

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 19 June 2019

Report By	Robert McCulloch-Graham, Chief Officer Health & Social Care
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CHIEF OFFICER'S REPORT

Purpose of Report:	To inform the Health & Social Care Integration Joint Board (IJB) of the activity undertaken by the Chief Officer since the last meeting.
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Recommendations:	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

Visit to Stirling Care Village

As you will know, the partnership is examining a number of models of health and care as we develop our plans for the future provision within the Borders. To this end I visited a new provision on the old Stirling Royal Infirmary site.

The provision is offered through a range of services co-located on site; a large GP clinic with treatment rooms, minor injury facility, a Physiotherapy centre, and an intermediate care. So perhaps not what we would call a “care village”, although there are plans to include housing with extra care on the same site in the future, so it may grow more into a village.

What was of interest however was their transition from Community Hospital provision into an intermediate care facility, the Bellfield Centre. Whilst they have only open 8 months it was impressive to hear of their ambition for further integration.

The centre catered for 48 people requiring a range of health and care services. It is designed around a short length of stay of a maximum of 6 weeks. Anyone needing to stay longer is charged a residential care rate. During the six weeks their patients undergo an extensive reablement function. This includes the use of four residential apartments which are set up with electronic and physical aids. During a short stay here, the patient and their family/carers learn how to utilise the equipment before it is installed in their own home. This ensures a safe discharge with the result that re-admission much less likely.

The facility offers a huge amount of potential learning for us when we are considering the future of our community hospitals.

Chief Officer Development Session

I have missed the previous three of these sessions which are usually held in Glasgow, this one was in Stirling. They are always very useful and informative but time and pressures often get in the way.

The main aims of the session were:

- To engage and influence Scottish Government as they develop the *future vision* for health and social care in Scotland;
- Forward plan to develop *what's next* for Health and Social Care Scotland as we position ourselves as a movement (through the lens of the Integration Review proposals).

The main discussion was on how the CO group could influence on future of health and social care, which mirrors the conversation the IJB held at the Dryburgh Development Session.

What was of peculiar interest, were the following national priorities that colleagues from Scottish Government shared with us.

- Ensure sustainable and safe local services.
- View the NHS as a service delivered predominantly in local communities rather in hospitals.
- Preventative, anticipatory care rather than reactive management.

- Galvanise the whole system (integrate the NHS – hospitals, general practice teams, social care providers, patients and their carers).
- Become a modern NHS – use technology to improve the standard and speed of care.
- Develop new skills to support local services – generalists as well as specialists, nurses, AHPs, doctors.
- Develop options for change with people, not for them

Taken from “Building a health service fit for the future”

(I will leave you to determine which year these priorities were published)

GP Executive Committee

GP sub-committee have appointed an executive group to lead on their work with the NHS Board and the IJB, with the inaugural meeting on 13 June 2019. The membership is Dr Kevin Buchan (Chair), Dr Tim Young, Dr Angus McVean, Dr Kirsty Robinson, Rob McCulloch-Graham, Kenny Mitchell, Zena Trendell and Sandra Pratt.

In particular this group will lead on behalf of the Border’s GPs in the delivery of the Primary Care Improvement Plan. Our first meeting with the executive is tomorrow, and there is already a revised PCIP to be considered. I now very much look forward to an increase in pace for our joint improvement plan.

Older Person’s Pathway Facilitated Session

Following the Dryburgh Development Session, we supported a further workshop, this time lead by our clinicians. The work examined the number of pathways that are taken by our frail elderly community when they require a health engagement.

The session was very well planned and executed, and has won the support of a range of service providers across a wide range of professions.

It is important and reassuring to note that the outcomes matched those from Dryburgh, it was essential however to ensure the engagement and support of our clinicians was secured. A number of them are now leading on further workstreams within the Health and Social Care agenda.

October Healthy Lives Week

Just a quick heads up that we intend to run another Healthy Lives Week in October following our successful week last year. We are hoping this year will be even bigger and we will be working with our colleagues in Public Health as well as the full range of services within the partnership. More information will be forthcoming.

Community Hospital Inspections

We had an announced inspection of all our Community Hospitals by Health Improvement Scotland (HIS) on 21 and 22 May 2019. There was then a feedback session held on 23 May and I am very pleased to inform you that we received very positive preliminary feedback and outcomes from the inspectors. We expect a finalised report of the findings and recommendations to be available in July 2019.

NHS Scotland Event – Dundee Discharge Model

I have to say I was very, very, impressed with this new model of discharge care that has been operating in Dundee now for about 8 months. I have yet to see the financials around the model to see if it is affordable, but it remains hugely impressive with regards to the outcomes for the people going through the service.

In short, the programme targets patients whilst they are in an acute setting, who have been allocated a residential care placement as their destination after discharge.

The programme recruits these patients and their families/carers to try three weeks at home before entry to their care home. During those three weeks they are provided with 24/7 care, and the workers are trained to introduce, medicine control, physical and electronic aids, and the provision of ongoing home care. The staff are skilled at bringing back confidence that these patients and families may have lost. The staggering figure is that of these patients 50% stay at home, not needing a care home placement.

The videos and case studies were extremely moving where these patients who would have lost their homes, are now back with loved ones, families, friends and pets.