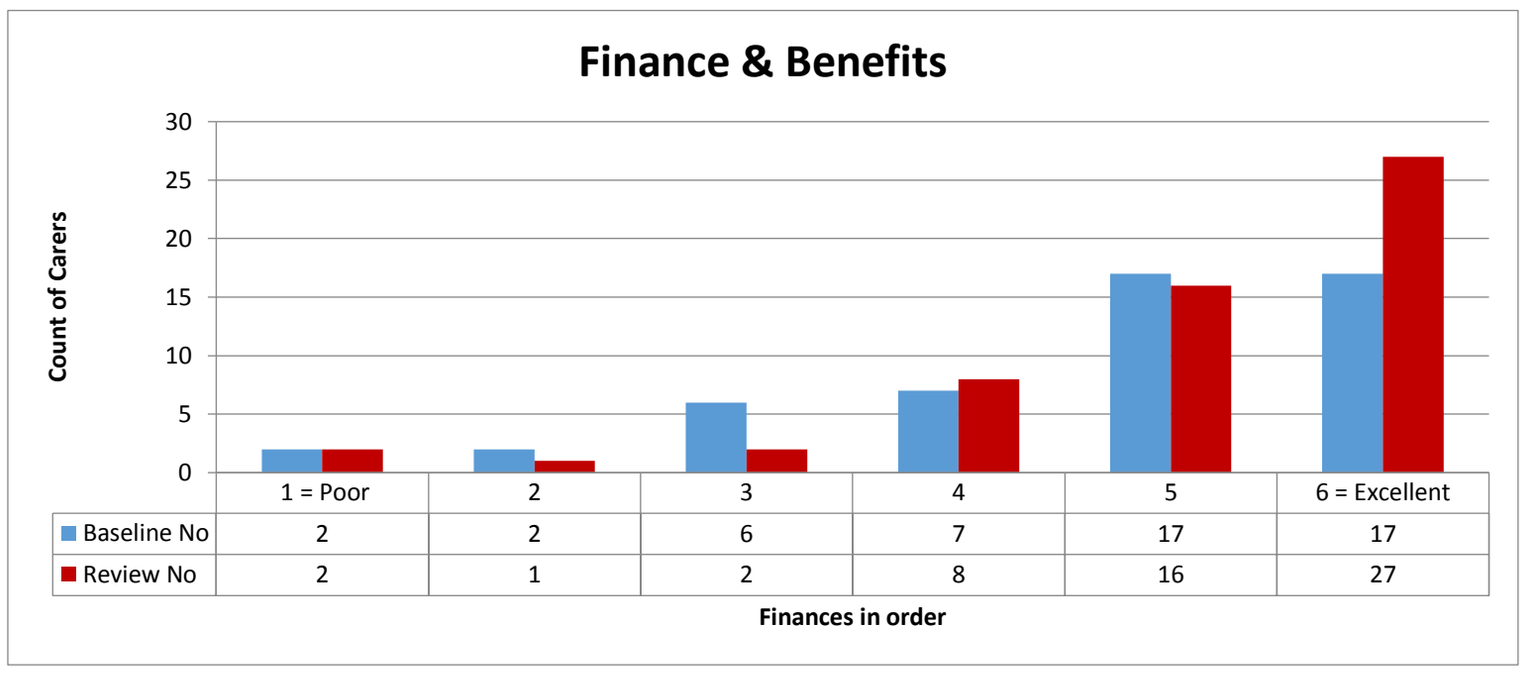
Planning for the Future

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: 28 January 2019

Report By	Mike Porteous, Chief Finance Officer
Contact	Mike Porteous, Chief Finance Officer
Telephone:	07973981394

MONITORING AND FORECAST OF THE HEALTH AND SOCIAL CARE PARTNERSHIP BUDGET 2018/19 AT 30 NOVEMBER 2018

Purpose of Report:	The purpose of this report is to provide an update to the IJB on the forecast year end position of the Health and Social Care Partnership (H&SCP) for 2018/19 based on available information to the 30th November.

Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) **Note** the forecast overspend of (£7.55m) for the Partnership for the year to 31 March 2018/19 based on available information **b) Note** that any expenditure in excess of the delegated budgets in 2018/19 will require to be funded by additional contributions from the partners in line with the approved scheme of integration

Personnel:	There are no resourcing implications beyond the financial resources identified within the report. Any significant resource impact beyond those identified in the report that may arise during 2018/19 will be reported to the Integration Joint Board.

Carers:	N/A

Equalities:	There are no equalities impacts arising from the report.

Financial:	No resourcing implications beyond the financial resources identified within the report. The information in this report has been reviewed by the Chief Officer and approved by NHS Borders' Director of Finance and Scottish Borders Council's Chief Financial Officer for factual accuracy. Both partner organisations' Finance functions have contributed to its development and will work closely with IJB officers in delivering its outcomes.

Legal:	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.

Risk Implications:	To be reviewed in line with agreed risk management strategy. The key risks outlined in the report form part of the draft financial risk register for the partnership.

Background

2.1 The report relates to the forecast position on both the budget supporting all functions delegated to the partnership (the "delegated budget") and the budget relating to large-hospital functions retained and set aside for the population of the Scottish Borders (the "set-aside budget").

2.2 The forecast position is based on the most recent updates presented to Scottish Borders Council and the Board of NHS Borders. It highlights the key areas of financial pressure at 30 November 2018 and any proposals identified for their mitigation.

Overview of Monitoring and Forecast Position at 30 November 2018

3.1 The budgets delegated by the IJB to the H&SCP are forecasting an overspend of (£7.549m) for the year to 31 March 2018. The forecast overspend has increased by (£0.583m) the last reported position in October. A breakdown of the forecast position by service within Function is provided in **Appendix 1.**

Healthcare Functions

3.1 The forecast for delegated healthcare functions is unchanged with a reported overspend of (£6.014m). The non delivery of (£4.8m) unidentified savings remains the largest element of the overspend. The Financial Recovery Plan will seek to identify schemes to address this balance going forward. The overspend also reflects forecast pressures within Learning Disabilities in relation to patients transitioning from Children's Services and within Mental Health in relation to agency costs for medical staff maternity cover. The prescribing forecast is unchanged at (£0.4m) reflecting the most recent actual information and known slippage in the delivery of planned savings. Staffing pressures within the Community Hospitals continue to drive a forecast overspend of (£0.425m) reported in Generic Services. Service leads and the Chief Officer are working to identify in year and recurring actions to address these pressures.

Social Care Functions

3.2 The forecast for Social Care delegated functions has moved adversely to an overspend of (£0.166m) in November. The main movements arise in Older Peoples services (£0.810m) where the impact of an increase in homecare packages and the use of agency staff are driving forecast spend up, and an increase in residential care costs (£0.102m) in relation to 2 clients within Learning Disabilities service. Work is underway to identify actions aimed at managing these pressures going forward.

Page 70

Large Hospital Functions Set-Aside

3.3 The Set-Aside functions are forecasting an increased overspend of (£0.423m) to a year end position of (£1.369m) over. Increases in the forecast overspend within A&E services (£0.145m) relates to pressures arising from rota gaps and the cost of supplies, and within Medicine & Long Term Conditions (£0.347m) relating to the use of agency staff to backfill medical staff in the short term are key factors. The underlying pressures relating to patient acuity, high levels of sickness absence and the high number of occupied bed days continue to adversely impact the expected outturn.

Delivering Financial Balance

4.1 The Chief Officer and the Chief Finance Officer have undertaken to bring a financial recovery plan to a future IJB meeting which will present potential actions to address the level of overspend going forward. In the past the level of overspends reported by the IJB have been met through additional allocations from the constituent partner organisations. The Health Board have confirmed that the forecast overspend of (£7.383m) relating to Health services is reflected in their year end forecast which remains at (£10.1m) and will be met through Brokerage. In keeping with previous years additional Council funding will be made available to address any overspend reported at the end of the year.

Risk

5.1 The risk that brokerage will not be forthcoming has been mitigated through the assurances provided by Scottish Government to NHS Borders.

5.2 There is a risk that in year savings delivery may slip further and management of ongoing pressures may not contain spend within the forecast. All budgetholders are required to continue to seek opportunities for in year and recurring savings and to highlight any potential new pressures to enable potential solutions to be identified.

5.3 There is a risk that a recovery plan may not identify sufficient actions to bring spend in line with current budget levels. The plan must explore all options across the partnership and produce an integrated plan.

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MONTHLY REVENUE MANAGEMENT REPORT

Summary	2018/19	At end of Month:	November

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	20,216	13,095	20,998	21,300	(302)	In addition to the unmet savings target increases in pressures within most services are resulting in an increase in the forecast overspend in November.
Joint Mental Health Service	15,422	10,785	16,139	16,349	(210)	
Joint Alcohol and Drug Service	530	321	546	537	9	
Older People Service	19,281	10,445	20,341	20,422	(81)	
Unidentified savings	(1,239)	0	(4,814)	0	(4,814)	
Physical Disability Service	3,322	2,272	3,593	3,588	5	
Prescribing	21,700	15,344	22,795	23,195	(400)	
Generic Services	69,394	46,801	70,356	70,743	(387)	
Large Hospital Functions Set-Aside	20,138	16,610	23,054	24,423	(1,369)	
Total	168,764	115,673	173,008	180,557	(7,549)	

MONTHLY REVENUE MANAGEMENT REPORT

Delegated Budget Social Care Functions	2018/19	At end of Month:	November

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	16,644	10,513	17,434	17,536	(102)	The residential care costs relating to 2 new LD cases within adult services have resulted in a significant increase in the forecast overspend. Increases in packages of care across all localities is driving the overspend within Older People.
Joint Mental Health Service	2,108	1,344	1,997	2,032	(35)	
Joint Alcohol and Drug Service	173	70	173	164	9	
Older People Service	19,281	10,445	20,341	20,422	(81)	
Physical Disability Service	3,322	2,272	3,593	3,588	5	
Generic Services	4,708	3,030	5,237	5,199	38	
Total	46,236	27,674	48,775	48,941	(166)	

MONTHLY REVENUE MANAGEMENT REPORT

Delegated Budget Healthcare Functions	2018/19	At end of Month:	November

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	3,572	2,582	3,564	3,764	(200)	Pressures relating to LD patients transitioning to adult services and agency costs relating to maternity cover in Mental Health are contributing to the overspend. Further pressures relating to slippage in prescribing savings and to staffing within Community Hospitals are also driving the forecast.
Joint Mental Health Service	13,314	9,441	14,142	14,317	(175)	
Joint Alcohol and Drug Service	357	251	373	373	0	
GP Prescribing	21,700	15,344	22,795	23,195	(400)	
Unidentified savings	(1,239)	0	(4,814)	0	(4,814)	
Generic Services	64,686	43,771	65,119	65,544	(425)	
Total	102,390	71,389	101,179	107,193	(6,014)	

MONTHLY REVENUE MANAGEMENT REPORT

Large Hospital Functions Set-Aside	2018/19	At end of Month:	November

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Accident & Emergency	2,003	1,907	2,601	2,863	(262)	Gaps in the A&E rota which have to be filled are impacting adverserly on the forecast, as is an increase in ongoing supplies spend. The use of agency staff to cover medical staff absence is not expected to continue to the year end.
Medicine & Long-Term Conditions	11,847	10,182	14,014	14,908	(894)	
Medicine of the Elderly	6,288	4,521	6,439	6,652	(213)	
Total	20,138	16,610	23,054	24,423	(1,369)	

Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 28 January 2019

Report By	Rob McCulloch-Graham, Chief Officer Health & Social Care
Contact	Louise Ramage, PA to Chief Officer Health & Social Care
Telephone:	01896 825571 / 01835 826685

STRATEGIC PLANNING GROUP REPORT

Purpose of Report:	To update the Integration Joint Board on the work of the Strategic Planning Group.

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

Personnel:	*N/A*

Carers:	*N/A*

Equalities:	*N/A*

Financial:	*N/A*

Legal:	*N/A*

Risk Implications:	*N/A*

Purpose

The purpose of this report is to update the Integration Joint Board (IJB) on any key actions and issues arising from the Strategic Planning Group (SPG) meeting held Wednesday 7 November 2018.

SPG Key Actions & Issues

Rapid Re-housing Transition Plan
An introduction to the initial draft Scottish Borders Rapid Re-housing Transition Plan was given, which was submitted to Scottish Government on 31 December 2018. Feedback on this submission is still to be received as the government's evaluation tool for the plans is still in development.

Scottish Government announced the ambitious plan to end homelessness in Scotland through the Ending Homelessness Together fund of £50million, therefore every local authority in Scotland has been tasked to produce a plan to inform funding allocation. The main theme of the plan focuses on the prevention of homelessness and those who become homeless are to be fast tracked into permanent mainstream housing, with a minimal time spent in temporary accommodation.

Key partners, such as the Health & Social Care Partnership, are to be involved in the ongoing development and resource of the plan.

The final plan will be circulated to SPG members for their information after submission on 31 March 2019.

Day of Care Audit (DoCA Plus)
A presentation was given on the periodic audits of patients in Borders General Hospital (BGH), Community Hospitals and Mental Health Wards undertaken in 2018/19. This provided information on the delay experienced by patients in their pathway of care and asked 'What would it take for this person to be safely managed out of hospital?' The results of these audits highlighted the tasks and challenges ahead, as well as informing the Winter Plan for 2018/19.

Queries were raised regarding the need for property adaptations, community support and staffing to enable safe, timely and sustainable discharge. Additionally, the need for prevention of unnecessary admission to hospital was a main discussion point.

A proposal was approved by the SPG to undertake strategic review and development of commissioning plan for home-based step-up and step-down care. Update reports will be periodically presented to future SPG meetings.

Locality Working Groups (LWGs) Event
It was advised a LWGs summit had be arranged for 29 January 2019, with invites sent out to all LWG members of whom 20 people have confirmed their attendance. This event will cover:

- Defined roles and responsibilities of the LWGs
- Ongoing development of the Strategic Plan
- LWG agenda for the year

IJB Performance Report

A presentation was given on the overview of the Quarterly Performance Report, to be taken to the January IJB. The inclusion of the Red Amber Green (RAG) status was presented and discussed, following the request from the IJB. Discussions ensued on specific statistics in the report and the set criteria of identifying delayed discharges. Additionally concerns were raised regarding the readmission rates and the cultural changes required to implement the new General Medical Services (GMS) contract.

External Consultant Reports

The following reports, along with a summary, were shared with the SPG members for information:

- Review of the Clinical Model for Community Hospitals in Scottish Borders – Prof. Anne Hendry
- Care Pathways and Delayed Discharges – Prof. John Bolton
- Integrated Strategic Plan for Older People's Housing Care and Support – Anna Evans

Terms of Reference

The updates to the Terms of Reference, further amended and approved by the Integrated Joint Board on 17 December 2018, were shared with the SPG members. Once amended, the revised copy with be circulated to all SPG members.

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