# Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 18 December 2017

Report By



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IA	ICDECTION, IOINT OF DED DEOD! E'C CEDVICES DEDODT	
III	ISPECTION: JOINT OLDER PEOPLE'S SERVICES REPORT	
Purpose of Re	•	е
	outcome of the Joint Inspection of Older People's services and	
	the action being taken by the Partnership.	
Recommenda	tions: The Health & Social Care Integration Joint Board is asked to:	
11000111111011GG	The Health a Good Gare magration come Board to doned to:	
	a) Accept the report	
	a) Accept the report.	
Personnel:	This report has not identified any additional resource/staffing	
	requirements.	
Carers:	N/A.	
Equalities:	This is an update paper so no requirement. Actions within the	
Equalities.	action plan will be subject to their own separate requirements a	nd
		iiu
	will be undertaken as required.	
<b>=</b> 11.1	T12	
Financial:	This report has not identified any additional resource/staffing	
	requirements.	
Legal:	Consistent with current strategy. The action plan will be reported	d _
_	to the Care Inspectorate and Healthcare Improvement Scotland	
	once complete.	
Risk Implication	ns: The inspection team will agree a final action plan in January and	٦
TASK IIIIPIICALIO	· · · · · · · · · · · · · · · · · · ·	J
	then monitor progress.	

Mr Rob McCulloch-Graham, Chief Officer Health & Social Care

### **Background**

The Care Inspectorate and Healthcare Improvement Scotland undertook an inspection of the Partnership's older people's services between October 2016 and February 2017. This involved submission by the Partnership of extensive advance information in the form of a report and documentary evidence, followed by three weeks of on-site investigation by the inspection team. This included a file reading week and two weeks of meetings with stakeholders.

The inspection report<sup>1</sup> was published on 28<sup>th</sup> September. Across the nine key indicators of performance, inspectors found one to be 'good', five to be 'adequate' and three to be 'weak,' including 'delivery of key processes'; 'strategic planning and plans to improve services'; and, 'leadership and direction.' An analysis of those outcomes against previous inspections is at Annex A, ours was the final inspection in the current format.

There are thirteen recommendations for improvement in our report:

	Tool Tool Information of Information Tool Toport.
1.	The partnership should deliver more effective consultation and engagement with stakeholders on its vision, service redesign and key stages of its transformational change.
2.	The partnership should ensure its revised governance framework provides
۷.	more effective performance reporting and an increased pace of change.
3.	The partnership should further develop and implement its joint approach to early intervention and prevention services so that it continues to improve the range of services working together that support older people to remain at home and help avoid hospital admission.
4.	The partnership should review its delivery of care at home, care home and intermediate care services to better support a shift in the balance of care towards more community based support.
5.	The partnership should update its carers strategy to have a clear focus on how carers are identified and have their needs assessed and met. The partnership should monitor and review performance in this area.
6.	The partnership should ensure that people with dementia receive access to a timely diagnosis.
7.	The partnership should take action to provide equitable access to community alarm response services for older people.
8.	The partnership should provide stronger accountability and governance of its transformational change programme. It should ensure that:
	<ul> <li>progress of the strategic plan priorities are measured and evaluated</li> <li>service performance and financial monitoring are linked</li> </ul>
	<ul> <li>locality planning is implemented and leads to changes at a local level</li> <li>independent needs assessment activity is included in the joint strategic needs assessment</li> </ul>
	<ul> <li>there is appropriate oversight of procurement and commissioning work</li> <li>a market facilitation strategy is developed and implemented.</li> </ul>
9.	The Integration Joint Board should develop and implement a detailed financial recovery plan to ensure savings proposals across NHS Borders and council services are achieved.
10.	The partnership should ensure that there are clear pathways for accessing services and that eligibility criteria are consistently applied. It should communicate these pathways and criteria clearly to all stakeholders. The partnership should also ensure effective management of any waiting lists

 $<sup>\</sup>underline{http://www.careinspectorate.com/images/documents/4030/Scottish\%20Borders\%20services\%20for\%20older\%20people \%20joint\%20inspection\%20report\%20September\%202017.pdf$ 

	and that waiting times for services and support are minimised.
11.	The partnership should work together with the critical services oversight group and adult protection committee to ensure that:  • risk assessments and risk management plans are completed where required  • quality assurance processes to ensure that responses for adults who may be at risk and need of support and protection improve  • improvement activity resulting from quality assurance processes is well governed.
12.	The partnership should develop and implement a tool to seek health and social care staff feedback at all levels. The partnership should be able to demonstrate how it uses this feedback to understand and improve staff experiences and also its services.
13.	The partnership should develop and implement a joint comprehensive workforce development strategy, involving the third and independent sectors. This should include a focus on sustainable recruitment and retention of staff, building sufficient capacity and providing a skills mix that delivers high quality services.

The Draft Action Plan is at Annex B

#### **Summary**

A draft action plan has been created to meet the thirteen recommendations. Many of actions have been completed, and the remaining reflect work that is already in progress. The Joint Inspection Executive Group monitor progress against the draft action plan which will be reported to the Executive Management Team (EMT). The Care Inspectorate and Healthcare Improvement Scotland will be meeting with us in January to agree the final format of the Action Plan.

## ANALYSIS OF BORDERS AND OTHER JOPS REPORTS

## **ANNEX A**

Partnership	Date of Publication	Key outcomes for older people and key performance outcomes	Getting the right help at the right time	Impact on staff	Impact on the community	Delivery of key processes	Strategic planning and plans to improve services	Management and support of staff	Partnership working	Leadership and direction
Borders	27/09/2017	Α	Α	Α	G	W	W	Α	Α	W
Edinburgh	16/05/2017	W	W	А	Α	U	W	Α	Α	W
Orkney	09/03/2017	G	А	G	Α	Α	А	G	Α	G
D&G	10/10/2016	Α	Α	G	G	А	А	Α	Α	Α
Aberdeen City	20/09/2016	А	G	G	VG	W	А	Α	Α	А
S Lanarkshire	06/06/2016	Α	А	А	G	G	А	G	Α	А
E Lothian	15/05/2016	Α	А	G	Α	Α	G	Α	Α	G
W Isles	23/03/2016	W	А	G	Α	Α	W	Α	Α	W
Argyll and Bute	23/02/2016	G	А	А	G	Α	Α	Α	Α	А
Shetland	10/11/2015	G	G	G	Α	Α	Α	G	Α	А
Glasgow	14/08/2015	Α	Α	Α	G	Α	G	Α	G	G
Falkirk	13/07/2015	G	G	А	G	Α	А	Α	Α	Α
Angus	09/03/2015	А	G	А	G	G	W	Α	Α	А
Fife	17/01/2015	А	А	А	G	А	W	G	А	А
Moray	19/08/2014	VG	G	G	G	Α	А	G	Α	А
Aberdeenshire	19/08/2014	G	G	G	G	Α	А	G	G	G



**Inspection of Older People's Services 2017- DRAFT ACTION PLAN-**

PARTNERS	T115 P	ection of Older	i copic s sc	VICES ZOI	, DIALI A	JIION I EAN	
Risk or Issue	What good looks like	Action	Lead Person	Date to be completed	Evidence of completion (insert)	Comment / Progress	RAG
effective consultation and pl engagement with stakeholders on vi the vision, service redesign and key stages of wi	1.1 Clear communication plan which outlines the Partnership's vision and how the Partnership will engage and consult with all key	Review and update existing Partnership communication plan	Jane Robertson, Strategic Planning and Development Manager	August 2017	Comms plan and updated action tracker – JR/SB  HSC Comms Engagement Plan 16	Complete	O
transformational change.	stakeholders on key developments in terms of service redesign, joint plans and policies	Review and update Partnership stakeholder lists and distribution lists  Use staff survey to evidence that staff aware of vision and consulted	Jane Robertson, Strategic Planning and Development Manager	August 2017	Locality offices - adultchild .msg  List of all Borders GPs as at 23.06.2017  Additional Contact List APR June 2017.x  APR Communications Plan v4.doc	Complete	G
	1.2 Evidence of increased engagement and consultation activity specifically related to	Record all partnership communication activity on overarching action tracker and individual project communication	Jane Robertson, Strategic Planning and Development Manager	Ongoing	TRANSFORMATION AND EFFICIENCIES P	Complete	G

Risk or Issue	What good looks like	Action	Lead Person	Date to be completed	Evidence of completion (insert)	Comment / Progress	RAG
	the Partnership Transformational Programme i.e. meetings with staff, communication via newsletter	plans Agree arrangements going forward to support the ongoing engagement with members of the locality working groups	Jane Robertson, Strategic Planning and Development Manager	October 2017	Locality Consultation Communications Plan	Complete	G
	1.3 Ongoing commitment to support the Locality Working Groups which offers regular forum for engagement and	Distribute Health and Social Care Locality Plans for public consultation	Jane Robertson, Strategic Planning and Development Manager	July 2017	https://www.scotb orders.gov.uk/hscp localityplans	Complete	G
	consultation with representatives of all relevant stakeholder groups.	Consult staff –  a) workshop to provide information on transformation projects b) Regular newsletters	James Lamb, Portfolio Manager, Chief Exec  Robert McCulloch- Graham, Chief Officer H&SC Integration	September 2017	a) Feedback  Tuesday's Workshop 2.pptx  TRANSFORMATION AND EFFICIENCIES P b) Newsletter  healthsocialcarenews SEP2017.pdf	Complete	G
		Mental Health and Dementia Strategy Workshops	Peter Lerpiniere Associate Director, Mental Health	End Jan 2018	Strategy. Comments collated & action plan in place		А
2. Ensure the revised governance framework provides more effective	2.1 Revised Partnership governance structure in place and evidence of more effective and timeous approval and	Implement revised governance structure.	Robert McCulloch- Graham, Chief Officer H&SC Integration	Feb 2017	Revised Governance.pdf	Complete	G

Risk or Issue	What good looks like	Action	Lead Person	Date to be completed	Evidence of completion (insert)	Comment / Progress	RAG
performance reporting and an increased pace of change.	decision making processes which in turn is supporting an increased pace of change.						
	2.2 Quarterly Partnership performance reports presented to Executive Management Team and Integration Joint Board and aligned to Ministerial Strategic Group performance reporting. Operational managers across the Partnership engaged in dialogue about data, performance and impact of service redesign.	Review effectiveness of revised governance structure.	Robert McCulloch- Graham, Chief Officer H&SC Integration	October 2017- check	Quarterly IJB Report - 2nd Edition 2017-06	Complete	G
	2.3 A better understanding of staff views across the Partnership	Provide quarterly Partnership performance reports to the IJB.  Staff survey due to be	Robert McCulloch- Graham, Chief Officer H&SC Integration	Complete February	Add evidence  IJB Quarterly Performance Report - June 2017	Ongoing	Α
		sent out to all staff across the Partnership in Feb 2018	Robert	2018 July 2017	Annual	Complete	G

Risk or Issue	What good looks like	Action	Lead Person	Date to be completed	Evidence of completion (insert)	Comment / Progress	RAG
		Performance via published Annual Performance Report and to the Ministerial Strategy Group.	McCulloch- Graham, Chief Officer H&SC Integration		Performance Report		
develop and implement the joint approach to early intervention and prevention services so there is a range of services working together that support older people to remain at home and help avoid hospital admission.	3.1 A range of services work together that support older people to remain at home and help avoid hospital admission.	Hold a ½ day strategic review session to fully understand the current landscape and Identify the key components of a good EI & P approach for older people and identify gaps	Tim Patterson, Joint Director of Public Health	February 2018	JHIT Older People Seminars 20.10.17.da Seminar report to be embedded	It is expected by the end of the financial year 17/18 to show a 10% reduction in falls	A
	3.2 There is a clear strategic overview of the early intervention and prevention landscape in the Borders supported by a clear understanding of the broad range of early intervention and prevention	Develop a strategic delivery plan to address gaps in EI & P identified at the strategic review session	Tim Patterson, Joint Director of Public Health	March 2018	Evidence: Delivery plan to be written Current prevention/early intervention services Patient pathway work Telecare Falls work		A
	approaches required to achieve positive outcomes for older people.	The community hubs and customer services are signposting to healthy living activities and preventing social isolation	Gwyneth Johnston	November 2017	To be gained		

Risk or Issue	What good looks like	Action	Lead Person	Date to be completed	Evidence of completion (insert)	Comment / Progress	RAG
	3.3 Early intervention and prevention providers understand their role and function in the broader landscape and develop complementary	Embed anticipatory care planning and plans into care assessment and planning	Robert McCulloch- Graham, Chief Officer H&SC Integration	April 2018	Anticipatory care plans are within MOSAIC		A
	approaches with partners that enhance the positive outcomes experiences by older people.	Introduce specific software to collate and disseminate information on a range of positive activities on a locality basis.	Gwyneth Johnston??	December 2019	Software in place and being utilised	Contact with providers has been made	A
	3.4 Anticipatory Care Plans in Care Homes are up to date.	Ensure ACP in Care Homes are up-to-date.	Robert McCulloch- Graham, Chief Officer H&SC Integration	June 2018	Early Warning Scores		A
4.Review delivery of care at home, care home, intermediate care and palliative care services to better support a shift in the balance of care towards more community based support	The older people's commissioning strategy is reviewed and strategic plans put in place based on demographic evidence across the Scottish Borders.  TEC (technology enabled care) strategy informs commissioning decisions. The older	Update the older peoples commissioning strategy.  Develop the TEC strategy and the Older Peoples housing strategy.  Evaluate the current care at home service, including assessment	Robert McCulloch- Graham, Chief Officer H&SC Integration	June 2018  January – April 2018  June 2018	Draft strategies completed. Equality impact assessments undertaken. Consultation process with local communities  Contractual documents developed along with robust evaluation and	The TEC strategy and the Older Peoples housing strategy are currently under development.	A

Risk or Issue	What good looks like	Action	Lead Person	Date to be completed	Evidence of completion (insert)	Comment / Progress	RAG
	peoples housing	processes.			monitoring		
	strategy forms part of				requirements		
	the older peoples	Consult with all			The Border Older		
	commissioning	stakeholders, including			Peoples Planning		
	strategy. All	service users, carers,			Partnership will		
	strategies are agreed	providers; and learn			have oversight for		
	by the Borders Older	from other local			the work: minutes		
	People's Planning	authorities e.g. the			and highlight		
	Partnership.	review undertaken by			reports submitted		
		Maggie Dowe, SW			as evidence.		
	A cohesive	Scotland, published in					
	commissioning plan	Nov.					
	that is informed by	Plan sobosiyoly to					
	the market strategy is	Plan cohesively to ensure that					
	developed which	specifications for					
	clearly states	•					
	expectation of	services are understood					
	contracted services	and align to ensure					
	both in the statutory	service users experience joined up					
	sector and in the	health and social care					
	voluntary sector.	services.					
	All services are able						
	to deliver choice and	Commission all services					
	flexibility in line with	in a way that ensures					
	SDS approach while	service users are given					
	integrated pathways	maximum control via					
	for individuals ensure	revised contractual				Estates paper	
	that people are able	requirements with				completed	
	to achieve their	providers.					
	outcomes.						
		Establish a contractual					
	A contractual position	position with care at					
	is in place with care at	home providers which					
	home providers which	allows for flexible care					
	allows for flexible care	at home delivery and					

Risk or Issue	What good looks like	Action	Lead Person	Date to be completed	Evidence of completion (insert)	Comment / Progress	RAG
	at home delivery and reduced assessment processes	reduced assessment processes.					
	4.1 Margaret Kerr Unit is viewed as a homely setting in Scottish Government performance figures	Discuss with Scottish Government the use of Margaret Kerr Unit as a homely setting in Scottish Government performance figures	Murray Leys, Chief Officer Adult Social Work	December 2017	Letter to/from Scottish Government		A
5. Update the carers' strategy to have a clear focus on how carers are identified and have their needs assessed and met. Monitor and review performance in this area.	5.1 There is a clear pathway for identifying carers and ensuring their needs are assessed and met.	Develop a Carers support plan, eligibility criteria and pathway for assessing and supporting carers	Susan Henderson, Planning Manager	April 2018	Pathway in place with supporting documentation	Draft support plan and draft eligibility criteria are components of pathway work  Scottish Borders Carers Eligibility Fram  Carers Support Plan8817.docx	A
		Put communication and training plans in place to ensure stakeholders are aware of the legislation	Susan Henderson, Planning Manager	December 2017	Communication and training plans. Positive feedback from stakeholders about feeling informed	Progressing Awareness raising training trialled with Kelso sw staff Sept.	A
	5.2 A carers strategy is in place that indicates how carers needs are identified and have their needs	Carers strategy 2017- 19 agreed and published that states how carers needs are identified and met.	Susan Henderson, Planning Manager	April 2018	Carers strategy	Progressing Draft 2017-18 Strategy to be extended to 2019	A

Risk or Issue	What good looks like	Action	Lead Person	Date to be completed	Evidence of completion (insert)	Comment / Progress	RAG
	assessed and met. The partnership monitor and review this performance	A performance process in place to monitor and review progress in identifying and supporting carers	Susan Henderson, Planning Manager	April 2018	Reporting regularly to IJB. Carer feedback.	Progressing	A
		An assessment of the health needs of carers in Scottish Borders is produced	Tim Patterson, Joint Director of Public Health	March 2018	Health needs assessment report anticipated March 2018.	Project plan in place	A
6. Ensure that people with dementia receive access to a timely diagnosis	6.1 Clinicians will be supported to recognise the importance of a dementia diagnosis, make appropriate referrals, and support people through their diagnosis.	Develop and circulate a checklist of "things to consider" in relation to dementia diagnosis for GPs, Junior Doctors and Care Homes.	Peter Lerpiniere, Associate Director, Mental Health	December 2017		"Checklist" will be developed by Dementia Strategic Partnership Group.	A
	6.2 Resources will be utilised as effectively as possible to widen opportunities for access to diagnostic	Carry out awareness session on TiME agenda November facilitated by MHOAS	Peter Lerpiniere, Associate Director, Mental Health	30 November 2017	Copy of pathway:	Date requested for slot in TiME agenda.	А
	services.	Consider increasing capacity to carry out more memory clinics	Peter Lerpiniere, Associate Director, Mental Health	31 December 2017		MH strategy & dementia strategy consultation events are underway and will include evaluating capacity to rebalance resources to support more clinics.	A

Risk or Issue	What good looks like	Action	Lead Person	Date to be completed	Evidence of completion (insert)	Comment / Progress	RAG
		Map the patient pathway from referral to diagnosis to entry on to Dementia Register to look for any challenges and areas for improvement	Peter Lerpiniere, Associate Director, Mental Health	31 July 2017	Diagnosis of Dementia - Pathway.	Mapped and areas identified for improvement include communication with GPs to request diagnoses be added to the register (see action 7).	A
	6.3 All patients who receive a diagnosis of dementia will be recorded on the primary care register.	Discuss with GP practices in order to carry out a gap analysis of the diagnoses on MHOAS records against GP records	Peter Lerpiniere, Associate Director, Mental Health	31 August 2017	No evidence available – telephone calls	Already carried out with Selkirk GP practice. All other practices scheduled for w/c 21/08/2017.	G
	6.4 All people given a diagnosis have an understanding of what to expect from the service.	Write letters to GP practice to follow up on discussions in point 5 above and ask GP to add missing diagnoses on to register	Peter Lerpiniere, Associate Director, Mental Health	30 Sept 2017	Copy of letter being sent (following telephone calls above) to practices who have agreed to support:  DoD Letter - GP Practices - Sept 17.dc	Already carried out with Selkirk GP practices. All other practices scheduled for w/c 21/08/2017.	A G
		Adjust first assessment letter used by MHOAS to include clear diagnoses & request to GP to add to dementia register	West team secretary/ Consultant Psychiatrist	31 July 2017	MHOAS Assessment template.docx	Discussed at Mental Health Operational Group and agreed for implementation.	G
		Develop patient awareness leaflet to set expectations of what will be offered /	Simon Burt, Joint LD Service Manager & Acting	31 January 2018			G

Risk or Issue	What good looks like	Action	Lead Person	Date to be completed	Evidence of completion (insert)	Comment / Progress	RAG
		delivered	MH Service General Manager				
7. Take action to provide equitable access to community alarm response services for older people.	Telecare strategy written and audit in place in relation to technology enabled care, including community alarm systems. This shall ensure that older people are assisted to remain at home for longer with reduced impact/incidence of	Produce the strategy for telecare and telehealthcare  Audit current systems through use of SWOT analysis.	Head of Adult Social Care	March 2018  January – April 2018  April – December	Assistive Technology strategy that will include telecare and telehealthcare priorities. Drafted for agreement  Consultation undertaken with local communities and other		A
	falls.  Older people have access to a 24 hour response service  Resilience aspects of current (Tunstall) technology (SB Cares risk owner)	In conjunction with a Falls Strategy increase focus on telecare and establish feasibity of introducing a universal alarm service		2018	stakeholders  Actions from strategy realised via implementation plans.  BOPPP highlight reports to show scrutiny of work		
8. Provide stronger accountability and governance of transformational change programme. Ensure that: progress of the strategic plan priorities are measured and evaluated;	8.1 There is clear evidence of the impact of improvements and service redesign on the delivery of local strategic objective as laid out in the Strategic Plan through:  • Annual performance report	Improve the content, structure and format of the IJB quarterly performance reports	Jane Robertson	October 2017	Evidence The quarterly performance monitoring report to the IJB October 2017  Annual Performance Report 2018/19  Next MSG submissions -FILE,		G

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service performance and financial monitoring are linked; locality planning is implemented and leads to changes at a local level; independent needs assessment activity is included in the joint strategic needs assessment; There is appropriate oversight of procurement and	Quarterly performance reports to IJB     A number Ministerial Strategy Reports				Leadership Group, IJB, EMT  Locality Plans – link to be added		
		Ratification of Commissioning and Implementation Plan by IJB	Robert McCulloch- Graham, Chief Officer H&SC Integration	December 2017	IJB agenda and minutes	THE IJB was presented with a finalised Commissioning & Implementation Plan at its meeting on 23rd October 2017	G
commissioning work; A market facilitation strategy is developed and implemented	8.2.1 Fully costed Commissioning and Implementation Plan and Locality Plans in place. Clear identification of financial costs/benefits and expected outcomes including all project briefs / PIDs.	Both IJB and strategic planning group bodies have timetabled development sessions throughout the year which will cover strategic planning and commissioning functions with a clear inclusion of outcomes and value for money.  Further development of financial elements of Locality Plans and demonstration of "fair share"	Robert McCulloch- Graham, Chief Officer H&SC Integration	April 2018		The Commissioning and Implementation requires to be costed where possible.  The strategic needs analysis for each of the localities will be completed by April 17 which will assist in the location of resources to meet the plan.	A

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	8.2.2 Comprehensive assessment of performance impacts of Financial Planning efficiency targets and in-year recovery plans.	Refer to Action Point 9	Director of Finance IJB Section 95 Officer	December 2017	NHS Recovery Plan NHS financial plan SBC financial plan IJB financial statement Descriptor of how strategy not impacted by above	Refer to Action Point 9	А
					IJB financial planning budgetary control reports	The IJB Financial Plan is not directly linked to performance outcomes.	А
	8.3 Clear mechanisms in place for progressing and monitoring locality implementation plans. Clear evidence of changes made at a local level	Continued support for locality working groups to take on monitoring role of progress of implementation of Locality Plans	Robert McCulloch- Graham, Chief Officer H&SC Integration	December 2017	Project briefs/PIDs		A
		Implementation of robust reporting mechanisms to evidence changes made at a local level	Robert McCulloch- Graham, Chief Officer H&SC Integration	September 2017	Extension of locality co- ordinator role until 31 March 2018  Progress reports  Locality Plans	Complete	G
	8.4a Commissioning and Implementation Plan approved by IJB	Commissioning and Implementation plan ratified by IJB October 2017	Robert McCulloch- Graham, Chief Officer H&SC Integration	December 2017	IJB agenda and minute  Draft commissioning and implementation plan	The Commissioning and Implementation Plan was presented to the IJB 23.10.17	G

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	8.4b Regular monitoring reporting over delivery. Of Commissioning and Implementation Plan					This is the ongoing monitoring as this is not yet in place so should be noted at amber.	A
	8.5 A medium-term Market Facilitation Plan and regular and frequent reports to the IJB over its delivery	Development, approval and implementation of a Market Facilitation Plan for the IJB	Robert McCulloch- Graham, Chief Officer H&SC Integration	March 2018	Market Facilitation Plan IJB agenda and minute	Ongoing	A
9. Develop and implement a detailed financial recovery plan to ensure savings proposals across NHS Borders and council services are achieved	9.1 A joined-up approach to ensure that the partnership medium-term financial plan not only underpins its Strategic and Commissioning Plans, but assures its affordability, robustness and sustainability. Its component provisions and assumptions are transparent and consistent.  9.2 The delivery of a balanced, affordable and sustainable medium-term financial plan for the Health and Social Care Partnership which will be presented to	Develop and implement a detailed financial recovery plan to ensure that a sustainable financial position is achieved and agreed by the Integration Joint Board.	Director of Finance IJB	March 2018	Balanced 2017/18 Outturn  Balanced 2018/19 Financial Statement  All recurring pressures to be addressed by recurring mitigating actions  Delivery of financial planning and reserves strategy over medium-term	A Recovery Plan was implemented in late 2016 and approved by the IJB in January 2017 – total value of savings delivered in excess of £4m, enabling a breakeven outturn position  The partnership's new Medium-term Joint Financial Planning and Reserves Strategy was approved by the IJB on 27 February 2017  Partnership approved its 2017/18 Financial Statement on 27 March 2018 Noting that majority of	A

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	members of the IJB as				-	healthcare savings	
	its Financial					within 2016/17	
	Statement.					recovery plan were	
						non-recurring.	
	To achieve this:					Due diligence	
						carried out at the	
	Identification of					inception of IJB	
	the impact of the					confirmed the IJB	
	current planned					had received a fair	
	transformation and					provision of	
	redesign programme					resources as part of the delegated	
	in terms of resource					functions from the	
	realignment,					overall Health &	
	efficiency					Social Care	
	opportunities and					resources	
	ongoing sustainability					available, however	
	requirements beyond					this was not	
	transitional funding					confirmed to be	
	arrangements					adequate and had	
	Identification of					required recurring	
	further joint					efficiency targets	
	opportunities for					to achieve financial	
	service redesign and					balance.	
	agree a joint plan for						
	any associated capital					2017/18 Financial	
	or revenue					Recovery plan has	
	investment					again been	
	requirements					underpinned by	
	·					non-recurring	
	Implementation of					measures and has	
	a medium-term					required additional	
	solution for					non-recurring	
	addressing the					monies to be approved to Health	
	recurring efficiency					and Social care	
	gap across the					delegated	
	partnership's devolved					functions.	
	and large hospital					The IJB Financial	
1	budget set-aside					Plan and provision	
	resulting from non-					rian and provision	

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	recurring savings delivered in current and historic years  • Identification of any additional investment requirements associated with the delivery of the partnership's approved Strategic Plan and how these investment requirements can be met					of health and social care for 2018/19 is currently in discussion. This will confirm the level of efficiency required to achieve a breakeven financial position. The IJB is progressing a Transformation and Efficiency Programme which will contribute a level of efficiency savings from the delegated functions. The quantum of the contribution from the T&EP has yet to be confirmed.	
10. Ensure that there are clear pathways for accessing services and that eligibility criteria are developed and consistently applied. It should communicate these pathways and criteria clearly to all stakeholders. The partnership	Accessible pathways are in place to enable people to access appropriate and timely support	Deliver community led services via hubs in localities  Provide shortened 'what matters' assessments  Through matching unit provide more speedy access to services  Develop a more robust hospital to home process	Murray Leys, Chief Officer Adult Social Work  Jane Prior, General Manager, Patient	December 2017	Eligibility criteria on website  Leaflets  Performance data for waiting list  What matters assessment  Community Led Support Hub Screenir		Α

Risk or Issue	What good looks like	Action	Lead Person	Date to be completed	Evidence of completion (insert)	Comment / Progress	RAG
should also ensure effective management of any waiting lists and that waiting times for services and support are minimised.			Pathways		Matching unit evidence91017.docx Documents to follow: DD strategy and processes/patient pathway		
11. Work together with the critical services oversight group and adult protection committee to ensure that: risk assessments and risk management plans are completed where required; quality assurance processes to ensure that responses for adults who may be at risk and need of support and protection improve; and improvement activity resulting from quality assurance processes is well governed	Risk assessment and management plans are completed and recorded in MOSAIC  Quality assurance process reflects appropriate responses to Adults at risk	Quarterly Adult Protection file audits to be carried out. The Adult Protection Committee Coordinator conducts a 100% Audit of Adult Protection. All Audits are reported to the AP Audit sub group and any team remediation is captured through an individualised team improvement plan.  Produce performance reporting reports for the AP Audit sub group, AP Committee & CSOG. These reports will be subject to peer scrutiny particularly in relation to Risk assessment, Protection plans, Chronologies and Case Conferences.  Refresher AP training to be set up.	Murray Leys , Chief Officer Adult Social Work	August 2017	AP Audit format revised March 2017 2  AP Quality Assurance and Audit  AP Quarterly Report Q1 June 2017.pdf  2017-18 Q1 ASP KPI Scorecard 2016-17 (L	There is now an AP Audit Tool on Mosaic which allows Teams to self-audit or audit neighbouring teams  AP Level 3 Refresher Training has been set for Nov 2017 and this will further support the AP Process, Outcomes and use of Risk assessment, Protection Plans and Chronologies.	ח

Risk or Issue	What good looks like	Action	Lead Person	Date to be completed	Evidence of completion (insert)	Comment / Progress	RAG
implement a tool to seek health and social care staff feedback at all Care staff form staff experience	Health and Social Care staff feedback is sought and used to inform staff experience and support services	Implement i-matters staff survey across the Partnership	Robert McCulloch- Graham, Chief Officer H&SC Integration	February 2018	Provision of joint combined list to iMatter National Team iMatter (NHS)	The first iMatters questionnaire will be implemented in February 18. Health staff within the H&SC partnership have undertaken the completion of iMatter, it is expect to be rolled out across all staff within the partnership by February 18	A
experiences and also its services.		Examination of iMatter output  Include feedback through Self-evaluation strategy  Annual Appraisal process/PRD  Report to Joint Leadership Board	Robert McCulloch- Graham, Chief Officer H&SC Integration	Date to be gained from Jennifer Boyle	Self-evaluation strategy		A
13. Develop and implement a joint comprehensive workforce strategy, involving the third and independent sectors. This	Draft Integrated Workforce Development Plan developed will reflect the workforce requirements of the Third and Independent Sectors	Draft Joint Workforce Plan to include third and independent sectors to incorporate plans for developing a sustainable workforce. Present Draft Workforce Plan for sign off by IJB.	Robert McCulloch- Graham, Chief Officer H&SC Integration	April 2018	Sarah Halliday		A

Risk or Issue	What good looks like	Action	Lead Person	Date to be completed	Evidence of completion (insert)	Comment / Progress	RAG
recruitment and	within the Integrated Workforce Plan for the Partnership Including sustainable	To introduce a workforce plan for health social care for partnership		April 2018			A
retention of staff, building sufficient capacity and skills mix that delivers high quality services	recruitment plans	Work with the 3rd and independent sector to identify further staffing requirements		April 2018	Private and 3rd sector staff survey – Minutes of providers meeting to be added		Α
		Support the 3rd and independent sector with a strategy to meet the demands of the workforce		April 2018			A