

Scottish Borders Health & Social Care  
Integration Joint Board



Meeting Date: 23 April 2018

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**CHIEF OFFICER'S REPORT**

<b>Purpose of Report:</b>	To inform the Health & Social Care Integration Joint Board of the activity undertaken by the Chief Officer since the last meeting.
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<b>Recommendations:</b>	The Health & Social Care Integration Joint Board is asked to:  a) Note the report.
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Personnel:	Not Applicable
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Carers:	Not Applicable
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Equalities:	Not Applicable
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Financial:	Not Applicable
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Legal:	Not Applicable
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Risk Implications:	Not Applicable
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## Chief Officer Report 23<sup>rd</sup> April 2019

### Winter

I reported at the last IJB about the winter pressures we were experiencing, these have continued and are only really abating now, and we are seeing more capacity both in BGH and within our Community Hospitals. There does however remain pressure on some services.

The winter pressures were further exasperated by the significant fall of snow. Both the Council and NHS Borders had to put emergency procedures in place to ensure their services remained open. Transporting staff to and from the hospitals became a significant issue, and a great deal of partnership work between all agencies was required.

For my sins, I was on call that particular week, it was a challenging time for us all but I can report that everyone rose to meet the challenge. I was particularly impressed by staff walking miles through snow drifts to get to work, and those staff who slept over to pick up their following shift in the morning.

There were lots of lessons learned that we will gain from in preparation for the next winter.

### Finance

I have been particularly busy bringing both the Council and the NHS Borders proportions of the IJB budget together, as will be seen by the papers presented today. You will see how challenging this has been, and the pressures we are facing this financial year. It has been important that we get a clear picture of all of those resource issues so that together we can share our efforts to resolve them fairly.

The IJB and officers have been focussing on the role of the Integrated Care Fund. The board and officers have used this fund to support a fairly diverse range of issues, and as a new fund it has taken time to get the correct governance around its use. The board requested that the projects/services in receipt of funds be reviewed so that they could be properly directed within the new financial year. The last of the 17/18 funds are on the agenda for this meeting. We have drawn up a draft of new conditions for the use of the future allocations of ICF funding and these will be taken to the IJB Strategic Planning Group for approval.

Whilst on finance, I have to report that we have been unsuccessful in appointing our Section 95 Finance Director. We received insufficient interest in the position. We have now started a new recruitment campaign, and have called in further support from Scottish Government through the Integration Team. I remain hopeful this position will be filled shortly. From the effort that has been required to bring the joint finance papers to you today, I am more than ever convinced this position is essential to the Board and the Partnership's success.

### Case Work

In my role as Chief Officer, I occasionally get involved in particular cases, usually where there is significant risk. In this recent period, I was involved with other senior managers, in a particularly worrying case of a 17 year old, who turned 18 a few weeks back. The case very much highlighted the continued chasm between Children's Services and Adult

Services. The legislation that exists does not support a smooth, controlled and supportive transition into adulthood and I believe this requires a national response.

This particular case for services in the Borders had to address a significant risk to this young person's life. It did raise significant differences between the approaches of professions. We did have one major incident during this last period and a high level of on-going resource has been put in place across services to support this individual, and to manage the risk as much as is possible.

A review is underway of the case, and I am hopeful that within its findings, we will see a greater focus of effort on the transition of such individuals into adulthood. I also hope the national legislation will also be addressed to give a greater level of flexibility as to how agencies can respond to such heightened needs and level of risk.

### **Strategic Planning**

The Strategic Planning Group began the review of our current strategic plan and our commissioning plan. This has been progressing and is now supported through the new Performance and Finance Group which I mentioned in my last report to you. This group has been further supported now through the allocation of a couple of consultants from Health Improvement Scotland.

They are supporting work of how we monitor and report on our performance. They are also supporting work on determining the requirements on services to bring the overall operational capacity of our hospitals to the more manageable percentage of 85%. I am hopefully that this work will conclude in a few weeks, and expect it to support the Board's commissioning function within the forthcoming year. I will bring more updates as we progress.

### **Adult Social Care**

The position of Chief Officer for Adult Social Care has become vacant through some changes to the operation of the Chief Social Work Officer Role and the operation of Public Protection services.

We have successfully appointed to the Adult Social Care role on an interim basis and are shortly to advertise for the permanent position. Currently there is a great deal of pressure and demand on a few senior roles, this appointment should alleviate this and allow for some greater strategic direction for Adult Social Care Services.

The interim position is due to begin early May.

### **Delayed Discharge**

As you will know the winter period has seen our delays remain stubbornly high despite the efforts being made. To gain some better insight into the issues, I chaired a daily meeting of officers to go through the list of patients delayed across our hospitals.

The exercise revealed some insights and perhaps more importantly reassured us that we are undertaking the right actions through operating a discharge to assess policy. In particular, the need for step down facilities and for services supporting assessment at home.

New areas that the exercise did identify or indicate we needed greater effort included the issue of Guardianship, both through the local authority and through private arrangements. Although we have seen some easing in the last couple of weeks, the number patients waiting for a guardianship order remains a high percentage of those delayed. We have stepped up our efforts here to address this.

Another area of importance is the operation of the START team within BGH and our Community Hospitals. The work of this team would be supported more through closer access with the Matching Unit, access to MHOs and to Physio and Occupational Therapists. The leadership team are now examining how we can make this happen.

### **Regional Work**

My efforts around the regional work are in support of the six chief officers in the region and the development of the work around the prevention of diabetes. Both Tracey and Jane support this work and Tracey chairs the newly formed steering group for Diabetes in the East of Scotland.

The recent meeting of the regional board agreed to fund £200k to support the appointment of a team to drive the work forward. The work has received a great deal of interest across the country and I am confident the group will make a significant difference and we can start to claw back some of the £250M spent on Diabetes within the region.

So a busy period with more to come.

Rob