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A meeting of the **Health & Social Care Integration Joint Board** will be held on **Tuesday, 17th December, 2019** at **10.00 am** in Council Chamber, SBC HQ

AGENDA

Time	No		Lead	Paper
10:00	1	ANNOUNCEMENTS & APOLOGIES	Chair	
10.01	2	DECLARATIONS OF INTEREST	Chair	
		<i>Members should declare any financial and non financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.</i>		
10:03	3	MINUTES OF PREVIOUS MEETING	Chair	(Pages 3 - 10)
10:05	4	MATTERS ARISING Action Tracker	Chair	(Pages 11 - 14)
10:10	5	FOR DECISION		
	5.1	2019/20 Budget Pressures	Chief Officer	
10:35	6	FOR NOTING		
	6.1	Bi-annual Review of Risk Register	Chief Officer	(Pages 15 - 22)
	6.2	Chief Social Work Officer Annual Report	Chief Social Work Officer	(Pages 23 - 58)
	6.3	Monitoring of the Integration Joint Budget 2019/20	Interim Chief Financial Officer	

	6.4	Quarterly Performance Report	Programme Manager	(Pages 59 - 78)
	6.5	Strategic Planning Group Update	Chair	(Pages 79 - 80)
11:55	7	ANY OTHER BUSINESS	Chair	
12:00	8	DATE AND TIME OF NEXT MEETING Wednesday 22 January 2020 at 10.00am in Committee Rooms 2 & 3, Scottish Borders Council.	Chair	



Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Wednesday 30 October 2019 at 10.00am in the Council Chamber, Scottish Borders Council.

Present:

(v) Dr S Mather (Chair)	(v) Cllr J Greenwell
(v) Mr M Dickson	(v) Cllr S Haslam
(v) Cllr T Weatherston	(v) Mrs K Hamilton
(v) Cllr E Thornton-Nicol	(v) Mr J McLaren
Mr R McCulloch-Graham	Dr T Patterson
Mr S Easingwood	Ms Linda Jackson
Dr C Sharp	Dr K Buchan
Mrs N Berry	Mr M Porteous
Miss V Macpherson	Mrs J Smith
Mr D Bell	

In Attendance:

Mr R Roberts	Mrs C Gillie
Mr D Robertson	Ms S Bell
Miss L Ramage	Mr M Leys
Mr G Clinkscale	Mr M Curran
Ms S Pratt	Ms Fiona Doig
Ms Susan Elliott	

1. Apologies and Announcements

Apologies had been received from Cllr David Parker, Mrs Tracey Logan, Miss Iris Bishop and Mr Tris Taylor.

The Chair confirmed the meeting was quorate.

The Chair welcomed members of the public to the meeting.

2. Declarations of Interests

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

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

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board (IJB) held on 25 September 2019 were approved.

4. Matters Arising

Nothing was raised.

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

5. Winter Plan 2019/20

Mr Gareth Clinkscale presented an overview of the Winter Plan for 2019/20 to be submitted to Scottish Government at the month end and advised members of the approach based on the previous year's success. The winter communications strategy was also mentioned, across the platforms of social media and Radio Borders, utilising our clinicians to spread awareness of the best public use of services over the winter period.

Cllr Shona Haslam asked for the high level plan in Appendix 1 to be amended to include an updated view of the progress with 3 different colours for 'work commenced', 'work ongoing' and 'work completed'.

Mrs Jenny Smith queried the lack of third sector involvement in the development of the plan, primarily from a community transport view. Mr Gareth Clinkscale and Mr Robert McCulloch-Graham acknowledged the need for a more joined up approach and committed to liaise with the Red Cross and other Third Sector reps regarding what discharge support could be provided from 1 January 2020.

Mr Malcolm Dickson praised the evidence of good work stretched out beyond winter and asked that the objectives on page 3 of the plan have reference to what/how each objective would be measured.

Mr John McLaren asked who the plan had been shared with and if there was a plan to share wider. Mr Gareth Clinkscale clarified that the plan has been shared with: NHS Borders Acute Services Board, Board Executive Team, Local Partnership Forum, SBC Corporate Management Team and Health & Social Care Leadership Team.

Mr John McLaren also advised that the staff wellbeing and morale element was lacking compared to previous years and that reduced sickness absence should not solely be used as an indicator. Mr Gareth Clinkscale advised that staff 'Wellbeing Wednesdays' will continue this coming year.

Dr Kevin Buchan advised that the engagement with primary care had been scant, despite various offers of initiatives to improve patient flow, and therefore the plan remained secondary care based. Mr Robert McCulloch-Graham accepted the lack of engagement with primary care colleagues and committed to increase involvement all year round.

Mrs Linda Jackson asked that reference patient and carer experience/data was included on page 3, as a measurement of objective delivery.

Mr John McLaren acknowledged the clear improvement in partnership working across Health & Social Care however further planning work is required to meet all engagement opportunities across social care, acute service and community services.

Dr Cliff Sharp supported the winter plan and asked that future conversations should be broadened to incorporate the difference between need and demand for services.

Mrs Karen Hamilton advised that Mr Tris Taylor had passed on queries for consideration, due to his absence from the meeting. Mr Rob McCulloch-Graham advised that officers will take forward the queries outwith the meeting.

Mrs Nicky Berry provided further context of the plan, where responsibility sat with herself and Mr Rob McCulloch-Graham, whereas Mr Gareth Clinkscale coordinated the plan development of the behalf of the executive leads. Mrs Nicky Berry added that the membership of the Winter Planning Board could be revised to ensure robust early engagement.

Mr Gareth Clinkscale added that the Site & Capacity team within the BGH continue to meet twice a day, with additional weekend planning, to ensure the delivery of safe and effective care. Mr Rob McCulloch-Graham added that weekly meetings had also been set up to monitor delayed discharge performance.

The Chair thanked colleagues across the Health & Social Care Partnership for their contributions in producing the plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Joint Winter Plan 201/20.

6. Physical Disability Strategy

Mr Murray Leys provided an overview of the strategy, which included ambitions for fairer opportunities to participate in community life in the Borders. Assurance of a full and engaged consultation process during the development of the strategy was provided. Mr Murray Leys thanked Mr Michael Curran for his work on developing the strategy and carrying out the consultation.

All IJB members commended the easy read strategy and the thorough engagement with service users and third sector colleagues.

Cllr Shona Haslam noted the reference to Ability Borders as part of the engagement approach and asked that additional third sector organisations also be involved, alongside Ability Borders. Cllr John Greenwell also asked for engagement with community transport colleagues.

Mr Ralph Roberts advised it would be good to receive and update on the implementation timescales and baselines for success measures. Mr Murray Leys advised the planning group were undertaking these tasks, particularly an outline of a resource model for strategy implementation, and any updates would be brought back to the IJB as required.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Physical Disability Strategy and Delivery Plan.

7. Board Meeting Dates and Business Cycle

Miss Louise Ramage provided an overview of the meeting cycle for the forthcoming year.

Cllr Tom Weatherston asked if the proposed June 2020 and December 2020 meeting dates could be rearranged to ensure the attendance of Mrs Jill Stacey, from an audit perspective. Mr Rob McCulloch-Graham advised that it would not be possible to move those dates as the cycle works around voting members diary, however a discussion with Mrs Jill Stacey would be arranged to review working pattern.

Cllr Shona Haslam advised of a few references to 2019 which should be amended to 2020.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the proposed meeting dates and business cycle for 2020.

8. Primary Care Improvement Plan Update

Ms Sandra Pratt and Dr Kevin Buchan provided an overview of the report and updated Primary Care Improvement Plan (PCIP), as a core element of the new General Medical Services contract. Members were advised that concerns had previously been raised around the pace of the PCIP and therefore a GP Executive Committee had been introduced in April 2019, along with a project manager, to advance progress through a robust framework across all workstreams.

Ms Sandra Pratt advised that regular submissions are made to Scottish Government to enable the release of funding allocations.

Dr Kevin Buchan advised that Borders has shown good progress and is no longer lagging behind other boards, 18 months into implementation. Members acknowledged the key work undertaken.

Mr John McLaren asked if there was confidence on the recruitment of physiotherapists without disrupting core service to which Dr Kevin Buchan advised this would be a risk.

Mr John McLaren requested a similar update be presented to the Area Partnership Forum.

Mrs Jenny Smith advised that the third sector could assist with accommodation requests.

Cllr Elaine Thornton-Nicol suggested difficulties may be encountered in terms of IT infrastructure and data sharing to which Dr Kevin Buchan agreed as a challenge, however not a quick fix.

Mr Malcolm Dickson asked if the IJB could be of any further help to assist in the progress of the PCIP. Dr Kevin Buchan welcomed the offer but advised that GPs in the Borders have little capacity and therefore freeing up time remained difficult.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and supported the information and progress to date of the PCIP as outlined and contained within the revised PCIP document.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** supported the submission of the revised PCIP document to Scottish Government.

9. Financial Outlook Update

Mrs Carol Gillie provided a verbal update on the NHS Borders financial position, as presented to the NHS Borders Board on 3 October 2019. At August 2019 month end, a £300k overspend was reported following key pressures in Emergency Department staffing and savings shortfall in IJB delegated services. The year-end forecast remained a breakeven position, with receipt of £9.3m brokerage. NHS Borders remain on course to deliver £7.1m savings on a recurring basis. Members were reminded that there is no clarification yet on any pay back arrangements for brokerage.

Mr David Robertson provided a verbal update on the Scottish Borders Council financial position. As reported in September 2019, risks associated with IJB delegated services were projected in the quarter one balance. Members were advised that these risks had crystallised as financial pressures in home care and Learning Disabilities services, where management colleagues were now undertaking an analysis to quantify the drivers behind these pressures and implement mitigating actions. Mr David Robertson advised that the forthcoming formal report would give more clarity on pressures.

The Chair asked for an indication of the overspend figure. Mr David Robertson advised no formal information was available, but estimated it would be a seven figure sum.

The Chair asked that both Directors of Finance from NHS Borders and Scottish Borders Council present, to the IJB in December 2019, the actual financial position as at quarter 2 and provide an indicative quarter 3 position.

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

10. Joint Financial Plan – Assumptions 2020/21

Mr Mike Porteous provided an overview of the report which focused on the Joint Financial Plan (FP) for 2020/21 and highlighted the intention to present a medium term (3 years) Joint FP in future papers. A more detailed discussion would ensue at the IJB Development Session. The draft financial plan is scheduled to be presented to the IJB in January 2020, with the final report to be presented in March 2020.

Members were advised that joint planning would continue whilst final budget positions were confirmed from Scottish Government. Additionally, a joint finance session would be planned for January 2020.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the budget planning assumptions being made for the 2020/21 Financial Planning process.

11. Inspections Update

Mr Murray Leys advised that Care Inspectorate inspectors would be on site week commencing 25 November 2019 to attend various meetings and workshops, as part of the

review of the 2017 report on the 'Joint Inspection of Adult Health and Social Care Services' and the subsequent recommendations.

Members were informed that the inspectors would be observing the forthcoming IJB Development Session and Strategic Planning Group meeting.

A full briefing note, providing an update and the result of the inspection review would be brought back to the IJB in the New Year.

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

12. Alcohol and Drugs Partnership Update

Dr Tim Patterson, Ms Fiona Doig and Ms Susan Elliot provided an overview of the report, as part of the bi-annual reporting structure. Members were advised that drug deaths were a main feature of the report as a high public health priority due to the tragic increase across Scotland and locally; 22 deaths last year at the average age of 35. Scottish Government had released funding to IJBs via Alcohol and Drugs Partnerships to introduce services and outreach programs to reduce drug related deaths.

Cllr John Greenwell commented on the efficient inter-agency working alongside the Public Protection Service and Criminal Justice team, as well as the whole family engagement in the assessment of needs.

Cllr Tom Weatherston welcomed the update and acknowledged the need to reduce stigma attached to those affected by alcohol and drug addictions. Dr Tim Patterson advised that various communication approaches are being taken with the public on reducing stigma.

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

13. Any Other Business

Mr Malcolm Dickson asked if, in light of the Audit Scotland latest report on Health & Social Care Partnerships across Scotland published this week, the IJB should take action to ensure the lessons learned were locally relevant and adjust local improvement plans accordingly. The Chair agreed that the exercise would be delegated to the IJB Audit Committee to take forward.

Mr Rob McCulloch-Graham advised members that an IJB Development Session would be held on Wednesday 20 November 2019, 10am to 12pm. The Care Inspectorate had advised their intention to observe the session and had also requested a 20 minute focus group with voting members only. Mr Rob McCulloch-Graham suggested the agenda run as follows and any items deferred would be picked up during the first IJB Development Session in 2020:

- Public Protection Service;
- Demographics;
- History of demands on delegated services;
- Forthcoming pressures;
- Financial resources.

Cllr Tom Weatherston queried the permanent membership of the IJB Audit Committee since the resignation of John Raine. The Chair advised that Mrs Karen Hamilton had been appointed to sit on the IJB Audit Committee.

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

14. Date and Time of next meeting

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board would take place on Tuesday 17 December 2019 at 10am in Council Chamber, Scottish Borders Council.

The meeting concluded at 11.55am

Signature:
Chair

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Health & Social Care Integration Joint Board Action Point Tracker

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	Stuart Easingwood	November 2019	<p>In Progress: Item scheduled for 19 November 2018.</p> <p>Update: Session cancelled. Item rescheduled to 25 November 2019 Development session.</p>	

Meeting held 8 May 2019

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 leads in regard to long term conditions.	Rob McCulloch-Graham, Erica Reid	November 2019	<p>In Progress: Item added to November Development session schedule.</p>	

Meeting held 19 June 2019

Agenda Item: Chief Officer's Report

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
11	5	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD agreed to remove the Chief Officer's Report as a standing item on the agenda and instead to receive a newsletter format report on a monthly basis to also include what was happening around the partnerships across Scotland.	Louise Ramage	October 2019	Communications colleagues across NHS Borders and SBC to support newsletter. Update: capacity in NHS Borders is still challenged due to priorities of turnaround. Will look to provide a newsletter every two months.	

Agenda Item: Integration Joint Board 2019/20 Financial Plan

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
13	8	The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD directed the IJB Officers to continue to work with NHS Borders and SBC to develop a Joint Turnaround Programme and a Joint Financial Recovery Plan to address the financial gap and mitigate the risks relating to Health and Social Care services.	Mike Porteous	Note until March 2020	Update: Financial implications of the strategic plan will be discussed at the November development session. Additional Joint Finance Sessions to be arranged over the next few months to inform partners of necessary updates during the budget setting process.	

Meeting held 25 September 2019

Agenda Item: Transformation Fund Review

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
14	6	Mr Rob McCulloch-Graham to provide an update on a delayed discharge trajectory.	Rob McCulloch-Graham	December 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



Scottish Borders
Health and Social Care
PARTNERSHIP

Meeting Date: 17 December 2019

Report By	Rob McCulloch-Graham, Chief Officer Health & Social Care
Contact	Mike Porteous, Chief Financial Officer
Telephone:	07973981394

**2019/20 BUDGETS PRESSURES AND PROPOSALS TO DELIVER YEAR END
FINANCIAL BALANCE**

Purpose of Report:	This report provides the Integrated Joint Board (IJB) with an outline of the current forecast gap in the financial position of the Health & Social Care Partnership (H&SCP) for 2019/20, and sets out the mitigating actions taken and further action recommended to reach financial balance.
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Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> (a) Note the forecast financial overspend of (£2.093m) for the H&SCP for 2019/20 based on information to 30th September; (b) Note the Chair and Vice Chair's Action taken on 29th November to utilise £300k of the remaining Transformation funding to commission additional Residential and Nursing Care beds and Packages of Care in the Community; (c) Agree the utilisation of the remaining in year Transformation funds of £0.404m and £0.124m of Mental Health release to address the forecast overspend in the Social Care services within IJB delegated functions (d) Note that this will allow ongoing access to residential & nursing care home provision and homecare from private providers, in addition to the provision provided from SB Cares, until 31 March 2020; (e) Note the risks identified in relation to the recommendations in this paper linked to patient safety and the impact on the discharge programme going forward; (f) Note the underlying issues highlighted in the report and the need to ensure recurring solutions are developed as part of the Joint Financial Planning process for 2020/21 to address year on year overspends and ongoing demographic pressures;
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	<p>(g) Agree that the IJB receives regular monthly forecasts of the financial position with information on savings programmes across the Partnership from now on.</p> <p>(h) Agree to implement the Recovery Plan actions identified to address the remaining gap within services commissioned from the Council.</p> <p>(i) Note that once the use of the Transformation and other funds identified in (c) above are allocated any further in year pressures will require to be addressed by the respective Partner.</p>
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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:	There are no equalities impacts arising from the report.
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Financial:	<p>No resourcing implications beyond the financial resources identified within the report.</p> <p>Both partner organisations' Finance functions have contributed to the development of this report and will work closely with IJB officers in delivering its outcomes.</p>
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Legal:	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
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Risk Implications:	To be reviewed in line with agreed risk management strategy. The key risks outlined in the report form part of the draft financial risk register for the partnership.
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1 BUDGET 2019/20

1.1 The H&SCP has identified pressures of (£13.074m) across the Partnership in year. The impact of various actions and decisions has brought the forecast gap down significantly to (£2.093m). The table below summarises the forecast overspend by service for 2019/20.

<u>Scottish Borders Council</u>	Original Mid Year Forecast £m	Virement £m	Brokerage £m	Mitigating Action		Final Forecast £m
				Operational Actions £m	Winter Plan £m	
Learning Disabilities	(0.490)	0.325		0.165		0.000
Older People	(1.623)	0.391		0.307		(0.925)
Mental Health	(0.131)	0.131				0.000
Physical Disabilities	(0.165)	0.165				0.000
Generic Services	(0.464)	0.464				0.000
	<u>(2.873)</u>	<u>1.476</u>	<u>0.000</u>	<u>0.472</u>	<u>0.000</u>	<u>(0.925)</u>
<u>NHS Borders</u>						
Mental Health	(1.191)	0.513	0.818			0.140
Primary and Community Health Services (incl LD)	(5.520)	2.057	3.277		0.107	(0.079)
Set Aside	(3.442)	0.585	0.933		0.695	(1.229)
Other	(0.048)				0.048	0
	<u>(10.201)</u>	<u>3.155</u>	<u>5.028</u>	<u>0.000</u>	<u>0.850</u>	<u>(1.168)</u>
TOTAL	(13.074)	4.631	5.028	0.472	0.850	(2.093)

1.2 The allocation of a combination of Scottish Government Brokerage, internal virement and mitigating actions across Health Business Units has reduced the in year gap by circa £9m for the H&SC Partnership. Increased controls around all areas of spend have been put in place including a revised vacancy process and weekly scrutiny of supplies costs. A significant number of non recurring measures are being progressed which include the use of the Board's capital funds to support revenue pressures. Within Council services additional non recurring flexibility totalling £1.476m has been identified and vired from other Business Units. In addition a range of operational actions have been put in place by the Council which are expected to reduce the forecast overspend by £0.472m. **Appendix 1** provides details of the actions identified and their expected financial impact.

1.3 The impact of these non recurring adjustments have improved the in year position substantially, however an overspend of (£2.093m) is currently still forecast.

2 UNDERLYING AND IN YEAR PRESSURES

2.1 Over the last 3 financial years the Partner bodies have been required to make additional allocations to the H&SCP during or at year end to ensure a balanced financial position is reported for each year. This requirement is set out in the Scheme of Integration (Sol) which both Partners have agreed. The table below

summarises the additional resources and level of support provided over the last 3 years. These additional allocations were made to address in year and recurring pressures, including undelivered savings, within the delegated budgets.

Summary of Additional Recurring Resources and Other Financial Support 2016/17 - 2018/19						
	2016/17		2017/18		2018/19	
	NHSB	SBC	NHSB	SBC	NHSB	SBC
Additional Recurring Resources	£m	£m	£m	£m	£m	£m
Uplift	3.711	2.086		0.259	1.538	2.934
Social Care Fund (Pass through)	3.500		2.635		1.262	
Transformation Fund	2.130					
Total Additional Resources	9.341	2.086	2.635	0.259	2.800	2.934
Additional Non Recurring Support						
General	7.820	0.052	7.305	0.757	6.625	1.709
Social Care Fund	1.177	0.590	1.000	0.285		
Integrated Care Fund				0.443		
Additional Recurring Support				0.154		1.171
Total Additional Support	8.997	0.642	8.305	1.639	6.625	2.880

3 FINANCIAL PRESSURES

3.1 Since 2016/17 the Partnership has been dealing with a range of financial pressures. Additional funding in the form of NHS ring-fenced funding for Social Care was allocated by the Scottish Government and passed through the Health Board to fund increasing costs in Social Care including the Scottish Living Wage, and the implications of The Carers Act. A summary of the spend is set out in the table below.

Social Care Fund	Recurring Allcations
	£'000
Scottish Living Wage	2,455
Demographic Pressures	3,220
Market Provider costs	1,722
	7,397

In year slippage in the first 2 years of its allocation facilitated non recurring support to be directed to NHS bed pressures which correlated with increases in delayed discharge occupied bed days, and Community Equipment Store demand.

3.2 The year on year requirement for additional support also reflects underlying recurring pressures and in year one off issues across Business Units (BU). The main pressures resulting in a forecast overspend are summarised by BU below:

Older People

- Increasing requirement for Homecare both in the number of new clients and the level of package provided for existing clients
- Demography driven increases in the requirement for residential and / or nursing care beds

Learning Disabilities

- Changes in service user requirements – eg patient in external provider placement could become unstable requiring hospitalisation of a higher level of care
- Number and requirement of clients transitioning from Children’s services to Adult services and the resultant cost
- Complexity of need and entitlement of clients

Prescribing

- The impact of short supply on the availability of drugs.
- Demography driven pressures on prescribing costs.

Set Aside

- The use of unfunded surge beds beyond the winter period
- Recruitment and retention of skilled staff, including medical staff, requiring the use of agency staff
- Patient safety requirements impacting on the use of agency staff.

Savings Targets

- The failure to identify and deliver recurring savings against historical and in year targets is a significant pressure across the Partnership.
- Slippage in delivery is also an underlying driver of the overspend positions reported each year.

3.3 The main drivers of the forecast overspend for 2019/20 are:

- A gradual rise in the number of clients requiring residential and nursing care beds. The number of beds commissioned each month varies, however a steady rise over the last 6 months has resulted in an additional 30 beds being commissioned in September compared to April at a cost of £0.675m per annum. **Appendix 2** shows the number of beds commissioned over the last 3 years based on a monthly measure
- The number of people requiring Homecare and the size of package required have risen over the last 12-18 months. The average package has increased from 7 hours to 8 hours, putting added pressure on the service.
- The overspend within IJB services commissioned from Health falls entirely within Set Aside services. The opening of surge beds beyond the winter period has contributed to staffing pressures. This has been compounded by the ongoing patients who have been delayed in hospital once they are medically fit for discharge. The use of bank and agency staff to cover the beds as well as nursing and medical vacancies and higher than planned sickness absence are all a consequence of the above.

4 ONGOING ACTIONS

- 4.1 Both Partners have introduced formal savings programmes to address the financial challenges across their organisations. The Turnaround Programme in NHS Borders and FitFor2024 within SBC are bringing stronger governance and focus to identifying transformational programmes of change. Delivery of savings

will now be monitored through the monthly meetings of the IJB Leadership Group in the future

- 4.2 In addition, the commitment to Joint Financial Planning for 2020/21 will ensure a shared understanding of the pressures anticipated within Partner services and facilitate discussions around the investment required to deliver sustainable services within the funding available.
- 4.3 Future planning will continue to refine annual demographic growth analysis and greater monitoring and reporting of in year operational performance against additional funding received.

5 PROPOSAL TO ADDRESS IN YEAR OVERSPEND

- 5.1 The H&SC Partnership is forecasting an in year overspend of (£2.093m) as highlighted in section 1 of this report. Both Partners have already made non recurring contributions to their financial positions to bring the overspend down to this level. Within NHS Borders this has been managed through a mix of virement and non recurring winter funding totalling £4.005m and a Scottish Government loan in the form of Brokerage contributing £5.028m to the IJB. It should be noted that the Brokerage is expected to be paid back to the Scottish Government when the Health Board returns to financial balance.
- 5.2 NHSB have confirmed the remaining forecast overspend of (£1.168m) within the commissioned Health services will be covered within their overall forecast year end position through the allocations of additional funding to the IJB. This will be delivered as a result of efficiencies and operational actions both within the delegated functions and elsewhere in the Health system.
- 5.3 SBC has identified £1.476m of savings in other budgets and £0.472m of operational actions to support the H&SCP but is unable to identify the remaining (£0.925m) required to deliver a balanced outturn. The Council is consequently seeking additional financial support from the IJB.
- 5.4 Legislation states that the following options exist to address an overspend prior to the year end:
 - a) The IJB can utilise the balance on it's Reserves.
 - b) The IJB can utilise an underspend elsewhere in the Partnership

The IJB has to date not been able to generate Reserves. There are however uncommitted balances elsewhere within the Partnership which this paper seeks to utilise.

6 Use of Transformation Funds and Other Specific Sources of Funding

- 6.1 A paper was submitted to a recent Corporate Management Team meeting within the Council and then to the Executive Management Group by Council colleagues requesting the Chief Officer bring a paper to the IJB seeking approval to utilise specific currently uncommitted funding streams held by the Partnership. The table below sets out the sources of funding specified, the balances available and the additional contributions requested to support the

projected overspend within Social Care. It should be noted that the Chair and Vice Chair, under delegated authority, have previously taken action to release £0.300m of Transformation fund to ensure that care packages continue to be provided and patient safety is not compromised while a financial recovery plan is agreed. The table below shows a remaining uncommitted balance of £0.528m which, if utilised by the IJB, would leave a residual in year pressure requiring further management action within the Council of (£0.097m).

Funding Source Summary 2019/20						
Source	Status	Available Balance £m	Contribution Requested £m	Chair's Action £m	Remaining Council Gap £m	Remaining Available Balance £m
Transformation Fund	Balance remaining in 2019/20	0.704	0.675	(0.300)	0.375	0.404
	Reduction in bed base from 18					
Mental Health Savings	November 2019	0.124	0.150		0.150	0.124
Medicine of Elderly	Bed base redesign	0	0.100		0.100	
		0.828	0.925	(0.300)	0.625	0.528

- 6.2 The Transformation fund is the recurring source of funding available to the IJB to invest in strategic and operational change across the Partnership. Following action agreed by the Chair and Vice Chair the H&SC Partnership is forecasting an uncommitted balance of £0.404m for 2019/20. In the past any uncommitted balance has been carried forward as part of the year end process within the Council on behalf of the IJB and is made available for future investment.
- 6.3 It is not without precedent to utilise uncommitted recurring funding sources to address in year pressures. The analysis in paragraph 2.1 shows that contributions from the Social Care Fund and ICF were previously utilised to fund surge bed pressures including Delayed Discharges across the system, Prescribing pressures within NHSB, and an overspend within the Community Equipment Store. It should be noted that using Transformation funding to address existing pressures will reduce the funding available for the existing projects and new developments in the future. The Transformation fund currently funds the Discharge Programme (* see below) of services across the Partnership which has full year costs of £2.9m.
- 6.4 The Programme will be evaluated as part of the joint budget setting process for 2020/21 and the IJB will be asked to make decisions on ongoing funding for these services. The funding available for 2020/21 if the recommendations in this report are agreed will be £2.13m. Any shortfall in the funding requirement identified will have to be addressed as part of the 2020/21 Joint Financial Planning process or services will have to be reduced / redesigned as a consequence.
- 6.5 Clearly a decision to utilise the Transformation funds in 2019/20 would restrict the level of investment the IJB could fund in 2020/21. This in turn could impact on the planned pace of change, the delivery of future savings, and the subsequent investment in new and enhanced services across the Partnership.

(* FY Costs - Hospital2Home £1.595m / Garden View £0.812m / Waverley £0.206m / Matching Unit £0.204m / Strata £0.115m)

- 6.6 The IJB will recall that following the redesign of Dementia assessment services in the BGH, an extended community service was developed with reinvestment from the resultant closure of 14 Adult Mental Health beds. As part of this redesign a fund of £0.338m has been agreed as a source of funding for additional Nursing care beds for dementia patients in the community should they be required. The criteria for the use of this funding have not been finalised yet and it was agreed that the use and need for this fund would be assessed during 2020. This saving was in addition to the reinvestment of a further £0.233m to fund the Community Health Assessment Team (CHAT). The saving has been implemented part way through 2019/20 and releases a fund for Nursing Care beds of £0.124m in this financial year which is now requested by the Council to support the care system.
- 6.7 The closure of DME beds within BGH was related to the eventual closure of winter surge beds that, because of pressures within the acute system were not closed until September 2019. The closure of these beds generated a small saving which is included in the NHSB savings forecast for 2019/20 and as such will contribute to NHS Borders ability to provide an additional allocation to the IJB at the year end.
- 6.8 Following the Chair and Vice Chair's Action a balance of £0.528m made up of the Transformation fund £0.404m and the available Mental Health releases £0.124m remain uncommitted within the current year.

7 Delivering Break Even

- 7.1 The Sol does not allow for an overspend within the IJB's financial position at year end. It states:

"Where there is a forecast outturn overspend against an element of the operational budget the Chief Officer and the Chief Financial Officer of the Integration Joint Board must agree a recovery plan to balance the overspending budget with the relevant finance officer of the constituent authority. The recovery plan will need to be approved by the Integration Joint Board

Should the recovery plan be unsuccessful the Integration Joint Board may request that the payment from Borders Health Board and Scottish Borders Council be adjusted, to take account of any revised assumptions. It will be the responsibility of the authority who originally delegated the budget to make the additional payment to cover the shortfall"

It should be therefore noted that both the Council and NHSB are responsible for funding any residual overspend with their respective H&SC budgets. This assumes the IJB has however taken all reasonable steps to balance its budget whilst not compromising patient safety.

The following actions form the basis of a Financial Recovery Plan which sets out additional steps to be taken by the H&SC Partnership to close the residual gap:

- Refocusing on the delivery of planned savings
- Identifying new and / or accelerating future savings plans
- Deferring staff recruitment
- Reducing agency spend

- Maximising the use of the Block contract
- Exploring 3rd party charges

7.2 Should the implementation of the above Recovery actions not deliver a break even position at year end the IJB will request additional payments from the relevant Partner body.

7.3 In summary, following proactive action already taken by the Chair and Vice Chair, if the proposed utilisation of the remaining Transformation fund and Mental Health reserve balances totalling £0.528m is agreed and the further proposed actions are successfully implemented to address the remaining gap of £0.097m the H&SC Partnership will deliver a break even position.

8 RISKS AND MITIGATION

8.1 The Sol requires the IJB to deliver a break even position at the year end. Should the actions set out in this paper and the actions already being taken to control costs not deliver the required outcomes there is a risk that the Partnership will not break even at year end. This will require further contributions from the Partner bodies.

8.2 There is a significant risk in the agreement of an in year funding solution that the recurrency of the pressures and undelivered savings driving the overspend continue. Managers and Budget Holders need to understand the recurrency of any decisions proposed before they are agreed.

8.3 By utilising the remaining Transformation funding in 2019/20 the IJB will be unable to fund the current level of transformational change in 2020/21. There is a significant financial risk associated with this as commitments are already in place (eg staff with permanent contracts). The reduction in the level of resources available will impact on the delivery of current services and the potential opportunities in the future. Financial modelling on the financial risks have not been undertaken to date. It is essential therefore that the Joint Financial Planning process for 2020/21 and beyond ensures there is appropriate Transformation funding to support the level of change required by the Partnership.

8.4 There is a risk that going forward the IJB is not sighted on the forecast impact of financial pressures at an early enough stage in their identification. The presentation of monthly financial monitoring reports will ensure they are aware of any potential financial problems at an early stage.

8.5 There is a clear risk, as evidenced by the current pressures in the system, that if the additional funding requested is not provided and services are restricted within current financial budgets, that there will be significant patient safety issues in the system with increased delayed discharges, extended waiting times at the front door of the BGH and patients across the system experiencing longer length of stay in hospital than is required. In turn this will result in individuals requiring increased care needs in the longer term, with resultant increased costs for the whole system, as well as less positive outcomes for individuals. The funding requested from the IJB is designed to ensure the system can continue to operate throughout the remainder of the financial year while minimising risk to patient safety.

9 CONCLUSIONS

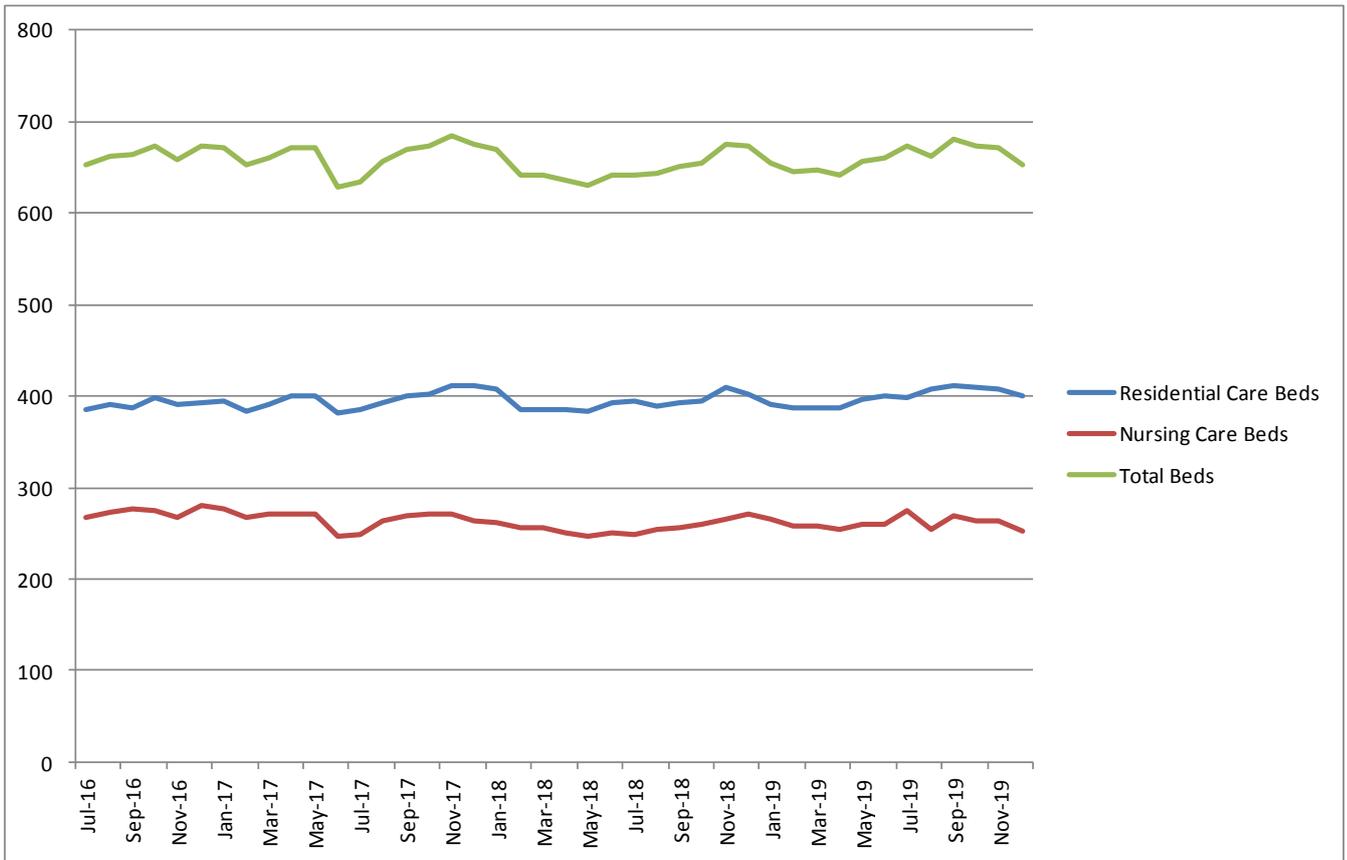
- 9.1 Monitoring of the Partnership budget in 2019/20 has highlighted the requirement for additional resources to be provided to support the care system over the remainder of the financial year. Uncommitted budgets totalling £0.528m have been identified within the Transformation and other funds which will help to bridge the financial gap. Precedent exists for the direction of such uncommitted funds to address in year pressures. The use of funding is not however without consequence, with significant potential impact on the discharge programme going forward. The implications of this recommended action will have to be addressed as part of the budget planning process for 2020/21 and beyond. The action proposed is designed to ensure that safety is not compromised and that the system can continue to operate for the remainder of the financial year.
- 9.2 Work must continue to address the recurrency of the financial pressures and underdelivery of savings to ensure the IJB commissioned services manage their spend within budget and deliver their savings recurrently. This will be best progressed by all parties working closely together.
- 9.3 Discussions should take place on the joint priorities for the Partnership and the agreed pace of change. The outcome of these discussions should be reflected in the Joint Financial Plan.
- 9.4 There is a need to ensure that the IJB receives monthly financial monitoring reports to ensure up to date awareness of the challenges and solutions facing service delivery.

APPENDIX 1**Mitigating Actions to Address the Forecast Overspend**

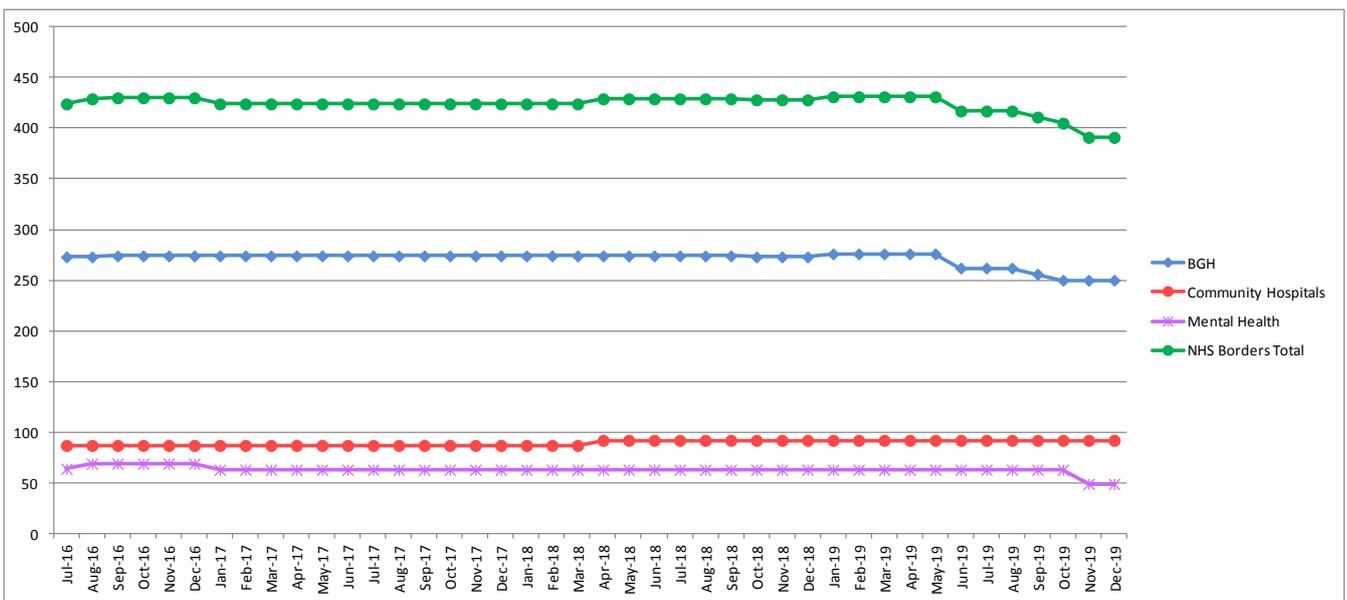
<u>Older Peoples Services</u>	£'000
Hospital to Home reable identified social care packages	75
Complete Discharge Hub review and cease START agency	40
Technology Medication Prompts replacing Homecare	40
Review small Homecare Packages (<4 hours per week)	120
More robustly enforce charge on Flat 24 Cornmill Court	7
Use equipment double handed care packages to single	25
	<hr/>
	307
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<u>Joint Learning Disabilities</u>	
Review of packages (Expenditure)	125
Review of client FPC and reinstate FRC	40
	<hr/>
	165
	<hr/>
	<hr/>
TOTAL	472

APPENDIX 2

Social Care Beds – July 2016 to December 2019



NHS Borders Beds – July 2016 to December 2019



Executive Summary

Health and Social Care 2019/20 Budget Pressures

Background

- Health & Social Care Partnership are forecasting an overspend of (£2.093m) to 31 March 2020.
- Scheme of Integration states that IJB may request additional allocations from Partner bodies at the year end to cover any gap.
- NHS Borders have indicated they are able to make an additional allocation at the year end to cover the forecast gap in their services of (£1.168m)
- SB Council are forecasting an in year gap of (£0.925m) which they are unable to cover at the year end and are requesting support from IJB funds

To note

Under "Chair and Vice Chair's Action" approval was given on 29th November to allocate £0.300m of uncommitted Transformation Funds to ensure that care beds and packages of care could continue to be commissioned from the private sector. This agreement is in place until December 31st 2019.

Following this allocation there remains a residual gap of (£0.625m) within Council H&SC services.

Request

IJB approval is sought to partly address the residual gap by agreeing to

- allocate the remaining uncommitted balance on the Transformation fund of £0.404m
- allocate the in year release from the closure of Mental Health inpatient beds of £0.124m

A Recovery Plan will be implemented across Social Care services to address the remaining gap of (£0.097m).

The table below provides a summary of the above.

Financial Summary	Health £m	Council £m	Total £m
Forecast in Year Overspend	(1.168)	(0.925)	(2.093)
Chair & Vice Chair's Action			
Transformation Fund		0.300	0.300
Recommendation for IJB Approval			
Transformation Fund balance		0.404	0.404
Mental Health release		0.124	0.124
Remaining Forecast Gap	(1.168)	(0.097)	(1.265)
Financial Recovery Plan / Additional Allocation	1.168	0.097	1.265
Year End Position	0.000	0.000	0.000

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Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 17 December 2019

Report By	Rob McCulloch-Graham, Chief Officer Health & Social Care
Contact	Jill Stacey, SBIJB Chief Internal Auditor (Scottish Borders Council's Chief Officer Audit & Risk)
Telephone	01835 825036

**SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
BI-ANNUAL REVIEW OF RISK REGISTER**

Purpose of Report:	The purpose of this report is to provide Members of the Board with an update of the most recent review of the IJB Strategic Risk Register as it is important that the Board is kept informed of the IJB's key risks and the actions undertaken to manage these risks.
Recommendations:	The Health & Social Care Integration Joint Board is asked to: <ul style="list-style-type: none"> (a) Consider the IJB Strategic Risk Register to ensure it covers the key risks of the IJB; (b) Note the actions in progress to manage the risks; and (b) Note that a further risk update will be provided in June 2020.
Personnel:	In line with the role and responsibilities, the IJB's Chief Officer has carried out the current review of the IJB Strategic Risk Register on 4 December 2019, supported by SBC's Corporate Risk Officer.
Carers:	There are no direct carers' impacts arising from the report.
Equalities:	There are no equalities impacts arising from the report.
Financial:	There are no direct financial implications arising from the proposals in this report.
Legal:	Good governance will enable the IJB to pursue its vision effectively as well as underpinning that vision with mechanisms for control and management of risk.
Risk Implications:	Risk Management arrangements will assist the IJB making informed business decisions and provide options to deal with potential problems in line with its agreed Risk Management Strategy within its governance arrangements.

Background

- 2.1 The IJB, as strategic commissioner of health and social care services, gives directions to NHS Borders and Scottish Borders Council for delivery of the services in line with the Strategic Plan. The Scheme of Integration sets out how the managerial arrangements across the integrated arrangements flow back to the IJB and the Chief Officer. These arrangements are further supported by the IJB's Local Code of Corporate Governance.
- 2.2 Compliance with the principles of good governance requires the IJB to adopt a coherent approach to the management of risks that it faces in the achievement of its strategic objectives. A Risk Management Strategy was approved by the IJB on 7 March 2016 which includes the: reporting structure; types of risks to be reported; risk management framework and process; roles and responsibilities; and monitoring risk management activity and performance.
- 2.3 The Internal Audit Annual Assurance Report 2018/19 for the Scottish Borders Health and Social Care Integration Joint Board highlighted that progress had been made in finalising the IJB Strategic Risk Register though further improvement was required to fully embed the process. The Internal Audit recommendation is "Ensure IJB strategic risks are considered and reviewed regularly at IJB meetings".
- 2.4 On the recommendation by the IJB Audit Committee (17 December 2018), the IJB Strategic Risk Register was approved by the full Board on 28 January 2019 with agreement that it reviews the IJB Strategic Risk Register on a six monthly basis i.e. June and December each year.
- 2.5 The first of those six monthly risk review reports, representing the overview by the Chief Officer Health and Social Care of the IJB's strategic risks and mitigations as at end July 2019, was presented to and discussed at the IJB full Board on 25 September 2019 (item postponed from 14 August 2019). This is the second of those six monthly risk review reports, representing the overview by the Chief Officer Health and Social Care of the IJB's strategic risks and mitigations as of 4 December 2019.

Summary

- 3.1 It is important that the IJB has its own robust risk management arrangements in place because if objectives are defined without taking the risks into consideration, the chances are that direction will be lost should any of these risks materialise. The identification, evaluation, control and review of the IJB strategic risks is a Management responsibility. However, knowledge of the strategic risks faced by the IJB and associated mitigations will enable the Board members to be more informed when making business decisions.
- 3.2 The most recent review by the IJB's Chief Officer of the IJB Strategic Risk Register has taken place on 4 December 2019. The review was undertaken by the IJB's Chief Officer in line with his role and responsibilities and was supported by SBC's Corporate Risk Officer.

- 3.3 A high level summary of the IJB's Strategic Risk Register, which sets out the strategic risks associated with the achievement of objectives and priorities within the IJB's Strategic Plan, is shown in Appendix 1. There are currently 10 risks on the IJB Strategic Risk Register; two Red and eight Amber rated risks. Further detail is shown on the Red rated risks in Appendix 2 to outline the current internal controls and further mitigation actions required to reduce the likelihood and/or the impact of the risk materialising.
- 3.4 This report and the IJB Strategic Risk Register are intended to provide the Board with assurance that the strategic risks associated with the achievement of objectives and priorities within the IJB's Strategic Plan are being effectively managed and monitored.
- 3.5 Reliance is placed on the risk management arrangements within the partner organisations in respect of the operational delivery of commissioned services. As stated in the IJB Risk Management Strategy, any of these risks that significantly impact on the delivery of the IJB Strategic Plan will be escalated to the Chief Officer for consideration.
- 3.6 The IJB Strategic Risk Register will continue to be reviewed alongside the implementation of the Strategic Plan by the IJB's Chief Officer on a quarterly with support from SBC's Corporate Risk Officer. A further update will be presented to the Board in June 2020 i.e. on a six monthly basis in line with the Audit Committee's recommendation. This will assist to address the Internal Audit recommendation on managing risks that was made in 2018/19.

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Attachment 1 - IJB Strategic Risk Register (Summary)

04 December 2019



Appendix 1

Risk Code	Risk Title	Risk Description	Risk Score	Status	Trend	Last Review Date	Risk Approach	Update
IJB001	Cultural change	If the required change in culture is not achieved then the delivery of the Partnership's strategic objectives may be delayed or may not be fully met	12 Major - Possible			04-Dec-2019	Treat	SBC Best value Audit incorporated the results of self-evaluation - the subsequent action plan to address issues identified through self-evaluation will help mitigate this risk and has been added to Internal Controls. No change to scores.
IJB002	Resources	If we do not ensure that resource directed by the IJB is used efficiently and effectively then we may not achieve best value	12 Moderate - Likely			04-Dec-2019	Treat	Internal Controls have been updated. New action/Control - IJB has directed NHS Borders, SBC and IJB CEOs and CFOs to produce a joint budget for 2021 and the following 2 years - assigned to DOF SBC, NHS Borders, CFO IJB - March 31 2020
IJB003	Future market for care	If the future market for care is insufficient to meet increasing demand then there may be gaps in service provision and poor outcomes/choices	16 Major - Likely			04-Dec-2019	Treat	New Controls added - Work ongoing re commissioning of home care hours and residential care places; Strategic Implementation Plan Development Group; Queen's House Development.
IJB004	Stakeholder engagement	If we do not ensure that we have a partnership approach when communicating and engaging with stakeholders then we may fail to get them to play their part in delivering the partnership's strategic objectives	9 Moderate - Possible			04-Dec-2019	Treat	New Controls added - Locality Working Groups, terms of ref agreed due to start Jan 2020; CO regularly meets with third sector providers.
IJB005	Delegated Budget	If both Partners do not sufficiently and rigorously plan and manage their Efficiency and Savings Programmes then the delegated budget may continue to overspend leading to inability to commission sufficient services to deliver the strategic objectives	20 Major - Almost Certain			04-Dec-2019	Treat	Controls updated and new action/Control added - IJB has directed NHS Borders, SBC and IJB CO and CFO to produce a joint budget for 2021 and following 2 years - assigned to DOF SBC, NHS Borders, CFO IJB - March 31 2020. Likelihood increased to 5 to reflect the current situation.
IJB006	Workforce	If we do not have a workforce fit for purpose now and in the future then the Partnership may fail to deliver on the strategic objectives leading to poor outcomes	9 Moderate - Possible			04-Dec-2019	Treat	Control - GMS Contract changes from partially effective to fully effective. Work underway with Borders College for training for Care and Health support staff.

Risk Code	Risk Title	Risk Description	Risk Score	Status	Trend	Last Review Date	Risk Approach	Update
IJB007	Supplier failure	If a significant supplier was unexpectedly unable to fulfil their contract then there may be a serious gap in service provision leading to risk of harm and reputational damage	12 Major - Possible			04-Dec-2019	Treat	New Control added - Contract Management Group formed for SB Cares meets monthly. Commissioning Plan due 2020.
IJB008	Harm to service users	If someone under the care of the IJB comes to harm because of a failure attributed to the Partners then this may result in significant reputational damage	12 Major - Possible			04-Dec-2019	Tolerate	Risk is now TOLERATED as controls mitigate this risk as much as is possible.
IJB009	Programmes / projects management	If we fail to manage and appropriately resource major programmes/projects undertaken simultaneously then we may be unable to achieve objectives	9 Moderate - Possible			04-Dec-2019	Treat	SBC have provided programme support resource but NHS Borders are still to agree to provide support.
IJB010	Data Breach	If the Partners lose sensitive data or use data inappropriately then we may be in breach of data protection legislation resulting in fines and reputational damage	6 Moderate - Unlikely			04-Dec-2019	Tolerate	Impact decreases from 4 to 3 as it is recognised that the financial implications of this risk would most likely sit with the partner organisation concerned. However, the IJB may be subject to scrutiny and reputational damage.



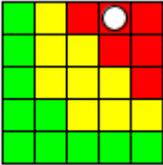
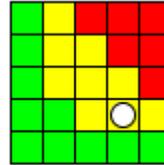
Attachment 2 - IJB Strategic Risk Register (Red Risks) – 4 December 2019

Appendix 2

Risk Register	Risk Code	Risk Title	Risk Description			Risk Owner	Risk Approach	RAG Status
IJB	IJB003	Future market for care	If the future market for care is insufficient to meet increasing demand then there may be gaps in service provision and poor outcomes/choices			Robert McCulloch-Graham	Treat	
Latest Note			Current Risk	Current Risk Score	Date Reviewed	Target Risk	Target Date	Risk Trend
New Controls added – Work ongoing re commissioning of home care hours and residential care places; Strategic Implementation Plan Development Group; Queen's House Development.				16 Major – Likely	04-Dec-2019		31-Jul-2020	

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Risk Factors/Causes	Effects/Consequences	Internal Controls	Internal Controls Score	
Market may be unable to recruit and retain sufficient staff due to demographics – reduction in people of working age versus aging population; Higher wages and alternative career options; Less attractive T&C's; Lack of community capacity support;	Gaps in service provision; Delayed discharge; Reduction in choice; Poor outcomes; Services may not be able to meet need; Unable to deliver our statutory duty.	Work ongoing re commissioning of home care hours;	Partially Effective	
		Projection modelling on future demand v demographic pressures;	Partially Effective	
		Market Facilitation Plan	Partially Effective	
		Work ongoing re commissioning of home care hours and residential care places	Partially Effective	
		Strategic Implementation Plan Development Group	Partially Effective	
		Queen's House Development	Fully Effective	
Linked Action Code	Linked Action	Assigned To	Action Due Date	Action Progress
IJB Action 003.1	Market Facilitation Plan;	Robert McCulloch-Graham	31-Jul-2020	0%

Risk Register	Risk Code	Risk Title	Risk Description			Risk Owner	Risk Approach	RAG Status
IJB	IJB005	Delegated Budget	If both Partners do not sufficiently and rigorously plan and manage their Efficiency and Savings Programmes then the delegated budget may continue to overspend leading to inability to commission sufficient services to deliver the strategic objectives			Robert McCulloch-Graham	Treat	
Latest Note			Current Risk	Current Risk Score	Date Reviewed	Target Risk	Target Date	Risk Trend
Controls updated and new action/Control added – IJB has directed NHS Borders, SBC and IJB CO and CFO to produce a joint budget for 2021 and following 2 years – assigned to DOF SBC, NHS Borders, CFO IJB – March 31 2020. Likelihood increased to 5 to reflect the current situation.				20 Major – Almost Certain	04-Dec-2019		31-Mar-2021	<hr/>

Risk Factors/Causes	Effects/Consequences	Internal Controls	Internal Controls Score
Inability of the partners to resource the IJB to the levels required Lack of shared responsibility and accountability across the partnership for the prioritisation of resource to meet the strategic objectives of the IJB.	Overspend position, unless subsequent direction made to reduce spend across delegated functions or partners identify alternative temporary or permanent investment or savings proposals; Responsibility of the partner who originally delegated the budget to cover the shortfall; Inability to commission sufficient services to deliver the strategic objectives; Increased waiting times; Delayed discharge; Poor outcomes.	Transformation / Efficiency programme governance within NHSB and SBC;	Partially Effective
		It will be the responsibility of the authority who originally delegated the budget to cover the shortfall;	Fully Effective
		Regular financial reporting and monitoring at the Board	Partially Effective
		Performance Group	Fully Effective
		Joint Finance Group	Partially Effective
		IJB has directed NHS Borders, SBC and IJB CO and CFO to produce a joint budget for 2021 and following 2 years	Partially Effective

Linked Action Code	Linked Action	Assigned To	Action Due Date	Action Progress
IJB Action 003	Ongoing conversations with Scottish Govt re NHS funding;	Robert McCulloch-Graham	31-Jan-2020	0%
IJB002	IJB has directed NHS Borders, SBC and IJB CEOs and CFOs to produce a joint budget for 2021 and the following 2 years		31-Mar-2020	0%

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 17 December 2019

Report By	Stuart Easingwood, Chief Social Work & Public Protection Officer
Contact	Stuart Easingwood, Chief Social Work & Public Protection Officer
Telephone:	01835 824000

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT

Purpose of Report:	<i>For the IJB to note the CSWO Annual Report</i>
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Recommendations:	The Health & Social Care Integration Joint Board is asked to: <i>a) Note the report</i>
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Personnel:	There are no specific implications arising from this report.
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Carers:	There are no specific implications arising from this report.
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Equalities:	Social justice and quality are key values in Social Work and there are no adverse equality implications arising from the work contained in this report.
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Financial:	There are no specific implications arising from this report.
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Legal:	There are no specific implications arising from this report.
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Risk Implications:	There are no specific concerns that need to be addressed in respect of the recommendations contained in this report.
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Aim

This is the twelfth annual report on the work undertaken on behalf of the Council in the statutory role of Chief Social Work Officer.

The report provides the IJB with an account of decisions taken by the Chief Social Work Officer in the statutory areas of Fostering and Adoption, Child Protection, Secure Orders, Adult Protection, Adults with Incapacity, Mental Health and Criminal Justice. The report of the Chief Social Work Officer is attached.

It also gives an overview of regulation and inspection, workforce issues and social policy themes over the year April 2018 to March 2019, and highlights some of the key challenges for Social Work for the coming year.

Background

The requirement that every local authority should have a professionally qualified Chief Social Work Officer is contained within Section 45 of the Local Government etc (Scotland) Act 1994. This requirement was reinforced by the recommendation contained in the Changing Lives Report published by the 21st Century Social Work Review Group to strengthen the governance and leadership roles of the Chief Social Work Officer.

A specific role of Chief Social Work and Public Protection Officer has responsibility in Scottish Borders for the leadership of professional Social Work across the Council and ensuring the Council's statutory Social Work legislative requirements are met. This role reports directly to the Chief Executive.

In 2017 the Scottish Government published an updated template and guidance to enable Chief Social Work Officers across Scotland to develop a more consistent approach to the production of their reports and allow summary comparison of the delivery and performance of Social Work across different areas. This template has been used to provide this report. This has provided helpful comparative data for Social Work which has been published to give a picture of Social Work across Scotland.

Overview and Evaluation

In 2017 the governance arrangements for Social Work in Scottish Borders Council were revised with the Chief Social Work Officer reporting directly to the Chief Executive. The Chief Social Work Officer attends the Integration Joint Board as a non-voting member to provide professional advice and guidance in matters pertaining to Social Work. The Chief Social Work Officer also has a role in the strengthening of Children and Young People's leadership group, as well as maintaining oversight of public protection arrangements at a local level.

There have been a number of achievements during this period, including an ongoing focus on improving arrangements for the discharge process from hospital to enable people to move to appropriate care settings in a timely way, the ongoing development and redesign of wider Public Protection services and Key Social Work performance data is contained in the report in Appendix B.

Challenges facing Social Work for 2017/18 are identified in the report. There are ongoing financial constraints and we continue to strive to identify and implement new ways of working and engaging those who use our services to improve outcomes.

There continues to be challenges in recruitment and retention of staff in many aspects of service delivery and we are planning on launching a trainee program to create opportunities for some of our existing 'unqualified' staff to progress onto professional social work courses.

The work on reviewing and developing our Public Protection services is progressing with the suggested realignment of governance, enhanced co-location arrangements and improved working practices being at the centre of the changes. A significant factor in this is the clear focus on looking at risk through the lens of a 'think family' approach.

Summary

This report is reflection of the breadth and complexity of social work activity for 2017/18. Members of the IJB are asked to note this report.

Stuart C. Easingwood
Chief Social Work & Public Protection Officer /
Interim Service Director Children and Young People

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Annual Report by Chief Social Work Officer April 2018 – March 2019

Stuart C. Easingwood

INTRODUCTION

This report provides an overview of Social Work activity, performance and achievements during the period April 2018 to March 2019. The report also provides information on the statutory decisions made by the Chief Social Work Officer (CSWO) on behalf of the Council and highlights some key challenges in the forthcoming year.

It goes without saying that the continuing financial climate and the pressures this brings, continues to put strain on Social Work Services at a local level, Scottish Borders is no different to many other Authorities in this respect. Despite this, efforts are being made to be innovative with service delivery and to look at how we can improve outcomes for those who require services. As mentioned above, this report is not exhaustive, but does give a flavour of what is being done in Scottish Borders to achieve this.

1. CSWO Summary of Performance - Key challenges, developments and improvements during the year

2018/19 has been a further year of challenge and change for Social Work Services in Scottish Borders, but also a year where we continue to make improvements in practice. There is currently a review of the Social Work management structure following a period of temporary and interim management positions. It is envisaged that the outcome of this will provide local Social Work Services with a stable platform from which to continue to develop and improve. This is embedded within the Council's full review of all services called 'Fit for 2024' which will involve a systematic approach to the review and redesign of all services and functions delivered by the Council to make them as efficient and responsive as possible. Social Work services are the focus of the initial roll out, with staff engagement being at the centre of the approach.

Following the publication of the Joint Inspection of Older People's Services in 2017, work has been ongoing to progress the multi-agency improvement plan with some significant changes to practice to improve outcomes and ensure that the recommendations are delivered.

Appendix A

Children and Families Social Work were restructured in August 2017. The structure provides a focus on short term intake work whilst allowing longer term work to be carried out by area based services. In line with the 'Fit for 2024' approach, these structural changes will be reviewed to ensure that the changes are delivering the required improvements to practice and are improving outcomes for those who use services.

The CSWO has continued to monitor, review and advise the Council on Social Work matters, while providing effective leadership for all staff in Social Work and Social Care to provide high quality, safe services for people in the Borders. The CSWO is the Agency Decision Maker approving Fostering, Permanence and Adoption arrangements.

2. Partnership Working - Governance and Accountability Arrangements

The CSWO is a member of the Council's Corporate Management Team and as such, has direct access to elected members, the Chief Executive and senior managers in other Council services. The governance of Social Work Services is undertaken through two separate but interconnected structures. The Children and Families, Justice and Public Protection services are directly managed through internal Council structures whereas all other services are now governed by the Integrated Joint Board (IJB). These arrangements bring a measure of complexity in ensuring that the Social Work function is being undertaken to the highest possible standards. To aid this, the CSWO attends the IJB as a non-voting member and is there to offer professional advice and guidance on matters pertaining to Social Work service delivery.

In all Social Work services there are a range of multi-agency operational and strategic groups that add significant value to the work of Social Work locally. There is a strong emphasis on partnership working in all of these forums and given the co-terminus nature of the Local Authority with the local Health Board, this is proving to be a critical element of the improvement journey.

In Children's Services, the CSWO chairs the multi-agency Children and Young People's (C&YP) Leadership Group which oversees the development and implementation of the Children and Young People's Plan. In 2018-19 the key focus of work was keeping children and young people safe, improving health and well-being and reducing inequalities, targeting support to maximise life experiences, opportunities and inclusion and increasing participation and engagement. The C&YP Leadership Group is accountable to the Scottish Borders Community Planning Partnership whose vision is that by working together with our communities and through targeted partnership action, the quality of life will improve for all who live, work or study in the Scottish Borders. There are 5 Locality Plans for each area of the Scottish Borders which enable a local, targeted approach to achieving the agreed priorities.

Within children's services there are 2 vital strands of partnership work where we particularly invest time and energy in order to achieve the best possible outcomes for our children and young people. These are the work of the Child Protection Committee and the Corporate Parenting Operations Group. Further details of the work undertaken by these groups is contained in the Service Delivery Section.

3. Demographics

The Scottish Borders is located in the South East of Scotland and covers an area of 4,731 square kilometres, the sixth largest Local Authority in Scotland. It is a rural Local Authority with only two towns, Galashiels and Hawick, with more than 10,000 people.

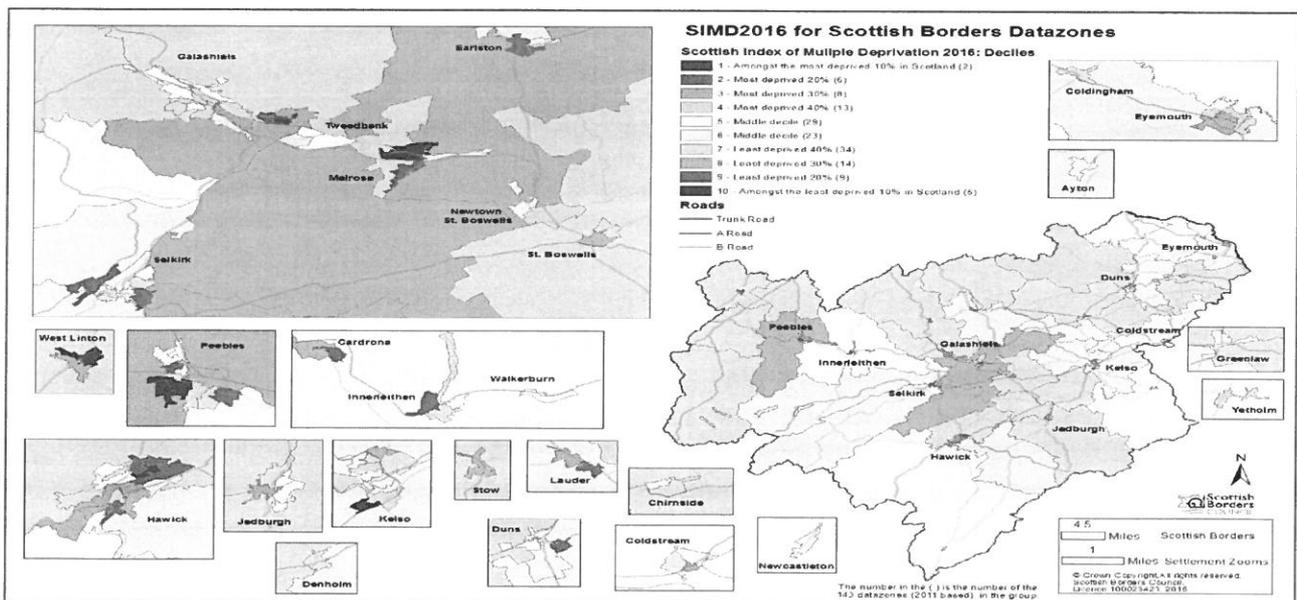
Between 2016 and 2026, the population of Scottish Borders is projected to increase from 114,530 to 116,777. This is an increase of 2.0%, which is lower than a projected increase of 3.2% for Scotland as a whole.

The population of Scottish Borders is unevenly distributed by age group, and the effects of the ageing population will become more pronounced in the next 10 years. The average age of the population of Scottish Borders is projected to increase as the “baby boomer” generation reaches retirement and more people are expected to live longer.

Between 2016 and 2026 in Scottish Borders, the 75 and over age group is projected to see by far the largest percentage increase and the 16 to 24 age group is projected to see the largest percentage decrease.

The Scottish Index of Multiple Deprivation (SIMD) is the official tool for finding the most deprived areas in Scotland¹. The SIMD consists of 28 indicators across 7 Domains: Employment, Income, Education, Health, Access, Crime and Housing.

The SIMD 2016 shows that the 6% (8) of the 143 data zones in the Scottish Borders are part of the 20% most deprived of all of Scotland. A further 15% (21) of the data zones in the Scottish Borders are amongst the 21-40% most deprived in Scotland. The distribution of the 143 data zones in the Scottish Borders can be seen the graph and map below.



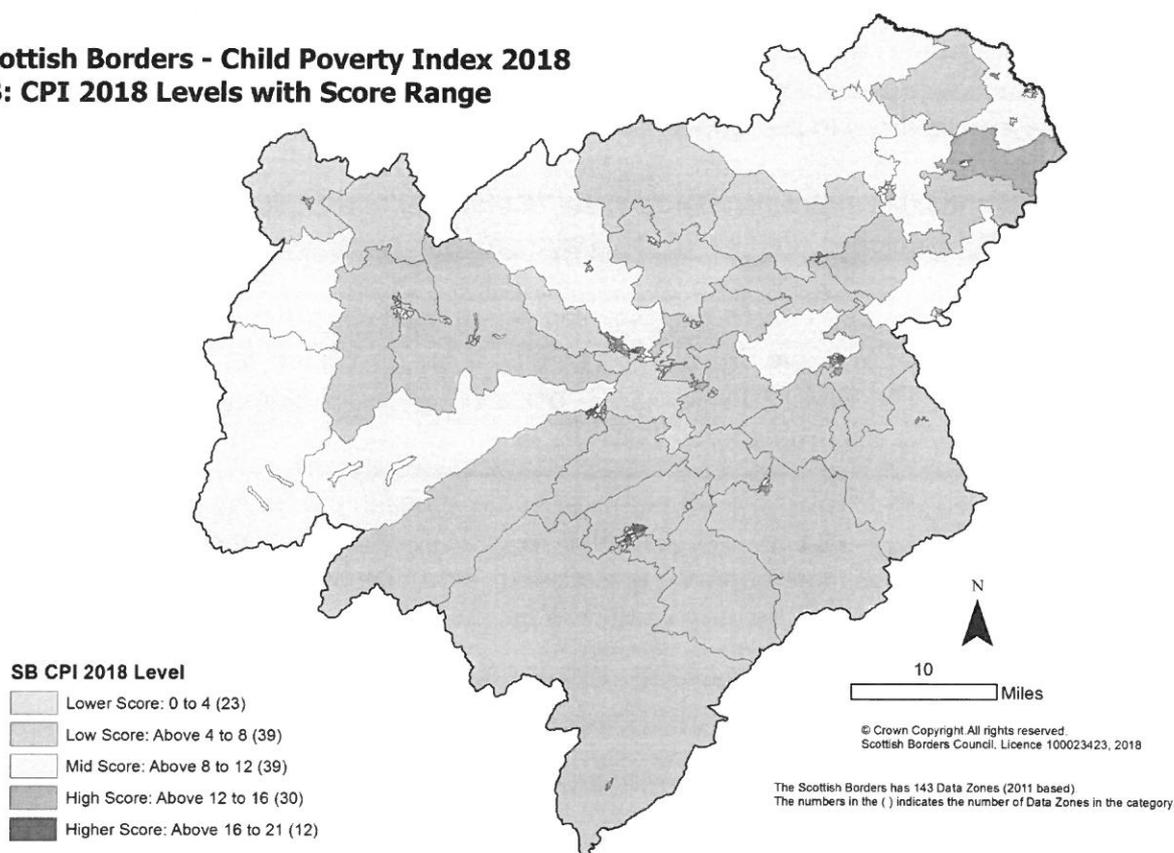
¹ <http://www.gov.scot/Topics/Statistics/SIMD>

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When specifically looking at the income and employment domain, 10% of the Scottish Borders population is income deprived compared to 12% for Scotland. 9% for the Scottish Borders working age population is employment deprived compared to 11% for Scotland.

The Scottish Index of Multiple Deprivation (SMID) is a good tool for identifying areas of deprivation but it has been found not to be the best tool for identifying areas of child poverty. As a result, we have started using the Scottish Borders Child Poverty Index to inform our strategic thinking regarding children's services. The graph below provides an overview of child poverty across the Council area.

Scottish Borders - Child Poverty Index 2018 SB: CPI 2018 Levels with Score Range



Further information can be found in the Scottish Borders Strategic Assessment².

In general, Scottish Borders has a healthy and industrious population. Scottish Borders has a lower than average population of working age; 58.49% compared to the Scottish average of 62.79%. However, there are lower levels of unemployment than the national average, although these reflect a larger proportion of part-time employment than the Scottish average.

² http://www.scotborders.gov.uk/downloads/file/7249/2014_strategic_assessment

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Both men and women within Scottish Borders have a longer than average life expectancy at birth than the Scottish average, and 84.1% of people in the Scottish Borders assess their health as being good or very good compared to 82.2% for Scotland.

There are a number of pressures on the provision of Social Work Services within Scottish Borders, including but not limited to:

- Demographic shifts, in particular increasing numbers of people in the older age groups, creating a need to increase capacity while maintaining quality and flexibility
- Increasing expectations and requirement to support people in their own homes and communities
- The financial pressure associated with complex or specialist service provision that cannot be provided locally within the Scottish Borders
- Ongoing developments for integrated services with partner services and organisations, across both Children's Services and Social Care services
- Managing rising complex needs of both children and young people and adults

4. Social Work Services Delivery Landscape

In Scottish Borders Social Work, the structures are being reviewed as there are a number of key posts that are occupied on an interim basis. Several of these posts are being considered as part of the wider review of structures across the organisation, to ensure that the leadership of Social Work services is sustainable in financially challenging times. This work is being led by the Chief Social Work and Public Protection Officer (who has all CSWO responsibilities) and the Chief Officer for Health and Social Care Integration, in conjunction with the Chief Executive and colleagues from Human Resources.

The CSWO has retained operational responsibilities for Criminal Justice Social Work, Mental Health Officer work, Quality Assurance and Professional Social Work training. In addition to this, the CSWO has responsibility for the Emergency Duty Team, Community Safety and Community Justice Services (which include anti-social behaviour and Violence against Women and Girls). The CSWO is Vice Chair of the Alcohol and Drugs Partnership and Chair of the Community Justice Board and Offender Management Committee. The CSWO reports directly to the Chief Executive and has regular meetings with the Elected Members who hold portfolios relating to Social Work Services. The CSWO also leads, on behalf of the Council, on Public Protection services and ensuring professional leadership for Social Work across all service areas including commissioned services as well as a key role in quality assurance and professional social work standards.

In addition to the roles and functions just described, the CSWO also holds the position of Interim Service Director Children and Young People, this entails responsibility for the delivery of the Council's Education services and the operational delivery of Children & Families Social Work services.

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Health and Social Care Partnership

The Health & Social Care Partnership has reviewed its Strategic Plan and the IJB has ratified its publication which will be done in August. The plan has been refocused on 3 objectives:

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

The use of the Integration Care Fund has been realigned around these objectives and whilst the challenge of people being delayed in hospital remains, we have seen an improvement. The IJB introduced a Discharge to Assess Policy in November 2017 and to implement this Policy, 2 major initiatives have been trialled – Step Down Facilities at Waverley Care and Crawwood, and a Hospital to Home service. These initiatives, plus an increased focus on Primary Care and Community work, are beginning to improve the overall health of the population and the flow of patients.

The Health and Social Care Partnership continue to have two integrated services; The Mental Health Service and The Joint Learning Disability Service. Both benefit from a single management structure, integrated budgets and strong Partnership Boards. The Partnership Boards are inclusive and have a wide representation from stakeholders, most importantly including service users. The Learning Disability Service has a particularly strong inclusion of service user and carer voices via the Locality Citizens Panels, one in each of the 5 localities. Each has a membership of service users and carers setting their own agenda's and having made positive changes in their local communities. Both services have integrated strategic plans delivered via the Commissioning Strategy (Learning Disabilities 2016) and the Mental Health Strategy Scottish Borders (2017).

Public Protection

The work on the review and redesign of Public Protection services in Scottish Borders is reaching its conclusion, significant changes are planned with regard to improving the service at a local level. The changes include:

- The enhancement of co-located services, to aid the communication and profile of risk across the authority. This includes the move to have Domestic Abuse and Anti-Social Behaviour based in the co-located unit as well as improved links with Justice services and enhanced operational links between drug and alcohol services
- Changes to the governance arrangements with a move to a single Public Protection Committee
- Changes to practice, specifically with regard to Adult Protection and the introduction of a clearer role and function for the centrally based Adult Protection Officer's (APO's) who will have an overview of all Adult Protection referrals
- We are also moving to a more holistic approach to the management of risk with a 'Think Family' approach being introduced
- Enhancing the existing coverage of different professions within the centrally based Public Protection Unit with the addition of a member of staff from Education and a potential new post

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covering the health aspects of Adult Support and Protection to augment the existing Child Protection / Looked After health provision

- Reviewing the existing performance and outcome measurements to ensure that we can more accurately evidence the reduction in risk and improved outcomes for those at risk

This has been a significant undertaking with a high degree of collaboration across agencies, all with a view to improving the delivery of services and crucially, improve the outcomes for those at risk in our communities.

It is anticipated that the new service will be launched by the end of the calendar year.

Justice Service

The work of the rebranded Justice Service is now firmly embedded within Scottish Borders Community Justice Local Outcome Improvement Plan 2017 – 2020.

Section 27 Grant funding, generated a small reduction in income for the year. Part 2 of the grant, Specific (Non-Discretionary) funding, specifies targeted funding for key programme and service delivery, under the broad headings of The Caledonian System Men's programme, Visor, Community Sentencing and Women's Services.

The service continues to deliver the Caledonian System Men's Programme to those with a Court mandate and history of engagement in domestic abuse. The two-year Programme uses cognitive behavioural techniques to encourage men to recognise their abuse and take responsibility for themselves and their relationship with their ex/partners and children. The service has been involved in the development of an Information Sharing Agreement with the National Co-ordinator. It is hoped that this will be signed off mid-2019.

Qualified Justice service staff are present in the two functioning Sheriff Courts on Mondays for key sentencing sittings. Due to low numbers, a social work service for presenting cases out with the substantive Court business presented on a Monday is delivered by a duty system. This facilitates the production of "stand down reports" and provides real time information to the Sheriff, as required. Post sentence interviews are undertaken with those sentenced to a Community Payback Order, where reporting instructions are re-enforced.

A Justice Service Team Leader attends the Court Users Group Meeting, where representation from all Court services discuss and work toward ensuring a cohesive solution focused delivery of court services.

The Unpaid Work Team has carried out a variety of Project Work for a range of Community Groups, Charities and other not-for-profit organisations across the Borders. The service has undertaken a wide range of work enhancing the local environment, including path work, fencing and groundwork, improvements to school play areas and the manufacture of playground equipment and other furniture in our Workshop.

The service experienced challenges in delivery of service in 2018/19, stemming from staffing issues caused by ill-health. This challenge to maintain service delivery coincided with the undertaking of a service review triggered by poor performance results over 2017/18 and continuing into 2018/19. The

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findings from the review resulted in a decision to restructure the service which has placed it in a stronger position to move forward.

Over 2018/19 the number of Fiscal Work Orders issued, continued on the previous year's trend to fall by 66%. In order to seek a reversal of this trend the service has increased the number of Criminal Justice Officers, expanding the role to develop links with the Procurator Fiscal and develop the delivery of focused outcome options for those suitable for Fiscal Work Orders and Diversion from prosecution.

ReConnect women's service provides a 12-week group work programme for women who are at risk of offending and/or women who have a number of complex social, emotional and psychological needs. The programme is utilised for all women subject to CPO with a Supervision Requirement. Between April 2018 and March 2019, 36 women were referred.

The Right Track_employability support service is an ESF grant funded service. 76 service users were offered support between 2018 / 2019 and of these, 67 actively engaged in the support provided. The future of the service is uncertain because sustainable funding has not been identified.

The effective management of sex offenders under the **MAPPA** arrangements is a multi-agency responsibility. An Offender Management Committee chaired by the CSWO is in place, enhancing governance at a local level. In March 2019 a total of 97 offenders were being managed, with 32 subject to statutory supervision.

The multi-agency **Early Effective Intervention** (EEI) screening meeting aims to divert young people away from Court through diversionary measures from partner agencies including Skills Development Scotland, Quarriers Borders Resilience for Wellbeing Service and direct referrals to the Social Work Youth Justice Team. In 2016/17 a total of 17 16-18 year olds were discussed at EEI and this increased to 24 in 2018/19. A total of 39 referrals have been made to the Offence Resolution Programme, an early intervention programme to divert young people away from referrals to Scottish Children's Reporter Administration. Of the 39 referrals received 6 of these were re referrals following a further offence. The programme is based upon Restorative Justice in which victims and perpetrators meet in a controlled environment to discuss the motivation and effect of the crime.

The **Community Justice Board** is a partnership group that aligns under the Community Planning Partnership (CPP). Social Work is an active partner alongside Housing, Police Scotland, NHS, DWP, Scottish Prison Service and several other agencies. The Scottish Borders has a relatively low crime rate and corresponding prison / community sentence numbers. Rurality remains a key consideration when developing arrangements particularly when trying to commission services.

Scottish Borders Council have signed up to the Scottish Prison Service Data Sharing Agreement facilitating the flow of admission and release information to Social Work and Housing staff. The next stage in this process is to develop the necessary information sharing arrangements with agreed consent. Momentum Scotland have been commissioned to deliver the Fair Start Programme in the Scottish Borders aimed at adults who are struggling to find employment. In addition to employability skills there are sessions on self-esteem, coping with stress, health and communication. Representatives are present within the Job Centre each week and referrals can be made by the Department of Work and Pensions Work Coaches. While this is a voluntary scheme it is open to people in the justice system. Part of the role of the new ADP Assertive Engagement Service is to engage with key agencies, including Justice services, to raise awareness of barriers to access and

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reduce stigma. This builds upon existing ADP services and referral processes in custody facilities and important interface points.

Access to suitable housing is a key part of Community Justice. Rapid Rehousing is an element of a whole-system approach whereby the responsibility for tackling homelessness lies not just with Local Authorities but with housing providers, Health and Social Care Partnerships and the broad range of organisations that provide support. Housing First is a key component. Housing First provides general settled housing as a first response for people with complex needs, recognising that a safe and secure home is the best base for recovery, and offers personalised, open-ended, flexible support for people to end their experience of homelessness and address wider needs.

Joint Learning Disability Service

The Joint Learning Disability Service has embarked upon a review of its existing Commissioning Strategy which is due to expire at the end of 2019. Key themes of work/development during 2018/19 have been:

The completion of a Transition pathway for young people with a learning disability through to adult health and social care services has resulted in the publication of a transitions pathway and associated information accessible to young people with a learning disability, their carers and staff across agencies who provide support. We have also successfully piloted a link worker role enabling young people and their families to have a point of contact well before reaching the age of 18 to help inform and navigate through the process.

Project Search continues to successfully train young people with a learning disability into work. Placements are provided at Borders General Hospital, educational support from Borders College and employment support from Scottish Borders Council. The course is now in its 3rd year.

Continuing the success of the Local Area Coordination service within learning disabilities we have now expanded the service user group to include adults with Mental Health problems and older adults. The relevant service areas are providing additional staffing resource to allow additional numbers to be supported. This more integrated model allows co working within localities and reduces the likelihood of duplication.

Continuing with our drive to ensure most adults with a learning disability are supported within their own community, we are working with an RSL and support provider to convert premises into a bespoke supported living tenancy for a person with specific support requirements. We are also working with the Health Board and Council to identify suitable premises for a Complex Care unit within the Borders, a need identified within our current Commissioning Strategy.

We have also had agreement from our Integrated Joint Board along with start-up funding to commission a Shared Lives scheme within the Borders to provide up to 25 placements for adults with a learning disability. The commissioning service will also look to develop services for other client groups once its core services have been established. The service will be in place by the end of 2019 and we envisage providing the first placements from Spring 2020.

The service has also been successful in its application to Public Health for funding to deliver a health screening programme. This will be a 2-year programme and will assist in our continued drive to tackle health inequalities for people with a learning disability.

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For Learning Disabilities week this year, we focussed on the opportunities and barriers for people with a learning disability keeping active and connected within the community. This also formed the theme for our second Continuing Professional Practice Day. This theme will be one of the objectives for our next Commissioning Strategy.

Mental Health Services

The Mental Health Strategy: Scottish Borders (Scottish Borders Health & Social Care Partnership 2017) set out the framework for the delivery of activities and services designed to improve Mental Health of all age groups. The Scottish Borders Mental Health Services Integrated Care Pathway (Adult) forms part of a wider programme of integration across a range of Health & Social Care Services mapping a tiered care pathway showing availability for different levels of need.

Integrated Mental Health Services have been embarking upon Mental Health Transformation for the last 18 months. Around 200 stakeholders have been involved in the consultation culminating in a first phase option appraisal process focussing on inpatient care and community rehabilitation, Community Mental Health Teams and crisis services, liaison services and dementia care. Specific working groups have now been formed to take this forward during October and November 2019. Specialist inpatient dementia services are nearing the end of a redesign in line with the national report on specialist inpatient dementia care “Transforming Specialist Dementia Hospital Care Report” - June 2018 and our strategic direction to transfer the balance of care from hospital to community. This has involved: developing a specialist multi professional team focussing on supporting care homes and community hospitals in supporting more effectively adults who have a dementia diagnosis; commissioning specialist care home beds for adults with a dementia diagnosis and high support needs; employing social workers to provide the capacity and expertise to admit and discharge patients from our dementia in patient ward more effectively and reducing inpatient beds but ensuring that the remaining beds are provided in a specialist environment with the correct level of expertise.

Social work services continue to be provided within our integrated community mental health teams. We are currently recruiting to a mental health social work manager post to support social workers in their professional role.

Other priorities are to: expand mental health primary care services allowing a range of services aimed at prevention, early intervention and resilience e.g. expanding our Doing Well Service, commissioning a Recovery College, increasing access to post diagnostic support and continuing to deliver Local Area Coordination.

The service has developed a strong Local Area Co-ordinator (LACS) Service recruiting four full time equivalent posts aimed at early intervention and prevention. This fits well with the existing Mental Health Services within Primary Care such as The Doing Well Service, Distress Brief Interventions (one of the four national pilots across Scotland). We are looking to expand and ensure more equity across the five localities utilising the national Mental Health Strategy Action 15 funding. The service also commissioned a new Recovery College which will be launched in July 2018 and is provided by a third sector provider. The College aims to provide learning opportunities for people experiencing mental health problems within a community environment.

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Children and Families Service

The current service delivery configuration of the Children and Families Service was introduced in August 2017. The key drivers for change were the need for (a) more consistency in our initial response to concerns about children and (b) improvements in the quality and timelines for permanence planning. The operational structure comprises a Duty/Intake Team, four Locality-based Teams undertaking longer term work – mainly children on the child protection register and looked after children, a Throughcare and Aftercare Team working primarily with care leavers, a Youth Justice Team providing specialist assessment and support for young people who have committed offences and a Resources Team which includes a 5-bedded residential home and a team of staff involved in the recruitment, assessment and support of foster carers and assessment of kinship carers. The changes have resulted in evidence of improvement in permanence planning and in the quality of chronologies, assessments and plans for children and young people. However, there is still scope for further improvement in these areas. There have also been challenges created by the changes in terms of the volume of workload for the Duty/Intake Team, a loss of early intervention capacity at local level alongside our partners in Education, NHS and the third sector and increase in changes of social worker. These challenges have been exacerbated by on-going issues regarding the recruitment and retention of social workers and first line managers and an increased use of agency workers on short-term contracts. Specific improvements in services have been the development of procedures and practice guidance relating to our services for children with disabilities – in particular the establishment of a multi-agency panel to ensure greater consistency and transparency in decision-making regarding packages of support for individual children and their families. In 2018-19, we also established a satellite flat connected to our residential provision which is a two-bedroomed property where residents on the pathway to independence can get a higher level of support during the transition period than is available in our other supported accommodation provision.

All aspects of the service will be reviewed in 2019-20 within the Council's Transformation programme "Fit for 2024". Combining the need for improvement alongside the need for significant savings will be very challenging. The main themes for the review will include the introduction of our new Public Protection arrangements, exploring the potential for introducing evidence-based empowerment models of practice, reviewing our current fieldwork delivery model and exploring possibilities for expanding our Whole Systems Approach to addressing offending by young people.

Child Protection Committee (CPC)

In 2018-19, the CPC has been reviewing how services are working together to protect Children. As a result, a number of actions have been taken forward including a joint protocol of agreement about how the social work recording system can map when there are changes in adults and children's lives of which both the adults and children's workers need to be aware.

Through audit activity the CPC heard from children affected by domestic abuse. It also reviewed referrals to Social Work which didn't progress to the Child Protection process. This helps to satisfy us that children are receiving the right service and are not being left in unsafe situations. We have also reviewed and strengthened our protocol for speaking to children who go missing from home and jointly with the Adult Protection Committee reviewed the Vulnerable Young Person Protocol. Our Social Work Child Protection and Reviewing Officers continue to evaluate the impact of Child Protection Case Conferences. Social Work continues to report the outcomes from their audit activity to CPC for information. The CPC has been looking outwards at Significant Case Reviews from elsewhere which is discussed with Social Work Team Managers.

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CPC became aware that there was a delay in concluding the inter-agency referral discussion (IRD) paperwork. CPC were advised this resulted from the introduction of a formal Risk Assessment template which caused delay due to Social Work staffing issues, however CPC was reassured that the work to ensure children's safety was taking place, although the follow-up paperwork was sometimes delayed. CPC has monitored this and seen an improvement over the year, although the staffing issues do continue to impact at times.

There have been no Initial or Significant Case Reviews in this period. CPC is proud of the work completed jointly by a group of Young People from S2/3 at Galashiels Academy who have developed materials to raise awareness about on-line grooming and the importance of speaking to a trusted adult about any concerns. The group were successful in producing an animation and posters in their own words which they piloted in some classes and have now rolled out to all schools. CPC's work on Public Information and training has continued. Our focus this year has been on reaching out to places where children spend time for example Caravan Parks, Horse Riding establishments, Castles and Large Houses with public access, and people with whom they have contact, such as taxi drivers, street pastors, Live Borders and many others.

Corporate Parenting

Is now firmly established across the Scottish Borders as the multi-agency approach to improving services and outcomes for Looked After Children and young people receiving Continuing Care and Aftercare services. Corporate Parenting responsibilities are well understood and actively promoted across services. A Corporate Parenting Strategy and Action Plan has been in place in the Scottish Borders since 2009 and has been revised on a 3 yearly basis. Following a comprehensive self-evaluation, the Strategy and Action Plan were reviewed and updated and cover the period 2018-2021. Significant areas of work in 2018/2019 included the development of a 'Virtual School' for Looked After Children and Young People which aims to be relentless in driving forward educational progress through attainment and achievement; significant work with young people and key professionals in addressing self-harm and mental health issues, and implementing the 'See Me' training across all 9 high schools in the Scottish Borders; full implementation of the Housing Options Protocol for looked after children (involving all Registered Social Landlords); and, increased participation opportunities for children and young people looked after away from home, in Continuing Care and Aftercare. Multi-agency data management systems, and multi-agency auditing, have been developed to better track outcomes for Looked After Children and are improving on an on-going basis. A priority action for 2019-20 is to re-establish a Corporate Strategy Group which will ensure that all partners with a corporate parenting responsibility are actively engaged in hearing the voices of care experienced children and young people and responding positively to suggestions for improving our services for them.

Adult Services

Following a review of the structure and responsibilities, the service appointed a new Group Manager in January, who undertakes the line management of the Hospital Social Work service, the Cheviot and Berwickshire Social work teams and areas of service planning and commissioning. There are now two Group Managers and an Interim Head of Service giving additional capacity and stability to the service.

Self-directed support is our approach to social care and from April 2017, with the introduction of the Carers (Scotland) Act, 2016, carers who are now receiving support in their own right have been

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making a choice about their support and how it is delivered. Developments such as the roll out of community led support across the Borders with its focus on easy access, preventative support which is based on 'what matters' to the person has promoted the SDS approach. By the end of March 2019 85.6% of people receiving support were recorded as using the SDS approach compared with 77.6% of people a year before. A breakdown of the options chosen is detailed below:

Option 1	Option 2	Option 3	Option 4
Direct payment	Individual Service Fund	Social Work Managed	A mix of the options
263	5	1453	96

Where people have chosen a mix of options they are not included under options 1, 2, 3 but under option 4. For example, there are nine people with an individual service fund but four of these people have combined this with at least one other option and are therefore counted under Option 4.

Homecare

The challenge of securing sufficient and flexible care at home provision has remained a priority for the Social Care and Health Partnership in the past year, especially in achieving a shift in the balance of care from hospital and care home settings while ensuring that older people remain in their own homes, safely and for as long as possible.

There has been an increase in the number of providers in the Borders; but as previously reported in the more rural areas of Tweeddale, Berwickshire and Cheviot it has proved difficult to sustain a robust workforce that is able to deliver the care required, especially where larger packages of care are required of more than 10 hours per week. The Matching Unit based in Hawick has acted to speed up the process of securing care and has acted as a central point for requests which also enables the response to care package requests to be monitored and any excess delays to be managed. Care capacity over the 18/19 winter held up well and there were no significant pressure points.

SB Cares remains the largest care at home provider in all areas of Scottish Borders and we have worked with other providers to increase their capacity in particular in areas of high need. One existing provider of care at home withdrew from the services, but did so in a planned and proportionate way which enabled a seamless transition to a new company.

The Health and Social Care Partnership is developing a set of commissioning intentions for all areas of care and a very successful IJB workshop session was held in March 2019 which led to the creation of an initial 'Vison' for services going forward. This proposal was taken forward to finalise a set of commissioning intentions in 2019/20.

Care Homes

Since the last report the overall service performance in the care homes sector has sustained moderate improvement. There have been less services requiring immediate improvement as a result of poor performance measures. The reduction in Adult Protection Large Scale Inquires within the care home for older people which from around 4-5 per annum in 2015/16 to around 1-2 per year has been sustained and 80 % of the homes have majority good or very good Care Inspectorate reports.

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A high proportion of homes are using anticipatory care plans and we are working to roll this out to all homes.

Overall the capacity in the sector remains stable, Queens House care home has increased its capacity by 18 beds and this service is providing much needed capacity in complex dementia care.

Waverley and Garden View care homes both run by SB Cares have continued to play an important role in the provision of interim support to people who are being discharged from hospital. The utilisation of these beds and the mode of operation are the subject of regular review. A review of activity in Waverley and Garden View identified that both were acting as very effective step down resources.

Older Adult Psychiatric Liaison Service to support people with functional and organic illnesses in the care home sector, the objective being to prevent unnecessary admissions to the general and community hospitals and to help facilitate successful transitions from hospital settings (including the mental health wards, Cauldshiels, Melburn Lodge and Lindean) to care home provision.

The level of occupancy in care homes is still very high and that leads to significant pressure on the system.

As identified in the last Chief Social Workers Annual Report the pressure of retaining and recruiting Nurses in Care Homes is being addressed. A proposal to explore an in-reach model of nursing was agreed by the Health and Social Care Partnership and is being worked up. On a practical basis, in one home experiencing recruitment and retention issues, we have worked with the home and District Nursing to ensure that people with nursing needs received the service they required.

The Council has adopted a long term strategy for Extra Care Housing which envisages 5 extra care schemes over the next 5 years. The first 2 in Duns and Galashiels are due to open in Summer 2020 and early 2021, the 2 schemes will bring an additional 70 units into commission. Initial meetings were held in Duns in January 2019 with professionals and the community.

Physical Disability

The Scottish Borders Physical Disability Strategy, "A fairer Scottish Borders for people with a physical disability or long-term condition and their carers", outlines the way in which SBC, NHS Borders and the third sector partners aim to provide support for people with a physical disability or long-term condition to contribute, live and thrive in the Scottish Borders. It has been developed following a review of national and local strategies for people with a physical disability or long-term condition. A consultation on the draft strategy was carried out during the summer of 2018.

Full use was made of all standard SBC and NHS Borders communication channels to deliver key messages and encourage engagement. Six Stakeholder engagement events were carried out via the Ability Borders Road shows. All individuals and organisations were encouraged to respond via the electronic survey widely publicised as part of the consultation process.

There were identifiable themes emerging from the Physical Disability Strategy consultation. These comments, when compiled, outline a clear request from people with Physical Disability; they wish to be fully involved and consulted with in planning and wish to keep organisations accountable for

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actions and undertakings. Due to the strength of this message council officers approached Ability Borders to further engage with users and explore how they might wish to do this. A reference group was formed and the group, supported by Ability Borders and council officers came up with a request to be fully involved in the review of consultation feedback, amending the strategy and writing a delivery plan.

This request was proposed to senior health and social care managers as it would require more time than originally set out in the delivery plan. The approach was approved. The PD reference group met for 6 days spread over a three-month period for in depth discussion on actions to deliver the strategy. The reference group have proposed three changes and actions. Firstly, the splitting of ambition 3 into two separate ambitions; Transport and Housing. Secondly an overarching engagement approach and three-year plan. Thirdly a more detailed delivery plan to deliver changes around themes emerging from the consultation. The final plan which fully incorporated the ideas was published in April 2019 and implementation is ongoing.

Day Services and Community Capacity Building

The Scottish Borders Health and Social Care Partnership (H&SC) Strategic Plan was launched on the 1st of October 2018. The Strategy gave a focus on providing more access to opportunities and activities within our communities. This is being delivered by Local Area Co-ordinators providing access for the frail and elderly to a wider range of community services and support provision beyond traditional day centres catering solely for elderly people. This provision is bringing our older people back into our communities and maintaining the right to a community life.

The Local Area Co-ordination approach has a fundamental focus on communities as sources of mutual support and creative solutions. Local Area Co-ordination is a two-pronged approach working with individuals and communities. To deliver Local Area Co-ordination, each locality will have a Local Area Co-ordinator and Community Link Workers. These resources will be allocated flexibly according to local demographics and demand. The team will hold a case load of people who are in need of day time opportunities and work with existing clients and new referrals from locality Social Work teams. Local Area Co-ordinators engage with people and discuss what interests they have and what activities they would like to be involved in. With their knowledge of the locality, Local Area Co-ordinators build up a range of opportunities for older adults to get involved with and contribute to their local community. If they identify a gap in provision, they engage with partners to develop new ideas and groups that meet communities' needs. Community Link Workers will offer practical and emotional support to people to engage and access their chosen pursuits and activities with a focus on facilitating supportive social connections/networks and natural supports as well as utilising social capital. This will be offered through a combination of short and medium term support provided by the Local Area Co-ordination team and long term care support identified in the Social Work assessment process.

This Local Area Co-ordination approach will be utilised across the whole of the Borders. The assessed needs of the current service users will be addressed before their day centre is decommissioned. There may be a small number of people whose needs are so complex that they cannot benefit from community based support and we will ensure that appropriate alternatives are developed for these people.

The first phase of transformation resulted in a joint enhanced day unit between Health and Social Care at Eyemouth Day Hospital with all service users transferred from Saltgreens Day Centre, Eyemouth. All users have subsequently moved to community based activities using community

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transport arrangements. The Local Area Coordinators/Community Link Workers continue to support the 4 original service users as well as receiving referrals for new service users in the Berwickshire area.

Emergency Duty Team (EDT)

Close working with Police and Health colleagues continues out of hours in the identification of risk to children and adults, agreeing jointly how to manage risk quickly and effectively. Evidence of this would be the participation of appropriately trained and experienced staff out of hours in the IRD process, echoing the process followed in-hours by the Public Protection Unit. For example, EDT participated in 95 Child Protection IRDs in the relevant period.

Other work undertaken by EDT in this period included 39 Mental Health Officer assessments, the identification of Adult Protection concerns in 52 instances and responding to requests from the Police for an Appropriate Adult on 30 occasions.

EDT also contributes to Protection Plans, particularly for children subject to CP registration, by readily responding to requests from daytime colleagues to undertake monitoring and assessment tasks out of hours in relation to safety of individuals and progress of the plan.

EDT works closely with Out of Hours Health colleagues to support safe discharge of patients and prevent unnecessary hospital admissions.

EDT supports daytime colleagues, where possible, to contribute to quality assurance and efficiency, completing case file audits. This also maximises the efficiency of EDT since the demand on the service is unpredictable and there can be capacity to undertake such tasks.

6. Resources

The majority of Adult Social Care functions are devolved to the Scottish Borders Health and Social Care Partnership Integration Joint Board. The responsibility for the commissioning of Adult Social Care functions continues to be delegated to the partnership. Children and Families Social Work Services remain the responsibility of Scottish Borders Council, whilst responsibility for other Adult Services not prescribed for delegation within the Joint Working Public Bodies (Scotland) Act 2014 also remain with Scottish Borders Council.

The total expenditure on Social Work Services within Scottish Borders Council in 2018/19 is detailed below:

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	£'m	£'m
Children & Families Social Work		14.8
Services in the Criminal Justice System*		0.0
Functions Delegated to the Health and Care Partnership		
Integration Joint Board:		
Older People's Services	20.8	
Adults with Learning Disabilities	17.5	
People with Physical Disabilities	3.6	
People with Mental Health Needs	2.1	
Generic Services and Staff Teams	4.9	
		48.9
Other Adult Services		1.9
Total		65.6

* Fully funded by Scottish Government Grant to Lothian and Borders Criminal Justice Authority in 18/19.

The total 2018/19 spend of £65.6m represents a net increase of around £2.8m from 2018/19. This is the result of a general increase in spending, amounting to £0.1m in Children and Families, £0.4m in Other Adult Services and a material increase of £2.3m within IJB delegated services. It should be noted that this increase is largely comprised of increases in Older People and Adults with Learning Disabilities services. The remaining three delegated functions, showing a net decrease of £0.1m.

Although this increased spend was £2.8m greater than in 2018/19, an underspend of £0.27m was reported against the final approved budget. This was comprised of unanticipated contribution from SB Cares, reflecting their operational surplus for the year of £0.21m as well as small underspends in other areas resulting from staff turnover and in some cases the holding of vacancies.

It should be noted, however, that this £0.27m underspend was against the last approved budget. An overspend amounting to £2.9m was incurred against the base budget detailed in the Scottish Borders Council Financial Plan, approved by Council on 20 February 2018.

Although net expenditure increased in 2018/19, as the outturn position shows, considering base budget, significant financial pressures were experienced in the year. These were experienced in the Adult Health & Social Care functions and required remedial action. They included:

- Meeting the increased costs of service provision in areas such as care at home as a result of increased market pressures
- Continuation of a range of Scottish Government policy initiatives such as the Scottish Living Wage of £8.75 per hour for all Adult Social Carers

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- Increasing demand for services above levels budgeted across functions such as residential care, care at home and the provision of equipment
- Increasing demographic pressures in the Adults with Learning Disabilities service due to increasing client numbers as well as increasing complexity of care needs
- Delayed delivery of Financial Plan savings, particularly in relation to commissioned services
- Staffing pressures

In order to meet these pressures and mitigate their impact, the IJB agreed to direct £7.3m of its 2018/19 Scottish Government Social Care funding allocation, largely on a recurring and full-year basis.

Children and Families Services Social Work pressures, whilst underspending against base budget, reported an overspend against final approved budget of £136k, largely as a result of significant increases in the number of secure external residential placements, particularly in March.

In the medium-term going forward, across both Adult and Children & Young People Services, the projected financial outlook continues to be challenging and there are a number of key areas of financial risk that require managing, including:

- The impact of expected ongoing austerity and continued uncertainty regarding 'Brexit' and restricted funding allocation and settlements from the Scottish Government will require further savings to be identified by the Local Authority which in turn will require a further contribution from Social Work Services
- Scottish Borders Council's 'Fit for 2024' programme is required to generate in excess of £4m per year for the next 4 years. Continued transformation in the way services are delivered is required to ensure these services are delivered within a constrained budget.
- Further cost pressures may emerge during 2019/20 that are not yet projected or provided for within the Local Authority (and Integration Joint Board) financial plans – these include both market cost pressures (price) and those relating to sustained increases in demand and complexity of need (demographic)
- Further legislative and regulatory requirements including the possible increase to the Scottish Living Wage in 2019/20 and the financial consequences of the implementation of Carers' legislation as well as the COSLA Care Home inflationary uplift;
- The risk of loss of service provision as a result of market failure would result in additional costs as alternative supply is transitioned – this pressure has been experienced in 2018/19 and continues to be an area of particular risk relating to Care at Home;
- The requirement to realign resources in line with priorities/demand and shift resource across the Health and Social Care pathway across functions will be required

Over the last three financial years, the transformation of models of Health and Social Care have begun, enabled by the Scottish Borders allocation of Integrated Care Funding. Over the medium-term future, a significant programme of transformation of Adult Social Care is planned, aligned with the Council's 'Fit for 2024' programme, which will have a considerable impact on the type and level of care and support provided, the outcomes achieved as a result and, importantly, cost and affordability.

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In summary

Significant financial pressures have been experienced in the year, particularly across those services delegated to the Health and Social Care Partnership. These pressures are primarily attributable to demand; greater numbers of clients as well as the need for more intensive care packages being required. Savings have been identified and realised in order to mitigate the level of corporate support required, primarily in homecare packages for Older People. These pressures are unlikely to disappear in 2019/20 but have been lessened by additional Scottish Government funding for Health & Social Care services across Scotland.

Children & Families continues to experience financial pressure, particularly in relation to the cost and volatility of external residential placements. The service targeted 2 tranches of efficiency savings delivery of which, is going to be highly challenging. A number of secure external residential placements in March increased the financial pressure in this area. Continuing recruitment difficulties requiring the use of agency staff has also put pressure on the C&F budget and will continue to be an area requiring management going forward.

7. Service Quality and Performance including delivery of statutory functions

Justice Service

In September 2018 the Care Inspectorate identified Scottish Borders Justice Service as the inaugural authority to be inspected, in the ongoing round of Inspections. The published Inspection Report identified 6 key findings.

Individuals residing in Scottish Borders subject to community payback orders “experienced strong, respectful and consistent relationships with staff”. Informed by the use of the national assessment framework tool, LS/CMI and ongoing national and local training, the Inspection found “the assessment of risks and needs to be a strength”. Weaknesses identified due to the lack of a comprehensive needs assessment tool within the Unpaid Work Service, were at that time, in the process of being addressed.

Operational managers were found to be supporting their staff well, enabling them to deliver statutory supervision requirements.

The Inspection Report concluded that “the organisation and delivery of the unpaid work service is not operating effectively to provide a reliable community-based disposal”. The findings echo the Unpaid Work service review findings with action being taken, to address failings through a service restructure, the recruitment of staff and the development and implementation of a comprehensive Health and Safety training programme for staff.

“There is no clear and effective governance structure for justice services”. Within the broader context of a review and redesign of Public Protection Service delivery across Scottish Borders, initiated in 2018, the Justice Service will gain a strengthened governance framework.

“Leaders do not have a sound enough understanding of the performance of the justice service to inform improvement priorities, planning and activity”. Considerable work has been undertaken, over the last year to enhance and develop performance management systems and information recording.

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Mental Health Service

Emergency Detention Certificates (EDC's) have shown a slight decrease over the period 2018/19, from **(30)** in 2017/18 to currently **(25)**. This could be viewed as the assessment skills of the Psychiatric Crisis Service based within the Borders General Hospital and the support that is given to the general medicine ward and the A&E department that have minimised the need for statutory intervention for those brought to the Borders General Hospital.

Short Term Detention Certificates (STDC's) have shown a marked increase over the period 2018/19, from **(71)** in 2017/18 to currently **(81)**. This increase could be an indicator of several possible factors such as the rise on a national level of younger people reporting mental health difficulties, better awareness resulting in primary services referring into psychiatry, socio economic and environmental impacts both for individuals, local authorities, NHS and voluntary sectors.

Compulsory Treatment Orders (CTO's) have shown an increase over the period 2018/19, from **(24)** in 2017/18 to currently **(32)**. This again could be reflective on the aforementioned factors pertaining to STDCs. Other more local factors could be that the above figures do not address specific overall types of orders. For example, section 86 extensions, Community based CTO's. As a means to rectify this we are currently looking to develop a more robust system of data collection that enhances and gathers this specific information, inclusive of reflecting gender, age, type of mental disorder and the specific type of orders granted to the MHTS.

Adults with Incapacity

Private Guardianships have, as expected, continued to show a sharp increase as experienced on a national level throughout local authorities. Over the period 2018/19 the number of Private Guardianships is currently **(164)** this is up from **(137)** over the same period 2017/18. This ongoing rise in applications could be viewed positively as incapable adults become more protected and proposed guardians legally accountable. However, this increased demand on the completion of MHO reports within the 21 days of notification from solicitors does pose significant demand on the service to meet this deadline and again this is a concern and challenge that is currently experienced by all local authorities.

CSWO Guardianships

For the period 2018/19 there is a small increase from **(35)** in 2017/18 to **(46)** for the current period. Whilst this is an expected rise, by comparison to private application increases this highlights that less restrictive and preferred statutory applications are being taken forward by members of the public in accordance with the Act.

In regards to data collection which does not currently reflect all CSWO interventions under the Act, this will be addressed in a similar manner as proposed for the gathering of CTO applications in that type of disorder and nature of intervention will be highlighted and collected more accurately. For example, one off interventions such as tenancy agreements and inability to communicate guardianships, this will ensure an accurate reflection of the CSWO responsibility and tasks undertaken by the CSWO in all matters pertaining to the Adults with Incapacity legislation.

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Children and Families Service

Following publication of the Care Inspectorate Report in June 2016, a Children and Families Quality Assurance Framework was developed. As part of the Framework, a systematic approach to case file auditing was established. The audits are carried out using an audit tool based on the Care Inspectorate Case File Reading Tool (August 2018) and provides comprehensive qualitative information on the management of cases and outcomes for children and their families. Rating of case files is informed by comprehensive guidance. Case file audits are completed by Children and Families Managers and Team Leaders. As part of our approach to auditing, feedback is provided to the relevant Team Leader by the Auditor. The Team Leader then has the responsibility to discuss the findings of the audit with the Social Worker and their Line Manager and for the completion and recording of any required actions.

Over the previous year, full and 'specific' case file audits were carried out on a range of case types on a systematic basis. To ensure an increasingly comprehensive range of quality assurance information to be gathered, the case file audits over the last year have included some full case file audits on specific case types and, audits which focused on specific areas which have been noted as challenging for staff in previous audits and quality assurance approaches. The audit findings cover the following practice areas:

- June 2108 – Risk and Needs Assessment (and comparison)
- August 2018 – Plans (and comparison)
- September 2018 – Looked After Children
- December 2018 – Permanence Planning
- February / March 2019 – Children Affected by Disability (CHAD) cases

It should be noted that audit findings are directly linked to practice developments and staff training to ensure we continue to improve.

The Council has one residential child care unit for young people aged 12-18 years (Wheatlands) and in the Service's Inspection in February 2019, the service was awarded:

- Quality of care and support 6 - Excellent
- Quality of environment 6 – Not assessed
- Quality of staffing 6 - Excellent
- Quality of management and leadership - Not assessed

Wheatlands have been awarded 6 – Excellent for all assessed Quality Indicators since April 2015. This is a significant ongoing achievement for this service.

While workers will always consider all options for a child's care and will seek to make use of a child's family strengths and supports, at times it is not possible to place children in their own community. In particular, some complex cases require us to place children in specialist placements outside the area. Each of these young people has a comprehensive Child's Plan and a team of professionals dedicated to helping to resolve their issues and, in a controlled way, bringing them back into less specialised and resource intensive placements.

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Kinship care is a desirable outcome for children who are unable to be looked after by their birth parents, and enables children to remain and be cared for within their extended family and community, with clear benefits for their identity and sense of belonging as they develop. This reduces the need for Local Authority foster carers and promotes better outcomes for the children themselves. The percentage of kinship care placements in the Scottish Borders continues to grow year on year.

It has been recognised that throughout 2018-19 there were continuing improvements in educational attendance and achievement for all children, including those who are looked after and those who experience deprivation. The development of a 'Virtual School' to manage and track looked after children on both an individual and group basis has been particularly beneficial in this area.

The Care Inspectorate inspection of the Scottish Borders Council Fostering Service in July 2018 said 'We saw that the agency was child focussed, the stable staff team worked well together and children enjoyed good quality relationships with their foster families. These good quality relationships supported children to feel safe and to thrive in their day to day lives'.

Complaints:

A total of 101 complaints regarding Social Work Services were closed during this period. This equates to approximately 14.4% of the complaints closed by Scottish Borders Council and is a 5.2% increase compared to the previous year. Of the 101 complaints closed 27 were upheld, 43 were not upheld and 31 were regarding matters that did not fall within the remit of the Complaints Handling Procedure (invalid).

Some key themes arose from the complaints including:

- Actions of staff
- Charging for services
- Provision of service
- Delay in service

A range of actions were recommended to improve the quality of the services provided and this will remain a focus going forward.

8. Workforce Planning and Development

The primary task for the Professional Development Team continues to be the provision of all the mandatory training needs of Social Work Services staff, and to ensure that there is appropriate support and funding for additional CPD and career progression opportunities. Additionally, the team commission, co-ordinate and/or deliver a wide range of essential professional development training and other CPD requirements, plus many bespoke specialist inputs. The intention remains to support and resource staff to be skilled and confident in their operational roles and positively contribute to improving outcomes for people using services.

Practice learning and coordinating student placements is also central to the core work of the team, which includes supporting and building the infrastructure of Link Workers and Practice Educators and liaison with the various universities.

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NQSWs are well catered for and NQSW group meets every 6 – 8 weeks. This offers the opportunity for NQSWs at Scottish Borders Council to:

- a) Obtain support from the learning & Development Advisor from professional development team/peers with PRTL;
- b) Read and discuss social work articles on a range of different themes (i.e. integration, domestic abuse, social work identity, social work theory in practice etc.);
- c) Obtain peer support from other NQSWs from different areas of the service;
- d) Find out about other interagency teams and external agencies who may support their work through visits from agencies (i.e. Child Protection Officer, local addictions service, CAMHS service etc.)

This year in Adult Services there has been two main areas that have required considerable input, namely Risk Assessment, Analysis and Planning Training and the continuation of Community Led Support (CLS). Firstly, Scottish Borders Adult Health and Social Care Services for Older People were inspected in September 2017. There were a number of recommendations which identified learning and development needs for the workforce. In May 2018 the Professional Development Team were requested to deliver training to address the practice shortfalls highlighted in the inspection of standard risk assessments for general, non-protective type risks. The course content was designed to include the inspection recommendations, and support staff to develop a consistent standard when completing the risk assessment forms. The main aim of the training sessions was to build on existing skills and knowledge to support practitioners to develop a consistent shared framework that promotes an accountable, defensible and ethical risk assessment practice through the 3 Pillars of Chronology, Risk Assessment and Outcome based plan. The sessions will remain mandatory for new staff as they join the service, but established staff will also have the opportunity to attend the course again. The case materials will change annually, to ensure staff who are re-attending engage fully in the session. Secondly, Community Led Support (CLS) provides locally based hubs as the first point of contact for health and social care services. Instead of asking “what’s the matter?” customers attending Hubs are asked “what matters?” This is very unique to the Scottish Borders and it is how health and social care have chosen to implement this person centred model of support within the community. An integral part of the programme, and ensuring a “culture shift” within health and social care, has been the delivery of “What Matters” sessions to health and social care staff. Throughout 2018, the Professional Development Team, has provided further learning and development opportunities, to ensure new and existing health and social care staff, staff from across SBC, the voluntary sector and community volunteers, have the opportunity to explore the Effective Conversations model. This was facilitated by providing ‘What Matters’ training sessions, ‘Train the Trainers’ sessions for the CLS model and supporting the facilitation of CLS Practitioner Leads meetings.

There has been a very comprehensive ‘menu-of-options’ provided for staff in Children and Families. Here are some key elements/events:

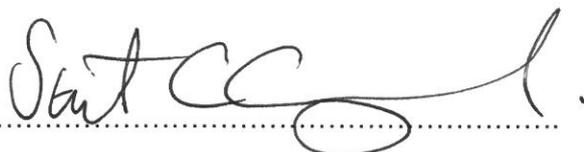
- a) Involvement in the ‘What’s the Harm’ multi-agency training and linked in with the publication of the new multi-agency guidelines on working with young people who self-harm;
- b) Developing the training opportunities for foster carers and thinking more specifically about the training needs of carers working with older young people as part of continuing care support and involvement in the running of the foster carers Solihull Approach training and

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- fostering conference, so inputs like sexual health, Getting It Right for LGBT Young People awareness training;
- c) Effective supervision skills and Effective Practice course;
 - d) Focus on permanence training for staff and managers through in-house training;
 - e) Working Agreements training;
 - f) Annual fostering conference and involving young people in the planning and delivery of this as part of the year of young people;
 - g) Involving young person in planning and delivery of internet safety training;
 - h) Bespoke session for C&F managers on Adverse Childhood Experiences which links in with wider training on working with trauma, i.e. adult Solihull training;
 - i) Ongoing children's Solihull training.

Given that recruitment and retention is a particular issue within the Scottish Borders, the Professional Development Team have been liaising with Group Managers to explore the possibility of reinstating an OU trainee scheme. A survey was created to ask SBC staff, with at least three years' practice experience, if they would be interested in a social work traineeship. The scheme being considered is for both undergraduate/BA (Hons) and graduate/PG Dip/MAs pathways. The survey received 27 responses, and positive expressions of interest, with nine workers stating that they would be interested in both types of study. Many years of service and experience within Children & Families and Adult Social Care & Health was the norm and the biggest issue or barrier identified in the survey for career progression was the financial side and taking unpaid leave for placements and/or using annual leave. The intention is to present a formal proposal for the Council Management Team in the next financial year; reintroducing a scheme in the Borders could be viewed as a positive investment in the future workforce.

Signature:



Name: Stuart C. Easingwood

Position: Chief Social Work and Public Protection Officer

Date: 31/10/2019.



**CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2018/19
 PERFORMANCE INFORMATION
 STATUTORY FUNCTIONS**

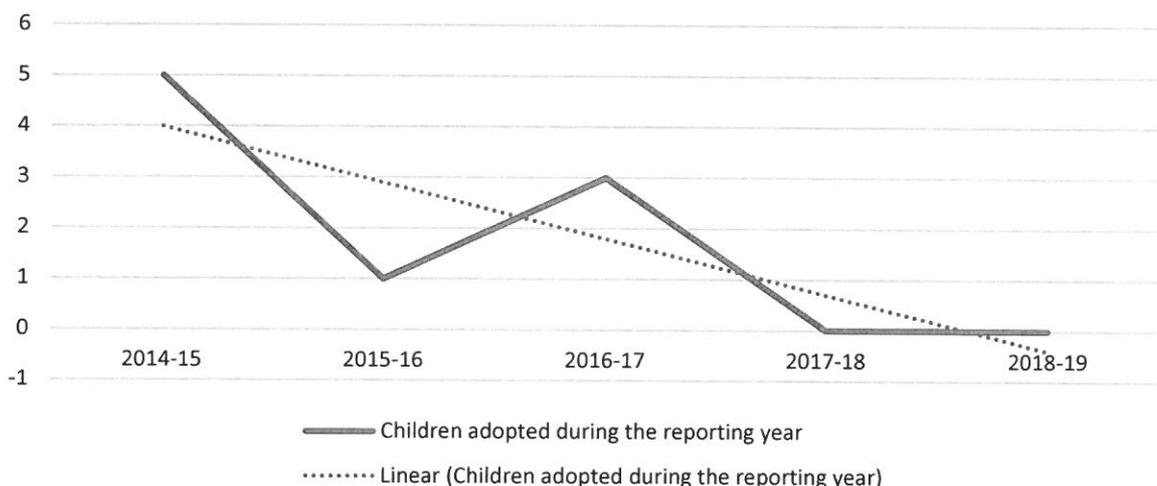
1. Fostering and Adoption

Adoption is a positive route for a child where it is apparent that he or she is unlikely to be able to safely return to the immediate or extended family. There is a strong body of evidence to indicate that permanent and/or stable long term placements, including adoption, lead to better outcomes for the child when these placements can be put in place early enough to enable the child to form solid attachments with the carers. This is especially crucial in the early years of 0-3.

During 2018-19 no children were adopted and only 3 were placed with prospective adopters. The number of children adopted shows a declining trend over the last 5 years.

	2014-15	2015-16	2016-17	2017-18	2018-19
Children adopted during the reporting year	5	1	3	5	0
Children placed with prospective adopters at 31 March	6	2	5	4	3

Children adopted during the reporting year



The Chief Social Work Officer is also the Agency Decision Maker (ADM) in terms of Fostering and Permanence decisions – Regulation 12 Children (Scotland) Act 1995.

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It is the ADM's responsibility to make decisions based on recommendations by the Fostering or Permanence Panels. In Scottish Borders Council these panels are held on a monthly basis and consider the following:

- Fostering assessments
- Kinship Care Assessments
- Foster carers reviews
- Assessment of Prospective Adoptive Parents
- Children being considered for Permanence (Long term fostering and Adoption)
- Matching of children with prospective adopters or long term foster carers
- Advice & guidance on complex situations that may be considered for permanence

In order for a final decision to be reached, the Agency Decision Maker will review Panel minutes, meet with the Panel Chair where required and consider the recommendations identified by the Panel members.

<i>During reporting year 01 April - 31 March</i>	2014-15	2015-16	2016-17	2017-18	2018-19
Foster Carers approved	6	12	5	11	1
Foster Carers de-registered	4	7	2	8	5
Foster/Short Breaks Carers reviewed	48	31	62	36	51
Long term (permanent) foster carers approved	5	2	5	2	4
Children registered for permanence	13	8	9	10	9
Prospective adopters approved	3	1	4	4	4
Prospective adopters not approved	0	0	0	0	0

Kinship care is a desirable outcome for children who are unable to be looked after at home by their parents. It enables children to remain and be cared for, within their extended family and community, creating clear benefits for their identity and sense of belonging as they develop. This reduces the reliance upon local authority foster carers and promotes better outcomes for the children themselves. The 5 of Looked After Children in a Kinship Care setting has remained fairly consistent over the last 5 years. 2019 shows the second highest percentage since 2015.

While workers will always consider all options for a child's care and will seek to make use of a child's family strengths and supports, at times it is not possible to place children in their own community. In particular, some complex cases require us to place children in specialist placements outside the area. Each of these young people has a comprehensive care plan and a team of professionals dedicated to helping to resolve their issues and, in a controlled way, bring them back into less resource intensive placements.

The number of children placed outside of the Scottish Borders has remained around the same level however the overall percentage has seen an increase in 2019. This is due to a reduction in the overall number of Looked After Children but the level of out of Authority placements remaining fairly consistent.

<i>At 31 March</i>	2015	2016	2017	2018	2019
LAC placed outside areas	31	31	29	34	35
(No & %)	16%	14%	12%	15%	18%

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	2015	2016	2017	2018	2019
Looked After Children as at 31 March (SBC)	188	221	251	224	200
Looked After Children as at 31 July (Scotland)	15,404	15,317	14,897	14,738	-
Kinship placements	55	47	72	47	49
% of LAC in Kinship Care settings	29%	21%	23%	21%	25%

The total number of children and young people who are Looked After has continued to decrease over the last 3 years. This follows a similar trend to the Total Number of Looked After Children across Scotland.

To allow for comparison, these figures can be expressed as a percentage of the population aged 0-17, which shows that Scottish Borders has fewer Looked After Children than the general population for Scotland. The National trend has remained fairly consistent, whereas Borders saw an increase from 2015 to 2017. 2018 and 2019 have seen a reduction in this %.

% of pop. Aged 0-17	2015	2016	2017	2018	2019
Looked After Children as at 31 March (SBC)	0.8	1	1.1	1	0.9
Looked After Children as at 31 July (Scotland)	1.5	1.5	-	-	-

2. Child Protection

The Borders Child Protection Committee continues to participate in regular joint meetings with colleagues from the Adult Protection and Offender Management Committees. This will be further integrated as we progress and develop our Public Protection Services.

The number of children on the child protection register has remained fairly consistent over the past 3 years, with a slight increase this year to 46, compared with 42 the previous year. The proportion of children who have been re-registered within 2 years has continued to decrease since 2015-16.

The length of time that children spend on the register has shown a decrease in 2018-19. This follows a 3-year period where the length of time spent on the register had shown a continuing increase.

	2014-15	2015-16	2016-17	2017-18	2018-19
Children on the Child Protection Register (31 March)	32	30	47	42	46
Children re-registered within 2 years (31 March)	0%	14%	13%	7%	2%
Children registered during the year	52	46	89	55	69
Children de-registered during the year	48	49	72	59	65
Children on register aged 4 or under (31 March)	48%	61%	50%	45%	35%
Average number of weeks registered	24	24	31	41	35

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At 31 March 2019, every active Child Protection registration had a Chronology in place.

3. Secure Orders

There were 2 young people subject to a Secure Order by the Children's Hearing process at 31 March 2019. This shows an increase on last year when there was only 1.

Secure Orders are used very infrequently in Scottish Borders, and more early-intervention and community-based support packages are considered to be a better approach to these complex cases. The use of these orders reflected the significant risk these young people posed to either themselves or others.

4. Adult Protection

An Adult Protection Referral occurs when a young person or adult over the age of sixteen is known or believed to be an adult is "at risk of harm", as defined under the Adult Support and Protection (Scotland) 2007 Act. These referrals are submitted from a wide range of sources, with the majority being made by Police (353 in 2018/19).

In 2018/19 a total of 642 Adult Protection Referrals were received. Following careful assessment of these referrals, 330 were known or believed to be identifying significant risk of harm to an individual. This is an increase on previous years, and is the highest volume of referrals over the past 5 years.

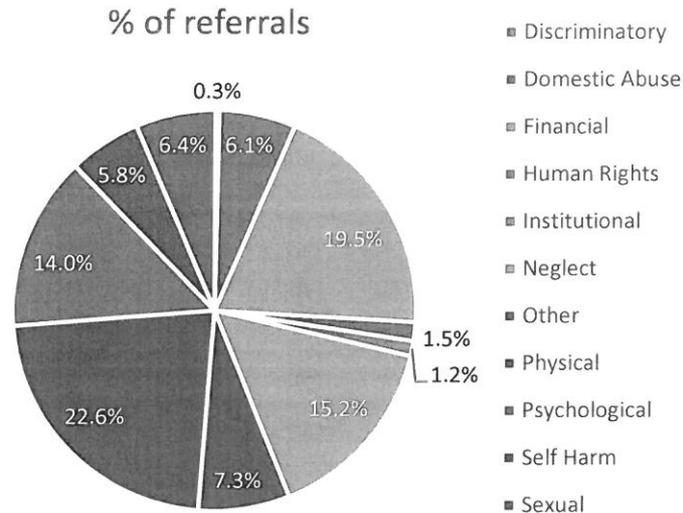
	2014-15	2015-16	2016-17	2017-18	2018-19
Adult Protection concerns	169	171	206	265	328

Types of Harm

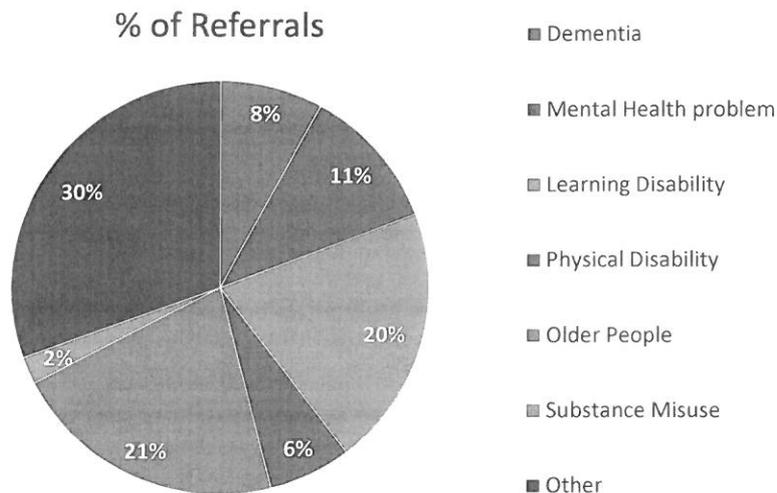
Financial and Physical harm continue to be the largest types of principle harm reported in Scottish Borders. These figures combined account for 42% of Adult Protection referrals. Psychological and Emotional harm often go alongside Physical harm; however Scottish Government have requested that we only count the principal type of harm to inform the national Adult Protection landscape.

Discriminatory harm is the smallest type of harm, with only 1 concern identifying this as a Principal Harm during 2018/19.

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Client Groups



Adults with a Learning Disability and Older People continue to be the most vulnerable groups of individuals in the Borders. The above categories are derived from the Adult Protection National Data Set as outlined by the Scottish Government. The 'Other' category is made up of several client groups and therefore the diagram does not accurately reflect the diverse range of Client Groups supported by Scottish Borders under the Adult Protection Legislation.

Adults over the age range of 65 years (Older People) including clients with a dementia related illness continue to be the group at greatest risk of harm in Scottish Borders. Adults at risk who suffer from dementia have seen figures rise from 21 last year to 26 this year.

Clients with a learning disability have an assessed level of cognitive deficit, which makes some adults in the learning disability range, more vulnerable than others to

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harm. In many of these cases it is an adult known to the client who becomes the source of harm.

5. Adults with Incapacity

Over the last 5 years there has been a substantial increase in the number of Private Welfare Guardianship orders, and Welfare Guardianship orders for which the Chief Social Work Officer has responsibility for.

<i>As at 31 March</i>	2014-15	2015-16	2016-17	2017-18	2018-19
Private Welfare Guardianships	71	97	115	137	164
Chief SW Officer Welfare Guardianships	18	29	38	35	46

This increasing trend can be attributed to the length of time an Order is granted for. These tend to be granted for long periods of time and therefore, we would not expect to see large numbers of orders coming to an end each year, but instead see these figures grow.

6. Mental Health services

The Mental Health (Care and Treatment) (Scotland) Act 2003 allows for people to be placed on differing types of statutory orders, depending on individual circumstance.

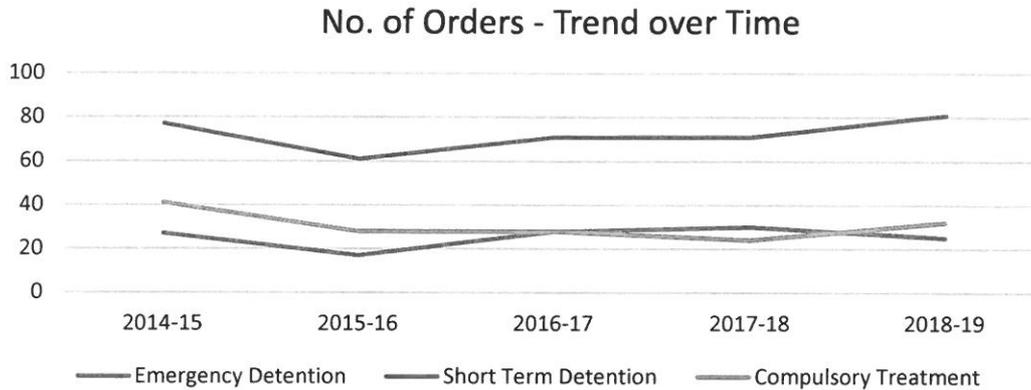
There are three main types of statutory powers:

- Emergency Detention Order
- Short Term Detention Order
- Compulsory Treatment Order (CTO)

We can see from the table below that the use of Compulsory Treatment Orders illustrates a declining 5-year trend. In contrast to this, the use of Short Term and Emergency Detention Orders has an increasing 5-year trend.

<i>During the reporting period 01 Apr – 31 Mar</i>	2014-15	2015-16	2016-17	2017-18	2018-19
Emergency Detention	27	17	28	30	25
Short Term Detention	77	61	71	71	81
Compulsory Treatment	41	28	28	24	32

Appendix B



The use of both Short Term and Compulsory Treatment Orders has seen significant increase in 2018-19 when compared to the previous year.

7. MAPPA

Multi Agency Public Protection Arrangements (MAPPA) is the framework which brings together agencies who manage registered and violent offenders. The fundamental purpose of MAPPA is to enhance public protection and reduce the risk of serious harm. The introduction of MAPPA across Scotland in April 2007 provides a consistent approach to the management of offenders; providing a framework for assessing and managing the risk posed.

There are three levels at which risk is assessed and managed under MAPPA.

Level 1: ordinary risk management

Level 2: local inter-agency risk management

Level 3: Multi-agency Public Protection Panels (MAPPA)

<i>(as at 31st March)</i>	2016-17	2017-18	2018-19
Total RSO	93	92	97
Level 1	92	90	95
Level 2	1	2	2
Level 3	0	0	0
Cat' 3: Risk of Harm	-	0	0
Restricted Patient	1	1	1
Subject to Statutory Supervision by CJSW	34	27	32

<i>(during the reporting year 01 April - 31 March)</i>	2016-17	2017-18	2018-19
Risk Management Case Conferences (RMCC) held	20	16	27
Number of Individuals considered at RMCC	20	16	27

On 31 March 2019 the overall number of Registered Sex Offenders (RSO) subject to MAPPA within the Scottish Borders was 97. 95 were managed at Level 1 and 2 were

Appendix B

managed at Level 2. 32 of the individuals were subject to statutory supervision by Criminal Justice Social Work.

8. REPORT and COMMUNITY JUSTICE DISPOSAL

<i>during the reporting year 01 April - 31 March</i>	2017-18	2018-19
CJSWR Completed	363	345
CPO - Supervision Only	52	39
CPO - Level 1 UPW	77	67
CPO - Level 1 plus Supervision	15	19
CPO - Level 2 UPW	40	41
CPO - Level 2 plus Supervision	40	40
Total CPO issued	224	206
Fiscal Work Orders issued	6	2
Fiscal Work Orders Total Hours	220	70

2018-19 has saw a reduction in the number of Criminal Justice Social Work Reports (CJSWR) completed. In addition to a reduction in the total number of Community Payback Orders (CPO) and Fiscal Work Orders (FWO) that were issued.

The year saw a significant reduction in the total number of FWO Hours issued, 70 hours in 2018-19 compared to 220 in 2017-18. However, if we look at the average number of hours per FWO, it reflects only a slight reduction of 2 hours per Order.

	2017-18	2018-19
Average Fiscal Work Order Hours (per order)	37	35

9. CARE INSPECTORATE

An Inspection of Justice Social Work services was undertaken by the Care Inspectorate between November 2018 and January 2019.

The scope of the inspection covered the following points

- The ability of the justice service to demonstrate improved outcomes for individuals' subject to community payback orders.
- How people subject to community payback orders experience services.
- Key processes linked to community payback orders, including quality of risk and needs assessment, planning and intervention.
- Leadership of criminal justice social work services

A full report on the findings of the inspection was published by the Care Inspectorate in April 2019 and is available on the Care Inspectorate's website.

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 17 December 2019

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

**MONITORING AND FORECAST OF THE HEALTH AND SOCIAL CARE PARTNERSHIP
BUDGET 2019/20 AT 31 OCTOBER 2019**

Purpose of Report:	The purpose of this report is to update the IJB on the forecast year end position of the Health and Social Care Partnership (H&SCP) for 2019/20 based on available information to the 31 st October 2019.
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Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> a) Acknowledge the forecast overspend of (£1.814m) for the Partnership for the year to 31 March 2020 based on available information b) Note the forecast position does not include the additional support requested by the Council of £0.528m as a decision had not been made at the time of submitting this report. c) Note that any expenditure in excess of the delegated budgets in 2019/20 will require to be funded by additional contributions from the partners in line with the approved scheme of integration
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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 2018/19 will be reported to the Integration Joint Board.
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Carers:	N/A
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Equalities:	There are no equalities impacts arising from the report.
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Financial:	<p>No resourcing implications beyond the financial resources identified within the report.</p> <p>The report draws on information provided in finance reports presented to NHS Borders and Scottish Borders Council. Both</p>
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	partner organisations' Finance functions have contributed to its development and will work closely with IJB officers in delivering its outcomes.
Legal:	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
Risk Implications:	To be reviewed in line with agreed risk management strategy. The key risks outlined in the report form part of the draft financial risk register for the partnership.

1 Background

- 1.1 The report relates to the forecast position on both the budget supporting all functions delegated to the partnership (the “delegated budget”) and the budget relating to large-hospital functions retained and set aside for the population of the Scottish Borders (the “set-aside budget”).
- 1.2 The forecast position is based on the most recent available information presented to Scottish Borders Council and the Board of NHS Borders. It highlights the key areas of financial pressure at 31 October 2019 and any actions identified to manage the position to the year end.

2 Overview of Monitoring and Forecast Position at 31 October 2019

- 2.1 An overspend of (£1.814m) is forecast on the budgets delegated by the IJB to the H&SCP for the year to 31 March 2020. The forecast overspend does not reflect the impact of the requested financial support to address pressures within the Social Care services. If approval is given to allocate the additional support of £0.528m the forecast overspend falls to (£1.286m). A breakdown of the forecast position by service within Delegated Function is provided in **Appendix 1**.

Healthcare Functions

- 2.2 The forecast for delegated Healthcare functions is an underspend of £0.132m. This position reflects the allocation £4.095m of Brokerage to the Delegated Functions from the £9.300m received from the Scottish Government and a further allocation of non recurring corporate savings of £2.570m. A more detailed breakdown of Generic Services has been included to facilitate a better understanding of the services driving the forecast position in this area. The forecast underspend comprises a residual balance of (£0.908m) undelivered savings offset primarily by vacancies across Mental Health and Dental services within Generic Other.

Social Care Functions

- 2.3 The delegated Social Care functions are forecasting an overspend of (£0.747m) for the year to 31 March 2020. This position reflects the Chair and Vice Chair’s Action to allocate £0.300m of Transformation funds to address Social Care pressures. It also reflects the virement of additional non recurring funding of £1.496m into the Council H&SC services and the agreement of a range of operational actions to address the pressures.

If the allocation of the requested additional support of £0.528m is agreed by the IJB the forecast overspend will reduce to (£0.219m).

- 2.4 The forecast overspend falls primarily within Older People and Generic services. The pressures on the commissioning budget for Residential and Nursing Care beds, together with lower than anticipated levels of SDS clawback income are driving the Older People's forecast of (£0.685m) over. The Generic Services overspend of (£0.157m) relates to a client transitioning to Adult services who has been placed in a secure unit under an indefinite Sheriff's order. These forecast overspends are offset by significant underspends within the Physical Disabilities service relating to changes in the expected costs of 2 clients.
- 2.5 In response to the forecast overspend the Council has set out a range of actions which form the basis of a Financial Recovery Plan to bring spend back in line with budget by the year end. The decision on the allocation of the additional support requested will impact on the level of overspend the recovery plan will be required to address. These actions are listed below and their impact will be reflected in the monthly monitoring reports to the IJB.
- Refocus on the delivery of planned savings
 - Identifying new and / or accelerating future savings plans
 - Deferring staff recruitment
 - Reducing agency spend
 - Maximising the use of the Block contract
 - Exploring 3rd party charges

Large Hospital Functions Set-Aside

- 2.6 The Set-Aside functions are forecasting an overspend of (£1.199m) for the year to 31 March 2020. This position reflects the allocation £0.933m of Brokerage to the Delegated Functions from the £9.300m received from the Scottish Government and a further allocation of non recurring corporate savings of £0.585m. However undelivered savings of (£0.397m) are a key factor in the reported overspend. The extended use of surge beds beyond last winter in Medicine and Long Term Conditions resulted in an underlying pressure which is now being managed but the earlier impact remains a key driver of the overspend. The use of bank and agency staff to support Nursing and Medical vacancies and sickness absence, and ensure safe rotas across all the Set Aside services are also contributing to the overspend.

3 Savings Summary

- 3.1 The ability of the Partnership to identify robust achievable savings schemes to address the in year and recurring savings targets set is key to delivering a break even year end position. The table below summarises the targets set for 2019/20 and the level of delivery forecast by delegated function.

MONTHLY REVENUE SAVINGS MANAGEMENT REPORT							
Summary		2019/20		At end of Month:		October	
	Savings Target £'000	Non Recurring Support £'000	Revised Target £'000	Delivered To Date £'000	Forecast Delivery £'000	Forecast Under Delivery £'000	Recurring Delivery £'000
Social Care	(2,613)	1,126	(1,487)	607	880	0	607
Healthcare	(9,418)	6,665	(2,753)	485	1,360	(908)	2,278
Large Hospital Functions Set-Aside	(2,145)	1,518	(627)	147	83	(397)	394
Total	(14,176)	9,309	(4,867)	1,239	2,323	(1,305)	3,279



- 3.2 The non recurring support provided by the Council reflects additional funding to support the underdelivery of savings schemes. Within Health the non recurring support reflects the allocation of brokerage and non recurring savings in year.
- 3.3 The forecast delivery identifies a significant number and value of savings schemes that are still to be delivered. Any slippage or underdelivery of these forecast savings will require alternative schemes to be identified and delivered in their place. The H&SC Leadership group will now bring a greater focus to the identification and delivery of recurring savings as part of its monthly meetings.
- 3.4 It is important to note that the Partnership is forecasting recurring delivery of £3.279m of savings at this stage. The savings targets for 2020/21 will be confirmed as part of the Joint Financial Planning process but underdelivery of current year savings will impact on the overall target for 2020/21.

4 Delivering Financial Balance

- 4.1 The forecast overspend of (£1.814m) comprises (£1.199m) within Health and (£0.747m) within Council commissioned services. The Health Board is reporting a balanced year end position overall which confirms that at this point in time an additional allocation can be made to cover the balance within Health services at the year end.
- 4.2 The forecast overspend within the Council services requires further action. The components of a Financial Recovery Plan have been drawn up to address the residual gap within H&SC services commissioned from the Council. If the request for additional support of £0.528m is approved then the overspend will fall substantially.
- 4.3 Should these actions fail to bring the position back into balance the Council will be asked to provide an additional allocation to cover any overspend within their H&SC services at year end.

5 Risk

- 5.1 There is a risk that the operational actions put in place across Older People's and Learning Disabilities services do not result in the savings required. This will increase the requirements on the Recovery Plan.

- 5.2 There is a risk that additional pressures arise over the winter months and the forecast position deteriorates. Further management action will be required to bring spend back in line. Ongoing monitoring reports to the IJB will ensure the Board is aware of any change in the forecast position and able to take any necessary proposed action as early as possible.
- 5.3 There is also a risk that the Recovery Plan actions do not deliver the required reduction in spend. Close monitoring of the financial position will enable alternative proposals to be discussed where necessary. The establishment of weekly monitoring meetings with finance and Social Work services will enable early reporting of progress.
- 5.4 A significant risk exists in relation to the forecast delivery of existing and planned savings schemes. Slippage or non delivery will impact on the in year and recurring financial position of the H&SCP. Progress is monitored through the Turnaround process within NHSB and the weekly service meetings within SBC.

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MONTHLY REVENUE MANAGEMENT REPORT



Summary	2019/20	At end of Month:	October
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	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Requested Support £'000	Variance if Support Agreed £'000
Joint Learning Disability Service	17,852	12,876	22,870	22,907	(37)		(37)
Joint Mental Health Service	16,813	10,636	18,909	18,577	332		332
Joint Alcohol and Drug Service	545	306	655	631	24		24
Older People Service	24,818	9,272	20,663	21,348	(685)	528	(157)
Unidentified savings	(4,714)	0	(2,268)	(1,360)	(908)		(908)
Physical Disability Service	3,457	2,252	3,476	3,342	134		134
Prescribing	22,795	13,842	24,099	24,099	0		0
Generic Services	68,812	41,202	75,924	75,399	525		525
Large Hospital Functions Set-Aside	22,514	14,996	24,436	25,636	(1,199)		(1,199)
Total	172,892	105,382	188,764	190,579	(1,814)	528	(1,286)

MONTHLY REVENUE MANAGEMENT REPORT



Delegated Budget Healthcare Functions **2019/20** **At end of Month:** **October**

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	3,551	2,574	4,080	4,075	5	
Joint Mental Health Service	14,774	9,316	16,755	16,402	353	
Joint Alcohol and Drug Service	369	263	479	479	0	
Prescribing	22,795	13,842	24,099	24,099	0	
Unidentified savings	(4,714)	0	(8,933)	(1,360)	(7,573)	
Allocated Non Recurring Savings Projects	0	0	2,570		2,570	
Allocated Brokerage	0	0	4,095		4,095	
Generic Services	64,525					
Independent Contractors		17,642	29,738	29,738	0	
Community Hospitals		3,141	5,337	5,327	10	
Allied Health Professionals		3,484	6,195	6,080	115	
District Nursing		2,133	3,510	3,742	(232)	
Generic Other		12,565	25,098	24,309	789	
Total	101,300	64,960	113,022	112,890	132	

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 17th DECEMBER 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, DECEMBER 2019
(LATEST AVAILABLE DATA AT END SEPTEMBER 2019)**

Purpose of Report:	To provide a high level summary of quarterly performance for Integration Joint Board (IJB) members, using latest available data. The report focuses on demonstrating progress towards the Health and Social Care Partnership's Strategic Objectives
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Recommendations:	Health & Social Care Integration Joint Board is asked to: <ul style="list-style-type: none"> a) Note and approve any changes made to performance reporting. b) Note the key challenges highlighted. c) Direct actions to address challenges and to mitigate risk
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Personnel:	<i>n/a</i>
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Carers:	<i>n/a</i>
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Equalities:	A comprehensive Equality Impact Assessment was completed as part of the strategic planning process. Performance information supports the strategic plan.
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Financial:	<i>n/a</i>
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Legal:	<i>n/a</i>
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Risk Implications:	<i>n/a</i>
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1. Background

- 1.1 The Integration Performance Group (IPG) established a set of high level Key performance indicators (KPI) for quarterly reporting to Integration Joint Board (IJB). The KPIs are aligned under the three Health and Social Care Strategic Plan 2018-2021 strategic objectives, summarised below as:
- *Objective 1:* keeping people healthy and out of hospital
 - *Objective 2:* ensuring people only stay in hospital for as long as required
 - *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 The IPG will endeavour to present the latest available data. For some measures, there may be a significant lag whilst data is validated and released publicly, which increases robustness and allows for national comparison. 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.

Note: As per the paragraph above, 4 of the measures contained in this report are awaiting data updates, however it is hoped that updated data will be released prior to the IJB meeting. The measures requiring update are:

- Emergency Admissions [Latest (Q4 18/19) = 27.4 admissions per 1,000 pop.]
- % £ spent on emergency hospital stays [Latest (Q4 18/19) = 21.3%]
- Emergency readmissions within 28 days [Latest (Q4 18/19) = 10.8%]
- Proportion of last 6 months of life spent at home or in a community setting [Latest Q4 18/19 = 86.2%]

- 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. Performance and risk are very closely linked.
- 1.6 Two appendices are provided with this report:

Appendix 1 provides a high level, “at a glance” summary for EMT, IJB and the public.

Appendix 2 provides further details for each of the measures including more information on performance trends and analysis.

2. Summary of Performance

- 2.1 The rate of **emergency hospital admissions (all ages)**, shows an improvement (i.e.) a slight decrease over the last 4 quarters (from 28.3 to 27.4 per 1,000 population); performance is very close to target (27.5) and slightly better than the Scotland average of 27.8. The admission rate specifically for **over 75 years** is showing improving performance over the last 4 quarters (89.2 to 83.3 per 1,000 population); is better than the Scotland average (94.0) and is ahead of target (90.0). This suggests that action being taken to reduce emergency hospital admissions is having a positive impact.
- 2.2 Borders has been demonstrating good performance in regard to **A&E waiting times**, over recent reporting periods, but performance has slipped in this latest reporting period. Data shows that 92.2% of A&E patients are seen within 4 hours. This is below our target of 95%, and is only slightly better than the latest Scotland average (92%). Average **A&E attendances** has not changed significantly over the last 4 reporting periods (65.6 to 66.3 per 1,000 population, therefore there may be other factors impacting on A&E waiting times.
- 2.3 The **balance of spend on emergency hospital stays** remains positive - with 21.3% of health and care resource spent on hospital stays where the patient was admitted as an emergency (persons aged 18+). As stated in section 1.3 of this report, this figure requires updating.
- 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 over the last 4 quarters (1,032 to 824 per 1,000 population); is better than the Scotland average (1,141) and better than target (965).
- 2.5 With regard to delayed discharge, the **'snapshot' data performance** (taken on one day each month) is positive, with 21 delayed discharges recorded. This demonstrates a positive performance trend over the last 4 months (26 to 21) and is better than our target of 23. The quarterly **rate of bed days associated with delayed discharges (75+)** is also showing a positive trend over its last 4 quarters (171 to 164), is better than the Scotland average (191 – 2017/18 Scotland average) and better than our local target of 180 Bed Days per 1,000 of the population Aged 75+.
- 2.6 The **% of patients satisfied** with care, staff & information in BGH and Community hospitals remains positive and the combined satisfaction rate remains high at 96.6%. The data is taken from questions asked in the *"2 minutes of your time"* survey done at BGH and community hospitals. One question area where we generally score lower (although still close to 95%), is *"Did the patient always have the information and support needed to make decisions about their care or treatment"*. This is potentially somewhere that improvements could be sought.
- 2.7 Our performance for the **Quarterly rate of emergency readmissions within 28 days of discharge** for Scottish Borders residents had been declining, peaking at a high of 11.4% readmission rate in Q3 2018/19. The latest figure of 10.8% shows improvement and suggests that projects such as Hospital to Home are having a positive impact. However, performance continues to be worse than Scotland average (10.3, Q4 2018/19) and worse than our local target (10.5). Continued action is

required to ensure that our emergency readmission performance continues to improve.

- 2.8 The data in relation to **end of life care** demonstrates a positive trend over the last 4 quarters (85.6% to 86.2%), but the reality is that the measure has remained relatively static (always generally between 86% and 88%). We are currently below our local target (87.5%) and worse than Scotland (87.9% - 2017/18 average).
- 2.9 A meeting was held with the Borders Carers Centre in October 2019 to discuss their KPIs, including suggestions for updated or new measures to help demonstrate the positive outcomes that the Carers Centre delivers. The outcome of the meeting was agreement that the measures currently being used are the most appropriate at this time. The % of **Carer Support Plans** completed performance of 49% is positive and is above our 40% target.
- 2.10 Similarly, the **outcomes for carers** indicators remain positive. This suite of indicators looks at the positive outcome change between baseline assessment and subsequent review.



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 DECEMBER 2019

This report provides an overview of quarterly performance under the 3 Strategic Objectives within the Health & Social Care Partnership Strategic Plan, with **latest available data at the end of September 2019**. Annual performance is included in our latest [Annual Performance Report 2018/19](#)

<ul style="list-style-type: none"> +ve trend over 4 reporting periods compares well to Scotland average compares well against local target 	<ul style="list-style-type: none"> trend over 4 reporting periods comparison to Scotland average comparison against local target 	<ul style="list-style-type: none"> -ve trend over 4 reporting periods compares poorly to Scotland average compares poorly to local target
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KEY

HOW ARE WE DOING?

OBJECTIVE 1

We will improve health of the population and reduce the number of hospital admissions.

<p>EMERGENCY HOSPITAL ADMISSIONS (BORDERS RESIDENTS, ALL AGES)</p> <p>27.4 admissions per 1,000 population</p> <p>(Q4 - 2018/19)</p> <p>+ve trend over 4 periods Better than Scotland (27.8 - Q4 2018/19) Very close to target (27.5)</p>	<p>EMERGENCY HOSPITAL ADMISSIONS (BORDERS RESIDENTS AGE 75+)</p> <p>83.3 admissions per 1,000 population Age 75+</p> <p>(Q1 - 2019/20)</p> <p>+ve trend over 4 periods Better than Scotland (94.0 - Q3 2018/19) Better than target (90.0)</p>	<p>ATTENDANCES AT A&E</p> <p>66.3 attendances per 1,000 population</p> <p>(Q1 - 2019/20)</p> <p>-ve trend over 4 periods Better than Scotland (74.18 - Q1 2019/20) Better than target (70)</p>	<p>£ ON EMERGENCY HOSPITAL STAYS</p> <p>21.3% of total health and care resource, for those Age 18+ was spent on emergency hospital stays</p> <p>(Q4 - 2018/19)</p> <p>+ve trend over 4 periods Better than Scotland (24.3% - 2018/19) Better than target (21.5%)</p>
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Main Challenges

The rate of emergency admissions over the long-term (3 year period) is positive. Quarterly performance does fluctuate but generally speaking we are performing well against our locally set targets and performing well in comparison to Scotland. The number of A&E attendances generally fluctuates between 7,000-8,000 attendances per quarter (which is equivalent to approx. 60-70 per 1,000 population per quarter). This is better than the Scotland average and better than our local target, but the trend over the last 4 quarters has crept up slightly. 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 time. As with all Health and Social Care Partnerships, we are expected to minimise the proportion of spend attributed to unscheduled stays in hospital.

Objective 1: Our plans for 2019/20

We will develop local "Wellness Centres", expanding the use of community hubs and drop-in centres to create 'one-stop shops' ideally covering both social care and a range of clinical needs. Through the development of single assessment and review, we will look to remove duplicate care assessments, develop more flexibility in regard to which professionals undertake assessments and increase Social Worker and Occupational Therapist involvement at daily ward rounds. We will introduce multi-disciplinary teams across the localities to triage individuals within the community to ensure that they can access services and receive appropriate Health & Social Care interventions ahead of any acute provision they may require.



OBJECTIVE 2

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

A&E WAITING TIMES (TARGET = 95%) 92.2% of people seen within 4 hours (Sept 2019)	RATE OF OCCUPIED BED DAYS* FOR EMERGENCY ADMISSIONS (AGES 75+) 824 bed days per 1000 population Age 75+ (Q1 – 2019/20)	NUMBER OF DELAYED DISCHARGES ("SNAPSHOT" TAKEN 1 DAY EACH MONTH) 21 over 72 hours (Aug 2019)	RATE OF BED DAYS ASSOCIATED WITH DELAYED DISCHARGE 164 bed days per 1000 population Age 75+ (Q1 – 2019/20)	"TWO MINUTES OF YOUR TIME" SURVEY – CONDUCTED AT BGH AND COMMUNITY HOSPITALS 96.6% overall satisfaction rate (Q1 – 2019/20)
-ve trend over 4 periods Better than Scotland (92.0% - Mar 2019) Worse than target (95%)	+ve trend over 4 periods Better than Scotland (1141 Q3 2018/19) Better than target (min 10% better than Scottish average)	+ve trend over 4 periods Better than target (23)	+ve trend over 4 periods Better than Scotland (191 - 17/18 average) Better than target (180)	+ve trend over 4 periods 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 last number of reporting periods, A&E waiting time performance has been positive, with approx. 95% of patients being seen within 4hrs. The latest (Sept 2019) figure is below 95%, which is below our target and close to the Scotland average. The underlying reasons for this need to be established. 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 in regard to 'snapshot' data, but performance is positive and a target to reduce delayed discharges by 30% in 2019/20 has been set by the Health & Social Care Partnership. The percentage of patients satisfied with care, staff & information in BGH and Community Hospitals remains positive.

Objective 2: Our plans for 2019/20

We will continue to work across the HSC Partnership and Public Health to initiate a number of events, campaigns and communications promoting personal responsibility and encouraging Borderers to be healthy in areas such as diet, exercise and mental health. We will introduce a new Discharge Hub to deliver a more consistent approach to managing people's progress through Hospital, and we will improve out-of-hours provision across a number of services. We will look at ways to promote a career in care, make greater use of community pharmacies and engage with local communities regarding what services the HSC Partnership can and cannot provide. We will further develop community capacity and we will examine the bed-base mix across the care estate including the usage, role & function of Community Hospital beds.

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) 10.8 per 100 discharges from hospital were re-admitted within 28 days (Q4 – 2018/19)	END OF LIFE CARE 86.2% of people's last 6 months was spend at home or in a community setting (Q4 – 2018/19)	CARERS SUPPORT PLANS COMPLETED 49% of carer support plans offered that have been taken up and completed in the last quarter (Q2 – 2019/20)	SUPPORT FOR CARERS: change between baseline assessment and review. Improvements in self-assessment Health and well-being Managing the caring role Feeling valued Planning for the future Finance & benefits (Q4 – 2018/19)
-ve trend over 4 Qtrs Worse than Scotland (10.3 – Q4 2018/19) Worse than target (10.5)	+ve trend over 4 Qtrs Worse than Scotland (87.9% - 17/18) Worse than target (87.5%)	+ve trend over 4 Qtrs Better than target (40%)	+ve impact No Scotland comparison No local target

Main Challenges

The quarterly rate of emergency readmissions within 28 days of discharge (all ages) peaked at 11.4% in Q3 2018/19, increasing from a low of 10.0% in 2016/17. The measure is improving – initiatives such as Hospital to Home are impacting on readmission rates – but the latest performance result is still worse than the Scottish average and below target for this measure. Borders data in relation to end of life care shows relatively static performance. The latest available data for Carers demonstrates positive outcomes as a result of completed Carer Support Plans.

Objective 3: Our plans for 2019/20

We will improve signposting and support for unpaid and paid carers and expand the reablement functions we offer. We will continue to utilise Technology Enabled Care (TEC) products across the partnership and promote the use of TEC with professionals and the public. We will follow up our June 2019 'TEC Fest' event with another event planned for December 2019. TEC can play an important role in supporting individuals with complex needs, so that they can better manage their conditions and lead healthy, active and independent lives for as long as possible and give everyone greater choice and control over their care.



Scottish Borders
Health and Social Care
PARTNERSHIP

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

SUMMARY OF PERFORMANCE:
LATEST AVAILABLE DATA AT END SEPTEMBER 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

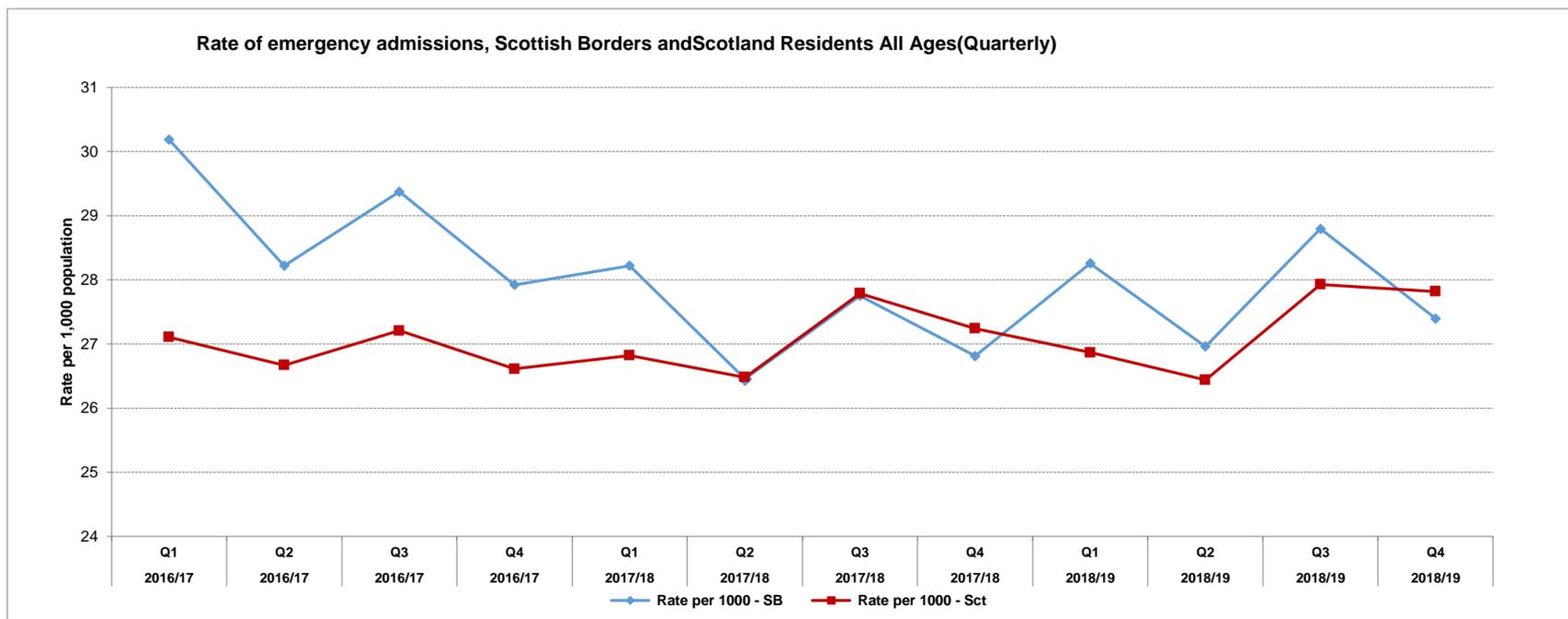
Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

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)

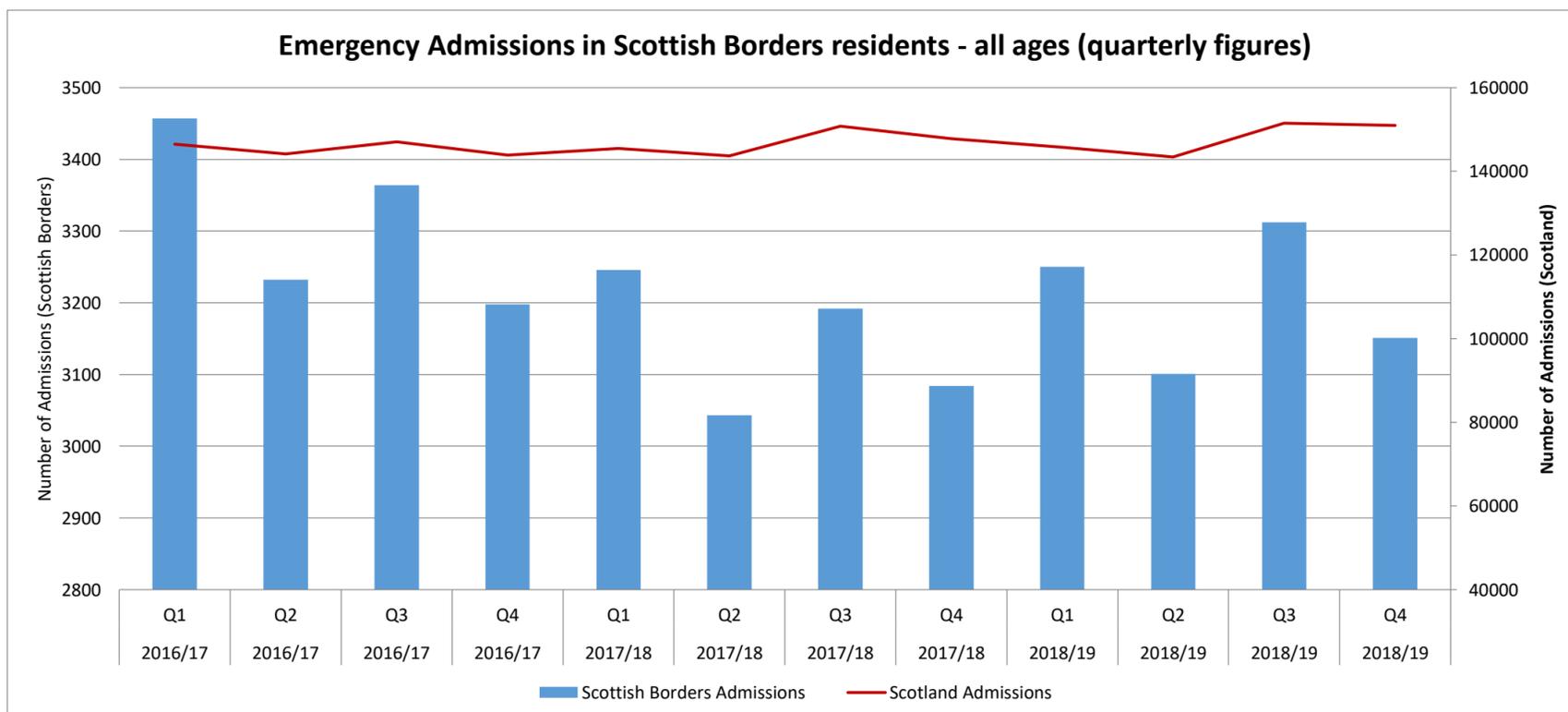
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
Scottish Borders - Rate of Emergency Admissions per 1,000 population All Ages	30.2	28.2	29.4	27.9	28.2	26.5	27.8	26.8	28.3	27.0	28.8	27.4
Scotland - Rate of Emergency Admissions 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	27.9	27.8



Number of 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	Q4 2018/19
Number Scottish Borders Emergency Admissions - All Ages	3,457	3,232	3,364	3,198	3,246	3,043	3,192	3,084	3,250	3,101	3,312	3,151
Number 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	151,497	150,915



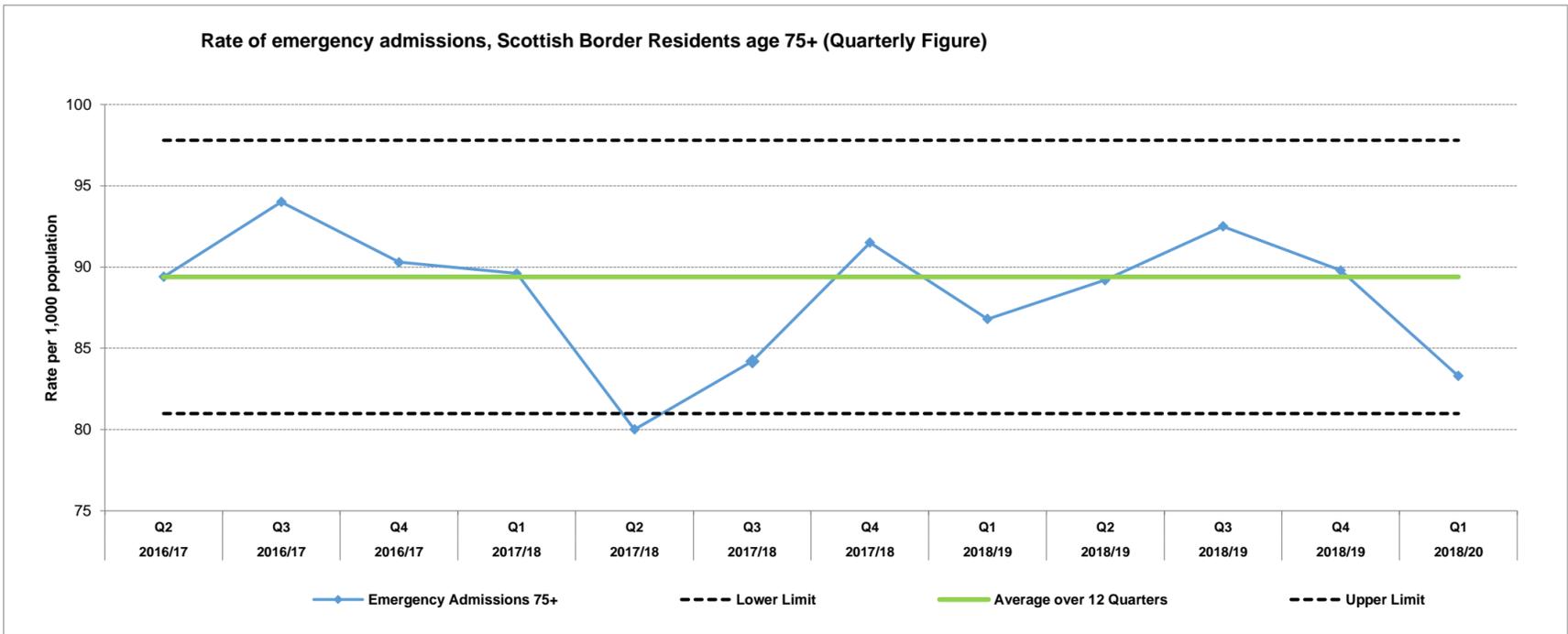
How are we performing?

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 27.4 by the end of the fourth quarter of 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 throughout 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 2018/19 are published for Scotland, we will be able to show the Scotland comparators in these performance reports. **Please note, Q1 2019/20 data is affected by completeness (97% complete) and therefore is not reported.**

Emergency Admissions, Scottish Borders residents age 75+

Source: NSS Discovery

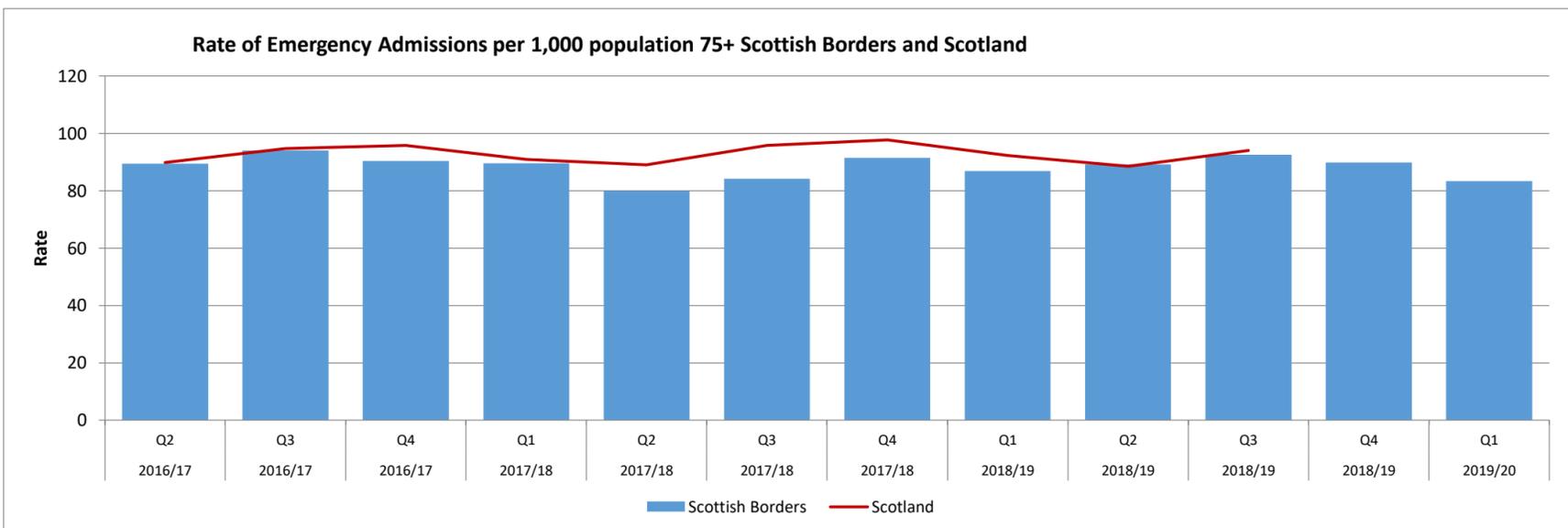
	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20
Number of Emergency Admissions, 75+	1,054	1,107	1,065	1,074	959	1,009	1,096	1,040	1,069	1,108	1,076	1,020
Rate of Emergency Admissions per 1,000 population 75+	89.4	94.0	90.4	89.6	80.0	84.2	91.5	86.8	89.2	92.5	89.8	83.3



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

Source: NSS Discovery

	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	Q4 2018/19	Q1 2019/20
Rate of Emergency Admissions per 1,000 population 75+ Scottish Borders	89.4	94.0	90.3	89.6	80.0	84.2	91.5	86.8	89.2	92.5	89.8	83.3
Rate of Emergency Admissions per 1,000 population 75+ Scotland	89.8	94.7	95.8	90.9	89.1	95.8	97.7	92.2	88.5	94.0	-	-



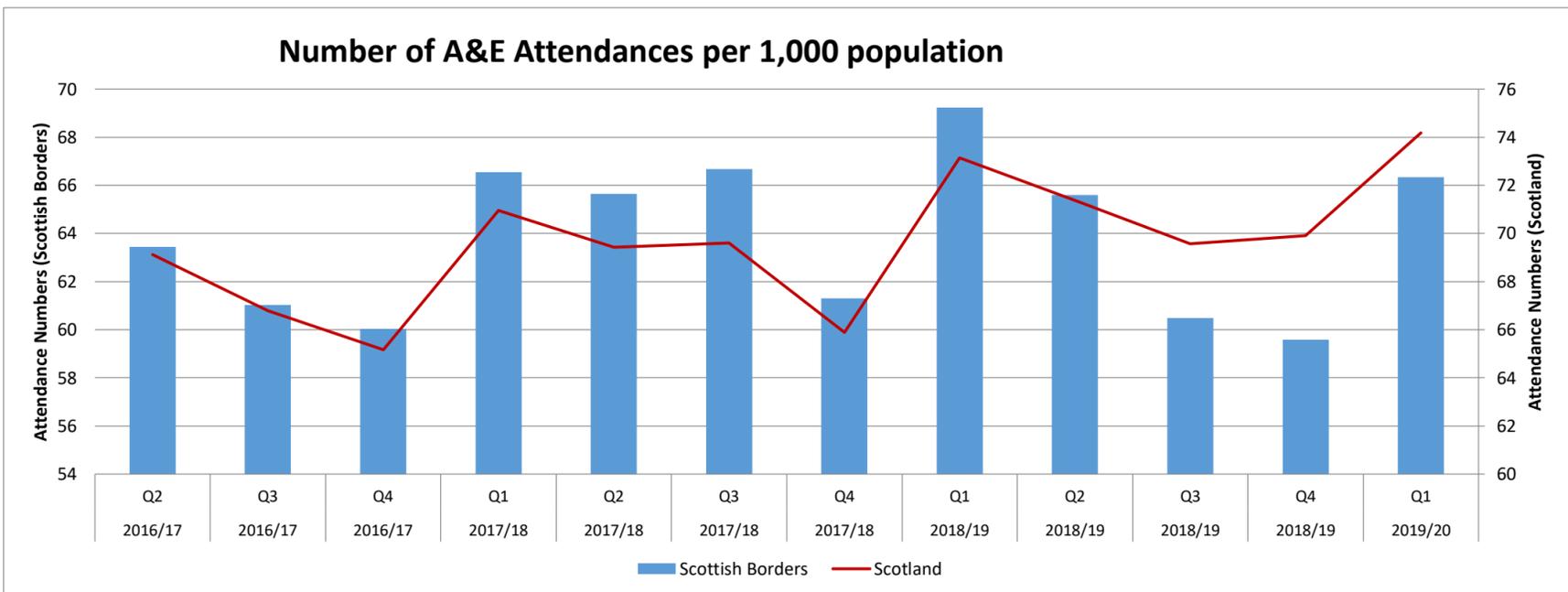
How are we performing?

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 generally 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 per 1,000 population

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

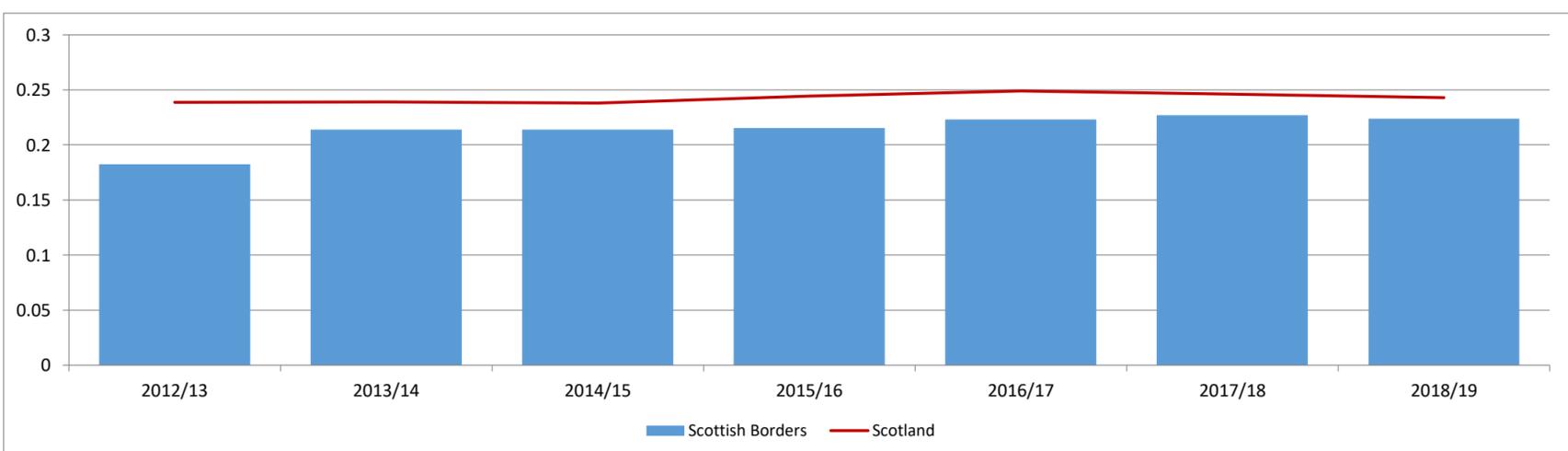
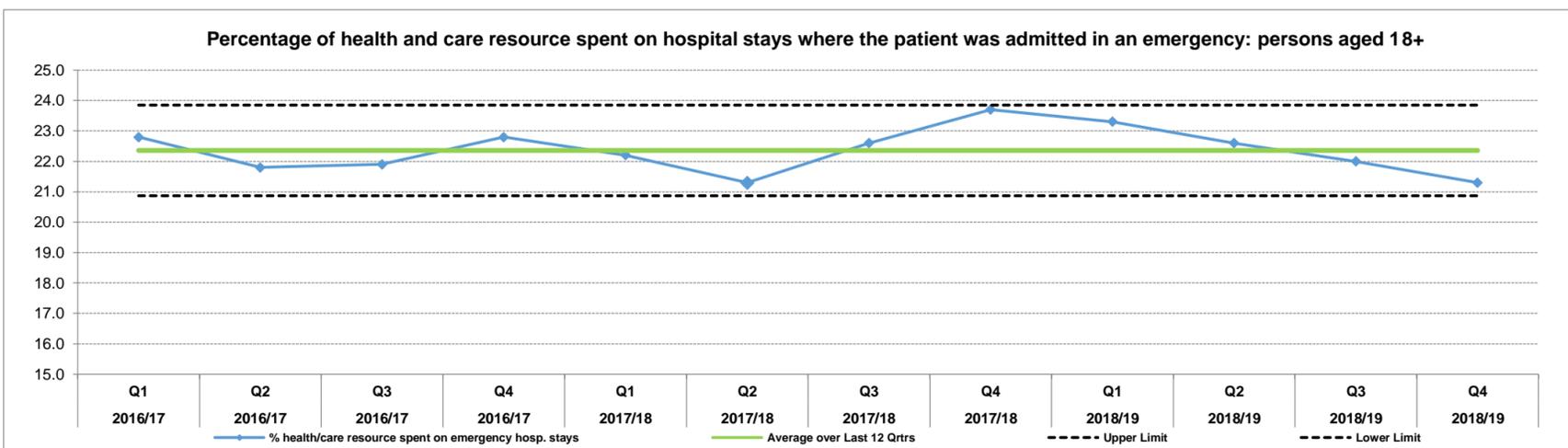
	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20
Rate of Attendances, Scottish Borders	63.44	61.02	60.04	66.55	65.64	66.68	61.30	69.23	65.60	60.49	59.59	66.34
Rate of Attendances, Scotland	69.12	66.79	65.17	70.95	69.43	69.60	65.88	73.14	71.38	69.58	69.91	74.18



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	Q4 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	23.3	22.6	22.0	21.3



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 decrease over 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.

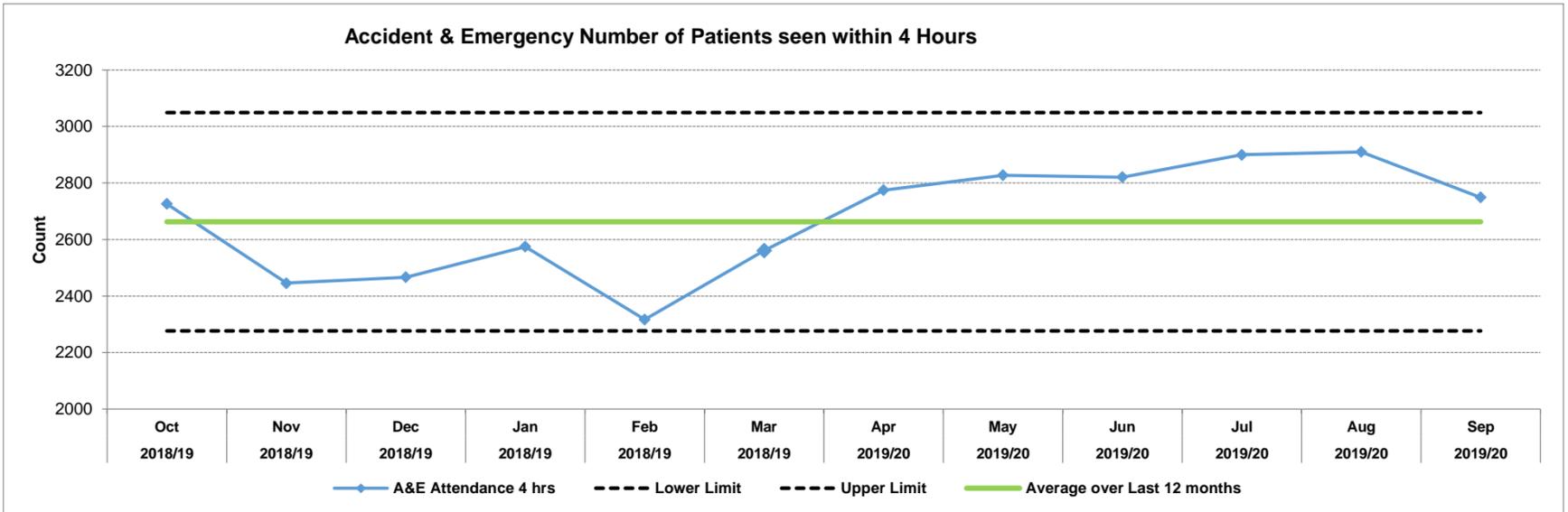
* Q1 of 2019/20 affected by completeness (97% complete) and will be refreshed in future reports.

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

Accident and Emergency attendances seen within 4 hours- Scottish Borders

Source: NHS Borders Trakcare system

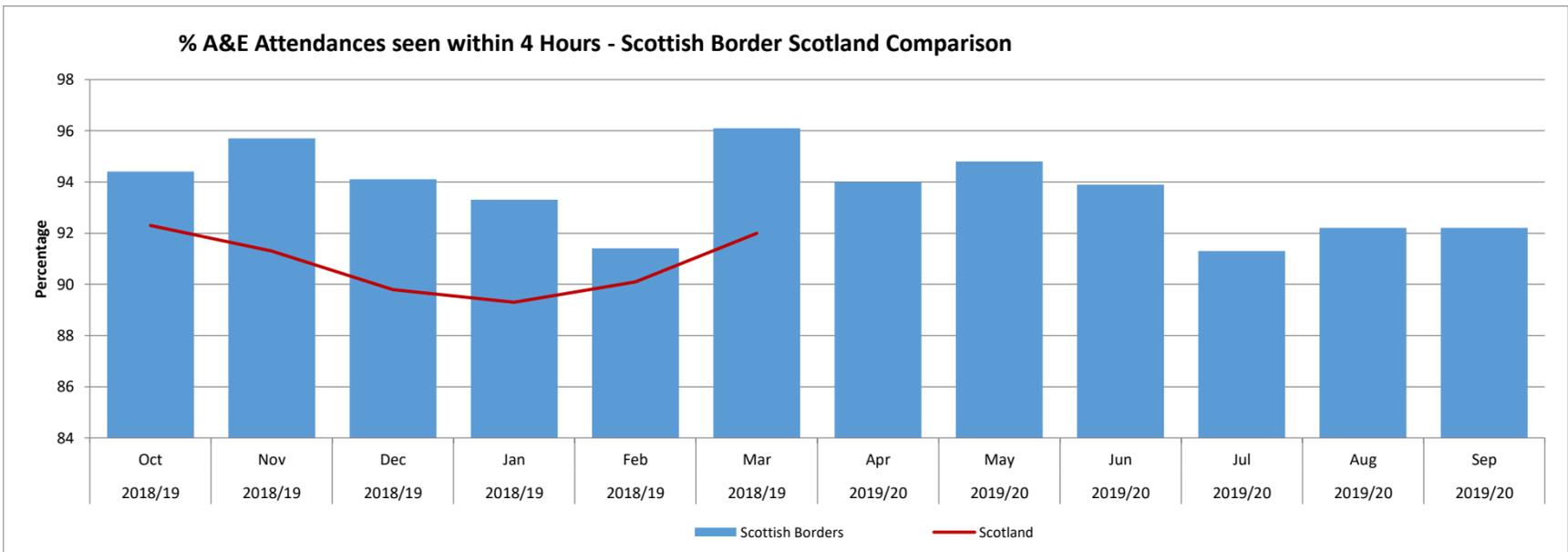
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Number of A&E Attendances seen within 4 hours	2726	2446	2467	2575	2317	2561	2775	2828	2821	2900	2910	2749



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

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

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
% A&E Attendances seen within 4 hour Scottish Borders	94.4	95.7	94.1	93.3	91.4	96.1	94.0	94.8	93.9	91.3	92.2	92.2
% A&E Attendances seen within 4 hour Scotland	92.3	91.3	89.8	89.3	90.1	92.0	-	-	-	-	-	-



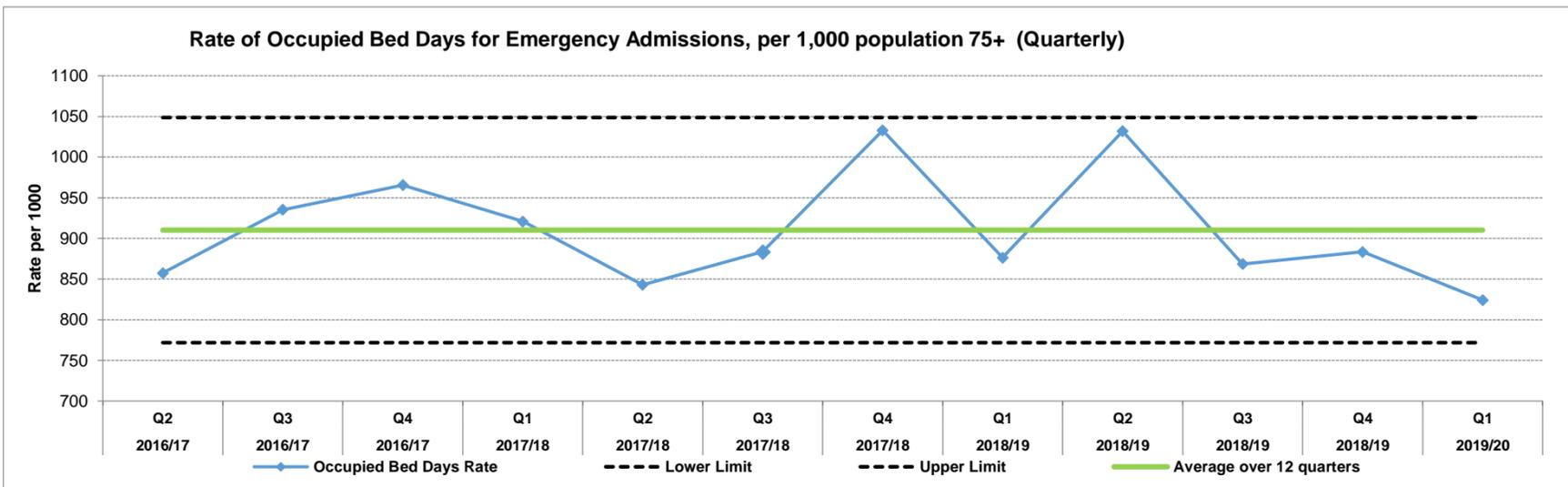
How are we performing?

Patients attending A&E and the Acute Assessment Unit (AAU) are routinely discharged within 4 hours. NHS Borders is working towards consistently achieving the 98% local stretch standard. The 95% standard has been achieved three times in the last Financial Year (2018/19), once in September 18, November 18 and again in March 19. One of the main causes of breaches has been delays waiting for bed availability, which reflects ongoing challenges in the discharge of complex patients. Scottish Borders consistently performs better than the Scottish average.

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

Source: NSS Discovery

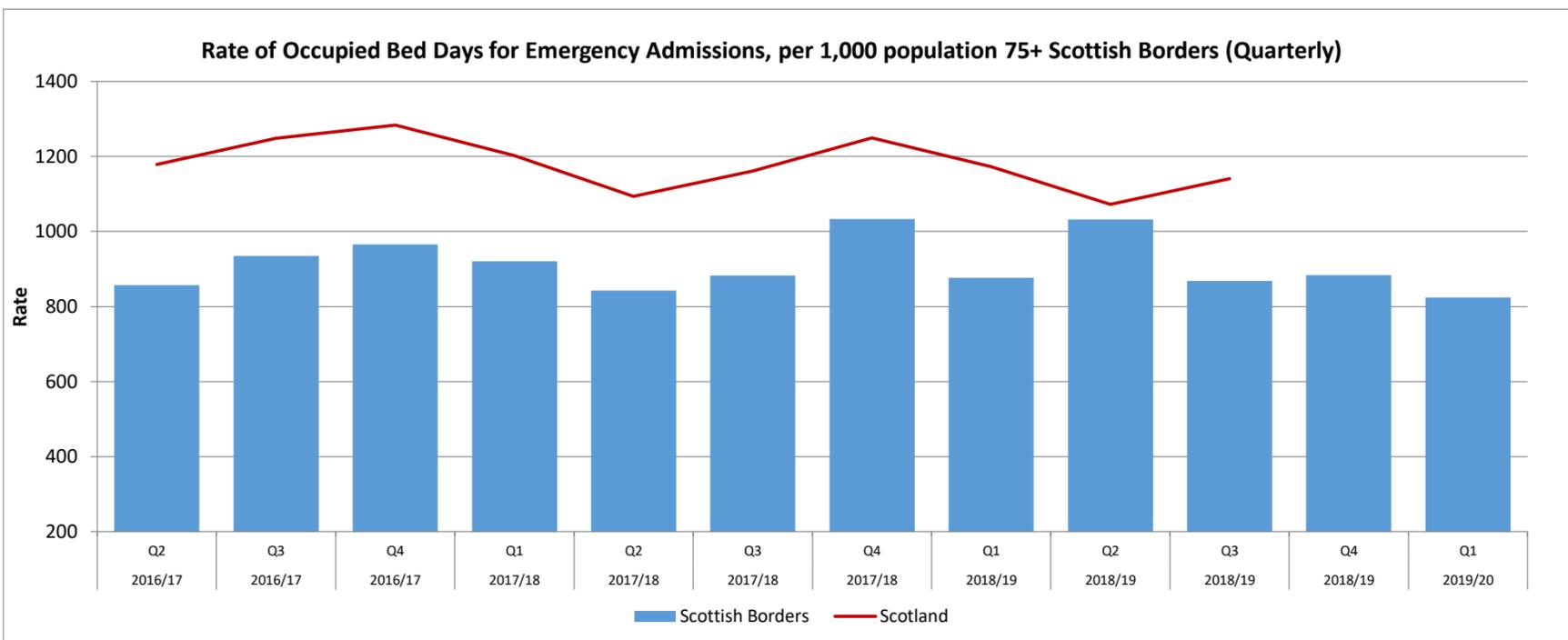
	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20
Number of Occupied Bed Days for emergency Admissions, 75+	10109	11028	11387	11035	10103	10582	12377	10523	12356	10407	10587	10089
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+	857	935	966	921	843	883	1033	876	1032	868	883	824



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

Source: NSS Discovery

	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	Q4 2018/19	Q1 2019/20
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scottish Borders	857	935	966	921	843	883	1033	876	1032	868	883	824
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scotland	1178	1248	1284	1203	1094	1161	1250	1172	1072	1141	-	-



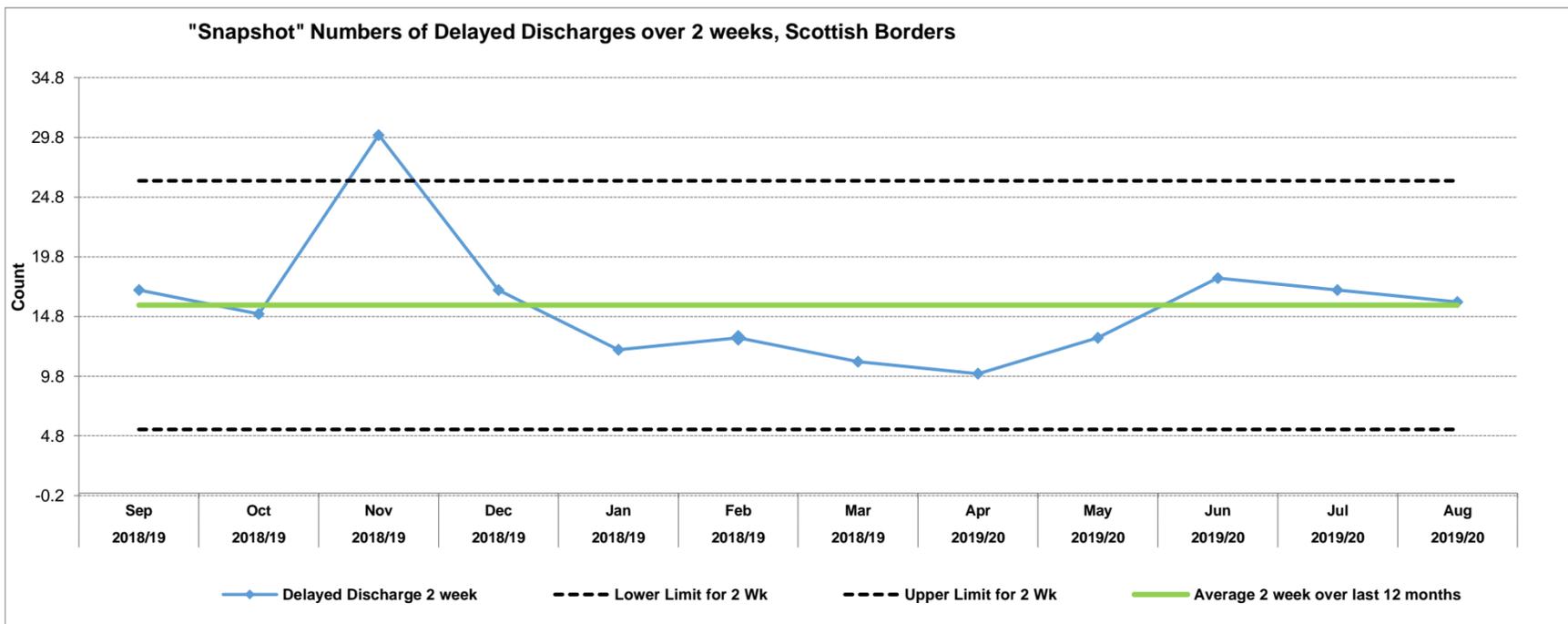
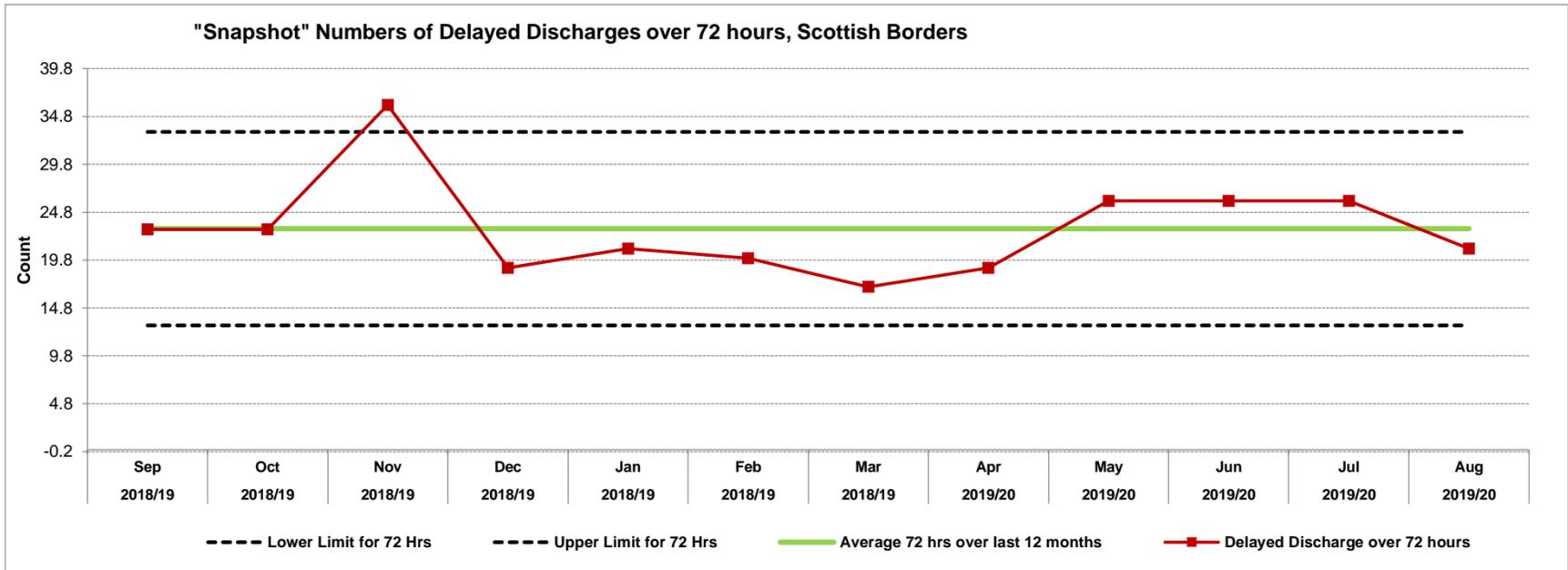
How are we performing?

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. With this in mind, the Scotland average has improved in quarter two of 2018/19, bringing it closer in line with Scottish Borders.

Delayed Discharges (DDs)

Source: EDISON/NHS Borders Trakcare system

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Number of DDs over 2 weeks	17	15	30	17	12	13	11	10	13	18	17	16
Number of DDs over 72 hours	23	23	36	19	21	20	17	19	26	26	26	21



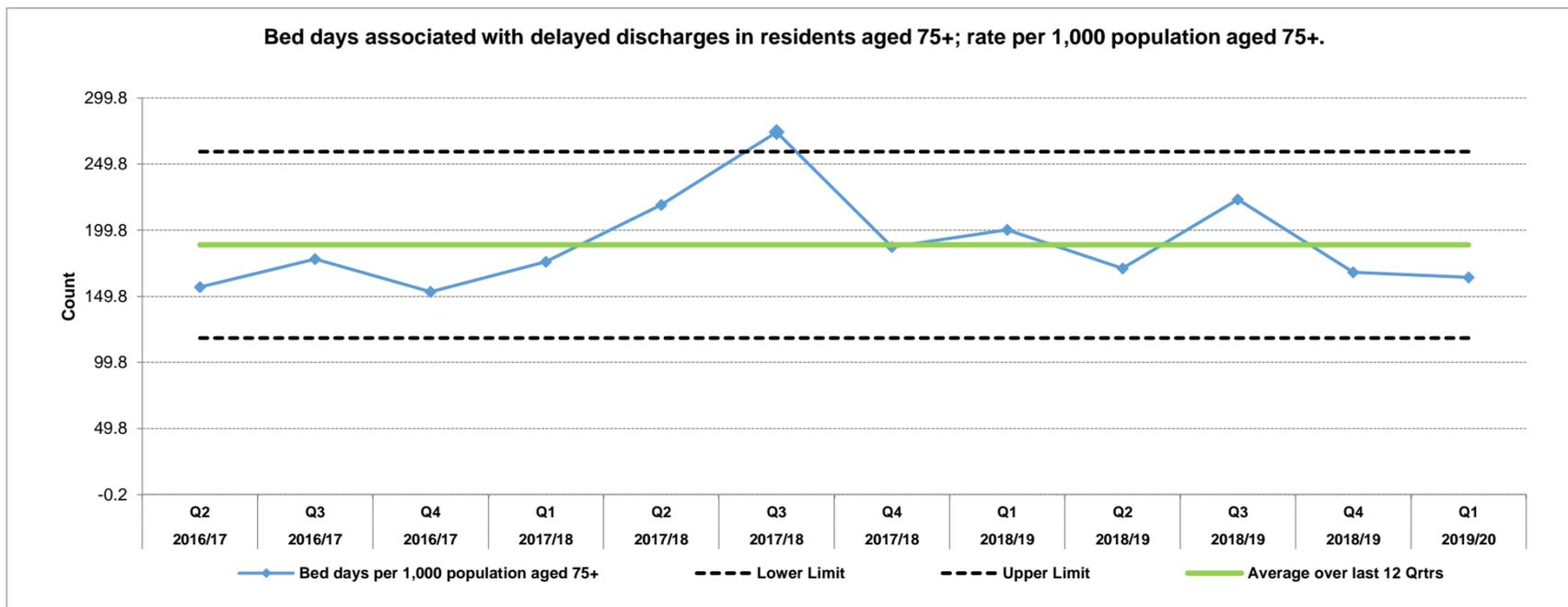
Please note the Delayed Discharge over 72 hours measurement has been implemented from April 2016.

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

	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	Q4 2018/19	Q1 2019/20
Bed days per 1,000 population aged 75+	157	178	153	176	219	274	187	200	171	223	171	164



How are we performing?

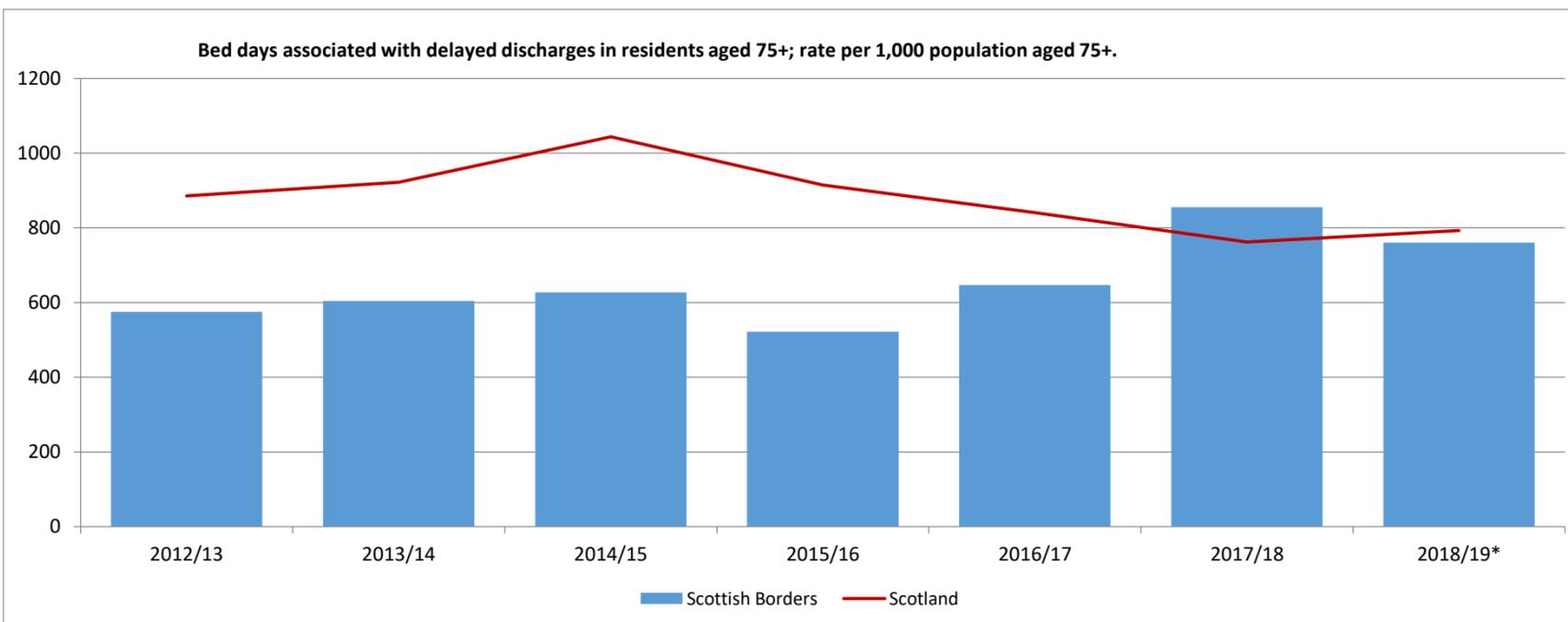
The rate of bed days associated with delayed discharges (75+) for quarter 3 of 2017/18 was higher than any previous quarter, increasing to over 200 per 1,000 residents for the first time. Quarter 3 for 18/19 had a similar spike to the same period the previous year, seeing the 2nd highest rate over the 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 Community Hospitals.

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

Source: Core Suite Indicator workbooks

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19*
Scottish Borders	604	628	522	647	855	761
Scotland	922	1044	915	841	762	793



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. This has reduced in 2018/19's provisional figure.

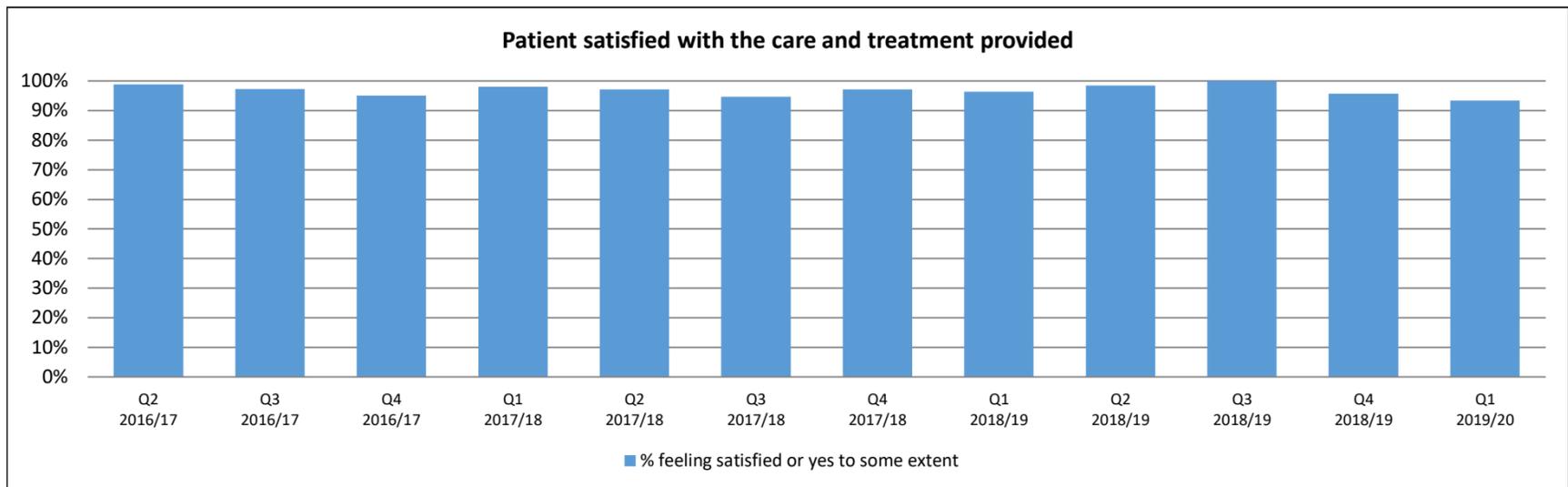
*Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account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

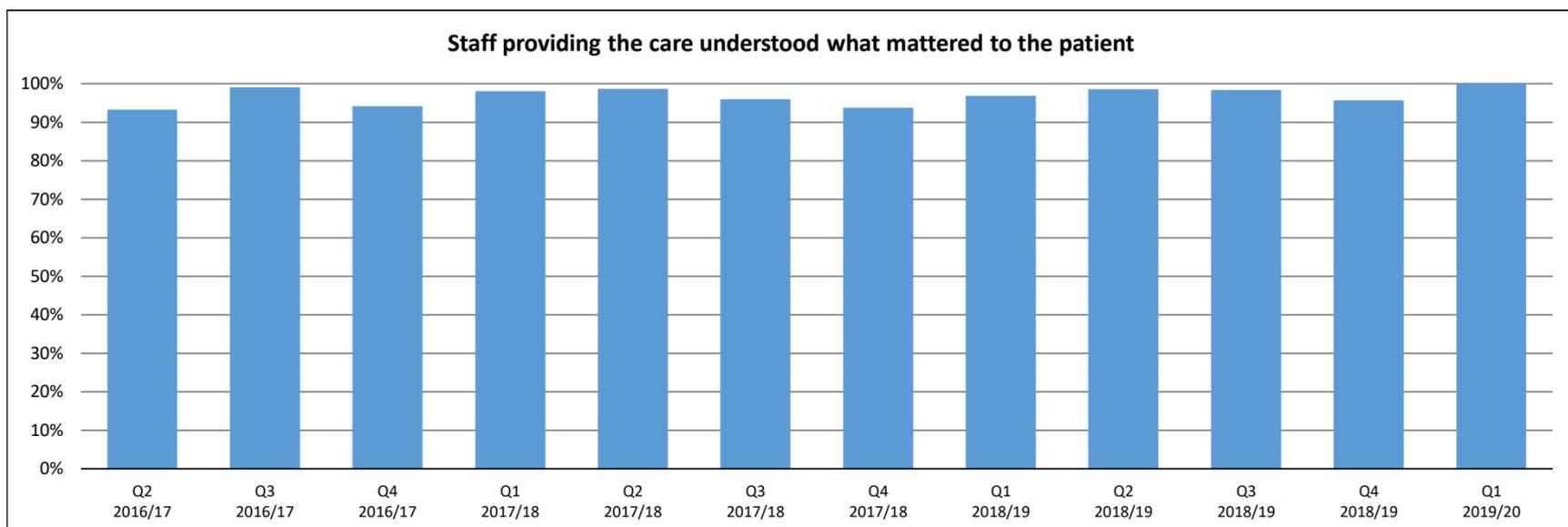
Q1 Was the patient satisfied with the care and treatment provided?

	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	Q4 2018/19	Q1 2019/20
Patients feeling satisfied or yes to some extent	160	105	116	105	206	141	135	156	135	117	108	99
% feeling satisfied or yes to some extent	98.8%	97.2%	95.1%	98.1%	97.2%	94.6%	97.1%	96.3%	98.5%	100.0%	95.7%	93.4%



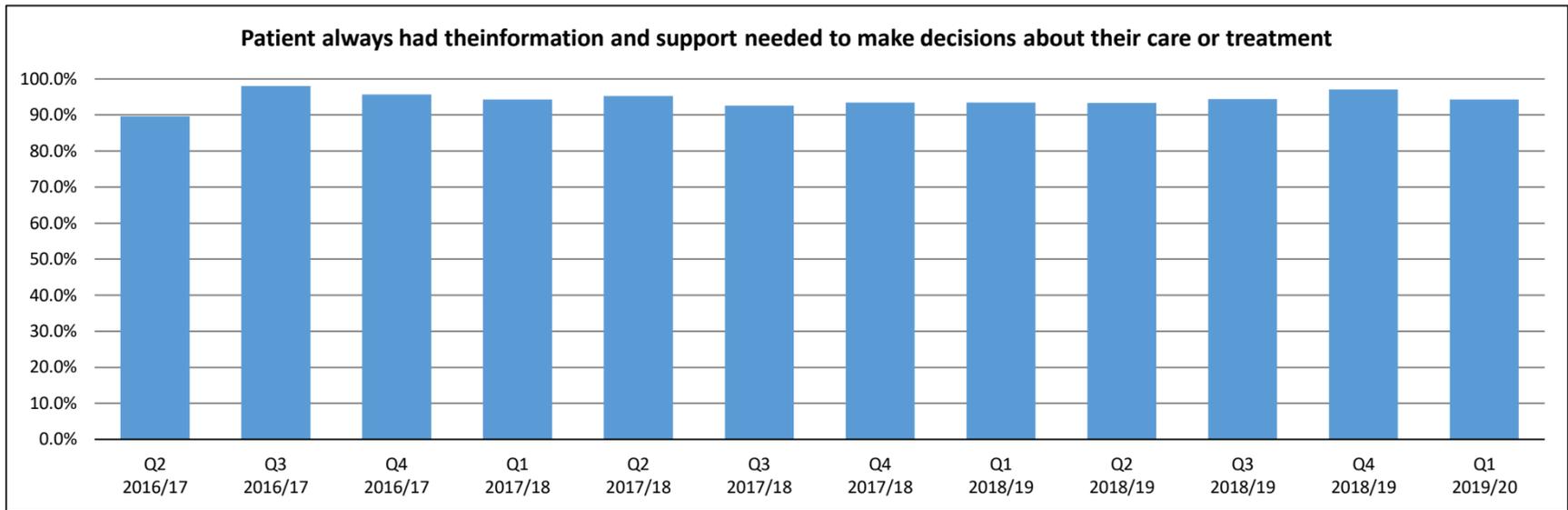
Q2 Did the staff providing the care understand what mattered to the patient?

	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	Q4 2018/19	Q1 2019/20
Staff providing the care understood what mattered to the patient, or yes to some extent	151	106	113	105	213	144	135	158	136	119	110	106
% understood what mattered or yes to some extent	93.2%	99.1%	94.2%	98.1%	98.6%	96.0%	93.8%	96.9%	98.6%	98.3%	95.7%	100.0%



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

	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	Q4 2018/19	Q1 2019/20
Patients always had the information and support needed to make decisions about their care or treatment, or yes to some extent	147	101	111	99	200	137	129	141	125	101	102	100
% always had information or support, or yes to some extent	89.6%	98.1%	95.7%	94.3%	95.2%	92.6%	93.5%	93.4%	93.3%	94.4%	97.1%	94.3%



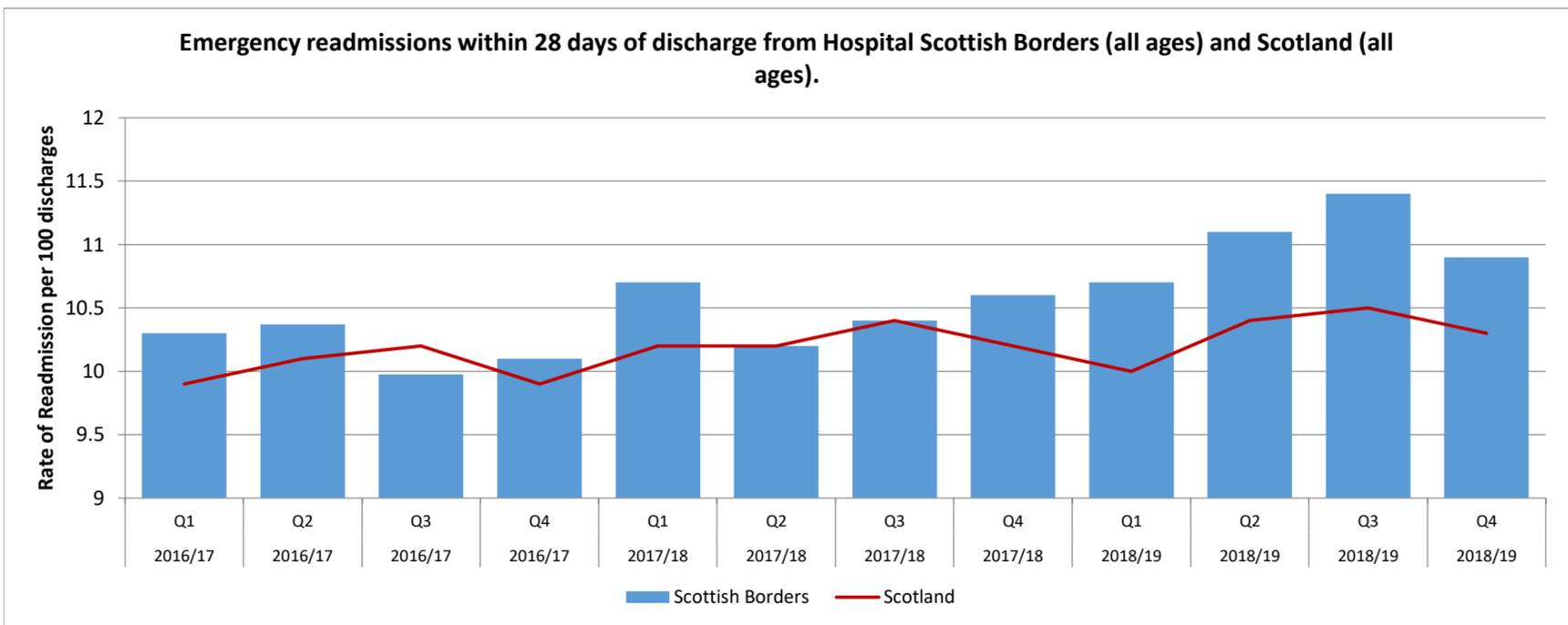
How are we performing?

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

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)

	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	Q4 2018/19
28-day readmission rate Scottish Borders (per 100 discharges)	10.3	10.4	10.0	10.1	10.7	10.2	10.4	10.6	10.7	11.1	11.4	10.8
28-day readmission rate Scotland (per 100 discharges)	9.9	10.1	10.2	9.9	10.2	10.2	10.4	10.2	10.0	10.4	10.5	10.3



How are we performing?

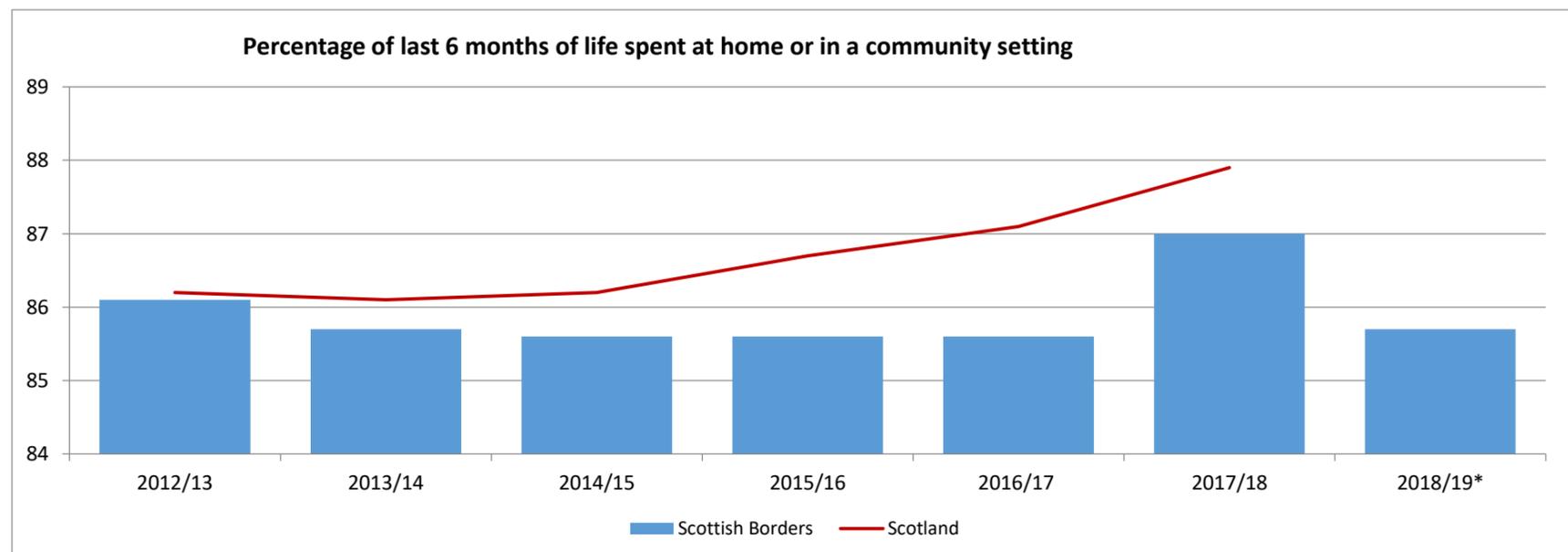
The quarterly rate of emergency readmissions within 28 days of discharge for Scottish Borders residents has fluctuated since the start of the 2016/17 financial year, but has generally remained under 10.6 readmissions per 100 discharges. There has been a notable increase in readmissions within 28 days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

The Borders rate has usually been higher than the Scottish average and this trend continues. **Data for Q1 is incomplete and therefore has not been provided.**

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

Source: Core Suite Indicator workbooks

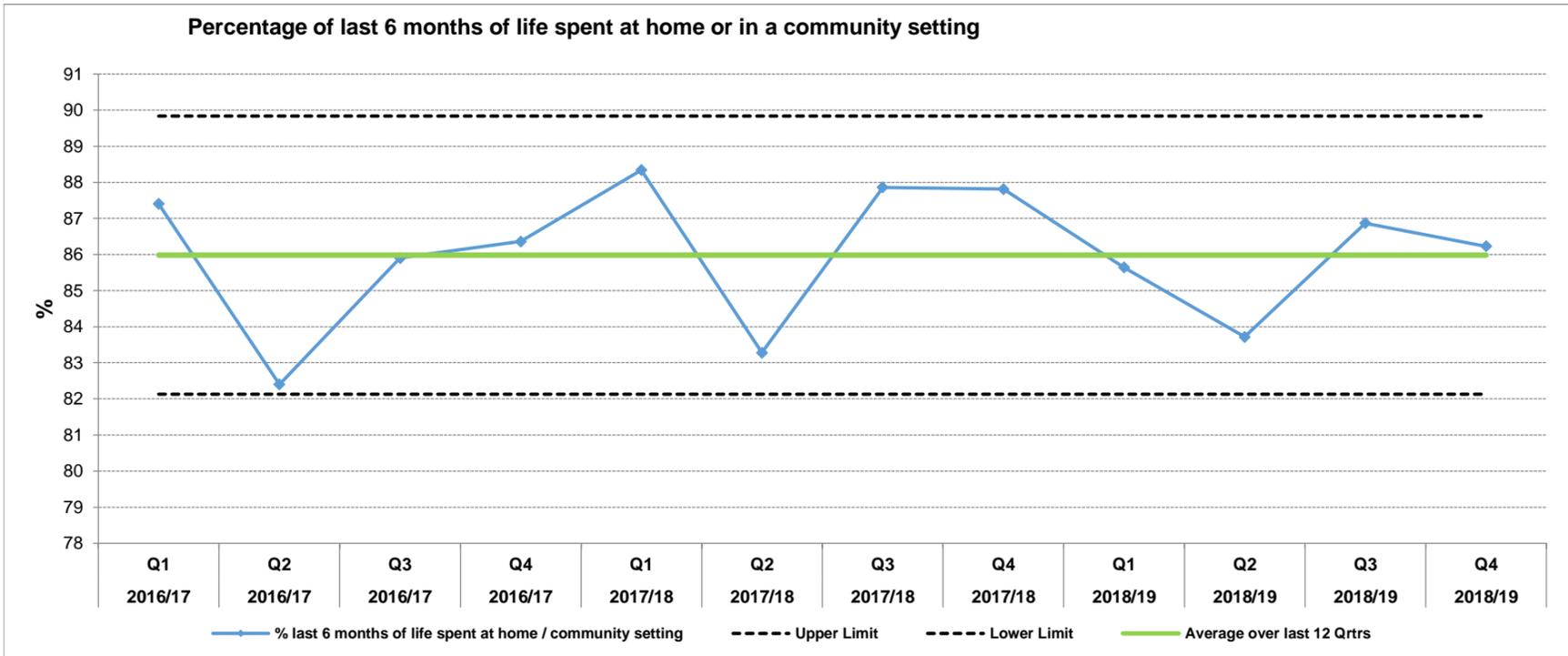
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19*
Scottish Borders	86.1	85.7	85.6	85.6	85.6	87.0	85.9
Scotland	86.2	86.1	86.2	86.7	87.1	87.9	-



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	Q4 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	85.6	83.7	86.9	86.2



How are we performing?

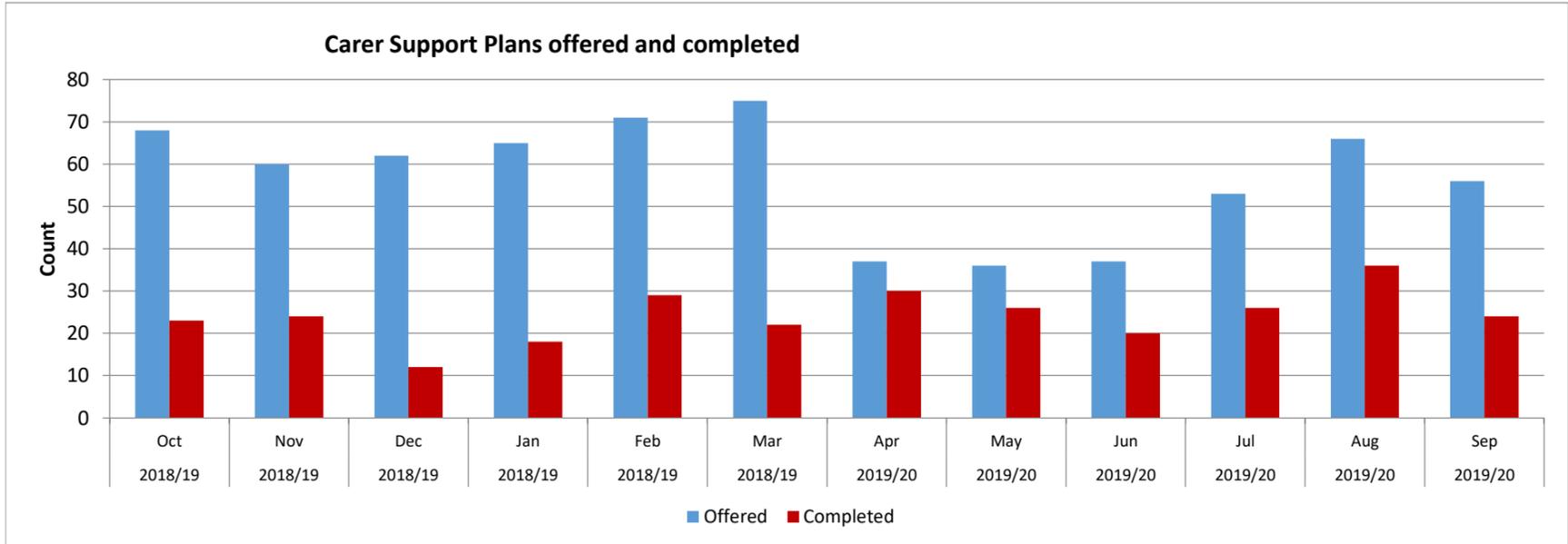
The percentage of last 6 months of life spent at home or in a community setting has appeared fairly consistent in the Borders from year to year since 2013/14 but in each case remains a little below the Scottish average, which is gradually increasing.

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

Carers offered and completed Carer Support Plans

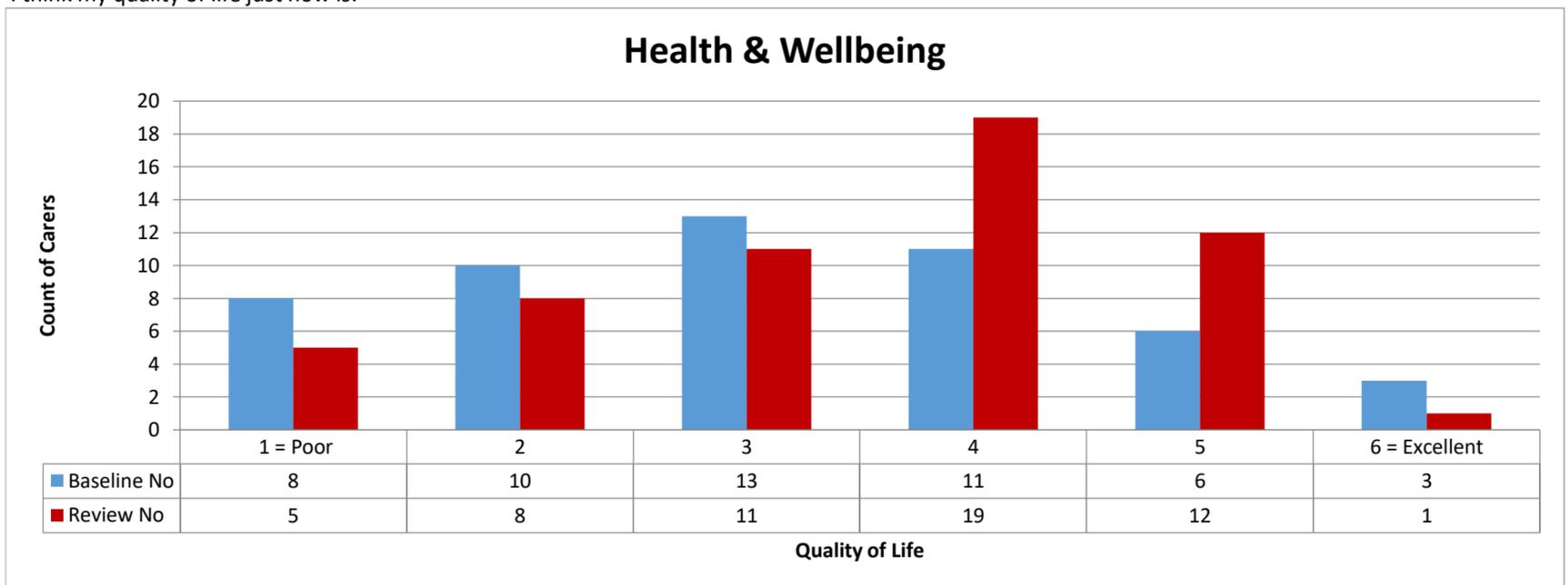
Source: Carers Centre

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Assessments offered during Adult Assessment	68	60	62	65	71	75	37	36	37	53	66	56
Assessments completed by Carers Centre	23	24	12	18	29	22	30	26	20	26	36	24



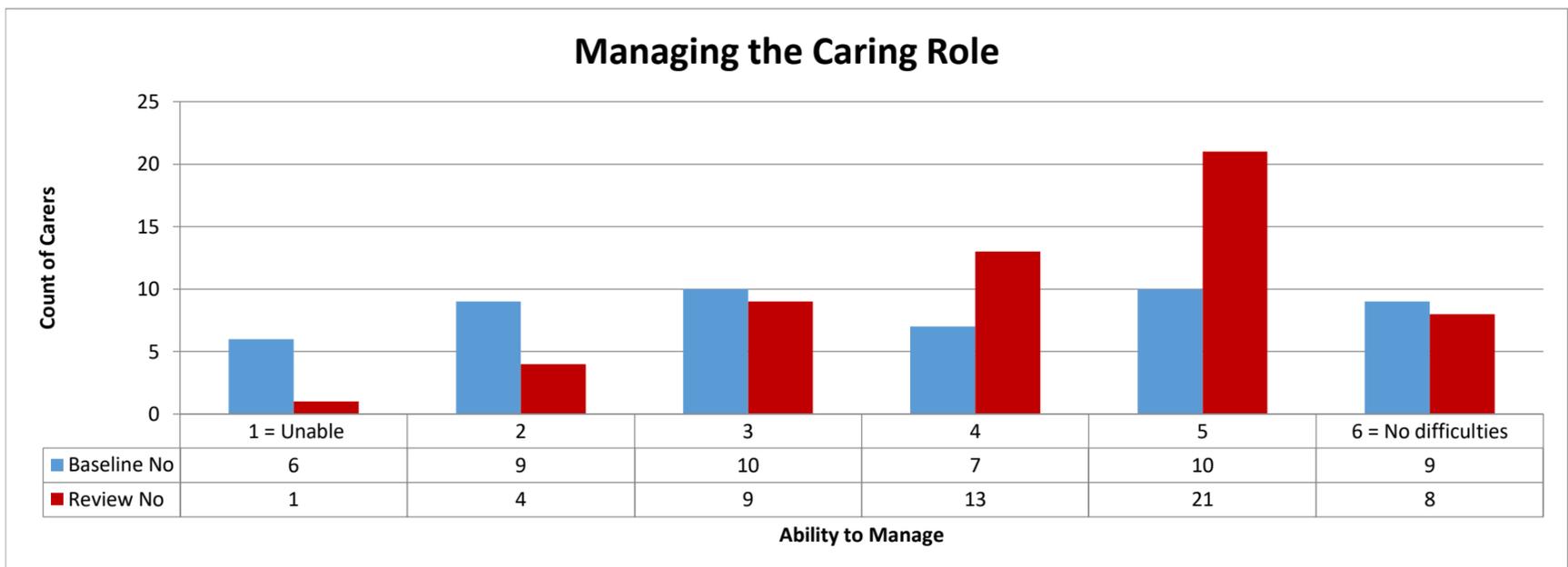
Health and Wellbeing (Q4 2018/19)

I think my quality of life just now is:



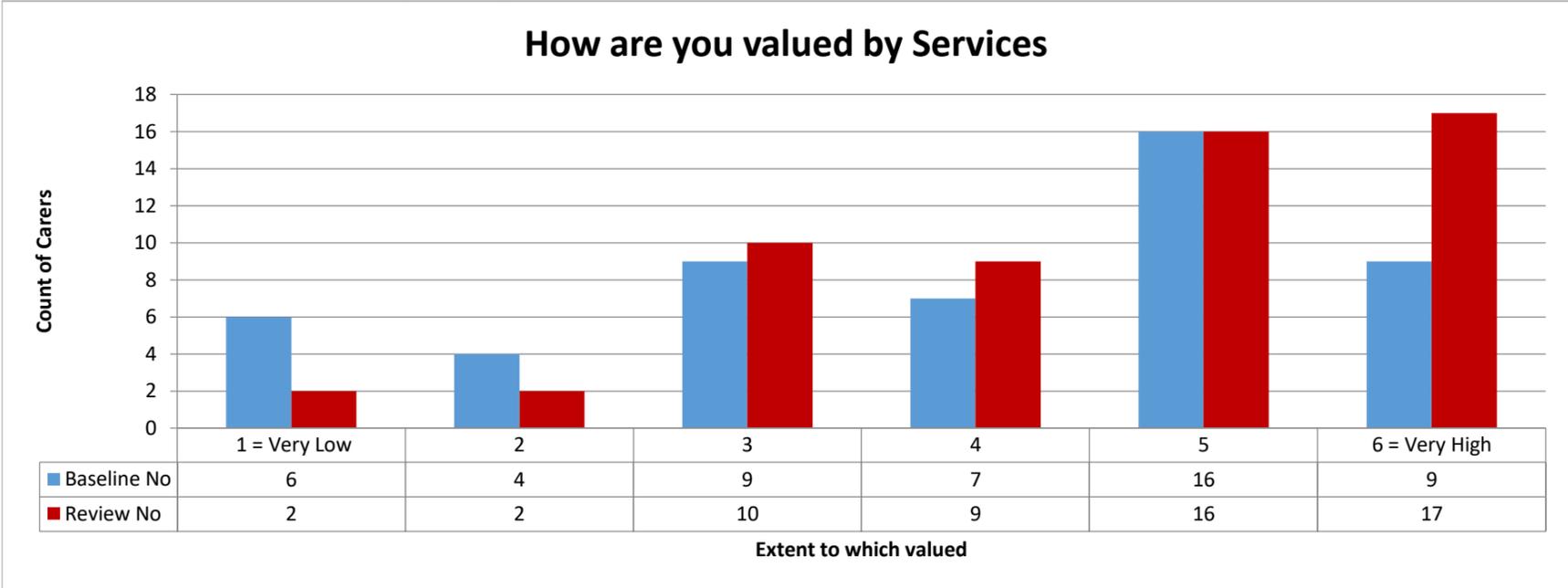
Managing the Caring role

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



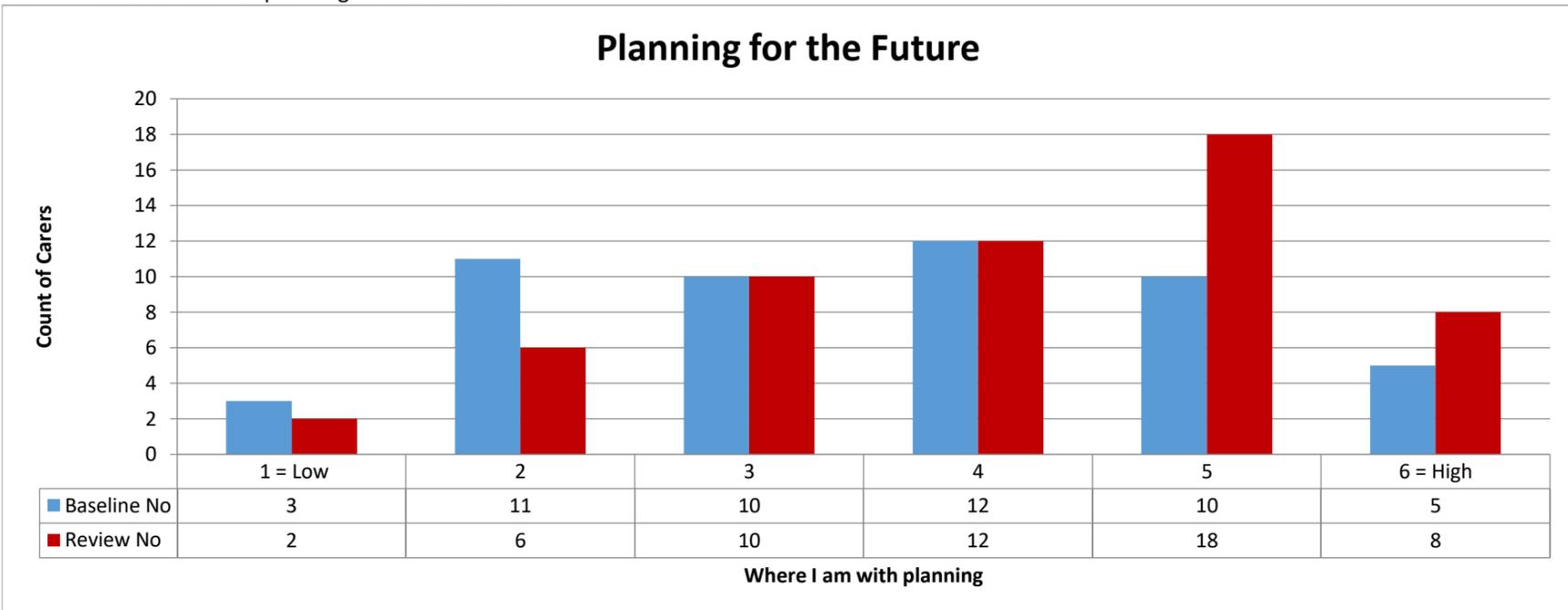
How are you valued by Services

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



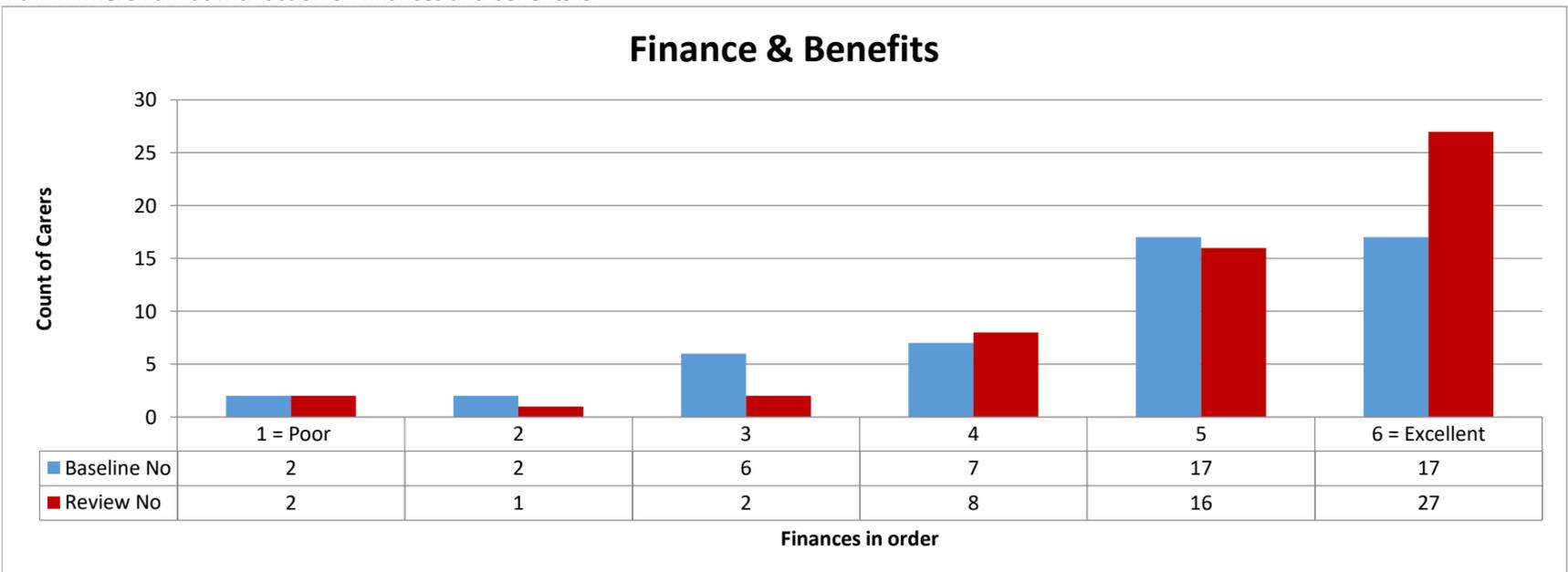
Planning for the Future

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



Finance & Benefits

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



How are we performing?

A Carers Assessment includes a baseline review of several key 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.

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 17 December 2019

Report By	Rob McCulloch-Graham, Chief Officer Health & Social Care
Contact	Louise Ramage, Business Lead for Health & Social Care
Telephone:	01896 828290 / 01835 826685

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: a) Note this report
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Personnel:	N/A
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Carers:	N/A
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Equalities:	N/A
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Financial:	N/A
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Legal:	N/A
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Risk Implications:	N/A
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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 6 November 2019.

SPG Key Actions & Issues

2020 Cycle of Meeting Dates

The group approved meeting schedule for next year, acknowledging the dates line up with the IJB and the Quarterly Performance reporting.

Quarterly Performance Report

The info graphic report was presented to members, which detailed several positive messages on trends against local and national targets. Members were advised that some indicators would be updated prior to presentation to the IJB.

A discussion ensued regarding the lacking care provision locally, in terms of nursing care and homecare.

Locality Working Group Workshop - Update

An overview was provided of the report which captured the outcomes of the Locality Working Group (LWG) workshop held on 30 September 2019, which had around 20 attendees. Members were advised that minutes and action plans from LWGs would be noted at SPG.

After a discussion with regards to funding for each LWG, it was decided that no budget would be allocated due to the danger of finances distracting from the purpose of community communication links and facilitate coproduction. Concerns were raised that people may not attend if expenses for transport would not be funded. The Chair advised that discretionary funding streams were available within SBC to apply for if necessary.

Concerns were raised over the availability of the allocated members of Leadership Team in supporting the Locality Leads due to the nature of their busy roles, especially in financial turnaround, however it would be a valuable link.

Leadership Team leads were to be advised of the discussion and get dates organised for January/February 2020.

Transformation Update

As part of the ongoing transformation of services across the Partnership to shift the balance of care, The Chair advised members of the following main workstreams currently being worked on:

- Older Person's Pathway Redesign
- H2H Expansion/Locality MDTs
- Frailty Unit
- Length of Stay
- Discharge Hub
- Digital Transformation
- Mental Health Transformation