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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, 23rd September, 2020** at **10.00 am** in via Microsoft Teams

AGENDA

Time	No		Lead	
10.00	**1**	**WELCOME AND APOLOGIES**	**Chair**	
10.02	**2**	**DECLARATIONS OF INTEREST** Members should declare any financial and non financial interests they have in the intems of business for consideration, identifying the relevant agenda item and the nature of their interest.	**Chair**	
10.05	**3**	**MINUTES OF PREVIOUS MEETING - 19 AUGUST 2020**	**Chair**	(Pages 3 - 10)
10.10	**4**	**MATTERS ARISING - ACTION TRACKER**	**Chair**	(Pages 11 - 12)
10.15	**5**	**FOR DECISION - ANNUAL PERFORMANCE REPORT 2019/20**	**Programme Manager**	(Pages 13 - 98)
10.30	**6**	**FOR NOTING**		
	6.1	Financial Monitoring Report	**Director of Finance**	
	6.2	CHAT Update	**General Manager, Mental Health & Learning Disabilities**	(Pages 99 - 116)

	6.3	SPG Update	**Chief Officer**	(Pages 117 - 126)
	6.4	Joint Staff Forum - Terms of Reference	**Chief Officer**	(Pages 127 - 136)

11.55 **7** **ANY OTHER BUSINESS**

12.00 **8** **DATE AND TIME OF NEXT MEETING**

Wednesday 18 November 2020, 10am – 12noon, via Microsoft Teams

Scottish Borders
Health and Social Care
PARTNERSHIP

A meeting of the **Scottish Borders Health & Social Care Integration Joint Board** will be held on **Wednesday 19 August 2020** at **10am** via Microsoft Teams

Present:	(v) Cllr D Parker (Chair)	(v) Ms S Lam
	(v) Cllr J Greenwell	(v) Mr M Dickson
	(v) Cllr S Haslam	(v) Mrs K Hamilton
	(v) Cllr T Weatherston	(v) Mr J McLaren
	(v) Cllr E Thornton-Nicol	Mr R McCulloch-Graham
	Mr D Bell	Dr K Buchan
	Mrs L Gallacher	Dr T Patterson
	Mr S Easingwood	Mrs N Berry
	Mr N Istephan	
In Attendance:	Miss L Ramage	Mr R Roberts
	Ms S Elliot	Mr A Bone
	Ms F Doig	Mrs J Stacey
	Mr G McMurdo	Ms K Kiln
	Mrs L Lang	Ms L Adams
	MS J Holland	Ms S Bell
	Mr A Haseeb	Ms C Oliver
	Ms S Pratt	Mr D Robertson
	Mr J Anderson (Press)	

1. APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Mr Tris Taylor, Dr Stephen Mather, Dr Cliff Sharp and Mrs Jenny Smith.

The Chair confirmed the meeting was quorate.

The Chair welcomed guest speakers and a member of the press to the meeting.

2. DECLARATIONS OF INTEREST

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

The **Health & Social Care Integration Joint Board** noted there were none.

3. MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 24 March 2020 were approved.

4. MATTERS ARISING

Nothing was raised.

The **Health & Social Care Integration Joint Board** noted the action tracker.

5. RISK MANAGEMENT POLICY & STRATEGY

Mrs Jill Stacey provided an overview of the report which detailed the new Risk Management Policy and refreshed Risk Management Strategy for the Scottish Borders Health & Social Care Integration Joint Board, following scrutiny and endorsement by the IJB Audit Committee in March 2020.

Mr Malcolm Dickson suggested future further involvement for all board members when setting the risk appetite, potentially in a development session. Mr Jill Stacey agreed to take this suggestion forward with the IJB Audit Committee in the first instance.

The **Health & Social Care Integration Joint Board** approved the new IJB Risk Management Policy (Appendix 1).

The **Health & Social Care Integration Joint Board** approved the refreshed IJB Risk Management Strategy (Appendix 2).

6. ALCOHOL & DRUGS PARTNERSHIP: STRATEGY REFRESH

Dr Tim Patterson provided an overview of the updated Alcohol & Drugs Partnership (ADP) strategy for 2020, highlighting areas of progress and the challenges faced in line with national and local priorities. The Strategy had also taken account of the learning experienced during the early stages of Coronavirus (Covid19) pandemic response planning. The intention would be to formally submit the refreshed strategy to Scottish Government in September 2020.

Cllr Tom Weatherston queried if the strategy would encompass reducing stigma in the delivery of ADP services. Dr Tim Patterson agreed that the stigma was an important factor to be addressed and highlighted that, through the SDP strategy; the aim was to involve and educate the wider community of vulnerable people.

Mr Malcolm Dickson advised the Health Equalities Impact Assessment was welcomed but it would be helpful to detail who attended the workshop to assess the stakeholder consultation,

for example Citizens Advice and Women's Aid. Fiona Doig advised the strategy would also link in with the Violence against women exec group.

Mrs Lynn Gallacher added that the Carers Centre could be referenced as a resource available to assist in the support and delivery of the strategy.

The **Health & Social Care Integration Joint Board** approved the Strategic Plan refresh.

The **Health & Social Care Integration Joint Board** noted the funding update.

7. PRIMARY CARE IMPROVEMENT PLAN: UPDATE

Ms Sandra Pratt provided an overview of the report and proposal to shift resource allocation to support the development of a new Primary Care Mental Health Service, recommended by the Primary Care Improvement Plan (PCIP) Executive. The development would allow for the establishment of permanent new posts in Psychological and Mental Health Services as part of an integrated care model accessible across all practices.

Dr Kevin Buchan explained that a successful pilot of the model had been undertaken in O'Connell Street Medical Practice and the findings led to the supportive recommendation from general practice. The pilot data held my Psychology colleagues can be shared.

A discussion ensued regarding the differing structure of the service in comparison with current models, recruitment risks and the development within the prescriptive framework attached to General Medical Services contract.

Mr John McLaren requested consultation with partnership colleagues when progressing with the roll out of the service.

Mr Ralph Roberts supported the report proposal and highlighted the risk of not allocating clear commitments to or reporting an under spend on the PCIP budget.

Cllr Shona Haslam expressed frustration that a full evaluation report of the pilot, capturing the number of people through the service and the service impact, was not available and therefore did not give approval to proceed with the report recommendation to roll out the service. The Chair acknowledged the point raised and asked that more detail be included in future IJB reports to enable informed decision making.

Remaining members expressed their support in principle but asked for an evaluation to be undertaken and reported back.

ACTION: Evaluation report of new Primary Care Mental Health Service to be presented to the IJB in August 2021.

The **Health & Social Care Integration Joint Board** agreed the transfer of resource between PCIP workstreams but within the total resource allocation for the programme in order to develop a Borders wide Primary Care Mental Health Service.

The **Health & Social Care Integration Joint Board** agreed that an evaluation report of the service would be presented to the IJB in August 2021.

8. PERFORMANCE REPORT

Mr Graeme McMurdo presented a high level overview of the health and social care partnership quarterly performance using latest available data, much of which was pre Covid19.

The February 2020 IJB raised concerns about the balance of performance indicators and requested that the report be expanded to include additional social care measures. Some proposed additional social care measures were covered within the report for consideration. Members were satisfied with the options given as a starting point and could be expanded upon in line with reporting structures of the Social Work Performance Board.

Additional context was also provided on delayed discharges, Emergency Department attendances and hospital admissions following a piece of work commissioned by the Cabinet Secretary and COSLA with all health & social care partnerships to significant reductions during March 2020 and April 2020. This was reflected locally with a huge initial reduction in delayed discharges and occupied beds days associated with delayed discharges; however these figures had began to rise.

Mr Malcolm Dickson, as Chair of the Strategic Planning Group (SPG), confirmed that the SPG had directed a review of the associated equality impact assessment in light of Covid19. AN update would be brought back to the IJB November 2020.

The **Health & Social Care Integration Joint Board** noted and approved any changes made to performance reporting.

The **Health & Social Care Integration Joint Board** discussed any proposed additional performance measures.

The **Health & Social Care Integration Joint Board** noted the key challenges highlighted.

The **Health & Social Care Integration Joint Board** directed actions to address the challenges and to mitigate risk.

9. NHS BORDERS RECOVERY UPDATE

Mr Ralph Roberts provided an overview of the current Covid19 status, resulting service impact and future service planning across all clinical boards within NHS Borders. The most recent iteration of the board's remobilisation plan was submitted to Scottish Government on 31 July 2020, with formal feedback pending. It was expected that a further reiteration would be required following the indication of the allocated financial resource. Services continue to work on their remobilsation plans, modelling service development up to March 2021 and taking into account unpredictable increases in restrictions and activity.

The **Health & Social Care Integration Joint Board** noted the update.

10. MONITORING OF THE INTEGRATION JOINT BUDGET 2020/21

Mr Andrew Bone advised members that Mr Mike Porteous was no longer in post as Chief Financial Officer for the IJB and therefore he and Mr David Robertson would jointly take forward the financial reporting for the time being.

Mr Andrew Bone provided an overview of the monitoring report stating the initial forecast position on both the budget supporting the delegated functions and the large-hospital set aside; forecast overspend of £11.938m. Key areas of financial pressures largely driven by Covid19 measures were highlighted, as at May 2020.

Mr David Robertson clarified an inconsistency in the reported financial projection for SBCares of £50k and stated the updated forecast overspend was £11.988m.

Members noted that the reported expenditure to date and projected expenditure, particularly in relation to NHS Borders, required significant further analysis and refinement as a result of the impact of the Covid19 pandemic on activity levels, mobilisation costs, remobilisation plans, income and unachievable savings. The position would also be further influenced by any future Covid19 pandemic waves felt locally.

Cllr Shona Haslam queried when savings plans and Covid19 allocation would be available. Mr David Robertson explained that work was ongoing nationally to collate all expenditure resulting from the Covid19 pandemic and as yet Scottish Government had not indicated what costs would be met. Mr Andrew Bone advised that an early indication of NHS Board allocations would be available following the quarter one financial review in September 2020. It is anticipated that local actions would be required from now to minimise the projected impact to the bottom line.

The **Health & Social Care Integration Joint Board** noted the forecast overspend of (£11.988m) for the Partnership for the year to 31 March 2021 based on available information.

The **Health & Social Care Integration Joint Board** noted the forecast position only includes £1.078m Scottish Government funding representing the IJB's share of an initial £50m tranche of funding to support immediate challenges in the Social Care sector. No further funding allocations from the Scottish Government have been assumed in respect of the additional costs incurred responding to the Covid-19 situation, including the impact on the Partnership's ability to deliver agreed Financial Plan savings.

The **Health & Social Care Integration Joint Board** noted that any expenditure in excess of the delegated budgets in 2020/21 will require to be funded by additional contributions from the partners in line with the approved scheme of integration.

11. STRATEGIC IMPLEMENTATION PLAN & PRIORITIES

Mr Rob McCulloch-Graham provided an overview of the report which outlined the proposed steps to progress the IJB Strategic Implementation Plan (SIP), in light of lessons learned from the service response to the Covid-19 Pandemic. The recent IJB development session informed members of the service developments and lessons learned from the Covid19 pandemic, and resulted in clarification on forthcoming priority areas for integrated working. The ten priority workstreams detailed in the report were to be assigned timelines and work up terms of reference to clarity scope.

Mr Malcolm Dickson acknowledged the important role of the SPG in driving forward the SIP and queried whether it would be timely to undertake a review of the Scheme of Integration. Mr Rob McCulloch-Graham agreed with this recommendation and agreed to take forward with the Board Secretary.

ACTION: Undertake a review of the Scheme of Integration to conclude by the end of the 2020/21 financial year.

Mrs Lynn Gallacher expressed gratitude at the proposed carer's priority workstream and welcomed forthcoming action.

Mr Ralph Roberts expressed support for the report and stated the delivery of the SIP would be essential in the rebalance of services for NHS Borders.

The **Health & Social Care Integration Joint Board** agreed the revised priorities for the IJB in light of lessons learned from experiences within services in their response to the pandemic.

The **Health & Social Care Integration Joint Board** noted the changes to the decision making and governance structures within the Health and Social Care.

12. STRATEGIC RISK REGISTER UPDATE

Mr Rob McCulloch-Graham provided an overview of the report which outlined the recent review of the IJB Strategic Risk Register in July 2020 and highlighted the key risks and mitigating action undertaken. The review had also taken account of the learning experienced during the early stages of Covid19 pandemic response planning.

The **Health & Social Care Integration Joint Board** considered the IJB Strategic Risk Register to ensure it covers the keys risks of the IJB.

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 update will be provided in December 2020.

13. IJB AUDIT COMMITTEE ANNUAL REPORT 2019/20

Cllr Tom Weatherston provided an overview of the report for 2019/20, which set out how the IJB Audit Committee fulfilled its remit and enabled assurances to the IJB.

The **Health & Social Care Integration Joint Board** considered the IJB Audit Committee Annual Report 2019/20 (Appendix 1) on the performance in relation to its Terms of Reference and the effectiveness of the Committee in meeting its purpose and the assurances therein.

The **Health & Social Care Integration Joint Board** noted the change in Membership of the IJB Audit Committee in recent months as stated in paragraph 2.4.

14. ANY OTHER BUSINESS

Nothing was raised.

15. DATE AND TIME OF NEXT MEETING

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board would take place on Wednesday 23 September 2020 at 10am via Microsoft Teams.

The meeting concluded at 12.05pm.

Signature: ……
Chair

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Health & Social Care Integration Joint Board
Action Tracker

Scottish Borders Health and Social Care PARTNERSHIP

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	Future development session to be led by service users and primary care leads in regard to long term conditions.	Rob McCulloch-Graham	TBA	*In light of Covid-19, it is suggested that this session is delayed until safe to do so.*	R

Meeting held 19 August 2020

Agenda Item: Primary Care Improvement Plan: Update

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2	7	Evaluation report of new Primary Care Mental Health Service, funded through PCIP.	Rob McCulloch-Graham Kevin Buchan	August 2021		G

Agenda Item: Strategic Implementation Plan & Priorities

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
3	11	Undertake a review of the Scheme of Integration.	Rob McCulloch-Graham Iris Bishop	March 2021		G

KEY:	
	Overdue / timescale TBA
	<2 weeks to timescale
	>2 weeks to timescale

Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 24 September 2020

Report by	Robert McCulloch-Graham, Chief Officer for Integration
Contact	Graeme McMurdo, Programme Manager, Scottish Borders Council
Telephone:	01835 824000 ext. 5501
ANNUAL PERFORMANCE REPORT 2019/20	
Purpose of Report:	To seek approval for the Health and Social Care Partnership Annual Performance Report 2019/20
Recommendations:	Health & Social Care Integration Joint Board is asked to: a) Propose any changes to the draft APR. b) Approve the APR for publication, subject to the IJB directed changes being.
Personnel:	The 2019/20 APR has been developed by the HSCP Leadership team with key stakeholders
Carers:	One of our Strategic Objectives is 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*". Successful delivery of this objective relies heavily on carers.
Equalities:	A comprehensive Equality Impact Assessment was completed as part of the strategic planning process.
Financial:	*n/a*
Legal:	Production of the Annual performance Report is a legislative requirement. APRs are normally published by the end of July each year, but an extension was granted this year as a result of the Covid-19 pandemic
Risk Implications:	*n/a*

1. Background

1.1 It is a requirement that every Health & Social Care Partnership publishes their Annual Performance Report (APR) by 31st July each year. The required content of the reports is set out in the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. This year, as a result of the Covid-19 pandemic, the legislation was amended to say that APRs must be published no later than 31st October 2020.

1.2 The 2019/20 APR covers the period April 2019 to March 2020. Covid-19 lockdown commenced late March 2020, so whilst the impact of Covid across the Partnership has been huge, the report primarily focuses on non-Covid facts and figures in relation to delivery of our Health & Social Care Partnership Strategic Commissioning Plan

1.3 As a minimum, APRs must:

- Show performance in relation to the National Health & Wellbeing outcomes
- Include information on financial performance and best value
- Include information on Localities
- Include information on inspection or services

1.4 Our APR was developed by the HSCP Leadership Team and is structured around the HSCP strategic objectives. It includes all of the legislative requirements above plus:

- 'Spotlight' sections which detail the delivery of specific 2019/20 areas of work.
- Looks back at the priorities we set for 2019/20 and details how well these were delivered (i.e.) 'What we said / What we did'
- Looks forward to our priorities for 2020/21.

1.5 The appended APR is the draft pdf version of the document developed by the SBC Communications and Graphics team. It is the intention to publish the final document, incorporating any IJB changes, to our website as soon as possible – ideally by the end of September 2020.

1.6 There is one appendix to this report:

Appendix 1: Scottish Borders Health & Social Care Partnership Annual Performance report 2019/20

Scottish Borders **Health & Social Care** Partnership

ANNUAL PERFORMANCE REPORT 2019-2020

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

Scottish Borders
Health and Social Care
PARTNERSHIP

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SCOTTISH BORDERS HEALTH AND SOCIAL CARE PARTNERSHIP ANNUAL PERFORMANCE REPORT 2019/2020

INTRODUCTION

This is the fourth Annual Performance Report for the Scottish Borders Health and Social Care Partnership (HSCP). It focuses on our performance between April 2019 and March 2020, outlines our priorities for 2020/21 and reflects back on our performance since April 2016. I joined the partnership in October 2017 and I am privileged to have entered a partnership of colleagues and a community which is determined to provide the best of care for the population of the Scottish Borders.

This has probably never been more evident than during the Covid-19 pandemic, where staff, carers, volunteers and Borders residents worked tirelessly to make sure that as many of our residents as possible were cared for during what has been an incredibly challenging and at times very sombre period for everyone. The Borders has a number of service delivery challenges in regard to geographical spread and transport provision - in getting from (a) to (b) and in ensuring that all of our residents have access to the services they need; when they need them. The Covid-19 pandemic increased these challenges exponentially and everyone in the Borders has played their part in making sure that our Health and Social Care services continued to be delivered, and I would like to take this opportunity to give my heartfelt thank you to every one of you.

As I mentioned above, this report covers the period April 2019 – March 2020. Covid-19 lockdown commenced late March 2020, so whilst the impact of Covid has been huge, this report will primarily focus on non-Covid facts and figures in relation to delivery of our Health & Social Care Partnership Strategic Commissioning Plan. Our Strategic Commissioning Plan is due for renewal in 2021 and given the current uncertainties in regard to the pandemic, it is my intention to produce an interim 1-year Strategic Commissioning Plan to cover the period 2021-22. This will reflect on the impact of Covid, detailing the short-term priorities as we look to the future.

This Annual Performance Report presents how the Partnership has:

- Worked towards delivering against our three strategic objectives.
- Performed in relation to the National Health and Wellbeing Outcomes.
- Performed in relation to our key priorities.
- Performed financially.
- Progressed locality planning arrangements.
- Performed in inspections carried out by scrutiny bodies.

Among our key achievements this year was the redesign of dementia services. This work was in response to the increasing number of our residents with dementia. Reports commissioned by the Partnership highlighted the need for a step-change in the scale and scope of service provision for older people with dementia. A separate report by Alzheimer's Scotland highlighted that an estimated 60% of current patients with dementia do not have a clinical need for an acute inpatient bed and could be more appropriately cared for in the community. Based on this evidence, the IJB directed that the number of dementia inpatient beds be reduced from 26 to 12 (via the closure of Cauldshiels ward) and that investment be made into community services (BBC news coverage of the decision). This investment included the development of a Care Home and Community Assessment Team (CHAT) to support patients in the community, recruitment of a dedicated Social Worker to ensure flow through hospital into the community and allocation of £338,000 per annum to be set aside for the commissioning of up to five specialist dementia beds in the community should these be required.

Another of our projects focused on patients with Chronic Obstructive Pulmonary Disease (COPD). Our local data indicated that of the 2,500+ COPD patients in the Borders, 376 patients were admitted into either BGH or a Community Hospital in 2018/19. This is a high volume of admissions in comparison to some other Partnerships, such as Highland (20% higher). The Pulmonary Rehabilitation programme we put in place delivered a 6 week structured exercise and education programme for groups of people with respiratory conditions and encouraged increased physical activity, offered advice about drugs and how to use them, pacing activities, eating, weight management and psychological issues. The groups who completed the programme reported that their breathing had improved and that they found the service helpful and effective – and a number of the user groups have continued to meet after their PR programmes have ended. The Eyemouth group were featured on the BBC News in November 2019

The Covid-19 pandemic is a difficult and challenging time for us all. However, I am confident that the Borders has the will, the skill and the drive to come out of this stronger. As a result of Covid-19 the services we deliver may change, the method of delivery may change, but the Health and Wellbeing of every resident will continue to be the number one priority of the Health and Social Care Partnership.

Robert McCulloch-Graham
Chief Officer Health and Social Care
Scottish Borders Health and Social Care Partnership
September 2020

EXECUTIVE SUMMARY

The Scottish Borders Health and Social Care Partnership's Strategic Commissioning Plan, following a period of public consultation, was first published in April 2016. It set out the Partnership's objectives for improving health and social care services for the people of the Borders.

Our Strategic Commissioning Plan was reviewed to cover the period 2018 to 2021 – this refreshed version focusing on the delivery of three local strategic objectives and the associated challenges in delivering these. Our Annual Performance Report (APR) sets out the Partnership's performance between April 2019 and March 2020, outlining our priorities for 2020/21 and reflecting back on performance since inception in April 2016. Delivery on the progress is structured under our 3 Strategic Objectives, which are:

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

Included in the report are 'spotlight' sections, reflecting on some of the key work that has taken place during 2019/20. In this year's report the spotlights cover:

The spotlights cover:

- Pulmonary Rehabilitation
- Redesign of Dementia Services
- TEC Fest

The most up to date financial and performance data has been included in the report. Where it is not possible to show the latest data then the previous years' data has been used. Where the latest data is provisional, this is denoted as (p).

In regard to performance, the following is included:

- Quarterly reporting to Integration Joint Board (IJB)
- Performance against the National 'Core Suite' of Integration identified by Scottish Government
- Performance against Ministerial Strategy Group (MSG) indicators
- Financial information, consistent with our Annual accounts

This report has been prepared in line with the Guidance for Health and Social Care Integration Partnership Performance Reports.

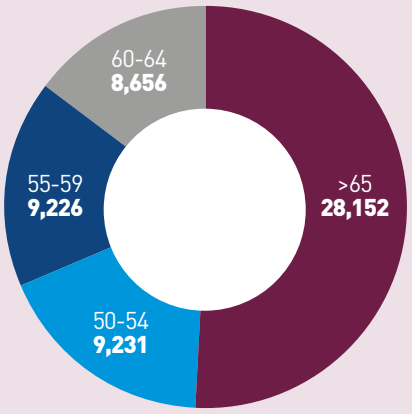
THE BORDERS AT A GLANCE

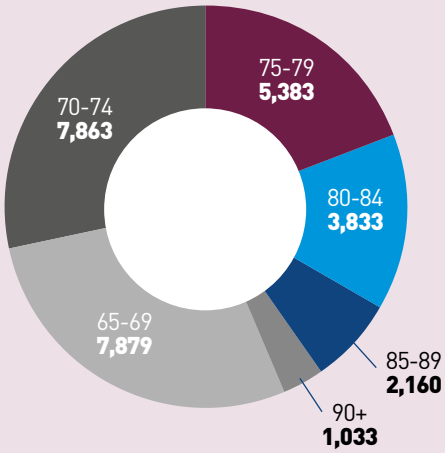
OLDER

2019 mid-year population estimates shows that the Border population is **115,510**. Of this, **24%** of the Borders population is **65+**, well above the Scottish average of **19%**.

- Male Life Expectancy in Scottish Borders is currently the 8th highest out of the 32 Scottish Local Authority areas (78.6 years)
- Female Life Expectancy in Scottish Borders, like male, is currently 8th best out of the 32 Local Authority areas (82.6 years)

LOCALITY	>16	16-64	>65	
Berwickshire	3,406	12,155	5,444	**21,005**
Cheviot	2,945	11,035	5,486	**19,467**
Eildon	6,005	21,832	7,863	**35,700**
Teviot	2,905	10,556	4,495	**17,956**
Tweeddale	3,858	12,661	4,863	**21,382**
	19,119	**68,239**	**28,152**	**115,510**





COLDER

As always, our 2019 Winter Plan is a joint plan across the Council, NHS and the IJB, with all services focusing on actions to reduce admissions, speed up hospital processes, reduce delayed discharge and support care in the community to prevent hospital readmission.

Specifics in the Winter Plan included:

- enhanced resource allocated to weekends to facilitate 7-day discharge including weekends.
- expansion of Home First to provide additional admission prevention and hospital discharge support

BOLDER

We continue to focus on improving the flow into and out of hospital and shifting the balance of care.

In 2019/20:

157 patients accommodated at **Garden View** discharge to **assess facility**

1,049 patients have gone through **Home First**

10,500 hours of Homecare delivered **per week**, for **1,350 people**

HOMECARE PACKAGES

47% ‹ **4hrs** per week

39% between **4 & 10hrs**

14% › **10hrs** per week

83% satisfaction with **social care** or **social work services**. Ranking Borders **9th** in **Scotland**

2,243 Community Alarms active in **individual's homes**

100% of **all patients requiring treatment** for **cancer** seen **within 31 days**

Use of **Strata** has **reduced average waiting time** to source **care home places** from **6** to **2 days**

#yourpart

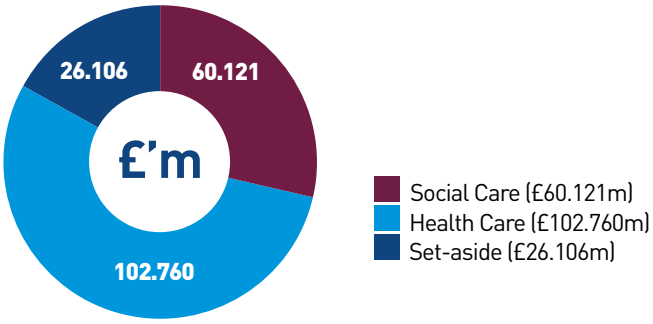
2019/20 PARTNERSHIP PERFORMANCE AT A GLANCE

• +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
KEY		
EMERGENCY HOSPITAL ADMISSIONS (BORDERS RESIDENTS, ALL AGES) **110.6 admissions** per **1,000 population** (Calendar Yr - 2019)	**ATTENDANCES AT A&E (ALL AGES)** **274.3 attendances** per **1,000 population** (Financial Yr - 2019/20)	**RATE OF OCCUPIED BED DAYS* FOR EMERGENCY ADMISSIONS (AGES 75+)** **3,285 bed days** per **1,000 population Age 75+** (Financial Yr - 2019/20)
-ve trend over 4 periods **Worse than Scotland (110.1 – 2019/20)** **Better than target (91.9)**	**-ve trend over 4 periods** **Better than Scotland (283.1 - 2019/20)** **Worse than target (216.1)**	**+ve trend over 3 years** **Better than Scotland (4,545.60 - 2019/20)** **Better than target (min 10% better than Scottish average)**
Work needs to continue to prevent emergency hospital admissions	*The number of attendances at A&E requires more improvement*	*Beds occupied by emergency admissions is within target but could be improved*
A&E WAITING TIMES (TARGET = 95%) **89.6%** of **people** seen **within 4 hours** (Financial Yr - 2019/20)	**NUMBER OF DELAYED DISCHARGES ("SNAPSHOT" TAKEN 1 DAY EACH MONTH)** **21 over 72 hours** (2019/20 Average)	**"TWO MINUTES OF YOUR TIME" SURVEY – CONDUCTED AT BGH AND COMMUNITY HOSPITALS** **93.1% overall satisfaction rate** (2019/20 Average)
-ve trend over 4 periods **Better than Scotland (87.7% - 2019/20)** **Worse than target (95%)**	**+ve trend over 4 periods** **Better than target (23)**	**-ve trend over 4 periods** **Worse than target (95%)**
A&E waiting time performance is below our local target	*Whilst positive we need to continue work to reduce delayed discharges further*	*We have a high satisfaction rate with hospital care but performance has declined*
EMERGENCY READMISSIONS WITHIN 28 DAYS (ALL AGES) **11.0** per **100 discharges** from **hospital** were **re-admitted within 28 days** (Calendar Yr - 2019)	**CARERS SUPPORT PLANS COMPLETED** **72%** of **carer support plans offered** that have been **taken up** and **completed** in the **last quarter** (Financial Yr - 2019/20)	**END OF LIFE CARE** **85.9%** of **people's last 6 months** was **spent at home** or in a **community setting** (Calendar Yr - 2019)
-ve trend over 4 periods **Worse than Scotland (10.3 - 2019)** **Worse than target (10.5)**	**+ve trend over 3 periods** **Better than target (40%)**	**+ve trend over 4 periods** **Worse than Scotland (88.6% - 2018/19)** **Worse than target (87.5%)**
More work is required to reduce readmission rates	*The percentage of carer support plans completed is good*	*This is improving, but more work is required to ensure that individuals can spend their last months of life in their chosen setting*

OUR PARTNERSHIP SPEND IN 2019/20

DURING 2019/20 THE INTEGRATION JOINT BOARD SPENT £188.987M

THIS WAS SPLIT:



£ ON EMERGENCY HOSPITAL STAYS

19.3% of **total health and care resource**, for those **age 18+** was **spent on emergency hospital stays** (Calendar Yr - 2019)

+ve trend over 4 periods
Better than Scotland (23.2% - 2019/20)
Better than target (21.5%)

STRATEGIC OVERVIEW

The Public Bodies (Joint Working)(Scotland) Act 2014 established the legislative framework for the integration of health and social care services in Scotland. The Act obliges Integration Authorities to publish an Annual Performance Report (APR) to cover the performance over the previous reporting year. The report should be published no later than four months after the end of the reporting year (i.e., the end of July) and should set out an assessment of the performance in planning and delivery of the integration functions for which the HSCP is responsible. However, as a result of the Covid-19 pandemic, the legislation was amended to allow for delayed publication of 2019/20 Annual Performance Reports.

In general terms, the legislation sets out the principles that services should:

- Be integrated from the point of view of service-users.
- Take account of the particular needs of different service-users.
- Take account of the particular needs of service-users in different parts of the area in which the service is being provided.
- Take account of the particular characteristics and circumstances of different service users.
- Respect the rights of service-users.
- Take account of the dignity of service-users
- Take account of the participation by service-users in the community in which service users live
- Protect and improve the safety of service-users
- Improve the quality of the service
- Be planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
- Best anticipate needs and prevents them arising, and
- Makes the best use of the available facilities, people and other resources.

Underpinning the legislation is a set of nine National Health and Wellbeing Outcomes. These are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

To embed this and to contribute to the delivery of the National Health & Wellbeing Outcomes, the Scottish Borders Health and Social Care Partnership (HSCP) has identified three strategic objectives in our Strategic Commissioning Plan 2018-21

Our three strategic objectives are:

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

To deliver these outcomes, we have a Strategic Implementation Plan (SIP) in place, which sets out 10 Priority 'workstreams' as shown below:

SIP PRIORITY WORKSTREAM		DESCRIPTION
1	Carer Support Services	The partnership recognises the essential work of carers – even more so throughout the Covid-19 pandemic – looking to the future, it is a precarious resource that requires support.
2	Locality Operations	Early intervention, prevention, shared client cohorts, agile responses, close coordination of effort, all designed to reduce admissions and avoid/or slow progression to higher levels of care and health needs.
3	Older People's Pathway	Patient flow, including admission avoidance, quicker discharge, coordinated assessment, intermediate care and reablement.
4	Technology	Technology support across health and care provision, workforce enablement, improved administration processes and improved sharing of information across the partnership.
5	Primary Care Improvement Plan (PCIP)	Supporting the introduction of the new GP contract and the further development of community health services.
6	Mental Health provision	For adults (and children), including dementia care and autism.
7	Learning & Physical Disability provision	Reviewing and 're-imagining' the service – particularly important now in the context of Covid-19.
8	Joint Capital Planning	Whole system capital planning and investment including Primary Care and Intermediate Care.
9	Service Commissioning	Reviewing, planning, contracting and re-contracting
10	Workforce Support and provision	New skills, new operations, new equipment, new processes

Navigating this complicated 'landscape' of legislation, National Health & Wellbeing Outcomes, Strategic Objectives and Priority Workstreams can be challenging. The table below attempts to show how all of this fits together.

<table>
<tr><th colspan="3">INTEGRATION LEGISLATION</th></tr>
<tr><th>NATIONAL OUTCOMES</th><th>STRATEGIC OBJECTIVES</th><th>PRIORITY WORKSTREAM</th></tr>
<tr><td>Outcome 1: people are able to look after and improve their own health and wellbeing and live in good health for longer</td><td rowspan="3">We will improve the health of the population and reduce the number of hospital admissions

How
• By supporting individuals to improve their health
• By improving the range and quality of community based services and reducing demand for hospital care
• Ensuring appropriate supply of good quality and suitable housing

Links
National Outcomes: 1,2,3,5
SIP Workstream: 5,10</td><td>1. Carer Support Services</td></tr>
<tr><td>Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live as far as reasonably practicable, independently and at home or in a homely setting in their community</td><td>2. Locality Operations</td></tr>
<tr><td>Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected</td><td>3. Older People's Pathway</td></tr>
<tr><td>Outcome 4: Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services</td><td rowspan="3">We will improve the flow of patients into, through and out of hospital

How
• By reducing the time that people are delayed in hospital
• By improving care/patient pathways to ensure a more coordinated, timely and person centered experience/approach
• By ensuring people have a greater choice of different housing options which meet their long-term housing, care and support needs

Links
National Outcomes: 3,4,5,7
SIP Workstream: 3, 8,9</td><td>4. Technology</td></tr>
<tr><td>Outcome 5: health and social care services contribute to reducing health inequalities</td><td>5. Primary Care Improvement Plan</td></tr>
<tr><td>Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their role on their own health and wellbeing</td><td>6. Mental Health provision</td></tr>
<tr><td>Outcome 7: People using health and social care services are safe from harm</td><td rowspan="3">We will improve the capacity within the community for people who have been in receipt of health and social care services to better manage their own conditions and support those who care for them.

How
• By supporting people to manage their own conditions
• By improving access to health and social care services in local communities
• By improving support to carers
• By building extra care homes, including amenity and mixed tenure provision

Links
National Outcomes: ALL
SIP Workstream: 1,2,4,6,7</td><td>7. Learning & Physical Disability provision</td></tr>
<tr><td>Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide</td><td>8. Joint Capital Planning</td></tr>
<tr><td>Outcome 9: Resources are used effectively and efficiently in the provision of health an and social care services</td><td>9. Service Commissioning
10. Workforce Support and provision</td></tr>
</table>

The Health and Social Care Partnership is responsible for planning and commissioning integrated services and overseeing their delivery. The services under the HSCP remit are adult social care, primary and community health care services and elements of hospital care. The Partnership has a pivotal role in regard to acute services in relation to unplanned hospital admissions and it works with key Community Planning Partners, including charities, voluntary and community groups to deliver flexible, locally based services. The table below details the Health & Social Care Partnership service areas of responsibility.

Health and Social Care Services which are integrated

ADULT SOCIAL CARE SERVICES*

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

ACUTE HEALTH SERVICES (PROVIDED IN A HOSPITAL)*

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

COMMUNITY HEALTH SERVICES*

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

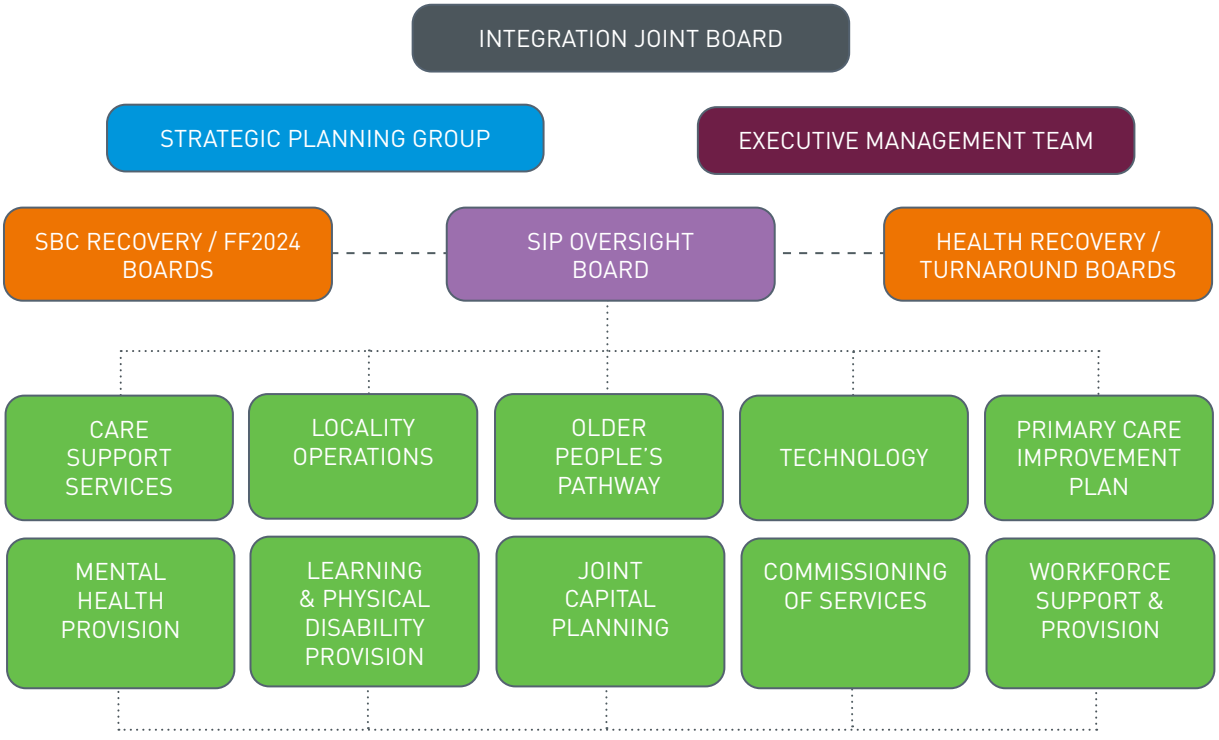
*Adult Social Care Services for adults aged 18 and over.
*Acute Health Services for all ages – adults and children.
*Community Health Services for adults aged 18 and over, excepting those marked with an asterisk (*), which also include services for children.

GOVERNANCE AND ACCOUNTABILITY

The governance structure for the Health & Social Care Partnership provides a robust and streamlined process for efficient and effective Partnership decision making. The Partnership works to fulfil its commitment to ongoing and continuous improvement and a range of activities continue to be developed in order that the Integration Joint Board (IJB) identifies and understands its key strengths and areas for improvement across all aspects of its governance, operations and performance.

Our governance structure has two decision making levels – the Integration Joint Board (IJB) and the Executive Management Team (EMT). Both are closely linked to health and social care operations, via the Integration Joint Board Leadership Team and both are closely linked to each organisations financial savings programmes.

H&SC Partnership Governance Structure



Whilst the IJB has the ultimate decision making and commissioning authority for the Partnership, the EMT provides a useful assurance function, by ensuring that all reports and proposals being prepared are fit for purpose and clearly aligned to the Strategic Objectives.

The Strategic Implementation Plan Oversight Board is a multi-disciplinary team comprised of professional key leaders across Scottish Borders Council (SBC) and NHS Borders (NHSB) formed to support the delivery of the SIP of the Integration Joint Board. It also ensures the delivery of NHS Borders objectives in relation to service transformation and financial turnaround as well as relevant elements of Scottish Borders Council's Fit for 2024 programme.

The role of the SIP Oversight Board is to deliver the priority workstreams through working across the whole of the Health and Social Care Partnership. It is likely that the membership and content of the workstreams will change over time and this will be determined by the SIP Oversight Board, in line with partnership governance.

The function of the Strategic Planning Group (SPG) is to ensure effective links to each of the five Scottish Borders localities.

These localities are:

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

The relationship between the IJB and SPG is strengthened by the vice-Chair of the IJB chairing the SPG. The quarterly performance report for IJB contains a range of Health & Social Care performance measures aligned to the 3 Strategic Objectives. Quarterly performance reporting includes red, amber or green (RAG) status for each performance measure. The RAG status is based on a combination of performance against target, performance trend over time and performance in comparison to National results. Our Integration Performance Group (IPG) is responsible for the development of Partnership performance reporting locally and nationally. It is made up of performance leads from across the Council and NHS Borders and reports into SPG.

The Internal Audit work for 2019/20 covered:

- governance arrangements in place, including financial governance arrangements for the management of financial resources delegated to the partnership;
- transformation and change in service delivery to meet the Strategic Plan priorities, including the delivery of directions and workforce development;
- alignment of performance measures within the performance management framework to key outcomes and priorities; and
- follow-up work on previous Internal Audit recommendations.

Within the Internal Audit Annual Assurance Report 2019/20 presented to the IJB Audit Committee in June 2020 the IJB Chief Internal Auditor's statutory opinion was that Scottish Borders IJB's governance arrangements, risk management and systems of internal control are adequate, and improvements to these have been implemented during the year. Further improvements in governance and internal control have been agreed by Management.

The IJB Audit Committee approved the Scottish Borders IJB Internal Audit Annual Plan 2020/21 in March 2020 which has a specific focus on the contracts and commissioning of service delivery to inform strategies and plans to meet the Strategic Plan priorities.

KEY PARTNERSHIP DECISIONS 2019/20

For the period 2019/20, the Integration Joint Board has met regularly both as a formal meeting to transact business and also through Development sessions to raise its understanding of the more complex issues it will deal with as the Partnership continues to evolve.

During 2019/20, the Board:

May 2019 meeting:

- Approved the extension and expansion of the Strata project relating to Discharge Management.
- Agreed the revised Primary Care Improvement Plan (PCIP).

June 2019 meeting:

- Agreed that IJB Officers 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.
- Agreed that Directors of Finance from NHS Borders and SBC provide a jointly agreed balanced budget for 2019/20.
- Agreed the revised approach to Locality working.
- Agreed the amended IJB Audit Committee Terms of Reference, incorporating the proposed changes set out in the IJB Audit Committee Annual Report 2018/19.
- Approved the performance management framework.

August 2019 meeting:

- Approved the HSCP budget allocations from Scottish Borders Council and NHS Borders for the delegated functions in 2019/20.
- Approved the 2018/19 Annual Performance Report
- Approved the redesign of Dementia services including:
- reduction of inpatient beds from 26 to 12 (closure of Cauldshiels Ward)
- re-investment in appropriate community resources.
- establishment of an IJB reserve of £338,000 of recurrent funding, earmarked for the purchase of additional Dementia care home beds, as required.
- Approved the independent auditor's 2018/19 Annual Report.

September 2019 meeting:

- Approved the Strategic Implementation Plan (SIP) for 2019 to 2024 and the areas of work to be undertaken within that time period.
- Approved extensions to projects set out under the Discharge Programme of work.
- Approved the revised IJB Terms of Reference.
- Approved the external audit report.

October 2019 meeting:

- Approved the Joint Winter Plan 2019/20.
- Approved the Physical Disability Strategy and Delivery Plan.
- Approved the proposed IJB meeting dates and business cycle for 2020.
- Supported the submission of the revised Primary Care Improvement plan (PCIP) document to Scottish Government.

December 2019 meeting:

- Agreed the utilisation of £0.404m to address the forecast overspend in the Social Care services within IJB delegated functions
- Agreed the release of £0.124m of the earmarked budget for the purchase of additional specialist dementia care home beds.

February 2020 meeting:

- Approved 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.
- Agreed the action to expand the quarterly performance report to include additional social care data.
- Agreed the action of asking the Executive Management Team to develop a whole system reporting framework to inform and provide context on the delayed patients across the health and social care estate.

March 2020 meeting:

- Approved the funding allocations from the Transformation Fund 2020-2021 for the Discharge programme of work
- Approved that the "Step Down" facilities of Waverley Care Home be merged with the operations of Garden View, as soon it is practical and safe to do so.
- Approved that the IJB receives a further paper outlining a detailed "Direction" on the reduction of hospital beds.
- Accepted the HSCP budget allocations of resources from NHS Borders and Scottish Borders Council for 2020/21.

PROGRESS AGAINST STRATEGIC OBJECTIVE 1

OBJECTIVE 1

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

Objective 1: Background and Challenges

We are committed to helping older people to manage their own health better, improving fitness and reducing social isolation. We know the number of older people in the Borders is increasing, and that the proportion of older people in the Borders is increasing at a faster rate than the Scotland average. It is crucial therefore that we continue our promotion of 'active ageing'. We know that many older people in Scottish Borders report poor health, therefore we must continue to promote healthier lifestyles, earlier detection of disease and support to individuals to recover and manage their conditions. We know that the population of the Scottish Borders is spread over a large geographical area with many people living in rural locations, therefore services must continue to be provided locally with accessible transport arrangements in place.

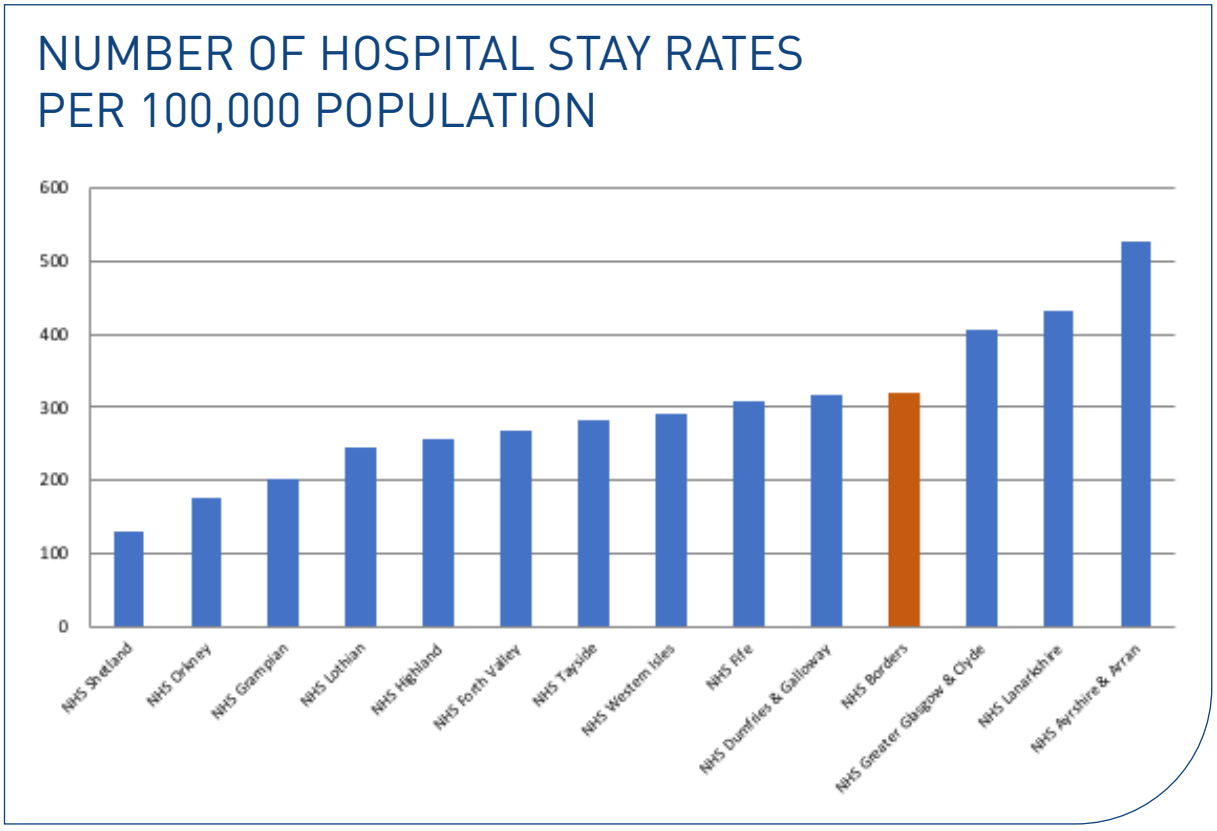
Key to achieving positive change is by:

- Supporting individuals in making positive changes in their health-behaviour and lifestyle, such as smoking, diet, alcohol consumption and physical activity; through patient education, encouraging the appropriate use of services and promoting personal responsibility through public information and signposting.
- Adopting preventative and early intervention approaches, promoting the uptake of screening opportunities and immunisation programmes, raising awareness of signs and symptoms of health conditions and ensuring staff and carers have the necessary knowledge, skills and equipment to provide care at home.

Objective 1: Spotlight – Pulmonary Rehabilitation

We initiated a Pulmonary Rehabilitation (PR) programme for patients with Chronic Obstructive Pulmonary Disease (COPD). This delivered a 6 week structured exercise and education programme designed for those with respiratory conditions. It encouraged increased physical activity (within the person's limitations), offered advice about drugs and how to use them, pacing activities, eating, weight management and psychological issues. The desired outcomes included helping patients to manage their own symptoms more effectively and to reduce hospital admissions.

It has been well evidenced in studies that PR programmes are beneficial to COPD patients and that there are benefits in starting a programme as soon as possible after a hospitalisation. Our local data indicates that over 2,500 patients in the Borders are known to have COPD and during 2018/19, 376 patients were admitted into either BGH or a Community Hospital, accounting for approx. 2,500 occupied bed days. This is a relatively high volume of admissions in comparison to a number of other Partnerships – for example, Borders has a 20% higher rate of hospital stays compared to Highland, although Borders length of stay is in line with the Scottish average.



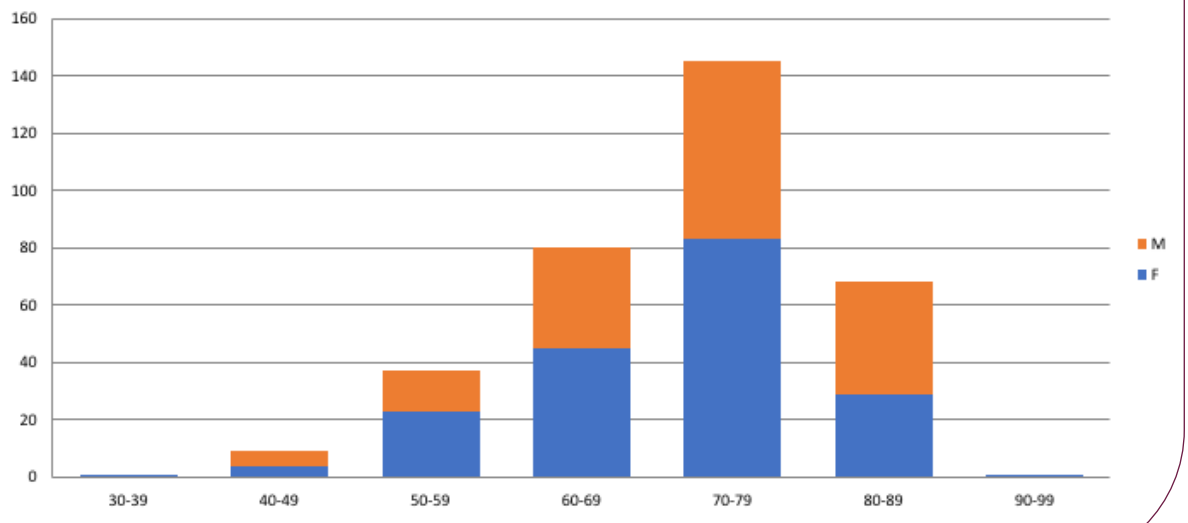
It is clear that reduced COPD admissions would be beneficial both for managing hospital demand and for improving people's health.

The PR Programme was run across all 5 of our localities, with each programme consisting of an introductory week for assessments followed by 2 hour sessions twice weekly for six weeks, delivered by respiratory specialist nurses and physiotherapists. The programme was open to all COPD patients with an MRC score of 3 or higher:

MRC SCALE	
1	Not troubled by breathlessness except on strenuous exercise
2	Short of breath when hurrying on the level or when walking up a slight hill
3	Walks slower than most people on the level, stops after a mile or so, or stops after 15 minutes walking at own pace
4	Stops for breath after walking 100 yards, or after a few minutes on level ground
5	Too breathless to leave the house, or breathless when dressing/undressing

COPD patients were able to access these sessions within their respective locality within 4 weeks of discharge from hospital or as a result of exacerbation of their condition. Generally the age range of patients and gender split is shown in the graph below:

AGE RANGE/GENDER OF PATIENTS IN THE PR SERVICE



Between May 2019 and February 2020, 111 patients completed the PR programme. In addition to this, 20 patients dropped out/self-discharged. The 131 patients who started the programme is below the original volumes planned – one reason for this being issues in recruiting a Respiratory Nurse and Physiotherapists. At full capacity the programme has the potential to see 300 patients per year (i.e.) 6x classes of 10 patients per class, per annum, in each of our 5 localities. Clearly, reaching this capacity could have a significant impact on COPD admissions, which as mentioned above, was 376 admissions in 2018/19.

The results from the 111 patients who did complete the programme shows that 76% avoided hospital admission within the 6 months following their initial assessment. Patients also reported that their breathing had improved and that they found the service helpful and effective.

Individual's feedback received in the patient satisfaction questionnaire and follow up phone calls include:

- "It's been very good for me, before the rehab, I was still very breathless, the course has helped me tremendously"
- "I would suggest this course to anyone with breathing problems"

The table below shows the impact of the programme in regard to admissions, number of patients and total length of stay – all showing significant reductions:

TIME PERIOD	ADMISSIONS	PATIENTS	TOTAL LENGTH OF STAY
6 Months before Rehab	13	6	6
6 Months after Rehab	4	3	5
Difference	**-69%**	**-50%**	**-95%**

The COPD Assessment Test (CAT) and Lung Information Needs Questionnaire (LINQ) systems were used to evaluate patients before and after the PR programme. 65-70% of patients reported an improvement in their breathing.

Referrals to the programme were received from a number of sources which has resulted in a waiting list – which should be resolved once staffing capacity is increased.

REFERRAL SOURCE (MAY 19 TO JAN 20)	TOTAL
Primary Care	93
Secondary Care	77
Tertiary Care	1
Pharmacist	9
Community Hospital	17

The PR programme has been a good example of partners coming together to deliver services. The PR team use Live Borders premises – Live Borders operate a number of sport and culture facilities across the Borders including leisure, libraries, archive, halls, community centres and museums and Live Borders staff have been able to assist with the PR exercise sessions. Patients then feel confident to continue to use Live Borders for their ongoing exercise needs.

A number of user groups have continued to meet after their PR programmes have ended and the Respiratory Team can also refer patients onto these user groups at any point. The Eyemouth group are a particularly successful group and were featured on the BBC News in November 2019, where Eyemouth's Jock Sheills is quoted: "We provide classes in gym work, swimming and social interaction. I have over 100 people in total attending our classes throughout the week and they are all helped immensely both physically and mentally as a result. The combination of exercise and socialising is what makes this so beneficial."

For more information on COPD: click here

Objective 1: Priorities 2019/20 - What we said / What we did

Last year's Annual Performance Report contained a number of Partnership Priorities to be delivered in 2019/20. The table below details these and the key successes and achievements

Partnership Priorities for 2019/20 – What we said

1. **Develop Local "Wellness Centres"**
   We will look to expand the use of community hubs and drop-in centres to create 'one-stop shops'. Part of this work will also require ensuring that appropriate and adequate community space is available – covering both social care and clinical needs.

2. **Introduce Single Assessments and Reviews**
   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.

3. **Introduce Local Multi-Disciplinary Teams across all 5 Localities(MDTs)**
   We will introduce multi-disciplinary teams across the localities to triage individuals within the community to ensure that they can access services and receive appropriate Health & Social Care interventions ahead of any acute provision they may require. We will expand the 'Cheviot' model that currently covers Kelso, Jedburgh, Coldstream and Greenlaw areas, where physiotherapists, occupational therapists, staff nurses and healthcare support workers work together to provide access to domiciliary occupational therapy, physiotherapy and nursing services - linked with medical practices. This supports prevention of hospital admission for identified patients who require therapy services at home, supports safe and timely discharge from BGH to community hospitals, supports anticipatory care and supports falls prevention.

4. **Shared Lives**
   We will commission a Learning Disability 'Shared Lives Scheme' to provide high quality and affordable services

Key Achievements/Successes : What we did

1. **Develop Local "Wellness Centres"**
   What Matters Hubs are available in Hawick, Peebles, Galashiels, Kelso, Walkerburn, West Linton, Duns, Eyemouth, Newcastleton and Newtown St Boswells. Hubs offer drop-in sessions and appointments where you can meet with people from community groups and voluntary organisations, meet with our staff such as social workers and occupational therapists

   These sessions and appointments can help you to get information and advice quickly to remain in your own home and get involved in your community, help you find the support you need to stay independent, such as equipment, transport or help at home, provide advice for carers about support available in your area, provide information about what is happening in your local area and where you could meet new people, provide information about volunteering opportunities

   Those offering advice can include British Red Cross, Borders Carers Centre, Alzheimer's Scotland, Borders Independent Advocacy Service, Chest, Heart & Stroke Scotland; Community Capacity Building and Domestic Abuse Service. They can also signpost you to other services. Appointments are available across the Scottish Borders, to find out more contact Customer Advice and Support on 0300 100 1800. ***(Note – these were the arrangements pre-Covid)***

2. **Introduce Single Assessments and Reviews**
   Work is underway with staff from across the Partnership to develop a 'Trusted Assessment' model, enabling staff from across health and social care to carry out assessments which have historically only been undertaken by Social Work staff. Staff within the Hospital, Waverley, Garden View and the Home First Team take part in this scheme.

   The aim to:

- Improve patient flow across the H&SC system
- Improve the customer experience because one professional is able to undertake a single assessment of their needs – traditionally this may have required multiple interactions / assessments
- Create efficiency by freeing up time and unnecessary travel
- Reduce length of stay and delays in transfer of care
- Improve the speed at which people can access the service and support they require

Winter pressure and then Covid-19 pandemic unfortunately interrupted this trial but the trial will continue during 2020/21. The Trusted Assessment process is currently being developed in STRATA pathways.

Key Achievements/Successes : What we did

3. **Introduce Local Multi-Disciplinary Teams across all 5 Localities(MDTs)**
A new model of 'Neighbourhood Care' was piloted in Coldstream. The aim was to reduce the amount of care people need at home by providing a co-ordinated approach for those who receive both health and social care services.

In essence:

- Putting the person at the centre of holistic care
- Building relationships with people to enable informed decisions
- Establishing person-centred care
- Using small self-organising teams
- Ensuring professional autonomy

The project focused on an outcomes based approach to care and teams from across Social Work and Health worked in partnership, holding regular multidisciplinary meetings that enabled discussion on a common caseload of patients and agreement on the best approach to their care.

Lessons learned from the trial include:

- Self-organising in large bureaucratic systems is difficult
- Effectiveness and efficiency can be improved by bringing teams together
- Relationships are crucial, but so is the technology/systems

This learning will be taken forward as we develop service provision and operations in each of our Localities.

4. **Shared Lives**
Shared Lives is a regulated form of social care which has historically been used primarily for people with learning disabilities. In Shared Lives, an adult who needs support or accommodation is matched with an approved Shared Lives carer, who supports and includes the individual in their family and community life. Shared Lives can provide long term live in, short breaks and day support options for the local population. Shared Lives has diversified across the UK to support other groups including: older people, people living with dementia, people with mental ill health, young people in transition, women fleeing domestic abuse, parents with learning disabilities and as a home from hospital alternative. Implementation of Shared Lives has been delayed by the Covid-pandemic, and our initial focus is on people identified with a learning disability identified as their primary support need and. The planned timeline for full implementation is:

Nov 2019 – April 2020	Set up the scheme, including infrastructure, advertising, recruitment of service manager, co-ordinator and admin person.
April 2020 – Sept 2020	Initial recruitment of and training for 1st cohort of Shared Lives Carers
Sept 2020-Dec 2020	First 8 Shared Lives arrangements go live
January 2021-March 2021	Recruitment of Shared Lives Carers and matching to LD clients
April 2021	Mainstreamed service provision and consider diversifying client group at this stage.

Objective 1: Partnership Priorities for 2020/2021

Development sessions of the IJB, coupled with events attended buy a range of senior professionals have considered the challenges facing the partnership. As a result, the following workstreams have been identified in our Strategic Implementation Plan (SIP):

SIP WORKSTREAM	DESCRIPTION	PLANNED DELIVERY DURING 2020/21
Primary Care Improvement Plan (PCIP)	Supporting the introduction of the new GP contract and the further development of community health services.	One of the PCIP development areas within the GP Contract is the creation of "Additional Professional Roles" which includes the introduction of 1st contact Physiotherapists and the development of Community Mental Health Workers. Within the work to develop the latter, a "test of change" took place at O'Connell Street Medical Practice in October 2019. This was to test a "see and treat" Mental Health model where patients with mild to moderate anxiety and depression were seen by a mental health practitioner (rather than the GP) and offered evidence based psychological therapy depending on their needs. The aim is to evaluate how this could assist GPs as well as offering a more effective and efficient intervention for patients. This work will continue throughout 2020/21
Workforce Support and provision	New skills, new operations, new equipment, new processes	The Covid-pandemic highlighted the importance of staff : • being able to work remotely. • having fewer paper-based processes. • being able to access the technology they need. • being trained to use the technology effectively. • being able to work collectively and seamlessly across Health and Social Care. • having the flexibility to deliver a range of services. Work to take forward the Covid-19 lessons-learned in regard to the Health and Social Care workforce will continue throughout 2020/21.

PROGRESS AGAINST STRATEGIC OBJECTIVE 2

OBJECTIVE 2

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

Objective 2: Background and Challenges

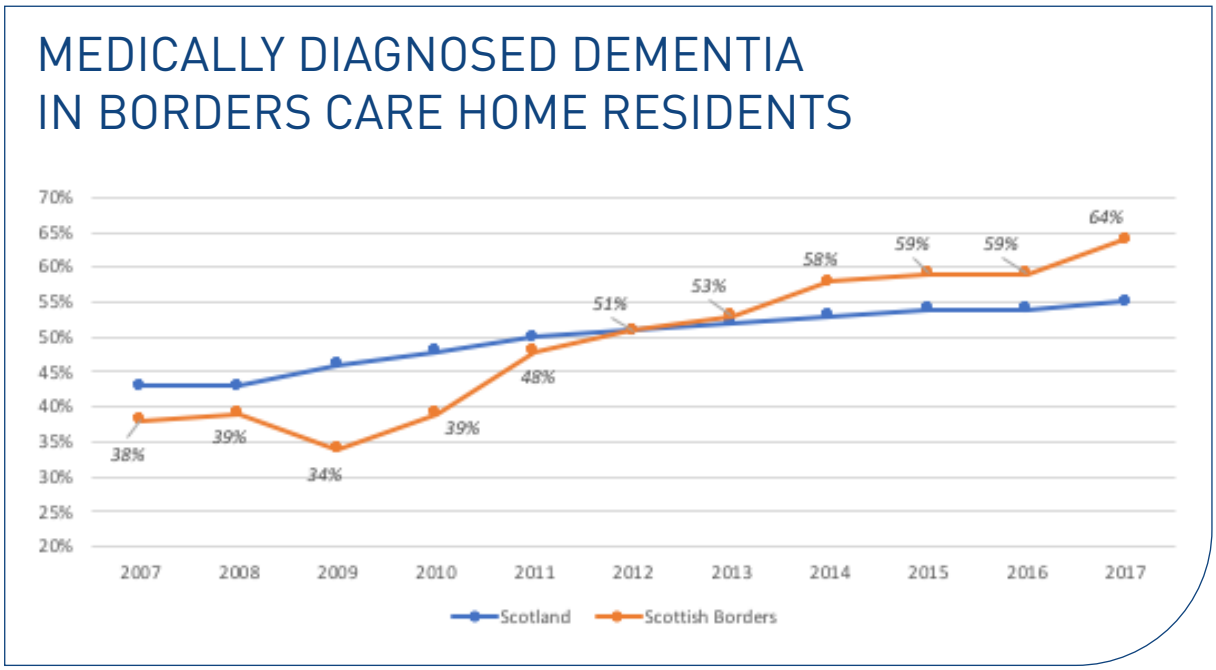
We are committed to reducing the time that people are delayed in hospital. People should also have a greater choice of different housing options available meeting their long-term housing, care and support needs. We know that we must continue to involve and listen to our communities in planning and delivering services across the five localities. We know that housing and supported accommodation options have an important role to play in regard to the flow of patients. We know that a number of people need flexible support arrangements to maintain and improve their quality of life.

K**ey to achieving positive change is by:**

- Ensuring that people are admitted to acute services only when required.
- Ensuring that those who do require hospital stays have a seamless and timely patient experience and journey; and that discharge from hospital uses an integrated/joined-up approach enabling patients to return home quickly and safely.
- Providing short-term care and reablement support options to facilitate a safe and timely transition from an acute setting to home.
- Ensuring the reablement and hospital to home services align with housing providers, equipment providers and care and repair services.
- Reviewing our approach to housing adaptations to ensure a holistic approach is taken to meeting longer term needs/conditions of older people.
- Ensuring that assessing and caring for people is done in the in the most appropriate setting.

Objective 2: Spotlight – Redesign of Dementia Services

The HSCP explored how to respond to the growing demographic pressure of people with dementia. The graph below shows how the percentage of individuals in Borders residential care homes with medically diagnosed dementia has increased over the last 10 years (from 2007 to 2017).



Reports commissioned by the HSCP from care experts including Anna Evans, Professor Anne Hendry and Professor John Bolton, identified a need for a step change in the scale and scope of service provision for older people with dementia in the Borders. As a result the HSCP invested in securing 7 specialist dementia care nursing beds within Murray House (Kelso).

A separate report by Alzheimer's Scotland - 'Transforming Specialist Dementia Hospital Care' identified that an estimated 60% of current patients with dementia do not have a clinical need for an acute inpatient bed and could be more appropriately cared for in the community. The average cost of providing a specialist dementia hospital bed is £2,520 per inpatient per week. Nationally this equates to £183 million per year, £110 million of which is spent on the 60% of patients who do not have a clinical need to be in hospital. The report recommended that acute hospital beds for dementia patients should be transferred to more appropriate residential provision within the community.

Cauldshiels ward (BGH) – 14 acute inpatient beds

Borders provision of inpatient dementia care was provided across a number of Borders General Hospital (BGH) wards/sites:

- Cauldshiels (a 14 bed assessment ward)
- Melburn Lodge (a 12 bed in-patient ward).
- Additionally, Lindean provides a specialist inpatient facility for older adults with acute mental health problems. (a 6 bed elderly functional mental health ward)

A review of 'need' (using our Day of Care Audit) was undertaken across all inpatient settings including Melburn, Cauldshiels and Lindean. This indicated that of the 28 patients in these wards, only 7 required a specialist inpatient bed. The other 21 could be cared for in a range of alternative settings such as nursing home, residential home or in their own homes if appropriate packages of care and support were in place. This reinforces the national estimation that there is a need for a significant reduction in the number of specialist inpatient beds for this patient group.

The Mental Welfare Commission's (MWC 2014) review of dementia care units identified serious concerns Nationally with quality of care, environments, access to multidisciplinary professionals and adherence to legal requirements for providing care. Cauldshiels ward had been highlighted in successive MWC reports as providing an unsuitable physical environment for dementia care (i.e.) specialist dementia wards are frequently located in environments that do not support person-centred care and can increase the distress of the person with dementia and their family. There can be a lack of access to the multi-disciplinary professionals required to support the complex care required in dementia. There can be difficulties with transition out of the acute setting, resulting in a large proportion of patients in these wards having no clinical need to be there. This can result in difficulties in providing appropriate care for such a wide range of individuals with differing needs, meaning that resources are not targeted effectively. In regard to Cauldshiels, rectifying the environmental issues on site would require a substantial rebuilding programme with significant capital investment. Melburn lodge already provides an appropriate environment and will therefore require little alteration.

Review also indicated that there was a lack of integration between specialist hospital dementia environments and the wider health and social care systems – resulting in hospital units sitting in isolation without the same focus on discharge to more appropriate care environments; and too often the window of opportunity being missed for safe transition to a more appropriate community setting to enhance quality of life.

Specialist hospital care will be required for people with dementia who have an acute psychological presentation as a result of dementia or co-morbid mental health illness. The clinical needs of this group will continue to be met in a hospital environment. (It is estimated that up to 1% of people with dementia will require management in a specialist dementia hospital environment at any one time)

Most people with dementia can be cared for in the community throughout their illness. But this requires a multi-disciplinary coordinated and planned approach to support those providing the day-to-day care.

Based on all of the evidence presented, the IJB directed that the number of dementia inpatient beds be reduced from 26 to 12 (via the closure of Cauldshiels ward) and that investment be made into community services – facilitating a shift in the balance of care. (BBC news coverage of the decision)

Financially, the IJB decision covered:

- Development of a Care Home and Community Assessment Team to support patients in the community.
- Investment in a dedicated Social Worker to ensure flow through hospital into the community.
- Allocation of £338,000 per annum to be set aside for the commissioning of five specialist dementia beds in the community should these be required.

Care Home and Community Assessment Team ('CHAT team')

The Care Home and Community Assessment Team (CHAT) specialise in meeting the needs of older adults with mental illness and dementia, working within care homes and community hospitals across the Scottish Borders.

The team works across the entirety of the Borders providing cover to 92 community hospital beds and 695 care home beds within Scottish Borders. The team has capacity to assess, plan treatment and intervene (where necessary) for 60-70 individuals per week. Additionally a rolling programme of training and implementation of stress and distress techniques is undertaken with each care home and community hospital throughout the year.

The team aims to provide proactive and responsive support to care homes and community hospitals to help them better meet the needs of their residents and patients with mental illness and dementia. Interventions offered by the team include carrying out mental health and memory assessments, advising on the best type of treatment for the individual and advising staff on managing the symptoms and behaviours of people with mental illness and memory problems. The team also provides training and education for care home and community hospital staff to provide them with the skills and knowledge to provide effective care for residents and patients.

The service can be accessed via referrals made by GPs, or senior care home/community hospital staff. All referrals are:

- Sent to a central CHAT referral inbox
- Screened on the same day and the referrer is informed of the outcome (if the referral is appropriate CHAT will contact the care home or community hospital by phone to arrange an appointment. If the referral is inappropriate contact will be made and advice given on how to proceed)

The team assess the individual looking at:

- Advice and treatment regarding specific mental health issues.
- A person-centred care plan that ideally involves the individual, family, carers and staff in maximising quality of life, physical health and comfort.
- The advice and training necessary to support staff in meeting an individual's care needs and maintaining them in their current care setting

Dementia Redesign follow-up

At the time of approval of the dementia redesign (August 2019), IJB also directed that the impact of this new model, including the effectiveness of the Care Home and Community Assessment team, the need for NHS Inpatient beds and the ongoing requirement for the earmarked financial reserve be reviewed and reported back to IJB no later than March 2021

For more information on the Mental Health for Older Adults Service: click here

Objective 2: Priorities 2019/20 - What we said / What we did

Last year's Annual Performance Report contained a number of Partnership Priorities to be delivered in 2019/20. The table below details these and the key achievements delivered.

Partnership Priorities for 2019/20 – What we said

1. **Introduce a renewed discharge hub**
   We will have a more consistent approach to managing people's progress through hospital. The "Moving-on" policy involves patients earlier in the process and enables joint health & social care decisions to be made when prioritising patient transfers and resources.

2. **Develop shared Out-of-Hours coordination**
   Through work with partners and our geographical neighbours, we will aim to streamline Out-of-Hours provision across a number of services.

3. **Promote Healthier lifestyles within the Borders**
   Working across the entire Health and Social Care Partnership and with direct links to our Public Health provision, we will direct a number of events and campaigns, coupled with our communications strategy, to encourage Borders residents to be healthy and make healthy choices. 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 promote personal responsibility and continue to provide public health education on diet, exercise and mental health.

4. **Commission the correct bed base mix**
   We will further develop community capacity, including residential care and home care. We will commence a series of commissioning exercises, including setting the strategic direction for future contracting arrangements. We will look at the bed-base mix at Borders General Hospital, Community Hospitals and Mental Health beds across the estate with a view to further develop community capacity. We will look at options for Community Hospitals to function as step-up from home facility as well as a step-down from BGH facility.

Key Achievements/Successes : What we did

1. **Introduce a renewed discharge hub**
   An integrated hospital based service was created to improve patient experience of hospital discharge. Traditionally the START team was responsible for the social work activity for patients requiring ongoing care and support beyond their hospital stay. The team acted as a link across hospital wards; hospital and community based discharge teams; intermediate care systems and the locality based resources that support patients to live in their own home or homely setting. Within the hospital there was also the Older People's Liaison Service (OPLS) and the Discharge Liaison Team (DLT). A review concluded that whilst all of these services add value, there was also inefficiency and duplication.

   An Integrated Discharge Hub was created. The 'hub' is a single point of contact multi-disciplinary team with responsibility for coordinating and arranging older people patient transfers and ongoing care.

   The Discharge Programme of work as detailed in last year's Annual Performance Report, was based on 5 projects covering:

- Home-based intermediate care: Home First
- Bed-based intermediate care: Garden View Discharge to Assess facility and Waverley Transitional Care Facility
- Referral and allocation management: Matching Unit and Strata electronic referral system.

The programme of work had only a limited impact on delayed discharge rates - one reason being that a number of delayed discharge patients tend to have higher dependency levels (level 3), whereas the projects within the Discharge Programme were focused on patients with moderate to low dependency needs. Data from the evaluation of the programme indicates that for clients going through Transitional care (Waverley), readmission rates to BGH reduced by 10%, 84% of users returned to their own homes and average care packages for those returning home were reduced from 11hrs to 9.4hrs per week. Home First saved 9 bed days per service user per annum and A&E attendances for Home First patients reduced by 61%. The Matching Unit played a key role in restarting packages or care (enabling discharge).

Key Achievements/Successes : What we did

2. **Develop shared Out-of-Hours coordination**
   Borders Emergency Care Service (BECS) employs a team of GPs, out-of-hours nurses and evening nurses who are supported by a team of receptionists and drivers and provides urgent care to patients who cannot wait until their own GP surgery reopens. The team also provide medical support to the Community Hospitals in the out-of-hours period.

3. **Promote Healthier lifestyles within the Borders**

   The NHS Borders Wellbeing Service provides evidence based, early interventions supporting lifestyle change and emotional wellbeing through:

- Quit Your Way (QYW) – smoking cessation service
- LASS – lifestyle advice and support to increase physical activity, reduce weight and eat healthily
- Doing Well (DW) – support to improve low to moderate mental wellbeing

Existing advisers have been fully trained to undertake their new role and a new system to manage patient information and appointments has been introduced. We are also working closely with the Psychology Service to ensure we have straightforward patient pathways for different tiers of intervention.

Information about the service is available at:
www.nhsborders.scot.nhs.uk/wellbeing

Alternatively you can contact us via 01896 824502 or wellbeing@borders.scot.nhs.uk

Our new Mental Health Services (Adult) Information Resource has mapped out the supports and services available, and provides information on how to access them. This improves access and supports the delivery of integrated care across mental health services. The resource is available through Social Work 'What Matters' hubs, GPs (Refhelp website), Wellbeing College, NHS Borders Wellbeing Point. Benefits include making mental health services more accessible, helping people find the most appropriate service, allowing people to access help whilst waiting for other forms of support, promoting the active involvement of people in their own care, supporting recovery through reconnecting with local communities. The online tool was informed by consultation with service users and carers via the Borders Mental Health & Wellbeing Forum, service providers, planners and commissioners. The process included liaison with young people's Mental Health Services to support mutual awareness and inform transitions between mental health services for young people and adults.

Key Achievements/Successes : What we did

4. **Commission the correct bed base mix**
The partnership undertook 'demand modelling' work to establish the required bed-base for our increasingly ageing demographic.

YEAR	AGE GROUPING					TOT POP
	<18	18-64	65-74	75-84	>85	
2016	21,507	65,780	15,451	8,633	3,159	114,530
2017	21,373	57,700	17,022	14,886	6,337	117,318
% change	**-1%**	**-12%**	**10%**	**72%**	**101%**	**2%**

This modelling work incorporated the requirement for acute beds (BGH and Community Hospital) and non-acute beds (residential care, intermediate care etc...)

A number of studies have shown that remaining in hospital longer than necessary is harmful to older people and results in increased risk of mortality, hospital-acquired infections, mental ill-health and reductions in mobility and placing greater burden on both health and social services. However, the Borders has a relatively low number of care home beds per head of population (25 beds per 1,000 population) and a relatively high number of hospital beds.

The modelling predicted that if nothing changes – and based on demographics alone - we would require more hospital beds and many more care home beds. When projects such as Home First, Intermediate Care and Reablement are built into the model, this then changes the result, but there is still a prediction for an increased amount of community-based care home beds.

Scottish Borders Council is therefore investing in the construction of two new 60-bed care units - one in Hawick and one in Central Borders.

Objective 2: Partnership Priorities for 2020/2021

Development sessions of the IJB, coupled with events attended buy a range of senior professionals have considered the challenges facing the partnership. As a result, the following workstreams have been identified in our Strategic Implementation Plan:

WORKSTREAM	DESCRIPTION	PLANNED DELIVERY DURING 2020/21
Older People's Pathway	Patient flow, including admission avoidance, quicker discharge, coordinated assessment, intermediate care and reablement.	Work will continue in regard to Older People's Pathway including developments to: • Intermediate Care • Trusted Assessor • Reablement • Matching Unit • Older Person's Assessment Unit • Discharge Huddles
Joint Capital Planning	Whole system capital planning and investment including Primary Care and Intermediate Care.	Capital investment is most often done to purchase, construct or develop a tangible asset (e.g.) property. This will continue, but on a partnership basis and will include: • 60 bed care developments • LD care developments • Staff accommodation and technology
Service Commissioning	Reviewing, planning, contracting and re-contracting	Commissioning and the recommissioning of services including: • home care, • our bed-base (acute, residential, intermediate care) • reablement .....will continue under the scrutiny of the SIP Oversight Board with the aim of re-contracting a number of services in 2022

PROGRESS AGAINST STRATEGIC OBJECTIVE 3

OBJECTIVE 3

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

Objective 3: Background and Challenges

We are committed to supporting people to manage their own conditions, by improving access to health and social care services in local communities, by improving support to carers and by delivering more supported accommodation, including extra care homes, dementia care and mixed tenure provision. We know that a range of support is required to support for people with dementia and their carers. We know that we need high quality support for the 12,500 people aged 16 and over who are providing unpaid care in the Scottish Borders.

Key to achieving positive change is by:

- Piloting and evaluating different approaches to the delivery of care and support in the community.
- Developing integrated, accessible transport options.
- Developing the use of technology to promote independence and enable prevention, through monitoring and 'early-warning' of an impending problem.
- Using technology to improving access and signposting to services and information
- Developing community-based mental health care
- Supporting carers and implementing the requirements of the Carers (Scotland) Act 2016
- Investing in physical and social infrastructure, looking to harness the strengths of our own communities in developing capacity in care and support for family members and friends

The Borders Carers Centre is responsible for Carers Support Plans and can assist in putting together a plan centred around carer needs, giving access to appropriate information, advice and support. Borders Carers Centre services are free and independent and all carers over the age of 18 years are supported.

Borders Care Voice is an independent Third Sector organisation working with people and providers to promote equality, support change in health & social care and give service users and carers a voice. Borders Care Voice promotes good practice in the planning and provision of health and social care services and provides free training for people who work or volunteer in the health and social care sector, and unpaid carers.

Objective 3: Spotlight - TEC Fest

Staff from across the Health and Social Care Partnership attended our 'TEC Fest' events in June 2019 and December 2019.

The events gave the opportunity to:

- talk to suppliers and see demonstrations of their Technology Enabled Care (TEC) products
- find out more about the Borders Technology Enabled Care Strategy
- talk to Partnership staff about current work around TEC.

The aim was for everyone to be better informed on available TEC, so that we can all work together to support and advise people in the Borders on using technology to remain independent for longer.

Some of the products on show included:

- **FALLS PREVENTION** - The falls prevention technology uses wearable devices to monitor an individual's 'normal' state and alert a nominated person if and when this changes. The aim is to use the technology and intervene before someone falls and injures themselves – which could result in a prolonged or permanent loss of mobility.
- **FLORENCE** (Home Mobile Health Monitoring) - allows patients to monitor a range of conditions (blood pressure, COPD, asthma) from home. This promotes self-management of their health condition and prevents GP/surgery time being taken up with routine tasks – such as BP monitoring appointments.
- **STRATA** - a web-based application that facilitates co-ordination across the entire partnership by automatically matching a patient/clients assessed need to available care resource.
- **NEAR ME** - instead of travelling to a face-to-face appointment, patients or service users enter the clinic's online waiting area from a web browser and their consultation is held via a video conference call.
- **ETHEL** - a large, stripped-down tablet which allows medication prompts, video calls and access to websites. It is simple to use with big, clearly labelled buttons and does not rely on the individual having broadband in their home.
- **ASKSARA** - a self-help website that allows individuals to answer a number of questions that will help them find equipment that can help them with everyday living. The website allows individuals to answer a number of questions, designed by Occupation Therapists, on a topic that they may be having difficulty with i.e. taking a bath, making food, climbing the stairs. It then produces an individualised report showing small items of equipment that can help and where they can be purchased. The website will recommend a full Occupational Therapy assessment via a What Matters hub if the report highlights any areas of concern.

TEC Goody Bag

The Scottish Borders H&SC Patnership launched a TEC Goody Bag to help support older people with everyday living. The bag contains small items of technology teams which members of the public are able to trial for up to 6 weeks to see if they help with everyday living and to remain independent. The bags are by the What Matters hubs and Home First teams.

The goody-bag kits contain a droplet hydration cup, a dementia clock, a large button phone, movement sensor night light and a simple remote control.

All of the items in the bags are readily available online and on the high street for people to purchase after the initial 6 week trial.

Florence Evaluation

Florence is a automated text messaging service which asks people to submit readings for long term conditions. The system generates automated responses and gives advice to the patient. The readings that are submitted sit in the florence system and can be reviewd by clinical staff at any time. Florence was trialled in a number of GP practices. To help give some context to how big an impact Florence could have - Teviot Medical Practice in Hawick alone has approx. 1,000 people requiring long term BP monitoring. Evaluation indicates that it could be possible to prevent 2-3 appointments per patient for diagnosis and titration. This is also true of hospital appointments – where a GP practice may routinely sent patients to the Borders General Hospital for monitoring. The use of Florence therefore removes the need for this, saving valuable GP and hospital time.

Falls Prevention

A 10 person trial of falls prevention technology took place in Deanfield Care Home from March to August. Unfortunately the technology used was not reliable in regard to connectivity and mobile phone signal and the trial did not prove successful. This stresses the importance of trailing and evaluating TEC in a systematic way prior to committing significant resource to it.

AskSARA

In Autumn 2018, the HSCP launched AskSARA. It is:

- an easy to use website that provides people with information and advice that can improve their quality of life by making everyday tasks such as cooking, bathing, taking medication and household chores easier.
- This can range from equipment to help them move around their home more safely to products that enable them to be more independent in the kitchen.

Anyone can use AskSARA, including family members, friends and carers. It's free and simple to use, and is available 24 hours a day, seven days a week.

All you do is choose from three broad categories – health, home or daily activities – and answer some questions. You will then receive a report written by an occupational therapist which will include recommendations for advice and support. If the assessment report highlights any areas of concern, AskSARA will recommend that a full occupational therapy assessment is undertaken - via one of the Partnership's What Matters Hubs.

The Borders AskSARA version is the first of its kind in Scotland and it has been developed by the Partnership with the help of the Disabled Living Foundation. To access AskSARA visit the Scottish Borders website www.scotborders.gov.uk/asksara

Objective 3: Priorities 2019/20 - What we said / What we did

Last year's Annual Performance Report contained a number of Partnership Priorities to be delivered in 2019/20. The table below details these and the key achievements delivered.

Partnership Priorities for 2018/19 – What we said

1. **Enable further support for Carers**
   We will improve signposting and support for unpaid and paid carers and also expand the reablement functions we offer.

2. **Improve Technology Enabled Care (TEC) and Data Sharing**
   Individuals expect more choice and more control over their care and TEC can play an important role in this to support individuals with complex needs, so that they can better manage their conditions and lead healthy, active and independent lives for as long as possible. We will continue to pilot and implement TEC products across the partnership and continue to promote the use of TEC with professionals and the public. We will follow up our June 2019 'TEC Fest' event with another event planned for December 2019.

Key Achievements/Successes : What we did

1. **Enable further support for Carers**
   We estimate that there are approximately 13,455 carers currently providing invaluable care and support across the Borders. Working with our colleagues in children and young people's services and the third sector, we are committed to providing services that support the health and wellbeing of carers as well as enabling them to participate in, and contribute to, the communities they live in.

   A short breaks statement for adult and young carers was published, providing a guide to the local and National resources available for carers and people who are supported. This was produced by the Health and Social Care Partnership and the Children and Young People's Leadership Team, along with adult and young carers from across the Borders. The aim is to help adult and young carers and the people they support with things such as:

- understanding what short breaks are
- who can access them
- what short breaks are available
- how short breaks can be accessed
- what other support is available

People with a learning disability from across the Borders held a range of events as part of Learning Disability Week (13-19 May 2019). The Local Citizens Panels' conference in Galashiels was just one of the opportunities taken to celebrate and share the contributions that people with a learning disability make to their local communities. Panel members gave presentations on their achievements over the previous year and outlined their plans for the next 12 months. There was also a special performance by the Keys to Life Choir, set up in August 2018 to give people with learning disabilities, family carers and support staff the opportunity to come together, learn songs, have fun and perform for others.

2. **Improve Technology Enabled Care (TEC) and Data Sharing**
   See TEC 'spotlight' above

Objective 3: Partnership Priorities for 2020/2021

Development sessions of the IJB, coupled with events attended buy a range of senior professionals have considered the challenges facing the partnership. As a result, the following workstreams have been identified in our Strategic Implementation Plan:

	DESCRIPTION	PLANNED DELIVERY DURING 2020/21
Carer Support Services	The partnership recognises the essential work of carers – even more so throughout the Covid-19 pandemic – looking to the future, it is a precarious resource that requires support.	We will improve accessibility to respite provision and further develop access to other sources of support both the community and across web/telephone services. We will continue working with Borders Carers Centre and Borders Care Voice to better understand the needs of carers and to work collectively to deliver the services they require.
Locality Operations	Early intervention, prevention, shared client cohorts, agile responses, close coordination of effort, all designed to reduce admissions and avoid/or slow progression to higher levels of care and health needs.	We will define the locality model, agree the aims, principles, scope, outcomes and the delivery model. Locality teams will use this for guidance, but will also then be able to develop the model in line with the needs of their locality. Our locality model will build on the work of the Community Assistance Hubs and What Matters hubs – and will work closely with communities to provide a joined up Health and Social Care service response that meets local needs.
Technology	Technology support across health and care provision, workforce enablement, improved administration processes and improved sharing of information across the partnership.	Technology is very closely linked to Workforce and we will continue to invest in technology for staff and invest in technology enabled care to help people live independently for as long as possible.
Mental Health provision	For adults (and children), including dementia care and autism.	Our Child and Adolescent Mental Health Service (CAMHS) is redesigning care pathways during 20/21. The adult mental health service will continue delivering the distress brief intervention service and, in collaboration with primary care will continue development of the community mental health model (where appropriate patients see a mental health professional rather than a GP) and are offered evidence based psychological therapy depending on their needs.
Learning & Physical Disability provision	Reviewing and 're-imagining' the service – particularly important now in the context of Covid-19.	We will update our Physical Disability Strategy and implementation plan, explore options for a complex care unit for adults with learning disabilities and continue to progress shared lives, with the first service users commence placements during the latter half of 2020. Respite Care and short breaks provision will be reviewed and supported living provision, in collaboration with local Registered Social Landlords explored. A key objective within the next 2-years is to develop increased supported housing for adults with complex care needs, reducing the number of out of area placements required.

FINANCIAL PERFORMANCE AND BEST VALUE: SUMMARY

Financial Performance Summary

The Integrated Joint Board (IJB) agrees a joint budget and commissions a range of health and social care partnership services within the functions delegated to it.

IJB financial governance includes:

- Approval of high level strategies and plans
- Quarterly financial monitoring reports
- Publication of the annual Statement of Accounts'

In 2019/20 the IJB controlled the direction of **£191.367m** of financial resource to support the delivery of its three strategic objectives.

The split of the resource is shown below:

IJB SERVICE AREA	BASE BUDGET £'000	REVISED BUDGET £'000	ACTUAL £'000	VARIANCE £'000
1. SOCIAL CARE SERVICES				
Joint Learning Disability Service	14,301	18,122	18,134	(12)
Joint Mental Health Service	2,039	2,083	2,076	7
Joint Alcohol and Drug Service	176	130	114	16
Older People Service	24,818	22,279	22,991	(712)
Physical Disability Service	3,457	3,129	3,191	(62)
Generic Services	11,684	13,495	13,615	(120)
SBC Contribution		883		883
Social Care sub-total:	**56,475**	**60,121**	**60,121**	**0**
2. HEALTH SERVICES				
Joint Learning Disability Service	3,551	4,080	4,435	(355)
Joint Mental Health Service	14,774	16,450	16,225	225
Joint Alcohol and Drug Service	369	735	777	(42)
Generic Services	75,209	78,347	81,323	(2,976)
NHS Contribution		6,255		6,255
Health sub-total:	**93,903**	**105,867**	**102,760**	**3,107**
3. SET-ASIDE HEALTHCARE SERVICES				
Accident & Emergency	2,516	2,957	3,206	(249)
Medicine & Long-Term Conditions	6,767	6,695	6,725	(30)
Medicine of the Elderly	13,231	16,033	16,175	(142)
Planned savings	0	(1,824)		(1,824)
NHS Contribution	0	1,518	0	1,518
Set-aside sub-total:	**22,514**	**25,379**	**26,106**	**(727)**
Overall:	**172,892**	**191,367**	**188,987**	**2,380**

Note: The 'set-aside' budget covers the in-scope integration functions of the NHS that are carried out in a large hospital setting. In our case, Borders General Hospital (BGH).

Proportion of spend by reporting year, broken down by service

The table below shows the actual delegated budget for 2016/17, 2017/18, 2018/19 and 2019/20 – and the proposed budget for 2020/21.

IJB SERVICE AREA	ACTUAL 2016/17 £'000	ACTUAL 2017/18 £'000	ACTUAL 2018/19 £'000	ACTUAL 2019/20 (£'000)	FORECAST 2020/21 (£'000)
1. SOCIAL CARE SERVICES					
Joint Learning Disability Service	15,261	16,730	17,516	18,134	16,399
Joint Mental Health Service	1,911	1,962	1,999	2,076	2,256
Joint Alcohol and Drug Service	103	173	136	114	-
Older People Service	20,979	18,685	20,762	22,991	25,194
Physical Disability Service	3,343	3,570	3,599	3,191	2,458
Generic Services	4,850	12,011	12,335	13,615	5,278
Social Care sub-total:	**46,447**	**53,131**	**56,347**	**60,121**	**51,585**
2. HEALTH SERVICES					
Joint Learning Disability Service	3,690	3,520	4,010	4,435	3,740
Joint Mental Health Service	14,173	13,725	14,974	16,225	15,980
Joint Alcohol and Drug Service	635	597	608	777	390
Generic Services	78,109	77,645	81,884	81,323	87,670
Health sub-total:	**96,607**	**95,487**	**101,476**	**102,760**	**107,780**
3. SET-ASIDE HEALTHCARE SERVICES					
Accident & Emergency	2,043	2,004	2,912	3,206	2,830
Medicine of the Elderly	13,029	12,905	15,571	16,175	15,660
Medicine & Long-Term Conditions	6142	6,434	6,642	6,725	6,230
Generic Services	-	3,075	-	-	-
Planned savings	(350)	-	-	-	(1,090)
Set-aside sub-total:	**20,864**	**24,418**	**25,125**	**26,106**	**23,630**
Overall:	**163,918**	**173,036**	**182,948**	**188,987**	**182,995**
	-	**+5.6%**	**+5.7%**	**+3.3%**	

(*) There is considerable budgetary pressure arising from the additional costs of Covid-19 mobilisation and the non-delivery of planned savings. One of the main reasons for non-delivery of savings has been because resource capacity (staff) has had to be allocated to meet the requirements of Covid-19 response. This is the case across the Health and Social Care Partnership and the Social Care, Health and Set-Aside budgets.

Overspend / Underspend

From the table above, it can be seen that whilst the HSCP budget has increased year on year, the Partnership continues to experience significant financial pressures across its delegated functions. During 2019/20 the Partnership required additional resources of **£6.255m** from NHS Borders and **£0.883m** from Scottish Borders Council to enable it to deliver a financial break-even position at year end.

Allocation of these additional resources enabled the Partnership to breakeven across its budget supporting the delegated functions. The positive position reported above relates entirely to **£3.107m** of ring-fenced funding allocations that were not spent during 2019/20 and which will be carried forward to 2020/21 – a significant proportion of which is committed. In addition, other balances are also being carried forward in relation to Transformation (**£0.396m**) and Older People's Change Funding (**£0.179m**), giving a total of **£3.682m**. In relation to Set-Aside budgets, there was an adverse variance in regard to large hospital functions set-aside of **£0.727m**.

Common drivers for the significant financial pressures include demographic growth, staff recruitment/ retention and the increased demand for services across the Partnership. In particular:

- Increased demand for social care in residential care and in care at home, particularly for those in the 75-84 and 85+ age cohorts.
- Increased costs within the Joint Learning Disability Service, particularly in relation to residential placements.
- Additional social care clients transitioning from Children and Families into Adult Health and Social Care services.
- Non-delivery or partial delivery of planned financial savings across the Partnership.
- Additional investment requirements to deliver transformation.

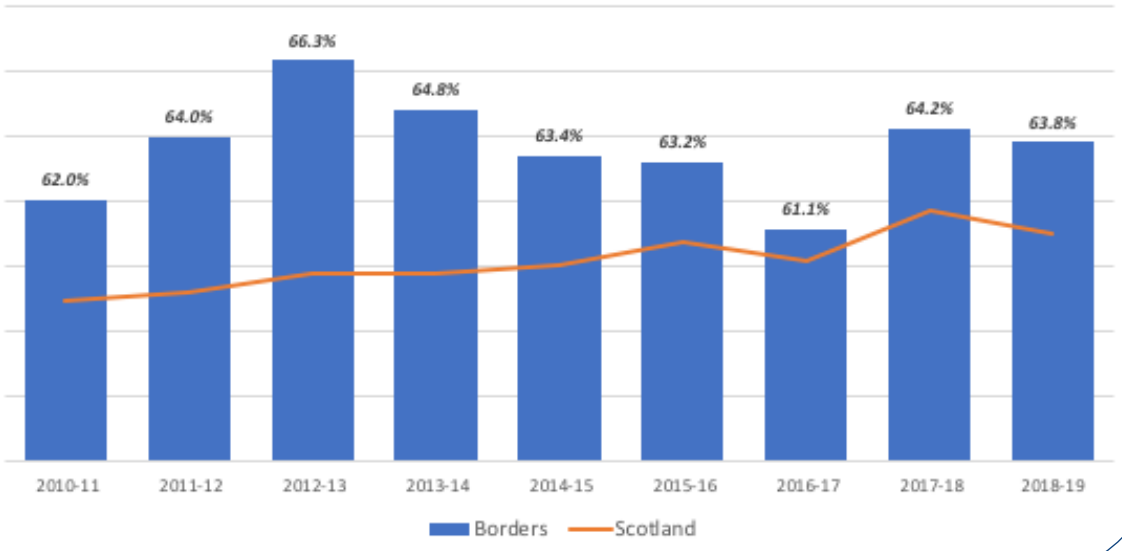
- The impact of vacancies and the subsequent use of agency staff.
- The impact of Covid-19 on acute hospital functions late in the financial year
- The impact of vacancies and the subsequent use of agency staff.
- The impact of Covid-19 on acute hospital functions late in the financial year

Balance of care

The Partnership Strategic Commissioning Plan is based on developing community capacity in a way that helps prevent unplanned hospital admissions and improves the flow of patients out of the acute hospital setting (i.e.) using resources more effectively on prevention, rather than treatment.

This will help us to invest in new integrated ways of working, particularly in terms of early intervention, reducing avoidable hospital admissions, reducing health inequalities, supporting carers and supporting independent living. The development of Locality based services is critical to this.

% OF PEOPLE AGED 65 OR OVER WITH LONG TERM CARE NEEDS RECEIVING PERSONAL CARE AT HOME

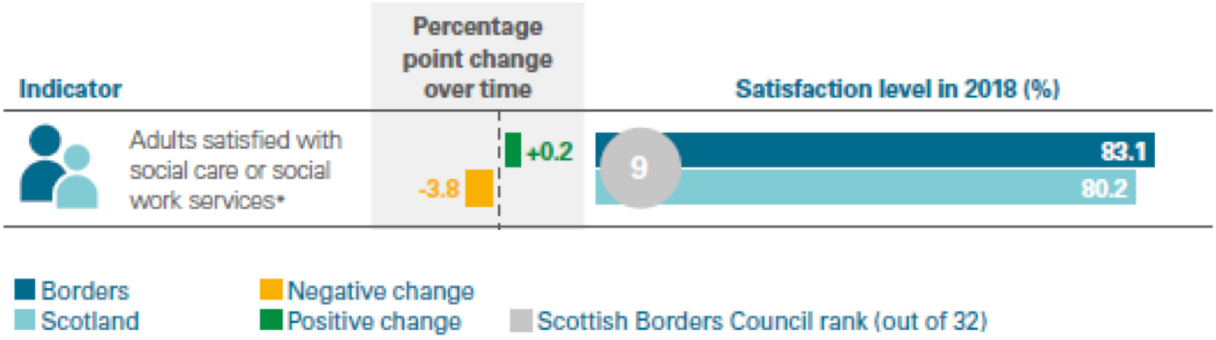


Source: Local Government Benchmarking Framework

Best Value and BV Audit

Best Value ensures that we have services in place that are efficient, economic, sustainable and that deliver improved outcomes for Borders residents.

The focus of the Audit Scotland October 2019 Best Value Assurance Report: Scottish Borders Council, was Scottish Borders Council, but the report touched on partnership working with the IJB. The report concluded that a number of Council services had performed well and demonstrated improvement, including aspects of social work. The report also showed that the satisfaction rate with social care or social work services was good (in comparison to other local authorities and with the Scotland average).



The October Best Value report, however also highlighted that Partnership working between SBC and NHS Borders needs to improve.

Accounts Commission finding 2010	Controller of Audit judgement 2019
Partnership The council works well with its partners and we welcome evidence of effective collaboration on services such as health improvement, jointly funded social care, community safety and child protection. The Commission welcomes particularly notable examples of partnership working such as the co-location of services in Peebles and the equalities and diversity officer jointly funded with NHS Borders.	Partnership working with NHS Borders, through the integration joint board, needs to improve. The council has made good progress with other aspects of joint working and recognises there are further opportunities for this. The council is a key partner in complex and ambitious economic initiatives.

Our governance framework is the rules, policies and procedures by which the IJB ensures decision making is accountable, transparent and carried out with integrity. The Board has legal responsibilities and obligations to its stakeholders, staff and residents of the Borders area. The Chief Officer Health & Social Care chairs the HSCP Leadership Team and the IJB ensures proper administration of its financial affairs by having a Chief Finance Officer in place.

At the start, middle and end of the financial year, the IJB and its partners undertake a full review and evaluation of its degree of compliance with legislation and recommended best practice in relation to the Partnership's financial governance, planning, management and reporting arrangements and clear forward planning is in place to ensure full assurance to the Partnership going forward.

The unaudited Annual Accounts have been approved through the IJB governance process. In accordance with legislation, the audited accounts will be signed off no later than 30th September and published no later than one month thereafter.

LOCALITY ARRANGEMENTS

Locality planning is a key tool in delivery of the change required to meet new and existing demands in the Borders. The IJB has developed locality arrangements where professionals, communities and individuals can inform locality planning and redesign of services to meet local need in the best way.

This is achieved through having 'Locality Working Groups' in each of the five localities of:

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

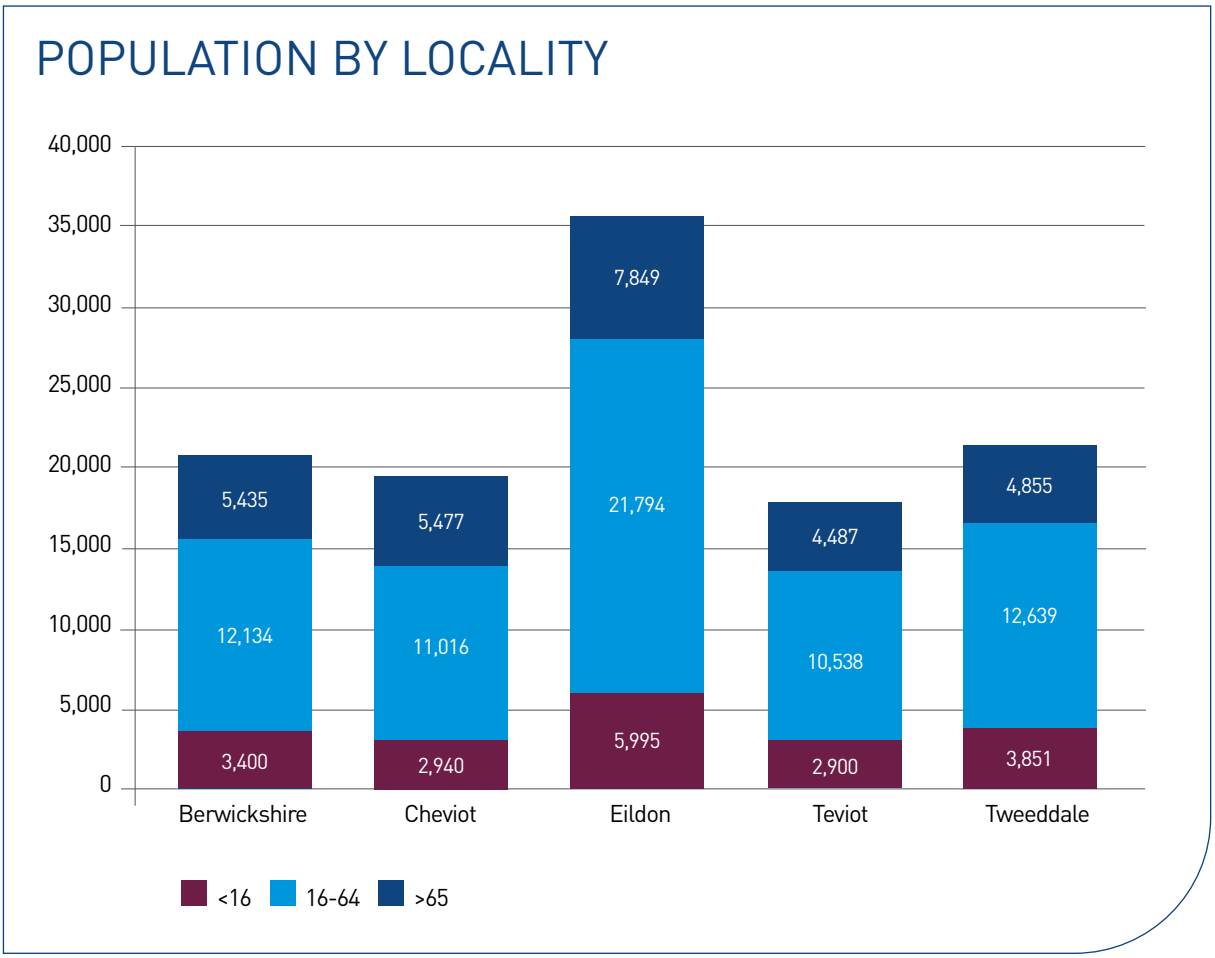
Each Locality has a Locality Plan and as highlighted in the Best Value report, there are opportunities to further integrate these Locality Plans within Community Planning Partnership (CPP) arrangements. Proposed changes to Locality Working arrangements were approved by IJB at their June 2019 meeting. These changes will strengthen and bolster Locality Working Group arrangements by ensuring that:

1. Each Locality Plan is aligned to CPP themes and outcomes – as well as being aligned under the three Health & Social Care Strategic Objectives.
2. Each Locality has an identified 'Locality Lead', responsible for the planning and delivery of the H&SC actions. It is anticipated that the bulk of these will align under the 'Our health, care and wellbeing' CPP theme.
3. Identified members of IJB Leadership Team are allocated to specific localities. Their role to work with each 'Locality Lead' to plan and deliver the H&SC actions.
4. Admin resource is in place to support the Locality Leads and IJB Leadership Team members in the delivery of H&SC actions and activity across all 5 localities and to ensure the coordination of relevant papers and updates for Strategic Planning Group, Area Partnership and CPP meetings.
5. All 5 of the Locality Leads are permanent members of Strategic Policy Group (SPG)
6. 1x Locality Lead is selected to represents the others to attend Integration Joint Board.

Note: locality working arrangements have been hampered by the Covid-19 pandemic

Locality Budget

The total population of each of our localities is shown in the graph below:



At a financial level, we do not allocate resource to specific localities, but based on population, services delivered and the location of services, the following table indicates how the HSCP budget could be attributed to each locality (based on 2018/19 actual spend):

Locality Split

LOCALITY	POPULATION	LOCALITY 'ALLOCATION (£M) - BASED ON 2018/19 ACTUAL											TOTAL (18/19 ACTUAL)
		Social Work	Learning Disability	Physical Disability	Mental Health	District Nursing	AHP	NHS Community Services	Family Health Services	Prescribing	Other	Set Aside	
Berwickshire	21,005	3.99	3.70	0.60	3.27	0.64	1.13	3.02	5.18	4.39	2.86	4.49	**33.27**
Eildon	35,700	6.78	6.27	1.02	5.55	1.08	1.93	5.13	8.80	7.47	4.86	7.63	**56.52**
Tweeddale	21,382	4.07	3.76	0.61	3.33	0.65	1.15	3.07	5.27	4.47	2.91	4.57	**33.87**
Cheviot	19,476	3.70	3.43	0.56	3.03	0.59	1.05	2.80	4.80	4.07	2.65	4.16	**30.84**
Teviot	17,956	3.41	3.47	0.51	2.80	0.55	0.97	2.58	4.42	3.76	2.45	3.84	**28.44**
	115,510	**£21.96**	**£20.32**	**£3.31**	**£17.07**	**£3.51**	**£6.24**	**£16.59**	**£28.46**	**£24.16**	**£15.74**	**£24.69**	**182.95**

Locality Activity

One example of our Locality activity is our Older People's Local Area Co-ordination team (LAC) who supported this year's Silver Sunday event, held in Duns as part of the nationwide celebration of older people. Around 100 residents from across Berwickshire gathered for a day of food, interaction and entertainment. Organisers included A Heart for Duns, Berwickshire Housing Association and Duns Senior Citizens along with a range of community volunteers. Food was provided by the White Swan and flower arrangements donated by Farne Salmon & Trout Ltd. This was the third year that Silver Sunday has been celebrated in Berwickshire, following successful events held in previous years in Galashiels, Langlee and Hawick.

INSPECTION OF SERVICES

Joint Inspection Follow Up

The 2017 Care Inspectorate and Health Improvement Scotland inspection of services for Older People in Scottish Borders identified some strengths in the delivery of services, but also some significant weaknesses which resulted in 13 recommendations for improvement being made.

A follow up inspection held in late 2019 concluded that services for older people in the Scottish Borders are improving. The progress review confirmed that the HSCP had made good progress in addressing each of the recommendations and had demonstrated a commitment to ongoing improvement. In particular the inspectors found:

- Senior managers within the partnership demonstrated a commitment to a shared direction of travel and increased strengthening of joint working at a strategic level.
- The partnership had reviewed its governance framework and had a process in place for monitoring the progress of the strategic plan supported by a clear supporting structure.
- Continuity of senior staff in the partnership has provided much needed stability. Importantly, constructive working relationships had evolved.
- Work undertaken by the partnership to improve planning and commissioning is strategic and focused.
- There was a clear commitment by the partnership to continue building on the improvements and progress that had been made.

Ann Gow, Deputy Chief Executive of Healthcare Improvement Scotland, said:
"This was a positive review with progress made in key areas. In order to continue making progress, the partnership recognised the need to improve both self-evaluation and ongoing evaluation of initiatives and approaches. In addition, engagement and consultation with stakeholders needs to become more meaningful, and appropriate representation must be included and valued."

Peter Macleod, Chief Executive of the Care Inspectorate, said:
"Given the positive findings from our latest review, we do not intend to conduct any further scrutiny in relation to this inspection. Instead, we will continue to engage with the partnership about the possibility of offering further support on identified areas for improvement. People want to experience care that is consistently high quality, with health and social care staff working well together to support people in a way that promotes their rights and choices. There is still a lot of work for this partnership to do to continue to improve services for older people across the Scottish Borders health and social care partnership."

Health Inspections

NHS Borders has four community hospitals; Hawick, Hay Lodge, Kelso and Knoll. All four hospitals have 23 inpatient beds and provide medical care, palliative care and rehabilitation. The hospitals also have minor injuries services, GP treatment room services and a range of consultant-led clinics and day hospital services.

Health Improvement Scotland carried out announced inspections to Hawick, Hay Lodge, Kelso and Knoll community hospitals between Tuesday 21 May and Thursday 23 May 2019.

The inspectors focused on 3 areas:

- Education to support the prevention and control of infection
- Infection prevention and control policies, procedures and guidance, and
- Decontamination.

Across the four hospitals, 27 patient interviews were undertaken and 45 completed patient questionnaires were received.

The inspection findings were that all four community hospitals demonstrated:

- good compliance with mandatory infection control training, and
- good staff compliance with standard infection control precautions.
  but that ....
- the fabric of the built environment must be maintained to enable effective cleaning.

This inspection resulted in two requirements and no recommendations. The requirements are linked to compliance with the Healthcare Improvement Scotland HAI standards. An improvement action plan was developed by the NHS board.

Health improvement Scotland also carried out an announced inspection to Borders General Hospital on 4th & 5th November 2019 in regard to ionisiong radiation (medical exposure) regulations. Inspectors spoke with a number of staff including the Chief Executive, IR(ME)R lead, radiologists and radiographers. Borders General Hospital offers plain film, computerised tomography (CT) mamography and nuclear medicine. The focus of this inspection was the imaging department.

The inspection identified a number of areas of good practice but also a number of areas for improvement.

WHAT THE SERVICE DID WELL	WHAT THE SERVICE NEEDS TO IMPROVE
• There was a positive safety culture within the radiology team for radiation protection of persons undergoing medical exposure. • Prior to the inspectors visit, NHS Borders had carried out a self-evaluation of their medical exposure to ionising radiation safety arrangements and had developed an action plan to address areas of improvement. • All staff were fully aware of their roles and responsibilities in relation to radiation protection of persons undergoing medical exposure. • There was good evidence of audits being undertaken. Following the entitlement process, audit improvements were made to the process to ensure the appropriate documentation was in place.	• Inspectors found that the governance arrangement for developing and changing employer's procedures and associated documents was not clearly defined. • There was a lack of clarity of the role and responsibilities of the different staff groups and committees. • There were no procedures or guidance for staff to undertake continuous education or training in relation to IR(ME)R, following qualification. • The membership and function of the optimisation group needs to be formalised to ensure the involvement of key staff at all times.

This inspection resulted in five requirements and one recommendation. Requirements are linked to compliance with IR(ME)R. An improvement action plan was developed by the NHS Board to address the requirements and to make the necessary improvements as a matter of priority.

Ministerial Strategic Group Report on IJBs

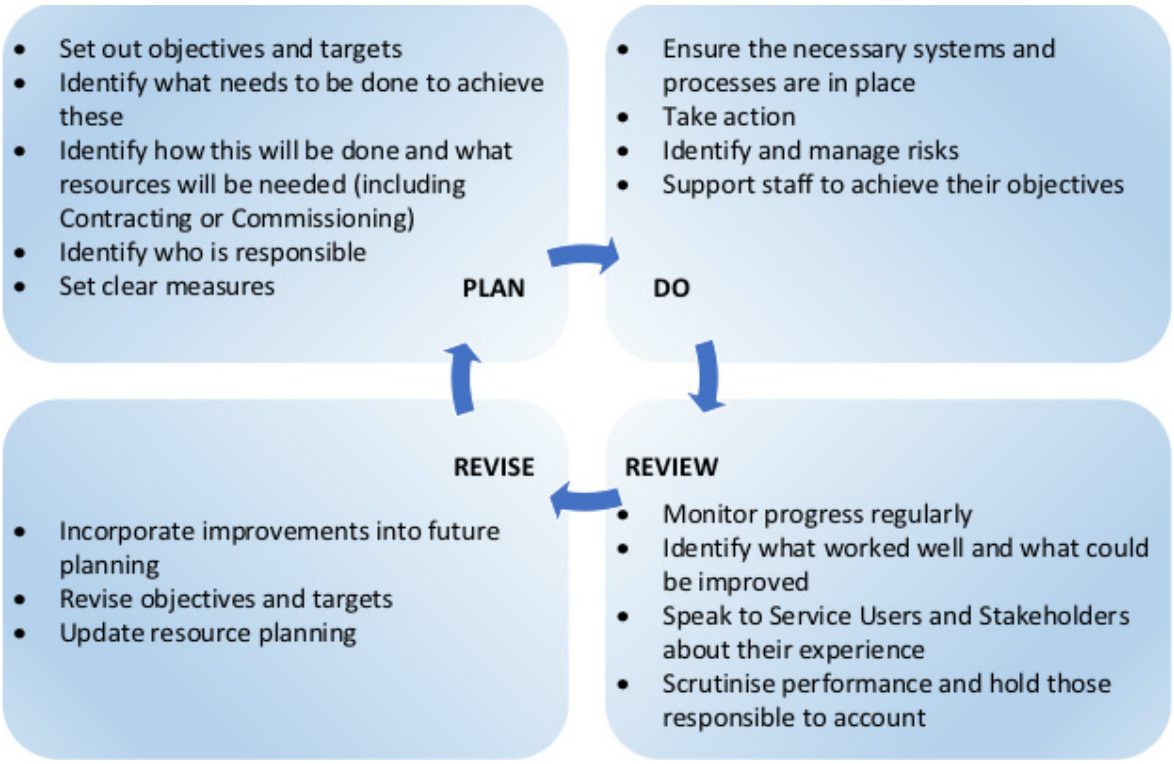
The Ministerial Strategic Group (MSG) for Health and Community Care February 2019 report on the 'Review of Progress with Integration of Health and Social Care' concluded that the pace and effectiveness of integration needs to increase. The report included 25 proposals to ensure the success of integration. Three of these proposals were being taken forward Nationally and all partnerships across Scotland, including Borders, completed a self-evaluation on the remaining 22 proposals. The Scottish Borders action plan to address the issues raised in the MSG report and to deliver against the 22 proposals is shown in Appendix 3.

PERFORMANCE MONITORING FRAMEWORK SUMMARY

Performance Management Framework

The Partnership has a Performance Management Framework (PMF) in place. The PMF sets out the strategic context and performance reporting arrangements for the Health & Social Care Partnership.

The Partnership aspires to be "best in class" and seeks to promote a culture of continuous improvement, to deliver better outcomes for individuals and communities. The PMF provides the structure by which the partnership can make informed decisions on future priorities, using performance information to identify and drive improvement work. It can also be used to assess the effectiveness of transformation and change projects. The PMF gives a structure to help build continuous improvement by setting out a logical approach to driving performance improvement.



Source: Adapted from Audit Scotland

Our performance measures

We report on a quarterly basis on a number of performance measures. These measures are aligned under the 3 Strategic Objectives and are designed to show the progress being made in delivery of the strategic objectives and therefore the contribution being made by the Partnership to the National Health and Wellbeing indicators. Each performance has a 'RAG' status. This Red/Amber/Green, classification is based, wherever possible, on a combination of performance against target, performance trend and performance against National data. The RAG status helps to highlights areas of good performance and also areas where action is required.

Our quarterly measures are shown below:

Regular performance updates can be found here

HOW ARE WE DOING?

OBJECTIVE 1

We will improve the 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 (ALL AGES)	£ ON EMERGENCY HOSPITAL STAYS
29.1 **admissions** per 1,000 population (Q3 - 2019/20)	**101.2** **admissions** per 1,000 population **Age 75+** (Q4 - 2019/20)	**59.6** **attendances** per 1,000 population (Q4 - 2019/20)	**19.1%** of **total health and care resource**, for those **Age 18+ was spent** on **emergency hospital stays** (Q2 - 2019/20)
-ve trend over 4 periods Worse than Scotland (27.6 – Q3 2019/20) Worse than target (27.5)	-ve trend over 4 periods Worse than Scotland (94.4 – Q3 2019/20) Worse than target (90.0)	+ve trend over 4 periods Better than Scotland (62.0 – Q4 2019/20) Better than target (70.0)	+ve trend over 4 periods Better than Scotland (23.5% - 2018/20) Better than target (21.5%)

Main Challenges

The rate of emergency admissions over the long-term (3 year period) remains relatively positive. Quarterly performance does fluctuate; and Covid-19 will have an impact – although not reflected in the figures to date. Historically, the number of A&E attendances has fluctuated between 7,000-8,000 attendances per quarter (which is equivalent to approx. 60-70 per 1,000 population per quarter), generally better than the Scotland average and better than our local target. Again, Covid-19 will impact A&E attendances and may well impact the peoples use of A&E for a long time to come. In relation to the percentage of the budget spent on emergency hospital stays, Borders has consistently performed better than Scotland and can demonstrate a positive trend over time. The most recent figure of 19.1% is the lowest % of spend in the last 3 years but the data is once again pre-Covid. *(note: as of December 2019, the denominator for this measure was updated to include Dental and Ophthalmic costs and, as a result, the % of Health Care spend has slightly reduced).* As with all Health and Social Care Partnerships, there is an expectation to minimise the proportion of spend attributed to unscheduled stays in hospital.

Objective 1: Our plans for 2020/21

Our Strategic Implementation Plan (SIP) includes the development of our Localities (e.g.) building on 'What Matters' and Community Assistance Hubs to improve and facilitate early intervention, shared client cohorts, agile responses, close coordination of effort, all reducing admissions and avoiding or slowing progression to higher levels of care and health needs Work continues to be progressed to improve patient flow, including; Frailty Front Door (admission avoidance), quicker discharge processes, trusted assessor models, new Intermediate Care and Reablement Services.

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
86.2% of **people seen within 4 hours** (Mar 2020)	**826** **bed days** per 1000 population **Age 75+** (Q4 - 2019/20)	**13** **over 72 hours** (Mar 2020)	**206** **bed days** per 1000 population **Age 75+** (Q4 - 2019/20)	**95.5%** **overall satisfaction rate** (Q4 - 2019/20)
-ve trend over 4 periods Worse than Scotland (88.6% – Mar 2020) Worse than target (95%)	-ve trend over 4 periods Better than Scotland (1,108 - Q3 2019/20) Better than target (min 10% better than Scottish average)	+ve trend over 4 periods Better than target (23)	-ve trend over 4 periods Worse than Scotland (198 – 19/20 average) Worse than target (180)	-ve trend over 4 periods Better than target (95%)

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

Main Challenges

The latest A&E Waiting Time (Mar 2020) figure is under our 95% target and also below the Scotland average. This data pre-dates the Covid pandemic and it is likely that our next reporting will show waiting time performance improvement as a result of fewer people attending A&E. Occupied bed day rates for emergency admissions (age 75+) has seasonal fluctuations and again in future reporting will be impacted by Covid. 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 achieved by the Health & Social Care Partnership if comparing snapshot data for May 2019 (26) with May 2020 (13). The percentage of patients satisfied with care, staff & information in BGH and Community Hospitals remains positive. The rate of Bed Days Associated with Delayed Discharge has an overall positive trend over the long term (3 years) but Q4 2019/20 shows a significant increase to 206 days, which is above the average and above our 180 day local target. Covid will impact on a number of measures, including delayed discharge, A&E attendances/waiting times, and emergency admissions.

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 remain safe and to be healthy in areas including diet, exercise and mental health. 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. We will review our contracted and commissioned services and support our workforce to ensure that we have flexible staff with the skills, training and equipment required to deal with the impacts of Covid and any future pandemics.

OBJECTIVE 3

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

EMERGENCY READMISSIONS WITHIN 28 DAYS (ALL AGES)	END OF LIFE CARE	CARERS SUPPORT PLANS COMPLETED	SUPPORT FOR CARERS: change between baseline assessment and review. Improvements in self- assessment
11.5 per **100 discharges from hospital** were re-admitted within 28 days	**87.6%** of **people's last 6 months** was spend at home or in a community setting	**82%** of **carer support plans offered** that have been **taken up and completed completed** in the **last quarter**	**Health and well-being** **Managing the caring role** **Feeling valued** **Planning for the future** **Finance & benefits**
(Q3 - 2019/20)	(Q3 - 2019/20)	(Q4 - 2019/20)	(Q4 - 2019/20)
-ve trend over 4 Qtrs **Worse than Scotland (10.4 - Q3 2019/20)** **Worse than target (10.5)**	**+ve trend over 4 Qtrs** **Worse than Scotland (88.1% - 2019/20)** **Worse than target (87.5%)**	**+ve trend over 4 Qtrs** **Better than target (40%)**	**+ve impact** **No Scotland comparison** **No local target**

Main Challenges

The quarterly rate of emergency readmissions within 28 days of discharge (all ages) peaked at 11.5% in Q3 2019/20 – the highest readmission rate in the last 3 years and increasing from a low of 10.0% in 2016/17. Borders data in relation to end of life care shows has improved but is still less than the Scotland average. The latest available data for Carers demonstrates positive outcomes as a result of completed Carer Support Plans.

Objective 3: Our plans for 2019/20

As part of our Strategic Implementation Plan (SIP), we will continue to support Carer services – the partnership has always recognised the essential work of carers, and even more so through the Pandemic. It is a precarious resource that requires support. We will continue trialling and implementing technology to improve health and care provision, workforce enablement, administration and processes. We will implement Joint Capital Development and Planning, including a Primary Care Capital Strategy, new Intermediate Care provision and an overarching Joint Capital Plan for the Border's Public Sector.

Performance Change

The table below gives a summary of the long-term trend for a range of performance measures used in the quarterly reporting – covering performance from inception of the HSCP in 2016 to date. Full detail can be found in the Integration section of the website (Appendix 2 of the Quarterly Reports).

KEY

▲ Improving Performance ▼ Declining Performance ◄ ► Little change

MEASURE	DATA RANGE	LONG-TERM TREND	NOTES
Emergency admissions in Scottish Borders residents - all ages	Q1 2016/17 – Q3 2019/20	▲	The rates fluctuate but over the long-term there has been a general decrease in volume of emergency admissions and the Partnership performs better than the Scotland average the majority of the time.
Rate of emergency admissions, Scottish Borders Residents age 75+	Q1 2016/17 – Q4 2019/20	▲	
Number of A&E Attendances per 1,000 population	Q1 2016/17 – Q4 2019/20	▼	As with emergency admissions, the rate for A&E attendances fluctuates. However, the long-term indicates an increasing volume of A&E attendance over time.
Percentage of total resource spent on hospital stays, where the patient was admitted as an emergency (age 18+)	Q1 2016/17 – Q2 2019/20	▲	The long-term trend indicates a decreasing percentage of total spend attributed to emergency hospital stays and the Partnership consistently performs better than the Scotland average.
Percentage of A&E patients seen within 4 hours	Mar 17 – Jun 20	▼	The performance in regard to the percentage of A&E patients seen within 4 hrs has been declining. The 2019/20 average of 89.9%
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+	Q1 2016/17 – Q4 2019/20	▲	The occupied bed day (OBD) rate does fluctuate but has reduced slightly over the long-term.
Numbers of Delayed Discharges over 72 hours ("snapshot")	Mar 18 – May 20	▲	Delayed discharge performance (pre-Covid) has improved slightly over the long term.
Bed days associated with delayed discharges in residents aged 75+, per 1,000 population	Q1 2016/17 – Q4 2019/20	◄ ►	There are spikes across the period; however, overall there is a neutral trend.
Patient satisfaction rates	Q1 2016/17 – Q4 2019/20	▼	Patient satisfaction (based on the '2 minutes of your time surveys' has declined but still remains high. However, the underlying reasons for the decline need to be explored.
Emergency readmissions within 28 days of discharge from Hospital (all ages)	Q1 2016/17 – Q3 2019/20	▼	The rate of emergency readmissions is increasing. This indicator in particular has been discussed a number of times by the IJB. One of the desired outcomes of increased Locality working is to see a reduction in emergency readmissions.
% of last 6 months of life spent at home or in a community setting	Q1 2016/17 – Q3 2019/20	◄ ►	The percentage of people able to spend their last 6 months of life at home or in a community setting has increased recently – but the long-term performance trend is generally neutral.
Support for Carers	Q1 2017/18 – Q4 2019/20	▲	The majority of unpaid carer Support Plans offered are subsequently completed.

Based on the range of measures above, we can demonstrate an overall positive performance trend since HSCP inception in 2016 (i.e.) a larger number of performance measures improving than declining. However, work will continue to ensure that further performance improvements are driven by Partnership priorities and actions.

Core suite

The table below summaries our performance against the 23 National core suite indicators. Full details are shown in Appendix 1.

The results for indicators 1-10 are based on the 2017/18 Scottish Government Health and Care Experience Survey (i.e.) recording peoples' perceptions. The results for indicators 11-23 are based on data. From the results below, it can be seen that Borders performance based on the data measures appears stronger than those measures based on people's perception.

National core suite indicators 1-10: outcome indicators based on survey feedback for year 2017/18

OUTCOME INDICATORS

INDICATOR		BORDERS			TREND	SCOTLAND **
		2013/14	2017/18	2019/20		
NI - 1	Percentage of adults able to look after their health very well or quite well	96%	94%	-	▼	93%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	79%	83%	-	▲	81%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	80%	74%	-	▼	76%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	78%	75%	-	▼	74%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	80%	83%	-	▲	80%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	89%	88%	-	▼	83%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	83%	80%	-	▼	80%
NI - 8	Total combined % carers who feel supported to continue in their caring role	41%	36%	-	▼	37%
NI - 9	Percentage of adults supported at home who agreed they felt safe	81%	86%	-	▲	83%
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	-	-	-	-	-

Source: (1-9) Scottish Government Health and Care Experience Survey 2017/18
http://www.isdscotland.org/Products-and-Services/Consultancy/Surveys/Health-and-Care-Experience-2017-18/
This national survey is run every two years

Source: (10) NHS Scotland Staff Survey 2015
http://www.gov.scot/Publications/2015/12/5980 . To date, equivalent information across the entire workforce of all Health and Social Care Partnerships is not available. Further work is required nationally and within Partnerships to collate and calculate this information.

DATA INDICATORS

INDICATOR		BORDERS PERFORMANCE						LONG-TERM TREND	SCOTLAND
		2014	2015	2016	2017	2018	2019		
NI - 11	Premature mortality rate per 100,000 persons; by calendar year	322	391	340	324	388	315	▲	426
NI - 12	Emergency admission rate	14,001	14,833	13,135	12,383	12,426	12,458	▲	12,602
NI - 13	Emergency bed day rate	135,029	135,124	130,816	134,563	132,492	120,372	▲	117,478
NI - 14	Readmissions to hospital within 28 days	105	107	102	105	109	109	▼	104
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	86%	86%	86%	87%	86%	86%	◀ ▶	89%
NI - 16	Falls rate per 1,000 population aged 65+	20.8	20.9	21.0	22.3	18.7	22.1	▼	22.7
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	74%	75%	75%	81%	79%	86%	▲	82%
NI - 18	Percentage of adults with intensive care needs receiving care at home	65%	64%	64%	62%	62%	-	▼	62%
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	628	522	647	855	761	676	▼	793
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	21%	20%	20%	21%	21%	19%	▲	23%

SCOTLAND figure is latest full year available (2019/20 or 2019 calendar year where Financial Year not available)

Source: ISD Core Suite Indicator Updates

MSG measures

A summary of the Ministerial Strategy Group (MSG) measures we use are shown below. Additional detail is shown in Appendix 2.

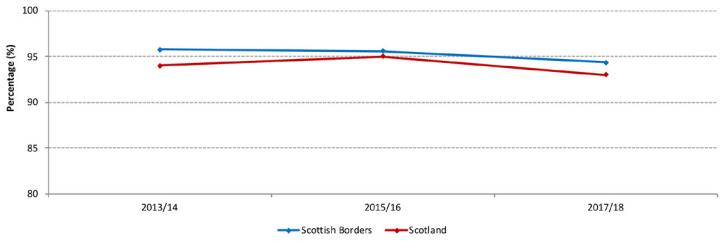
BORDERS MSG 2019/20 TARGETS

MSG MEASURE		19/20 TARGET	19/20 ACTUALS												
			Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2019	Feb 2019	Mar 2019	**Tot (Est.)**
1	Emergency Admissions (18+)	10,594	884	953	834	906	905	896	942	898	998	905	850	777	**10,748** 1% off target
2.1	Unplanned bed days (Acute 18+)	75,555	5,663	5,677	5,797	5,928	5,404	5,199	5,795	5,886	6,114	6,402	6,137	5,072	**69,074** 9% ahead of target
2.2	Unplanned bed days (Mental Health 18+)	16,534	-	-	3,943	-	-	3,767	-	-	2,945	-	-	2,690	**13,345** 19% ahead of target
2.3	Unplanned bed days (Geriatric 18+)	32,158	-	-	7,396	-	-	7,685	-	-	6,121	-	-	5,278	**26,480** 18% ahead of target
3	A&E	24,907	2,312	2,332	2,311	2,441	2,359	2,264	2,318	2,230	2,329	2,316	1,985	1,634	**26,831** 8% off target
4	Delayed Discharge (All reasons, 18+)	9,972	833	967	1,021	1,008	1,149	1,138	771	781	756	1,086	1,207	1,094	**11,811** 18% off target
5	% Last 6mths spent in Community	87.5%	-	-	-	-	-	-	-	-	-	-	-	-	**86.4%** 1% off target
6	% >65 living at home	96.9%	-	-	-	-	-	-	-	-	-	-	-	-	**97.0%** 0% ahead of target

APPENDIX 1
CORE SUITE OF INDICATORS

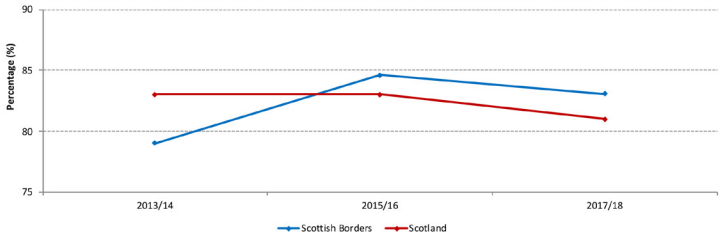
Note: The results for indicators 1-10 below remain the same as shown in last year's Annual Performance Report. The results will be updated once the Scottish Government Health and Care Experience Survey (indicators 1-9) and the NHS Scotland Staff Survey (indicator 10) become available.

NI-1 Percentage of adults able to look after their health very well or quite well

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▼	We will continue to improve information and advice available, and to promote Healthy Living.

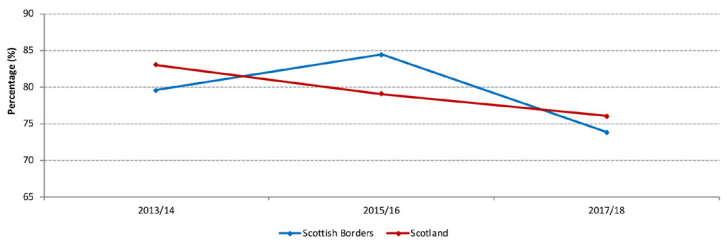
Source: Q52 - 2013/14 Health and Care Experience Survey, Q51 2015/16 Health and Care Experience Survey, Q40 2017/18 Health and Care Experience Survey

NI-2 Percentage of adults supported at home who agree that they are supported to live as independently as possible

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▲	Technology is one of the priority areas in the Strategic Implmentation Plan and we will continue to develop technology enabled care and support as one method of enabling people to remain as independent as possible at home.

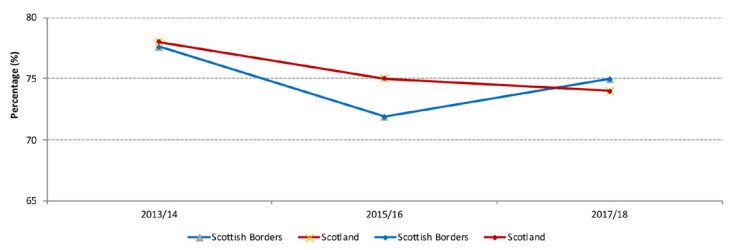
Source: Q36f - 2013/14 Health and Care Experience Survey, Q36g 2015/16 Health and Care Experience Survey, Q27f 2017/18 Health and Care Experience Survey

NI-3 Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▼	Borders has a relatively high rate of Self-Directed Support We will continue to promote this and to ensure that there is choice in regard to the SDS options available locally.

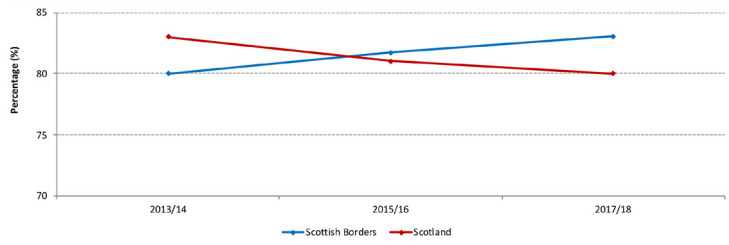
Source: Q36b - 2013/14 Health and Care Experience Survey, Q36b 2015/16 Health and Care Experience Survey, Q27b 2017/18 Health and Care Experience Survey

NI-4 Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▼	Work continues on the 'Older People's Pathway' to ensure that Health and Social Care services work seamlessly across acute care, rehabilitation, reablement, residential care and home care.

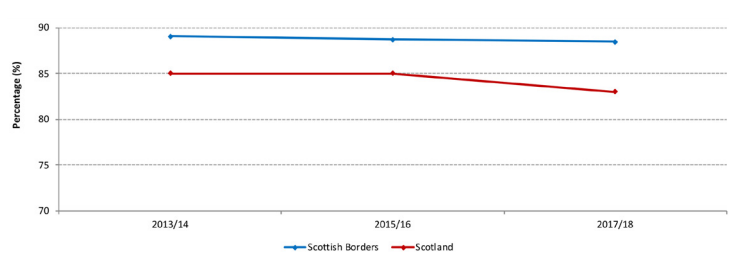
Source: Q36e - 2013/14 Health and Care Experience Survey, Q36f 2015/16 Health and Care Experience Survey, Q27g 2017/18 Health and Care Experience Survey

NI-5 Total % of adults receiving any care or support who rated it as excellent or good

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▲	We will continue to seek the views of people receiving care (such as 2 minutes of your time survey) and will always seek to improve satisfaction rates with services.

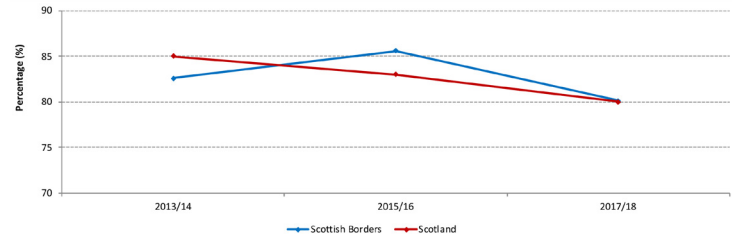
Source: Q37 - 2013/14 Health and Care Experience Survey, Q37 2015/16 Health and Care Experience Survey, Q28 2017/18 Health and Care Experience Survey

NI-6 Percentage of people with positive experience of the care provided by their GP practice

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▼	The Primary Care Improvement Plan (PCIP) and improvements to our Locality arrangements will help to improve this.

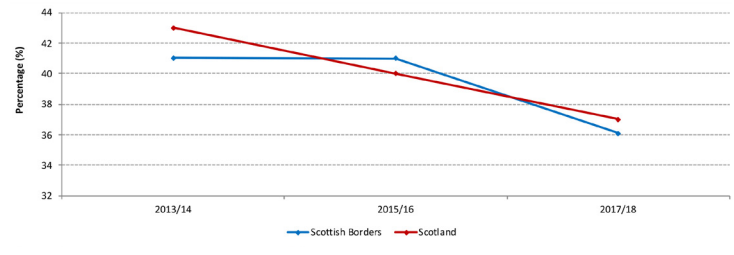
Source: Q27 - 2013/14 Health and Care Experience Survey, Q25 2015/16 Health and Care Experience Survey, Q8d 2017/18 Health and Care Experience Survey

NI-7 Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▼	We will continue to seek the views of adults supported at home and to develop our locality model.

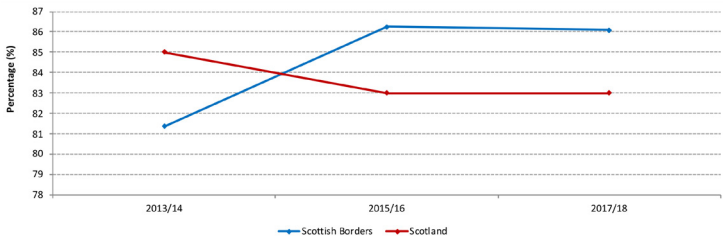
Source: Q36h - 2013/14 Health and Care Experience Survey, Q36i 2015/16 Health and Care Experience Survey, Q27h 2017/18 Health and Care Experience Survey

NI-8 Percentage of carers who feel supported to continue in their caring role

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▼	Support for Carers is a key priority in the Strategic Implementation Plan.

Source: Q45f - 2013/14 Health and Care Experience Survey, Q45e 2015/16 Health and Care Experience Survey, Q32e 2017/18 Health and Care Experience Survey

NI-9 Percentage of adults supported at home who agree they felt safe

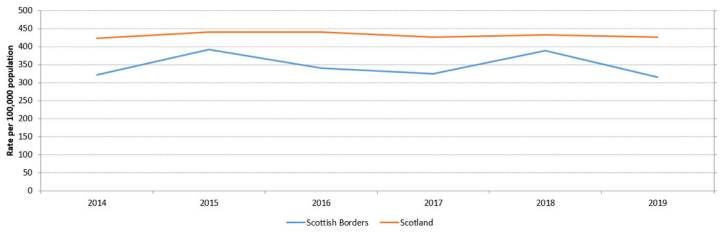
PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▲	We will continue to seek the views of adults supported at home and to develop our locality model.

Source: Q36g - 2013/14 Health and Care Experience Survey, Q36h 2015/16 Health and Care Experience Survey, Q27e 2017/18 Health and Care Experience Survey

NI-10 Percentage of staff who say they would recommend their workplace as a good place to work

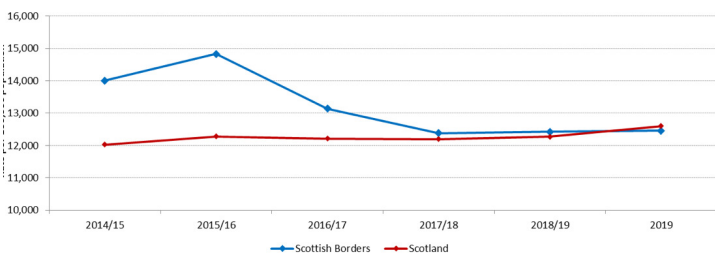
Indicator under development.

NI-11 Premature mortality rate per 100,000 persons (Age Standardised mortality rate for people aged under 75)

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▲	We will continue to look at ways to improve care and support for Older People.

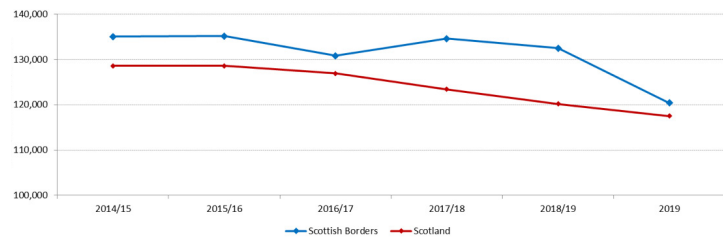
Source: National Records for Scotland (NRS)

NI-12 Emergency admissions rate per 100,000 population aged 18+ (to Acute Hospitals, Geriatric Long Stay, and Acute Psychiatric Hospitals)

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▲	Work focused on preventing unplanned admissions, through creation of locality multi-disciplinary teams and community capacity.

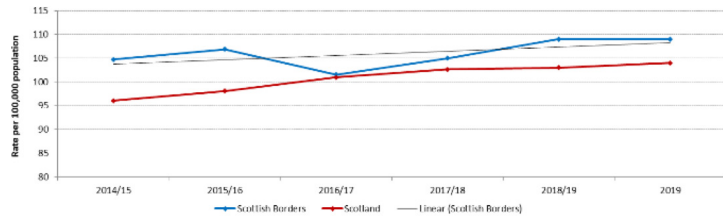
Source: ISD Scotland: SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), including Geriatric Long Stay (GLS) discharges

NI-13 Emergency bed day rate per 100,000 population aged 18+ (to Acute Hospitals, Geriatric Long Stay, and Acute Psychiatric Hospitals)

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▲	Work at Locality level in communities will focus on admission prevention and therefore impact on emergency bed day rates.

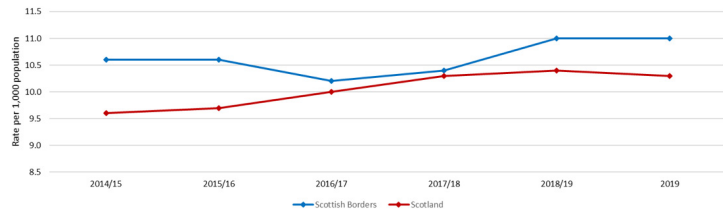
Source: ISD Scotland: SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), including Geriatric Long Stay (GLS) discharges

NI-14 (a) Readmissions to hospital within 28 days of discharge (per 100,000 population)

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▼	Work progressing to reduce readmissions through increased community capacity and joined up care via multi-disciplinary teams.

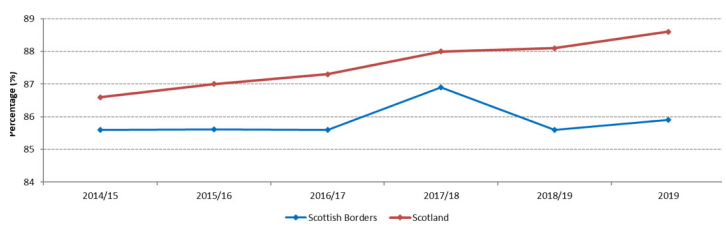
Source: ISD Scotland: SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), including Geriatric Long Stay (GLS) discharges

NI-14 (b) Emergency readmissions within 28 days of discharge from hospital, Scottish Borders residents (all ages) (per 1,000 population) Bespoke Indicator to include Borders Community Hospital beds

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▼	Work progressing to reduce readmissions through increased community capacity and joined up care via multi-disciplinary teams.

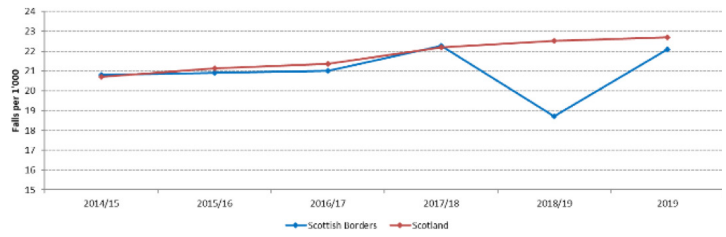
Source: ISD LIST bespoke analysis of SMR01 and SMR01-E data (based on "NSS Discovery" indicator but also adding in Borders Community Hospital beds).

NI-15 Proportion of last 6 months of life spent at home or in a community setting (%)

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	◀ ▶	Improving data quality to allow hospice beds to be distinguished from acute beds and also commissioning additional care beds.

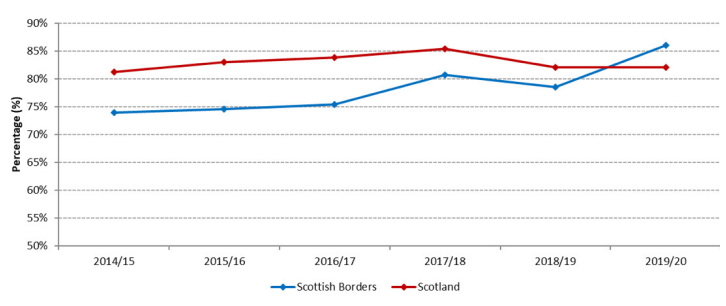
Source: ISD Scotland: SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), including Geriatric Long Stay (GLS) records
ISD Scotland: SMR04 (mental health inpatient records)
National Records for Scotland

NI-16 Emergency hospital admissions due to falls - rate per 1,000 population aged 65+

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▼	Have trialed TEC solutions for falls prevention. More work required to improve.

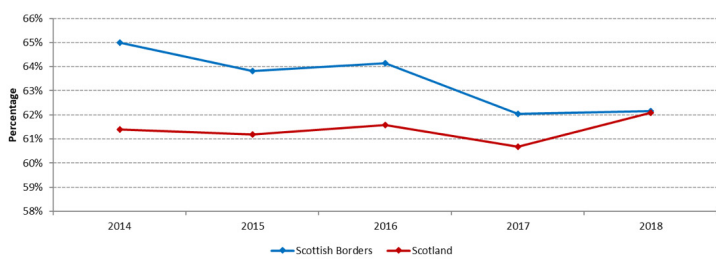
Source: ISD Scotland: SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), excluding Geriatric Long Stay (GLS) discharges

NI-17 Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▲	Capital provision in place for the creation of extra care housing and additional care beds.

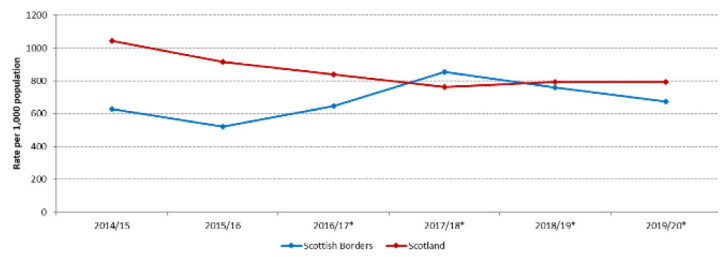
Source: Care Inspectorate

NI-18 Percentage of adults with intensive needs receiving care at home

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▼	Changes to Locality arrangements and further development of Home First rehabilitation and reablement will support this.

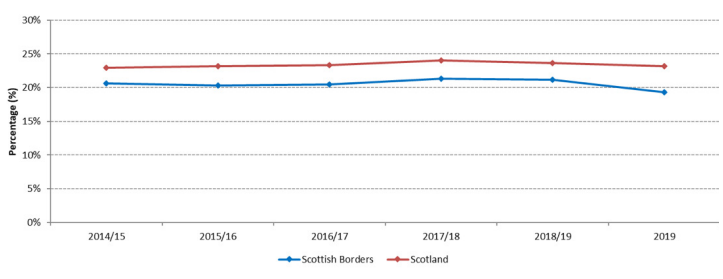
Source: Care Inspectorate

NI-19 Number of days people aged 75+ spend in hospital when they are ready to be discharged (rate per 1,000 population aged 75+)

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▼	Implementation of new discharge hub and trusted assessor will improve this. Capital investment in additional care beds (including intermediate care) will also improve this.

Source: ISD Scotland Delayed Discharge Census

NI-20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency (adults aged 18+)

PERFORMANCE	BORDERS TREND	IMPROVEMENT ACTIONS AND CHALLENGES
	▲	Work at Locality level in communities will focus on admission prevention and therefore impact on emergency admissions.

Source: SMR04 (mental health inpatient records from NHS hospitals in Scotland

NI-21 Percentage of people admitted from home to hospital during the year, who are discharged to a care home

Indicator under development.

NI-22 Percentage of people who are discharged from hospital within 72 hours of being ready

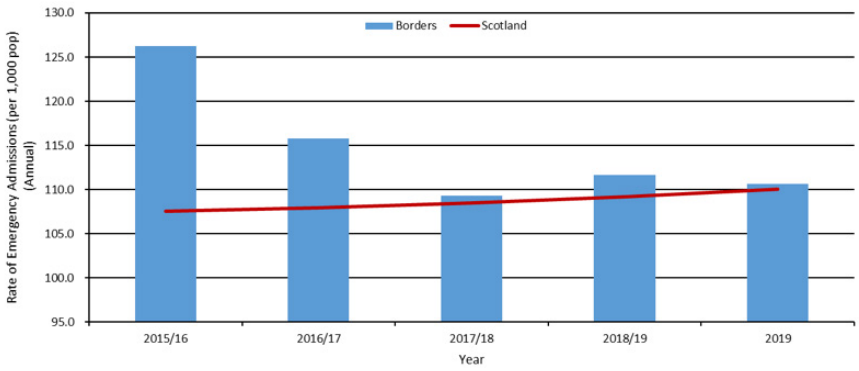
Indicator under development.

NI-23 Expenditure on end of life care

Indicator under development.

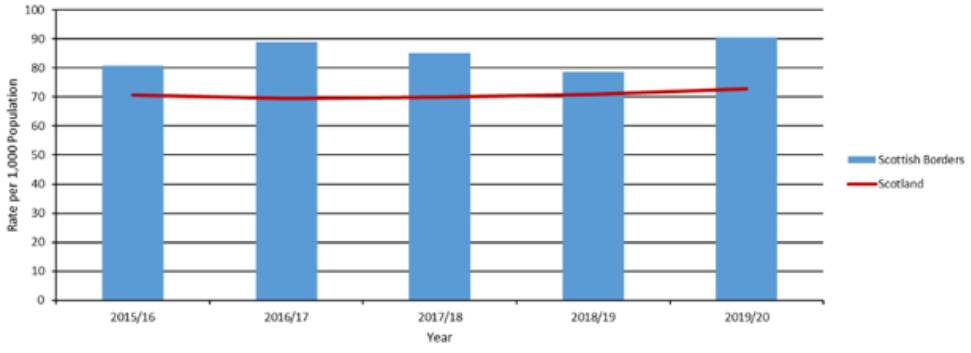
APPENDIX 2
MSG MEASURES

1a Number of emergency admissions (All Ages)

PERFORMANCE	BORDERS TREND
	▲

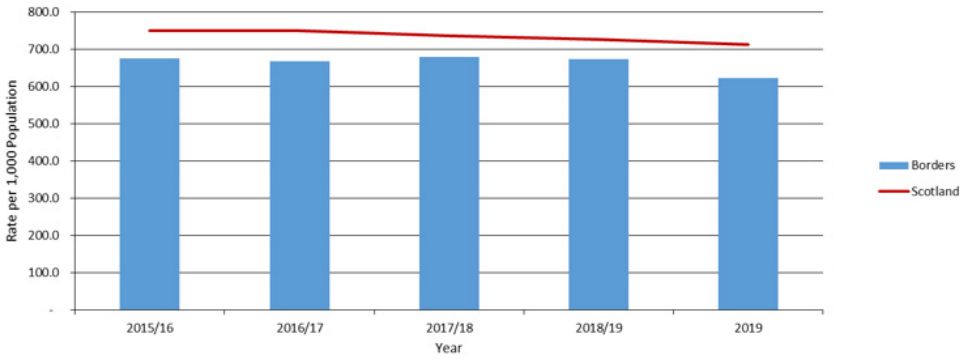
Source: SMR01, ISD

1b Admissions from A&E (All Ages)

PERFORMANCE	BORDERS TREND
	▼

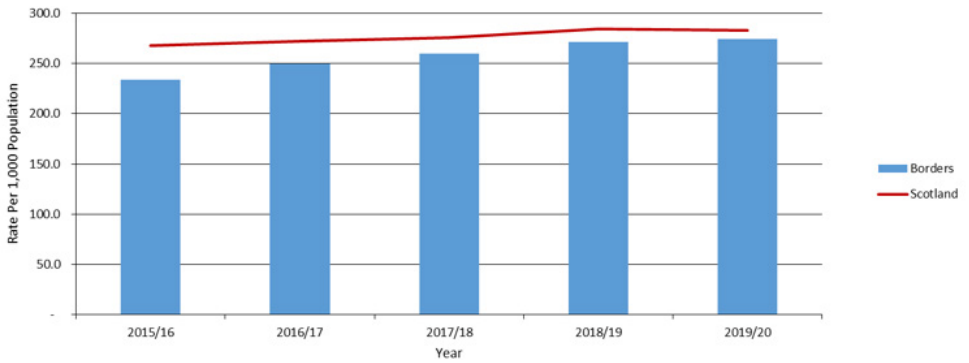
Source: A&E datamart, ISD

2 Number of unscheduled hospital bed days; acute specialties (All Ages)

PERFORMANCE	BORDERS TREND
	▲

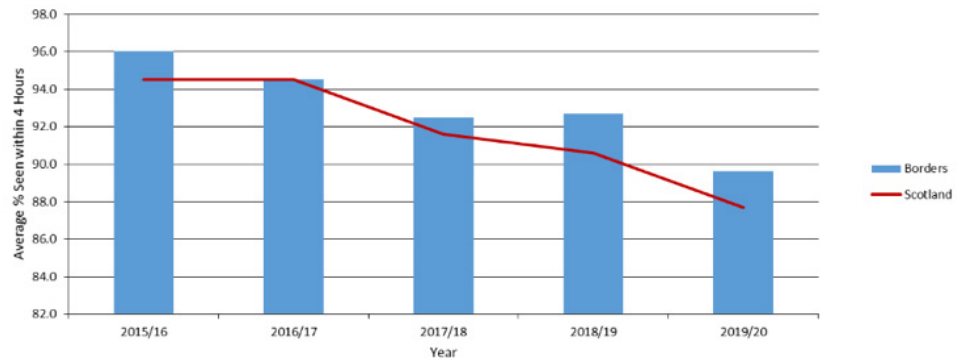
Source: SMR01, ISD

3a A&E attendances (All Ages)

PERFORMANCE	BORDERS TREND
	▼

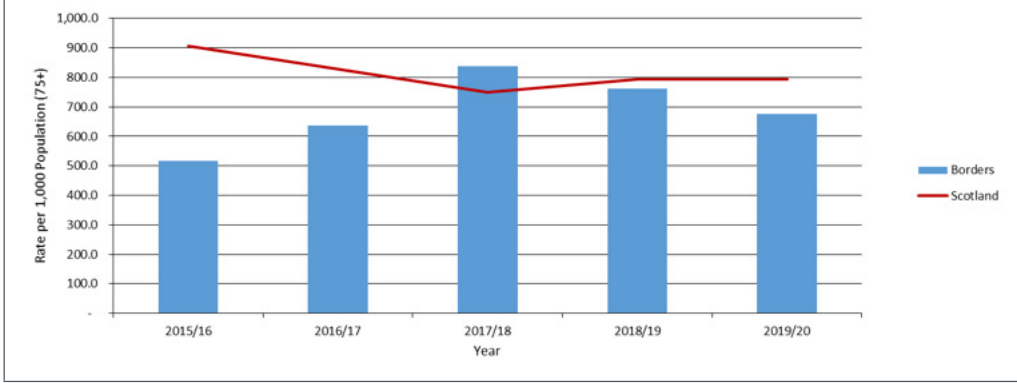
Source: A&E datamart, ISD

3b A&E % seen within 4 hours (All ages)

PERFORMANCE	BORDERS TREND
	▼

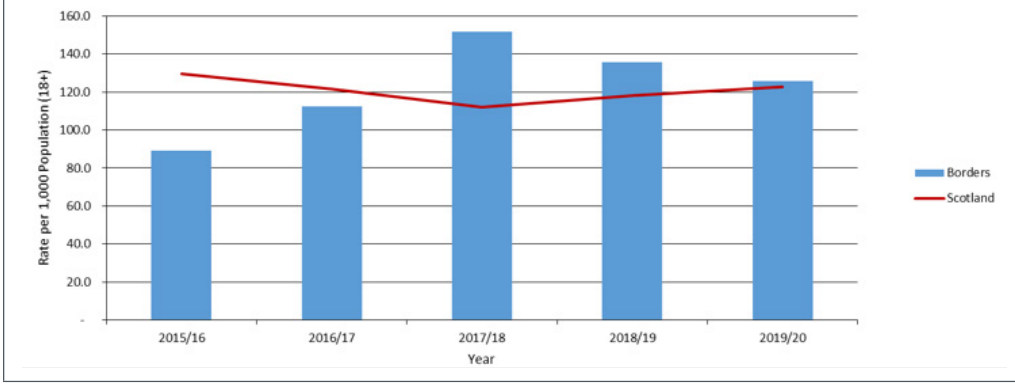
Source: A&E datamart, ISD

4a Delayed discharge bed days (i. 75+, ii. 18+)

PERFORMANCE	BORDERS TREND
	▼

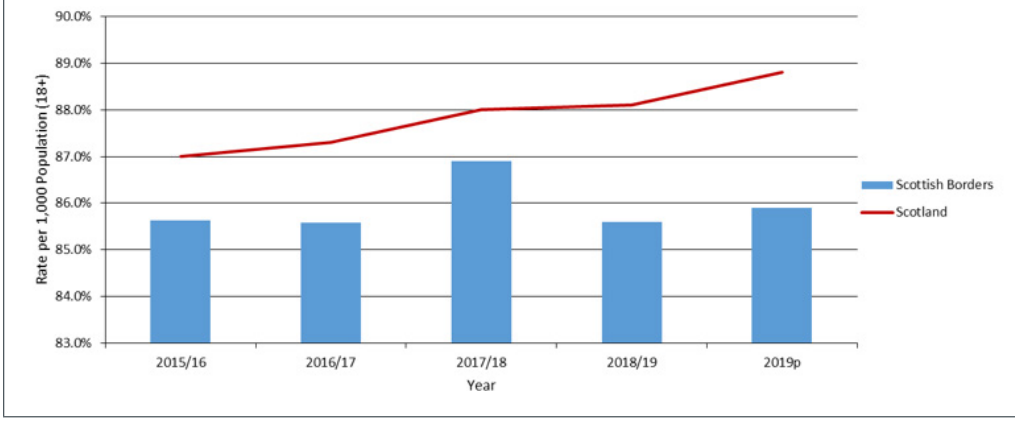
Source: Delayed Discharges, ISD

4b Delayed discharge bed days (i. 75+, ii. 18+)

PERFORMANCE	BORDERS TREND
	▼

Source: Delayed Discharges, ISD

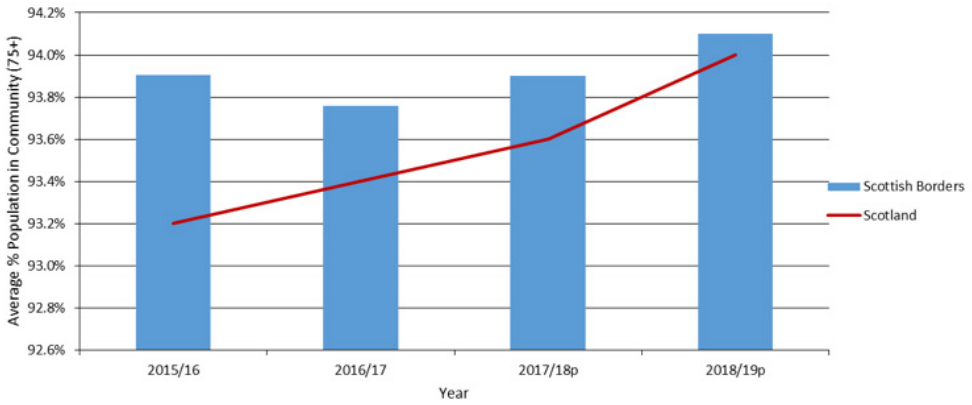
5 Percentage of last six months of life spent at Home or Community Setting

PERFORMANCE	BORDERS TREND
	◀ ▶

Source: Death records, NRS; SMR01, ISD; SMR04, ISD

Source: A&E datamart, ISD

6 Balance of care: Percentage of population in community or institutional settings (75+)

PERFORMANCE	BORDERS TREND
	▲

Source: SMR01, ISD; SMR04, ISD; Care Home Census, ISD; Social Care Census, SG; Population estimates, NRS

APPENDIX 3
SCOTTISH BORDERS MSG ACTION PLAN

Below shows the 22 Ministerial Strategic Group (MSG) for Health and Community Care February 2019 report on the 'Review of Progress with Integration of Health and Social Care' proposals to ensure the success of integration matched to the Borders HSCP actions and Best Value improvement areas.

MSG PROPOSAL		SCOTTISH BORDERS HSCP ACTION PLAN	RELATED BEST VALUE IMPROVEMENT AREA
1.	All leadership development will be focused on shared and collaborative practice. **Self-Assessment return: Partly Established**	1.1) Explore options for co-location of senior HSCP management	
		1.2) Explore options for co-location of HSCP operational staff and Locality staff	
		1.3) Explore options for Locality working	
		1.4) Implement a Leadership Team development programme (4 x quarterly development session commencing 2020)	
2.	Relationships and collaborative working between partners must improve. **Self-Assessment return: Partly Established**	2.1) Creation of regular meeting of Chairs – SPG, IJB and CE and CO to further promote partnership working	Raise visibility of key policies and decisions across respective governance groups including Executive Management Team and Corporate Management Team.
		2.2) Terms of Reference for EMT reviewed	
		2.3) Introduce new Governance structure on back of the SIP	
3.	Relationships and partnership working with the third and independent sectors must improve. **Self-Assessment return: Partly Established**	3.1) Re-establish Locality Working Groups. Define LWG governance - terms of reference, roles/remit, composition, reporting lines.	
		3.2) Resource locality working group delivery vis (a) Leadership Team representation in each Locality and (b) Admin resource across Localities	
		3.3) Develop regular input with Third Sector Interface (TSI)	
4.	Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration **Self-Assessment return: Partly Established**	4.1) Develop a 3-year IJB financial plan	Ensure a joint financial and service plan that is fully endorsed by respective partners is prepared for IJB on an annual basis.
		4.2) Develop the IJB strategic commissioning plan	

MSG PROPOSAL		SCOTTISH BORDERS HSCP ACTION PLAN	RELATED BEST VALUE IMPROVEMENT AREA
5.	Delegated budgets for IJBs must be agreed timeously **Self-Assessment return: Not Yet Established**	5.1) Integrate IJB, SBC and NHS budget development and planning to ensure joint financial planning for IJB	Ensure a joint financial and service plan that is fully endorsed by respective partners is prepared for IJB on an annual basis.
6.	Delegated hospital budgets and set aside requirements must be fully implemented **Self-Assessment return: Partly Established**		
7.	Each IJB must develop a transparent and prudent reserves policy **Self-Assessment return: Partly Established**	7.1) Develop a reserves policy	
		7.2) Have process in place to allocate balances to reserves	
8.	Statutory partners must ensure appropriate support is provided to IJB S95 Officers. **Self-Assessment return: Established**	8.1) Agree and implement clear protocols for the exchange of financial information between IJB partner organisations	
		8.2) Align finance officers in SBC and NHS Borders to support the Chief Officer & Chief Finance Officer of IJB	
9.	IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations **Self-Assessment return: Partly Established**	9.1) Develop the mechanism to mainstream fund IJB Transformation projects	
10.	Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB **Self-Assessment return: Partly Established**	10.1) Review the support requirements required by the Chief Officer integration	Raise visibility of key policies and decisions across respective governance groups including Executive Management Team and Corporate Management Team.
		10.2) Review the IJB reporting structure	
11.	Improved strategic planning and commissioning arrangements must be put in place **Self-Assessment return: Partly Established**	11.1) Recommission a range of services covering Homecare, Residential Care, Community Care, Mental Health, Learning Disability, Physical Disability	
12.	Improved capacity for strategic commissioning of delegated hospital services must be in place **Self-Assessment return: Partly Established**	12.1) Establish a commissioning board	

MSG PROPOSAL		SCOTTISH BORDERS HSCP ACTION PLAN	RELATED BEST VALUE IMPROVEMENT AREA
13.	The understanding of accountabilities and responsibilities between statutory partners must improve **Self-Assessment return: Partly Established**	13.1) Review the scheme of integration	Enhance governance arrangements and clarity of role of respective partnership groups including IJB Board, Executive Management Team and Strategic Planning Group.
14.	Accountability processes across statutory partners will be streamlined **Self-Assessment return: Partly Established**	14.1) Reduce and clarify the number reporting layers required as part of decision making process	
15.	IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis. **Self-Assessment return: Established**	15.1) Regular meetings between IJB chair and Chief Officer to be arranged	
		15.2) Ensure that Chair and Chief Officer have continued and ongoing involvement with National groups and Chairs.	
		15.3) Ensure support is in place to ensure that timely and accurate Board papers are produced	Improve the quality and availability of reports outlining proposals to enable these groups to plan and take decisions more effectively.
16.	Clear directions must be provided by IJBs to Health Boards and Local Authorities **Self-Assessment return: Partly Established**	16.1) Implement 5-year Strategic action plan to inform required directions	
17.	Effective, coherent and joined up clinical and care governance arrangements must be in place **Self-Assessment return: Established**	17.1) Establish information sharing protocols and invest in information sharing technology	
		17.2) Establish Locality working arrangements	Develop a model for localities that adopts a single structure for the management and provision of joint health and Social services.

MSG PROPOSAL		SCOTTISH BORDERS HSCP ACTION PLAN	RELATED BEST VALUE IMPROVEMENT AREA
18.	IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data. **Self-Assessment return: Effective**	18.1) Continue to develop the range of performance measures used by IJB to effectively demonstrate delivery of our Strategic Plan outcomes	Improve the quality and availability of reports outlining proposals to enable these groups to plan and take decisions more effectively.
		18.2) Improve our benchmarking reporting and monitoring across partnerships and Local Government Benchmarking Framework (LGBF)	
19.	Identifying and implementing good practice will be systematically undertaken by all partnerships **Self-Assessment return: Effective**	19.1) Continue to develop our Annual Performance Report (APR)	
		19.2) Develop a Joint Strategic Needs Assessment (JSNA)	
		19.3) Engage effectively with Health and Social Care Scotland (HSCS)	
20.	Effective approaches for community engagement and participation must be put in place for integration. **Self-Assessment return: Partly Established**	20.1) Re-establish Locality Working Groups (LWGs)	
		20.2) Establish a series of 'roadshows' in each of the 5 Localities. Led by Chief Officer, supported by respective Leadership Team Locality rep (5x roadshows per annum)	
21.	Improved understanding of effective working relationships with carers, people using services and local communities is required **Self-Assessment return: Effective**	21.1) Agree a concordat between IJB and Local Carers (including Carers Centre & Carers Voice)	
22.	We will support carers and representatives of people using services better to enable their full involvement in integration **Self-Assessment return: Partly Established**		

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Scottish Borders COUNCIL

NHS Borders

Scottish Borders Health and Social Care PARTNERSHIP

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Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 23 September 2020

Report By	David Robertson, Chief Finance Officer SBC & Andrew Bone, Chief Financial Officer, NHS Borders
Contact	David Robertson, Chief Finance Officer SBC & Andrew Bone, Chief Financial Officer, NHS Borders
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MONITORING AND FORECAST OF THE HEALTH AND SOCIAL CARE PARTNERSHIP BUDGET 2020/21 AT 30 JUNE 2020

Purpose of Report:	The purpose of this report is to update the IJB on the forecast year end position of the Health and Social Care Partnership (H&SCP) for 2020/21 based on available information to the 30 June 2020.
Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) **Note** the forecast adverse variance of (£7.359m) for the Partnership for the year to 31 March 2021 based on available information b) **Note** the forecast position includes £1.078m Scottish Government funding allocations representing the IJB's share of a £50m tranche of funding to support immediate challenges in the Social Care sector. Further allocations of £0.737m have been received after period end, and will be allocated for future reports. c) **Note** that the position includes additional funding vired to the Health and Social Care Partnership during the first quarter by Scottish Borders Council of £2.965m to meet previously reported pressures across social care functions from managed forecast efficiency savings within other non-delegated local authority services **d) Note** that any expenditure in excess of the delegated budgets in 2020/21 will require to be funded by additional contributions from the partners in line with the approved scheme of integration
Personnel:	There are no resourcing implications beyond the financial resources identified within the report. Any significant resource impact beyond those identified in the report that may arise during 2020/21 will be reported to the Integration Joint Board.
Carers:	N/A

Equalities:	There are no equalities impacts arising from the report.
Financial:	No resourcing implications beyond the financial resources identified within the report. The report draws on information provided in finance reports presented to NHS Borders and Scottish Borders Council. Both partner organisations' Finance functions have contributed to its development and will work closely with IJB officers in delivering its outcomes.
Legal:	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
Risk Implications:	To be reviewed in line with agreed risk management strategy. The key risks outlined in the report form part of the draft financial risk register for the partnership.

Background

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

2.2 The forecast position is based on the available information presented to Scottish Borders Council and the Board of NHS Borders. It highlights the key areas of financial pressure at 30th June 2020. NHS Borders and Scottish Borders Council, at the time of preparation of this report have yet to consider an updated monitoring position beyond month 3. Further reports will be brought to the IJB as the financial year progresses on a regular and frequent basis. As this happens, further analysis and refinement as a result of the impact of the Covid-19 pandemic on activity levels, mobilisation costs, remobilisation plans and associated costs, lost income and unachievable savings will take place.

Overview of Monitoring and Forecast Position at 30 June 2020

3.1 The paper presents the consolidated financial performance for the period to end of June 2020 (3 months). Although this position includes a forecast of the year end outturn members should be aware that this forecast remains subject to a number of risks and uncertainties which are likely to result in substantial revision as greater certainty is attained over the next few months.

3.2 At the end of month 3, functions delegated to the partnership are forecasting an adverse projected pressure of £6.494m and the large hospital budget retained and set-aside is forecasting a similarly adverse pressure of £0.865m. Within delegated functions, following the delegation of additional budget to social care functions by Scottish Borders Council, an overall breakeven position is currently projected and the £6.494m adverse pressure therefore sits entirely across healthcare functions.

3.3 Overall therefore, this represents a favourable movement from the position reported at month 2 of £5.495m of which £2.688m relates to the transfer of budget from other non-delegated council functions and of the remaining £2.807m movement, £0.551m is attributable to increased delivery of planned efficiency savings from the position previously reported and £2.256m relating to a reduction in forecast costs particularly in relation to CV-19 costs and further refinement of assumptions over the level of activity and resulting costs across core operational budgets.

Covid 19

3.4 Costs incurred in the first three months are in line with the expenditure reported to Scottish Government through the Health & Social Care Local Mobilisation Plan financial model. There has been initial allocation of £1.078m (the Scottish Borders H&SCP share of an initial £50m tranche of funding) to support immediate challenges in the Social Care sector (with a further share of £25m (£0.539m) pending). In addition, £0.198m support has been received in relation to uplift of the Scottish Living Wage. All other costs remain unfunded at this time. It is anticipated that funding will be made available following conclusion of the COSLA peer review process and at conclusion of the NHS Scotland Quarter One (Q1) Review in late

September 2020 which encompasses all Health and Social Care Partnership Covid-19 spend, including social care. At this time it is anticipated that all costs will be fully funded, although no assumption has been made within the financial projections currently. In addition to direct costs attributable to Covid 19, mobilisation plans also include other attributable costs such as lost income and the opportunity cost of delivery of planned efficiency savings.

3.5 At the 30 June 2020, the Scottish Borders Health and Social Care Partnership actual and forecast expenditure pertaining to Covid-19 initial mobilisation and now remobilisation is:

	Actual to 30 June 20 £m	Projected to 31 March 20 £m
Healthcare Functions	1.622	7.270
Social Care Functions	0.924	4.253
	2.546	11.523

The figures above include the projected costs of current plans for remobilisation. Until these plans are formalised and likely funding landscape known, expected costs of remobilisation have not been factored into projected outturn positions and only actual incurred costs of mobilisation to Covid-19 have been included. The figures in the table above also include actual and forecast opportunity cost of planned savings that have been assessed as being undeliverable in 2020/21 as a result of Covid-19.

Efficiency Savings

3.6 Forecasts include the estimated impact of non-delivery of savings plans. This position remains under review and will be updated following the conclusion of the NHS Quarter One review process and ongoing review and challenge of assumptions across Scottish Borders Council's Fit for 2024 and NHS Borders' Financial Turnaround Programmes.

	Targeted Savings per Financial Plan £m	Projected Savings to be Delivered £m	Shortfall £m
Healthcare Functions	(4.740)	(0.442)	4.298
Social Care Functions	(2.482)	*(1.335)*	*1.147**
	(7.222)	(1.777)	5.445

*Scottish Borders Council have advised that it is anticipated that the shortfall in savings delivery will be offset through additional funding in line with the overall breakeven position for Social Care presented within the paper. This position will be confirmed in future reports.

Year End Forecast

Healthcare functions

3.7 The NHS forecast at month 3 is based on detailed review currently being undertaken through the Q1 review process. At this stage costs related to the expected remobilisation of clinical services are not included within the forecast. As such, members should recognise that the forecast is presented as an indication of current expenditure trend and is unlikely to be a full representation of the likely outturn position. Beyond the additional costs of Covid-19, including the non-delivery of planned savings on which the financial plan is predicated, operational functions are reporting a reduction in core activity over the first quarter that net of the additional costs of Covid-19, result in a favourable position at the end of month 3.

3.8 At the end of June, delegated healthcare functions are reporting a favourable variance on core operational budgets of £0.963m. This is primarily attributable to a delay in recruitment to vacancies during the first 3 months due to Covid-19 and reduction in core activity over the first quarter and includes net reductions in spend across Primary and Community Services (Community Nursing, Dental and Allied Health Professionals) and Mental Health (staffing).

Social Care functions

3.9 At 30 June, Scottish Borders actual spend to date on social care functions, as stated in Appendix 1, was (£2.373m). This unusual position of reporting net income instead of spend is attributable to a number of factors specific to 2020/21. These relate to the upfront transfer of social care funding (£7.4m) and health board resource transfer (£2.7m) from NHS Borders during the first quarter for the whole of the financial year to enable local authority cash-flow and £1.1m allocated Scottish Government Covid-19 funding for social care.

3.10 The Scottish Borders Council forecast at month 3 is based on detailed monthly monitoring during the first 3 months of the financial year to assess the financial implications of the Covid 19 pandemic on the IJB including increased costs, loss of income and the impact of delays in delivery of financial plan savings. This impact has been reported through the Health & Social Care Local Mobilisation Plan tracker and is estimated at a gross impact of almost £4.1m which has been netted down by the Scottish Government funding of £1.078m and off-setting cost reductions due to non-delivery of services as a result of Covid-19 of £0.502m as at the end of June. The resulting net pressure was £2.5m at this time.

General

3.11 Additional costs of Covid-19 to date, together with the opportunity cost of undeliverable financial plan savings, continues to outweigh any financial benefit and reduced cost within core operational services attributable to a reduction in activity during the initial months of the pandemic. This position may be mitigated considerably when a clearer picture of likely funding allocations from the Scottish Government emerges. It is expected that at the time of reporting next to the IJB, some clarity will have been given, at least for the first quarter of the financial year.

3.12 Further reports will be brought to the Integration Joint Board as greater clarity develops. To enable this, further work will be undertaken across a number of key areas in order to refine the forecast impact on the IJB in 2020/21 including:

- Ongoing analysis and reporting of the Health and Social Care Partnership's (and wider NHS Borders' and Scottish Borders Council's) local mobilisation plan financial models
- Further review, challenge and remodelling of planned efficiency savings programmes
- Ongoing engagement with other partnerships, health boards, local authorities and, in particular, the Scottish Government over likely funding scenarios
- Review of all costs, expenditure profiles, future commitments and refinement of assumptions for projected expenditure to the end of the year

MONTHLY REVENUE MANAGEMENT REPORT

Summary	2020/21	At end of Month:	June

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	20,139	4,171	20,312	21,044	(732)	The forecast outturn variance is attributable to a range of cost pressures across healthcare functions of the health and social care partnership. These pressures primarily relate to the additional costs of Covid-19 mobilisation and subsequent remobilisation and the non-delivery of planned savings required by its Financial Plan, offset in part by savings in core operational budgets. A similar situation applies across social care functions although in addition, a combination of the virement of additional budget to social care functions from non-delegated services across the local authority and additional funding allocations specific to social care by the Scottish Government in respect of Covid-19 costs has mitigated this position to one of forecast breakeven at the end of Month 3.
Joint Mental Health Service	18,534	4,509	18,822	18,922	(100)	
Older People Service	9,025	(9,790)	9,804	9,804	0	
SB Cares	16,170	3,306	16,635	16,635	0	
Unidentified savings	(4,740)	0	(4,740)	(442)	(4,298)	
Physical Disability Service	2,458	719	2,676	2,676	0	
Prescribing	23,130	5,608	23,132	22,432	700	
Generic Services	74,558	20,181	80,319	82,383	(2,064)	
Large Hospital Functions Set-Aside	23,630	6,184	23,760	24,625	(865)	
Total	182,904	34,888	190,720	198,079	(7,359)	

MONTHLY REVENUE MANAGEMENT REPORT

Delegated Budget Social Care Functions	2020/21	At end of Month:	June

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	16,399	3,127	16,868	16,868	0	Net forecast pressures across social care functions have been completely offset by the virement of additional budget resource to them. This additional budget has primarily come from managed forecast cost reductions / underspends across a range of local authority services not delegated to the health and social care partnership. The projected outturn position includes over £2.7m of projected Covid-19 cost pressures, partially offset by Scottish Government funding allocations made to social care to date of £1.6m. No indication of what, if any, further funding allocations may be received has yet to emerge. The projected outturn position also includes the non-delivery of financial planning savings this financial year of £1.1m. Further detail of the other contributing pressures and those additional savings measures put in place to mitigate them is included in the main report.
Joint Mental Health Service	2,164	339	2,240	2,240	0	
Older People Service	9,025	(9,790)	9,804	9,804	0	
SB Cares	16,170	3,306	16,635	16,635	0	
Physical Disability Service	2,458	719	2,676	2,676	0	
Generic Services	5,278	(74)	6,186	6,186	0	
Total	51,494	(2,373)	54,409	54,409	0	

MONTHLY REVENUE MANAGEMENT REPORT

Delegated Budget Healthcare Functions	2020/21	At end of Month:	June

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	3,740	1,044	3,444	4,176	(732)	The forecast adverse variance includes additional Covid-19 costs to the end of month 3 of almost £0.6m which when projected to the end of the financial year and thereon including the additional costs of planned remobilisation of healthcare functions amounts to total forecast additional financial pressure of £3.0m. Additionally, the level of undelivered savings that are forecast to the end of the year amounts to £4.3m of which part relates to the impact of delay in delivery as a result of Covid-19 and a proportion that has not yet been identified. Both the additional costs of Covid-19 and the costs of undelivered savings have been partially offset as a result of the reduction in some delegated functions during the first quarter of the year and the resulting reduction in pay and non-pay costs (£0.8m), although as services remobilise, this opportunity will diminish going forward.
Joint Mental Health Service	15,980	4,072	16,190	16,290	(100)	
Joint Alcohol and Drugs Service	390	98	392	392	0	
Prescribing	23,130	5,608	23,132	22,432	700	
Targeted savings	(4,740)	0	(4,740)	(442)	(4,298)	
Allocated Non Recurring Savings Projects					0	
Allocated Brokerage					0	
Generic Services						
Independent Contractors	29,530	9,680	32,018	32,018	0	
Community Hospitals	5,780	1,327	5,536	5,306	230	
Allied Health Professionals	6,320	1,426	6,383	5,704	679	
District Nursing	3,580	946	3,616	3,784	(168)	
Generic Other	24,070	6,876	26,580	29,385	(2,805)	
Total	107,780	31,077	112,551	119,045	(6,494)	

MONTHLY REVENUE MANAGEMENT REPORT

Large Hospital Functions Set-Aside	2020/21	At end of Month:	June

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Accident & Emergency	2,830	804	2,832	3,214	(382)	The set aside budget is projecting an adverse variance attributable to additional costs of Covid-19 mobilisation and the non-delivery of savings (£1.0m in total).
Medicine & Long-Term Conditions	6,230	1,467	6,230	5,867	363	
Medicine of the Elderly	15,660	3,913	15,788	15,653	135	This is offset by a reduction in unscheduled care activity during the first three months of the financial year as a result of the pandemic. As set-aside functions remobilise, these cost savings will reduce. Plans for remobilisation and winter are currently being formulated and the exact impact is not yet known due to the complex range of factors involved.
Turnaround Savings Target	(1,090)	0	(1,090)	(109)	(981)	
Allocated Non Recurring Savings Projects					0	
Allocated Brokerage					0	As it does across all delegated and set-aside functions, work continues in reviewing planned savings which will be reflected in further reports brought forward during the remainder of the financial year.
Total	23,630	6,184	23,760	24,625	(865)	

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Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 23rd September 2020

Report By:	Simon Burt, General Manager MH&LD
Contact:	Simon Burt, General Manager MH&LD
Telephone:	01896827152
COMMUNITY HOSPITAL AND CARE HOME ASSESSMENT TEAM (CHAT) AN INITIAL EVALUATION	
Purpose of Report:	To present the initial evaluation of CHAT impact. Power point presentation attached.
Recommendations:	The Health & Social Care Integration Joint Board is asked to note the initial evaluation of CHAT impact.
Personnel:	N/A
Carers:	N/A
Equalities:	N/A
Financial:	N/A
Legal:	N/A
Risk Implications:	N/A

Background

The Community Hospital and Care Home Assessment Team (CHAT) was expanded through an agreement by the Integration Joint Board.

The intention of the team is to support Care Homes within the Borders, training and supporting both staff and management to be able to address challenging behaviour and care requirements for their residents. Many of this particular cohort are referred to hospital or acute care for the elderly when residential settings have not been able to cope with some of the difficulties and challenges that can be presented.

The work of this team is tied to the aim of the partnership to shift the balance of care, and support more health and care needs within the community. In this case to provide such facilities in a more homely environment than hospital.

The attached presentation provides an update for the board; further evaluation will be carried out later in the financial year as more data will be available.

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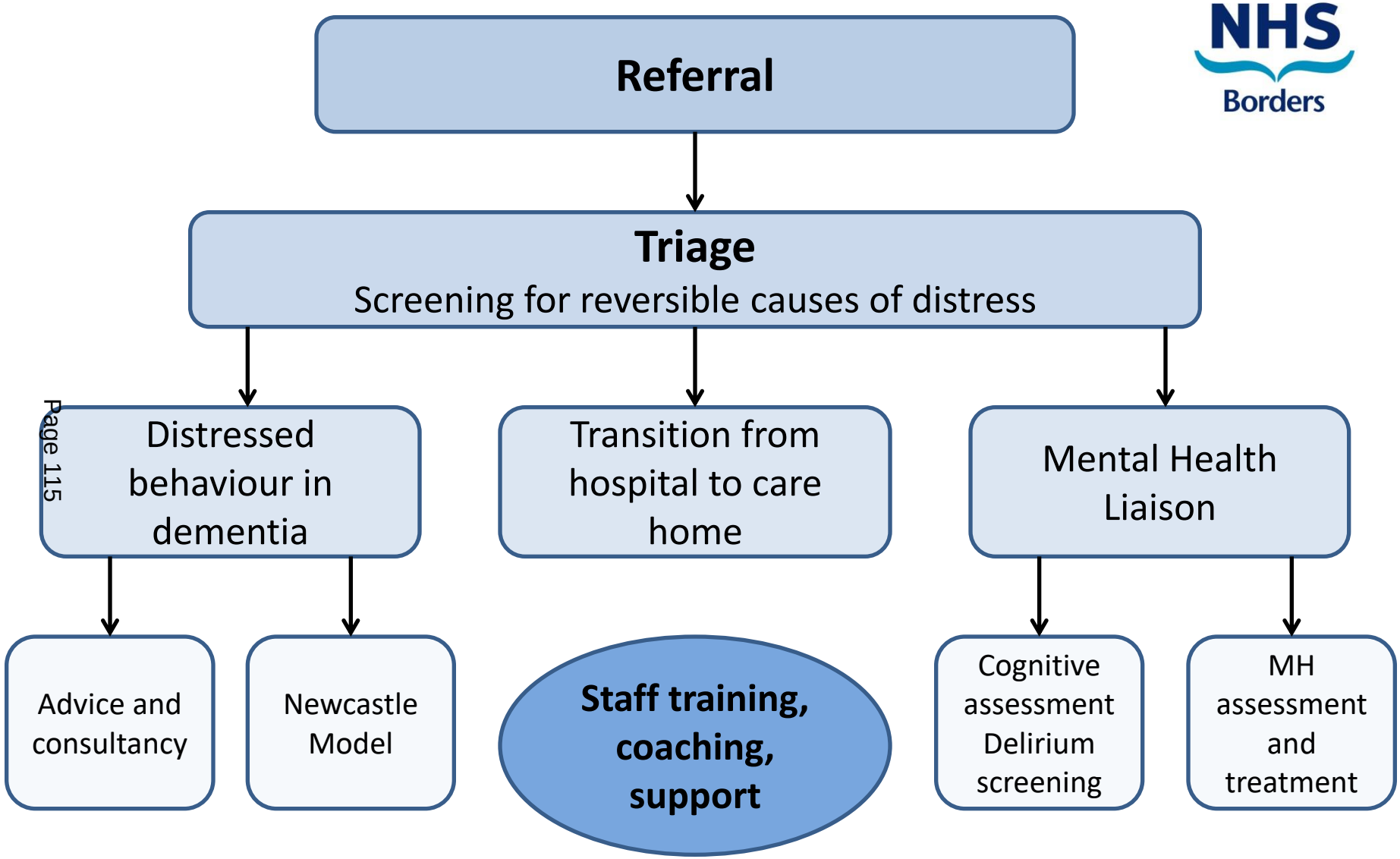
Community Hospital and Care Home Assessment Team (CHAT)

An Initial Evaluation

NHS Borders

Initial Objectives

- Improved ***detection, assessment and treatment*** of MH cond's in care homes and community hospitals.
- ↑ ***dementia dx rates in care homes*** – SG LDP standard.
- ↓ ***antipsychotic prescriptions***.
- ↓ ***hospital admission*** and ***facilitating earlier discharge***
- ↓ ***care home moves***
- Increased ***confidence and skills*** in caring for older people with MH difficulties and dementia.


Referral
Triage
Screening for reversible causes of distress
Distressed behaviour in dementia
Transition from hospital to care home
Mental Health Liaison
Advice and consultancy
Newcastle Model
Staff training, coaching, support
Cognitive assessment Delirium screening
MH assessment and treatment

Capacity

12WTE comprised of:

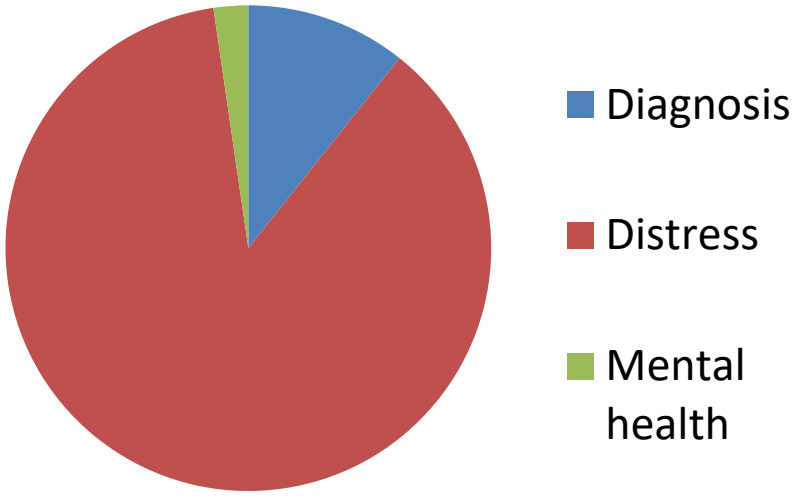
- Team Manager 0.2
- Clinical Psychology 1.0
- Occupational Therapy 0.8
- Band 6 Nursing 2.0
- Band 5 Nursing 4.0
- Band 3 HCSW 4.0

Evaluation

WHAT WE HAVE LEARNED FROM CARE HOMES

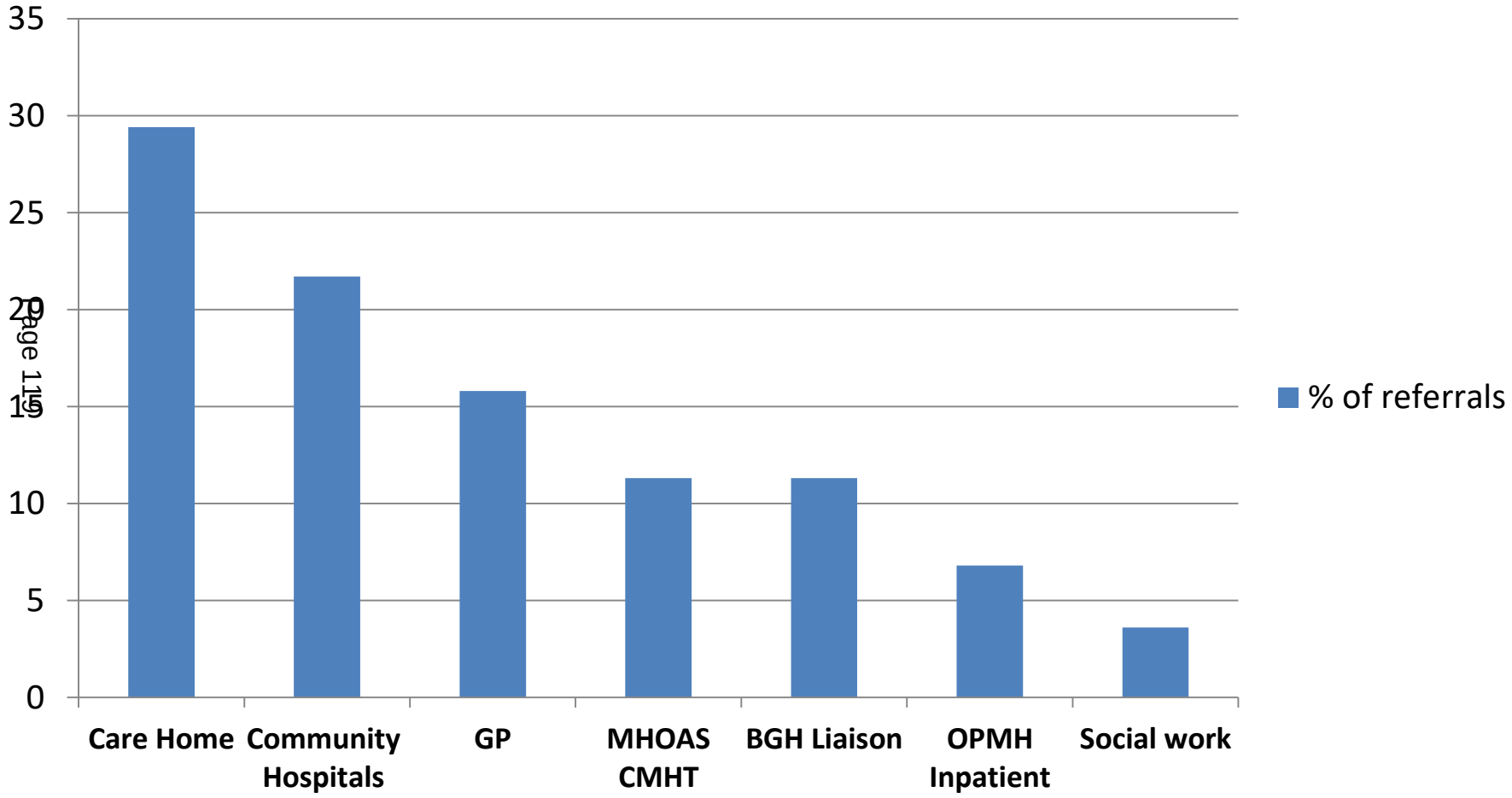
Demand

- 350 referrals from Sept 2019 to End July 2020 (av 35/m)
- 2.9% of referrals rejected
- 12% urgent
- 68.5% had been seen by liaison nursing previously



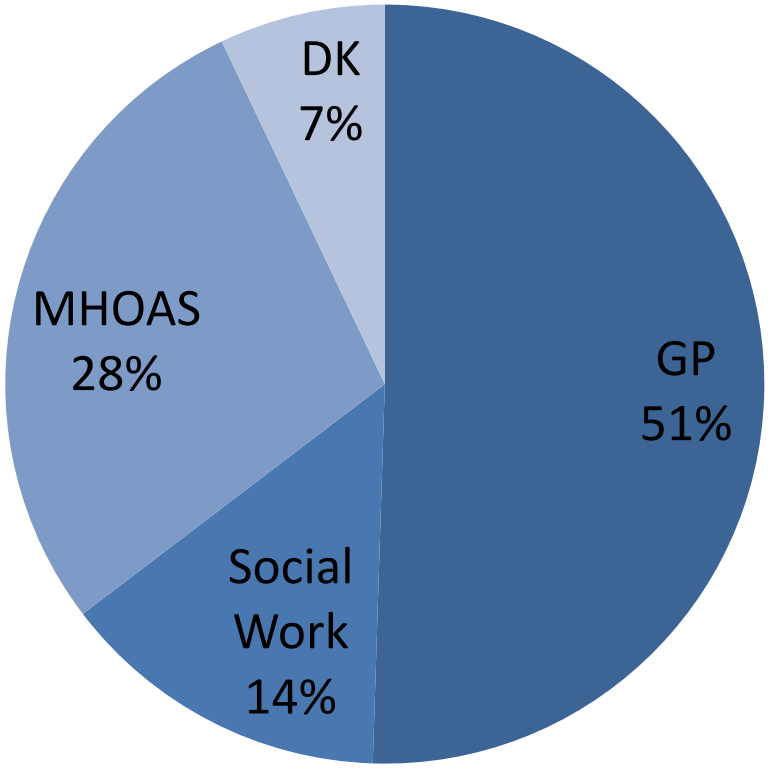
57.5% received a person centred biopsychosocial support plan

Referral Source



Feedback from Care Homes

Where would care homes seek support if CHAT was not available

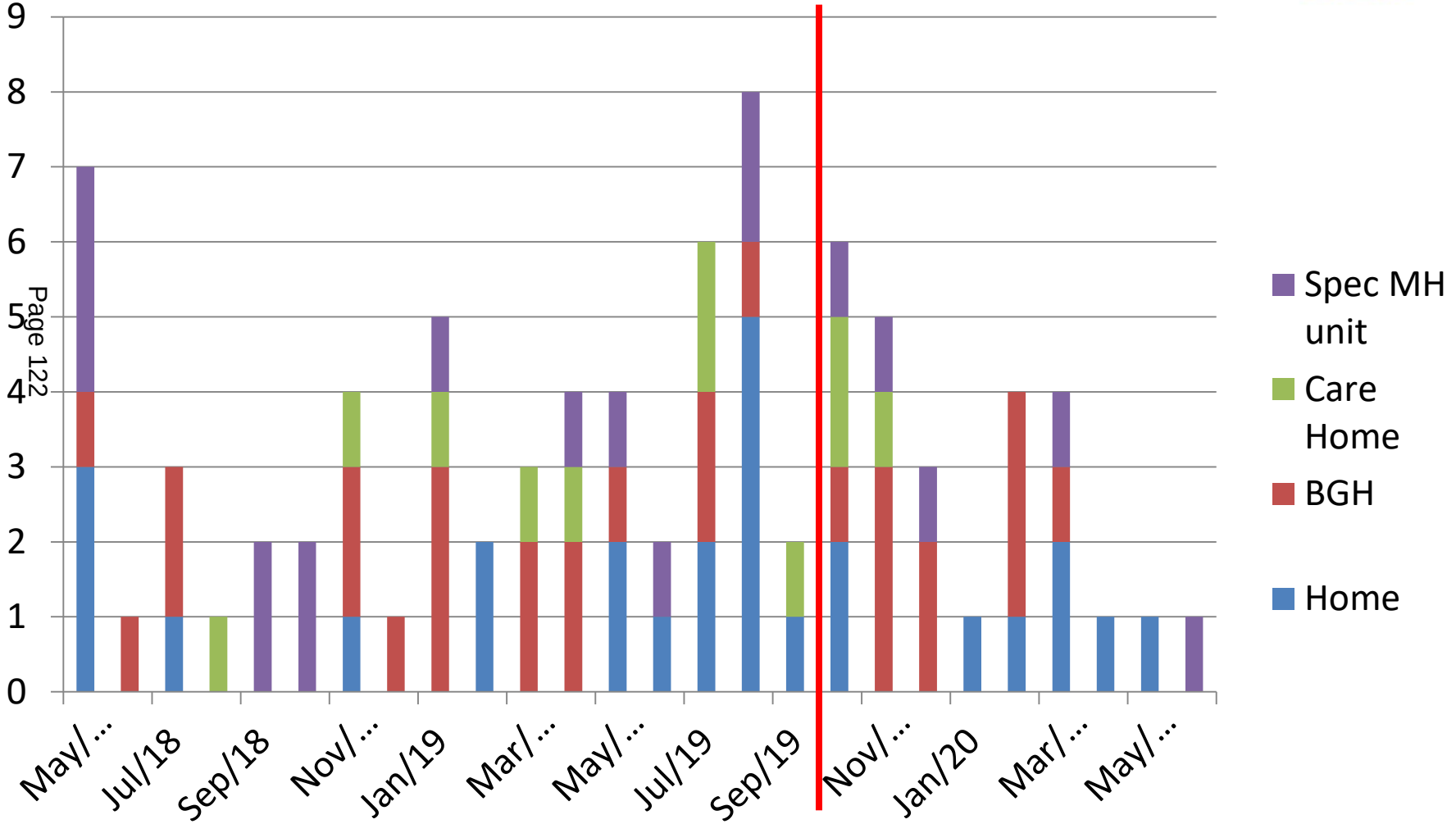


- **Satisfaction** - 100% would be extremely or highly likely to recommend CHAT to another care home
- **Accessibility** - 86% of rated CHAT as extremely or highly accessible
- **Responsiveness** - 92% rated CHAT as extremely or highly responsive

Evaluation

WHAT WE HAVE LEARNED ABOUT ADMISSIONS

Admissions to MH Beds



CHAT IMPACT on MH Beds

Of 267 referrals to CHAT (referrals for diagnosis excluded)

- 26.3% (70) were at **immediate risk** of placement breakdown/admission to Melburn Lodge.

Of those identified as at risk of immediate placement breakdown:

- 8.6% (n=6) moved appropriately due to increased care needs
- 2.8% (n=2) admitted to Melburn Lodge.

96.5% of all patients seen by CHAT sustained placement

85.2% of those at immediate risk sustained placement

Transitions Sub-team

Transitions sub-team involvement with 15 patients from Melburn Lodge.

Of all transitions supported to date:

- 0% re-admission rate.
- 4 patients at risk of immediate placement breakdown and received intensive support to avoid re-admission.

Positive feedback from Care Homes and Melburn Lodge

Evaluation

WHAT HAVE WE LEARNED?

Challenges

Clinical Challenges:

- Initial difficulties with skill mix and roles and responsibilities.
- Capacity for training, education and implementation support
- Expectations of care homes based on previous model
- Impact of COVID

Difficulty demonstrating efficacy due to:

- Lack of strategic overview in MHOAS = different models employed across the service
- Scope not clearly defined/wide range of KPIs
- Data availability and accuracy of information

Recommendations

- Clear service objectives and more targeted KPIs.
- Data collection and recording systems are reviewed in order to ensure accuracy of reporting.
- Revisiting MHOAS strategic objectives
- Integration and alignment of approach within MHOAS to improve evidence based practice and consistency.
- Up-skilling of staff working with people living with dementia across H&SC including training needs analysis and a training plan.
- Increased psychology input.

Questions

Louise.Keir@borders.scot.nhs.uk
Victoria.thomson@borders.scot.nhs.uk

Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 23 September 2020

Report by:	Rob McCulloch-Graham, Chief Officer Health & Social Care
Contact:	Rob McCulloch-Graham, Chief Officer Health & Social Care
Telephone:	01896 825528
STRATEGIC PLANNING GROUP UPDATE	
Purpose of Report:	To provide the Integration Joint Board with the minutes of the recent Strategic Planning Group meetings, as an update on key actions and issues arising from meetings held Wednesday 5 February 2020 (Attachment 1) and Wednesday 5 August 2020 (Attachment 2).
Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) **Note** this report
Personnel:	As detailed within the minutes.
Carers:	As detailed within the minutes.
Equalities:	As detailed within the minutes.
Financial:	As detailed within the minutes.
Legal:	As detailed within the minutes.
Risk Implications:	As detailed within the minutes.

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Scottish Borders
Health and Social Care
PARTNERSHIP

Minutes of the **Scottish Borders Health & Social Care Strategic Planning Group** meeting held on **Wednesday 5 August 2020** at **10am** via Microsoft Teams

Present:	Malcolm Dickson (Chair)	Rob McCulloch-Graham
	Amanda Miller	Graeme McMurdo
	Gerry Begg	Diana Findley
	Jane Douglas	Stuart Easingwood
	Caroline Green	David Bell
	Colin McGrath	
In Attendance:	Louise Ramage	Chris Myers
	Sue Holmes	Brian Paris
	Jen Holland	Peter Lerpiniere

1 WELCOME & APOLOGIES

The Chair declared the meeting quorate and introductions were made.

The Chair reminded members of the recent rotation of the Strategic Planning Group (SPG) Chair from April 2020, in line with the rotational nature of the Integration Joint Board (IJB) Chair and Vice Chair positions, thus ending Cllr David Parker's term in the role.

The Chair welcomed Jane Douglas to the meeting and membership of the SPG.

Apologies were received from Simon Burt, Lynn Gallacher, Jenny Smith, Linda Jackson and Tim Young.

2 MINUTES OF PERVIOUS MEETING

The minutes of the previous meetings of 5 February 2020 were accepted as a true record.

3 MATTERS ARISING & ACTION TRACKER

Colin McGrath highlighted that ensuring an acceptable level of attendance at meetings to enable the core function of the SPG should remain a priority.

Rob McCulloch-Graham provided an update on the service user representation on the SPG and IJB. The intention of gaining five Locality Working Group (LWG) representatives had been halted due to the Coronavirus (Covid19) Pandemic and future methods of working needed to be considered before taking this forward.

ACTION: Rob McCulloch-Graham to present paper to next SPG on LWG and Service User engagement for the IJB.

The **Health & Social Care Strategic Planning Group** noted no items outstanding on the action tracker.

4 SERVICE IMPACT OF COVID-19

The Chair introduced the item which would indicate the extent of the impact of the pandemic on local services and also expressed his appreciation for colleagues across health and social care.

A presentation was given to members to cover all service areas and detail their rapid responses:

- Social Care – Jen Holland
- Social Work & Community – Brian Paris
- Learning Disability Services – Peter Lerpiniere
- Mental Health Services – Peter Lerpiniere
- Primary & Community Services – Chris Myers

Colin McGrath queried if patients who were transferred from hospital to care homes were tested prior to discharge. Rob McCulloch-Graham confirmed that NHS Borders followed national guidance on patient testing. Concerns were raised regarding the outbreak in Saltgreens care home and the unfortunate subsequent deaths from Covid19. Jen Holland provided a brief overview of the local index case and gave assurance that national guidance on testing and infection prevention and control were followed.

ACTION: Circulate lessons learned report on Saltgreens care home.

A short discussion ensued on the national reduction of delayed discharges as a result of the pandemic.

ACTION: Circulate the "Lessons Learned from Reducing Delayed Discharges and Hospital Admissions" report developed with health and social care partnerships.

David Bell queried the sustainability of prevention of unnecessary hospital presentation and admission as communication had been circulated recently regarding the increased pressure on the Emergency Department. Rob McCulloch-Graham confirmed that nationally and locally there was recent increase in Emergency Department attendance. It was acknowledged that move work would be required to meet the first Strategic Plan objective which would involve close working with Public Health colleagues.

Rob McCulloch-Graham advised that local remobilisation plans continued to be updated, taking into account any lessons learned as preparation for any local second wave of Covid19.

Diana Findley raised concern over the recent press release regarding perceived pressure when assessing consent to Do Not Attempt Cardiopulmonary Resuscitation (DNA CPR). Rob McCulloch-Graham provided complete assurance that it is standard clinical practice to involve patients in making decisions about their care and no pressure is being placed on any patient to follow a particular course of action during the pandemic.

The Chair concluded that some positives of the pandemic response have been acknowledged; the acceleration of planned integrated care detailed within the Strategic Plan.

The **Scottish Borders Health & Social Care Strategic Planning Group** noted the service updates.

5 PERFORMANCE REPORT

Graeme McMurdo presented a high level overview of the health and social care partnership quarterly performance using latest available data, much of which was pre Covid19.

The February 2020 IJB raised concerns about the balance of performance indicators and requested that the report be expanded to include additional social care measures. Some proposed additional social care measures were covered within the report for consideration. Members were asked to feed any comments and suggestions back by 17 August 2020.

Additional context was also provided on delayed discharges, Emergency Department attendances and hospital admissions following a piece of work commissioned by the Cabinet Secretary and COSLA with all health & social care partnerships to significant reductions during March 2020 and April 2020.

The Chair asked for the equality impact assessment to be revisited and updated in light of Covid19.

ACTION: Graeme McMurdo to review and update EQIA.

The **Scottish Borders Health & Social Care Strategic Planning Group** noted and commented on the main areas of the performance reporting.

The **Scottish Borders Health & Social Care Strategic Planning Group** noted the key challenges highlighted.

6 STRATEGIC IMPLEMENTATION PLAN & PRIORITIES

Rob McCulloch-Graham provided an overview of the report which outlined the proposed steps to progress the IJB Strategic Implementation Plan, in light of lessons learned from the service response to the Covid-19 Pandemic. This would be formally presented to the IJB in August 2020 for noting and comment.

The ten priority areas / workstreams detailed in the report were to be assigned timelines and work up terms of reference to clarity scope.

Members were asked to feed any comments back by 17 August 2020.

Jane Douglas stressed the need to engage with the independent sector as a major supportive mechanism for many of the workstreams.

Colin McGrath sought assurance that service users, staff and carers would be central to driving forward any service design.

Colin McGrath queried the link between the SPG and IJB on the governance diagram provided in the report. Rob McCulloch-Graham stated the SPG would fulfil its statutory function as an advisory committee.

The **Scottish Borders Health & Social Care Strategic Planning Group** noted the report.

7 ANY OTHER BUSINESS

Colin McGrath requested that each member of the SPG should have the opportunity to add items to upcoming agendas. The Chair approved this request and agreed to amend the SPG terms of reference accordingly.

A short discussion ensued on the need to increase the pace of integration locally.

The Chair advised the next SPG meeting would be extended to two hours.

The Chair advised that agreement had been given from the Chair of the IJB to delay the publication date for the IJB Annual Performance Report until 30 September 2020, in exercise of the power granted to public authorities under the Coronavirus (Scotland) Act 2020 to do so. This report would normally be brought to an SPG meeting but would instead be circulated virtually for comment prior to presentation at the IJB.

8 DATE & TIME OF NEXT MEETING

The Chair confirmed that the next meeting of Health & Social Care Strategic Planning Group would take place on Wednesday 4 November 2020 at 10am via Microsoft Teams.

The meeting concluded at 11.55am.

Scottish Borders
Health and Social Care
PARTNERSHIP

Meeting of the Strategic Planning Group
10am to 11.30am on 5 February 2020
Committee Room 2, Scottish Borders Council Headquarters

Minute

Present: David Parker (Chair), Rob McCulloch-Graham, Amanda Miller, Sue Holmes, Debbie Rutherford, Caroline Green, Morag Walker, Diana Findley, Mike Porteous, Gerry Begg, Colin McGrath, Graeme McMurdo, Jenny Smith, Erica Reid, Phil Lunts, Vikki MacPherson, Louise Ramage (Minutes).

1	**Welcome** The Chair declared the meeting quorate and introductions were made.	
2	**Apologies** Apologies were received from Murray Leys, Stuart Easingwood, Tim Patterson, Tim Young, David Bell, Jessica English, Elizabeth Baines, Stephanie Errington, Stewart Barrie, Kathleen Travers and Sally Spence.	
3	**Minutes & Action Tracker from Previous Meeting Held 5 June 2019** Minutes: • The minutes of the previous meetings of 6 November 2019 were accepted as a true record. Action Tracker: • The group went through the actions arising from the last meeting and updated the action tracker.	
4	**Matters Arising** Caroline Green asked for an update on the Eildon Medical Practice sites in Melrose and Newtown St Boswells. Rob McCulloch-Graham advised that there had been no further developments since the last SPG meeting; the practices remain operations as usual and discussions continue with Scottish Government around the capital building ownership. Caroline Green also raised an issue regarding recent patient experience with the practice. The Chair reminded members that the group had no jurisdiction over GP Practices and the matter should only be discussed between the patient and the practice.	
5	**Inspection Update** Rob McCulloch-Graham advised that Care Inspectorate (CI) inspectors were on site week commencing 25 November 2019 to attend various meetings and workshops, as part of the review of the 2017 report on the 'Joint Inspection of Adult Health and Social Care Services' and the subsequent 13 recommendations.	

	An overview of the formal feedback session held on 18 December 2019 was given; which saw improvement across all recommendations. The draft report was circulated for factual accuracy checking on 17 January 2020 and returned to CI on 29 January 2020. The final report was to be published in the public domain on 12 February 2020. The Chair advised that the Inspectors would present their findings to the IJB at the February meeting. The *Strategic Planning Group* noted the verbal update.	
6	**Transformation Projects Evaluation** Phil Lunts provided an overview of the five projects which make up the Discharge Programme, currently funded by the Transformation Fund non-recurrently. The evaluation information was welcomed by members who praised the work of the projects. Members were advised that a presentation was being prepared on local demographics and bed modelling across the health and social care estate; it was agreed to be presented to the next SPG meeting. Erica Reid and Jenny Smith agreed to have a follow up discussion regarding the expansion of Home First and the demand on the service over the winter period. The *Strategic Planning Group* noted the evaluation.	
7	**Quarterly Performance Report** Graeme McMurdo presented the info graphic report to members, which detailed several positive messages on trends against local and national targets. A discussion ensued regarding the continued efforts to utilise the most up to date data and context available, despite the time lag of receiving verified data from Scottish Government. The *Strategic Planning Group* noted and approved the changes to the Quarterly Performance Report. The *Strategic Planning Group* noted the key challenges highlighted.	
8	**Locality Working Groups Update** Rob McCulloch-graham advised that the first round of Locality Working Group meetings would be complete by the end of the week and formal feedback would be presented to the next SPG. Colin McGrath advised there were mixed views on timings of the initial meetings to secure the required attendance; this will be discussed as lessons learned during the next SPG meeting. The *Strategic Planning Group* noted the update.	
9	**Buurtzorg and Cheviot Model Overview** Erica Reid gave a presentation on the Buurtzorg model of neighbourhood care,	

	piloted locally in Coldstream and Greenlaw in 2016-18. Discussions ensued regarding the incorporating the ethos of the neighbourhood care model into the current Home First service, even on an iterative basis. The *Strategic Planning Group* noted the presentation.	
10	**Transformation Update** Rob McCulloch-graham provided an overview of the transformation work continuing as part of the Turnaround/Fit for 2024 programmes in NHS Borders and Scottish Borders Council. These initially focus on efficient discharge but intend to align well with prevention of admission work in the community. Members were advised that the SPG would play a key role in developing community prevention programmes as part of The *Strategic Planning Group* noted the update.	
11	**Report for IJB** The Chair confirmed an overview of the meeting would be presented in a paper to the March IJB for noting along with a copy of the minutes.	
12	**AOB** The Chair advised members that it would be his last SPG meeting, as Cllr Parker would become the Chair of the IJB in April 2020. The new Vice Chair of the IJB and Chair of the SPG was still to be announced.	
13	**Date & Time of the Next Meeting** Wednesday 6 May 2020 10am to 11.30am Committee Room 2, SBC HQ	

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Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 23rd September 2020

Report by:	Rob McCulloch-Graham and David Bell
Contact:	Rob McCulloch-Graham
Telephone:	07813306002
TERMS OF REFERENCE FOR THE JOINT STAFF FORUM	
Purpose of Report:	To inform the IJB of the purpose and terms of reference of the Joint Staff Forum
Recommendations:	The Health & Social Care Integration Joint Board is asked to: 1. Note existing Terms of Reference for Forum 2. Seek a review of the present terms of reference and membership. 3. That a revised terms of reference document be brought to the Strategic Planning Group for noting, and that this be progressed to a future IJB for approval.
Personnel:	The Joint Staff Forum aims to provide an input from all staff within the health and social care partnership into IJB policy and developments. It also serves as a forum for dissemination to staff teams, and to their formal representative agencies.
Carers:	N/A
Equalities:	The forum will discuss issues relating to equalities where this is relevant to partnership staffing issues
Financial:	N/A
Legal:	The industrial relations model for both LA and NHS will be upheld at all times within the Joint Staff Forum
Risk Implications:	Risk exists when forum is dysfunctional or not functioning to the best interests of those services are aimed at therefore essential that we have a fully functional and effective forum. This responsibility sits with both LA and NHS.

1. Background

1.1 The forum was created in 2014 with the enactment of the Joint Bodies Act of Scottish Government, and has sought to provide an active staff voice in all matters of the governance of the IJB and the Health and Social Care Partnership.

The terms of reference for the forum are attached for the board's information.

2. Report

2.1 This paper seeks to inform the IJB Members of the functions and membership of the Joint Staff Forum, which supports the input from all staff into the policy and decision making processes of the IJB.

2.2 The forum has had mixed success in the past in fulfilling this function. It is understood that this has been due to poor attendance mainly from the management side which in turn is most likely caused through a lack of clarity as to how the forum influences IJB policy. This understandably would reduce the priority of the forum's function.

2.3 This paper seeks to ensure that IJB members are aware of the functions of the board and of its importance both in operations of the Health and Social Care Partnership, and in the ongoing strategic development of the partnership.

3. Recommendations

a) The IJB note existing Terms of Reference for Forum

b) That the IJB request the forum reviews the present terms of reference and membership.

c) That a revised terms of reference document be brought to the Strategic Planning Group for noting, and that this be progressed to a future IJB for approval.

Scottish Borders
Health and Social Care
PARTNERSHIP

Scottish Borders Health & Social Care Integration Joint Board

HEALTH & SOCIAL CARE JOINT STAFF FORUM – PROPOSED TERMS OF REFERENCE

CONTENTS

1. Purpose

1.1 The Health & Social Care Joint Staff Forum (the Forum) as a strategic body is responsible for facilitating, monitoring and evaluating the effective operation of joint working across NHS Borders and Scottish Borders Council on areas of integrated working, and to support relevant joint Workplace Policies as agreed by the appropriate governance bodies in both NHS Borders and SBC.

1.2 Working together will enable shared understanding, engagement with outcomes and effective service delivery. The success of integrated working can be measured by improvements in decision making, the production of enhanced outcomes and the delivery of shared goals and active engagement by all parties.

1.3 The purpose of this agreement and terms of reference is to provide a framework for integrated working between the Integration Joint Board (IJB) and the Trade Unions recognised by NHS Borders and Scottish Borders Council. It is not the intention of this agreement to replace or undermine existing Joint Trade Union and management mechanisms in operation for employees of either the Health Board or the Council.

2 Roles and Responsibilities

2.1 Trade Unions recognise the IJB's responsibility to improve the wellbeing of the people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

2.2 The IJB recognises the Trade Unions' role in representing the interests of their members within the workplace, and in improving terms/conditions of service, promoting health and safety at work, and employment security.

2.3 It is the responsibility of all parties to demonstrate commitment to working together by ensuring early involvement in all activities of health and social care, in line with the agreed values.

3 Remit

3.1 The Forum will:

- Take a proactive approach in embedding integrated working at all levels of the organisation to assist the process of devolved decision making;
- Monitor the application of all Workplace Policies related to agreed integration programme and subsequent ongoing development;
- Consider and comment on other policies;
- Support the work of the Workforce Development Project Group as required;
- Ensure the best Workforce practice is shared across the Health & Social Care Partnership;
- Contribute to the development of Strategies and Action Plans to inform the integration programme of care and subsequent ongoing development;
- Assist in assessing the impact of strategic decisions upon staff by monitoring and evaluating outcomes through staff surveys and other staff engagement exercises

- Contribute to responses on consultation from the Scottish Government, its sub groups and supporting infrastructure;
- Ensure that any Workforce strategies are underpinned by appropriate Staff Governance, financial planning, implementation planning and evidence;
- Ensure adequate and necessary Facilities arrangements are in place.
- Ensure that the views of all recognised trade unions with an interest in improving the health and social wellbeing and health and social care services, local communities and wider staff are appropriately heard and considered.
- Ensure that there is an effective risk management arrangement in operation focusing on staff issues that identifies clinical, legislative, financial and other risks, and is focused on the safety of patients, clients and users and staff;
- Ensure that members of the Health & Social Care Joint Staff Forum have knowledge and understanding of national health policies and local health and social care issues, and the ability to contribute to strategic leadership and to develop effective working relationships;
- Secure assurance that all staff, are effectively trained, properly supported and performance is formally reviewed on an annual basis.

3.2 The Forum will not, in the conduct of its business, seek to cut across existing joint Trade Union and management mechanisms that operate for either the Health Board or the Council. The Forum must ensure that nothing it does will impinge on the terms and conditions of staff as employees of either the Health Board or the Council.

4 Authority

4.1 In line with the agreed remit, the forum is recognised as an integral part of the Health & Social Care Partnership governance structure, to ensure that there is appropriate staff engagement and staff governance in the development and delivery of services.

5 Reporting Arrangements

5.1 The Forum will provide formal reports to the IJB as required, and be empowered to initiate and sponsor work, in addition to receiving reports from work initiated elsewhere.

5.2 Following a meeting of the Forum, the minutes of that meeting will be presented for information at the next meeting of the IJB and approval at the next Forum meeting.

5.3 The Forum should, annually and within three months of the start of each financial year, provide, approve and agree a work plan detailing the work to be taken forward by the Forum.

5.4 The Forum will produce/approve an annual report for presentation to the IJB that will describe outcomes from the Forum during the year.

6. Membership

6.1 Membership of the Forum shall comprise representatives of management and recognised trade unions from both organisations.

6.2 A nominated deputy should be sent for each full member if that member cannot attend. Management and Staff Side representatives may attend as observers and only with prior agreement of the joint Chairs. Full Time Officers for recognised trade unions may attend as an ex officio member.

6.3 Respective memberships will be formally updated annually.

6.4 Should there then be continued non-attendance of a nominated representative to the Forum, the Joint Chairs shall contact the nominated representative and/or their relevant organisation and clarify if the nominated representative wishes to continue as a member of the Forum, or if another nominated representative from that organisation will be replacing them.

7 Involvement in the Programme/Service Delivery

7.1 Throughout the development and implementation programme, member of the have been involved in and contributed to all working groups. This will continue as required as the Health & Social Care Partnership moves to business as usual operation (and through subsequent development and delivery). Trade Union Representation will continue to be given to any subgroups of the IJB in discussion with the Forum.

7.2 The Occupational Health and Safety advisors will communicate directly to the Forum on matters agreed through joint working with managers and health and safety representatives.

8 Forum Meetings

8.1 Cycle of Meetings

8.1.1 The Forum will meet on an agreed basis, but routinely every 8 weeks, unless otherwise agreed by the Joint Chairs. These will be tabled in relation to the meeting schedules for the IJB.

8.1.2 Meetings only to be cancelled by mutual agreement between both Joint Chairs.

8.1.3 The joint trade unions will meet prior to the meeting of the Forum. This will be an open trade union representation allowing all appropriate trade union representatives to attend.

8.2 Chairing of Meetings

8.2.1 There will be Joint Chairs appointed from the Management and Staff Side who will chair meetings of the Forum on an alternating basis. It is the responsibility of the Joint Chairs to agree in advance any agenda items and agenda planning meetings will therefore take place between the Joint Chairs in advance of each meeting of the Forum. The Agenda should reflect the needs of both NHS Borders and Scottish Borders Council and based upon the programme of work identified through the IJB.

8.2.2 The Administrative Support will distribute an agenda and supporting papers for each Forum meeting no later than one week before the date of the meeting to all

Forum members. Written reports will be required for all agenda items otherwise the matter will not be discussed unless otherwise agreed by the joint chairs in advance. These should be received by the administrative support 2 weeks before the meeting.

8.2.3 The Chair will:

- Conduct each meeting in an objective and professional manner
- Ensure that all members of the Forum are afforded the opportunity to contribute and treated with dignity and respect
- Manage the business of the meeting in an efficient and effective way

8.2.4 With the agreement of the Co-Chairs, the Forum may invite any persons whose special knowledge would be of assistance to attend and speak at its meetings.

8.3 Quorum

8.3.1 Meetings of the Forum will be deemed to be quorate when:

- A minimum of four members of the management side (must be two from each organisation)
- At least one of the joint Chairs
- A minimum of four members of the trade unions (must be two from each organisation) are present.

9. Values

9.1 To underpin the working of the Forum, the following values will be adopted and govern the approach taken to consideration of issues:

- mutual trust, honesty and respect;
- openness and transparency in communications;
- recognising and valuing the contribution of all partners;
- access and sharing of information;
- consensus, collaboration and inclusion as the “best way”;
- maximising employment security;
- full commitment to the framework and good employment practice;
- the right of stakeholders to be involved, informed and consulted;
- early involvement of all staff and their trade unions in all discussions regarding change;
- a team approach to underpin joint working.

10. Decision of the Forum

10.1 Consultation

10.1.1 Any party may request that a matter brought before the Forum be subject to appropriate consultation with management and trade union colleagues prior to any final agreement being reached. The processes of consultation of both organisations must be assured and respected.

10.2 Referral

10.2.1 Any matter considered by the Forum which is deemed to fall out with its terms if reference but may fall within the remit of the IJB or requires approval by individual organisations, will be referred to the these bodies as appropriate on the basis of Forum support. Reference to the Scottish Government may also take place as appropriate.

10.3 Failure to Agree

10.3.1 In the event of any failure to agree in matters under consideration by the Forum, the matter will be referred via the Joint Chairs to the Joint Integration Board, who will endeavour to find a way forward.

11 Communication

11.1 Communication is crucial to ensure effective participation in partnership working and to promote outcomes achieved. The secretariat of the Forum will ensure that key communications are jointly agreed and disseminated. All communications will be integral to the Health & Social Care Partnership's Communications Strategy.

12. Review

12.1 These Terms of Reference will be reviewed on an annual basis.

APPENDIX 1

MEMBERSHIP FOR JOINT INTEGRATION STAFF FORUM

Union Representation:

6 Representatives from Scottish Borders Council

6 Representatives from NHS Borders (Area Staff Side Chair, CSP, RCN, SCP, UNISON & Unite)

Management Representation:

6 Representatives from Scottish Borders Council

6 Representatives from NHS Borders

These can include HR, OH and OD

Attendees: (Ex Officio)

Other Organisational Departments from both SBC and NHS invited as required through Agenda including additional trade unions not identified within membership above.

Fulltime Officers for recognised trade unions