

Scottish Borders Health & Social Care Integration Joint Board



Meeting Date: Wednesday 19 August 2020

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STRATEGIC IMPLEMENTATION PLAN & PRIORITIES

Purpose of Report:	To formally progress the IJB Strategic Implementation Plan, in light of lessons learned from the service response to the Covid-19 Pandemic
Recommendations:	<p>The Health & Social Care Integration Joint Board are asked to:</p> <ol style="list-style-type: none"> a) <u>Agree</u> the revised priorities for the IJB in light of lessons learned from experiences within services in their response to the pandemic. b) <u>Note</u> the changes to the decision making and governance structures within the Health and Social Care Partnership.
Personnel:	There are no specific staffing implications within the agreements sought within this paper.
Carers:	The response to and support of carers within the Borders will be strengthened within the changes to the implementation of the IJB Strategy, which the Board is asked to note.
Equalities:	An EQIA is not required for these changes however as the implementation of the plan progresses there will most likely be such a requirement for various aspects within the work streams outlined within the paper.
Financial:	There are no additional financial details requiring agreement within this paper, however as the implementation of the plan progresses further financial decisions will be required, and appropriate papers will be brought to the Board.
Legal:	There are no additional legal details requiring agreement within this paper, however as the implementation of the plan progresses further legal issues will need to be considered, and appropriate papers will be brought to the Board.
Risk Implications:	None of the issues discussed within this paper alter the existing risk register for the IJB.

1 Introduction

- 1.1 The purpose of the Integration Joint Board (IJB) Development Session held on Wednesday 24 June 2020 was to:
1. Look back at a number of the key decisions made by IJB over the last 12 months.
 2. Reflect on the operational impact that Covid-19 has had on the Partnership.
 3. Use the lessons learned from the Covid-19 response to inform our priorities going forward.
- 1.2 In regard to looking back (1), topics covered at the development session were:
- The Strategic Implementation Plan (SIP) 2019-2024, including the governance arrangements and the areas of work to be undertaken.
 - Demand modelling work, demographic change and our whole-system bed requirement.
 - The Discharge Programme funding model covering the funding requirements for Home First, Waverley, Garden View, Matching Unit and Strata.
- 1.3 In regard to (2), the operational impact of Covid-19, topics covered included:
- Impact of social distancing measures on waiting areas, bed capacity, care home operations.
 - Impact of PPE and shielding requirements.
 - Impact of testing and screening.
 - Impact of a number of staff working from home.
 - Impact on financial plans including the ability to deliver planned financial savings / service transformation (both positively & negatively).
- 1.4 In regard to (3), lessons-learned, discussion highlighted that during Covid-19 we had collectively:
- Worked in an agile way, reviewing service change quickly and adapting this quickly to meet demand and to deliver improved outcomes.
 - Utilised staff, volunteers and technology in a flexible, joined up way.
 - Been able accelerate the implementation of some planned service transformation
- 1.5 Discussion turned to how the lessons-learned could be used to inform our on-going execution of the Strategic Implementation Plan. The discussion sought to ensure that the priorities and timescales in the plan reflect the post Covid-19 landscape that that the control and governance arrangements for the SIP are effective.
- 1.6 The remainder of this paper uses the output from the development session to propose changes to our SIP priorities and SIP governance.

2 SIP Priorities

- 2.1 The SIP is a vehicle to deliver the three objectives within the [IJB Strategic Plan](#). The 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.

- 2.2 The drivers that influenced the creation of the strategic objectives and the subsequent SIP still remain, but the SIP needs updating as a result of the Covid-19 pandemic, prioritising work to meet both short and longer term requirements. Discussion at the development session suggests that the focus should be on work to deliver the following priority areas:
- a) Reduction in unnecessary admissions and the length of stay within all hospitals; and a reduction in the number of delayed hospital discharges.
 - b) Re-commissioning of hospital beds, residential care places and home care provision. (*To achieve better outcomes and improve service sustainability, both workforce and financial, for SIP delivery and to achieve a reduction in hospital beds to meet care demand.*)
 - c) Further development of Locality operations, incorporating services from across health and social care, in conjunction with other public sector, and third sector services and organisations.
 - d) Redesign of our Primary Care provision by creating Multi-disciplinary Teams (MDTs) that operate within our localities and respond to our Primary Care Improvement Plan (PCIP).
 - e) Ensuring that our workforce is prepared for both the immediate and longer term future, in terms of training, skill-base and flexible deployment.
 - f) Further development and expansion of Intermediate Care (Step Up / Step Down care, Respite and Reablement provision)
 - g) Expanded use of technology in the delivery of care and health services, in the support of communication with communities and within internal communications, administrative support, and the sharing of data.
 - h) Further development of our work with carer services and support agencies to enable them to access assistance and resources that support them in their crucial role within the partnership.
 - i) Increase our focus on addressing improvements in population health and reducing health inequalities, particularly in light of the impact of Covid-19.

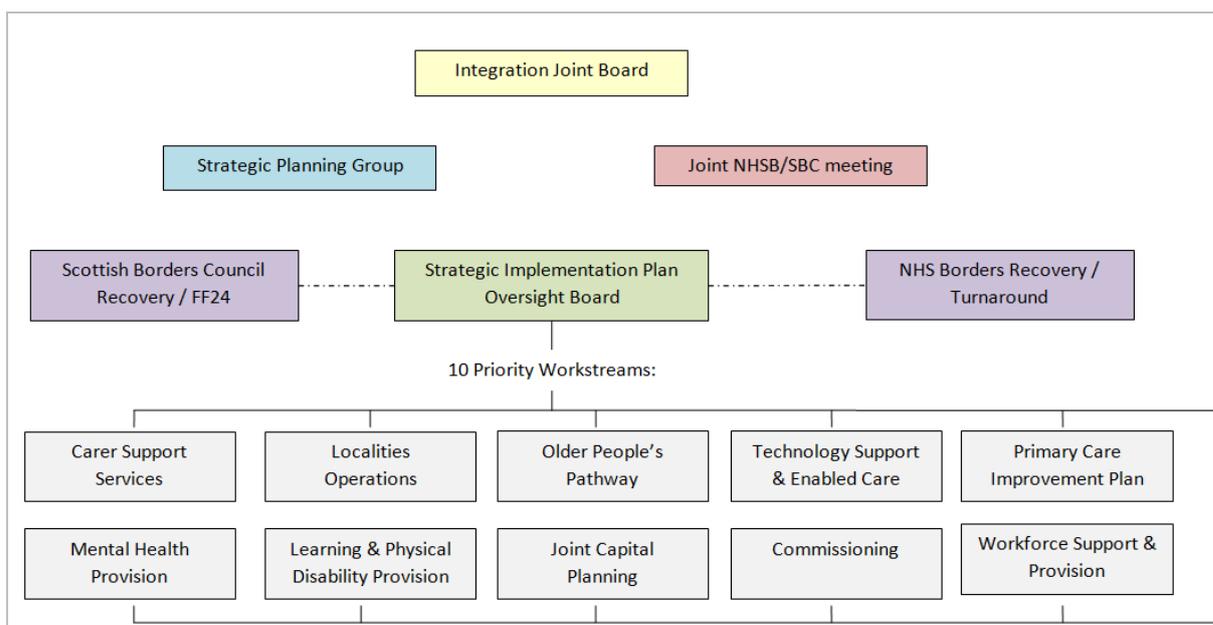
3 SIP Governance

- 3.1 The SIP published in September 2019, outlined a comprehensive governance and decision making arrangement which included all stakeholders, and explained the required routes for decision making. The structure served its purpose at that time within the partnership, which required shared ownership throughout, providing full transparency across all parties.
- 3.2 The Covid-19 pandemic has changed these governance requirements. Our Covid-19 response highlights that the pandemic required a rapid and shared response, and necessarily the governance was replaced by new joint groups and new staff teams operating across different employers, in different venues with many new clients with new needs. Decision making groups were disbanded, new ones formed, disbanded and reformed again. Authority was delegated, and new local operations rapidly put in place. Communities themselves were mobilised, new provision and services created overnight in some cases, and a new relationship with the citizens of the Borders began to be realised.
- 3.3 Although we have yet to exit the pandemic, the above has served us well to date, and avoided fears of overflowing hospitals, and an inability to provide care and support for those affected. Pandemic aside, the lessons-learned from the Covid-19 response need to be applied to how we plan and deliver services, how we build relationships, and how we utilise the collective resource we have. This will become increasingly important when coupled with even more health and social care financial and economic pressures.

- 3.4 Our SIP therefore needs more agile governance, built on trust between agencies, in a shared endeavour between us all, with a willingness to accept risk, learn from mistakes, and continually adapt together. With this in mind the proposed new governance is significantly stripped down, and has a greater reliance on the delegation of responsibility.
- 3.5 The intention for the SIP Oversight Board is to debate and agree proposals jointly; ensuring IJB, NHSB and SBC concerns are fully addressed and considered before proposals ultimately progress to the IJB where they require Board approval. Where appropriate, agreements and proposals from the SIP Overview Board will be discussed within the joint NHSB/SBC leadership group which has been meeting since the beginning of the Covid 19 Pandemic, and with the Strategic Planning Group of the IJB, ahead of the IJB itself.
- 3.6 In so doing this new governance structure will facilitate joint decision making with all parties present and represented.
- 3.7 The new culture developed through the experience of the Pandemic, should now support truly joint decision making.

4 SIP Governance Structure Proposal

4.1



- 4.2 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. In doing so it will also ensure 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.
- 4.3 The role of the SIP Oversight Board is to lead on the delivery of the SIP, to oversee and coordinate the agreed work identified within the SIP and to hold the individual work streams accountable for the delivery of their agreed objectives. This will require work across the whole of the Health and Social Care Partnership. In line with the lessons on agile decision making and culture learnt during the COVID-19 response it should also necessarily be dynamic and responsive and we should expect this to change and adapt as required over the lifetime of the work.

- 4.4 As the membership and content of the work streams change over time these will be agreed by the SIP Oversight Board, in line with partnership governance.

5 SIP Oversight Board Membership

- 5.1 The initial membership of the SIP Oversight Board is proposed as follows:-

Rob McCulloch-Graham (Chair)	Chief Officer Health & Social Care
June Smyth	Director of Strategic Change & Performance
Clair Hepburn	Service Director HR & Communications
Nicky Berry	Director of Nursing, Midwifery & Acute Services
Lynn McCallum	Consultant Acute Medicine / Medical Director
Jen Holland	Chief Operating Officer- Adult Social Work & Social Care
Stuart Easingwood	Chief Social Work & Public Protection Officer
Chris Myers	General Manager Primary and Community Services
Simon Burt	General Manager Mental Health & Learning Disability Services
Gareth Clinkscale	Associate Director of Acute Services
Keith Allan	Associate Director of Public Health
In attendance:	
Graeme McMurdo	Programme Manager, Business Change & Improvement
Sonia Borthwick	Project Change Manager

- 5.2 Each member's support and assurance will come from both their own management and governance teams as well as additional sources, both internal and external to agencies.
- 5.3 A number of workstreams / project groups and reference groups are already in operation. The proposal is that they will reform within the above governance structure, taking on the role of one of the workstreams. It is expected that leads for each work stream may also sit on the oversight board. Where this is the case it is recognised that they will be held accountable by the oversight board for the delivery of their work stream objectives, while also participating in the decisions and discussions of the overall programme.
- 5.4 Specialist input, from colleagues who are not standing members, will be required within the SIP Oversight Board and within each of the priority workstreams. It is proposed that specialist input is added as and when required in order to support the decision making process.
- 5.5 To keep the momentum of change, it may be necessary for members to identify deputies or substitutes to act on their behalf when they are unable to attend. Should this be the case, members should empower those acting on their behalf to hold their delegated decision making authority.
- 5.6 It will be the responsibility of the SIP Delivery Board, based on the work of its associated workstreams, to provide the detail for individual "Directions" that may be required to be developed and recommended to the Strategic Planning Group of the IJB and ultimately to the

IJB itself, for implementation across the partnership.

6 Workstreams

6.1 The number and range of priority workstreams will develop as we progress and as the drivers for change adapt to influences such as the Covid-19 pandemic and demographics. At present the workstreams have been identified from the priorities outlined under Item 2:

Priority workstream	Description
Carer Support Services	The partnership has always recognised the essential work of carers, and even more so through the Covid-19 pandemic. It is a precarious resource that requires support.
Locality Operations	Early intervention, prevention, 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. <i>(Prof. John Bolton Older People's Pathway 0)</i>
Older People's Pathway	Patient flow, including; Older Persons Assessment Area (admission avoidance), quicker discharge processes, Trusted Assessor models, new intermediate care and reablement services <i>(Prof. John Bolton Older People's Pathway 1,2 and 3)</i>
Technology	Technology support across health and care provision, workforce enablement, administration, processes and the sharing of information across the partnership.
Primary Care Improvement Plan	Supporting the introduction of the new GMS contract, and the development of community health services.
Mental Health Provision	For adults and children, including the Dementia Care Strategy and Autism Strategy
Learning & Physical Disability Provision	To support the recovery from the pandemic and "re-imagine" the service provision for both Learning Disability and Mental Health Cohorts
Joint Capital Planning	Including Primary Care capital strategy, new intermediate care and care provision and overarching joint Capital Plan for the Borders Public Sector.
Commissioning of Services	Reviewing, planning and contracting
Workforce support and provision	New skills, new operations, new equipment and processes

6.3 The work of the SIP Oversight Board, will necessarily be dynamic, and constantly change and adapt. The number, nature and content of the work streams will also change as the priorities evolve. For the present however, these terms of reference outlined here are deemed appropriate for the Oversight Board at this time.

6.4 The terms of reference and membership for some work streams are already in place, and others require development. These along with the agreed project objectives and outcomes will be agreed by the Oversight Board in line with partnership governance.

6.5 The delivery of this work will require effective partnership across a multitude of staff teams and services within a range of different employers. Close working arrangements will continue within the Joint Staff Forum and representative staff bodies within both Borders Council and NHS Borders will be appropriately involved with individual work streams in line with the standards for

staff engagement and involvement set out by the NHS and SBC.

- 6.6 The successful delivery of this work will also require appropriate public, patient and client engagement and this will be incorporated in line with the relevant Public engagement standards for both the NHS and SBC.

7 Next Steps

- 7.1 The SIP Oversight Board will now commence work as a matter of urgency. The immediate next steps will include:

Action	Timescale
Finalisation of SIP Oversight board TOR	End Aug 2020
Development and agreement of individual workstreams TOR	Sept 2020
Development of workstream PIDs / Key Deliverables	Oct 2020
Overall SIP work plan to end of March 2021 (including key decision points)	Oct 2020
Updating of high level financial framework to support SIP delivery	Nov 2020