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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 **Wednesday, 19th June, 2019** at **10.00 am** in Council Chamber, SBC

## AGENDA

| Time | No | | Lead | Paper |
|---|---|---|---|---|
| | **1** | **ANNOUNCEMENTS AND APOLOGIES** | | |
| | **2** | **REGISTER OF INTERESTS** | | (Pages 3 - 18) |
| | **3** | **MINUTES OF PREVIOUS MEETING** | | (Pages 19 - 26) |
| | **4** | **MATTERS ARISING - ACTION TRACKER** | | (Pages 27 - 32) |
| | **5** | **CHIEF OFFICER'S REPORT** | | (Pages 33 - 36) |
| | **6** | **DEPUTATION** | | (Pages 37 - 38) |
| | **7** | **FINANCE** | | |
| | **8** | **FOR DECISION** | | |
| | 8.1 | Integration Joint Board 2019/20 Financial Plan | | (Pages 39 - 44) |
| | 8.2 | Locality Working Groups | | (Pages 45 - 54) |

| | | |
|---|---|---|
| 8.3 | Integration Joint Board Audit Committee Annual Report 2019/20 | (Pages 55 - 62) |
| 8.4 | Performance Management Framework | (Pages 63 - 88) |

**9 FOR NOTING**

| | | |
|---|---|---|
| 9.1 | Long Term Conditions Update | |
| 9.2 | Outcomes of Development Session | (Pages 89 - 96) |
| 9.3 | Quarterly Performance Report | (Pages 97 - 116) |
| 9.4 | Annual Operational Plan | |
| 9.5 | Strategic Planning Group Report | (Pages 117 - 118) |

**10 ANY OTHER BUSINESS**

**11 DATE AND TIME OF NEXT MEETING**

Wednesday 14 August 2019 at 10.00am in the Council Chamber, Scottish Borders Chamber.

**12 AT THE CONCLUSION OF THE PUBLIC MEETING, THE BOARD MAY RECONVENE FOR ANY MATTERS OF RESERVED BUSINESS**

Scottish Borders Health & Social Care Integration Joint Board

Meeting Date:19 June 2019

| | |
|---|---|
| Report By | Robert McCulloch-Graham, Chief Officer |
| Contact | Iris Bishop, Board Secretary |
| Telephone: | 01896 825525 |

# REGISTER OF INTERESTS

| | |
|---|---|
| **Purpose of Report:** | To seek approval of the Register of Interests |

| | |
|---|---|
| **Recommendations:** | The Health & Social Care Integration Joint Board is asked to:<br>a) **Approve** the Register of Interests. |

| | |
|---|---|
| Personnel: | N/A |

| | |
|---|---|
| Carers: | N/A |

| | |
|---|---|
| Equalities: | Compliant |

| | |
|---|---|
| Financial: | N/A |

| | |
|---|---|
| Legal: | Statutory requirement. |

| | |
|---|---|
| Risk Implications: | N/A |

**Description of interests to be registered – pages 2-4**

**The Register of Interests for members of the Scottish Borders Health & Social Care Integration Joint Board follow on pages 5-22.**

**Hard copies of which can be obtained by contacting the Board Secretary, Borders NHS Board, Headquarters, Education Centre, Borders General Hospital, Melrose, TD6 9BD.**

The Register of Interests has been drawn up in accordance with the Ethical Standards in Public Life etc (Scotland) Act 2000 (Register of Interests) Regulations 2003 as amended, Board Members of devolved public bodies are required to give notice of their interest under the following headings:-

## 1. REMUNERATION

i. You have a registerable interest where you receive remuneration by virtue of being:-
- Employed;
- Self-employed'
- The holder of an office;
- A director of an undertaking;
- A partner in a firm; or
- Undertaking a trade, profession or vocation, or any other work.

ii. In relation to the above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.

iii. If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two "Related Undertakings".

iv. If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.

v. When registering employment, you must give the name of the employer, the nature of its business and the nature of the post held in the organisation.

vi. When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.

vii. Where you otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication and the frequency of articles for which you are paid.

viii. When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and detail of the nature of its business.

ix. Registration of a pension is not required as this falls outside the scope of the category.

## 2. RELATED UNDERTAKINGS

i. You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of a company (or other undertaking) in which you hold a remunerated directorship.

ii. You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.

iii. The situations to which the above paragraph apply are as follows:-

- You are a director of a Board of an undertaking and receive remuneration declared under category one; and
- You are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

## 3. CONTRACTS

i. You have a registerable interest where you, or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 6(i) below, have made a contract with Scottish Borders Council or NHS Borders:-

a) under which goods or services are to be provided, or works are to be executed; and
b) which has not been fully discharged.

ii. You much register a description of the contract, including its duration, but excluding the consideration.

## 4. HOUSES, LAND AND BUILDINGS

i. You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed.

ii. The test to be applied when considering the appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.


Page 35 of 4

## 5. INTERESTS IN SHARES AND SECURITIES

i. You have a registerable interest where you have an interest which may be significant to, of relevance to, or bear upon, the work and operation of the IJB, in shares comprised in the share capital of a company or other body and the nominal value of the shares is:-

a) greater than 1% of the issued share capital of the company or other body; or
b) greater than £25,000.

ii. Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

## 6. GIFTS AND HOSPITALITY

i. You must register the details of any gifts or hospitality received within your current term of office, except that it is not necessary to record any gifts or hospitality as described as follows:-

a) isolated gifts of a trivial character the value of which must not exceed £50;
b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or
c) civic gifts received on behalf of the public body.

## 7. NON FINANCIAL INTERESTS

i. You may also have a registerable interest if you have non financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations are registered and described.

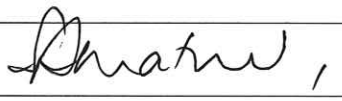
ii. In the context of non financial interest, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.


Page 64

Scottish Borders Health & Social Care
Integration Joint Board

Scottish Borders
Health and Social Care
PARTNERSHIP

## REGISTER OF INTERESTS

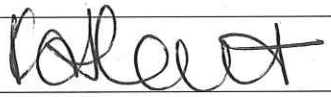
| | |
|---|---|
| **Members Name** | Dr Stephen Mather |
| **Category of Membership** | Chairman – voting, NHS |
| **Date of Declaration** | 28th May 2019 |
| **Member's Signature** |  |

| **Registerable Interest** | | **Description of Interest** |
|---|---|---|
| 1 | **Remuneration** | Sessional rate (NHS national rate) for IJB meetings/preparatory work and meeting officers |
| 2 | **Related Undertakings** | None |
| 3 | **Contracts** | None |
| 4 | **Houses, Land and Buildings** | None |
| 5 | **Shares and Securities** | None |
| 6 | **Gifts and Hospitality** | Hospitality from Scottish Borders Council at Melrose 7s – 13.4.19 |
| 7 | **Non Financial Interests** | None |

Scottish Borders Health & Social Care
Integration Joint Board

Scottish Borders
Health and Social Care
PARTNERSHIP

## REGISTER OF INTERESTS

| | |
|---|---|
| **Members Name** | Karen Hamilton |
| **Category of Membership** | Voting Member |
| **Date of Declaration** | 29-05-2019 |
| **Member's Signature** |  |

| **Registerable Interest** | | **Description of Interest** |
|---|---|---|
| 1 | **Remuneration** | Remunerated as office holder: Interim Chair of NHS Borders. |
| 2 | **Related Undertakings** | Nil |
| 3 | **Contracts** | Nil |
| 4 | **Houses, Land and Buildings** | Nil |
| 5 | **Shares and Securities** | Nil |
| 6 | **Gifts and Hospitality** | Nil |
| 7 | **Non Financial Interests** | Nil |

Scottish Borders Health & Social Care
Integration Joint Board

Scottish Borders
Health and Social Care
PARTNERSHIP

## REGISTER OF INTERESTS

| | |
|---|---|
| **Members Name** | MALCOLM DICKSON |
| **Category of Membership** | VOTING MEMBER |
| **Date of Declaration** | 28.5.19 |
| **Member's Signature** | |

| | **Registerable Interest** | **Description of Interest** |
|---|---|---|
| 1 | **Remuneration** | NON-EXEC DIRECTOR NHS BORDERS |
| 2 | **Related Undertakings** | N/A |
| 3 | **Contracts** | N/A |
| 4 | **Houses, Land and Buildings** | N/A |
| 5 | **Shares and Securities** | N/A |
| 6 | **Gifts and Hospitality** | N/A |
| 7 | **Non Financial Interests** | JOINT SECRETARY, BORDERS NETWORK OF CONSERVATION GROUPS; CAMPAIGN MEMBER, CAMPAIGN FOR A SCOTTISH BORDERS NATIONAL PARK. |

Scottish Borders Health & Social Care
Integration Joint Board

Scottish Borders
Health and Social Care
PARTNERSHIP

## REGISTER OF INTERESTS

| | |
|---|---|
| **Members Name** | Tris Taylor |
| **Category of Membership** | Voting Member |
| **Date of Declaration** | 06.06.19 |
| **Member's Signature** |  |

| | **Registerable Interest** | **Description of Interest** |
|---|---|---|
| 1 | **Remuneration** | As a Non Executive of NHS Borders |
| 2 | **Related Undertakings** | NIL |
| 3 | **Contracts** | NIL |
| 4 | **Houses, Land and Buildings** | NIL |
| 5 | **Shares and Securities** | NIL |
| 6 | **Gifts and Hospitality** | NIL |
| 7 | **Non Financial Interests** | NIL |

Scottish Borders Health & Social Care
Integration Joint Board

Scottish Borders
Health and Social Care
PARTNERSHIP

## REGISTER OF INTERESTS

| | |
|---|---|
| **Members Name** | David Parker |
| **Category of Membership** | Non Executive Director |
| **Date of Declaration** | 30 May 2019 |
| **Member's Signature** | |

| **Registerable Interest** | | **Description of Interest** |
|---|---|---|
| 1 | **Remuneration** | Non Executive Member of NHS Borders<br>Non Executive Member of the Scottish Local Government Pensions Agency<br>Non Executive Member of the Scottish Teachers Pension Agency |
| 2 | **Related Undertakings** | Non Executive Member of NHS Borders |
| 3 | **Contracts** | Nil |
| 4 | **Houses, Land and Buildings** | Joint owner of 6 Shielswood Court, Tweedbank |
| 5 | **Shares and Securities** | Nil |
| 6 | **Gifts and Hospitality** | Monthly submission provided to SBC |
| 7 | **Non Financial Interests** | Non Executive Member of NHS Borders<br>Non Executive Member of the Scottish Local Government Pensions Agency<br>Non Executive Member of the Scottish Teachers Pension Agency |

Scottish Borders Health & Social Care
Integration Joint Board

Scottish Borders
Health and Social Care
PARTNERSHIP

**REGISTER OF INTERESTS**

| | |
|---|---|
| **Members Name** | R. R. GRAHAM. |
| **Category of Membership** | Chief Officer. |
| **Date of Declaration** | 4/6/19. |
| **Member's Signature** | |

| | **Registerable Interest** | **Description of Interest** |
|---|---|---|
| 1 | **Remuneration** | Employed |
| 2 | **Related Undertakings** | None. |
| 3 | **Contracts** | None. |
| 4 | **Houses, Land and Buildings** | None. |
| 5 | **Shares and Securities** | None. |
| 6 | **Gifts and Hospitality** | None. |
| 7 | **Non Financial Interests** | None. |

Scottish Borders Health & Social Care
Integration Joint Board

Scottish Borders
Health and Social Care
PARTNERSHIP

**REGISTER OF INTERESTS**

| | |
|---|---|
| **Members Name** | MICHAEL PORTEOUS |
| **Category of Membership** | NON VOTING |
| **Date of Declaration** | 3/6/19 |
| **Member's Signature** | Michael Porteous |

| | **Registerable Interest** | **Description of Interest** |
|---|---|---|
| 1 | **Remuneration** | Employed by NHS Lothian – on secondment to SBHSCP |
| 2 | **Related Undertakings** | N/A |
| 3 | **Contracts** | N/A |
| 4 | **Houses, Land and Buildings** | N/A |
| 5 | **Shares and Securities** | N/A |
| 6 | **Gifts and Hospitality** | N/A |
| 7 | **Non Financial Interests** | N/A |

Scottish Borders Health & Social Care
Integration Joint Board

## REGISTER OF INTERESTS

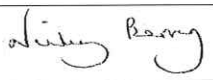
| | |
|---|---|
| **Members Name** | Dr Cliff Sharp |
| **Category of Membership** | Member |
| **Date of Declaration** | 12.6.19 |
| **Member's Signature** |  |

| **Registerable Interest** | | **Description of Interest** |
|---|---|---|
| **1** | **Remuneration** | None |
| **2** | **Related Undertakings** | None |
| **3** | **Contracts** | None |
| **4** | **Houses, Land and Buildings** | None |
| **5** | **Shares and Securities** | None |
| **6** | **Gifts and Hospitality** | None |
| **7** | **Non Financial Interests** | Member, Royal College of Psychiatrists |

Scottish Borders Health & Social Care
Integration Joint Board

Scottish Borders
Health and Social Care
PARTNERSHIP

## REGISTER OF INTERESTS

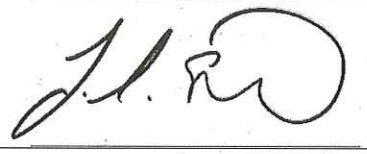
| | |
|---|---|
| **Members Name** | *Mrs Nicky Berry* |
| **Category of Membership** | *Member – Non Voting* |
| **Date of Declaration** | 05.06.19 |
| **Member's Signature** |  |

| **Registerable Interest** | | **Description of Interest** |
|---|---|---|
| **1** | **Remuneration** | None |
| **2** | **Related Undertakings** | None |
| **3** | **Contracts** | None |
| **4** | **Houses, Land and Buildings** | None |
| **5** | **Shares and Securities** | None |
| **6** | **Gifts and Hospitality** | None |
| **7** | **Non Financial Interests** | None |

Scottish Borders Health & Social Care
Integration Joint Board

Scottish Borders
Health and Social Care
PARTNERSHIP

## REGISTER OF INTERESTS

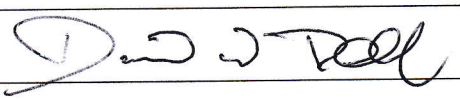
| | |
|---|---|
| **Members Name** | Jenny Smith |
| **Category of Membership** | Non Voting, Third Sector Representative. |
| **Date of Declaration** | 29-5-19 |
| **Member's Signature** |  |

| **Registerable Interest** | | **Description of Interest** |
|---|---|---|
| 1 | **Remuneration** | Employed by:<br>Borders Care Voice<br>Third Floor<br>Triest House, Bridge St<br>Galashiels TD1 1SW |
| 2 | **Related Undertakings** | |
| 3 | **Contracts** | |
| 4 | **Houses, Land and Buildings** | |
| 5 | **Shares and Securities** | |
| 6 | **Gifts and Hospitality** | |
| 7 | **Non Financial Interests** | |

Scottish Borders Health & Social Care
Integration Joint Board

Scottish Borders
Health and Social Care
PARTNERSHIP

## REGISTER OF INTERESTS

| | |
|---|---|
| **Members Name** | **David Bell** |
| **Category of Membership** | **NON VOTING** |
| **Date of Declaration** | 13 June 2019 |
| **Member's Signature** |  |

| | **Registerable Interest** | **Description of Interest** |
|---|---|---|
| 1 | **Remuneration** | EMPLOYED BY SBC |
| 2 | **Related Undertakings** | N/A |
| 3 | **Contracts** | N/A |
| 4 | **Houses, Land and Buildings** | N/A |
| 5 | **Shares and Securities** | N/A |
| 6 | **Gifts and Hospitality** | N/A |
| 7 | **Non Financial Interests** | Member of Unite The Union |

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Scottish Borders
Health and Social Care
PARTNERSHIP

Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Wednesday 8 May 2019 at 10.00am in Committee Rooms 2 & 3, Scottish Borders Council.

| | | |
|---|---|---|
| **Present**: | (v) Cllr D Parker | (v) Dr S Mather (Chair) |
| | (v) Cllr J Greenwell | (v) Mr M Dickson |
| | (v) Cllr S Haslam | (v) Mrs K Hamilton |
| | (v) Cllr T Weatherston | (v) Mr T Taylor |
| | (v) Cllr E Thornton-Nicol | Mrs J Smith |
| | Mrs N Berry | Mrs Y Chapple |
| | Ms L Gallacher | Mr M Porteous |
| | Mr R McCulloch-Graham | |
| **In Attendance**: | Miss I Bishop | Mr G Clinkscale |
| | Mrs T Logan | Mr A Haseeb |
| | Mr D Robertson | Mr J Lamb |
| | Mrs S Bell | |

## 1. Apologies and Announcements

Apologies had been received from Mr John McLaren, Dr Cliff Sharp, Mr David Bell, Dr Angus McVean, Mr Ralph Roberts, Mr Stuart Easingwood, Mrs Jill Stacey and Mrs Carol Gillie.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Gareth Clinkscale, Hospital Manager and Mr James Lamb to the meeting.

The Chair welcomed members of the public to the meeting.

## 2. Declarations of Interest

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the verbal declaration of Cllr Elaine Thornton-Nicol of being registered with the Eildon Medical Practice.

## 3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 25 February 2019 were amended at page 4, minute 10, paragraph 2, line 3, to insert “If possible” after “current year” and with that amendment the minutes were approved.


Page 197

## 4. Matters Arising

**4.1 Chairs Action: Integrated Care Fund Update:** In regard to COPD, Mr Robert McCulloch-Graham advised that the COPD project had not yet commenced and would be part of the work being taken forward in regard to Long Term Conditions (LTCs). He advised that it was also part of the Turnaround Programme of work within the NHS and he would bring an update to the next meeting.

**4.2 Action 34:** Mr McCulloch-Graham confirmed that the item was complete.

**4.3 Action 3:** It was noted the item was complete as it appeared as a substantive item later on the agenda.

**4.4 Action 5:** It was noted the item was complete as it appeared as a substantive item later on the agenda.

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

## 5. Chief Officer's Report

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted: the Primary Care Strategy Group; Presentation to overview Group of GMS contract; Clinical Productivity and review of patient pathway from hospital to home; approach to dementia care in the Netherlands and the ability to change the model in Scottish Borders; Eildon Medical Practice transfer of ownership of the building and ensuring the provision of medical cover was continued; and winter planning debrief session.

The Chair enquired if the Meridien Clinical Productivity programme would lead to a reduction in social care costs. Mr McCulloch-Graham advised that it would improve efficiency which would lead to better value for money, however he reminded the Board that the Scottish Borders had a growing older population with more complex needs and potentially there could be a need for additional beds and hours in the future.

Mrs Karen Hamilton enquired if the role of home carers were likely to become more attractive to people as a career opportunity. Mr McCulloch-Graham commented that the home carer role opened up opportunities for people into further training and various nursing pathways.

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

## 6. Strata PathwaysTM – Proposed Extension of the Project

Mr Robert McCulloch-Graham introduced Mr James Lamb who provided an overview of the content of the report and highlighted various elements including: on-line directory of services; automation and redesign of processes; real time referrals; time savings for staff; better quality information available; and one licence for the whole of Strata.


Page 27

Mr McCulloch-Graham commented that in the context of the other discharge projects (Hospital to Home, Waverley, Garden View, Matching Unit and the Start Team) they all linked to Strata and the intention was to undertake a full evaluation in September 2019.

A robust discussion focused on: clarification of setting up project objectives; adequacy of governance provision and engagement monitoring; use of Prince 2 as the overall methodology; engagement of all 29 care homes with over 140 people trained on the system; providers moving from domestic broadband to business broadband and some had small additional costs of £3 or £5 a month as a consequence; relatable cash savings in terms of reducing beds due to an evidenced reduction in occupied bed days as a consequence of reduced demand on hospital services; banking of savings by the IJB as a consequence of new initiatives pump primed by the integrated care fund; 6 month break clause to provide evidence; and programme board governance to ensure probity against benefits.

Cllr David Parker questioned the return on investment on a product that was not proven. He queried the saving of £200k on an investment of £185k given the large financial gap that required closure. He suggested if a gateway process had been undertaken the Strata project would not have made it onto the Board agenda.

Mrs Tracey Logan disagreed and commented that there was evidence that the Strata system was working with other partnerships who have made significant savings as a result.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Project Evaluation Report for the Strata project (Phase 1).

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the proposed extension and expansion of the Strata Prototyping Project (Phase 2) relating to the Discharge Management Process for 6 months – with a full evaluation in 6 months to be brought to the September IJB meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that the extended project be funded from ICF funding.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that the scope of the project be extended to include Integrated Locality Teams and, if appropriate, Hospital to Home referrals.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that Strata be included in the “Discharge Programme” with four other projects (Matching Unit, Hospital to Home, Garden View and Transitional Care) and be evaluated with them in September 2019.

## 7. Primary Care Improvement Plan (April 2019-March 2020)

Mr Robert McCulloch-Graham gave an overview of the content of the report and highlighted the intention of the primary care improvement plan (PCIP).

Ms Lynn Gallacher commented that there was not enough detail within the PCIP in regard to carers and that the feedback she had received had been that they felt let down by Primary


Page 21

Care. Mr McCulloch-Graham advised that he would feed that back to the GP Sub and ensure carers were included within the plan.

Mr Malcolm Dickson enquired if there was a specific obstacle to GPs being aligned to the 5 localities given they were within 4 areas. Mr McCulloch-Graham commented that there were issues, however in practical terms interactions would be through the 5 localities and the GP areas would work with the 5 localities.

Mr Tris Taylor sought assurance that the plan would include involving people with long-term conditions in the development and delivery of community treatment & care services concerning chronic disease monitoring. Mr McCulloch-Graham confirmed that there was more detail to be put into the plan in terms of community treatment and care services and he anticipated long term conditions being included at a later date once the work being taken forward in regard to COPD and other long term conditions was concluded.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that a future Development session be led by service users and primary care leads in regard to long term conditions.

**8. Integration Joint Board 2019/20 Financial Plan**

Mr Mike Porteous gave an overview of the content of the paper and highlighted: the financial gap of £11.7m for 2019/20; recurring 2018/19 financial pressure to the Integration Joint Board (IJB); historic savings within the core savings and set aside savings; drive to make set aside services fully delegated in 2019/20; 2019/20 pressures and demographic growth; impact of increased care home rates; Carers Act; and free personal care loss of income.

Mr Porteous advised the Board that he was not in a position to present a balanced financial plan for the IJB at this time and the financial plan as it stood required extra money from NHS Borders and Scottish Borders Council with the added complication around the NHS Borders financial gap.

Cllr Shona Haslam enquired on the timescale for presenting the financial plan to the IJB. Mr Porteous advised that as it was linked in to the NHS Borders financial recovery he could not give a date until the NHS Borders position had been resolved.

Mr Tris Taylor enquired if the budget had been agreed. Mr Porteous commented that it was not and that his recommendation was to continue to have dialogue around the size of the financial gap for the NHS and how it would be addressed.

Mr Taylor commented that to be 6 weeks into a financial year without having a clear idea of what the budget was, was inappropriate. He suggested there was conflation due to the governance and accountability set up of the IJB which hindered progress.

Cllr John Greenwell commented that the continuing deficit made it difficult to come to a conclusion on how long it would take to narrow the financial gap, if it could be narrowed at all.

The Chair commented that there were anomalies within the Scheme of Integration whereby the partner bodies could seek repayment of the payment they may have made to close the financial gap. He suggested this was made more difficult by the Scottish Government not confirming budgets to Health Boards until later in the financial year.

Cllr Tom Weatherston reminded the Board of the Cabinet Secretary's announcement to Health Boards in 2018 in regard to brokerage and being tasked with ensuring financial breakeven within 3 years. He suggested whilst the situation was not helpful in that a budgetary position had not been reached, the most proactive option would be to agree with the recommendation, to ask the partners to continue to work together to reach a definitive position.

Cllr David Parker noted the report with both disappointment and concern, and suggested the Council Section 95 Officer and the NHS Borders Director of Finance be invited to attend the next meeting to clearly describe to the IJB the financial position and provide a clear mandate as to when they would present a clear balanced plan to the IJB.

Ms Lynn Gallacher sought national data on how the other IJBs had dealt with their budgets and if there were any lessons to be learned in that regard. Mr Robert McCulloch-Graham advised that there was a mix in regard to budgets in other IJBs. He was aware that there were 8 Health Boards in financial difficulty, with many IJBs in the same position as Scottish Borders.

Cllr Haslam suggested the paper be rejected as brokerage could not be confirmed as a source of funding to fund the financial gap

Cllr Parker moved to reject the paper and seek the attendance of the Section 95 Officer and NHS Director of Finance at the June meeting.

Mr Tris Taylor seconded Cllr Parker's motion.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to defer the acceptance of the report until after the next meeting in June.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested the NHS Borders Director of Finance and Scottish Borders Council Section 95 Officer attend the next meeting of the IJB in June to present the absolute facts of where the finances were and what would and would not plug the gap, that would then enable the IJB to make a decision as to whether it could accept the budget or not.

## 9. Outcomes from Development Session

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the item was deferred to the next meeting to be held in June 2019. Mr McCulloch-Graham would circulate a discussion paper on the outcomes of the development session which would lead to the issuing of directions later in the year.


Page 23

## 10. Ministerial Strategic Group for Health and Community Care – Integration Review

Mr Robert McCulloch-Graham advised that 3 separate submissions had been formulated for discussion by the Executive Management Team on Friday (Scottish Borders Council submission, NHS Borders submission and the Integration Joint Board submission). He intended merging the 3 documents into one single document for submission and would circulate it to Board members for comment.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the attached questionnaire and to prepare for a discussion at the conclusion of the meeting.

## 11. NHS Borders 2018/19 Festive Period Report

Mr Gareth Clinkscale provided an overview of the content of the report and advised that it had ultimately been a far better festive period than anticipated with the 4 hour performance target being consistently achieved between January to March 2019.

Mr Malcolm Dickson congratulated Mr Clinkscale and all concerned on the excellent performance and enquired if at an operational level there was enough information available on what should be repeated and invested in for the future. Mr Clinkscale advised that it was a challenge to provide the evidence as there had been much preparation work commenced in September through improvement methodologies which had led to a reduction in length of stay, the use of key acute matrix and putting effort in the Hospital to Home initiative. A full winter review had been commenced and the final report would be brought to the Board in the summer.

Mr Tris Taylor enquired if the Chair might write to thank the staff involved in the detail and rigour that went into the plan for the partner organisations. Mrs Nicky Berry advised that the Chief Executive at NHS Borders had already written to staff in that regard.

Cllr John Greenwell enquired what was meant by total breaches. Mr Clinkscale advised that a breach occurred when a patient had waited over 4 hours for admission or discharge from the Accident & Emergency Department.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the 2018/19 Festive Period Report and the performance of the system during that period.

## 12. Monitoring of the Integration Joint Budget 2018/19

Mr Mike Porteous gave a brief overview of the content of the report and advised that the previous monitoring report had forecast a £7.4m overspend. The position had improved to an overspend of just under £7m and both Scottish Borders Council and NHS Borders were required to officially confirm that position for their respective annual accounts. He advised that the overspend within NHS Borders was within the figure agreed for brokerage and an additional allocation would come from there, with no additional allocation required from Scottish Borders Council.

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

## 13. Strategic Planning Group Report

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

## 14. Eildon Medical Practice Update

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update as provided earlier in the meeting.

## 15. Any Other Business

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there was none.

## 16. Date and Time of next meeting

The Chair confirmed that the next meeting of the Health & Social Care Integration Joint Board was scheduled to take place on Wednesday 12 June 2019 at 10.00am in the Council Chamber, Scottish Borders Council, however due to the number of apologies received another date in June would be identified.

The meeting concluded at 12.00.

Signature: ……
Chair

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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~~ May 2019 | **In Progress:** Item scheduled for 19 November 2018.<br><br>**Update:** Session cancelled. Item scheduled to 27 May 2019 Development session.<br><br>**Update:** Rescheduled to November Development session as a consequence of changing the IJB meeting dates. | G |

**Meeting held 23 April 2018**

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

| Action Number | Reference in Minutes | Action | Action by: | Timescale | Progress | RAG Status |
|---|---|---|---|---|---|---|
| 29 | 9 | The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** | ~~Claire Pearce,~~ | ~~December 2018~~ | **In Progress:** Item scheduled for 17 December 2018. | G |

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|---|---|---|---|---|---|---|
| | | 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. | Nicky Berry, Angus McVean | April 2019 | **Update:** Item rescheduled to April 2019 meeting.<br><br>**Update:** Item rescheduled to June 2019 meeting due to reconfiguration of IJB meeting dates.<br><br>**Update 08.05.19:** Agreed that Clinical Governance Annual Report will be submitted to the IJB annually to provide assurance on this item. Awaiting final report from Clinical Governance Committee. | |



**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~~ 2019 | **In Progress:** Item scheduled for 19 November 2018.<br><br>**Update:** Session cancelled. Item rescheduled to 25 November 2019 Development session. | G |

**Meeting held 8 May 2019**

**Agenda Item:** Matters Arising

| Action Number | Reference in Minutes | Action | Action by: | Timescale | Progress | RAG Status |
|---|---|---|---|---|---|---|
| 6 | 4.1 | **Chairs Action: Integrated Care Fund Update:** In regard to COPD, Mr Robert McCulloch-Graham advised that the COPD project had not yet commenced and would be part of the work being taken forward in regard to Long Term Conditions (LTCs). He advised that it was also part of the Turnaround Programme of work within the NHS and he would bring an update to the next meeting. | Rob McCulloch-Graham | June 2019 | **In Progress:** Item added to June meeting agenda. | G |

**Agenda Item:** Strata PathwaysTM – Proposed Extension of the Project

| Action Number | Reference in Minutes | Action | Action by: | Timescale | Progress | RAG Status |
|---|---|---|---|---|---|---|
| 7 | 6 | The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the proposed extension and expansion of the Strata Prototyping Project (Phase 2) relating to the Discharge Management Process for 6 months – with a full evaluation in 6 months to be brought to the September IJB meeting. | Rob McCulloch-Graham, James Lamb | September 2019 | **In Progress:** Item added to September meeting agenda. | G |

**Agenda Item:** Primary Care Improvement Plan (April 2019-March 2020)

| Action Number | Reference in Minutes | Action | Action by: | Timescale | Progress | RAG Status |
|---|---|---|---|---|---|---|
| 8 | 7 | The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that a future Development session be led by service users and primary care | Rob McCulloch-Graham, Kenny | November 2019 | **In Progress**: Item added to November Development session schedule. | G |

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| | | leads in regard to long term conditions. | Mitchell | | | |

**Agenda Item:** Integration Joint Board 2019/20 Financial Plan

| Action Number | Reference in Minutes | Action | Action by: | Timescale | Progress | RAG Status |
|---|---|---|---|---|---|---|
| 9 | 8 | The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested the NHS Borders Director of Finance and Scottish Borders Council Section 95 Officer attend the next meeting of the IJB on 12 June to present the absolute facts of where the finances were and what would and would not plug the gap, that would then enable the IJB to make a decision as to whether it could accept the budget or not. | David Robertson, Carol Gillie | June 2019 | **In Progress:** Item added to June meeting agenda. | G |

**Agenda Item:** Outcomes from Development Session

| Action Number | Reference in Minutes | Action | Action by: | Timescale | Progress | RAG Status |
|---|---|---|---|---|---|---|
| 10 | 9 | The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the item was deferred to the next meeting and Mr McCulloch-Graham would circulate a discussion paper on the outcomes of the development session which would lead to the issuing of directions later in the year. | Rob McCulloch-Graham | June 2019 | **In Progress:** Item added to June meeting agenda. | G |

**Agenda Item:** Date and Time of next meeting

| Action Number | Reference in Minutes | Action | Action by: | Timescale | Progress | RAG Status |
|---|---|---|---|---|---|---|
| 11 | 16 | The Chair confirmed that the next meeting of the Health & Social Care Integration Joint Board was scheduled to take place on Wednesday 12 June 2019 at 10.00am in the Council Chamber, Scottish Borders Council, however due to the number of apologies received another date in June would be identified. | Iris Bishop | May 2019 | **Complete:** Meeting rescheduled to 19 June 2019. |   |

| 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: 19 June 2019

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|---|---|
| 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

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| **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. |

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

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| Personnel: | Not Applicable |

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| Carers: | Not Applicable |

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| Equalities: | Not Applicable |

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| Financial: | Not Applicable |

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|---|---|
| Legal: | Not Applicable |

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| Risk Implications: | Not Applicable |

**Chief Officer Report**

Visit to Stirling Care Village

As you will know, the partnership is examining a number of models of health and care as we develop our plans for the future provision within the Borders. To this end I visited a new provision on the old Stirling Royal Infirmary site.

The provision is offered through a range of services co-located on site; a large GP clinic with treatment rooms, minor injury facility, a Physiotherapy centre, and an intermediate care. So perhaps not what we would call a "care village", although there are plans to include housing with extra care on the same site in the future, so it may grow more into a village.

What was of interest however was their transition from Community Hospital provision into an intermediate care facility, the Bellfield Centre. Whilst they have only open 8 months it was impressive to hear of their ambition for further integration.

The centre catered for 48 people requiring a range of health and care services. It is designed around a short length of stay of a maximum of 6 weeks. Anyone needing to stay longer is charged a residential care rate. During the six weeks their patients undergo an extensive reablement function. This includes the use of four residential apartments which are set up with electronic and physical aids. During a short stay here, the patient and their family/carers learn how to utilise the equipment before it is installed in their own home. This ensures a safe discharge with the result that re-admission much less likely.

The facility offers a huge amount of potential learning for us when we are considering the future of our community hospitals.

Chief Officer Development Session

I have missed the previous three of these sessions which are usually held in Glasgow, this one was in Stirling. They are always very useful and informative but time and pressures often get in the way.

The main aims of the session were:

- To engage and influence Scottish Government as they develop the *future vision* for health and social care in Scotland;
- Forward plan to develop *what's next* for Health and Social Care Scotland as we position ourselves as a movement (through the lens of the Integration Review proposals).

The main discussion was on how the CO group could influence on future of health and social care, which mirrors the conversation the IJB held at the Dryburgh Development Session.

What was of peculiar interest, were the following national priorities that colleagues from Scottish Government shared with us.

- Ensure sustainable and safe local services.
- View the NHS as a service delivered predominantly in local communities rather in hospitals.
- Preventative, anticipatory care rather than reactive management.

- Galvanise the whole system (integrate the NHS – hospitals, general practice teams, social care providers, patients and their carers).
- Become a modern NHS – use technology to improve the standard and speed of care.
- Develop new skills to support local services – generalists as well as specialists, nurses, AHPs, doctors.
- Develop options for change with people, not for them

**Taken from "Building a health service fit for the future"**

*(I will leave you to determine which year these priorities were published)*

GP Executive Committee

GP sub-committee have appointed an executive group to lead on their work with the NHS Board and the IJB, with the inaugural meeting on 13 June 2019. The membership is Dr Kevin Buchan (Chair), Dr Tim Young, Dr Angus McVean, Dr Kirsty Robinson, Rob McCulloch-Graham, Kenny Mitchell, Zena Trendell and Sandra Pratt.

In particular this group will lead on behalf of the Border's GPs in the delivery of the Primary Care Improvement Plan. Our first meeting with the executive is tomorrow, and there is already a revised PCIP to be considered. I now very much look forward to an increase in pace for our joint improvement plan.

Older Person's Pathway Facilitated Session

Following the Dryburgh Development Session, we supported a further workshop, this time lead by our clinicians. The work examined the number of pathways that are taken by our frail elderly community when they require a health engagement.

The session was very well planned and executed, and has won the support of a range of service providers across a wide range of professions.

It is important and reassuring to note that the outcomes matched those from Dryburgh, it was essential however to ensure the engagement and support of our clinicians was secured. A number of them are now leading on further workstreams within the Health and Social Care agenda.

October Healthy Lives Week

Just a quick heads up that we intend to run another Healthy Lives Week in October following our successful week last year. We are hoping this year will be even bigger and we will be working with our colleagues in Public Health as well as the full range of services within the partnership. More information will be forthcoming.

Community Hospital Inspections

We had an announced inspection of all our Community Hospitals by Health Improvement Scotland (HIS) on 21 and 22 May 2019. There was then a feedback session held on 23 May and I am very pleased to inform you that we received very positive preliminary feedback and outcomes from the inspectors. We expect a finalised report of the findings and recommendations to be available in July 2019.

NHS Scotland Event – Dundee Discharge Model

I have to say I was very, very, impressed with this new model of discharge care that has been operating in Dundee now for about 8 months. I have yet to see the financials around the model to see if it is affordable, but it remains hugely impressive with regards to the outcomes for the people going through the service.

In short, the programme targets patients whilst they are in an acute setting, who have been allocated a residential care placement as their destination after discharge.

The programme recruits these patients and their families/carers to try three weeks at home before entry to their care home. During those three weeks they are provided with 24/7 care, and the workers are trained to introduce, medicine control, physical and electronic aids, and the provision of ongoing home care. The staff are skilled at bringing back confidence that these patients and families may have lost. The staggering figure is that of these patients 50% stay at home, not needing a care home placement.

The videos and case studies were extremely moving where these patients who would have lost their homes, are now back with loved ones, families, friends and pets.

Scottish Borders Health & Social Care

Integration Joint Board

Meeting Date: 19 June 2019

**Deputation to Integrated Joint Board on 19th June 2019 for Scottish Borders Community Councils' Network to be represented on IJB as a board member.**

Following the response by Dr Mather on 6th June to my email of same date refusing the request I wish to make a deputation under Standing Orders at **12. Reception of deputations** to be heard on 19th June 2019 at the Integrated Joint Board meeting.

The subject of this deputation and the action proposed for the IJB to take is contained in my email of 6th June 2019 (copied below) sent to the Chair of the IJB Dr Stephen Mather.

**Email of 6th June 2019 from C McGrath to Dr S Mather**

Dear Stephen

In early March I wrote to you requesting that the Scottish Borders Community Councils' Network be appointed to represent the Public Service User Voice on the IJB to which you responded you would come back to me. To date I have had no further response.

Following the recent AGM of the SBCCN I was re-elected Chair.

Under the 2014 legislation a Statutory Order was produced giving the makeup of the IJB which states at paragraph 3(6) *Once an integration Join Board is established it must appoint, in addition, at least one member in respect of each of the groups described in paragraph (7).*

At (7)(c) *service users residing in the area of the local authority; …*

The SBCCN, covering all 69 Community Councils with approx. 700 Community Councillors, has the largest representation of the collective view of service users in the borders and as such by statute *must* be appointed *at least one member* on the IJB.

As Chair I will be the representative, in my absence James Anderson Vice Chair, will attend. I anticipate that I will be attending the IJB meeting on 19th June.

Colin McGrath
Chair Scottish Borders Community Councils' Network – Sunday 9th June 2019

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Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 19 June 2019

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

# INTEGRATION JOINT BOARD 2019/20 FINANCIAL PLAN

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| **Purpose of Report:** | The purpose of this paper is to present the budget allocations from the Partners for 2019/20 and highlight the financial implications for the IJB of accepting these allocations. |

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| **Recommendations:** | The Health & Social Care Integration Joint Board is asked to:<br><br>a) **Acknowledge** the budget allocations from Scottish Borders Council and NHS Borders.<br><br>**b) Acknowledge** the forecast financial gap of (£10.2m) for 2019/20<br><br>**c) Direct** the IJB Officers to continue to work with NHS Borders and their Turnaround Programme to produce a financial recovery plan to address the financial gap and mitigate the risks relating to Health services<br><br>**d) Direct** IJB Officers to bring a paper to a future IJB outlining progress towards delivering a balanced budget for 2019/20 |
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| 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 2019/20 will be reported to the Integration Joint Board. |

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| Carers: | N/A |

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| Equalities: | The equalities impact of the contents of this report are not known at this stage. As the detailed outcomes of the settlements become apparent equalities impact assessments will be carried out. |

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| Financial: | No resourcing implications beyond the financial resources identified within the report.<br><br>The report draws on information provided in the finance reports presented to NHS Borders and Scottish Borders Council. Both partner organisations' Finance functions have contributed to its development. |

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

**Background**

2.1 The Scottish Government (SG) budget was approved by Parliament on 21st February 2019. The key aspects of the budget and their implications for NHS Borders (NHSB) and Scottish Borders Council (SBC) were highlighted in the paper presented to the IJB in February 2019. In summary they were

*Health*

- Uplift of 2.6% for NHS Borders
- Providing an additional £5.1m funding
- Requirement that the NHS payments to Integration Authorities for delegated functions must deliver a real terms uplift in baseline funding before the provision of funding for pay awards, over 18/19 cash levels.

*Local Authority*

- Overall a real terms reduction of 1.3% in the level of grant funding which equates to (£2.614m)
- Additional revenue funding totalling £148m nationally to fund the expansion of free personal and nursing care for under 65s, ongoing implementation of the Carers Act, and further investment in health and social care integration
- The ability for Local Authorities to offset their adult social care allocations to Integration Authorities in 2019/20 by up to 2.2% compared to 2018/19

2.3 The implications of these budget announcements for the IJB are detailed in the following sections of this report, which builds on the content of the previous Financial Plan paper taken to the May IJB.

**Financial Position 2019/20**

3.1 The Partner organisations have confirmed their 2019/20 resource allocations to the IJB for the delegated functions. A high level summary of baseline budget showing the key additional funding allocated by delegated function is provided below.

| Total Funding Allocations 2019/20 | SBC | NHSB Core | NHSB Set Aside | Total |
|---|---|---|---|---|
| | £m | £m | £m | £m |
| **2018/19 Recurring Budget** | **47.203** | **101.500** | **22.505** | **171.208** |
| Uplift | 1.055 | 2.639 | 0.585 | 4.279 |
| Free Personal Care | 0.577 | | | 0.577 |
| Carers Act | 0.243 | | | 0.243 |
| **Total Delegated Resources** | **49.078** | **104.139** | **23.090** | **176.307** |

3.2 The May Financial Plan paper set out the work undertaken to produce a forecast spend for the services delegated to the Health & Social Care Partnership, and the assumptions underpinning this work. The Table below sets out the outcomes of the modelling done.

| Projected Expenditure | SBC | Core | Set Aside | Total |
|---|---|---|---|---|
| | £m | £m | £m | £m |
| **Recurring Cost Base** | 47.203 | 101.500 | 22.505 | 171.208 |
| Recurring historical pressures | 0.000 | 0.700 | 0.800 | 1.500 |
| Unmet Savings | 0.201 | 4.959 | 3.680 | 8.840 |
| 2019/20 Pressures | 3.270 | 3.961 | 0.963 | 8.194 |
| **Total Forecast Expenditure** | **50.674** | **111.120** | **27.948** | **189.742** |

3.3 A comparison of forecast spend against allocated resources indicates a significant gap of £13.435m before savings are factored in. This represents 7.6% of the IJBs baseline budget and presents a significant savings challenge.

3.4 The table below sets out the comparison by delegated function.

| Financial Summary 2019/20 | SBC | NHSB Core | NHSB Set Aside | Total |
|---|---|---|---|---|
| | £m | £m | £m | £m |
| Resource Allocations | 49.078 | 104.139 | 23.090 | 176.307 |
| Forecast Expenditure | 50.674 | 111.120 | 27.948 | 189.742 |
| Projected Savings Requirement | (1.596) | (6.981) | (4.858) | (13.435) |

## Savings and Efficiencies

4.1 As part of their financial planning process both partner organisations are required to deliver savings in year and on a recurring basis to ensure a break even position is achieved at year end.

4.2 Within SBC savings totalling £1.319m have been identified to address the gap of £1.596m leaving an unmet gap of £0.277m. Further work is underway to identify additional schemes to close the gap to break even.


Page 3 of 5

4.3 The gap within Health services totals £11.839m. This gap contributes to the overspend of £21.7m presented in NHSBs 2019/20 financial plan. The plan remains out of balance and the Health Board have been in discussions with Scottish Government around the provision of brokerage to address the forecast unmet gap of £9.3m.

4.4 In recognition of the financial challenges facing the Health Board a Turnaround Team are supporting the delivery of savings. A workstream approach has been implemented with savings targets being allocated on a Business Unit basis. The recurring target for the delegated services within the Health Business Units totals £7.3m, with an estimated £1.915m of savings identified to date.

4.5 The impact of these savings on the overall position for the IJB is set out below.

| | | NHSB | | |
|---|---|---|---|---|
| **Savings Requirement** | **SBC** | **Core** | **Set Aside** | **Total** |
| | **£m** | **£m** | **£m** | **£m** |
| Projected Savings Requirement | (1.596) | (6.981) | (4.858) | (13.435) |
| Estimated Savings Plans | 1.319 | 1.665 | 0.250 | 3.234 |
| **Resultant Savings Requirement** | **(0.277)** | **(5.316)** | **(4.608)** | **(10.201)** |

## Delivering Financial Balance

6.1 It is clear from the above tables that the IJB is still forecasting a significant overspend after consideration of the estimated savings contribution.

6.2 Delivering financial balance will require the IJB to invoke the clause within the Scheme of Integration which enables it to request additional in year allocations from one or both Partner bodies to cover any overspend. NHSB has indicated that it will require brokerage to enable it to make any additional allocation and deliver a break even position. Discussions with the Scottish Government are at an advanced stage but no confirmation has been received that brokerage will be available or what requirements may be regarding repayment.

6.3 The work is continuing on a financial recovery plan which will identify further savings across delegated functions over a 3 to 5 year period, to bring these functions into future financial balance.

## Risk

7.1 The key risk to the IJB is on their ability to deliver strategic change in the context of the forecast financial position.

7.2 There is also a risk that NHSB's requirement for brokerage increases, placing further pressure on services to cut costs. At this stage brokerage has not been


Page 42

agreed with the Scottish Government and there is a risk that the full requirement cannot be met through negotiations with them.

7.3 In addition there is a risk that the identified savings schemes do not deliver to their planned level.

7.4 The position outlined in this paper assumes a number of pressures will be managed or will not emerge. Challenges exist however with regard to Learning Disability patients transitioning to adult services and in the cessation of staffing pressures within Set Aside services.

**Conclusion**

8.1 Whilst NHSB are awaiting a final decision from Scottish Government on whether they will receive brokerage, and a significant gap remains within the budget for Health Services in the Partnership it is not possible to present a balanced budget for 2019/20 at this point in time.


Page 485

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Scottish Borders Health & Social Care
Integration Joint Board

Meeting Date: 19 June 2019

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|---|---|
| Report by: | Robert McCulloch-Graham, Chief officer Health & Social Care |
| Contact: | Graeme McMurdo, Programme Manager |
| Telephone: | 01835 824000 ext 5501 |

# HEALTH & SOCIAL CARE – LOCALITIES APPROACH

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|---|---|
| Purpose of Report: | To propose a refreshed approach for locality working in relation to Health & Social Care Locailty Plans |

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| Recommendations: | The Health & Social Care Integration Joint Board is asked to agree:<br><br>1. H&SC Locality Plans and actions should be aligned to CPP themes and outcomes (and also aligned under the 3 H&SC Strategic Objectives).<br><br>2. Each locality has an identified 'Locality Lead', responsible for the planning and delivery of the H&SC actions. It is anticipated that the bulk of these will align under the 'Our health, care and wellbeing' CPP theme.<br><br>3. Identified members of IJB Leadership Team are allocated to specific localities. Their role to work with each 'Locality Lead' to plan and deliver the H&SC actions.<br><br>4. An admin resource is put in place to support the Locality Leads and IJB Leadership Team members in the delivery of H&SC actions and activity across all 5 localities and to ensure the coordination of relevant papers and updates for SPG, Area Partnership and CPP meetings.<br><br>5. All 5 Locality Leads should be members of Strategic Planning Group (SPG)<br><br>6. 1x Locality Lead is selected to represents the others when attending IJB (this could be on a rotational basis). |

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|---|---|
| Personnel: | Tbc |
| Carers: | Tbc |
| Equalities: | Tbc |
| Financial: | Tbc |
| Legal: | Tbc |
| Risk Implications: | tbc |

## 1. Locality Plans Background

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 put in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act required each Integration Authority to establish at least two localities within its area. The Scottish Borders has 5 localities:

- Berwickshire
- Cheviot
- Eildon
- Teviot & Liddesdale
- Tweeddale.

1.2 The Community Empowerment (Scotland) Act 2015 instructed authorities to form a Community Planning Partnership (CPP) for the local authority area. The CPP must prepare and publish a local outcomes improvement plan (LOIP) which sets out the local outcomes that the CPP has prioritised for improvement.

1.3 To address the requirements of the Public Bodies and the Community Empowerment Acts, Scottish Borders created:

- 5 Health & Social Care Locality Plans 2017-19 (one for each Locality).
- A Community Plan for the Borders.

1.4 The CPP Guidance also stated that CPPs should publish a locality plan for each locality. The latest version of the Community Plan (May 2018) includes locality plans (*these are currently under development*).

1.5 The result could be 5x Health and Social Care Locality Plans and 5x CPP Locality Plans. These plans primarily focused on tackling inequalities and delivering improved outcomes for local people. The current governance arrangements are:

- 5x Health & Social Care Locality Plans developed and delivered by Locality Working Groups (LWG), who report through Strategic Planning Group (SPG) to Integration Joint Board (IJB).
- 5x CPP Locality plans are developed and delivered by Area Partnerships, who report to Community Planning Partnership (CPP). Of which IJB is a statutory consultee.

1.6 With the current set of H&SC Locality Plans coming to an end (2019), is there an opportunity to better align H&SC Locality Plans with the CPP and to improve the resourcing, planning and delivery of actions. The February 2019 Ministerial Strategic Group (MSG) report on 'Progress with Integration of Health and Social Care JBs' included a number of proposals including:

- IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.
- Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.
- Effective approaches for community engagement and participation must be put in place for integration.
- Improved understanding of effective working relationships with carers, people using services and local communities is required.

…. which relate to improved use of IJB resource and improved locality/community engagement and participation.

## 2. Community Plan & Community Planning Partnership

2.1 The latest version of the Community Plan (May 2018) continues its focus on reducing inequalities. The plan highlights what the Borders-wide inequalities are, and how the Community Planning Partnership (CPP) together and with local communities and businesses can address these to deliver improved outcomes. The plan goes on to say that a small number of inequalities and outcomes are not Borders-wide and are more localised to specific communities, for example rural isolation. To reflect localised inequalities, 5x CPP Locality Plans are being developed. The planned CPP Locality Plans will each include demographics and SIMD data at Locality level. The CPP and the 5xCPP plans are set out under four themes of:

- Our economy, skills and learning
- Our health, care and wellbeing
- Our quality of life
- Our place

2.2 These themes are further broken down into specific outcomes. For example, the desired outcomes under 'Our Health, Care and Wellbeing' are:

- More people in good health and leading an active lifestyle at every age and stage of life
- More people in good mental health at every age and stage of life
- Improved support and care for older people

….which all apply to Health and Social Care. Additionally there are outcomes under the three other CPP themes that could also apply to H&SC including:

- More people benefitting from better connectivity [*Our economy, skills and learning*]
- Fewer people experiencing violence (incl. domestic abuse) [*Our quality of life*]
- More people living independently in affordable and sustainable homes [*Our place*]

## 3. Health and Social Care Locality Plans

3.1 The Integrated Strategic Plan (2018-21) has been structured around three strategic objectives of:

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

3.2 The original purpose of the H&SC Locality Plans was to ensure that local representatives – including health and social care professionals, third and independent sectors, housing, service users and carers – were given the opportunity to influence and inform service planning, "*as we move towards achieving the objectives set out in the Strategic Plan*."

3.3 The 2017-19 H&SC Locality Plans acknowledge that CPPs are required to produce Locality Plans (under the requirements of the Community Empowerment Scotland Act 2015). However, in regard to any requirement for a completely separate set of H&SC Locality Plans, the Chief Officer Health & Social Care stated in his foreword to the 2017-19 H&SC Locality Plans that "***In the future our aspiration is to bring these plans together within one plan.***"

**The next section looks options for better incorporating H&SC Locality Plans within the CPP.**

## 4. Combining CPP Locality Plans and H&SC Locality Plans

4.1 The Community Plan has developed over time and the Integration Strategic Plan 2018-21 has been updated. The current H&SC Locality Plans end this year (2019) and are due for revision.

4.2 The CPP Locality Plans focus on reducing inequality. The H&SC Locality plans have focused on "*ensuring local professionals and the public can be involved in service planning*". However, in practice, are these aims different? (e.g.) if reducing inequalities is about closing the gap between the least and most disadvantaged in our communities (because people living in more affluent areas tend to live longer, healthier lives than those in less affluent areas), then is there any reason why H&SC actions should not be broadly focused on this as well?

4.3 With regard to identified local priorities, the current H&SC Locality Plans (2017-19) demonstrate that there is **not** a great deal of difference between the localities – for example, 5 of the 9 identified local priorities in each of the current H&SC Locality Plans are identical.

| Local Priorities identified | Berwickshire | Cheviot | Eildon | Teviot & Liddesdale | Tweeddale |
|---|---|---|---|---|---|
| Increase the availability of locally based rehabilitation services | X | X | X | X | X |
| Increase the range of housing options available across the locality | X | X | X | X | X |
| Improve support for unpaid carers | X | X | X | X | X |
| Increase the range of care and support options available to enable people to stay in their own homes & communities | X | X | X | X | X |
| Improve the availability and accessibility of services and/or improve transport links | X | X | X | X | X |
| Improve efficiency and effectiveness of existing co-located and integrated teams | | X | | | |
| Reduce the number of people attending BGH on multiple occasions | | | X | | |
| Reduce the number of people admitted to hospital with drug and alcohol related problems | | | X | | |
| Develop robust preventative services and early intervention for long-term conditions | | | | X | |

These 5 shared priorities can be regarded as Borders-wide priorities, and are concerned with improving rehabilitation services, housing options, care & support, support for carers and accessibility/transport. The remaining 4 priorities (based on how they are worded) do not appear to be specific to any particular locality (i.e.) unless people admitted to hospital with drug and alcohol related problems is a particular issue only for Eildon.

4.4 Using a best-fit approach, the table overleaf shows how the H&SC Locality Plan local priorities above could fit under the under the three Strategic Objectives and also how they *could* be aligned to CPP themes and outcomes. (the majority of which fit under the 'Our health, care and wellbeing' theme)

**Table 1: 2017-19 H&SC Locality Plan identified priorities – mapped to H&SC Strategic Objectives & a selection of CPP outcomes**

| HSC Locality Plan Priorities (current) | H&SC (BEST FIT) | | | Selection of CPP Themes & Outcomes (BEST FIT) | | | | |
|---|---|---|---|---|---|---|---|---|
| | *Strategic Objectives* | | | *Our Health, Care and Wellbeing* | | | *Our Economy, skills & learning* | *Our place* |
| | Improve health & reduce hospital admissions | Improve flow into, through and out of hospital | Improve community capacity for people to better manage their own conditions and support those who care for them. | More people in good health and leading an active lifestyle | More people in good mental health | Improved support and care for older people | More people benefitting from better connectivity | More people living independently in affordable and sustainable homes |
| Increase the availability of locally based rehabilitation services | X | | | X | | | | |
| Increase the range of housing options available across the locality | | | X | | | | | X |
| Improve support for unpaid carers | | | X | | | X | | |
| Increase the range of care and support options available to enable people to stay in their own homes & communities | | | X | | | X | | |
| Improve the availability and accessibility of services and/or improve transport links | | | X | | | | X | |
| Improve efficiency and effectiveness of existing co-located and integrated teams | | | X | | | X | | |
| Reduce the number of people attending BGH on multiple occasions | | X | | | | X | | |
| Reduce the number of people admitted to hospital with drug and alcohol related problems | X | | | | X | | | |
| Develop robust preventative services and early intervention for long-term conditions | X | | | X | | | | |

## 5. Governance & Resource arrangements

5.1 A meeting was held on 29th January 2019 with Locality Working Group representatives. The names of the attendees is shown in *Appendix 1*. There was a lot of discussion but the broad themes coming out of the meeting concerned:

- Governance
- Resource & Support
- Participation & Planning

5.2 GOVERNANCE

Some of the points raised at the 29th Jan meeting with regard to governance included:

- Locality groups want to have genuine strategic influence
- There is a lack of clarity in what is required from locality groups?
- Groups need clear Terms of Reference

5.3 There are probably 2 options with regard to governance:

(1) Fully integrate the H&SC Locality Plans within CPP and Area Partnership governance. Each Area Partnership meets 5x per year, is chaired by a local Elected Member and each meeting has a formal agenda & minute produced. Each Area Partnership has an asset register, information about events & venues, area profiles/stats and as discussed already, each CPP Area partnership will also have a Locality Plan.

(2) Do not fully integrate H&SC Locality Plans within CPP and Area Partnership arrangements, but align H&SC activity to CPP themes and outcomes and better resource the planning and delivery of H&SC actions.

5.4 RESOURCE & SUPPORT

At the 29th January LWG meeting, resource was mentioned a number of times. This covered two main areas of:

- a desire for resource to arrange meetings, take minutes and to organise local activity (i.e.) identified staffing resource to organise activity and to ensure consistency across all 5 localities.
- availability of and/or access to budget to invest in the delivery of local actions.

5.5 Improved resource could be delivered through:

- Identification of a 'Locality Lead' to be responsible for the planning and delivery of the 'Our health, care and wellbeing' CPP theme.
- Identified members of the IJB Leadership Team allocated to specific localities. Their role being to support respective Locality Leads in coordinating the planning and action delivery of the 'Our health, care and wellbeing' theme within each locality.
- IJB provision of an admin resource to support Locality Leads and Leadership Team to deliver the 'Our health, care and wellbeing' theme across the 5 localities. The admin role would also be responsible for coordinating relevant papers and updates for Area Partnership meetings.
- The locality groups would be represented on the Strategic Planning Group

and therefore influence the delivery of the Health & Social Care Partnership Strategic Plan and support the local delivery of community health and social care services.

5.6 PARTICIPATION & PLANNING

Participation and planning at local level will in large part depend on what Governance and Resource/Support arrangements are in place. Critically, there is a requirement to encourage wider representation at local level and broader participation in Locality planning and delivery groups (i.e.) to encourage and develop representation from individuals/groups who would not normally volunteer or want to be involved.

The recent SBC budget announcement to create a consolidated Community Fund of over £1.2m, devolved to Area Partnerships giving local communities decision-making power on how this budget is spent in their area, could help to address this at Area Partnership level. Access to IJB/ICF funding could help address this for H&SC specific delivery.

With regard to participation, part of the remit of the IJB Leadership Team members allocated to each Locality could be to develop wider local participation in planning and action delivery.

## Appendix 2: LWG summit – 29th January 2019 attendees

| Table 1 | Table2 |
|---|---|
| • Margaret Taylor<br>• Diane McDonald<br>• Claire Veitch<br>• Susan Hogg<br>• Jenny Merchiston<br>• Andrea McKenzie | • Kathy Cremin<br>• Lisa Riddell<br>• Juliana Amaral<br>• Erica Reid |
| **Table 3** | **Table 4** |
| • Penny Oliver<br>• Nichola Sewell<br>• Gordon Elliot<br>• Lucasz Bogus<br>• Peter Cooper<br>• Charmain Ledsham | • Diana Findlay<br>• Jane Douglas<br>• Jim Armstrong<br>• Kathleen Travers<br>• Heather Batch<br>• Tom McGrath |
| **Table 5** | |
| • Pauline Grigor<br>• Alex Jones<br>• Caroline Fahim<br>• Janet Dobson<br>• Sam Wallace<br>• Katie Cathrow | |

| High level themes emerging from comments/discussion |
|---|
| **Resource/Support**<br>- Planning for meetings with clear, well-planned agendas<br>- Resource each group (e.g.) paid Chair, paid admin, expenses for members<br>- Budget to enable carers to attend<br>- Would anyone from existing LWG want to take on the role of chair?<br><br>**Governance**<br>- What are expectations at strategic/senior level?<br>- Need clear direction re delivering the 3 strategic objectives<br>- Need to have a genuine strategic influence<br>- Need clear Terms of Reference (to specify governance and relationship with CPP, Area Partnerships, SPG, IJB….)<br>- Require clear work-plans and actions. Commitment will be built from this<br>- Share good practice across localities (is there a danger that the same thing is developed in isolation in 5 localities)<br>- Have a Core group – with people then invited in or drop out as required?<br>- Have a nominated lead – across 5 localities (who could be rep at SPG)<br><br>**Participation, Involvement & Planning**<br>- Groups should be the mechanism for consultation and participation<br>- Ensure that there is representation from all key partners<br>- Ensure a good mix of membership<br>- Consider the frequency of meetings. Monthly was too frequent<br>- Build interest and ownership – hook people in<br>- Be clear on what people are committing to<br>- Needs to be a bottom up approach (that aligns to strategic aims)<br>- Needs public awareness<br>- Make it easy for people to participate. Having meetings where people are, rather than expect people to come to meetings |

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Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 19 June 2019

| | |
|---|---|
| Report By | Councillor Tom Weatherston, Chair of Scottish Borders Health and Social Care Integration Joint Board Audit Committee |
| Contact | Jill Stacey, Chief Internal Auditor, Scottish Borders Health and Social Care Integration Joint Board (Scottish Borders Council's Chief Officer Audit & Risk) |
| Telephone: | 01835 825036 |

# SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE ANNUAL REPORT 2018/19

| | |
|---|---|
| **Purpose of Report:** | The purpose of this report is to provide Members with the IJB Audit Committee Annual Report 2018/19 which presents the Committee's performance in relation to its Terms of Reference and the effectiveness of the Committee in meeting its purpose. |

| | |
|---|---|
| **Recommendations:** | The Health & Social Care Integration Joint Board is asked to:<br><br>a) Consider the IJB Audit Committee Annual Report 2018/19 (Appendix 1) on the performance in relation to its Terms of Reference and the effectiveness of the Committee in meeting its purpose and the assurances therein; and.<br>b) Agree to the amended IJB Audit Committee Terms of Reference (Appendix 2) which incorporates the proposed changes set out in the IJB Audit Committee Annual Report 2018/19. |

| | |
|---|---|
| Personnel: | There are no direct resource implications arising from the proposals in this report. |

| | |
|---|---|
| Carers: | There are no direct carer implications arising from the proposals in this report. |

| | |
|---|---|
| Equalities: | There are no direct equalities implications arising from the proposals in this report. |

| | |
|---|---|
| Financial: | There are no direct resource 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: | There is a risk that the IJB Audit Committee does not fully comply with best practice guidance thus limiting its effectiveness as a scrutiny body as a foundation for sound corporate governance. The completion of the annual self-assessment and identification and implementation of improvement actions as evidenced through this Annual Report will mitigate this risk. |

**Background**

It is important that the IJB's Audit Committee fully complies with best practice guidance on Audit Committees to ensure it can demonstrate its effectiveness as a scrutiny body as a foundation for sound corporate governance for the Scottish Borders Health and Social Care Integration Joint Board.

The CIPFA Audit Committees Guidance sets out CIPFA's view of the role and functions of an Audit Committee (Position Statement), includes a self-assessment checklist and an effectiveness toolkit, and recommends as best practice the production of an annual report on the performance of the Audit Committee against its remit for submission to the full Board.

**Summary**

The IJB Audit Committee carried out self-assessments of Compliance with the Good Practice Principles Checklist and Evaluation of Effectiveness Toolkit from the CIPFA Audit Committees Guidance during an Informal Session held on 12 February 2019 facilitated by the IJB's Chief Internal Auditor. The Annual Report 2018/19, along with the self-assessments, was considered by the Members of the IJB Audit Committee and agreed with amendments at its meeting on 5 June 2019.

The outcome of the self-assessments was a high degree of performance against the good practice principles and a medium degree of effectiveness; the latter in recognition of the maturity of the IJB Audit Committee arrangements and health and social care integration. Improvements have been identified by the Committee.

The IJB Audit Committee Annual Report 2018/19 is designed both to provide assurance to the IJB's full Board and to provide some actions for the Committee to improve its effectiveness.

Appended to this report is the IJB Audit Committee Annual Report 2018/19 as Appendix 1 for consideration to adopt the best practice, and the proposed amended IJB Audit Committee Terms of Reference as Appendix 2 for approval.

**APPENDIX 1**

**SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**
**IJB AUDIT COMMITTEE**
**ANNUAL REPORT FROM THE CHAIR – 2018/19**

This annual report has been prepared to inform the Scottish Borders Health and Social Care Integration Joint Board of the work carried out by its Audit Committee during the financial year. The content and presentation of this report meets the requirements of the CIPFA 'Audit Committees' Guidance to report to the full Board on a regular basis on the Committee's performance in relation to its Terms of Reference and the effectiveness of the Committee in meeting its purpose.

## Meetings

The IJB Audit Committee has met 4 times during the financial year on 25 June, 17 September, 17 December 2018, and 12 February 2019 to consider reports pertinent to the audit cycle and its terms of reference.

The remit of the IJB Audit Committee is to have high level oversight of the IJB's framework of internal financial control, corporate governance, risk management systems and associated internal control environment. To fulfil this remit, it sought assurance on the adequacy and effectiveness of IJB's systems of corporate governance and internal control for efficient operations and for the highest standards of probity and public accountability. It did this through material it received from Internal Audit (provided by SBC's Internal Audit team), External Audit (delivered by Audit Scotland), other external scrutiny and inspection agencies, and assurances from Management.

The Committee scrutinised the IJB's Statement of Accounts at appropriate times in accordance with its Terms of Reference, which also includes promotion of the highest standards of conduct and professional behaviour.

The Minutes of IJB Audit Committee meetings were presented for approval by the IJB, and the Committee referred items to the IJB in accordance with its remit.

## Membership

The Membership of the IJB Audit Committee is set out within its Terms of Reference, namely "at least four voting members of the IJB". This structure, which is based on legislative requirements, does not meet with principles of good practice within CIPFA 'Audit Committees' Guidance. One additional member was appointed from an external source as a non-voting member in October 2018 to enhance the independence of the IJB Audit Committee's role in the scrutiny process.

The Committee membership during the year was Councillor T Weatherston (Chair), Councillor J Greenwell, Mr J Raine, Mr M Dickson, and Mr A Clark (external member from October 2018).

The attendance by each member at the Committee meetings throughout the year was as follows:

| Member | Meeting of 25 June 2018 | Meeting of 17 September 2018 | Meeting of 17 December 2018 | Meeting of 12 February 2019 |
|---|---|---|---|---|
| **Cllr T Weatherston (Chair)** | Present | Present | Present | Present |
| **Cllr J Greenwell** | Present | Present | Apologies | Present |
| **Mr J Raine** | Present | Apologies | Apologies | Apologies |
| **Mr M Dickson** | Present | Present | Present | Present |
| **Mr A Clark (external)** | n/a | n/a | Present | Present |

Each IJB Audit Committee meeting in 2018/19 was quorate (i.e. at least three Members present.

All others who attended the meetings are recognised as being “in attendance” only. The Chief Officer, Chief Financial Officer, Chief Internal Auditor, External Auditors, and the Secretary (provided by NHS Borders) attend Committee meetings to support the Committee. It was noted that the Chief Officer attended only one meeting and the Chief Financial Officer was not present at one meeting.

**Skills and Knowledge**

Given the wider corporate governance remit of IJB Audit Committees and the topics now covered by the external and internal audit functions, it is noteworthy that there is a range of skills, knowledge and experience that IJB Audit Committee members bring to the committee, not limited to financial and business management. This enhances the quality of scrutiny and discussion of reports at the meetings. No one committee member would be expected to be expert in all areas.

**Self-Assessment of the Committee**

The annual self-assessment was carried out by members of the IJB Audit Committee on 12 February 2019 during an Informal Session facilitated by the IJB Chief Internal Auditor using the ‘Good Practice Principles Checklist’ and ‘Evaluation of Effectiveness Toolkit’ from the CIPFA ‘Audit Committees’ Guidance. This was useful for Members to ensure the Committee can demonstrate its effectiveness as a scrutiny body as a foundation for sound corporate governance for the IJB.

The outcome of the self-assessments for the Committee was a high degree of performance against the good practice principles and a medium degree of effectiveness; the latter in recognition of the maturity of the IJB Audit Committee and health and social care integration. The following improvements have been identified: utilise the Knowledge and Skills Framework to inform future learning and development needs of IJB Audit Committee members; and obtain feedback on its performance from a range of attendees who interact with the Committee.

**Assurance Statement to the Council**

The IJB Audit Committee provides the following assurance to the Integration Joint Board:

- The IJB has received the Minutes of the IJB Audit Committee meetings throughout the year.
- The IJB Audit Committee has operated in accordance with its agreed terms of reference, and accordingly with the audit committee principles in CIPFA Position Statement.
- It did this through material it received from Internal Audit, External Audit, other audit and inspection bodies, and assurance from Management. It focussed entirely on matters of risk management, internal control and governance.
- For all audit reports, the IJB Audit Committee considered whether it was satisfied that an adequate Management response was in place to ensure action would be taken to manage risk and address concerns on internal controls and governance arrangements.
- The IJB Audit Committee has reflected on its performance during the year in respect of its Audit functions, and has identified areas for improvements.

The IJB Audit Committee has recommended that the IJB Full Board reviews the IJB Strategic Risk Register on a six monthly basis to enhance risk management arrangements. Furthermore the Chief Officer and the Chief Financial Officer are requested to attend all IJB Audit Committee meetings.

**Recommendations of the Terms of Reference for the IJB Audit Committee for the coming year**

During the year one additional member was appointed from an external source as a non-voting member to the IJB Audit Committee, following an open recruitment and selection process approved by the IJB, to enhance the robustness and independence of its role in the scrutiny process of internal controls and governance. It is therefore proposed that this change, i.e. one additional member from an external source, be reflected in the Constitution within the Terms of Reference for the IJB Audit Committee.

Furthermore, to emphasise its important scrutiny role of the accounts set out in function no.5, change “Consider” to “Review” within the Terms of Reference for the IJB Audit Committee.

Councillor Tom Weatherston
Chair of IJB Audit Committee
May 2019

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**APPENDIX 2**

**SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE TERMS OF REFERENCE**

**Constitution**
The IJB shall appoint the Committee. The Committee will consist of at least four voting members of the IJB, excluding professional advisors, and one additional member from an external source. The Committee should agree the professional advisors it requires on a regular and ad hoc basis. The Committee is required to review its terms of reference on an annual basis.

The Committee will meet at least twice per annum. The Committee will be supported and serviced by the IJB's Chief Officer, Chief Financial Officer, Chief Internal Auditor and Secretary. The Audit Committee should report to the IJB.

**Chair**
The Chair of the Committee will be a voting member nominated by the IJB, noting that the Chair of the IJB cannot also chair the Audit Committee. The Chair of the Committee will rotate at the same time as the rotation of the Chair of the IJB and will be a voting member from the other partner to that of the Chair of the IJB.

**Quorum**
Three members of the Committee will constitute a quorum.

**Functions Referred**
The following functions of the IJB shall stand referred to the Audit Committee:

1. Assess the adequacy and effectiveness of the IJB's internal controls and corporate governance arrangements against the good governance framework and consider the annual governance reports and assurances to ensure that the highest standards of probity and public accountability are demonstrated;
2. Assess the adequacy and effectiveness of the IJB's risk management arrangements and consider the assurances on compliance with an appropriate risk management strategy within annual governance reports;
3. Review and approve the Internal Audit Annual Plan on behalf of the IJB, receive reports and oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate;
4. Consider the External Audit Annual Plan on behalf of the IJB, receive reports and consider matters arising from these and management actions identified in response before submission to the IJB;
5. Review annual financial accounts and related matters before submission to and approval by the IJB;
6. Promote the highest standards of conduct and professional behaviour by IJB members in line with The Ethical Standards and Public Life etc (Scotland) Act 2000;
7. Assess the adequacy and effectiveness of the IJB's corporate governance arrangements that underpin the delivery of best value services and consider the assurances on value for money service delivery for those delegated functions within annual governance reports; and
8. Investigate any activity within its terms of reference, and in doing so, seek any information it requires.

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Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 19 June 2019

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

**HEALTH and SOCIAL CARE PARTNERSHIP**
**PERFORMANCE MANAGEMENT FRAMEWORK**

| | |
|---|---|
| **Purpose of Report:** | To seek approval for the HSCP Performance Management Framework (PMF) |

| | |
|---|---|
| **Recommendations:** | The Health & Social Care Integration Joint Board is asked to:<br><br>a) Approve the Performance Management Framework. |

| | |
|---|---|
| Personnel: | n/a |

| | |
|---|---|
| Carers: | n/a |

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

| | |
|---|---|
| Financial: | n/a |

| | |
|---|---|
| Legal: | n/a |

| | |
|---|---|
| Risk Implications: | n/a |

**Background**

1.1 Creating a performance culture focused on continuous improvement is always important, but particularly so when demand for services is growing and resources are stretched.

1.2 As part of our governance arrangements (and defined within the Code of Corporate Governance), the IJB is required to develop and approve a Performance Management Framework (PMF). The Code recognises that high level performance information will enable the IJB to:

- Assess the effectiveness of commissioned work (including transformation programmes and projects)
- Direct future work

1.3 Robust, comprehensive performance reporting at all levels within the HSCP will enable better management of services, satisfy statutory obligations to stakeholders and allow us to demonstrate Best Value. It should also provide assurance to the IJB that the necessary reporting and scrutiny is in place throughout the partnership.

1.5 The attached PMF is for the period 2018-21, in line with our Strategic Plan and will be reviewed periodically alongwith our Strategic Plan. It is intended that our PMF will be graphic designed, published and available online as soon as possible, subsequent to approval by IJB.

1.6 The PMF was tabled for discussion at Strategic Planning Group on 5th June 2019.

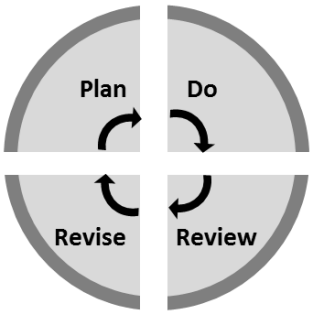
1.7 There is one appendix to this report:

**Appendix 1**: Health & Social Care Partnership Performance Management Framework. (this is the WORD version of the document)

# How are we doing?

A **Performance Management Framework** focused on continuous improvement across the Scottish Borders Health and Social Care Partnership

Scottish Borders
Health and Social Care
PARTNERSHIP




**January 2019**

# Contents

## Executive Summary

Creating a high performance culture focused on continuous improvement is critical when demand for services is growing and resources are tightening.

All public sector agencies, and the partners with whom they work and commission services from, have a duty to demonstrate "Best Value" - ensuring that there is good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public. National legislation makes this duty clear for both NHS Borders and Scottish Borders Council, as well as for Integration Joint Boards (IJB) and the Health and Social Care Partnerships whose work they oversee and direct.

The Scottish Borders Health and Social Care Partnership approved a revised Strategic Plan (Changing Health & Social Care for You) in August 2018. To ensure that the IJB and other key stakeholders (including the general public) can assess how effectively the partnership is working towards its objectives, it is necessary to take a structured approach to managing and reporting performance across the Scottish Borders Health and Social Care Partnership (HSCP).

As part of its governance arrangements (and defined within the Code of Corporate Governance), the IJB is required to develop and approve a Performance Management Framework (PMF), developed by both NHS Borders and Scottish Borders Council. The Code recognises that high level performance information will enable the IJB to:

- assess the effectiveness of the work it commissions (including key transformation programmes and projects) *and*
- direct future work.

More detailed performance information within services across the Partnership allows those services that are accountable to the IJB to ensure a focus on continuous improvement and take corrective action where appropriate.

Robust, comprehensive performance reporting at all levels within the HSCP will not only enable better management of services, but will satisfy statutory obligations to stakeholders including the tax-payer and allow us to demonstrate Best Value. It should also provide assurance to the IJB that the necessary reporting and scrutiny is in place through the partnership.

**This PMF sets out the current strategic context and performance reporting arrangements for the HSCP to increase transparency and enable closer scrutiny of performance, for services across the partnership.** It replaces and builds on a previous PMF developed to support the last Health and Social Care Strategic Plan.

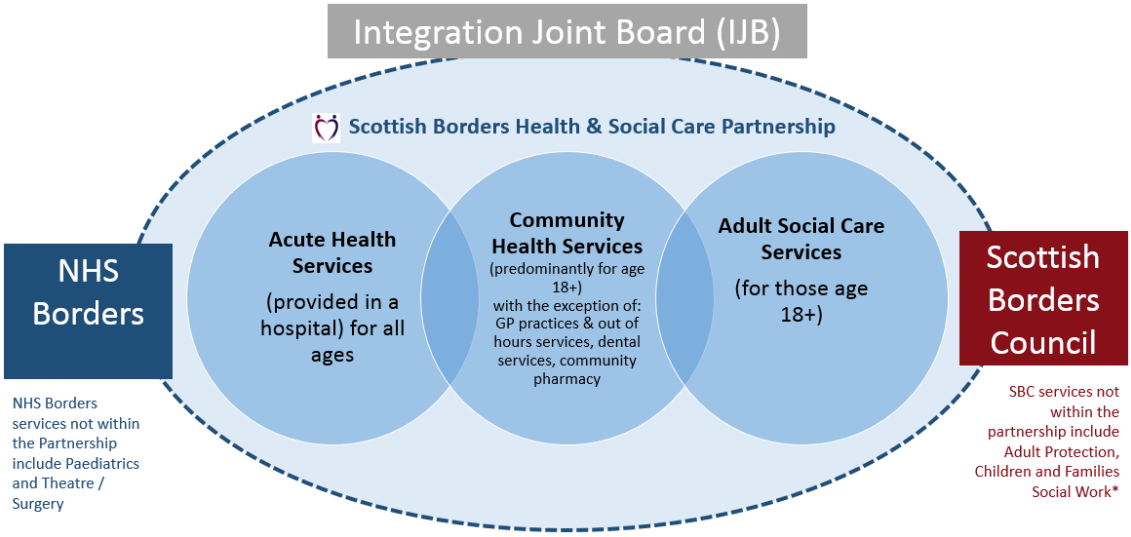
# 1. Introduction

This Performance Management Framework (PMF) is for the period 2018 to 2021 and will support the IJB to assess the effectiveness of the Health & Social Care Partnership in working towards the achievement of the strategic objectives in the revised Health and Social Care Strategic Plan.

As resources increasingly tighten, and demand for the services delivered or commissioned by the partnership increases, a focus on driving improvement and in demonstrating value for money is critical. The Partnership's governing body (the IJB) must be able to assess the effectiveness of the range of services that have been integrated (shown in **Figure 1** below) as well as the impact and effectiveness of transformation and change programmes that aim to either:

- keep people out of hospital and in their community (e.g. development of Community Link Workers, currently being piloted in Central Borders and Berwickshire) *or*
- get them out of hospital as quickly as possible (e.g. a range of "Hospital to Home" and "Discharge to assess" models to reduce delays (for adults who are medically fit for discharge)

***Figure 1: Service that are integrated and directed by the IJB***




More details of the services covered by integration are provided in **Appendix 1**

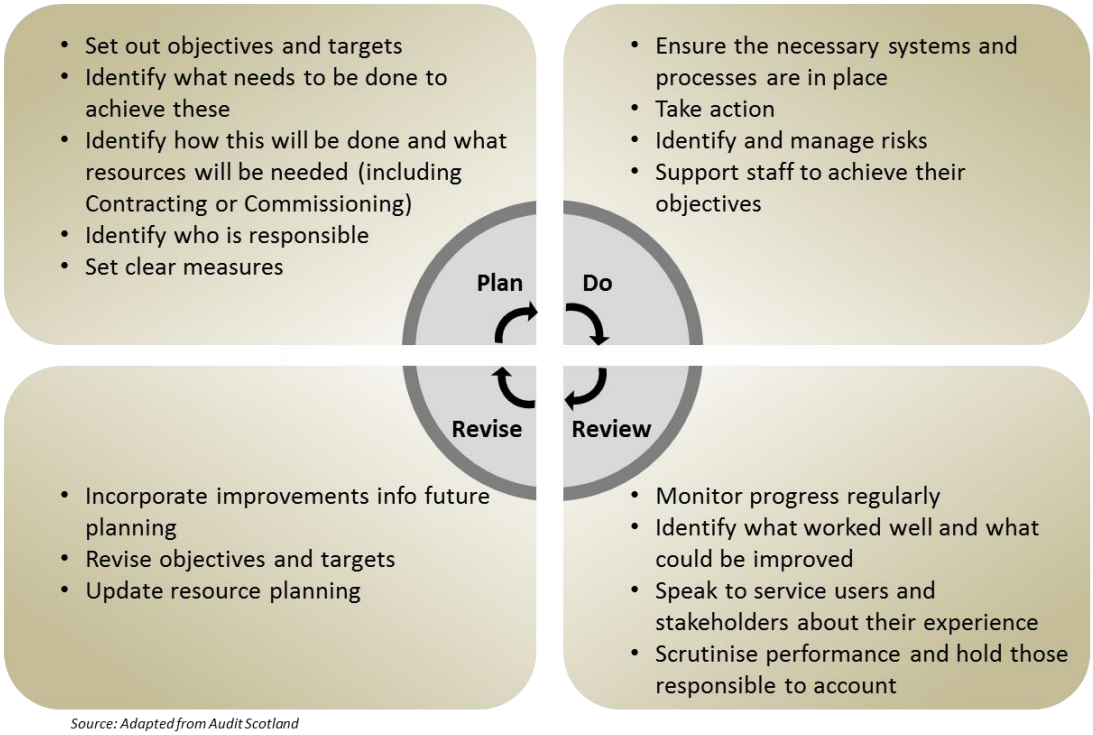
# 2. Why do we need a performance management framework?

## 2.1 To focus on continuous improvement

The HSCP aspires to be one of the "best in class", and seeks to promote a culture of continuous improvement to deliver better outcomes for individuals and communities. A PMF provides the structure by which the partnership can make informed decisions on future priorities, using performance information to identify and drive improvement work. It can also be used to assess the effectiveness of transformation and change projects e.g. has a piece of process improvement work led to a reduction in delayed discharges from hospital.

A PMF should help to build a culture of continuous improvement by setting out a logical approach to driving performance improvement, shown in the diagram below:

***Figure 2:***




*Source: Adapted from Audit Scotland*

This cycle has influenced the approach taken within this PMF around both performance management within services, and performance reporting for the IJB on a quarterly basis and annual basis, for example:

| | |
|---|---|
| **PLAN** | The vision and the 3 objectives are set out in our Strategic Plan |

| | |
|---|---|
| **DO** | Integrated services are tasked with ensuring that these objectives are addressed and developed using appropriate change programmes and projects |
| **REVIEW** | Quarterly and annual reports provide a high level overview of performance against objectives, assessing whether or not the working being undertaken is improving performance |
| **REVISE** | The IJB directs future work based on an assessment of performance information |

### 2.2 To meet legislative requirements

Under the Public Bodies (Joint Working) (Scotland) Act 2014, Integration Joint Boards are required to provide services in a way which "*makes the best use of the available facilities, people and other resources*" (this is one of a number of integration planning principles specified in the Act) – this can only be demonstrated if the various services that form part of the Health and Social Care Partnership have arrangements in place to both manage and report performance at all levels, on a regular basis.

The Act requires that IJBs produce a strategic plan, review the plan, and produce an annual performance report "*setting out an assessment of performance during the reporting year to which it relates in planning and carrying out the integration functions*". However, to really focus on driving continuous improvement, the Local Code of Corporate Governance states that the Chief Officer will provide regular reports to the Integration Joint Board for "*members to scrutinise performance and impact against planned outcomes and commissioning priorities*".

### 2.3 To set expectations around accountability

The PMF sets out what the IJB can expect on a quarterly basis, and the rationale for the indicators currently contained within the report. As more robust indicators become available through "Source" (more details are provided in **Section 7** of this document), and through the development of indicators in relation to NHS non-acute services e.g. primary care, the selection of indicators presented under each of the 3 objectives may be changed and revised, with approval from the IJB.

A PMF also allows others to assess the impact of the Health and Social Care Partnership, informing stakeholders (including the public) of progress towards delivering objectives and will ensure that we meet legislative requirements around public reporting and transparency.

Within the Local Code of Conduct, it states that the IJB should "*seek and have regard to the views of its Strategic Planning Group* on— (i) the effectiveness of the arrangements for the carrying out of the integration functions in the area of the local authority*". Clear and regular performance updates to the SPG will ensure that the IJB fulfils this requirement.

*The SPG acts as an advisory committee to the IJB. The role of the SPG is to identify and raise issues that may impact on the delivery of the local objectives set out in the Strategic Plan and against the agreed national outcomes. The group provides a forum for initial consultation and community engagement.

## 3. Current Strategic Context- what we're aiming to achieve

In 2017, the Scottish Government set out its aspirations in a National Performance Framework after asking the public, practitioners and experts what kind of Scotland they would like to live in. Within the framework, it has developed a purpose statement and values, eleven National Performance Outcomes and a range of high level indicators to assist in assessing whether or not collectively, public sector resources are being used to improve the wellbeing and quality of life of the people of Scotland.

The National Health and Wellbeing Outcomes are different to the National Performance Outcomes. The wellbeing outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer

2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

3. People who use health and social care services have positive experiences of those services, and have their dignity respected

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

5. Health and social care services contribute to reducing health inequalities

6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

7. People using health and social care services are safe from harm

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

9. Resources are used effectively and efficiently in the provision of health and social care services

Here in Scottish Borders, the outcomes that we want to achieve for individuals and communities are set out in the Scottish Borders Community Plan 2018 (a requirement under the Community Empowerment (Scotland) Act 2015). Our outcomes, which were consulted on widely, can only be achieved through closer partnership working right across the Scottish Borders – partnerships between public, private community and voluntary sector organisations, working and thinking differently to address persistent issues. There are **15 outcomes** in total in the community plan, and a number of which relate to health and social care, with three in particular:

- More people in good health and leading an active lifestyle at every age and stage of life
- More people in good mental health at every age and stage of life
- Improved support and care for older people

The Health and Social Care Partnership is therefore a critical part of CPP arrangements in Scottish Borders. The Health & Social Care Strategic Plan (2018 -2021) describes some of the actions that will be taken to contribute to the community plan outcomes, as well as what needs done to make the shift towards more sustainable, integrated and community-based Health and Social Care services.

Because not everything that NHS Borders and Scottish Borders Council do is covered by the Health and Social Care Strategic Plan, each organisation has its own Strategic Plan that set out what it wants to achieve. Increasingly however, the need to integrate the services that relate to caring for and supporting people is growing, due to tightening resources and increasing demand but also because, from a service user's perspective, it makes sense.

Our strategic context and the relationship between the partnership strategic plans is shown below and more detail is provided on the following pages:

***Figure 3: Our Strategic Context***


### 3.1 Scottish Borders Community Plan

The Community Planning Partnership works together, and with local communities and businesses, to effectively tackle challenges and improve outcomes, with a particular focus on reducing inequalities.

Community planning is the process by which Councils and other public bodies work with local communities, businesses and community groups to plan and deliver better services and improve the lives of people who live in our area. The Scottish Borders Community Planning Partnership leads on this in the Borders. A range of key partners are represented on the partnership including SBC, NHS Borders, Police Scotland, Scottish Enterprise and Scottish Fire and Rescue Service. A range of other statutory and non-statutory partners are also represented.

The Community Plan (known under the Community Empowerment Act as a "Local Outcomes Improvement Plan") is based around 4 themes:

1. Our Economy, Skills and Learning: "How do we build and improve our economy, skills and learning?"
2. Our Health, Care & Wellbeing: "How do we promote and improve our health, care and wellbeing?"
3. Our Quality of Life: "How do we protect and improve our quality of life?"
4. Our Place: "How do we develop and improve our place?"

Under each theme a series of desired "Outcomes" are set out, along with high level indicators, key actions and owners (i.e.) strategic leads.

### 3.2 Scottish Borders Health & Social Care Partnership Strategic Plan (2018-2021)

The Plan articulates what the Health and Social Care Partnership wants to achieve in regard to improved health and well-being in the Borders through integrating health and social care services and by working with communities.

This high-level Plan is supported by the implementation of Strategies related to specific themes (such as Dementia, Mental Health etc.).

The plan has 3 strategic objectives:

- We will improve the health of the population and reduce the number of hospital admissions;
- We will improve patient flow within and out with hospital;
- We will improve the capacity within the community for people to better manage their own health conditions and support those who care for them.

The decisions taken within all of the services that are integrated are set against these 3 strategic objectives. This in turn contributes to the CPP outcomes and the delivery of improved outcomes for people in the Scottish Borders.

### 3.3 Scottish Borders Council's Corporate Plan 2018-2023

The Corporate Plan ("OUR PLAN for 2018-2023 and your part in it") sets a direction for SBC for the period 2018 to 2023 in order to:

- Make the most of the opportunities we now have
- Tackle the challenges we face
- Take account of what our Councillors want to achieve for the Scottish Borders
- Ensure we respond to national policies and other statutory requirements.

The plan is based around 4 themes and sets out the high level actions that SBC is committed to, as well as the part that individuals, communities, families and businesses can play to help keep the Scottish Borders thriving. The 4 themes are:

a. Our Services For You
b. Independent Achieving People
c. A Thriving Economy, With Opportunities For Everyone
d. Empowered, Vibrant Communities

Each quarter, SBC's Executive Committee receives a performance report allowing stakeholders to assess the impact that SBC is having. To support the Corporate Plan, SBC has in place its own **Performance Management Framework** (approved in August 2018) that sets out the layers of reporting that is underneath the high level reporting to Executive Committee.

### 3.4 NHS Borders Clinical Strategy 2017 -2020

The Clinical Strategy underpins the strategic direction for NHS Borders and provides the service framework for supporting strategies to deliver clinical services in the future. It forms the basis on which the Board will deliver outcomes and focus resources.

The vision for the Clinical Strategy is to:

*"Provide personalised, evidence based care as close to home as possible. Working with people to define treatment goals and optimise outcomes. Supporting people to stay well; treat illness and manage crises."*

The strategic aims are:

- To deliver the national vision for health and social care in Scotland, as set out in the Scottish Health & Social Care Delivery Plan (December 2016).
- To provide clarity for staff, the public and partners on the direction and key priorities for staff in NHS Borders, focusing on the delivery of safe and sustainable services and ensuring the best possible patient experience and health outcomes.
- To have a clear response to how we will maximise opportunities and adequately manage current and future predicted challenges facing the NHS (and other partner organisations), such as increasing population needs, advances in technology, workforce and financial challenges.
- To support future decision making and guide how we best use our limited resources.
- To set out how collaborative working with partners will be supported to meet the needs of the East of Scotland populations and ensure sustainability of health and social care services.

Given the current challenging context, NHS Borders is consulting widely on a new strategic plan to define a vision for the future of care delivery, with the aim of having a revised strategic plan complete by March 2020. Because of the increasing need to integrate services, the IJB will be a key stakeholder in the development of this plan and on what services will look like in the future.

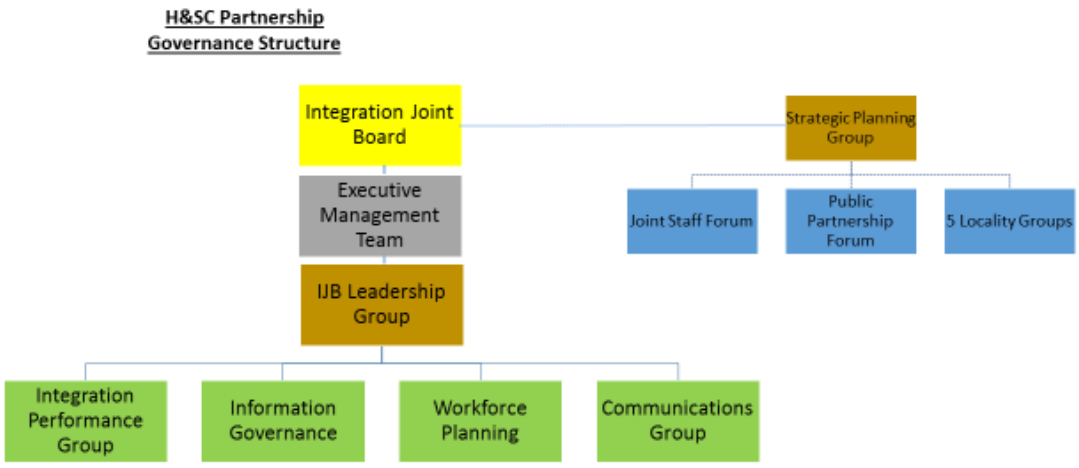
Like SBC, NHS Borders has in place its own **Performance Management Framework** (updated in June 2018) which defines 6 levels of performance reporting as:

| Level | Body/report | Frequency |
|---|---|---|
| Level 1 | Service Performance Scorecards | As required and determined within Service |
| Level 2 | Clinical Board Scorecards | Monthly |
| Level 3 | Clinical Board Quarterly Scorecards (inc financial data) | Quarterly |
| Level 4 | Clinical Executive Operational Group, NHS Board (Public and Strategy & Performance Committee) Performance Report | Quarterly |
| Level 5 | Quarterly Clinical Board Performance Reviews- using relevant Clinical Board Scorecards. An action tracker is produced based on discussion at each review | Quarterly |
| Level 6 | A mid-year and annual Managing Our Performance report | 6 monthly |

## 4. Responsibility for Performance reporting across the HSCP

The HSCP high level governance structure is presented below. The Integration Performance Group is responsible for developing the IJB's Performance Management Framework and for ensuring that robust performance management and reporting arrangements exist across the HSCP, for both IJB and other performance reporting requirements.

***Figure 4: H&SC Governance Sturtcture***



Many of the service areas that are integrated (presented in **Appendix 1**) are accountable to either:

- Clinical Boards within NHS Borders. For example, Mental Health, Learning Disabilities and Physical Disabilities services report to its own Clinical Board. All Clinical Boards then report to the Clinical Executive Operational Group where they are held to account for their performance. These arrangements are detailed within the NHS Borders PMF (June 2018)

- Service Directorates within SBC, with arrangement detailed within SBC's PMF (August 2018)

The Integration Performance Group is working with the IJB Leadership Group on an ongoing basis to ensure that high quality performance information is developed and used appropriately across all integrated service areas.

From time to time, the Integration Performance Group will request, from either Clinical Boards or SBC services that managers prepare to present "measures under the spotlight". This will be undertaken when there is either concern in particular area, or good practice identified.

## 5. Quarterly reporting to the IJB

In order that the IJB can assess how effectively the HSCP is working towards its strategic objectives, a range of high level indicators have been selected for each of the three strategic objectives in the Strategic Plan and are presented to IJB on a quarterly basis in a range of formats:

- Covering report, using the standard IJB template (If changes or additions are proposed to the indicators, the IJB will always be asked to approve this, with information included in this covering report);

- Infographic summary- an "at a glance summary" presenting indicators under the 3 strategic objectives;

- Detailed presentation of indicators showing trends over time and comparisons with national figures and trends where available, and using appropriate Statistical Process Control (SPC) techniques to enhance and improve robustness of reporting;

- Commentary from the IJB Leadership Team on what we are doing to improve or maintain performance;

- Information in these reports is made available on SBC's website

The Integration Performance Group (IPG) will always endeavour to present the latest available data on a quarterly basis. For some measures, there may be a significant lag whilst data is checked 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.

The indicators selected and the rationale for the current selection of the indicators is set out in **Appendix 2** *(note – this appendix will be updated as and when any agreed changes are made to the suite of indicators).*

As part of its business planning process, the IJB will define the meetings at which it wishes to review performance on a quarterly basis and the Integration Perform Group will prepare reports accordingly.

### 5.1 Reporting on transformation and change programmes

In order to meet the challenges of increasing demand and tightening resources, AND to achieve the objectives set out in the Strategic Plan, the IJB will be required to regularly direct and oversee a range of transformation and change programmes that should lead to improvements in performance.

Over the last 2 years, various reports have been presented to the IJB on the range of projects funded through what was the Integrated Change Fund (ICF) – this funding is now part of the baseline IJB budget. Transformation and change work goes beyond ICF projects and will impact on all areas of integrated services.

SBC and NHS Borders are currently working jointly to consolidate reporting across the ranges of change programmes that relate to health and social care across both NHS Borders and SBC, and the Integration Performance Group will work with Programme Managers in both organisations to provide the IJB with more robust and regular reporting during 2019.

## 6. Annual reporting to the IJB

Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 states that "*each integration authority must prepare a performance report for the reporting year. A performance report is a report setting out an assessment of performance during the reporting year to which it relates in planning and carrying out the integration functions for the area of the local authority*".

This annual performance report must be published by the H&SCP no later than 31st July each year. The Integration Performance Group will compile this report and provide a range of information including:

- The year at a glance
- Performance against key priorities (including progress against the 23 "Core Suite" indicators- described in Section 7, below)
- Key partnership decisions taken within the year
- A spotlight on key programmes or projects
- Governance and accountability
- Progress against local objectives including key achievements during the year and key challenges
- Information on inspection of services undertaken within year
- Summary of Financial Performance and Best Value
- Priorities for the coming year

## 7. Additional performance reporting within the H&SCP

Additional measures, over and above the measures currently selected for quarterly reporting to IJB, also require to be monitored within the H&SCP to reflect either local direction/priorities or national initiatives. The Integration Performance Group will ensure that this reporting is undertaken as required. The 2 main requirements have been outlined below, but the group will address new/additional requirements as they emerge.

### 7.1 Ministerial Strategic Group (MSG) for Health and Social Care

The Scottish Government's Ministerial Strategic Group (MSG) for Health and Social Care, which has overall responsibility for policy matters that cross the local government/NHS Scotland interface asks that all Integration Authorities set trajectories against a suite of Integration Indicators and report regular progress to the MSG.

A framework to provide quarterly progress updates to MSG has been developed covering six agreed priorities that support the ambitions set out in the Scottish Government's Health and Social Care Delivery Plan, and are presented below:

1. Number of emergency admissions into Acute specialties
2. Number of unscheduled hospital bed days, with separate objectives for Acute, Geriatric Long Stay and Mental Health specialties
3. Number of A&E attendances and the number of patients seen within 4 hours

4. Number of delayed discharge bed days
5. Percentage of last six months of life spent in the community
6. Percentage of population residing in non-hospital setting for all adults and people aged 75+.

Integration Authorities (IAs) shared their improvement objectives against these priorities for the first time in Spring 2017, and are now asked to do so at the end of each calendar year.

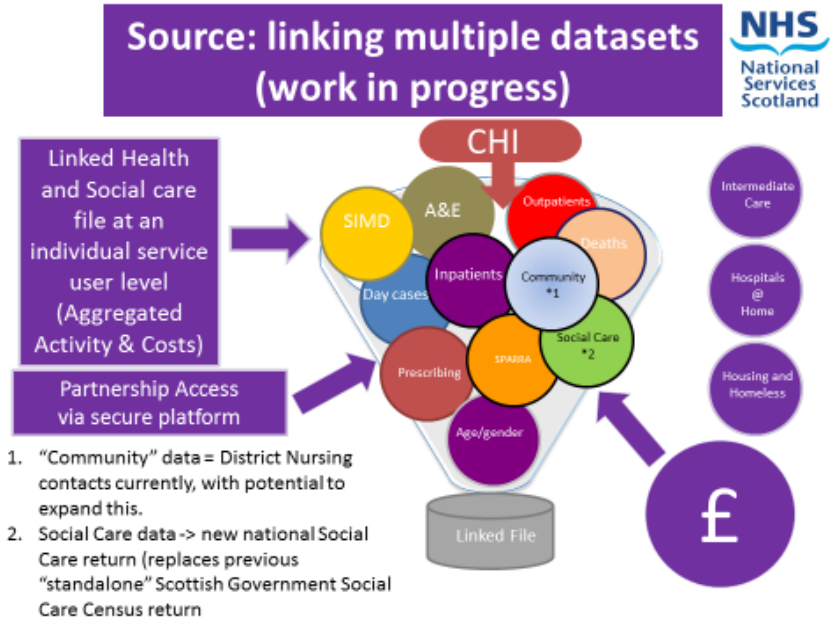
### 7.2 National Core Suite Indicators

Scottish Government, in partnership with NHS Scotland, COSLA and the third and independent sectors, established a set of 23 measures for all health and social care partnerships. Known as the "Core Suite", these were developed from national data sources so that the measurement approach is consistent across all health and social care partnership areas. This set of core indicators underpin the nine National Health and Wellbeing Outcomes.

The majority of the Core Suite indicators can only be updated annually and are therefore required to be included in the Annual Performance Reports.

## 8. Future Development of Social Care and other indicators

ISD Scotland is leading work on data to support better care, known as "Source". Source aims to link multiple, currently fragmented data sets to facilitate better decision making, as demonstrated in the diagram below:




Given that the National annual spend on social care is around **£3bn**, there is a real need to build a stronger understanding of the impact of this spend.

All Health and Social Care Partnerships were asked in 2018 to submit data on Self Directed Support, Home Care/Reablement, Telecare/alarms, Care Homes, Day care and Meals, as well as demographic data.

Partnerships will be asked to make further submissions with the aspiration that this will be done on a quarterly basis, allowing a variety of analyses and linkages to be made to assess impact and assist decision making.

Work is also being done with other non-acute service areas within NHS Borders e.g. primary care to look at measures that would be appropriate to include in reporting.

The Integration Performance Group will make recommendations on appropriate Source and other measures to report to IJB as they become available.

# APPENDIX 1

## ADULT SOCIAL CARE SERVICES*

- Social Work Services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental Health Services
- Drug and Alcohol Services
- Adult protection and domestic abuse
- Carers support services
- Community Care Assessment Teams
- Care Home Services
- Adult Placement Services
- Health Improvement Services
- Reablement Services, equipment and telecare
- Aspects of housing support including aids and adaptations
- Day Services
- Local Area Co-ordination
- Respite Provision
- Occupational therapy services

## ACUTE HEALTH SERVICES (PROVIDED IN A HOSPITAL)*

- Accident and Emergency;
- Inpatient hospital services in these specialties:
  - General Medicine;
  - Geriatric Medicine;
  - Rehabilitation Medicine;
  - Respiratory Medicine;
  - Psychiatry of Learning Disability;
- Palliative Care Services provided in a hospital;
- Inpatient hospital services provided by GPs;
- Services provided in a hospital in relation to an addiction or dependence on any substance;
- Mental health services provided in a hospital, except secure forensic mental health services.

## COMMUNITY HEALTH SERVICES*

- District Nursing
- Primary Medical Services (GP practices)*
- Out of Hours Primary Medical Services*
- Public Dental Services*
- General Dental Services*
- Ophthalmic Services*
- Community Pharmacy Services*
- Community Geriatric Services
- Community Learning Disability Services
- Mental Health Services
- Continence Services
- Kidney Dialysis outwith the hospital
- Services provided by health professionals that aim to promote public health
- Community Addiction Services
- Community Palliative Care
- Allied Health Professional Services

*Adult Social Care Services for adults aged 18 and over.
*Acute Health Services for all ages – adults and children.
*Community Health Services for adults aged 18 and over, excepting those marked with an asterisk (*), which also include services for children.

## APPENDIX 2

**Rationale for inclusion of measures in IJB performance reporting**

| ***Objective 1: we will improve health of the population and reduce the number of hospital admissions*** | |
|---|---|
| Indicator | Why has this been included? |
| Rate of emergency admissions to hospital, per 1,000 population (all ages) | Reducing emergency admissions in our population should demonstrate improved partnership working. It should represent a shift from a reliance on hospital care towards proactive and coordinated care and support in the community. It should demonstrate the effectiveness of anticipatory care, identifying people who are at risk of emergency hospital admission, supporting people to manage long term conditions and providing coordinated care and support at home, where safe and appropriate. Safe and suitable housing for people will also be important. |
| Rate of emergency admissions to hospital, per 1000 population (age 75+) | This is of particular concern and has historically been higher in the Scottish Borders than across Scotland as a whole. Existing work within the Borders to reduce emergency admission rates needs to continue and be built on. |
| Number of attendances at A&E | Whilst this focuses on the A&E Department, NHS Boards and Health and Social Care Partnerships are required to ensure that best practice is installed throughout the whole system, including health and social care, supporting joined up work to ultimately prevent people having to attend A&E |
| % of health and care resource spent on emergency hospital stays for persons 18+ | Integration should allow Health and Social Care Partnerships to commission changes in the health and social care pathway that will optimise (where appropriate) community based care. For example, through intermediate care, anticipatory and preventative care. This ensures that emergency/non elective resources (staff, beds, equipment) are used for those who need acute medical and trauma care. Under integration it is expected to see the proportion of emergency spend reduce. |

| ***Objective 2: We will improve the flow of patient into, through and out of hospital*** | |
|---|---|
| Indicator | Why has this been included? |
| % of people seen within 4 hours at A&E | The national standard for Accident and Emergency (A&E) waiting times is that 95% of people arriving in an A&E Department in Scotland (including Minor Injuries Units) should be seen and then admitted, transferred or discharged within 4 hours. NHS Boards are to work towards achieving 98% performance. |

| ***Objective 2: We will improve the flow of patient into, through and out of hospital*** | |
|---|---|
| Indicator | Why has this been included? |
| Rate of Occupied Bed Days for emergency admissions, per 1000 population (ages 75+) | Once a hospital admission has been necessary in an emergency, it is important for people to get back home (or to another appropriate place) as soon as they are fit to be discharged, to avoid the risk of them losing their confidence and ability to live independently. Health and Social Care Partnerships have a central role in this by providing community-based treatment and support options, "step down" care and home care packages to enable people to leave hospital quickly once they are well enough. Additionally, care homes should where appropriate be able to support people with a wider range of physical and mental frailty and needs.<br>There is a continuing focus in the Borders on providing alternative supports for older adults, rather than keep them unnecessarily in hospital.<br><br>The number and the rate have both been included to demonstrate the scale of the challenge as well as the change over time.<br><br>Note: These measures reflect all bed days in a general/acute hospital (such as BGH) following emergency admission, including those for delayed discharges. They *do not*, however, reflect bed days in any of the Borders' Community Hospitals. This is because, in common with several others in this report, the measures are based on standard, Scotland-wide measures (to allow benchmarking), which excludes data on beds coded as "Geriatric Long Stay" (GLS). All beds in the Borders Community Hospitals are coded by NHS Borders as GLS and thus those bed days are not reflected in these measures. |
| Number of Delayed Discharges over 72 hours; and over 2 weeks | A delayed discharge (often referred to in the media as "Bed Blocking") occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation for them is not readily accessible. A long delay increases the risk of the patient falling ill again, or losing vital life skills, independence or mobility. It could ultimately result in the patient having to be admitted to a care home due to the deterioration in their health and mobility.<br><br>Delayed Discharges (DDs) over 2 weeks; over 72 hours are snapshots - taken on a census day each month - of the numbers of patients for whom the delay has exceeded the specified period of time. |
| Rate of Bed Days associated with delays, per 1,000 population aged 75+ | This measure is included to provide a fuller picture (not just the monthly snapshot, above) of the impact of delays. Put simply, patients who are fit to leave hospital but are delayed (for a variety of reasons) take up beds that could be used for other patients who require urgent or planned care. Integration should ultimately see a reduction in this measure. |
| Summarised results for NHS Borders' "Two minutes of your time" survey | NHS Borders has introduced a proactive patient feedback system '2 minutes of your time', which comprises a brief survey of 3 quick questions. Feedback boxes are located within acute hospital (the BGH), community hospital and mental health units. In addition patient feedback |

| ***Objective 2: We will improve the flow of patient into, through and out of hospital*** | |
|---|---|
| Indicator | Why has this been included? |
| (conducted on an ongoing basis at BGH and Community Hospitals) | volunteers have been recruited and gather feedback from patients, carers and their relatives within clinical and public areas throughout the hospital. This enables us to look at changing the way in which we do things and ensuring our work has a more person centred approach. |

| ***Objective 3: we will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them*** | |
|---|---|
| Indicator | Why has this been included? |
| Rate of Emergency Readmissions within 28 days of discharge from hospital (all ages), per 100 discharges | The readmission rate reflects several aspects of integrated health and care services, including discharge arrangements and co-ordination of follow up care, underpinned by good communication. It also reflects the quality and level of care being provided within the community.<br><br>This is a bespoke measure produced by ISD LIST (part of NHS National Services Scotland) for Scottish Borders H&SCP and includes patients discharged from the Borders' Community Hospitals as well as from general/acute beds such as BGH. |
| % of last 6 months of life spent at home or in a homely setting | It is now possible to predict the progress of many diseases, enabling a planned approach to palliative and end of life care in ways which reflect best practice and which, as far as is practicable, in accordance with the needs and wishes of patients, carers and their families. Health and Social Care Partnerships are expected to be able to influence this by commissioning high quality end of life services, and working with communities, families and staff to enable discussion about planning for end of life. As more people have anticipatory care plans and as electronic palliative care summaries are rolled out throughout the country, then we should see a gradual increase in this measure in the medium to long term.<br><br>This indicator should ideally represent the wishes and choices for patients and their carers and also demonstrate the effectiveness of having a planned approach to end of life care. For an individual, the preferred place of care can change as their condition and/or family circumstances change over time, making this very difficult to measure and track. The last six months of life was chosen as this is the period when most hospital admissions occur, and the period when clinicians would tend to plan end life care if the patient was not expected to live longer than 6 months. |

| ***Objective 3: we will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them*** | |
|---|---|
| Indicator | Why has this been included? |
| Carers offered assessments /assessments complete | It is estimated that around 788,000 people are caring for a relative, friend or neighbour in Scotland (including around 44,000 people under the age of 18). A large percentage of these are currently not recognised as carers and are unpaid.<br><br>Their contribution to caring within the community is substantial and could not be replaced. The Carers (Scotland) Act will commenced on April 1, 2018. There is a package of provisions within the Act designed to support carers' health and wellbeing. Local Authorities have a requirement to identify and support carers' needs and personal outcomes. Any carer who appears to have a need for support should be offered an assessment. The assessment is provided regardless of the amount or type of care provided, financial means or level of need for support. Improving our methods of identifying and offering support to carers will ensure their contribution is recognised and complements the social care system currently in place. |
| Support for caring-change between baseline assessment and review | A Carers Assessment includes a baseline review of several key areas including health and wellbeing, managing the carer role and planning for the future. These areas are reviewed within a 3 month to 12 month period depending on the level of need and the indicators from the initial baseline. This information is collated to measure individual outcomes for Carers. |

For more information on anything within this framework, contact
SBC Corporate Performance team on 01835 826542 or email
performance@scotborders.gov.uk

Or

NHS Borders Planning & Performance team on 01896 828293 or email
planning&performance@borders.scot.nhs.uk

You can get this document on audio CD, in large print, and various other formats by contacting the Corporate Performances team.

In addition, contact the address below for information on language translations, additional copies, or to arrange for an officer to meet with you to explain any areas of the publication that you would like clarified.

Policy, Planning & Performance Team
Customer and Communities Department
Scottish Borders Council
Council Headquarters
Newtown St Boswells
MELROSE
TD6 0SA

Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 19 June 2019

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

# DRYBURGH DEVELOPMENT SESSION OUTCOMES

| | |
|---|---|
| **Purpose of Report:** | To inform the Board of the outcomes from the last development session of the IJB. |

| | |
|---|---|
| **Recommendations:** | The Health & Social Care Integration Joint Board is asked to:<br><br>*Note the intended areas of development for the partnership following the Dryburgh event.* |

| | |
|---|---|
| Personnel: | *None at this stage.* |

| | |
|---|---|
| Carers: | *Carer representatives were present and fed into the debate during the event. Their contribution has been recorded and included within the outcomes of the day.* |

| | |
|---|---|
| Equalities: | *N/A* |

| | |
|---|---|
| Financial: | *N/A.* |

| | |
|---|---|
| Legal: | *N/A* |

| | |
|---|---|
| Risk Implications: | *N/A* |

The last development session of the IJB was held on 4 March 2019 at the Dryburgh Hotel. Over 50 participants attended and participated within the debate regarding the future direction for the Health and Social Care Partnership.

The participants were drawn from the full range of services delegated to the IJB, Council Members, Non Exec Directors of NHS Borders, IJB Members, Registered Social Landlords, Home Care and Residential Care leads, Carer representatives, locality leads, finance, policy and strategy leads.

The event was structured in two halves. Firstly the participants were provided with a clear outline of the operational model of the partnership, the governance of decision making, the financial delegation, demographics and the bed base within both acute and residential care.

Some time was spent on the both the current and future challenges facing the partnership. These included both financial and demographic issues. The current performance of the delegated services was also presented.

From all of the above information the participants were then tasked with identifying what actions, or areas of work are required to both meet the challenges ahead and to improve of service provision for the population of the Borders.

They were asked to focus their input within the three objectives of the Strategic Plan.

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

A very informed and engaged conversation ensued where all of the feedback and comments were recorded.

The senior management team has collated these comments, ideas and development areas. During this exercise it became clear that this output could be categorised into five areas.

1. Process
2. Principles
3. Physical/Estate
4. Campaign
5. Service

The output in each area is provided as appendix 1.

This will now inform our future planning for the Health and Social Care Partnership. Since the event, and in light of comments made, further work has been undertaken to review the range of boards, committees and groups all supporting the partnership and the IJB.

Further to the Dryburgh event a further session was undertaken with acute and primary care clinicians, supported by colleagues in Social Care on 28 May 2019. This session,

which was again very well attended, examined our current Older People's Pathway. The output from this session was very useful and in the main has verified the findings of the Dryburgh event.

This work is timely as it coincides with the Council's work on "Fit for 2024", its planning for the next 5 years, and with the current "Turnaround Programme" of the Borders NHS. There is a direct overlap of the partnership's work and the commissioning role of the IJB with both of these programmes.

The Executive Management Team (EMT) for the IJB will now consider the outputs of these events with the intention of bringing a range of recommendations to the September IJB for agreement on the future direction for the partnership.

The attached presentation outlines the outcomes of the events.

**Appendix 1:**

| *IMPROVE HEALTH & REDUCE ADMISSIONS* | *IMPROVE PATIENT FLOW* | *INCREASE COMMUNITY CAPACITY AND CARE PROVISION* |
|---|---|---|
| **PRINCIPLES** | | |
| • Single point of contact<br>• Realistic patient expectations<br>• Right option is easiest option<br>• Near patient testing<br>• Better and wider use of TEC<br>• Single shared assessment<br>• Reduced duplication of care<br>• Advanced care planning<br>• Increase personal responsibility<br>• Early intervention<br>• Assessment and intervention by right person at right time | • People understanding patient flow<br>• Only reassess when you need to reassess<br>• Consider TEC to support discharge<br>• Enforce choices policy<br>• Linked programmes of work/Pathway approach to planning (OP, MH, LD) Whole Systems Approach<br>• CH to become step up from home and less step down from BGH<br>• Planning for discharge at point of admission or before<br>• Ambulatory care – get out of bed<br>• Risk tolerance aversion<br>• Planning for discharge at point of admission or before<br>• Conversation will be had between staff and individual patients regarding realistic expectations/degrees of risk<br>• Communication and engagement<br>• Remove barriers between health and social care provision | • Improve productivity and reduce time wastage |

| *IMPROVE HEALTH & REDUCE ADMISSIONS* | *IMPROVE PATIENT FLOW* | *INCREASE COMMUNITY CAPACITY AND CARE PROVISION* |
|---|---|---|
| **SERVICES** | | |
| • Revaluation of outpatients and ED (GPs)<br>• Transport Links<br>• Activity devices to reduce falls and dehydration<br>• Provision of physical activities<br>• Emergency health care team available for elderly available 24/7 | • Hospice at Home<br>• Signposting OOH provision<br>• DME model operating as a continuum across acute and community<br>• Walk in centre<br>• Diagnostic and LTC monitoring centres locally | • Volunteer befriending the elderly at home<br>• ALISS<br>• Increase H2H services and reablement<br>• Greater utilisation of pharmacies<br>• Student accommodation offered in return for volunteered services<br>• Recommision care home beds and care hours<br>• Develop community MDT to manage complex needs with rapid access to H&SC<br>• AHPs in the community<br>• Short term PoC to prevent admission to hospitals<br>• Reablement to reduce demand for care hours<br>• Extension of cheviot model with integrated budget<br>• Allow commissioned service to reassess need – don't wait for SW assessment<br>• One stop shop<br>• Interdisciplinary and multidisciplinary flexible home workforce |

| ***IMPROVE HEALTH & REDUCE ADMISSIONS*** | ***IMPROVE PATIENT FLOW*** | ***INCREASE COMMUNITY CAPACITY AND CARE PROVISION*** |
|---|---|---|
| **PROCESSES** | | |
| • ACP<br>• Care rapid assessment<br>• Near patient testing<br>• Shared IT<br>• Community Hubs<br>• Transport links<br>• Physical Activity opportunities<br>• Emergency health care for the elderly | • Shared patient information<br>• Shared assessment<br>• ACP<br>• Only reassess when you need to reassess<br>• Signposting OOH provision<br>• Enforce choices policy<br>• Remove duplicate care assessments<br>• OTs to undertake care assessments<br>• CH to become step up from home and less step down from BGH<br>• Increase OT/SW presence at daily ward rounds<br>• IT matching system for volunteer support | • Analysis of small care packages<br>• Locality<br>• Signposting and support for unpaid and paid carers |

| ***IMPROVE HEALTH & REDUCE ADMISSIONS*** | ***IMPROVE PATIENT FLOW*** | ***INCREASE COMMUNITY CAPACITY AND CARE PROVISION*** |
|---|---|---|
| **CAMPAIGNS** | | |
| • Patient public health to reduce risky behaviour<br>• Promote personal responsibility<br>• Public health education on diet, exercise and mental health<br>• Communicating how public should access health and social care | • People understand patient flow<br>• Signposting OOH provision<br>• Raise awareness of PoA and Guardianship | • Promote career in care showing service achievements<br>• Locality focussed PH<br>• Citizens and communities change health and social care expectations<br>• Greater use of community pharmacies<br>• Recruitment campaign<br>• Engage proactively with local communities regarding what HSCP can/not provide<br>• Signposting and support for unpaid and paid carers |

| ***IMPROVE HEALTH & REDUCE ADMISSIONS*** | ***IMPROVE PATIENT FLOW*** | ***INCREASE COMMUNITY CAPACITY AND CARE PROVISION*** |
|---|---|---|
| **PHYSICAL SPACE OR ESTATE** | | |
| • Expand community hubs<br>• Walk in centres<br>• Adequate community clinical space | • Co-location of services<br>• Close beds – BGH, CH, MH with appropriate community support<br>• One stop shop | • Expand community hubs<br>• Walk in centres<br>• Adequate community clinical space |

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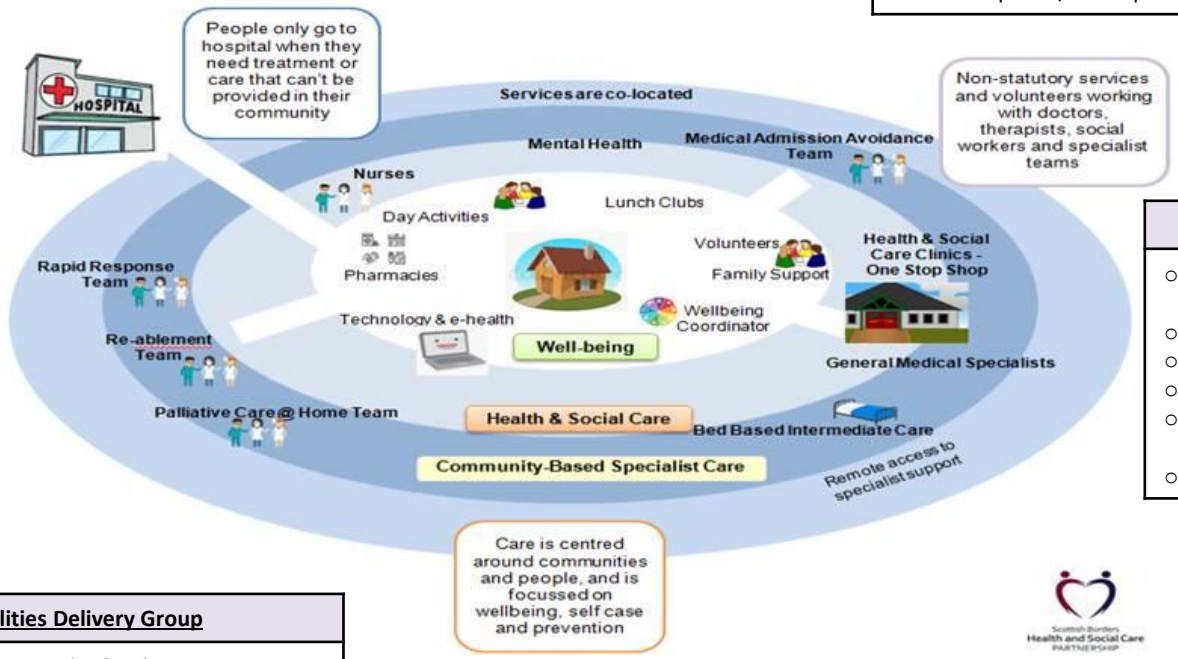
**Accommodation Group**

- Care Village development
- Dementia/Mental Health accommodation development
- Existing care home development
- New care home development
- ECH development
- Community Hospital options/development
- BGH options/development

**TEC, Aids & Adaptations Group**

- Development of TEC
- Development of Care & Repair
- Development of Aids & Adaptations




**Commissioning Group**

- Commissioning the services and staff required to deliver the strategy
- Re-commissioning existing contracts
- New contracts
- Monitoring contractual delivery
- Policies, procedures, processes required to support the contracts
- Out of hours

**H&SC Localities Delivery Group**

- Development of Community Services
- Improved Community Co-ordination
- Development of the Workforce (i.e. To care for Older People)
- Development of information and advice
- Development of care at home, including reablement, transitional care and hospital to home
- Intermediate care
- Respite
- Step up/down discharge
- Single assessment
- MDTs

**Community Group**

- Support Locality Working Groups
- Support Carers, Local Area Co-ordinators and Community Capacity Building
- Campaigns and Communication

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Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 19 June 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, APRIL 2018 (DATA AVAILABLE AT END MARCH 2019)**

| | |
|---|---|
| **Purpose of Report:** | To provide a high level summary of quarterly performance for Integration Joint Board (IJB) members, using latest data available. 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:<br><br>a) Note and approve any changes made to performance reporting.<br>b) Note the key challenges highlighted.<br>c) Direct actions to address challenges and to mitigate risk |

| | |
|---|---|
| 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 The Integration Performance Group (IPG) has established a set of high level Key performance indicators (KPI) to report on a quarterly basis to IJB. These indicators are aligned under the three strategic objectives in the Health and Social Care Strategic Plan 2018-2021:

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

1.2 The IPG will continue to review, refine and develop the indicators to better balance the mix of hospital-focussed and social care KPIs. Wherever possible, the indicators are selected from robust, reliable data sources that can be compared to the Scottish average. The IPG will ensure that any new indicators for reporting are similarly robust and that proposed changes are discussed at IJB.

1.3 At the January 2019 IJB meeting, IJB members suggested changes to the RAG status (i.e.) the colour coding used to the KPIs. There was also discussion on applying local targets to the indicators. IPG has discussed this and:-

- "Blue" as a RAG status has been removed.
- Short-term performance trend has been amended. It now covers 4 reporting periods – where a 'period' could be daily, weekly, monthly quarterly or annually. Previously trend was based on 6 quarters as the default. This change should help to flag both positive and negative performance issues in a more timely way.
- Local targets have been applied to the indicators.
- The overall RAG status for each indicator contained in the quarterly report is based on a combination of (1) trend, (2) performance against target and (3) performance against Scotland.

1.4 The IPG will endeavour to present the latest available data. **For some measures, there may be a significant lag whilst data is checked and then released publicly**, which increases robustness and allows for national comparators. Work will continue within the IPG to explore options to improve the timeliness of data and to explore the pros and cons of using unverified but timelier local data.

1.5 The IJB Strategic Risk Register focuses on risk and controls. The focus of the Quarterly Performance Report is to highlight performance trend but the indicators also show where performance is off target and where mitigating action to address this needs to be taken. Therefore performance and risk are very closely linked.

1.6 There are two appendices to this report:

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

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

**Summary of Performance**

2.1 The rate of **emergency hospital admissions (all ages)**, has increased over the last 4 quarters; performance is worse than target and worse than the Scotland average (*note – National data is as of Q2 2018/19*). [*Latest figure = 29.0 per 1,000 population*]. The admission rate specifically for **over 75 years** is showing a similar declining performance trend [*Latest figure 92.5 per 1,000 population*].
Action is required to tackle the increasing rate of emergency hospital admissions.

2.2 Despite the rising rates of emergency hospital admissions, Borders is demonstrating good performance in regard to **A&E attendances** [*60.5 per 1,000 population*] and particularly so for **A&E waiting times,** where over 94% of patients are seen within 4 hours. Whilst this is slightly below the 95% target, it compares favourably to the Scotland average (~90%). The actual number of **A&E attendances** fluctuates between 7,000-8,000 per quarter (equivalent to 60-70 per quarter, per 1,000 population). The figures *may* suggest that over the period there has not been a significant change in the number of people attending A&E, but more people are being admitted as an emergency admission.

2.3 The **balance of spend on emergency hospital stays** performance remains positive - with 20.6% of health and care resource spent on hospital stays where the patient was admitted as an emergency (persons aged 18+). This is showing improvement (down from 23.7% at the end of 2017/18) and is better than the Scotland average.

2.4 The **quarterly occupied bed day rates for emergency admissions** in Scottish Borders residents *age 75+* fluctuates, but is demonstrating a positive performance trend, is better than the Scotland average and better than target. [*Latest figure 868 per 1,000 population*]

2.5 With regard to delayed discharge, the quarterly **rate of bed days associated with delayed discharges (Age 75+)** is showing a declining trend [*Latest figure = 227 per 1,000 population*], is worse than the Scotland average and worse than our target of 180. The H&SC Partnership has set a target to reduce delayed discharge by 30% in 2019/20 (*as per the recent MSG return*).

2.6 The **% of patients satisfied** with care, staff & information in BGH and Community hospitals remains high [*consolidated figure of almost 97.6%*]. 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 is at 11.1 per 100 discharges from hospital. Performance for this measure has declined over the last 6 quarters, is worse than the Scotland average and is worse than target. To give this some more context, performance has declined from 10.1% to 11.1% over the last 18 months. So a relatively small change, but quarter on quarter performance has been declining and action is required to understand why and to address this.

2.8 The data in relation to **end of life care** can be a little erratic on a quarterly basis, but it is currently showing declining performance and a result identical to the Scottish average (87.9% of individuals receiving end of life care at home, or in a community setting).

2.9 The **outcomes for carers** indicators remain positive. This suite of indicators looks at the positive outcome change between baseline assessment and subsequent review, where review leads to more positive outcomes for ‘Health & Wellbeing’, ‘Managing the Caring role’, ‘Feeling values’, ‘Planning for the Future’ and ‘Finance & benefits’.

Scottish Borders
Health and Social Care
PARTNERSHIP

# Quarterly Performance Report for the Scottish Borders Integration Joint Board April 2019

## SUMMARY OF PERFORMANCE: DATA AVAILABLE AT END MARCH 2019

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

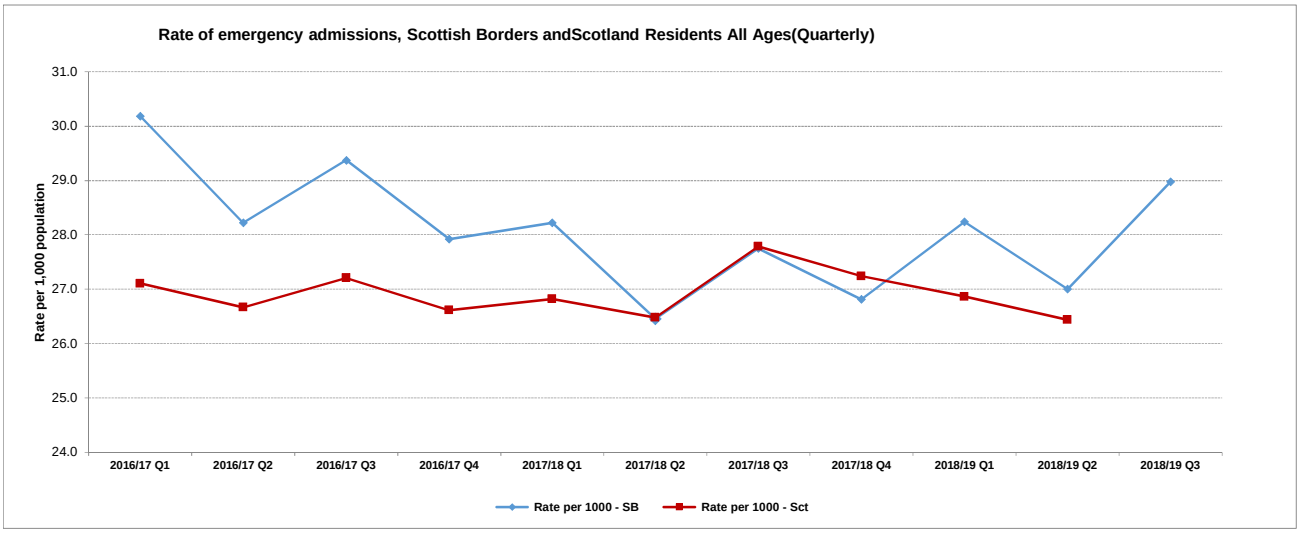
Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

## 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)**

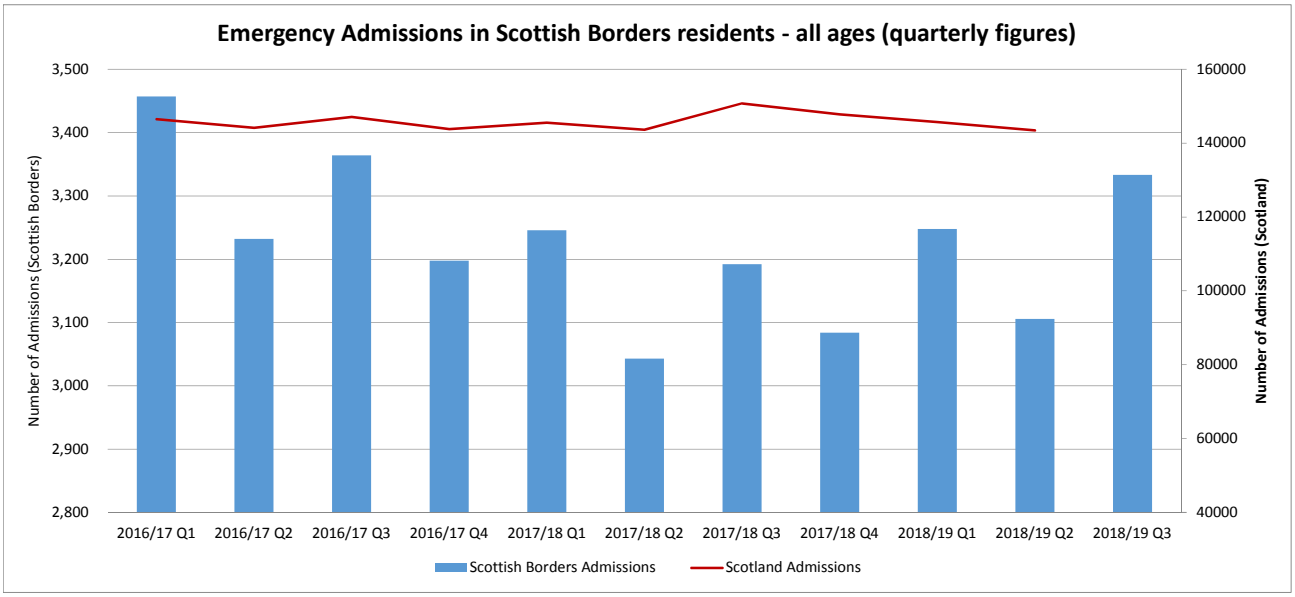
| | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Q1 2017/18 | Q2 2017/18 | Q3 2017/18 | Q4 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Scottish Borders - Rate of Emergency Admissions per 1,000 population All Ages | 30.2 | 28.2 | 29.4 | 27.9 | 28.2 | 26.5 | 27.8 | 26.8 | 28.3 | 27.1 | 29.0 |
| 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 | 26.9 | 26.4 | |




**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 | Q3 2018/19 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Scottish Borders Emergency Admissions - All Ages | 3,457 | 3,232 | 3,364 | 3,198 | 3,246 | 3,043 | 3,192 | 3,084 | 3,248 | 3,106 | 3,333 |
| Scotland Emergency Admissions - All Ages | 146,501 | 144,134 | 147,501 | 143,831 | 145,495 | 143,649 | 150,739 | 147,780 | 145,738 | 143,422 | - |



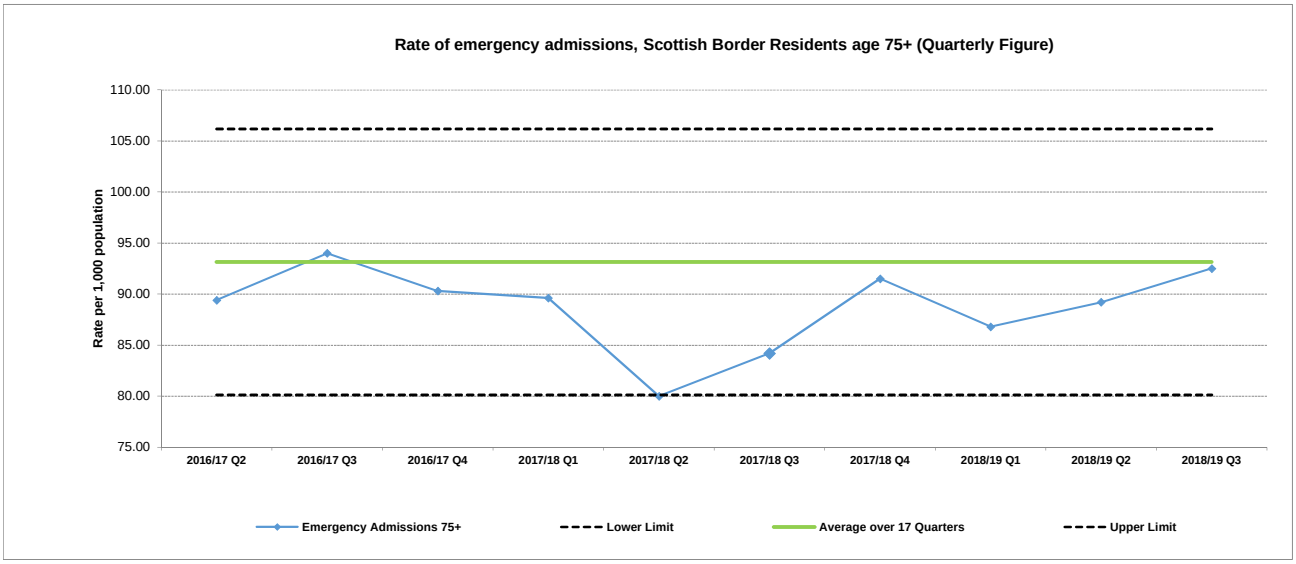

**How are we performing?**

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)

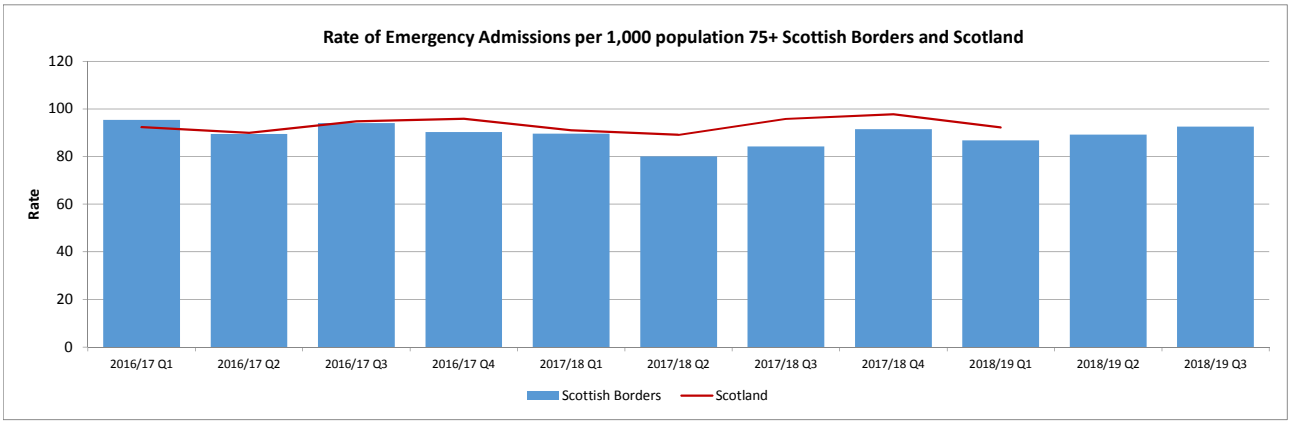
| | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Q1 2017/18 | Q2 2017/18 | Q3 2017/18 | Q4 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Emergency Admissions, 75+ | 1,125 | 1,054 | 1,107 | 1,065 | 1,074 | 959 | 1,009 | 1,096 | 1,040 | 1,069 | 1,108 |
| 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 | 92.5 |




**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 | Q3 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 | 92.5 |
| 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 | 92.2 | - | - |



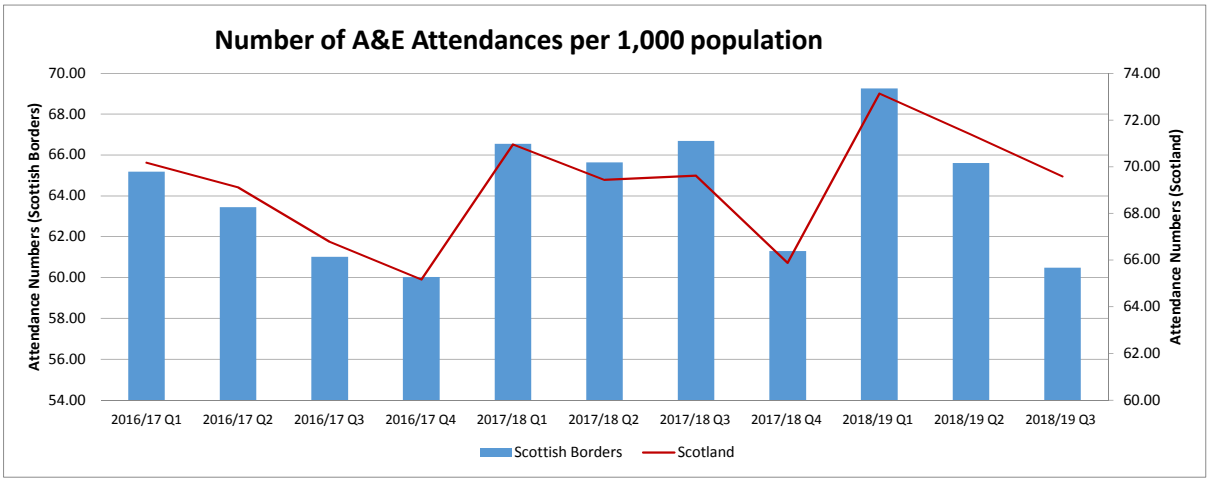

**How are we performing?**

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), but has now crept up.

**Number of A&E Attendances**

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

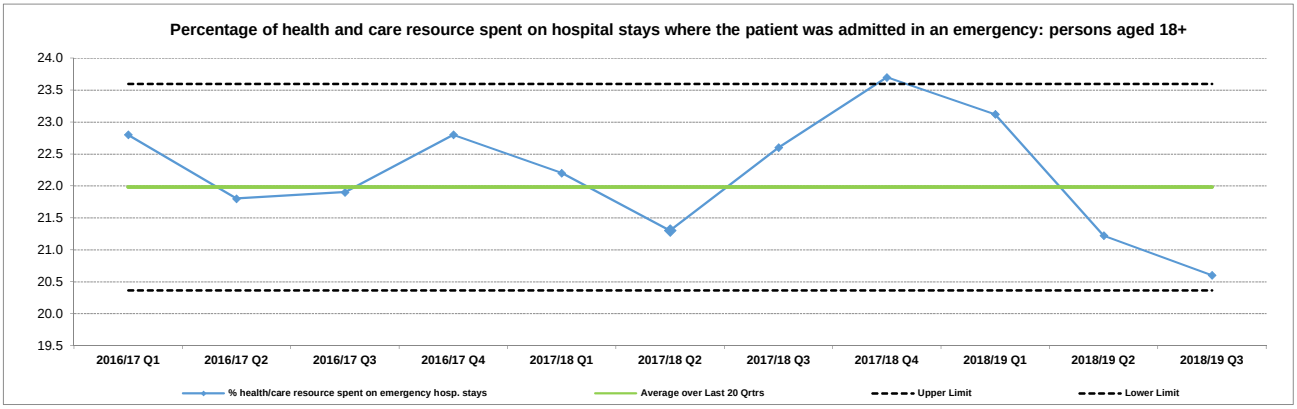
| | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Q1 2017/18 | Q2 2017/18 | Q3 2017/18 | Q4 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Attendances, Scottish Borders | 65.18 | 63.44 | 61.02 | 60.04 | 66.55 | 65.64 | 66.68 | 61.30 | 69.26 | 65.61 | 60.49 |
| Number of Attendances, Scotland | 70.17 | 69.12 | 66.79 | 65.17 | 70.95 | 69.43 | 69.60 | 65.88 | 73.14 | 71.38 | 69.58 |

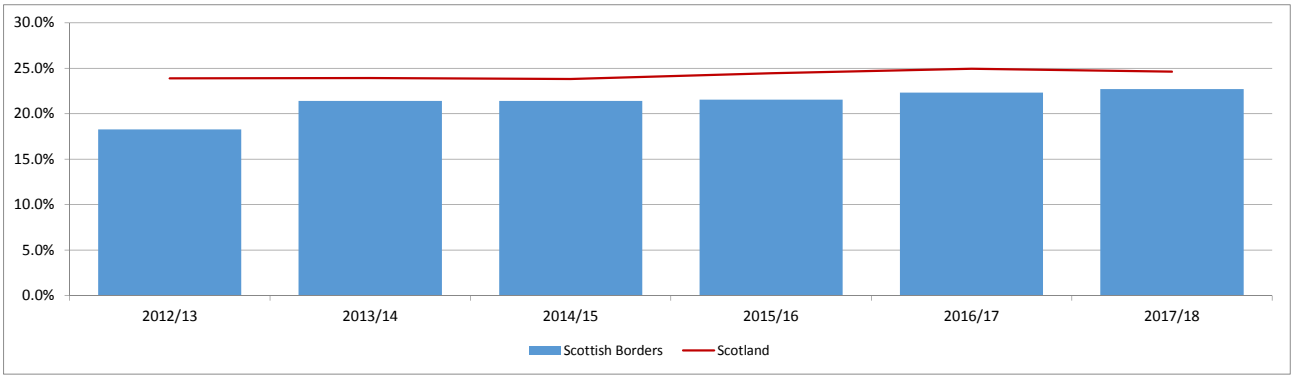



**Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency: persons aged 18+**

*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 | Q3 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 | 20.6 |




**How are we performing?**

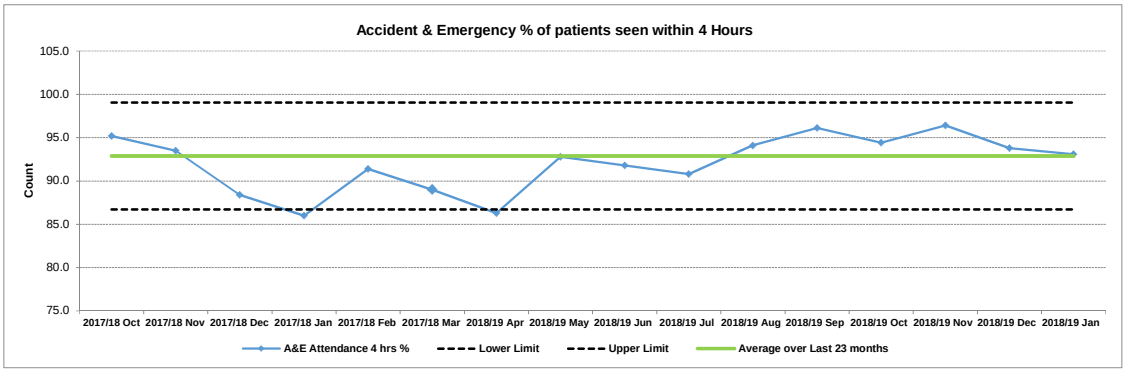
The percentage of health and social care resource spent on unscheduled hospital stays has seen an overall decrease since the first quarter of 2016/17. This spiked at the end of the 2017/18 financial year although has continued to decreased over the first three quarters of this financial year (2018/19). 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

| | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of A&E Attendances seen within 4 hours | 2395 | 2143 | 2455 | 2546 | 2747 | 2793 | 2812 | 2745 | 2630 | 2726 | 2446 | 2467 | 2575 |



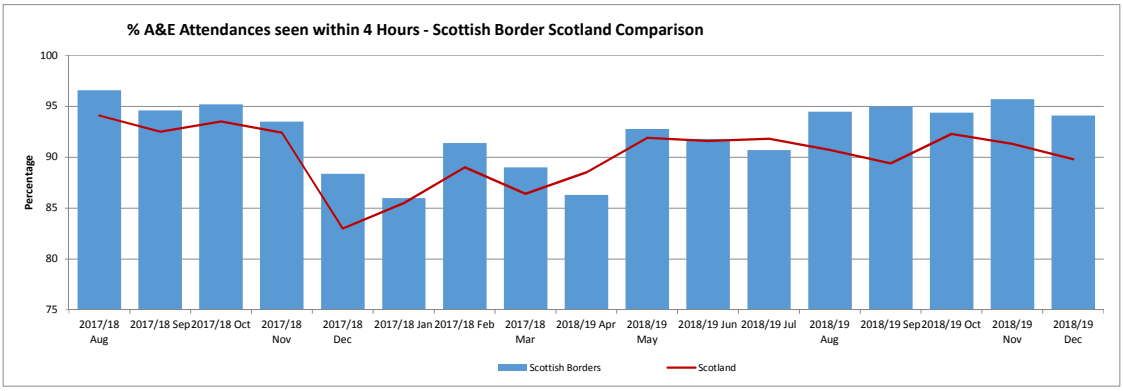

**How are we performing?**

Patients attending A&E and the Acute Assessment Unit (AAU) are routinely discharged within 4 hours. NHS Borders is working towards consistently achieving the 98% local stretch standard. The 95% standard has been achieved in June, July, August and October of 2017. In 2018 it has been achieved in September. The main cause of breaches has been delays waiting for bed availability and reflects ongoing challenges in the discharge of complex patients.

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

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

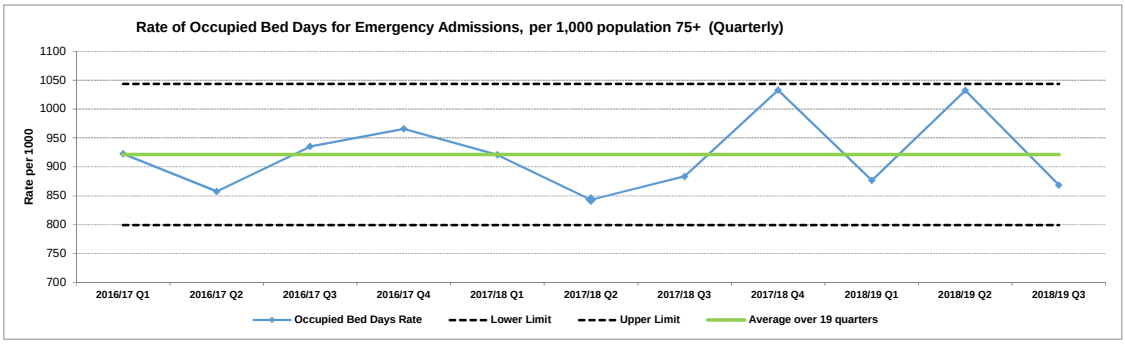
| | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| % A&E Attendances seen within 4 hour Scottish Borders | 88.40 | 86.00 | 91.40 | 89.00 | 86.20 | 92.20 | 91.50 | 90.70 | 94.50 | 95.00 | 94.40 | 95.70 | 94.10 |
| % A&E Attendances seen within 4 hour Scotland | 83.00 | 85.50 | 89.00 | 86.40 | 88.50 | 91.90 | 91.60 | 91.80 | 90.70 | 89.40 | 92.30 | 91.30 | 89.80 |



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

Source: NSS Discovery (SMR01 data)

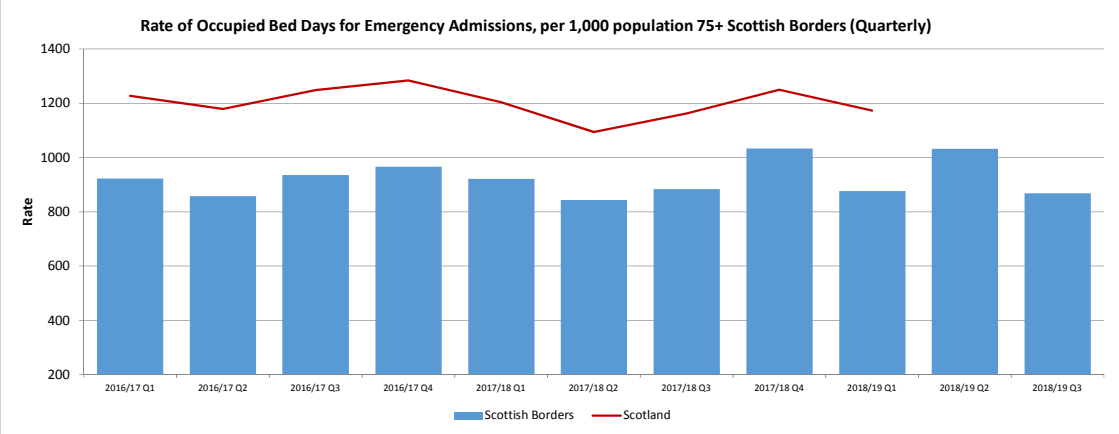
| | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Q1 2017/18 | Q2 2017/18 | Q3 2017/17 | Q4 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Occupied Bed Days for emergency Admissions, 75+ | 10877 | 10109 | 11028 | 11387 | 11035 | 10103 | 10582 | 12377 | 10523 | 12356 | 10407 |
| Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ | 922 | 857 | 935 | 966 | 921 | 843 | 883 | 1033 | 876 | 1032 | 868 |




**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 | Q3 2018/19 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scottish Borders | 922 | 857 | 935 | 966 | 921 | 843 | 883 | 1033 | 876 | 1032 | 868 |
| Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scotland | 1227 | 1178 | 1248 | 1284 | 1203 | 1094 | 1161 | 1250 | 1172 | - | - |




**How are we performing?**

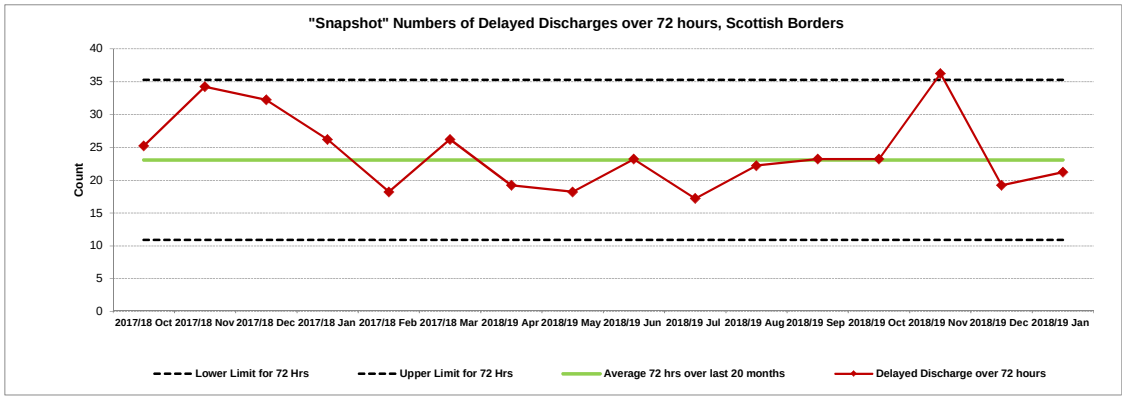
The quarterly occupied bed day rates for emergency admissions in Scottish Borders residents aged 75 and over have fluctuated over time but are lower than the Scottish averages. Since the fourth quarter of 2017/18, the Scottish Borders rate has twice gone above 1,000 per 1,000 of the population.

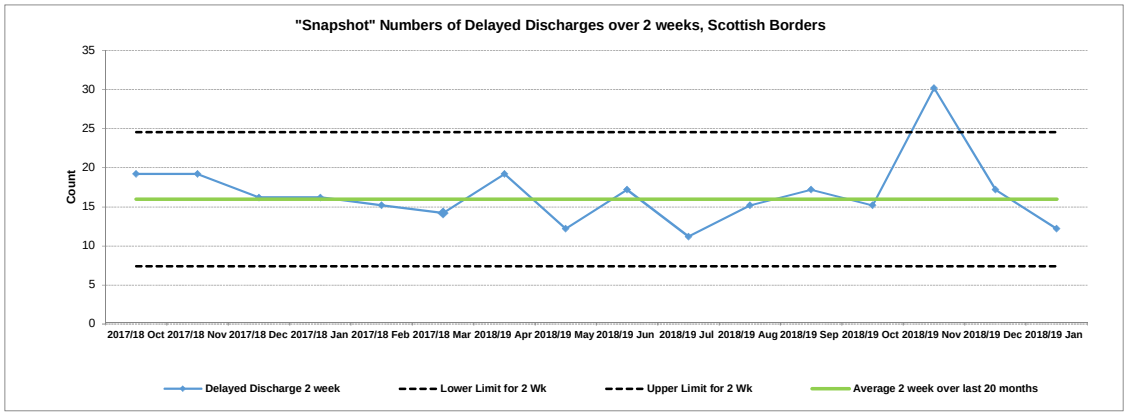
It should be noted that this nationally-derived measure does not include bed-days in the four Borders' Community Hospitals, which will be at least part of the reason for the Borders rates appearing lower than the national averages.

**Delayed Discharges (DDs)**

*Source: EDISON/NHS Borders Trakcare system*

| | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of DDs over 2 weeks | 16 | 15 | 14 | 19 | 12 | 17 | 11 | 15 | 17 | 15 | 30 | 17 | 12 |
| Number of DDs over 72 hours | 26 | 18 | 26 | 19 | 18 | 23 | 17 | 22 | 23 | 23 | 36 | 19 | 21 |



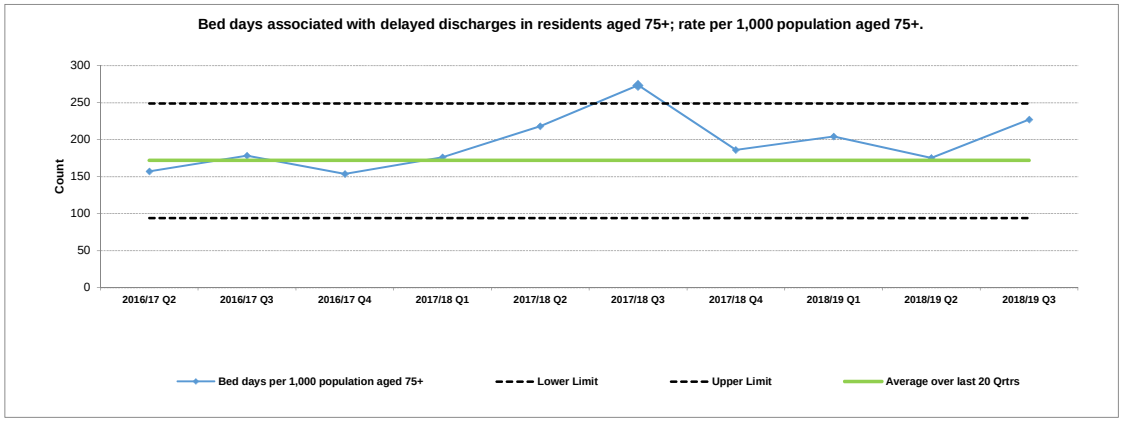

*Please note the Delayed Discharge over 72 hours measurement has been implemented from April 2016.*

*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 | Q3 2018/19 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Bed days per 1,000 population aged 75+ | 159 | 157 | 178 | 153 | 176 | 219 | 274 | 187 | 204 | 175 | 227 |




**How are we performing?**

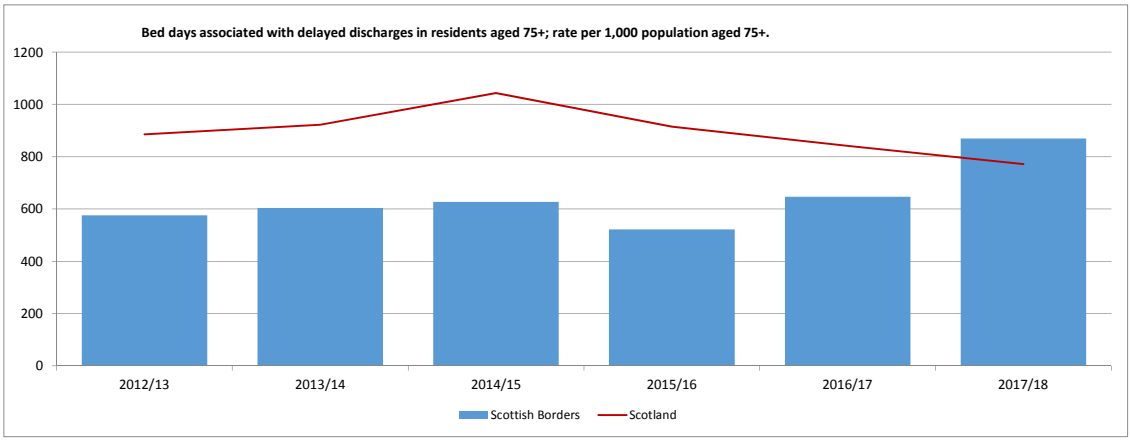
The quarterly rate of bed days associated with delayed discharges for Scottish Borders residents aged 75 and over has fluctuated since the start of the 2013/14 financial year, but has generally remained around 150 to 200 per 1,000 residents. The rate for the middle two quarters of 2017/18 was higher than any previous quarter, increasing to over 200 per 1,000 residents for the first time. 2018/19 has consistently fell above average with Q3 18/19 seeing the 2nd highest rate over the past 2 years.

NHS Borders is facing significant challenges with **Delayed Discharges**, which continues to impact on patient flow within the Borders General Hospital and our four

**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 | 855 |
| Scotland | 886 | 922 | 1044 | 915 | 841 | 762 |




**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.

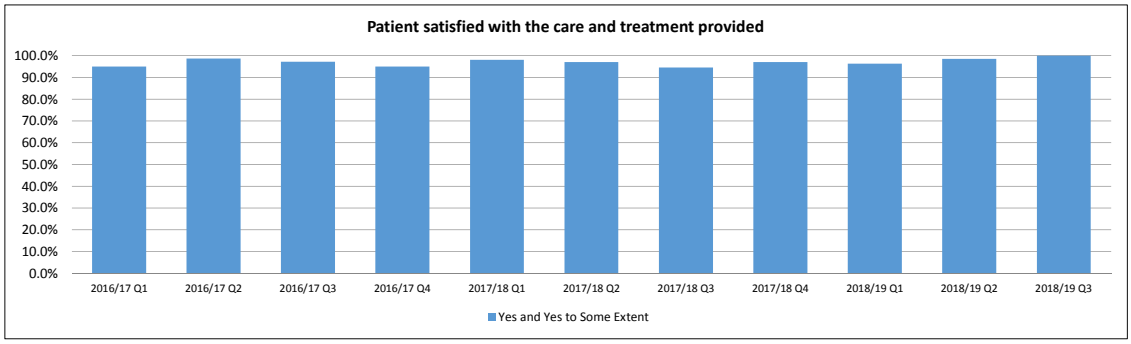
*Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account 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 people aged 75+.

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

*Source: NHS Borders*

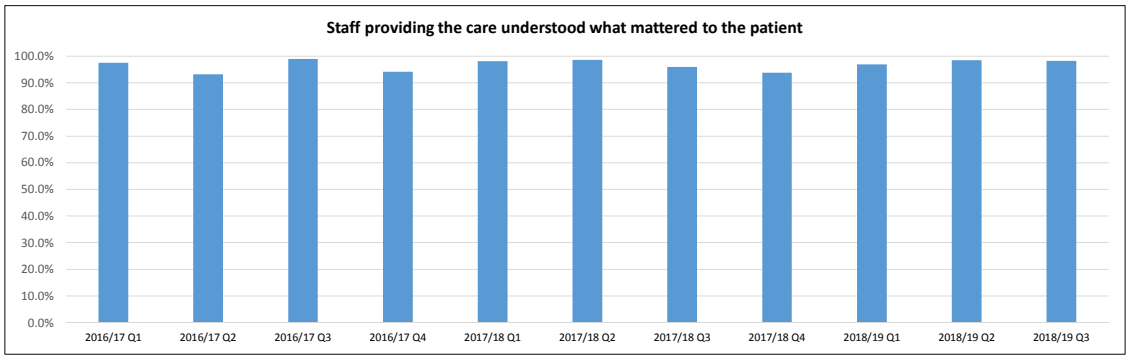
**Q1 Was the patient satisfied with the care and treatment provided?**

| | 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 | Q3 2018/19 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Patients feeling satisfied or yes to some extent | 232 | 160 | 105 | 116 | 105 | 206 | 141 | 135 | 156 | 135 | 117 |
| % 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% | 100.0% |



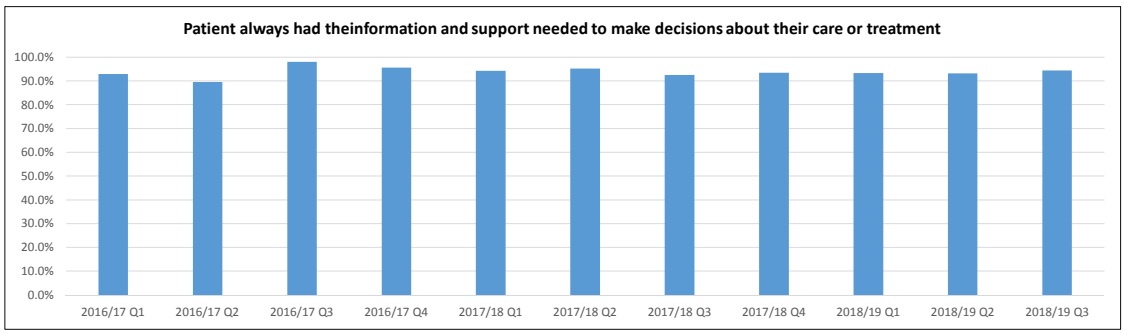

**Q2 Did the staff providing the care understand what mattered to the patient?**

| | 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 | Q3 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 | 119 |
| % 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% | 98.3% |




**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 | Q3 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 | 101 |
| % 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% | 94.4% |




**How are we performing?**

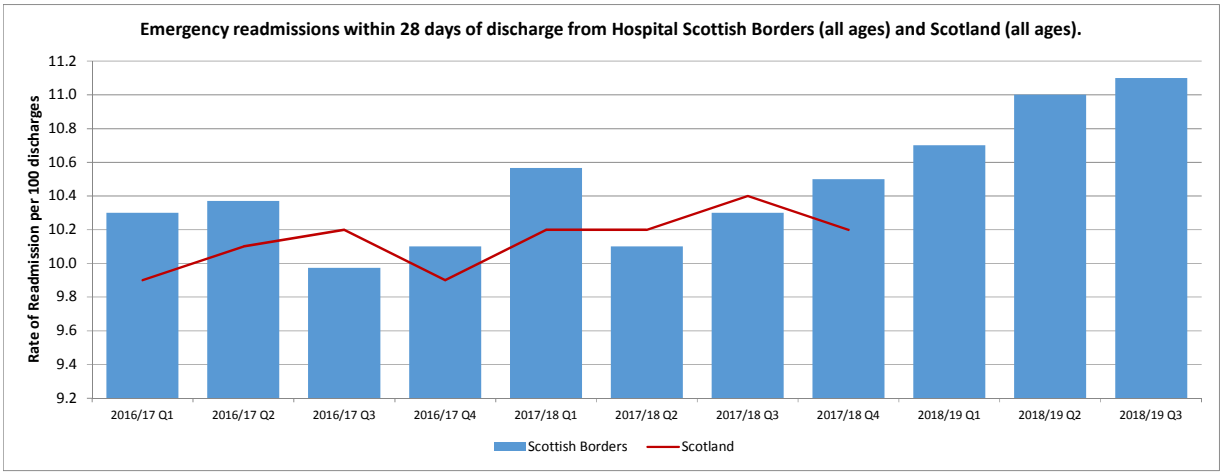
The 2 Minutes of Your Time Survey is carried out across the Borders General Hospital and Community Hospitals and comprises of 3 quick questions asked of patients, relatives or carers by volunteers. There are also boxes posted in wards for responses. The results given here are the responses where the 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 10 quarters are 96.7% for question 1, 96.6% for question 2 and 93.7% for question 3.
A cumulative count is shown in the quarterly reporting.

## 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 | Q3 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 | 11.1 |
| 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?**

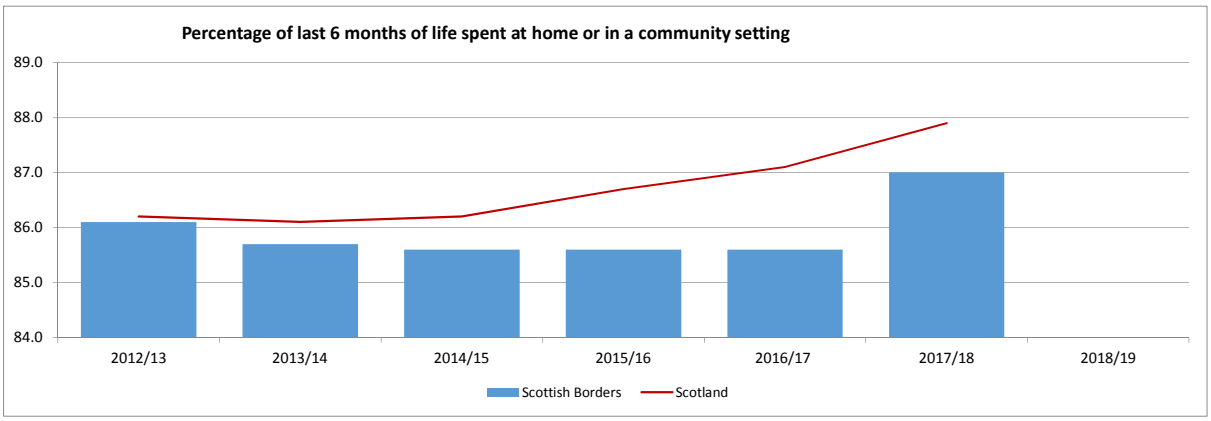
The quarterly rate of emergency readmissions within 28 days of discharge for Scottish Borders residents has fluctuated since the start of the 2016/17 financial year, but has generally remained under 10.6 readmissions per 100 discharges. There has been a notable increase in readmissions within 28 days of discharge since quarter two of 2017/18.

The Borders rate has usually been higher than the Scottish average and this trend continues.

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

*Source: Core Suite Indicator workbooks*

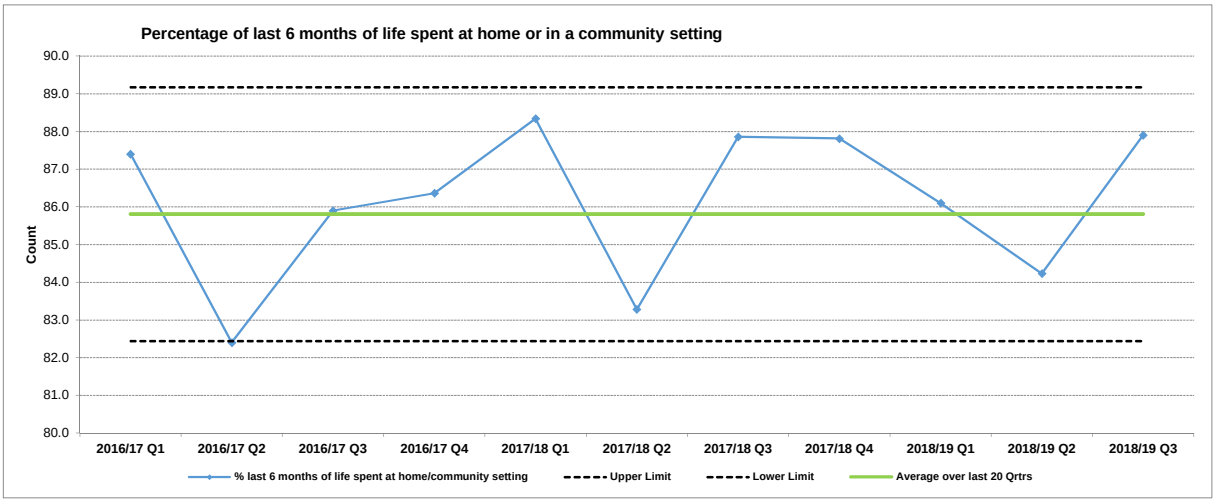
| | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 |
|---|---|---|---|---|---|---|---|
| Scottish Borders | 86.1 | 85.7 | 85.6 | 85.6 | 85.6 | 87.0 | |
| Scotland | 86.2 | 86.1 | 86.2 | 86.7 | 87.1 | 87.9 | |



**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 | Q3 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 | 86.1 | 84.2 | 87.9 |




**How are we performing?**

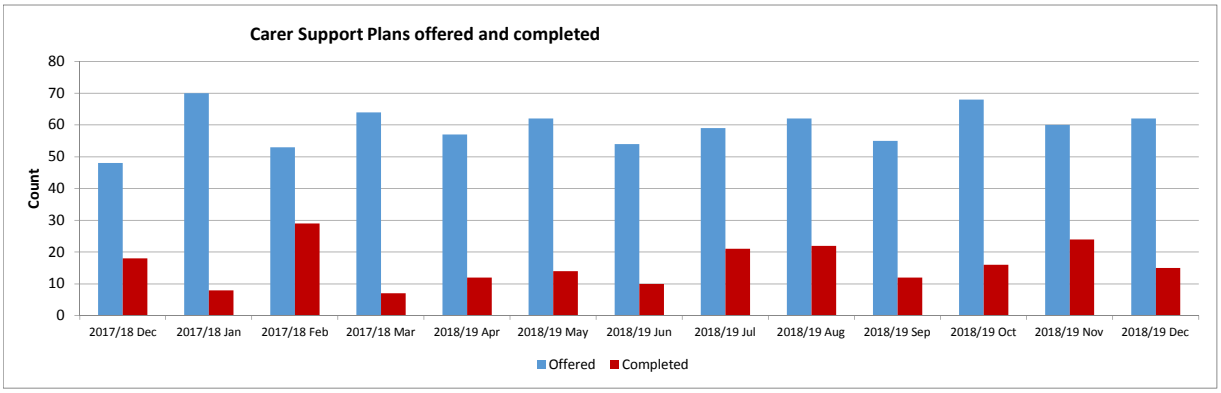
The percentage of last 6 months of life spent at home or in a community setting has appeared fairly consistent in the Borders from year to year since 2013/14 but in each case remains a little below the Scottish average, which is gradually increasing.

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**

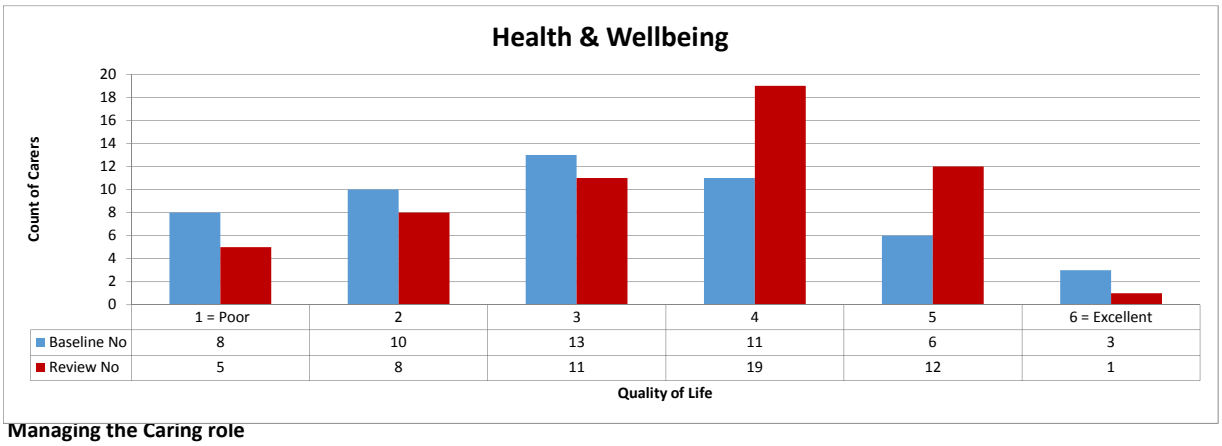
*Source: Mosaic Social Care System and Carers Centre*

| | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Assessments offered during Adult Assessment | 48 | 70 | 53 | 64 | 57 | 62 | 54 | 59 | 62 | 55 | 68 | 60 | 62 |
| Asssessments completed by Carers Centre | 7 | 12 | 14 | 10 | 21 | 22 | 12 | 16 | 24 | 15 | 23 | 24 | 12 |




**Health and Wellbeing (Q2 2018/19)**

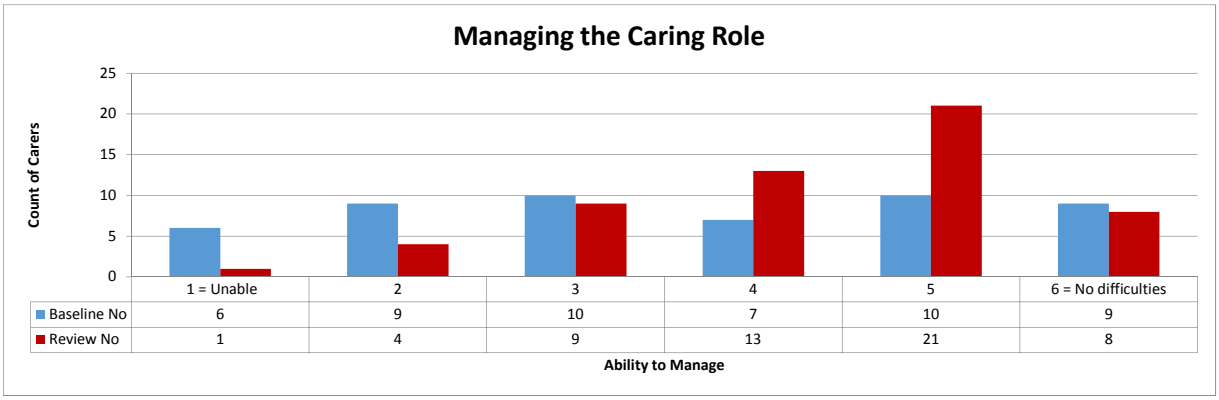
I think my quality of life just now is:




| | 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**

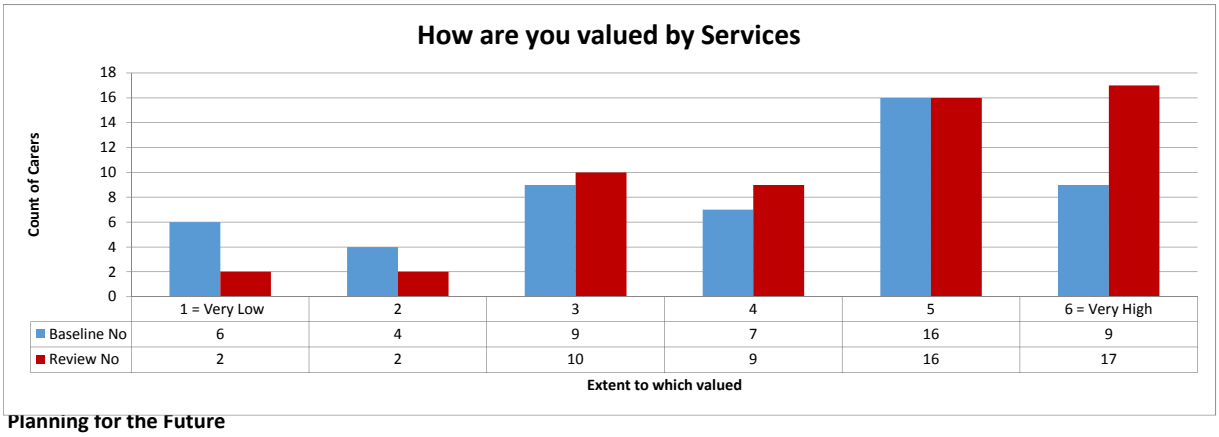
I think my ability to manage my caring role just now is:




| | 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 |

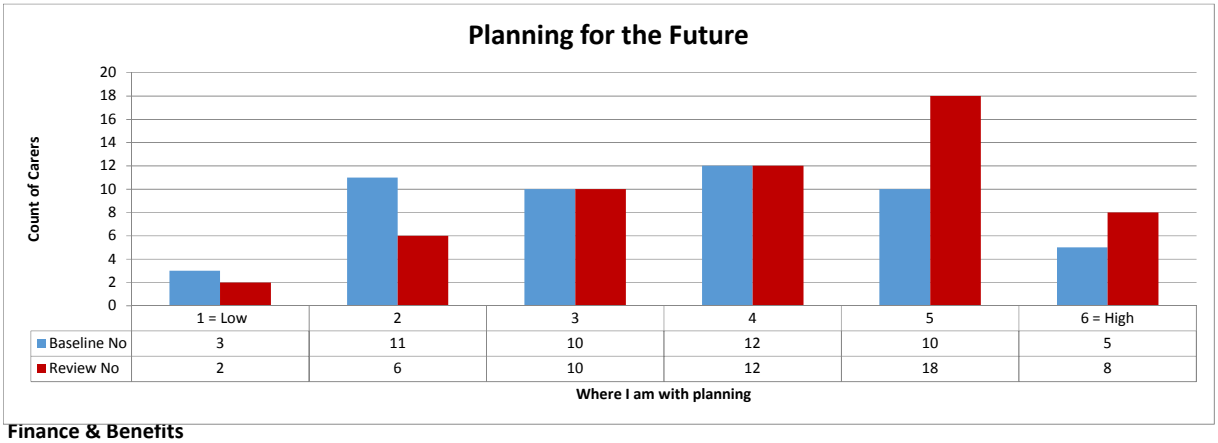
**How are you valued by Services**

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



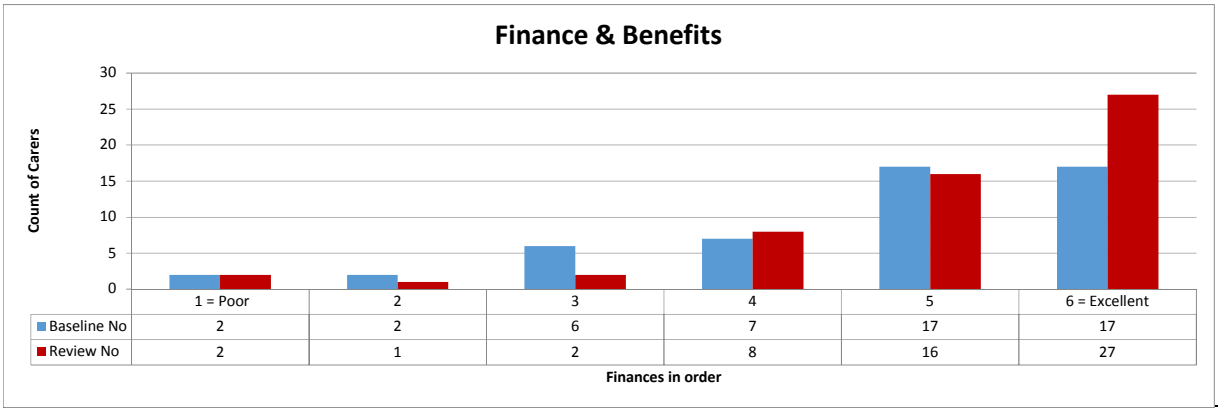

**Planning for the Future**

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 areas which 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 2 2018/19 shows improvement between the baseline and review surveys in all respects.

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# CHANGING HEALTH & SOCIAL CARE FOR YOU

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

## SUMMARY OF PERFORMANCE FOR INTEGRATION JOINT BOARD **APRIL 2019**

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 March 2019**. A number of annual measures that have been updated recently are included in the **Annual Performance Report 2017/18**

KEY

- +ve trend over 4 reporting periods
- compares well to Scotland average
- compares well against local target

- trend over 4 reporting periods
- comparison to Scotland average
- comparison against local target

- -ve trend over 4 reporting periods
- compares poorly to Scotland average
- compares poorly to local target

# 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 |
|---|---|---|---|
| **29.0** **admissions** per 1,000 population (Oct to Dec 2018) | **92.5** **admissions** per 1,000 population Age 75+ (Oct to Dec 2018) | **60.5** **attendances** per 1,000 population (Oct to Dec 2018) | **20.6%** of **total health and care resource**, for those **Age 18+ was spent** on **emergency hospital stays** (Oct to Dec 2018) |
| **-ve trend over 4 periods Worse than Scotland (26.4 - Q2 18/19) Worse than target (27.5)** | **-ve trend over 4 periods Worse than Scotland (92.2 - Q1 2018/19) Worse than target (90.0)** | **+ve trend over 4 periods Better than Scotland (69.6 – Q3 2018/19) Better than target (70)** | **+ve trend over 4 periods Better than Scotland (24.6% - 2017/18) Better than target (21.5%)** |

### Main Challenges

The rate of emergency admissions has fluctuated over the last 4 quarters and over the long-term (3 year period) it does show an improving trend. However performance over the last 4 quarters has declined. Similarly, the rate of emergency admissions for those residents aged 75+ has shown an improving trend over the long-term, but performance has declined over the 4 quarters. The number of A&E attendances has generally fluctuated between 7,000-8,000 per quarter (equivalent to approx. 60-70 per 1,000 population per quarter). It is better than the Scotland average but follows a similar seasonal trend to Scotland. In relation to the percentage of the budget spent on emergency hospital stays, Borders has consistently performed better than Scotland and can also demonstrate a positive trend over the last 4 quarters. As with all Health and Social Care Partnerships, we are expected minimise the proportion of spend attributed to unscheduled stays in hospital.

### Our plans during 2019 to support this objective

We are continuing to develop Local Area Co-ordination; redesigning of day service provision; Community Link Worker pilot in Central and Berwickshire areas; expanded remit of the Matching Unit; expansion of Hospital to Home – to enable timely hospital discharge and support for frail elderly patients in their own homes. Changes have been made to the unscheduled care model to ensure that more health service needs can be met outside hospitals through providing treatment alternatives to hospital admission. Continued development of the Distress Brief Interventions Service to reduce re attendance of people in mental distress at A&E.

# OBJECTIVE 2

We will improve the flow of patients into, through and out of hospital.

| A&E WAITING TIMES (TARGET = 95%) | 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 | "TWO MINUTES OF YOUR TIME" SURVEY – CONDUCTED AT BGH AND COMMUNITY HOSPITALS |
|---|---|---|---|---|
| **94.1%** of **people seen within 4 hours** (Dec 2018) | **868** **bed days** per 1000 population Age 75+ (Oct - Dec 2018) | **21** **over 72 hours** (Jan 2019) | **227** **bed days** per 1000 population Age 75+ (Oct - Dec 2018) | **97.6%** **overall satisfaction rate** (Oct - Dec 2018) |
| **Flat trend over 4 periods**<br>**Better than Scotland (89.8 %)**<br>**Close to target (95%)** | **+ve trend over 4 periods**<br>**Better than Scotland (1172 - Q1 2018/19)**<br>**Better than target (min 10% better than Scottish average)** | **+ve trend over 4 periods**<br>**Within target (23)** | **-ve trend over 4 periods**<br>**Worse than Scotland 193 - 17/18 average)**<br>**Worse than target (180)** | **+ve trend over 4 periods**<br>**Better than target (95%)** |

*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.

## Main Challenges

Over the long-term (3 years) there has been an improving trend in regard to A&E waiting times. Short-term trend is flat, but performance is currently close to target (95%) and better than the Scottish average. Occupied bed day rates for emergency admissions (age 75+) has seasonal fluctuations but performance trend is positive – both long-term (over 3-years) and short-term (over 4 quarters) – and we perform better than the Scottish average (although see note above*). Delayed discharge rates vary and are erratic for 'snapshot' data, but the quarterly bed day rate associated with delayed discharges is currently 227 and is showing declining performance. As a result, a target (for 2019/20) to reduce delayed discharges by 30% has been set. The percentage of patients satisfied with care, staff & information in BGH and Community Hospitals remains high.

## Our plans during 2019 to support this objective

We are continuing to support a 'Discharge' programme of work, including Hospital to Home and Transitional Care projects, aimed at reducing delays for adults who are clinically fit for discharge. There is continuing development of "step-up" facilities to prevent hospital admissions and to increase opportunities for short-term placements, as well as a range of transformation programmes to shift resources and re-design services. There is continuing use of the Matching Unit to match care provision to assessed need; commissioning of specialist dementia places; increased use of technology enabled care to improve patient flow; and development of Community Outreach Team to support early discharge and admission prevention.

# 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 SUPPORT PLANS COMPLETED | SUPPORT FOR CARERS: change between baseline assessment and review. Improvements in self- assessment |
|---|---|---|---|
| **11.1** per **100 discharges from hospital** were re-admitted within 28 days (Oct - Dec 2018) | **87.9%** of **people's last 6 months** was spend at home or in a community setting (Oct - Dec 2018) | **31%** of **carer support plans offered** that have been **taken up and completed** (Oct - Dec 2018) | **Health and well-being**<br>**Managing the caring role**<br>**Feeling valued**<br>**Planning for the future**<br>**Finance & benefits** (July - Sep 2018) |
| **-ve trend over 4 Qtrs**<br>**Worse than Scotland (10.2 - Q4 2017/18)**<br>**Worse than target (10.5)** | **-ve trend over 4 Qtr**<br>**Similar to Scotland (87.9% - 17/18)**<br>**Better than target (87.5%)** | **Little change over 4 Qtrs**<br>**Worse than target (40%)** | **+ve impact**<br>**No Scotland comparison**<br>**No local target** |

## Main Challenges

The quarterly rate of emergency readmissions within 28 days of discharge (all ages) is now 11.1 per 100 discharges and has increased from just under 10 during 2016/17. This is worse than the Scottish average and below target for this measure. Borders data in relation to end of life care shows relatively static performance but compares well to Scotland and is above target. The latest available data for Carers demonstrates positive outcomes as a result of completed Carer Support Plans.

## Our plans during 2019 to support this objective

Mainstreaming of Community Led Support ("What Matters" hubs); redesign of homecare 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 Carer Support Plans. The remit of the Matching Unit has been expanded to cover end of life care. Continued development of a Hospice to Home team and of the Marie Curie Nursing Service.

Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 19 June 2019

| | |
|---|---|
| Report By | Rob McCulloch-Graham, Chief Officer Health & Social Care |
| Contact | Louise Ramage, Business Lead for Health & Social Care |
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# STRATEGIC PLANNING GROUP REPORT

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

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|---|---|
| **Recommendations:** | The Health & Social Care Integration Joint Board is asked to:<br><br>a) **Note** this report |

| | |
|---|---|
| Personnel: | N/A |

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|---|---|
| Carers: | N/A |

| | |
|---|---|
| Equalities: | N/A |

| | |
|---|---|
| Financial: | N/A |

| | |
|---|---|
| Legal: | N/A |

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|---|---|
| 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 5 June 2019.

**SPG Key Actions & Issues**

Update on Day Services Transformation

A verbal update was provided to members on the Day Services Review, after the paper was approved by the Executive Committee on 4 June 2019. The process is underway to appoint Local Area Co-ordinators and it is expected they will be fully in post by September 2019, to provide a range of activities to those who currently use the day centres. Assurance was provided that only when the level of attendance drops, day centre will close.

Queries were raised regarding the level of consultation with service user and their families and the resource available in the community to cope with the additional service users.

Members will be provided further updates routinely.

IJB Development Session Outcomes

An overview of the development session held on 4 March 2019 was provided and highlighted the main outcomes feedback from participants. The following amendments were agreed to be made:

- Further emphasis on Carers in the patient pathway;
- Transport to be factored into the idea of wellbeing centres;
- Add housing element;
- Look into the possibility of short term care or 3 day cover to avoid hospital admission.

Locality Working Groups

A paper was presented and members accepted the recommendations to revitalise the Locality Working Groups (LWG), with an internally elected Chair from each locality and a member of the Health & Social Care Partnership Leadership Team and Public Health Team as core links for the IJB.

Clarity on the scope and Terms of Reference for each LWG, as well as expenses for members, is required.

Quarterly Performance Report

The updated report which would be presented to the IJB was discussed, with queries raised on the amended RAG status and Equality Impact Assessments (EIA).

It was advised that preliminary data from National Services Scotland (NSS) on Hospital to Home (H2H) has been encouraging, as those referred to H2H are less likely to be readmitted to hospital.