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Scottish Borders
Health and Social Care
PARTNERSHIP

A meeting of the **Health & Social Care Integration Joint Board** will be held on **Wednesday, 19th February, 2020** at **10.00 am to 11.15am** in the Council Chamber, Scottish Borders Council

## AGENDA

| Time | No | | Lead | Paper |
|---|---|---|---|---|
| **10.00** | **1** | **ANNOUNCEMENTS & APOLOGIES** | Chair | Verbal |
| **10.02** | **2** | **DECLARATIONS OF INTEREST**<br>*Members should declare any financial and non financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.* | Chair | Verbal |
| **10.05** | **3** | **MINUTES OF PREVIOUS MEETING** | Chair | Attached |
| **10.15** | **4** | **MATTERS ARISING**<br>Action Tracker | Chair | Attached |
| **10.15** | **5** | **FOR DECISION**<br>Appointment of External Member of Integration Joint Board Audit Committee | IJB Audit Committee Chair | Appendix 2020-1 |
| **10.25** | **6** | **FOR NOTING** | | |
| 10.25 | 6.1 | Inspections Update - Older People's Services | Chief Officer Senior Inspector, Care Inspectorate | Appendix 2020-2 |
| 10.40 | 6.2 | Quarterly Performance Report | Programme Manager | Appendix 2020-3 |
| 10.50 | 6.3 | Delayed Discharges | Chief Officer | Verbal |
| 11.00 | 6.4 | Monitoring of the Integration Joint Budget 2019/20 | Chief Financial Officer | Appendix 2020-4 to follow |
| **11.10** | **7** | **ANY OTHER BUSINESS** | Chair | Verbal |

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| **11.15** | **8** | **DATE AND TIME OF NEXT MEETING**<br>Wednesday 18 March 2020 at 10am in the Council Chamber, Scottish Borders Council | Chair | Verbal |

Scottish Borders
Health and Social Care
PARTNERSHIP

Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Tuesday 17 December 2019 at 10.00am in the Council Chamber, Scottish Borders Council.

| | | |
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| **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 |
| | (v) Mr T Taylor | Mr R McCulloch-Graham |
| | Mr S Easingwood | Dr T Patterson |
| | Dr C Sharp | Dr K Buchan |
| | Mrs N Berry | Mr M Porteous |
| | Miss V Macpherson | Mrs J Smith |
| | Mr N Istephan | Mrs L Gallagher |
| **In Attendance**: | Mr R Roberts | Mrs C Gillie |
| | Mr D Robertson | Ms S Bell |
| | Mr G McMurdo | Miss I Bishop |
| | Mrs J Stacey | Miss L Ramage |

## 1. Apologies and Announcements

Apologies had been received from Cllr David Parker, Mrs Tracey Logan, Cllr Shona Haslam and Mr David Bell.

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.

Mr Malcolm Dickson declared, in the interest of third party charges as part of item 5 on the agenda, a family relation was a board member of the Northumberland Health Trust.

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

## 3. Minutes of Previous Meeting

The Chair advised of a change for the previous minutes on page 4, item 7 which will read:

- *Cllr Tom Weatherston asked if the proposed June 2020 and December 2020 IJB Audit Committee meeting dates could be rearranged to ensure the attendance of Mrs Jill Stacey, from an audit perspective.*

The minutes of the previous meeting of the Health & Social Care Integration Joint Board (IJB) held on 30 October 2019 were approved with the above change made.

## 4. Matters Arising

Mrs Karen Hamilton asked that, following previous discussions on the Winter Plan, that both organisations should work towards an improved engagement and communications plan for future Winter periods to ensure all aspects of the health and social care pathway are covered.

The Chair asked both partner organisations' Directors of Finance if the financial outlook update requested under item 9, page 5 of the previous minutes would be available for the meeting. Mrs Carol Gillie and Mr David Robertson advised that all necessary information would be available as part of the Monitoring Report to be discussed later on the agenda.

The Chair informed members that the Care Inspectorate would no longer be in attendance for the meeting as they remained satisfied of the progress they had seen via the November Development Session along with other individual meetings. Mr Rob McCulloch-Graham added that formal verbal feedback would be provided by the inspectors the next day.

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

Mr Tris Taylor highlighted concerns that several items on the tracker had been unacceptably delayed. The Chair acknowledged the concern and advised that the updates on demographics and delayed discharges would be provided at the January 2020 joint finance session and formal IJB meeting.

## 5. 2019/20 Budget Pressures

Mr Rob McCulloch-Graham provided an overview of the whole system report, highlighting the predicted overspend due to financial pressures in Scottish Border Council (SBC) associated with Residential Care and Home Care demand.

The Chair advised members of the action taken on 29 November 2019 to overt a catastrophic reduction in the availability of care. Through Chair and Vice Chair's Action, it was agreed to utilise £300k of the remaining Transformation funding to support the commissioning budget for additional Residential and Nursing Care beds and Packages of Care in the community. Members were assured that utilising the Transformation Fund for this purpose was in line with guidance and within the IJB gift to decide.

Mr Mike Porteous explained that NHS Borders had indicated the ability to make an additional allocation at the year end to cover the forecast gap in their services of (£1.168m), however SBC were forecasting an in year gap of (£0.925m) with an inability to cover at the year end; therefore the request of support from IJB funds. Mitigating action and risks to date were outlined.

Mr Malcolm Dickson advised of his disappointment of the financial position and lack of clarity on how this happened, therefore asked for a quantified explanation of all budget pressure to be included within the Joint Financial Planning (JFP) process. Mr Mike Porteous agreed that a further in depth look at the overspends was required and advised that both partner organisations contributing to the JFP were actively modelling the financial plan against demographics. Mr Rob McCulloch-Graham added that a piece of work was ongoing to gain a better predictor of demographic need for bed modelling in the future; this would be presented to the IJB in January 2020.

Rob McCulloch-Graham advised that an evaluation of all the Transformation Fund programmes would be brought back to the IJB for decision before the end of the financial year. The rationale for initially carrying forward Transformation Fund monies was to increase the care home and home care provision required to shift the balance of care in line with demographic trends.

Dr Cliff Sharp clearly advised members of his objection to the recommendation, as it stood, on behalf of NHS Border's clinicians. Dr Cliff Sharp urged the IJB to stand by the commitment made at formal meeting on 14 August 2019 to ensure the security of the recurrent funding released from the redesign of dementia services, earmarked only for the purchase of additional specialist dementia care home beds. Mr Rob McCulloch-Graham provided assurance that the funding would only be used as intended. A discussion ensued and the Chair agreed for the report and recommendations to be amended in line with Dr Cliff Sharp's comments, to ensure the support for patient safety and clinical endorsement.

Mr Tris Taylor voiced severe concerns over the lack of an impact assessment, equalities assessment, route cause analysis or financial modelling of diverting Transformation funding as part of the report. Therefore Mr Tris Taylor advised he was not comfortable making decision based on vague data and could not support the proposal as it stood. Members agreed that proposals with such lack of data should not be presented in future.

Mr David Robertson reset the discussion and referenced Audit Scotland: "Integrating services is a significant challenge, particularly when partners are dealing with current demand and constrained resources, while trying to better understand how services need to change".

Members agreed the purpose of the Transformation Fund was to shift the balance of care by transforming services, however this funding could not be carried forward at the expense of allowing an under resourced core budget. The Joint Financial Plan will look to better prepare the demographic impact on finances.

Mr Rob McCulloch-Graham provided assurance that the quality assurance process for all IJB papers would be revised.

Mr Mike Porteous confirmed that all future funding proposals to mitigate overspends include a section on route cause analysis of the specific overspend.

***ACTION:*** *Include recovery plan updates in Monitoring Reports going forward.*

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast financial overspend of (£2.093m) for the H&SCP for 2019/20 based on information to 30th September.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Chair and Vice Chair's Action taken on 29th November 2019 to utilise £300k of the remaining Transformation funding to commission additional Residential and Nursing Care beds and Packages of Care in the Community.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the utilisation of the remaining in year Transformation funds of £0.404m to address the forecast overspend in the Social Care services within IJB delegated functions and the earmarked £0.124m of Mental Health release to support only the purchase of additional specialist dementia care home beds.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the risks identified in relation to the recommendations in this paper linked to patient safety and the impact on the discharge programme going forward.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that the IJB receives regular monthly forecasts of the financial position with information on savings programmes across the Partnership from now on.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to implement the Recovery Plan actions identified to address the remaining gap within services commissioned from the Council and include ongoing reports within the Monitoring Reports.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that once the use of the Transformation and other funds identified in recommendation 3 above are allocated any further in year pressures will require to be addressed by the respective Partner.

## 6. Bi-Annual Review of Risk Register

Mr Rob McCulloch-Graham provided and overview of the most recent review of the IJB Strategic Risk Register. Mrs Jill Stacey reminded members that a detailed oversight of the risk register was delegated to the IJB Audit Committee.

Mr Nile Istephan suggested the inclusion of addressing steps to encourage providers to retain or establish a new presence in the market for social care services. The Chair agreed the factor should be incorporated into the risk register going forward.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** considered the IJB Strategic Risk Register to ensure it covers the key risks of the IJB.


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The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the actions in progress to manage the risks.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that a further risk update will be provided in June 2020.

## 7. Chief Social Work Officer Annual Report

Mr Stuart Easingwood provided a comprehensive overview of the report in terms of activity and performance of Social Work services in the Scottish Borders, as well as advising members of the formal approval given through Council Executive Committee. The report provided 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. Mr Stuart Easingwood added that the service now aim to produce the annual report earlier in the year for member approval during the month of August, prior to submission to Scottish Government.

Dr Cliff Sharp noted the complex arrangements illustrated in section 2 of the report and asked if the IJB could support the integration of some elements to ensure whole system working. Mr Stuart Easingwood advised that some functions must remain with SBC as statutory functions however discussions could take place regarding ongoing integrated working between departments.

Mrs Lynn Gallagher asked if the impact on service user and carer satisfaction could be incorporated into future reports. Mr Stuart Easingwood agreed to take forward and radically develop a public engagement strategy.

Members commended the report.

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

## 8. Monitoring of the Integration Joint Budget 2019/20

Mr Mike Porteous gave a brief overview of the content of the report and advised that the IJB is reporting a forecast overspend of £1.286m at the end of the financial year, which had taken into account the earlier agreement for the use of Transformation Fund and Specialist Dementia Inpatient Care monies to support the additional Adult Social Care overspend.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** acknowledged the forecast overspend of (£1.286m), and the mitigating actions taken, for the Partnership for the year to 31 March 2020 based on available information.

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

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

## 9. Quarterly Performance Report

Mr Graeme McMurdo provided an overview of the content of the report, advising that some data remained in draft and finalised figures would be available imminently.

Mr Malcolm Dickson noted concerns over Emergency Department waiting times and readmissions data.

Mrs Nicky Berry acknowledged the data provided were points in time and advised the position locally had differed since the publication of this information. Mr Rob McCulloch-Graham agreed to work with the Hospital Management team going forward to provide up to date context on the Quarterly Performance reports.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and approved any changes made to performance reporting.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** directed actions to address challenges and to mitigate risk.

## 10. Strategic Planning Group Update

Mr Rob McCulloch-Graham provided an overview of the issues which were raised and discussed at the Strategic Planning Group (SPG) meeting held on 6 November 2019.

Mr Malcolm Dickson asked that the minutes and action tracker be added to all future SPG reports to IJB meetings.

Mrs Jenny Smith raised concerns over the poor attendance at SPG meetings throughout 2019 which had restricted the ability of the group to fulfil its advisory function.

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

## 11. Any Other Business

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that there were no items raised.

## 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 Wednesday 22 January 2020 at 10am in Committee Rooms 2 & 3, Scottish Borders Council.

The meeting concluded at 12.05pm.

Signature: ……
Chair

Scottish Borders
Health and Social Care
PARTNERSHIP

**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 | Provide a presentation to a future Development session on Demographics | Rob McCulloch-Graham | ~~November 2019~~ January 2020 | **Update:** Item rescheduled to 16 January Joint Finance Session and 22 January formal IJB. | A |

**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~~ April 2020 | **Update**: Item added to April Development session schedule. LWG representatives to be involved. | G |

**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 | **In Progress:** A joint finance session was now planned for 16 January ahead of the IJB. |  |

**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 | |  |

**Meeting held 17 December 2019**

**Agenda Item:** 2019/20 Budget Pressures

| Action Number | Reference in Minutes | Action | Action by: | Timescale | Progress | RAG Status |
|---|---|---|---|---|---|---|
| 17 | 5 | Include recovery plan updates in Monitoring Reports going forward. | Mike Porteous | January 2020 | |  |

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

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Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 19 February 2020

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

# APPOINTMENT OF EXTERNAL MEMBER OF IJB AUDIT COMMITTEE

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| **Purpose of Report:** | To seek approval for the appointment of the external member of IJB Audit Committee. |

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| **Recommendations:** | The Health & Social Care Integration Joint Board is asked to:<br><br>a) Approve the appointment of Jim Wilson as External Member of the Scottish Borders Health and Social Care Integration Joint Board Audit Committee to 31 October 2021. |

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| Personnel: | The proposal is to seek appointment of a replacement external member on the IJB Audit Committee following the resignation of the previous incumbent. |

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

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

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

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| 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. |

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| Risk Implications: | There is a risk that the IJB Audit Committee does not fully comply with best practice guidance thus limiting its effectiveness as a scrutiny body as a foundation for sound corporate governance. Appointing an external member of IJB Audit Committee enables independence and objectivity within the membership to mitigate this risk. |

## Background

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

The CIPFA Audit Committees Guidance sets out CIPFA's view of the role and functions of an Audit Committee (Position Statement), includes a self-assessment checklist and an effectiveness toolkit, and recommends as best practice the inclusion of at least one independent member.

## Proposal

The proposal is to seek appointment of a replacement external member of the IJB Audit Committee following the resignation of the previous incumbent, Mr A Clark, at the meeting of IJB Audit Committee on 9 December 2019, one year into the 3-year appointment. The IJB Audit Committee instructed the IJB Chief Internal Auditor to seek expressions of interest in this role, in consultation with the Chair of IJB Audit Committee and IJB Chief Officer.

Jim Wilson has expressed an interest in being the external member of Scottish Borders IJB Audit Committee to the IJB Chief Internal Auditor. He is knowledgeable of health and social care, and has personal attributes to scrutinise and challenge on governance, risk, internal control and improvement. Previously he was Chair of SB Cares Board and Chair of SBC Adult Protection Committee. The Chair of IJB Audit Committee is supportive of his appointment as external member of the IJB Audit Committee to 31 October 2021.


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Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 19 February 2020

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

**INSPECTIONS UPDATE**
**OLDER PEOPLE'S SERVICES**

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| **Purpose of Report:** | To report the outcomes of the recent progress review of the joint inspection of the Partnership's older people's services undertaken in 2017. |

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| **Recommendations:** | The Health & Social Care Integration Joint Board is asked to:<br><br>*a) Note the published report*<br>*b) Note the verbal feedback from the Care Inspectorate* |

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| Personnel: | No further recommendations within the report. |

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| Carers: | No further recommendations within the report. |

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| Equalities: | No further recommendations within the report. |

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| Financial: | No further recommendations within the report. |

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| Legal: | No further recommendations within the report. |

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| Risk Implications: | No further recommendations within the report. |

## 1 Background

1.1 The Care Inspectorate (CI) and Healthcare Improvement Scotland (HIS) undertook an inspection of the Partnership's older people's services between October 2016 and February 2017. The inspection report was published on 28 September 2017.

1.2 This original inspection had identified areas for improvement in the delivery of services, which resulted in thirteen recommendations in their report. An action plan was developed and actioned to meet the thirteen recommendations, monitored through the Joint Older People's Services (JOPS) inspection group and reports to the Health & Social Care Leadership Team and the Integrated Performance Group.

## 2 Assessment

2.1 A progress review of local older people's services was recently undertaken in November 2019 by the CI and HIS.

2.2 The formal report was published on 12 February 2020 (appendix 1) along with a news release from the partnership (appendix 2).

2.3 This found that the Scottish Borders Health & Social Care Partnership has made sustained improvements across all thirteen recommendations identified in their report from 2017.

care inspectorate

Healthcare Improvement Scotland

# Services for older people in the Scottish Borders

February 2020

Progress review following a joint inspection

# Contents

# 1. Background to this progress review

Healthcare Improvement Scotland and the Care Inspectorate carried out a joint inspection of services for older people in the Scottish Borders between October 2016 and February 2017. We published the inspection report in September 2017, which is available on our websites: www.careinspectorate.com/ www.healthcareimprovementscotland.org. This inspection report highlighted some significant weaknesses in the partnership's performance. Therefore a progress review was undertaken to assess and report on the improvements the partnership had made.

Following the inspection, the partnership drew up a detailed improvement plan in 2017 to address the recommendations we made. We were satisfied that the actions in the improvement plan had the potential to deliver the required improvements.

# 2. How we conducted this progress review

We examined a range of documentation submitted by the partnership to demonstrate the action taken and progress since the inspection was carried out in 2017. Initially, we reviewed the most recent nationally reported performance data for the partnership. Then we undertook the review over 7 days on site conducting interviews, focus groups and attending key meetings. We met with a small number of older people who used services and also some carers. We also met with a range of partnership staff and with representatives from the third sector and other stakeholder organisations. The focus of our activity was on the extent of the progress made by the partnership in meeting the thirteen recommendations from the original inspection.

# 3. Progress made: The partnership's approach to improvements and what we found.

## Recommendation 1

***The partnership should deliver more effective consultation and engagement with stakeholders on its vision, service redesign and key stages of its transformational change.***

We made this recommendation because the partnership needed to make sure that there was effective communication of its vision and transformational change programme to all stakeholders.

The partnership had demonstrated a commitment to improving consultation and engagement with all stakeholders. This was reflected in its strategic documentation. It was difficult, however, to see where the partnership had progressed from intent to implementation across all of the areas. There was no clear picture of meaningful improvement and impact in respect of effective consultation and engagement with all stakeholders. The partnership acknowledged that there was still work to do.

Discussion with the Integration Joint Board (IJB) and the Strategic Planning Group (SPG) demonstrated that the members had an improved understanding of the plans for service redesign and transformational change than they had at the time of the inspection, and they had more ownership of the partnership's vision.

There were good examples of engagement and consultation work in older people's services. These involved carers and also mental health services where consultation and engagement at the right time had resulted in meaningful involvement of stakeholders and good co-production of plans and policies. Most stakeholders we spoke with in other service areas advised there was a willingness by the partnership to engage with them, however, less positively this engagement did not start early enough. Engagement tended to focus on more practical and operational matters rather than service redesign and transformation. This meant that stakeholders did not feel they were able to influence the shape and design of the proposals.

When stakeholders had been consulted and involved, many advised that this had taken place too late in the process. This led to a lack of understanding about the proposed changes and had resulted in stakeholders feeling disempowered. The reimagining of day care was given as an example. Although significant consultation and reviews were undertaken through the process for individual centres and where concern remained the consultation process was reset. There was significant concern from a range of stakeholders feeling they had no meaningful involvement in this large-scale service redesign and that consultation had taken place at too late a stage for them to have any influence on the changes. It was felt by these stakeholders that all major changes had already been decided

upon and they were there only to rubber stamp decisions. The potential impact of this on both users of day care and in particular, the respite needs of their unpaid carers, were seen to be an afterthought.

The partnership lacked clarity about how the outcomes of consultations informed plans or how people and stakeholders were advised about the impact of the consultations. There was some evidence of approaches such as 'You Said, We Did[1]' and it would be beneficial to consistently use a mechanism such as this. The partnership recognised the need for ongoing progress in this area. In the partnership's client involvement strategy there was a commitment to use the National Standards for Community Engagement. This would support more effective consultation and engagement for all stakeholders.

At the time of inspection, one of the contributing factors for the difficulties in communicating the vision and transformational change activities was due to the significant changes in personnel at senior level. The changes in personnel continued after the inspection, but were followed by a period of continuity that has allowed for better communication with stakeholders. The commitment of the chief officer to improve consultation and his visibility at engagement events was highlighted by a number of stakeholders as being very encouraging.

There were positive examples of improved staff engagement since the inspection and more options for staff to receive information about service redesign and transformation. There were different forums that staff could use to get more information and ask questions and there was regular information sharing through newsletters.

Whilst the intention to improve consultation and engagement was clear, there was still more work to be done to ensure the meaningful involvement of stakeholders at the right time. The partnership needs to continue to improve the involvement of, and communication with, the public as partnership stakeholders.

### Recommendation 2

***The partnership should ensure its revised governance framework provides more effective performance reporting and an increased pace of change.***

We made this recommendation because at the time of the inspection both social work services and NHS Borders had clinical and care governance arrangements that were measuring delivery against indicators, targets and improvement plans. However, the partnership did not have a joint performance framework. The partnership has since introduced this to share with the IJB and SPG on a quarterly basis. This was a positive development as it had a meaningful range of indicators and a mixture of health and social care data which had been well received by IJB and SPG members. The Integration

[1] You Said, We Did is an approach when the partnership seeks feedback and then tells stakeholders what they said and what has been done in response.

Performance Group has responsibility for selecting the data presented. The rationale behind the data sets chosen was clear. The explanations of the data were meaningful, and were able to be compared over time and against the national trends. There was clear evidence that the IJB and SPG members were influencing changes in the array of data reported to them in the framework, including the inclusion of more social care data. The members had also recently requested a review of the data about carers to make sure this provided a realistic picture of the carer experience. The IJB and SPG were presented with the performance framework at meetings, and the partnership also produced a summary report to aid understanding. The summary report was very helpful, well laid out and clearly explained the current state of performance, the narrative around it and the plans to improve. There was evidence that the partnership was monitoring performance and developing clear plans for ongoing improvement. New initiatives and approaches had been introduced to help address areas of poor performance.

We also made this recommendation because at the time of the inspection in 2017 it was acknowledged that the IJB and SPG needed to have a more meaningful role. At that time the members of both groups had expressed concerns about a lack of progress in the development and performance of the IJB and SPG.

Since the inspection the convenor of the Scottish Borders Council and the chief officer had both joined the SPG as chair and vice chair respectively, to give additional support to the group. Work had taken place to support and develop the knowledge and understanding of the group members, including topic specific development sessions. Support was provided to make sure that the members were aware of their roles and responsibilities. This had helped them function more effectively and had improved their respective relationships, particularly over the past 18 months. Whilst it was acknowledged that the recent development work had provided a good platform, work needed to continue to make sure that the group development was dynamic and sustained.

The effectiveness of the SPG in fulfilling its role as an initial forum for engagement and consultation was variable. In some instances, the forum members described a lack of meaningful consultation and being engaged at a late stage in the development process. However, there were reported occasions when the SPG operated effectively and delivered a positive outcome. The involvement of the SPG in refreshing the 2018-21 Strategic Plan was regarded positively because members were involved at an early stage and were clear about the impact of their engagement. The group had a significant role in the development and structure of the three main aims and objectives within the plan. In the future, it is important that the partnership consistently involves all members in the discussion regarding the direction and plans of the partnership from as early a stage as possible.

The partnership had undertaken work to develop the knowledge and understanding of its IJB members. Members also recognised the need for further and ongoing improvement and development. IJB members described a more cohesive and effective approach to their

meetings over the last 18 months. For example, they had decided not to use a voting system unless an agreement cannot be reached on a subject. The IJB members were satisfied that this approach allowed all members to have an equal and meaningful voice in the debate rather than a small group having a final vote. The members recognised that they still had a lot to learn and were learning from other partnership areas as part of their plans to improve the functioning of the board. There was recognition that while the relationship between the IJB and SPG had improved there was scope for further improvement. The SPG feedback was now a standing item on the agenda. However, not all IJB members could easily access the SPG papers when they were preparing for meetings. There was also recognition from the partnership that there was an ongoing need for the IJB to demonstrate to frontline staff and those accessing services that they are carrying out their role effectively and making a difference.

Senior members of the partnership told us that they were committed to all members having an equal and meaningful voice in the IJB and SPG. Some SPG group members considered that some stakeholder opinions still carried greater weight than others. They felt that public representation in particular was tokenistic at times. There was no service user representative on the IJB. This role, which is a legislative requirement, had been vacant for over a year. The partnership acknowledged there had been a lengthy delay, but had been appraising options to ensure that recruitment would ensure appropriate representation in the role. They had developed a plan to recruit two new members to represent service users. It was anticipated that this recruitment would take place before the end of this financial year. The partnership were aware of the importance of this recruitment and that the delay had resulted in the partnership missing the opportunity for the service user voice to be represented in the provision of advice and support to the IJB in their policy development.

The partnership also demonstrated a commitment to locality planning. Locality working groups had been established and the partnership demonstrated a commitment to the development of these groups. Positively, each locality working group was supported by a council officer and administrative officer to facilitate their development and close links with the partnership. The locality groups had developed their own initial plan but the plans were undergoing revision so that each was bespoke to locality area and the assets held. To make sure that the locality working groups are represented in strategic forums in the partnership, each group chair will be invited to join the SPG. One chair will also be invited to be one of the two new service user representatives on the IJB. The partnership expressed a commitment to us that these members will be provided with support to develop in this role. These new members will also have an equal and valued role in their respective forums.

The development of a comprehensive new performance reporting framework was positive and allowed the IJB and SPG to scrutinise performance across the partnership. The

partnership had been working hard on the ongoing development of the IJB and the SPG and to make sure that each group had proportionate and appropriate representation. There was a commitment to building on the progress that had been made to date. This will need to focus on ensuring that all stakeholders have a meaningful voice and that service users are appropriately represented on the IJB. The partnership were also continuing to work with the SPG members to ensure it can fulfil its purpose of a forum for initial consultation and engagement.

### Recommendation 3

***The partnership should further develop and implement its joint approach to early intervention and prevention services so that it continues to improve the range of services working together that support older people to remain at home and help avoid hospital admission.***

We made this recommendation because the partnership had acknowledged that it had been slow in the development of prevention and early intervention services.

The partnership had made progress with the development of a range of initiatives and new approaches to support early intervention and prevention work. A key aspect of this improvement was the introduction of What Matters Hubs. The Community Led Support team developed the hubs which were a positive innovation to allow people to access early intervention within their own communities. The partnership had established What Matters Hubs in all five localities which provided an additional and a quicker means of accessing services. The hubs which had been operating the longest, had evolved and adapted to make sure that they met local need and as a result, were having the greatest impact. A range of agencies including social care and health staff, as well as family and carers could refer into the hubs. Service users could also self-refer. In some areas, staff were beginning to see an increase in GP referrals. The partnership was committed to providing people in all communities within the partnership area, to access to a What Matters Hub.

The partnership had undertaken a robust evaluation of the What Matters Hubs which indicated a positive impact for service users. This was supported by performance data and by staff, who told us that the hubs had resulted in a reduction in waiting times for social care, due to quicker community care assessments for those with lower levels of need. Service users could choose to have an assessment in the What Matters Hub or to be referred directly to a social worker if they preferred. Following assessment, the hubs were able to offer quick access to equipment and deliver small packages of care quicker than waiting for a social work assessment. The extension of funding for the What Matters Hubs until 2021 was welcomed by managers, who reported that this would support better planning compared to year on year funding.

The hospital to home service had been established to facilitate timely and safe hospital discharge, prevent admissions and provide an improved link between acute and community

services. Staff reported, that the service was working well to reduce hospital admissions through improved joint working across the different agencies. Better communication and a clearer understanding of roles and responsibilities were reported to have enhanced service delivery. The hospital to home team was primarily focused on facilitating discharge. Positively, about 15% of their capacity was used to help people avoid hospital admission. The partnership was improving the service by implementing learning from a pilot project in the Cheviot locality. This pilot had demonstrated the impact of therapies delivered by allied health professionals to prevent admission and facilitate discharge. The hospital to home service is changing to the home first team which will incorporate the work of this service and the learning from the Cheviot pilot. This aims to have a greater focus on the avoidance of admission as well as the continued focus of facilitating timely discharge and independent living through discharge to assess.

The Occupational Therapy Care and Repair Service was working well to support early intervention by providing advice and support to older people who were facing the difficult tasks of repairing, improving or adapting a home which was not suitable for their needs. In addition, staff had a role in assessing risk of falls and identifying early indicators of dementia.

Further developments included the introduction of strata. Strata is a referral management system was introduced to improve communication. All community resources, including the independent and third sector services, were able to receive referral information. The partnership had also created a team of local area coordinators, specifically for older people, to support community capacity building and to provide ongoing support which relieved pressure from mainstream services and increased choice. A new integrated early intervention and prevention wellbeing service had also been implemented, following amalgamation of traditional health improvement services. Whilst it was too early to assess the impact of these initiatives, it was encouraging that staff were aware of the developments and welcomed them.

It was evident that community led support work was at the heart of the partnership's prevention and early intervention progress. There were examples of good joint working between health and third sector organisations in the Hospital to Home Service and in the What Matters Hubs.

### Recommendation 4

***The partnership should review its delivery of care at home, care home and intermediate care services to better support a shift in the balance of care towards more community based support.***

We made this recommendation because the partnership needed to do more to develop a range of services to support older people to live as independently as possible in the community and to support effective discharge from hospital.

The partnership's initial response to this recommendation was somewhat limited and piecemeal in nature. It did not take a strategic approach to reviewing the delivery of care at home, care home and intermediate care services. There had been no whole systems reviews of care at home or intermediate care services.

A number of changes and improvements in care homes, care at home and intermediate care services were made on a more iterative basis. A matching unit for care at home service provision had been established and arrangements to enable older people's discharge from hospital with appropriate community supports had been improved. The Scottish Borders Council had recently stopped care at home being provided by an external provider and brought it back in-house. By providing this directly the council said it could exercise greater control of its service provision. The 2018-21 Strategic Plan included an intention to redesign the way care at home services were delivered to provide a reablement approach - although work on this was still in its initial stages at the time of our progress review. Additionally, detailed reviews of the two intermediate care services at Hawick and Tweedbank had been completed shortly before the review. These included an assessment of the cost effectiveness of the two services and their impact on bed usage and capacity at Borders General Hospital. The IJB was still to decide on the longer term direction of these services and their contribution more broadly to intermediate care in the Scottish Borders.

The inspection had highlighted the limited availability of care home beds for people with specialised needs, including older people with dementia. The partnership had taken action to address this and also to look more broadly at the development of a range of suitable accommodation options for older people. Housing and accommodation formed an important part of its strategic plan and the partnership had an Integrated Strategic Plan for Older People's Housing Care, and Support for 2018-28.

The IJB had commissioned seven beds for a five-year period within Murray House, a specialist 18-bed dementia unit in Kelso which opened in February 2019. It also had reserved funding so that it could commission additional beds if required.

Partnership staff had recently visited a dementia village in Holland to consider a similar development in the Scottish Borders. The partnership had reserved £2.8 million to develop a new model of care for Deanfield Care Home in Hawick. The intention was to redesign the existing 35 beds, spread across five units into six individual houses based on a care village approach. Work was due to commence in May 2020. In addition, capital funding had been identified for the building of a care village in the Tweedbank area. Work was also underway to develop the new post of an enhanced care specialist nurse/care home in-reach nurse as a means of addressing the shortage of qualified nurses working in the residential care sector. This was an issue which the Scottish Borders faced, in common with many other partnership areas. The partnership aimed to create a minimum of 40 extra care housing places each year with 70 extra care beds under development in 2020 in Duns and Galashiels.

The partnership had also looked more broadly at its approach to the balance of care as part of its revised strategic plan. One of its three key objectives was an intention that "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 partnership's view of the balance of care was not just as the interface between hospital, care home and care at home services, but also as being about the relationship between the contributions of its citizens, local communities and the services the partnership offered. This included the development of early intervention and preventative approaches to limit the demands on statutory health and social care services. The work that the partnership had already undertaken and had plans to take forward under its locality planning arrangements, which included the development of the Community Hubs, was a good example of this.

Despite a limited and piecemeal start to implementing improvement, the partnership had since undertaken a review of its strategic plan, strengthened its approach to locality working and planning and was working towards commissioning and market facilitation strategy for older people. The partnership had a more rounded and strategic view on how it planned to shift the balance of care in the short, medium and longer term.

### Recommendation 5

***The partnership should update its carers strategy to have a clear focus on how carers are identified and have their needs assessed and met. The partnership should monitor and review performance in this area.***

We made this recommendation because the partnership did not have a current Carers Strategy or focus on performance in respect of support for carers at the time of the inspection.

Since then the partnership had developed a new Carers Strategy, A Plan for Carers (Living Well in Scottish Borders 2019-22). This set out the future development of support, information and advice for carers in the Scottish Borders. The strategy was developed through significant consultation and engagement with carers and wider stakeholders led by the Scottish Borders Carers Centre. Clear progress had been made in implementing the Carers (Scotland) Act 2016. The partnership had developed a robust Carers Act Policy which set out the duties of social care and health staff in relation to carers. Eligibility criteria had been developed in line with the legislation and it was evident the partnership had involved third sector organisations and carers to develop a framework that was both values based and outcome focused. Section 35 of the Carers (Scotland) Act 2016 placed a new duty on local authorities to prepare and publish a Short Breaks Services Statement. The partnership had developed a statement that was easy to understand and had clear definitions. This included a directory of local and national services available to people and their carers.

The carers we met with were happy with the level of support received from the Scottish Borders Carers Centre. There was evidence that the Carers Centre was completing an increasing number of assessments and there had been a significant increase in the number of carers support plans offered. People we met told us that the relationship between the Carers Centre and the partnership was good. It was also evident that there was close working with other independent and third sector organisations. The Carers Centre had a ring-fenced budget to support the implementation of the Carers Act across Scottish Borders. The Carers Centre was increasing its presence in the What Matters Hubs and the service was working to make sure that there will be representation from the Carers Centre in all the hubs. This was a good development that will raise the profile of the Carers Centre and will facilitate wider access to support.

A Carers First group was established as a result of the updated strategic plan. A representative of the Scottish Borders Carers Centre sat on the IJB and SPG. Carers told us they recognised the partnership's intention to improve services for carers. This was evident through the increased visibility of senior leadership at Carers First meetings. However, further work is required to make sure that they were consistently involved in the planning stage as reported in recommendation one and that their contributions resulted in meaningful change.

The development of a carers strategy in consultation with carers was a positive development. Improvements had been made in the delivery of support for carers, with the development of an increased number of carer support plans. This support was positively received. There was performance monitoring for carers support, and the carer representative on the SPG was making sure that the indicators were reflective of carers experience.

### Recommendation 6

***The partnership should ensure that people with dementia receive access to a timely diagnosis.***

We made this recommendation at the time of the inspection because support for older people with dementia across Scottish Borders was inconsistent. There was a disparity between what we were told by hospital staff and people who accessed dementia services. Hospital staff thought there were clear pathways for the initial diagnosis of dementia and between hospital and community services. However, this view was not shared by all older people, their carers or community staff.

Since the inspection the partnership had taken positive steps to redesign dementia services. The services for older people's mental health had undergone a transformation and there was an increased focus to offer a quicker diagnosis and better support to those affected by dementia. The older people we met who had recently been diagnosed with dementia were satisfied with the process. They especially welcomed being offered a choice

to undertake diagnostic tests within their own home or attend a community centre. Despite the improvement in the time from referral to assessment staff reported concerns that GPs were referring people for diagnosis at the advanced stages of the illness. Best practice guidance would suggest that an earlier referral would allow early interventions to be offered and produce better outcomes for patients.

The community outreach team was developed to improve the ability of people with dementia to better manage their conditions and support those who care for them. This service facilitated a more streamlined approach to referrals and allowed patients to be offered more timely support as the Post Diagnostic Support (PDS) workers were based in the same clinic as those who carried out the assessments. This meant that people who received a diagnosis of dementia could be introduced to a PDS worker immediately after assessment.

Patients and their carers told us that they were concerned about the lack of services for people who had completed post diagnostic support and who did not yet require specialist residential care. The partnership was trying to address this by establishing new local area coordinators who will address this gap. Other supports included the What Matters Hubs and the Place and Space Community Resource Centre in Kelso. These were reported to be useful in providing personalised support for people with dementia and their carers. The partnership had recruited a dementia nurse consultant who will work with Alzheimer Scotland to strengthen the support options for older people and engage with the national strategy for dementia. Alzheimer Scotland was undertaking a consultation to identify local needs to ensure best use is made of resources. It was also supporting the rollout of dementia cafes[2] across the region.

The mental health transformation programme had resulted in positive changes for people accessing a diagnosis of dementia since the inspection. Improvements had been made in the waiting time between referral and assessment. However there was scope for further improvement for timely referrals for assessment. The positive innovation of post diagnostic support being introduced at the assessment clinic provided a seamless transition to support.

### Recommendation 7

***The partnership should take action to provide equitable access to community alarm response services for older people.***

We made this recommendation at the time of the inspection because it was noted that the partnership did not have a clear strategy or vision for telecare and telehealth services. The partnership has since developed a strategic plan for telecare. In this there was a

[2] Dementia Café's provide a safe and supportive place to discuss dementia diagnosis and think about what it means for the future, get answers from health professionals and meet and learn from other people in similar situations and keep active, make new friends and feel more confident (https://www.alzheimers.org.uk/get-support/your-support-services/dementia-cafe).

commitment to offer technology enabled care in the Scottish Borders that was aligned to the national strategy. As part of the delivery of this, training had been rolled out across the partnership to raise awareness of telecare and telehealth and to promote the use of technology.

We also made this recommendation because it was identified that Bordercare provided a responder service but access was dependent on older people having a nominated person who could respond in a crisis. There was a gap in service provision for people who did not have anyone to nominate. The partnership acknowledged that often the most vulnerable people, for example those who do not have family and friends close by to offer support, were unable to have a telecare alarms as they do not have a nominated person. The number of people provided with community alarms in the partnership had consistently decreased since the inspection. There was recognition that a responder service would provide more equitable access.

The partnership was committed to delivering an innovative solution to developing a responder service which would meet the needs of people who do not have a nominated person and be deliverable within the current resource. Recruitment of volunteers to be Community First Responders was underway. Their role would be to respond to activated alarms and medical emergencies if required while the ambulance is on its way. The volunteers would be trained in a wide range of emergency skills and use specialised equipment such as automatic external defibrillators and oxygen therapy. This project was at the early stages of development, but was a positive initiative to provide more equitable access to alarms.

As well as developing a responder service the partnership also demonstrated a commitment to enhancing knowledge and understanding about more advanced forms of telecare. Training had been rolled out which aimed to facilitate and promote use of more advanced technology.

### Recommendation 8

***The partnership should provide stronger accountability and governance of its transformational change programme.***

We made this recommendation because there were a number of weaknesses around strategic planning. For example, the 2016 strategic plan lacked detail on how its implementation would be measured and evaluated.

The partnership described a robust process in place for monitoring the progress of the new strategic plan to the IJB. This was supported by a clear reporting structure between the IJB, the SPG and the key management leadership groups. Action had been taken to review the partnership's governance arrangements in order to achieve this. This had included reviewing the arrangements for IJB meetings, the operation of the SPG and the

effectiveness of locality planning arrangements which are described in more detail in recommendation two.

The strategic needs assessment was identified as an area requiring attention during the inspection. The Joint Strategic Needs Assessment which was in draft form at the time of the inspection, had not been refreshed. However, more positively, the partnership now planned to complete a detailed revised strategic needs assessment based around and built upon the needs identified in the five localities. A series of consultation events "Fit For 2024" was underway in the localities as part of this process.

A market facilitation strategy had not been completed. However, in developing its strategic direction for services the partnership had undertaken work to explore and better understand the mix of care provision in the Borders and to encourage some new providers. The IJB had agreed this approach in September 2019 and also that a market facilitation strategy would be completed to support its implementation.

The partnership's commissioning, contracting and procurement work and in particular its oversight was highlighted in the inspection of services for older people. The partnership has put robust arrangements in place for the management and oversight of these activities.

### Recommendation 9

***The Integration Joint Board should develop and implement a detailed financial recovery plan to ensure savings proposals across NHS Borders and Scottish Borders Council services are achieved.***

We made this recommendation at the time of the inspection because members of the IJB were kept informed of the actions that related to the delegated services. However, they were not actively involved in the process of creating the recovery plan. Concerns had been raised over the limited opportunities that IJB members had to influence the financial recovery activities arising from projected year end overspends.

The partnership and the IJB are committed to improving joint financial planning. The improved relationships in the IJB will be beneficial in delivering this. NHS Borders has a significant financial deficit, and has been engaged in a Scottish Government turnaround approach. The development of a joint financial recovery plan is essential. Audit Scotland continue to monitor the partnerships financial planning as part of their annual programme.

### Recommendation 10

***The partnership should ensure that there are clear pathways for accessing services and that eligibility criteria are consistently applied. It should communicate these pathways and criteria clearly to all stakeholders. The partnership should also ensure effective management of any waiting lists and that waiting times for services and support are minimised.***

We made this recommendation because there was a lack of clarity about pathways for accessing services and lengthy waiting times to access services. There was also a significant number of older people who were waiting for lengthy periods of time to have their needs assessed or to receive certain services at the time of the inspection.

Since the inspection, the partnership had put in place a consistent approach across Scottish Borders to signpost people to the most appropriate service. The Scottish Borders Council customer services team was the initial point of contact for most people. Customer services staff carried out initial What Matters conversations, signposted individuals to other services, booked a What Matters Community Hub appointment or referred directly to social work if a critical need was identified.

As described in recommendation three, the introduction of the What Matters Hubs provided an additional point of contact for people to access services. A range of approaches were taken to advertise the What Matters Hubs and other services across localities. This included a variety of printed information including posters, flyers and business cards which were available in a variety of locations. Additionally, the Scottish Borders Council and SB Cares website encourages individuals looking for advice and information to access the Hubs as the first point of contact. Radio advertising and social media were used to raise awareness of the existence of new Hubs and as part of an ongoing awareness raising campaign. Information leaflets had been produced as services had been developed. This included the recent leaflet informing of the local area coordinator service for older people. The partnership recognised that there was a need to increase awareness of the What Matters Hubs in more rural areas and new advertising campaigns were being introduced. This included digital bus adverts to engage harder to reach individuals.

The partnership provided clear information for the public about social care and how to access it. The use of eligibility criteria and target timescales for providing support were also transparent.

Whilst these activities were positive, the partnership had yet to evaluate the effectiveness of its approach to disseminating information about accessing services. This limited the partnership's opportunities to make sure that stakeholders across Scottish Borders had access to the right information at the right time and were clear about pathways to access support.

Since the inspection, leaders had made a concerted effort to make sure that eligibility criteria were appropriately interpreted and applied by staff. We heard from a range of staff and managers that processes and activities were in place to make sure that eligibility criteria were being consistently applied and this was monitored on an ongoing basis. This included line manager scrutiny, resource panels, spot audits by the interim chief officer for adult services and review panels.

Waiting lists continued to be in place for each of the five locality areas. Evidence submitted by the partnership demonstrated that they were working to reduce waiting times across localities. The partnership had agreed standard response times for older people's social work services and had introduced measures to manage waiting lists. These were actively monitored by managers on a weekly basis and performance was reported monthly. Most older people were being seen within agreed priority one and priority two target waiting times. Some localities had more people waiting for a service than others. For example, the 'Central locality' had the highest number of people waiting for a service, reflecting the more expansive geography and limited staff capacity. Consideration was being given to deploying 'pop-up' What Matters hubs across the locality to help reduce waiting times. These hubs were not held on a regular basis, and utilise existing community resource. For example, pop up hubs have been held in lunch clubs and men's sheds to meet local need. There was evidence that the introduction of the What Matters Hubs had positively impacted waiting times in some localities. Hawick had the longest established hub, and the lowest number of people waiting of all the teams as well as almost all older people being seen within standard waiting times.

The partnership inspection improvement plan (health and social care specific plan) had an indicator of no more than 30 people waiting for a care package in all locations in Scottish Borders. This was a complex indicator which was reviewed monthly and was reported to the IJB performance board. The indicator included people awaiting a care at home package to facilitate discharge from hospital, care at home service for people within the community and residential placements, including nursing care placements. There was evidence that the partnership was meeting this target.

There was a consistent approach across Scottish Borders to signposting people to the most appropriate service. The What Matters Hubs were central to this and provided a new and consistent approach to accessing services. The partnership provided clear information about the use of eligibility criteria and target timescales for providing support. There was evidence that eligibility criteria were consistently applied. There was evidence of ongoing work in all localities to address waiting lists. This included monitoring by management and performance reporting. In areas where the What Matters Hubs were well established, there was evidence that they were positively impacting on waiting times.

### Recommendation 11

***The partnership should work together with the Critical Services Oversight Group and Adult Protection Committee (APC) to ensure that:***

- ***Risk assessments and risk management plans are completed where required***
- ***Quality assurance processes to ensure that responses for adults who may be at risk and need of support and protection improve***
- ***Improvement activity resulting from quality assurance processes is well governed***

We made this recommendation because there were a number of weaknesses around risk assessment and management. There was also a need for significant improvement in how staff assessed and managed risk and the partnership's quality assurance of this area of practice.

Since the inspection in 2017, the partnership had identified differences in format, understanding and use of risk assessments across adult services. There was evidence that the partnership had worked hard to address this and establish clear understanding across the different adult services regarding the format and use of risk assessments. The partnership developed and delivered a training programme focused on risk assessment, analysis and planning. Completing this training was mandatory for staff in the five health and social care locality teams, mental health services, learning disability service, emergency duty team, review and community care finance teams. Staff who had attended the training advised us that this development opportunity had met their learning needs and that their knowledge and skills had increased. Completion of the risk assessment training remained mandatory for new staff and there were plans to offer refresher training to existing staff.

In conjunction with the risk assessment training programme, the partnership developed and implemented Scottish Borders Council Adult Services Risk Assessment and Practice Standards 2018 and implemented revised risk assessment tools. These practice standards had recently been revised in October 2019 and applied to all staff in adult social care and social work. The standards referenced various risk assessment tools which were available for staff to use. Frontline workers and managers confirmed that the practice standards and training had been very positively received and indicated that risk assessment and risk management had improved significantly. The partnership had an active council officer forum which provided council officers with the opportunity for peer support, discussion and sharing good practice.

The partnership had recently increased the resource for adult protection officers (APOs) to promote a stronger level of oversight of adult protection work, including quality assurance and standardisation of approach across the seven adult teams. A process was in place to monitor the Adult Support and Protection (ASP) processes and timeframes using a RAG (red, amber or green) indicator. The partnership acknowledged that whilst this approach had had a positive impact further improvement was required.

There was evidence of commitment to increasing responsibility and involvement in adult protection from health staff and the recent creation of a public protection nurse post was an example of this.

Single-agency case file audits of ASP were undertaken monthly and largely focused on social work. In joint mental health and learning disability teams, health colleagues verbally inputted to make it a more dynamic process. Findings from these audits were reported to the Adult Protection Committee via the audit subgroup. ASP audits were mainly undertaken

by the Adult Protection Co-ordinator and the APOs with findings being fed back to adult services team leaders. Adult services team leaders undertook separate audit activity focused on individuals circumstances that did not meet the ASP threshold. The partnership had identified four themes arising from recent audit activity and APOs were working with team leaders to improve practice.

The partnership acknowledged that the current approach to case file auditing lacked structure and was not multi-agency. There was no overarching multi-agency audit plan or action plan developed from audit findings. This limited the partnership's ability to evaluate multi-agency practice and drive improvement around collaborative practice.

The Chief Officers Strategic Oversight Group had recognised that key performance indicators and data collected to monitor adult protection was limited. The analysis did not extend to the narrative behind the data which limited opportunity to identify areas for improvement. The partnership had taken action to address this with new performance indicators being developed as part of an overarching public protection approach. It was too early to tell if the newly developed performance indicators will be effective in monitoring performance and as a tool for improvement.

Following the inspection of services for older people, the Chief Officer Strategic Oversight Group instructed a review and redesign of public protection to improve the multiagency response to individuals at risk in the Scottish Borders. The review included engagement and consultation with a range of stakeholders and learning from other areas. As a result the partnership decided to move from separate protection committees to one public protection committee. The partnership reviewed structures, processes and procedures and was setting up a co-located service with a wider remit within a Public Protection Unit (PPU). The PPU will work collaboratively to address adult protection referrals and activity. The final APC meeting was in December 2019 and the public protection committee and the PPU are due to commence early 2020.

The partnership was committed to the public protection approach and the perceived advantages that the PPU would bring. It was clearly committed to progressing ongoing improvement to keeping adults at risk of harm safe. The partnership will be subject to a national programme of ASP inspection which will commence in 2020/21. This will involve inspecting the delivery of key processes and leadership of ASP practice in Scottish Borders and will provide further insight into this.

The partnership had worked hard to develop new procedures and tools for risk assessment and risk management. This was supported by training which almost all relevant staff had undertaken.

The partnership had a process in place for regular case file audits in social work. The findings from the audit activity were reported to the APC, and feedback was provided to team leaders to undertake improvement work in their teams. The partnership

acknowledged that the current approach to case file auditing lacked structure and was not multiagency. There was no audit plan or action plan developed from the audit findings. This limited the partnership's ability to evaluate multiagency working and drive improvement around collaborative practice.

### Recommendation 12

***The partnership should develop and implement a tool to seek health and social care staff feedback at all levels. The partnership should be able to demonstrate how it uses this feedback to understand and improve staff experiences and also its services.***

We made this recommendation because NHS Borders staff had the opportunity to engage in iMatter to provide feedback, but that this had not been rolled out to include council staff.

The partnership has since rolled iMatter out across the whole partnership. Response rates were being monitored across all teams and the partnership could demonstrate that most teams generated an adequate response to provide meaningful reports. There was evidence of action plans being created which were aligned to the areas identified for improvement from the responses. The plans were realistic and time bound. There was also evidence of a review of an action plan demonstrating that the improvements had been undertaken. An example of this was an identified need to have a clear understanding of quality and performance measures and expectations in relation to roles and teams. By the time of the review a quality and performance framework had been introduced to address this.

### Recommendation 13

***The partnership should develop and implement a joint comprehensive workforce development strategy, involving the third and independent sectors. This should include a focus on sustainable recruitment and retention of staff, building sufficient capacity and providing a skills mix that delivers high quality services.***

We made this recommendation because there was a need for a joint workforce development strategy which involved independent and voluntary sector partners.

The first health and social care partnership workforce plan 2017/2019 was published in December 2017. This was jointly produced by NHS Borders and the Scottish Borders Council. Positively, partnership staff were engaged in consultation in the development of the plan. However, partners from the third and independent sectors were not meaningfully included. The plan would expire at the end of 2019. A revised draft plan was being developed, but this was at a very early stage. No evidence was provided of work underway to make sure the plan would be both joint and comprehensive. The delay in the plans' development was attributed to waiting for the forthcoming Scottish Government Guidance. Senior partnership staff expressed a commitment to making sure that the

production of the new joint plan would include consultation and engagement with partnership staff and representatives from the third and independent sector.

Workforce development was largely carried out on a single-agency basis. There was limited evidence of a strategic approach to joint training. Independent and third sector partners had limited access to partnership training and development opportunities. The partnership acknowledged that there was scope for improvement and expressed an intention to formalise training opportunities for the third and independent sector in the future.

In line with its workforce plan the partnership had introduced initiatives to improve joint working, build staff capacity and develop an appropriately skilled workforce. Partnership staff described an improvement in multiagency working and a more collaborative culture. A joint staff forum was active in areas including workforce planning.

Plans were being put in place to offer access to health and social care careers. There were also single-agency initiatives to grow the workforce including: an increase in the number of modern apprenticeships across the sector; work with local schools and Borders College to promote careers in health and social care, a job guarantee; a “grow your own” plan which will support two staff to commence a postgraduate Diploma in Social Work. Additionally, healthcare support workers were completing accredited training to enable them to fill new posts equivalent to vacant Band 5 nursing jobs. The impact of these initiatives has not been fully evaluated to assess the effect on areas of identified need.

There was limited evidence of a strategic approach to joint workforce development being implemented. The partnerships’ new plan should include the Scottish Government guidance published in December 2019 and develop the new plan to make sure a streamlined and improved workforce planning process. In doing this the plan should reflect closer integration between health and social care organisations and include the independent and voluntary sector. The workforce plan will require to have an associated timescale and to have measures of success built in.

# 4. Conclusion and what happens next?

The original inspection of services for older people had identified some strengths in the delivery of services for older people in the Scottish Borders. These included a committed workforce and an ambitious plan to transform its approach to meeting the needs of older people. For example through developing community led support. However, it also identified significant weaknesses and we made 13 recommendations for improvement which necessitated us returning to the partnership to evaluate progress.

In this progress review we found that the partnership had made progress in addressing each of the 13 recommendations and demonstrated a commitment to ongoing improvement. We also found that more broadly the partnership was now in a better place than it had been back in 2017.

Senior managers within the partnership demonstrated a commitment to a shared direction of travel and increased strengthening of joint working at a strategic level. Continuity of senior staff in the partnership had provided much needed stability. The partnership had reviewed its governance framework and the IJB has a process in monitoring the progress of the strategic plan. This was supported by a clear reporting structure between the IJB, the SPG and the key management and leadership groups. Importantly constructive working relationships had evolved within the IJB and SPG. Work undertaken by the partnership to improve planning and commissioning was piecemeal and limited after the inspection, but this has since taken a strategic approach and is being taken forward. There was a clear commitment by the partnership to continue building on the improvements and progress that it had made.

During the review the partnership recognised the need to improve both self-evaluation and ongoing evaluation of initiatives and approaches. The review identified areas for ongoing improvement in the partnership. Engagement and consultation with stakeholders needs to become more meaningful, and appropriate representation must be included and valued in the SPG and IJB. Accessing a specialist assessment for dementia in the Scottish Borders has become far easier, but further work is required to make sure that this is always offered quickly after symptoms become evident.

Given the positive findings from our review we do not intend to conduct any further scrutiny in relation to this inspection of services for older people. Instead the Care Inspectorate and Healthcare Improvement Scotland will continue to engage with the partnership about the possibility of offering further support as they continue to work hard to improve services for older people.

To find out more about our inspections go to www.careinspectorate.com and www.healthcareimprovementscotland.org

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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are part of our organisation.

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News release from Scottish Borders Health and Social Care Partnership: Wednesday 12 February 2020

# Joint Older People's services review report highlights positive progress and improvement in all areas

A progress review of older people's services undertaken by the Care Inspectorate and Health Improvement Scotland has found that the Scottish Borders Health & Social Care Partnership has made sustained improvements across all thirteen recommendations identified in their report from 2017.

In their update report published today, Wednesday 12 February, they highlight areas where they identified that the Partnership is delivering quality services, resulting in positive outcomes for service users, patients and carers.

Most significantly, they have confirmed that, due to the positive findings from their review, there will be no need for further scrutiny in relation to their previous recommendations.

Overall, they found that senior managers were demonstrating commitment to a shared goal. They further identified an increased strengthening of joint working at a strategic level and that continuity of senior staff in the partnership was providing much needed stability.

The governance framework had been reviewed and a process established for monitoring the progress of the strategic plan to the Integration Joint Board (IJB). This was supported by a clear reporting structure between the IJB, the Strategic Planning Group (SPG) and the key management leadership groups. Importantly, constructive working relationships had evolved within the IJB and SPG.

In addition, the IJB was progressing with the development of a detailed joint financial recovery process to ensure that savings proposals across NHS Borders and Scottish Borders Council were achieved.

Progress had been made with a range of initiatives and approaches to support early intervention and prevention work. The What Matters Hubs and Hospital to Home provision were highlighted as key examples of good joint working that were resulting in a number of benefits. The Hubs were also providing a consistent approach to signposting people to the most appropriate service and impacting positively on waiting times.

The inspection team recognised that the mental health transformation programme was resulting in encouraging changes for people accessing a diagnosis of dementia. Improvements had been made in the waiting time between referral and assessment as well as the overall support provided. This included the Community Outreach Team who were enabling people with dementia to manage their condition more effectively and providing better support for those who care for them.

There was a more strategic view on how the Partnership planned to shift the balance of care in the short, medium and longer term. A matching unit for care at home service provision had been established and arrangements to enable older people's discharge from hospital with appropriate community supports had improved. The reintegration of the arms-length provider of social care services would ensure greater control of its service provision and the 2018-21 Strategic Plan included a commitment to redesign the way care at home services were delivered to ensure a reablement approach.

The development of a carers' strategy through consultation with carers was seen as a very positive development and evidence of improvements in the delivery of support for carers was identified. An increased number of support plans were being completed and carers themselves were also reporting favourably on the service.

Dr Stephen Mather, Chair of the Integration Joint Board, said: "The Board has worked hard to ensure a professional and supportive relationship operates across all partners involved in the delivery of health and social care services. This includes Health, Council, Housing, Care Providers, Carers, our voluntary sector and directly with those people who benefit from our services. This report gives all of these partners recognition of their efforts and commitment to improving the lives of all who live in the Borders."

Tracey Logan, Chief Executive of Scottish Borders Council, said: "I am pleased to note that the excellent work of our staff has been so positively reflected in this review report and that the impact of our ongoing action plan, which is the consolidation of a range of plans which the Partnership continues to develop, has been recognised. We are deeply committed to supporting our community of older people here in the Borders and for this to be acknowledged in this way is something we can all be very proud of."

Ralph Roberts, Chief Executive of NHS Borders, said: "We were pleased to hear that, when speaking to older people and their families, inspectors found that they valued the services they received which are of a good quality. It was encouraging to note that service providers had worked hard to achieve these outcomes which had made a positive difference to people's lives and that people were able to find information and who to contact if they wanted to access services."

Rob McCulloch-Graham, Chief Officer Health and Social Care, said: "This report is a very real endorsement of the strategy the partnership introduced in 2018. The inspectors recognised the scale of improvement staff, managers, non-executives and local politicians have made over the last couple of years, to the services on offer to the people of the Borders."

The report is available at: [Sue to insert link when report has been published]

**Notes to editors**

The Partnership's response to the original inspection is available on the Council's website

For more information, contact the Communications and Marketing team on 01835 826632 or communications@scotborders.gov.uk

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Scottish Borders Health & Social Care
Integration Joint Board

Meeting Date: 19th FEBRUARY 2020

| | |
|---|---|
| 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 |

| | |
|---|---|
| **Recommendations:** | Health & Social Care Integration Joint Board is asked to:<br>a) Note and approve any changes made to performance reporting.<br>b) Note the key challenges highlighted.<br>c) Direct actions to address the challenges and to mitigate risk |

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

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

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

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

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

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

## 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 continues 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 endeavours to present the latest available data. For some measures there is a significant lag whilst local data is validated and released publicly. This increases robustness and allows for national comparison, but is not ideal. To mitigate the risk of relying on data which can be 12-months old, the IPG will also present local data for a number of measures. This data is shown in a separate table (*section 3 of this covering report*) – the intention being that the local data can indicate more recent direction of travel. However, it should be noted that the data may be subject to change as part of the National data-validation process.

1.4 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.

1.5 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)**, continues to show improvement, with the latest figure now 26.9 admissions per 1,000 population. This demonstrates a positive trend, dropping from 28.3 in Q1 (2018/19), is better than our locally set target (27.5) and better than the latest Scotland average (27.8). When looking specifically at the **over 75 years** age group, there has been a decline in performance this quarter (latest is 88.1, last quarter was 83.3). However, our long-term trend is still positive, we remain better than our locally set target and better than the latest Scotland average (94.2). This suggests that action being taken to reduce emergency hospital admissions is having a positive impact, but it may be worth keeping an eye on the over 75 performance.

2.2 **A&E waiting times** performance has declined. Generally performance has been near to our 95% target over recent quarters, but performance has declined over the last few months - latest is 91.3% of patients being seen within 4 hours. This still remains better than the latest Scotland average (89.7%), but raises concerns. One mitigation could be that the average **A&E attendances** has gradually been increasing (latest figure 67.7 per 1,000 population, compared to an average of approx. 63) over the last four quarters. This increase in attendance may in part explain the decline in A&E waiting time performance, but there may also be other factors.

2.3 The **balance of spend on emergency hospital stays** remains very positive - with 20.4% of health and care resource spent on hospital stays where the patient was admitted as an emergency (persons aged 18+).

2.4 The **quarterly occupied bed day rates for emergency admissions** in Scottish Borders residents *age 75+* tends to fluctuate, but is demonstrating a positive performance trend over the last 4 quarters (868 to 794 per 1,000 population); is better than the Scotland average (1,157) and better than our local target (1,041), which is based on remaining at least 10% better than the national average.

2.5 With regard to delayed discharge, the **'snapshot' data performance** (*taken on one day each month*) is positive, with 13 delayed discharges recorded. This demonstrates a positive performance trend over the last 4 months (26 to 13) and is better than our target of 23 – however, this should be caveated in that snapshot data is taken on one specific day each month. The quarterly **rate of bed days associated with delayed discharges (75+)** performance has worsened this quarter (to 180 beds per 1,000 population aged 75+). However, this still demonstrates a positive trend over the last four quarters, is better than the latest Scotland average (199) and bang on our local target (180).

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 96.2%. The data is taken from questions asked in the "*2 minutes of your time*" survey done at BGH and community hospitals.

2.7 Our performance for the **Quarterly rate of emergency readmissions within 28 days of discharge** for Scottish Borders residents has declined and despite showing some improvement, performance is now showing a 10.9% readmission rate. This is worse than the latest Scotland average (10.3%) and worse than our local target (10.5). However, section 3 (overleaf) shows more up to date local data for this measure, where more recent performance does appear to be improving.

2.8 The data in relation to **end of life care** is relatively static – sticking at around 86% of people able to spend the last 6 months of their life at home or in a community setting. This is below our target (87.5%) and worse than the latest Scotland average (87.9%).

2.9 The % of **Carer Support Plans completed** performance is very positive, with 90% of the plans offered, having been completed. This is well above our 40% target.

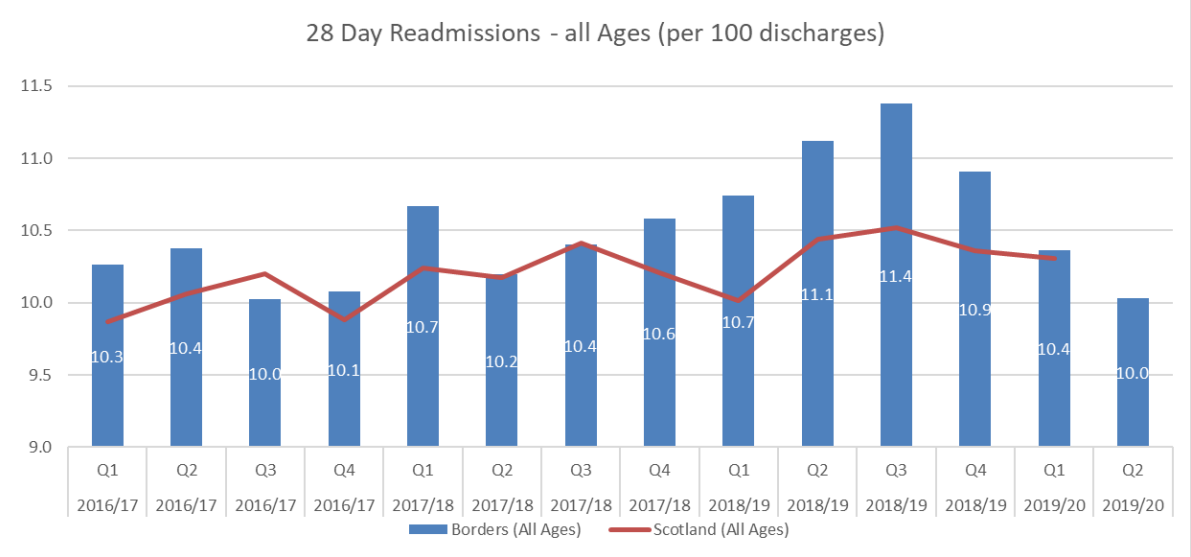
2.10 Similarly, the **outcomes for carers** indicators remain positive. This suite of indicators looks at the positive outcome change between baseline assessment and subsequent review.

## 3. Local data

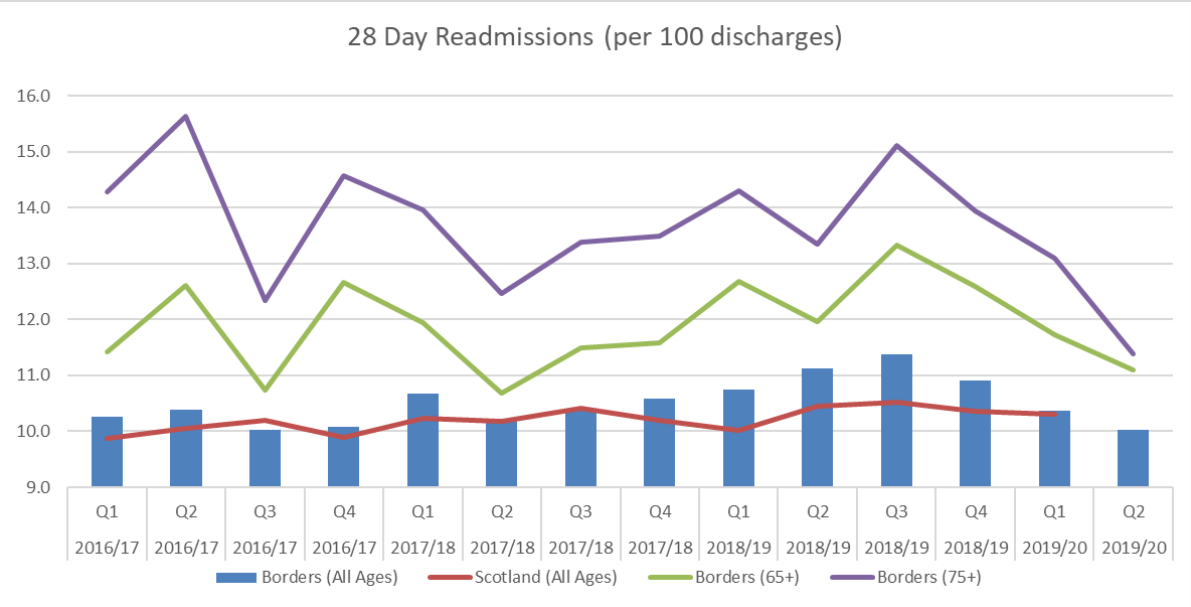
The data shown in Section 2 of this report is publicly released data, but as already discussed there can be a significant lag with this. The data below is more up to date local data – the intention being to indicate more recent performance and direction of travel. Please note however – this data requires validation at National level and may be subject to change.

### *3.1) Readmission performance (see 2.7 above):*

- Readmission rates for all ages appears to be improving.




- Readmission rate for 75+ is generally consistently a few percentage points higher than the 65+ rate. This gap appears to be narrowing – however it would be prudent to wait for future data on this before drawing any conclusions.



# 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 **FEBRUARY 2020**

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 January 2020**. Annual performance is included in our latest **Annual Performance Report 2018/19**

KEY

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

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

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

# HOW ARE WE DOING?

## OBJECTIVE 1

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

| EMERGENCY HOSPITAL ADMISSIONS (BORDERS RESIDENTS, ALL AGES) | EMERGENCY HOSPITAL ADMISSIONS (BORDERS RESIDENTS AGE 75+) | ATTENDANCES AT A&E | £ ON EMERGENCY HOSPITAL STAYS |
|---|---|---|---|
| **26.9** **admissions** per 1,000 population (Q1 - 2019/20) | **88.1** **admissions** per 1,000 population Age 75+ (Q2 – 2019/20) | **67.7** **attendances** per 1,000 population (Q2 – 2019/20) | **20.4%** of **total health and care resource**, for those **Age 18+ was spent** on **emergency hospital stays** (Q4 – 2018/19) |
| **+ve trend over 4 periods Better than Scotland (27.1 – Q1 2019/20) Better than target (27.5)** | **+ve trend over 4 periods Better than Scotland (94.2 – Q4 2018/19) Better than target (90.0)** | **-ve trend over 4 periods Better than Scotland (75.0 – Q2 2019/20) Better than target (70)** | **+ve trend over 4 periods Better than Scotland (23.5% - 2018/19) Better than target (21.5%)** |

### 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 of December 2019, the denominator for this measure was updated to include Dental and Opthalmic costs and, as a result, the % of Health Care spend has slightly reduced. 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

Our Strategic Implementation Plan (SIP) includes the continued development of 'What Matters' hubs" - expanding the use of hubs and drop-in centres to create 'one-stop shops', ideally covering social care and a range of health needs. Through the development of single assessment and review and trusted assessor, 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 (MDTs) across our localities to triage individuals within the community and ensure that they can access services and receive appropriate Health & Social Care interventions and preventions.



#yourpart

Scottish Borders Health and Social Care PARTNERSHIP

# OBJECTIVE 2

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

| A&E WAITING TIMES (TARGET = 95%) | RATE OF OCCUPIED BED DAYS* FOR EMERGENCY ADMISSIONS (AGES 75+) | NUMBER OF DELAYED DISCHARGES ("SNAPSHOT" TAKEN 1 DAY EACH MONTH) | RATE OF BED DAYS ASSOCIATED WITH DELAYED DISCHARGE | "TWO MINUTES OF YOUR TIME" SURVEY – CONDUCTED AT BGH AND COMMUNITY HOSPITALS |
|---|---|---|---|---|
| **91.3%** of **people seen within 4 hours** (Oct 2019) | **794** **bed days** per 1000 population Age 75+ (Q2 – 2019/20) | **13** **over 72 hours** (Nov 2019) | **180** **bed days** per 1000 population Age 75+ (Q2 – 2019/20) | **96.2%** **overall satisfaction rate** (Q2 - 2019/20) |
| **Neutral trend over 4 periods**<br>**Better than Scotland (89.7% - June 2019)**<br>**Worse than target (95%)** | **+ve trend over 4 periods**<br>**Better than Scotland (1157 Q4 2018/19)**<br>**Better than target (min 10% better than Scottish average)** | **+ve trend over 4 periods**<br>**Better than target (23)** | **+ve trend over 4 periods**<br>**Better than Scotland (199 - 18/19 average)**<br>**On target (180)** | **+ve trend over 4 periods**<br>**Better than target (95%)** |

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

## Main Challenges

Over the last number of reporting periods, A&E waiting time performance has been positive, with approx. 95% of patients being seen within 4hrs. The latest (October 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

As part of our Strategic Implementation Plan (SIP), 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 'Discharge Hub' to deliver a more consistent approach to managing people's progress through and out of 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) | END OF LIFE CARE | CARERS SUPPORT PLANS COMPLETED | **SUPPORT FOR CARERS:** change between baseline assessment and review. Improvements in self- assessment |
|---|---|---|---|
| **10.9** per **100 discharges from hospital** were re-admitted within 28 days (Q4 – 2018/19) | **86.2%** of **people's last 6 months** was spend at home or in a community setting (Q4 – 2018/19) | **90%** of **carer support plans offered** that have been **taken up and completed in the last quarter** (Q3 – 2019/20) | **Health and well-being**<br>**Managing the caring role**<br>**Feeling valued**<br>**Planning for the future**<br>**Finance & benefits**<br>(Q4 – 2018/19) |
| **-ve trend over 4 Qtrs**<br>**Worse than Scotland (10.3 – Q4 2018/19)**<br>**Worse than target (10.5)** | **+ve trend over 4 Qtrs**<br>**Worse than Scotland (88.1% - 2018/19)**<br>**Worse than target (87.5%)** | **+ve trend over 4 Qtrs**<br>**Better than target (40%)** | **+ve impact**<br>**No Scotland comparison**<br>**No local target** |

## Main Challenges

The quarterly rate of emergency readmissions within 28 days of discharge (all ages) peaked at 11.4% in Q3 2018/19, increasing from a low of 10.0% in 2016/17. 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 services 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 continue promoting the use of TEC with staff and partners via the 'TEC Fest' events we hold (two have been held to date – July 2019 and Dec 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 February 2020

## SUMMARY OF PERFORMANCE: LATEST AVAILABLE DATA AT END JANUARY 2020

## 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

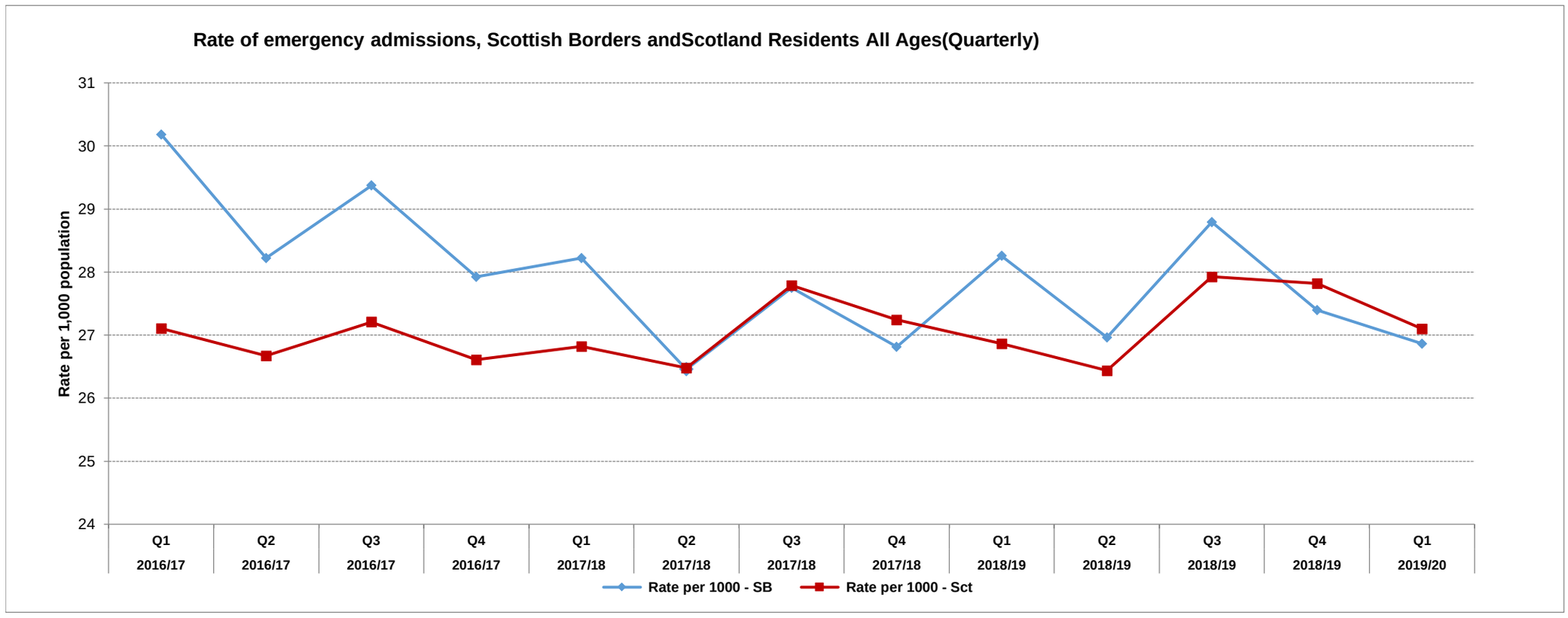
Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

## 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)**

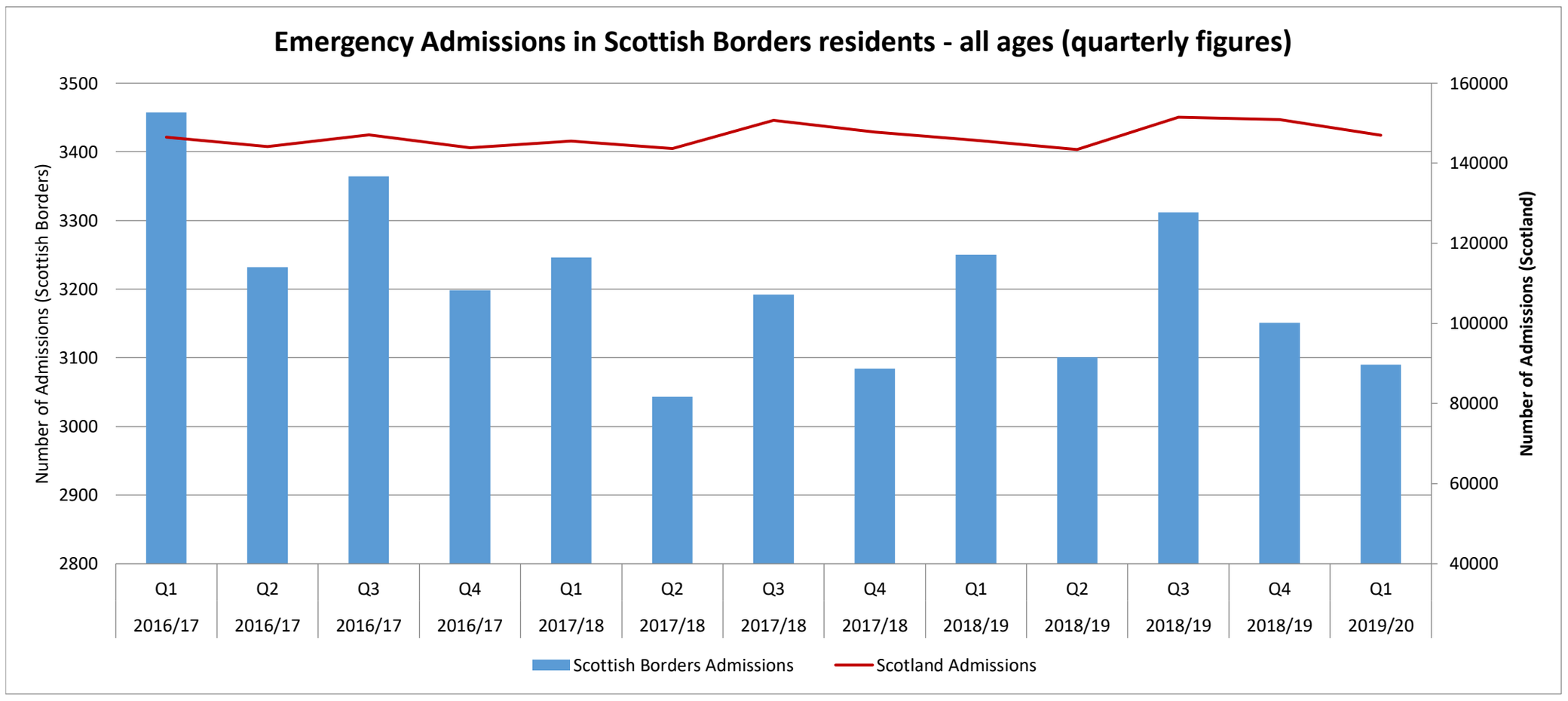
| | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Q1 2017/18 | Q2 2017/18 | Q3 2017/18 | Q4 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | Q4 2018/19 | Q1 2019/20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Rate of Emergency Admissions per 1,000 population All Ages | 30.2 | 28.2 | 29.4 | 27.9 | 28.2 | 26.5 | 27.8 | 26.8 | 28.3 | 27.0 | 28.8 | 27.4 | 26.9 |
| 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 | 27.1 |




**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 | Q1 2019/20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | 3,090 |
| 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 | 147,024 |



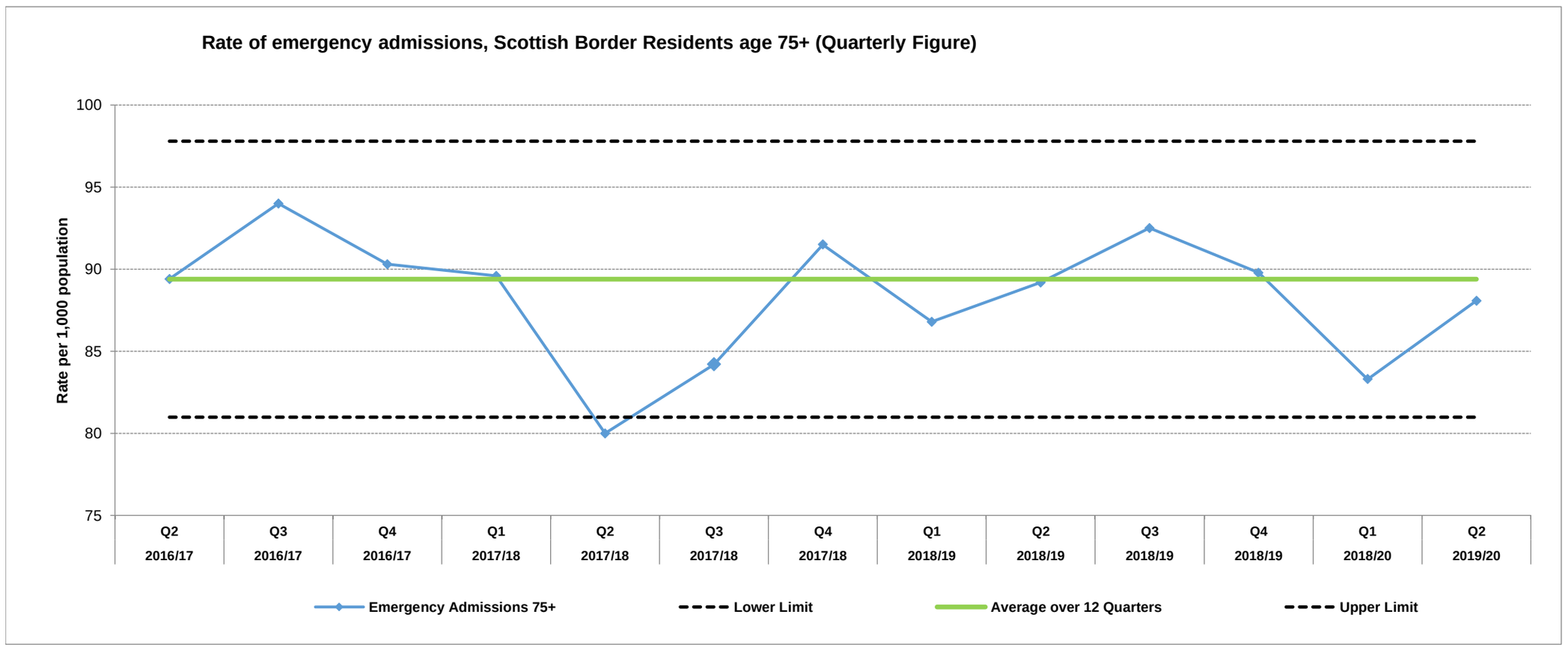

**How are we performing?**

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. The corresponding quarterly rate per 1,000 population has come down from 30.2 per 1,000 to 26.9 by the end of the quarter 1 2019/20. 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. Q1 19/20 shows a reduction of approx. 30 emergency admissions per week in comparison to the same quarter in 2016/17.

## Emergency Admissions, Scottish Borders residents age 75+

Source: NSS Discovery

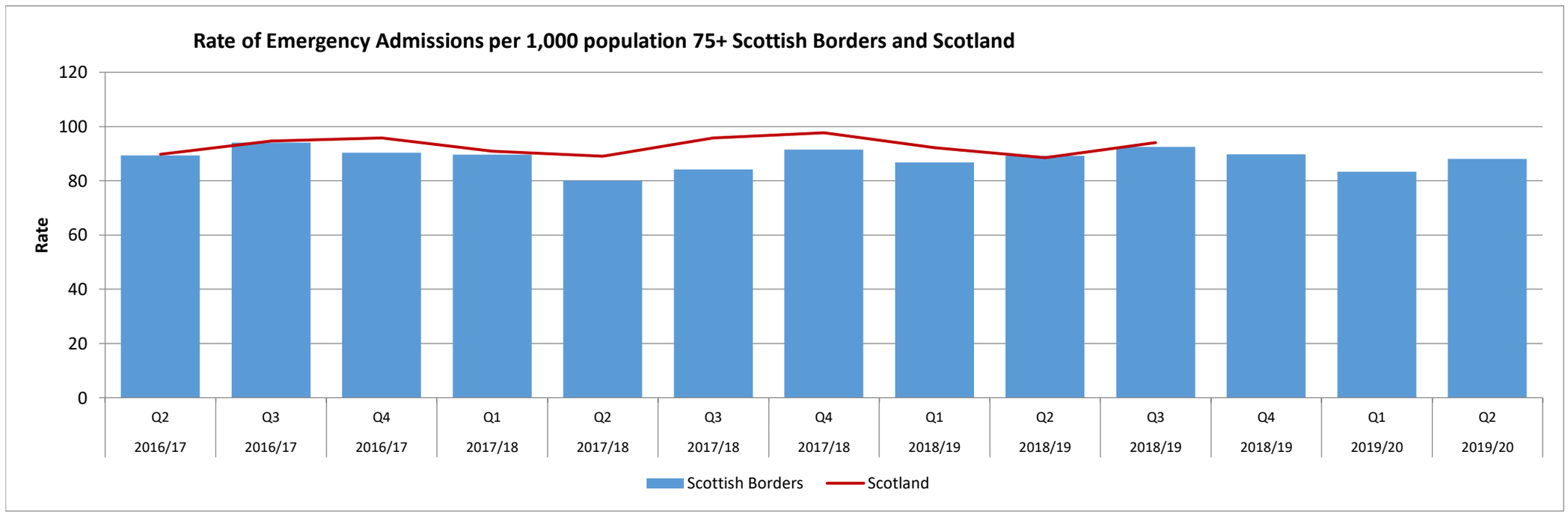
| | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Q1 2017/18 | Q2 2017/18 | Q3 2017/18 | Q4 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | Q4 2018/19 | Q1 2019/20 | Q2 2019/20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Emergency Admissions, 75+ | 1,054 | 1,108 | 1,065 | 1,074 | 959 | 1,009 | 1,096 | 1,040 | 1,069 | 1,108 | 1,076 | 1,020 | 1,078 |
| Rate of Emergency Admissions per 1,000 population 75+ | 89.4 | 94.0 | 90.3 | 89.6 | 80.0 | 84.2 | 91.5 | 86.8 | 89.2 | 92.5 | 89.8 | 83.3 | 88.1 |




## 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 | Q2 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 | 88.1 |
| 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 | 94.2 | - | - |



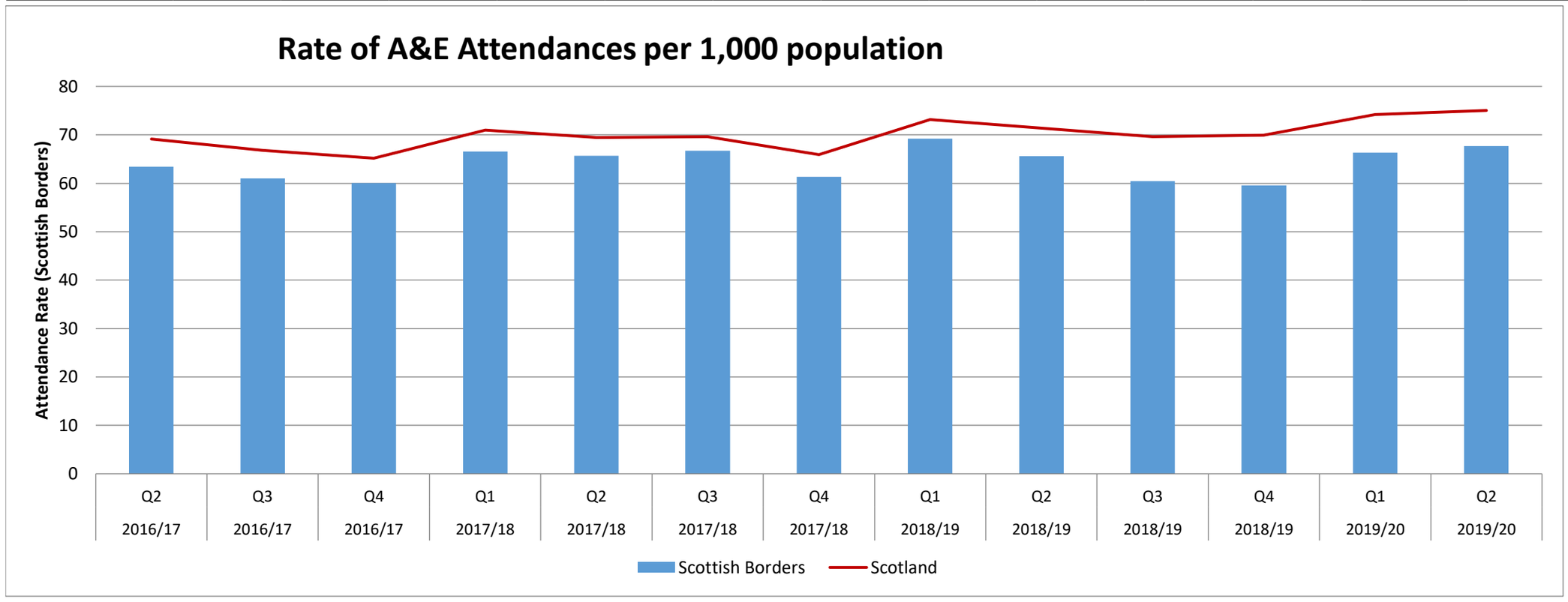

**How are we performing?**

The rate of emergency admissions per 1,000 populationfell slightly in quarters 2 & 3 of 2017/18 but crept back up in Q4 2017/18. The long term trend for this indicator has seen only a slight decrease in the rate of 75+ emergency admissions.

## Rate of A&E Attendances per 1,000 population

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

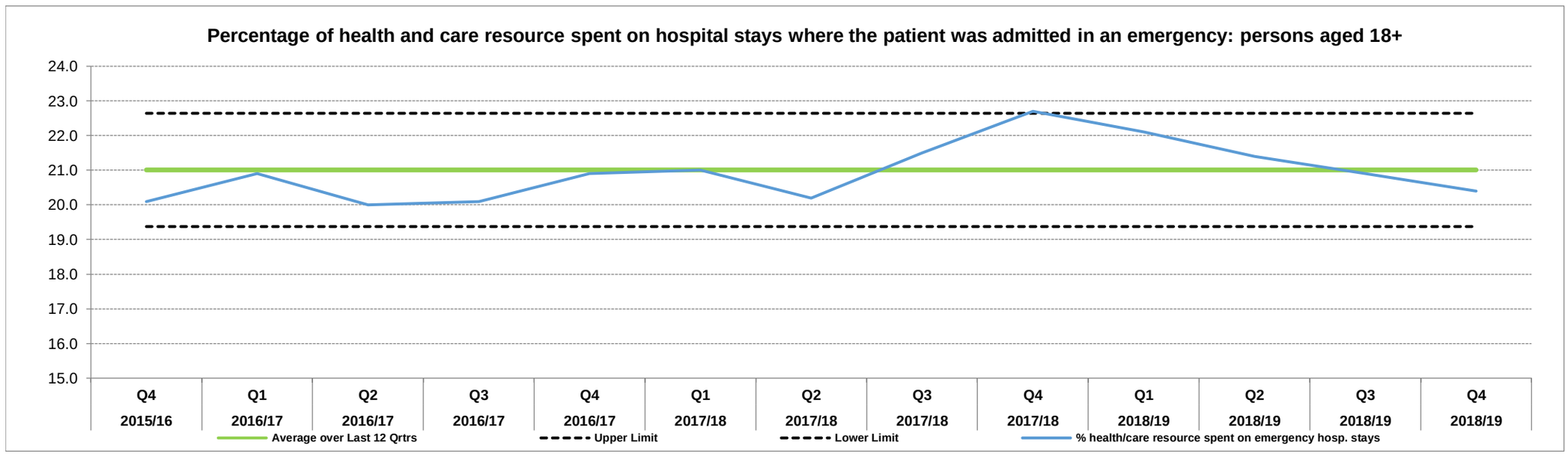
| | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Q1 2017/18 | Q2 2017/18 | Q3 2017/18 | Q4 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | Q4 2018/19 | Q1 2019/20 | Q2 2019/20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Rate of Attendances, Scottish Borders | 63.4 | 61.0 | 60.0 | 66.6 | 65.6 | 66.7 | 61.3 | 69.2 | 65.6 | 60.5 | 59.6 | 66.3 | 67.7 |
| Rate of Attendances, Scotland | 69.1 | 66.8 | 65.2 | 71.0 | 69.4 | 69.6 | 65.9 | 73.1 | 71.4 | 69.6 | 69.9 | 74.2 | 75.0 |

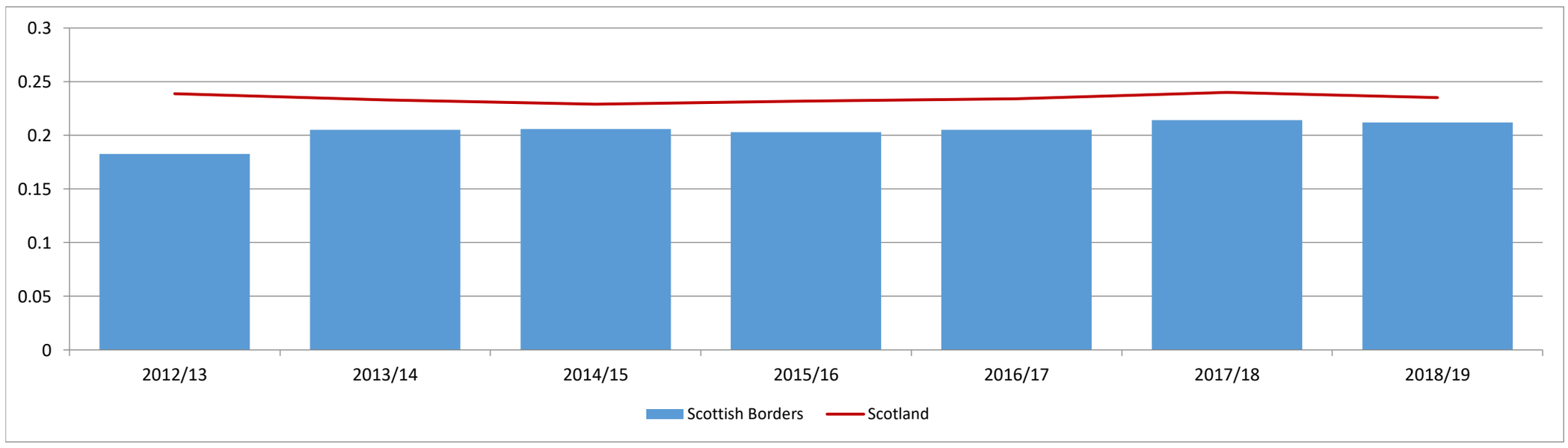



## Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency: persons aged 18+

***Source: Core Suite Indicator workbooks***

| | Q4 2015/16 | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Q1 2017/18 | Q2 2017/18 | Q3 2017/18 | Q4 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | Q4 2018/19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| % of health and care resource spent on emergency hospital stays (Scottish Borders) | 20.1 | 20.9 | 20.0 | 20.1 | 20.9 | 21.0 | 20.2 | 21.5 | 22.7 | 22.1 | 21.4 | 20.9 | 20.4 |




**How are we performing?**

The percentage of health and social care resource spent on unscheduled hospital stays has seen an overall slight decrease since the first quarter of 2016/17. This spiked at the end of the 2017/18 financial year although has continued to decreased over 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. Figures for Q1 & Q2 of 2019/20 are affected by completeness (97% complete) and will be refreshed in future reports.

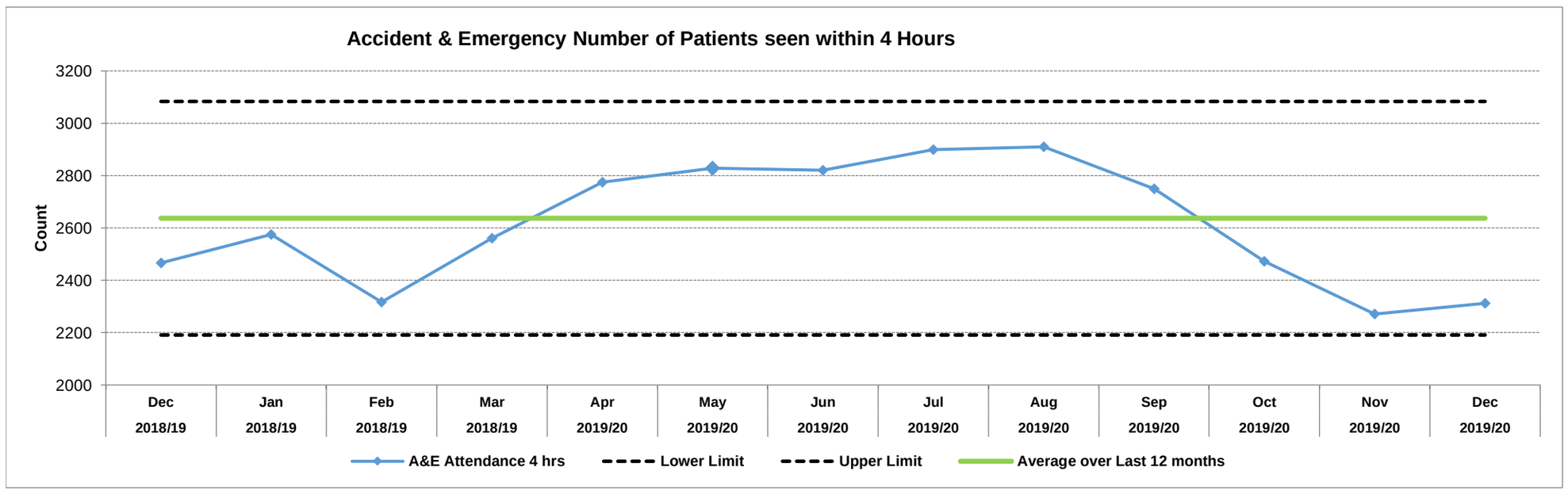
*NB: December 2019, the denominator for this indicator now includes dental and ophthalmic costs. As a result, the % of spend has slightly decreased. The Table and Charts above have been updated to reflect the altered % as a result of this change.*

## 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**

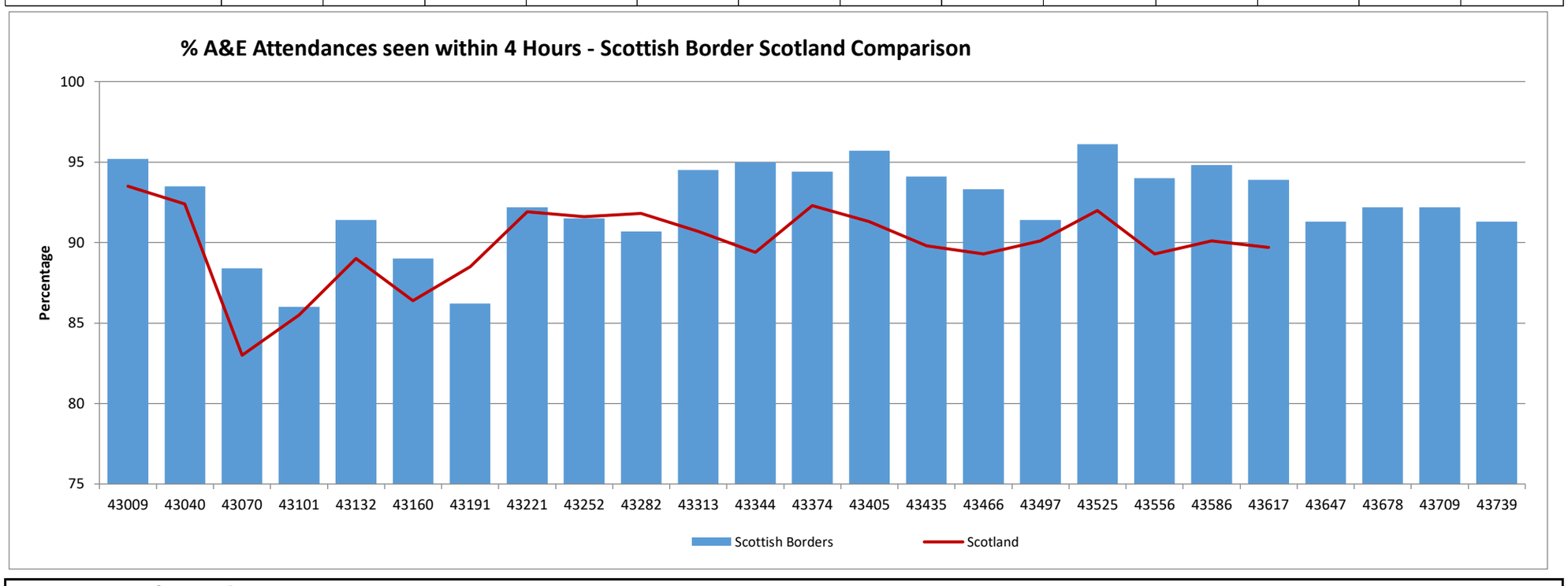
| | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of A&E Attendances seen within 4 hours | 2467 | 2575 | 2317 | 2561 | 2775 | 2828 | 2821 | 2900 | 2910 | 2749 | 2473 | 2271 | 2312 |




### % 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 | Oct-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 | 91.3 |
| % A&E Attendances seen within 4 hour Scotland | 92.3 | 91.3 | 89.8 | 89.3 | 90.1 | 92.0 | 89.3 | 90.1 | 89.7 | - | - | - | - |



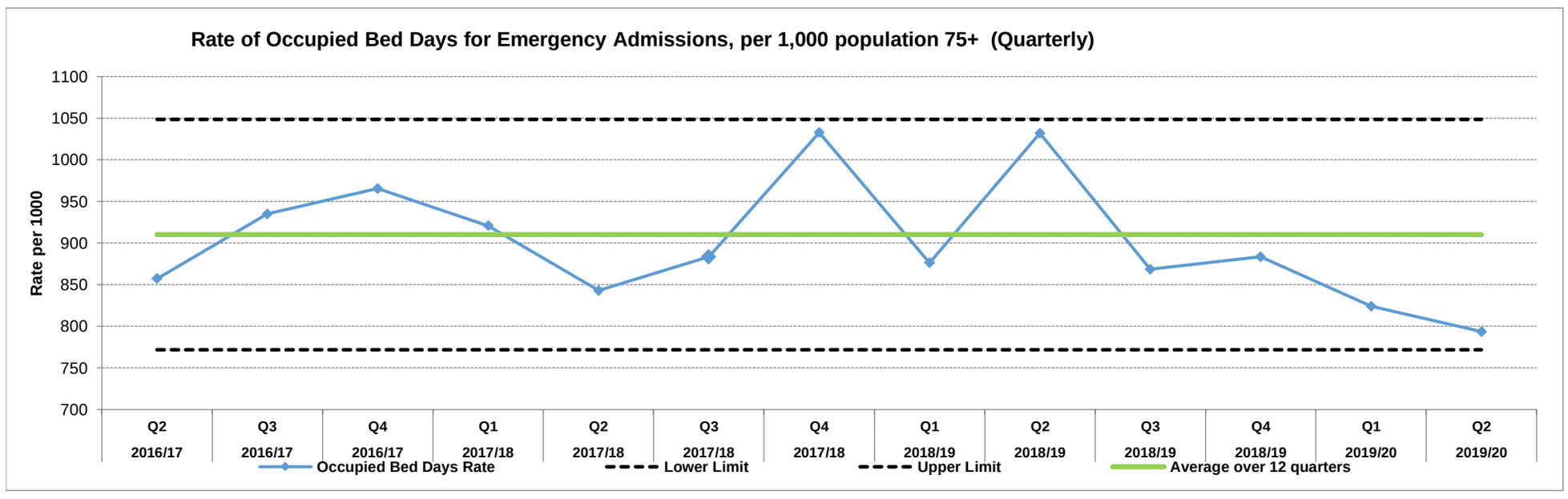

**How are we performing?**

NHS Borders consistently performs better than the Scottish comparator for A&E waiting times. However, the 95% local target has only been achieved twice in the past year. NHS Borders are working towards consistently achieving an ambitious local 98% standard; therefore action is required to improve A&E waiting times.

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

Source: NSS Discovery

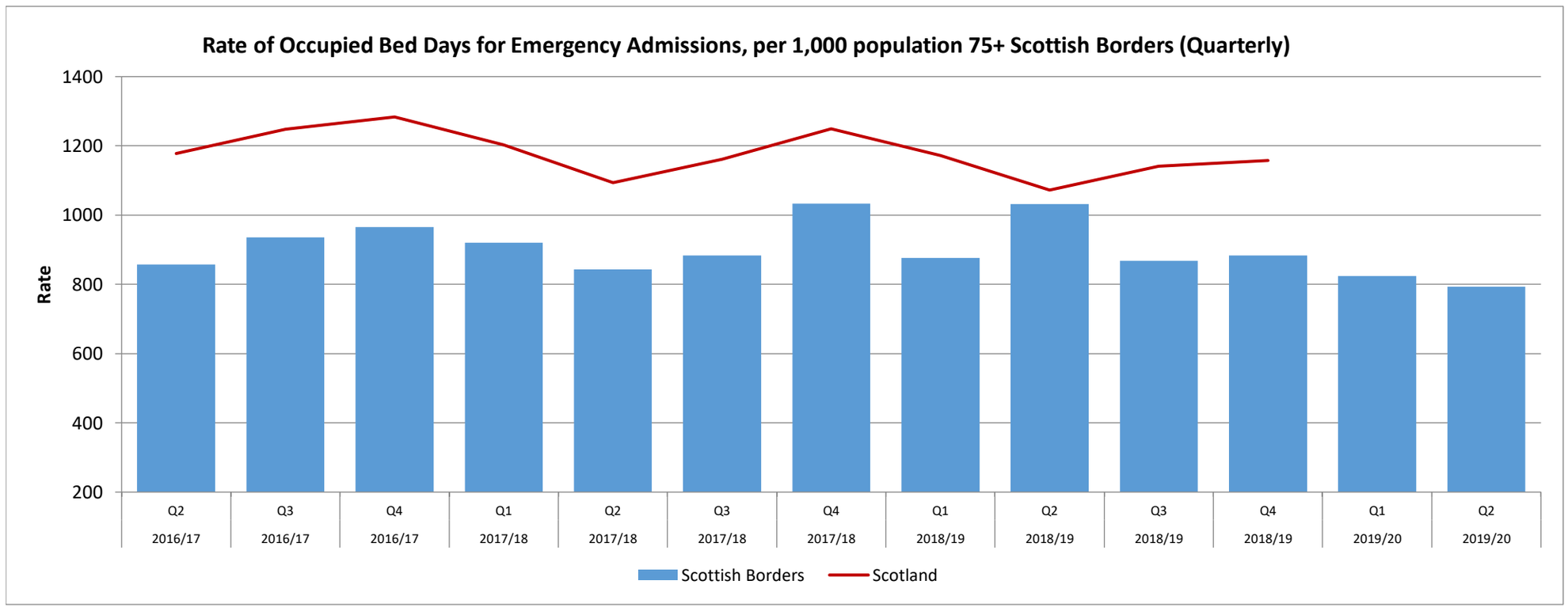
| | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Q1 2017/18 | Q2 2017/18 | Q3 2017/17 | Q4 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | Q4 2018/19 | Q1 2019/20 | Q2 2019/20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Occupied Bed Days for emergency Admissions, 75+ | 10109 | 11028 | 11387 | 11035 | 10103 | 10582 | 12377 | 10523 | 12356 | 10407 | 10587 | 10089 | 9715 |
| 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 | 794 |




## 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 | Q2 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 | 794 |
| Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scotland | 1178 | 1248 | 1284 | 1203 | 1094 | 1161 | 1250 | 1172 | 1072 | 1141 | 1157 | - | - |



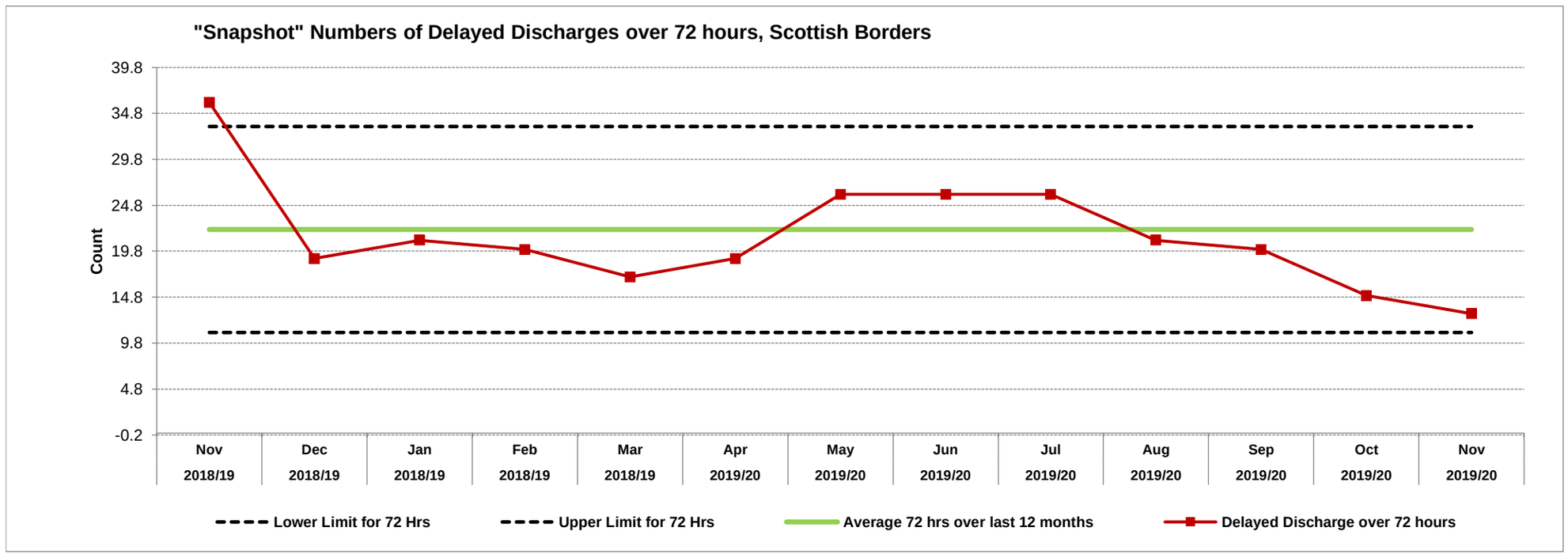

**How are we performing?**

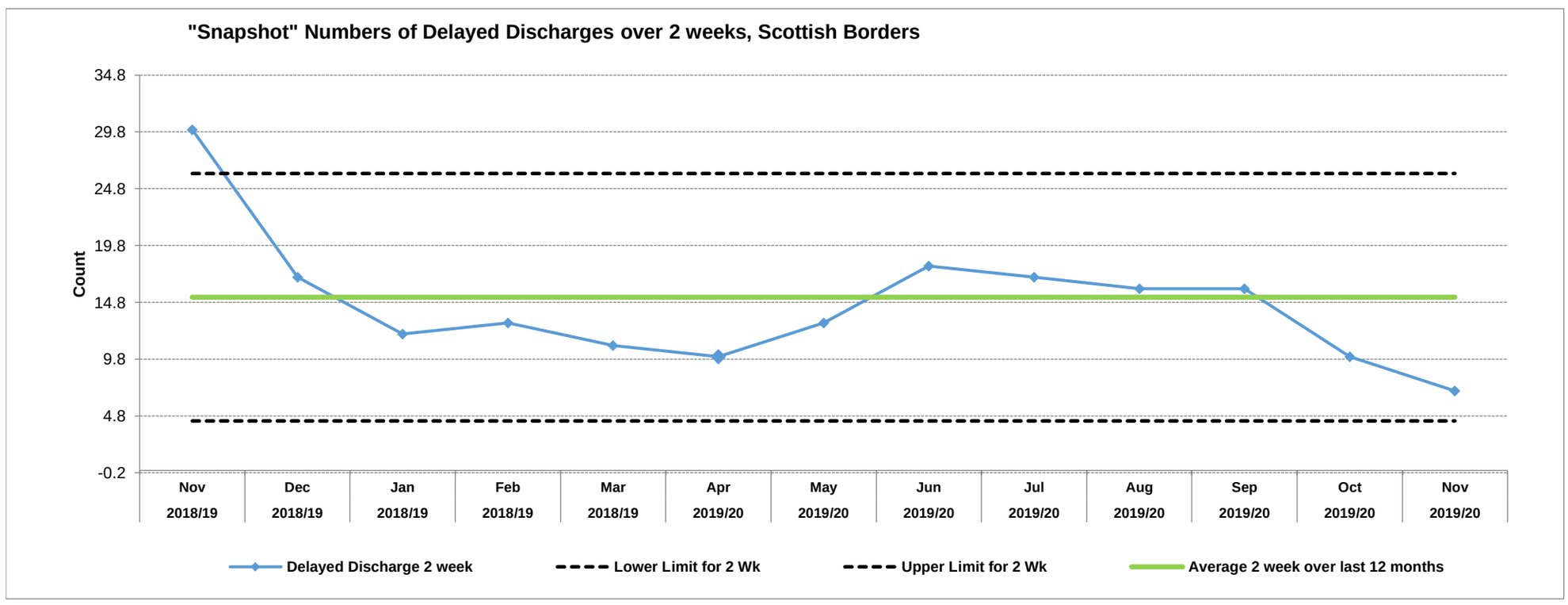
The quarterly occupied bed day rates for emergency admissions in Scottish Borders residents aged 75 and over has fluctuated over time but has remained lower than the Scottish Average (it should be noted this nationally derived indicator does not take in to account the 4 Borders' Community Hospitals.
There is a notable reduction in occupied bed days for Emergency admissions since Q2 of 2018/19, drawing the Border's figure further from the Scotland average.

## Delayed Discharges (DDs)

*Source: EDISON/NHS Borders Trakcare system*

| | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of DDs over 2 weeks | 30 | 17 | 12 | 13 | 11 | 10 | 13 | 18 | 17 | 16 | 16 | 10 | 7 |
| Number of DDs over 72 hours | 36 | 19 | 21 | 20 | 17 | 19 | 26 | 26 | 26 | 21 | 20 | 15 | 13 |



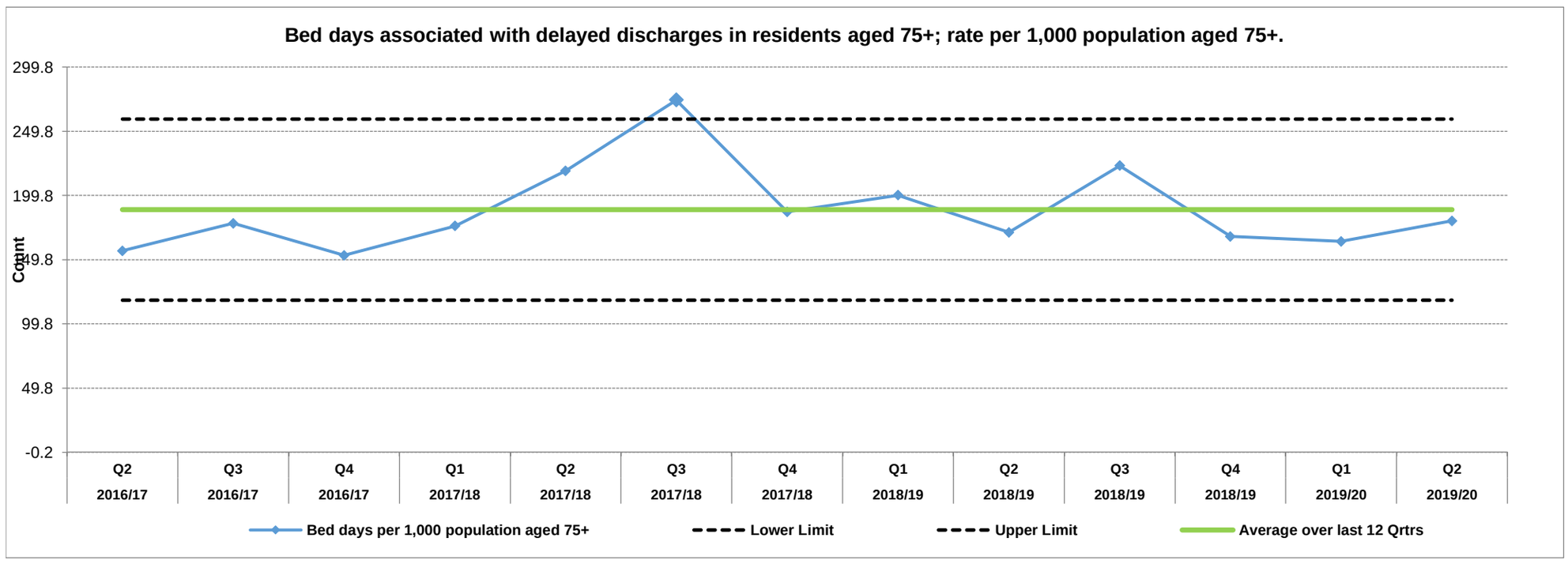

*Please note the Delayed Discharge over 72 hours measurement has been implemented from April 2016.*

*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 | Q2 2019/20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bed days per 1,000 population aged 75+ | 157 | 178 | 153 | 176 | 219 | 274 | 187 | 200 | 171 | 223 | 171 | 164 | 180 |



**How are we performing?**

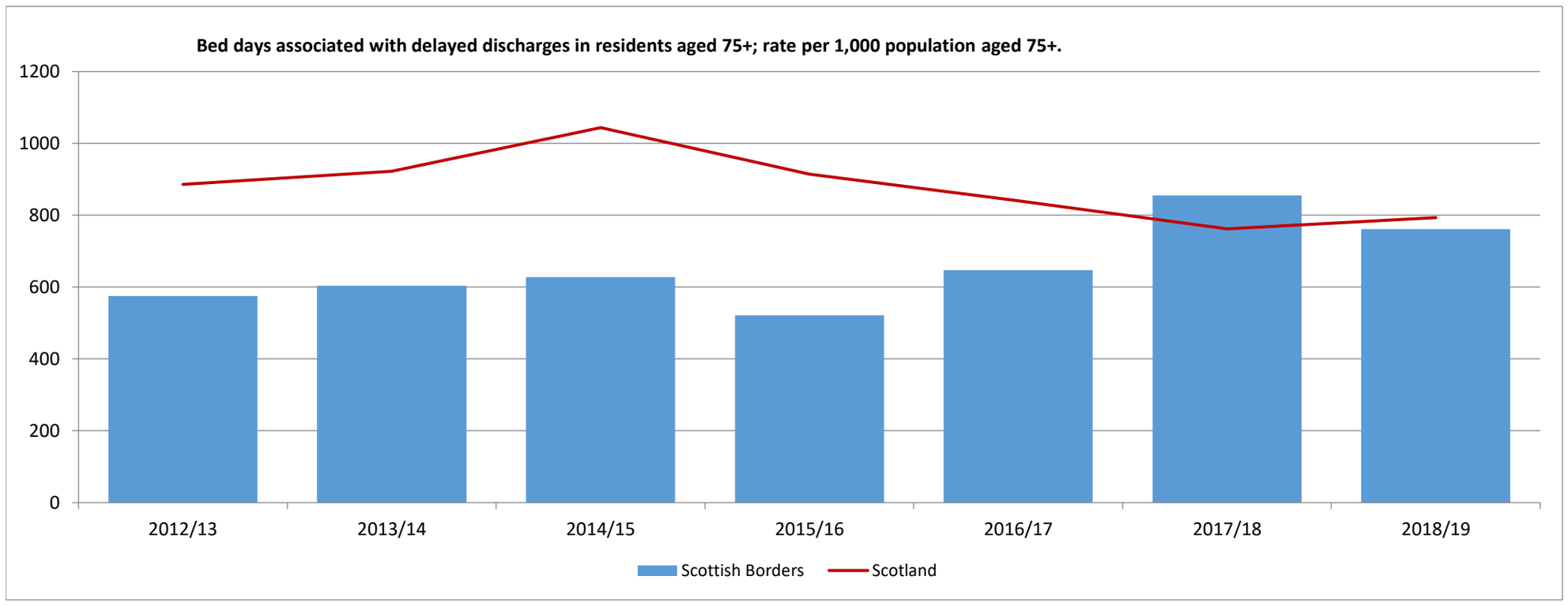
The rate of bed days assocuated with delayed discharges (75+) for quarter 3 of 2017/18 was higher than any previous quarter, increasing to over 250 per 1,000 residents for the first time. Quarter 3 for 18/19 had a similar spike to the same period the previous year, seeing the 2nd highest rate over the 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 and although there is a slight decline in performance since Q2 2016/17, the measure generally remains within normal limits and within target for the most part.

## 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.

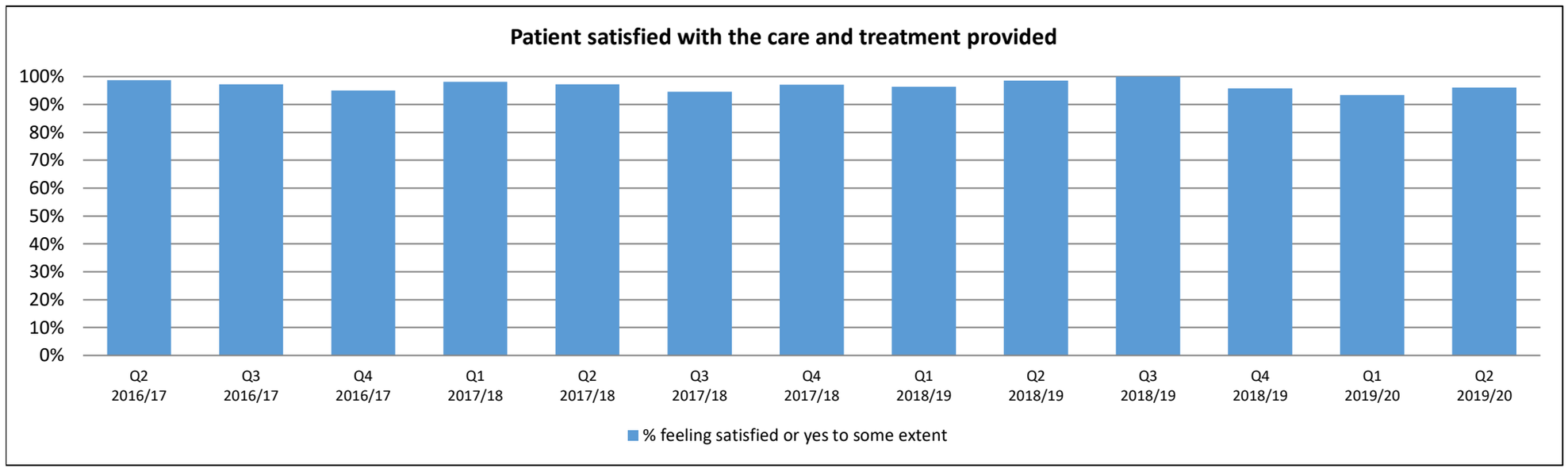
*Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account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

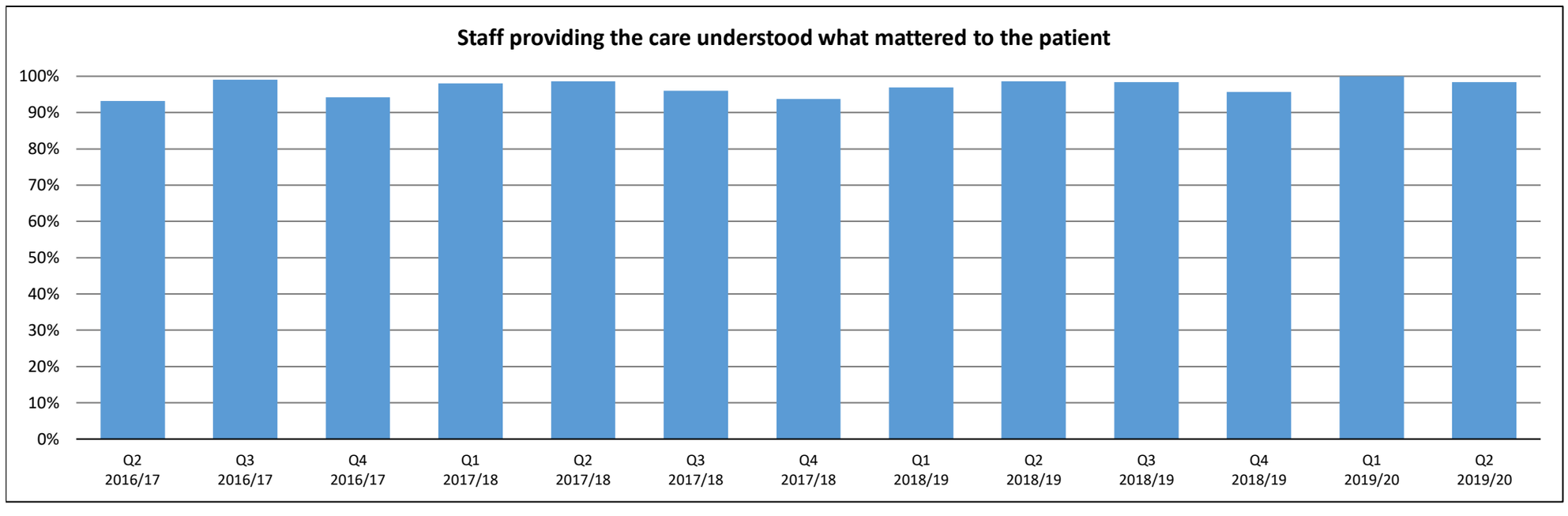
### Q1 Was the patient satisfied with the care and treatment provided?

| | 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 | Q2 2019/20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Patients feeling satisfied or yes to some extent | 160 | 105 | 116 | 105 | 206 | 141 | 135 | 156 | 135 | 117 | 108 | 99 | 121 |
| % 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% | 96.0% |



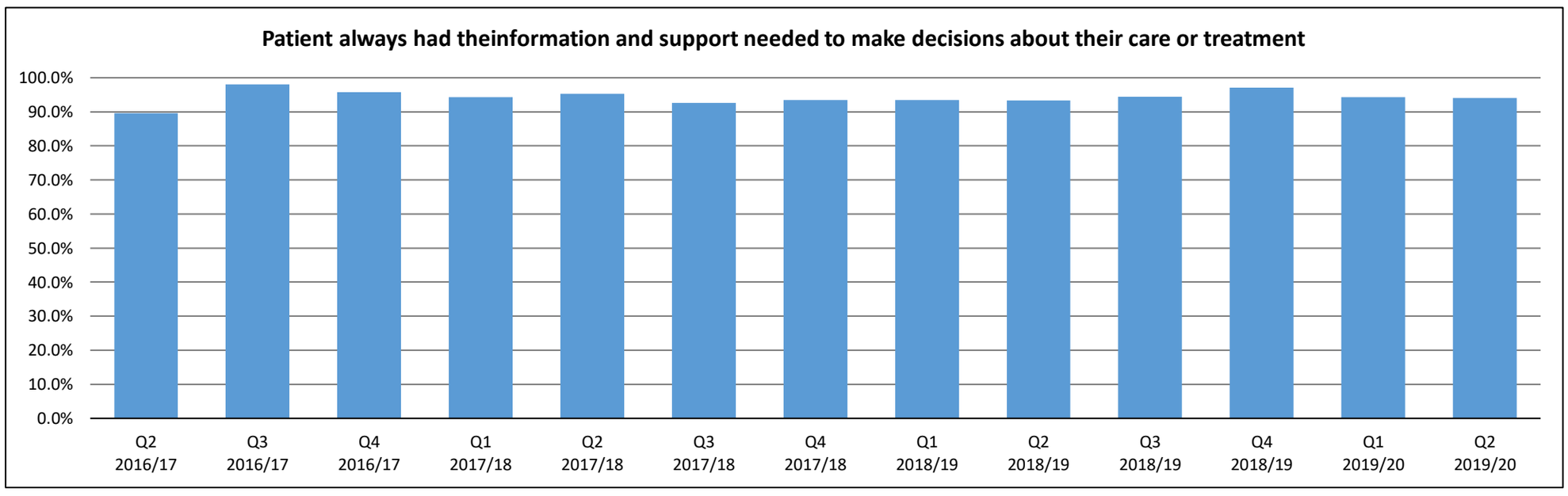

### Q2 Did the staff providing the care understand what mattered to the patient?

| | 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 | Q2 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 | 125 |
| % 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% | 98.4% |




### 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 | Q2 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 | 110 |
| % 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% | 94.0% |



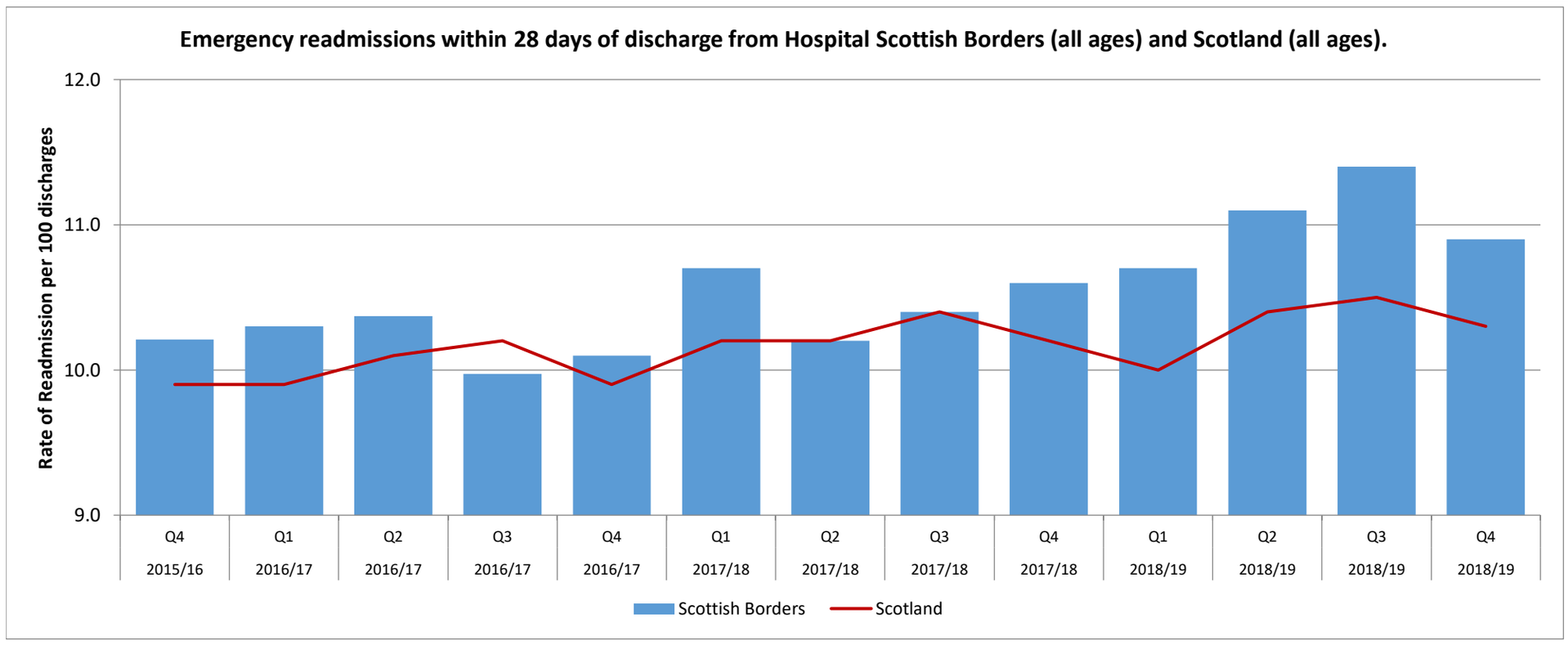
| **How are we performing?** |
| --- |
| The 2 Minutes of Your Time Survey is carried out across the Borders General Hospital and Community Hospitals and comprises of 3 quick questions asked of patients, relatives or carers by volunteers. There are also boxes posted in wards for responses. The results 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.<br><br>Overall, Borders scores well with an average 96.2% satisfaction rate. Patient satisfaction shows a positive trend over time and the latest overall average is greater than the 95% target. |

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

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

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

| | Q4 2015/16 | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Q1 2017/18 | Q2 2017/18 | Q3 2017/18 | Q4 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | Q4 2018/19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 28-day readmission rate Scottish Borders (per 100 discharges) | 10.2 | 10.3 | 10.4 | 10.0 | 10.1 | 10.7 | 10.2 | 10.4 | 10.6 | 10.7 | 11.1 | 11.4 | 10.9 |
| 28-day readmission rate Scotland (per 100 discharges) | 9.9 | 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?**

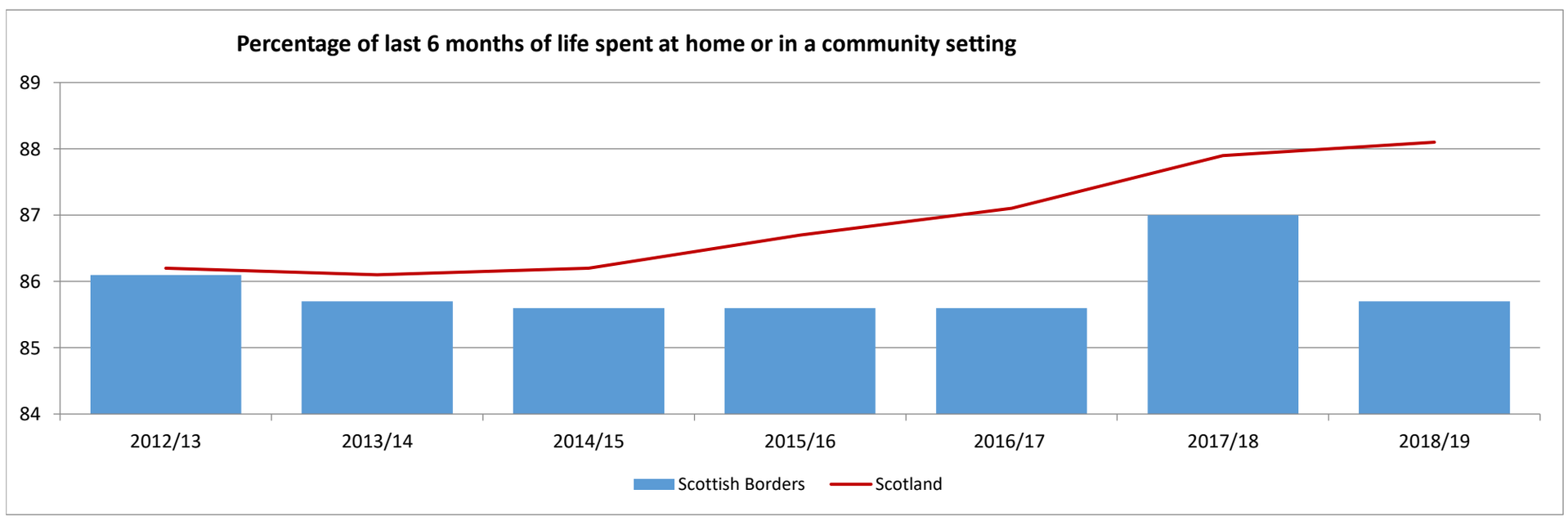
The quarterly rate of emergency readmissions within 28 days of discharge for Scottish Borders residents has fluctuated since the start of the 2016/17 financial year, but has generally remained under 10.6 readmissions per 100 discharges. There has been a notable increase in readmissions within 28 days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

The Borders rate has usually been higher than the Scottish average and this trend continues. The last 4 quarters show a reduction in the number of readmissions within 28 days of discharge. This is positive, with Q2 2018/19 showing a significantly reduced rate (10.0) of readmissions compared to the same period the previous year (11.1).

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

*Source: Core Suite Indicator workbooks*

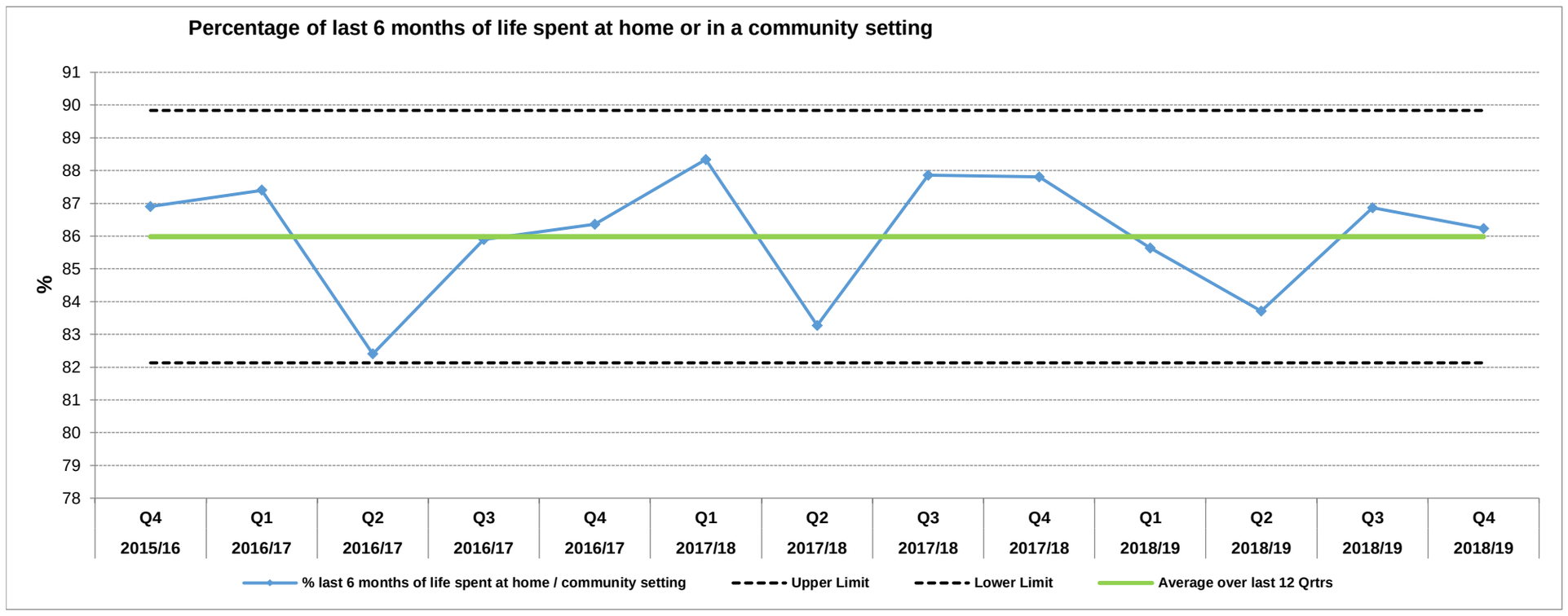
| | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 |
|---|---|---|---|---|---|---|---|
| Scottish Borders | 86.1 | 85.7 | 85.6 | 85.6 | 85.6 | 87.0 | 85.7 |
| Scotland | 86.2 | 86.1 | 86.2 | 86.7 | 87.1 | 87.9 | 88.1 |



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

***Source: Core Suite Indicator workbooks***

| | Q4 2015/16 | Q1 2016/17 | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Q1 2017/18 | Q2 2017/18 | Q3 2017/18 | Q4 2017/18 | 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 | 86.9 | 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?**

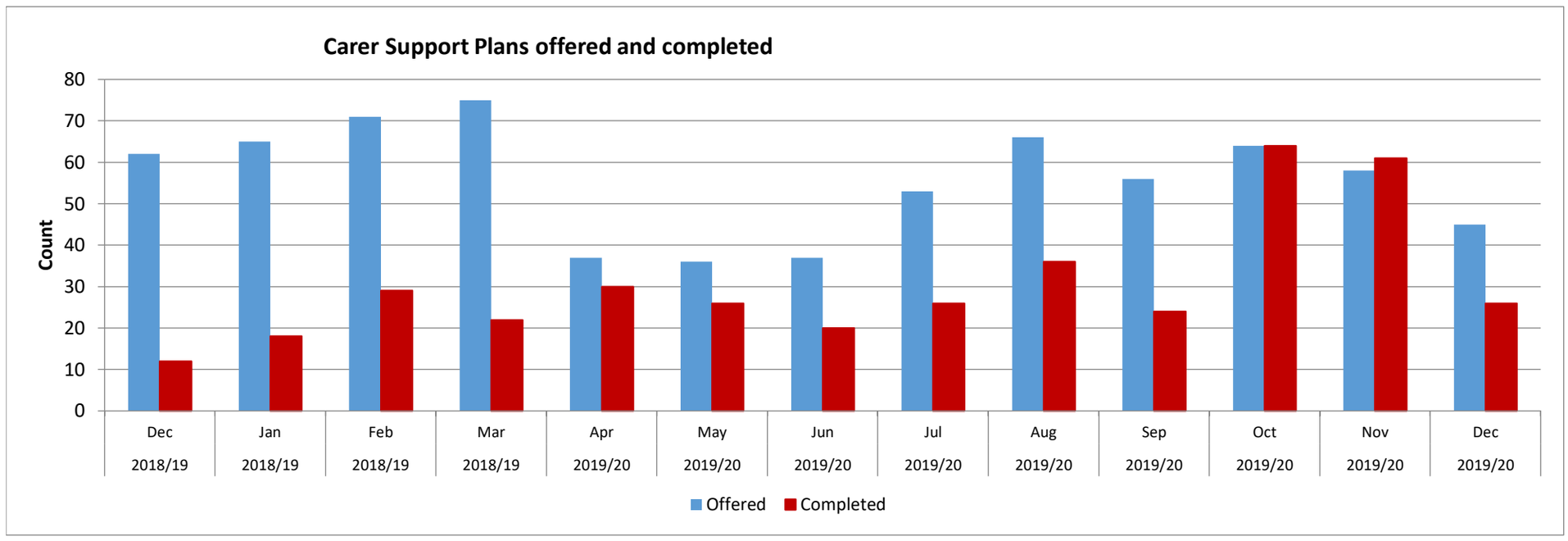
The percentage of last 6 months of life spent at home or in a community setting has appeared fairly consistent in the Borders from year to year since 2013/14 but in each case remains a little below the Scottish average which, in contrast, is gradually increasing.

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. Overall, however, there has been a slight decrease in the % of people spending the last 6 months of their life at home over the past 3 years reported.

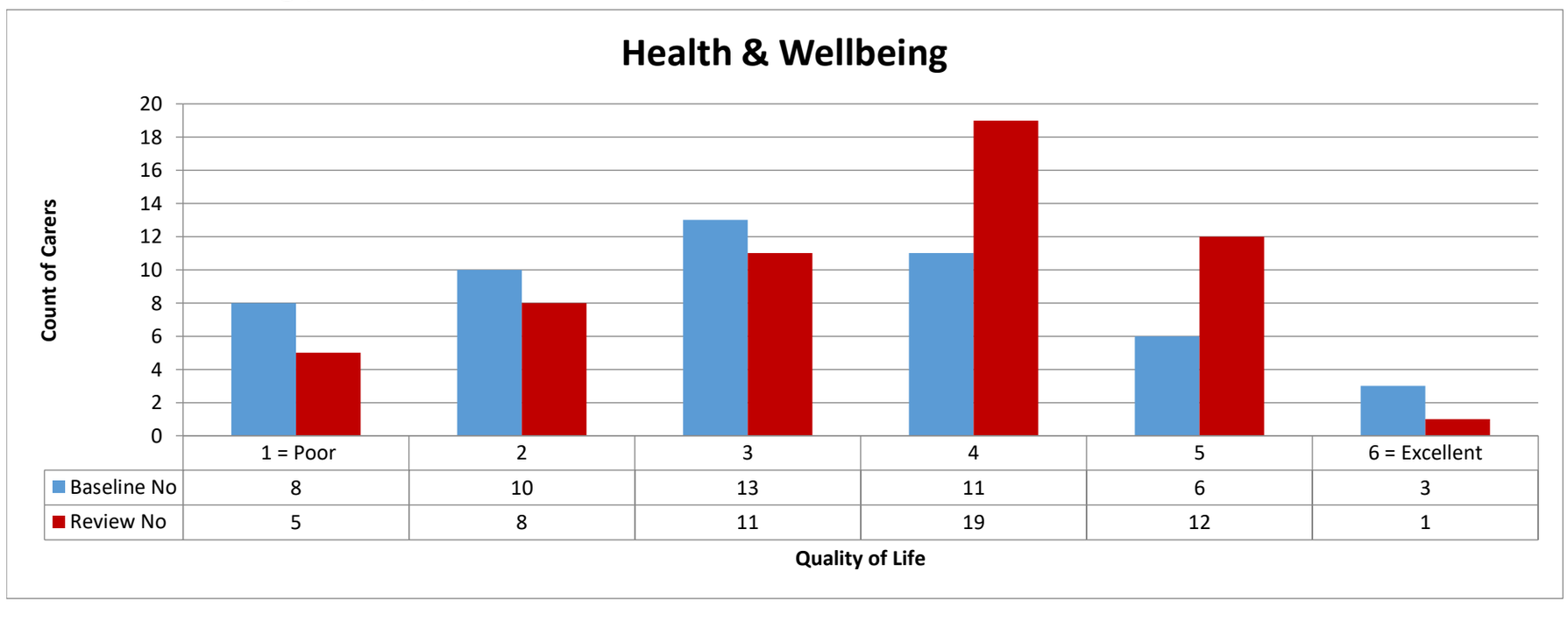
## Carers offered and completed Carer Support Plans

*Source: Carers Centre*

| | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Assessments offered during Adult Assessment | 62 | 65 | 71 | 75 | 37 | 36 | 37 | 53 | 66 | 56 | 64 | 58 | 45 |
| Asssessments completed by Carers Centre | 12 | 18 | 29 | 22 | 30 | 26 | 20 | 26 | 36 | 24 | 64 | 61 | 26 |



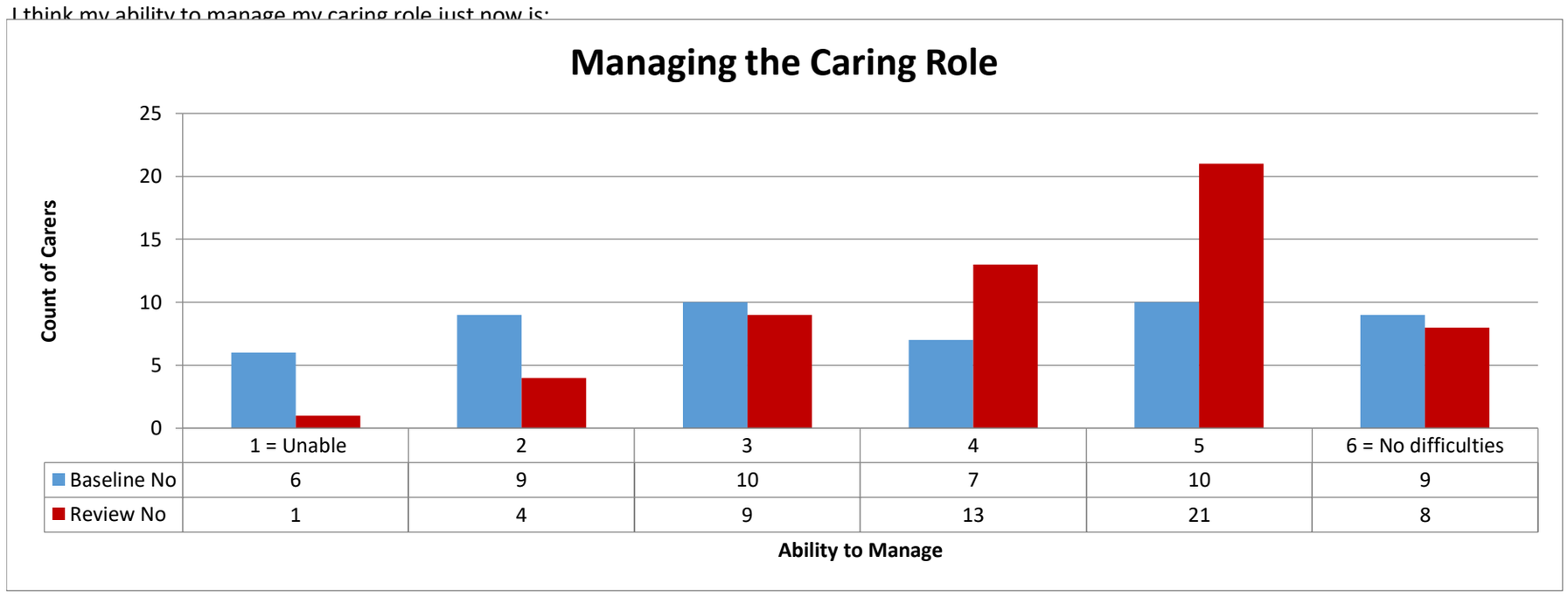

## Health and Wellbeing (Q4 2018/19)




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

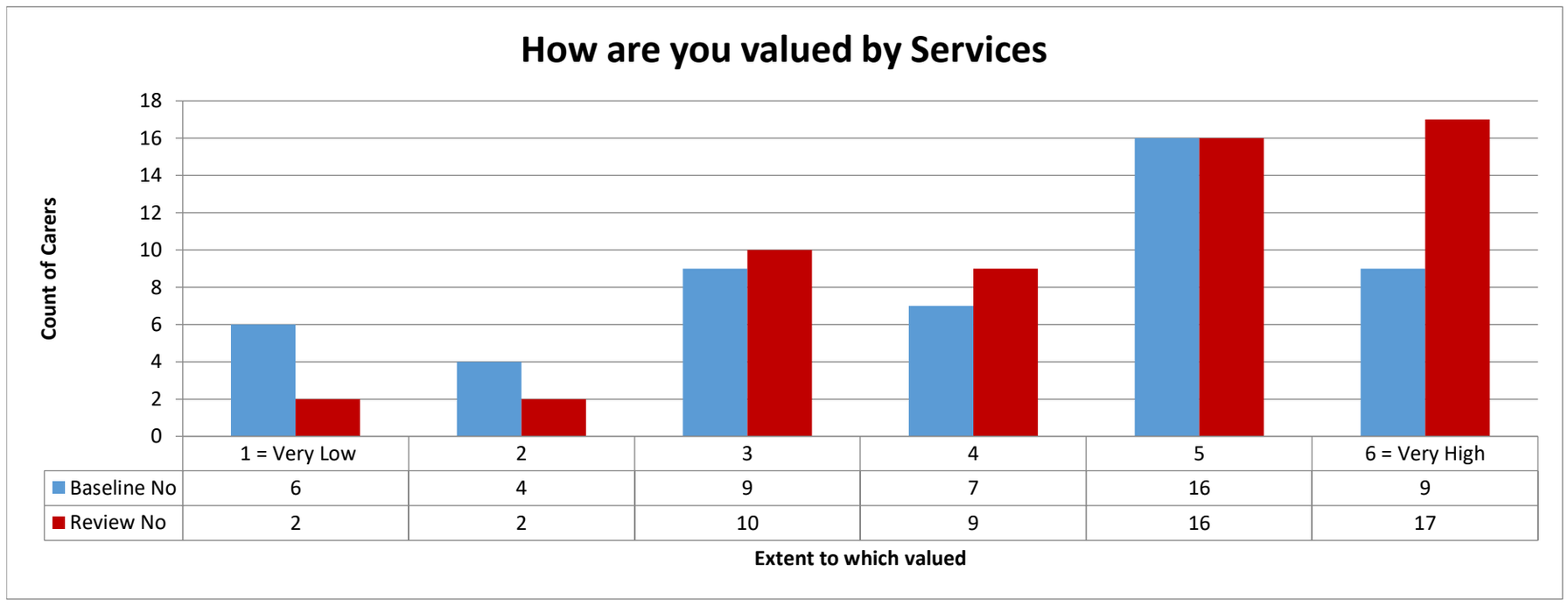
## Managing the Caring role

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

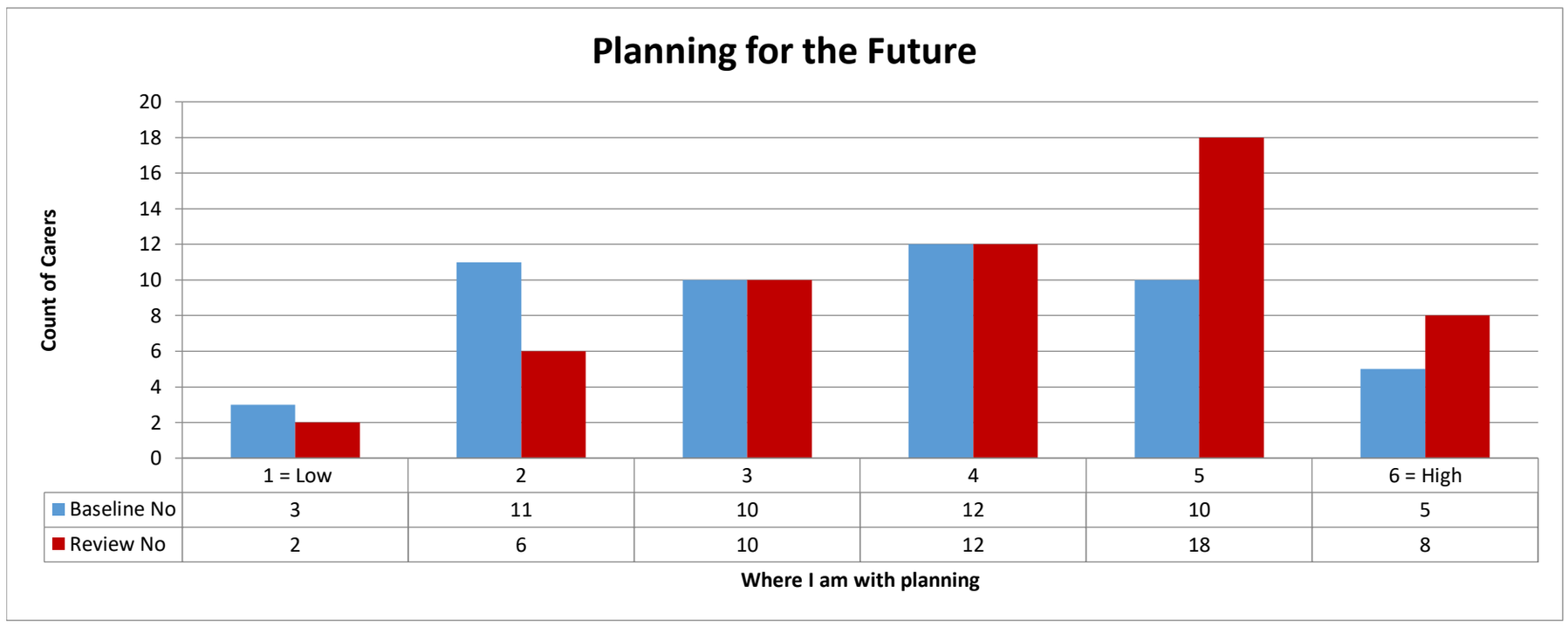



| | 1 = Unable | 2 | 3 | 4 | 5 | 6 = No difficulties |
|---|---|---|---|---|---|---|
| Baseline No | 6 | 9 | 10 | 7 | 10 | 9 |
| Review No | 1 | 4 | 9 | 13 | 21 | 8 |

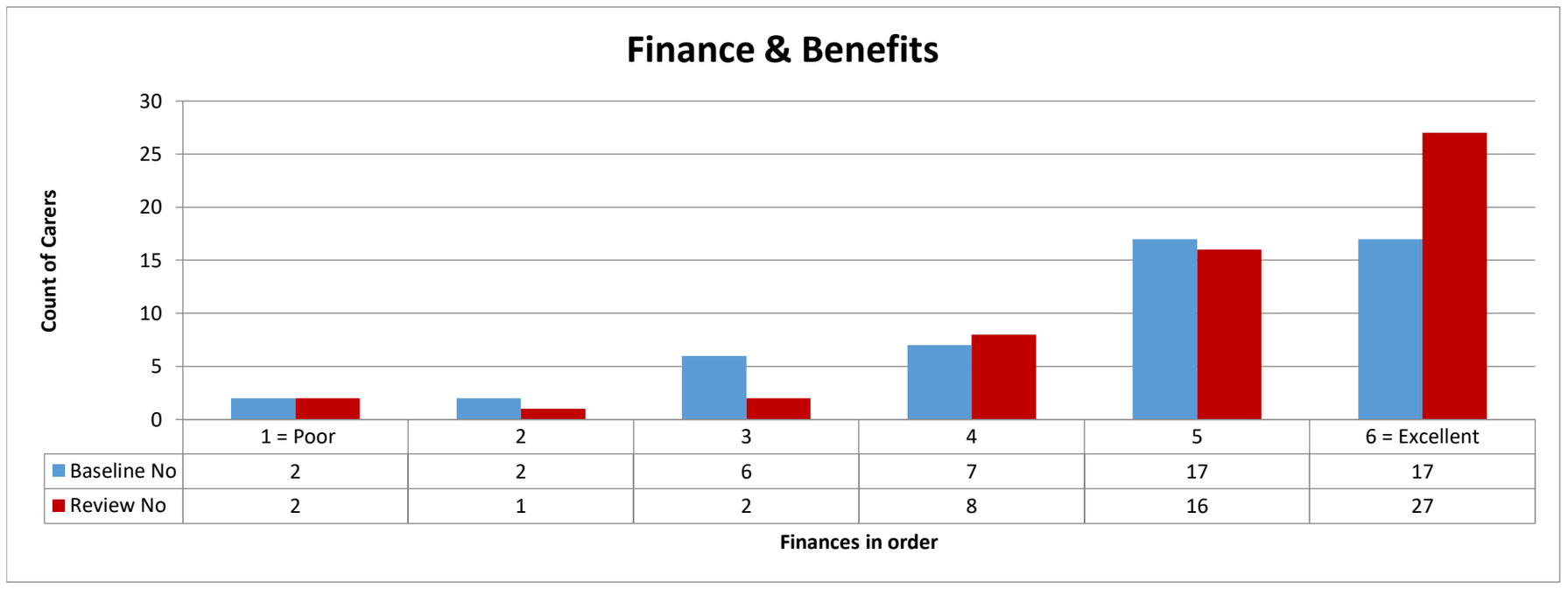
**How are you valued by Services**




**Planning for the Future**




**Finance & Benefits**




**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.