

*Scottish Borders Health & Social Care
Integration Joint Board Audit Committee*



Meeting Date: 14 March 2022

Report By:	Chris Myers, Chief Officer
Contact:	Hayley Jacks
Telephone:	Via Microsoft Teams
SUMMARY OF SCOTTISH BORDERS HSCP STRATEGIC COMMISSIONING PLAN OUTCOMES AUDIT	
Purpose of Report:	To provide the Health & Social Care Integration Joint Board Audit Committee with an update on the current audit of the Strategic Commissioning Plan and its Objective outcomes.
Recommendations:	<p>The Health & Social Care Integration Joint Board Audit Committee is asked to:</p> <ul style="list-style-type: none"> a) Note the work undertaken on the SCP audit and the findings as detailed in the below report appendices. b) Recommend to the IJB that the IJB prioritises its focus on Commissioning in 2022/23 on the outcomes actions in amber and red status, in line with its obligation under the integration delivery principles and the national health and wellbeing outcomes.
Personnel:	Any impact on personnel will be as mentioned in the detail of Appendix A.
Carers:	N/A
Equalities:	This was considered under the HIIA for the development of the Strategic Commissioning Plan.
Financial:	The financial consequences of the outstanding areas will be worked through by the Chief Financial Officer to ensure affordability and continued value for money of the associated directions.
Legal:	Compliant with the Public Bodies (Joint Working) Act 2014.
Risk Implications:	There is a risk that the IJB is not able to effectively commission the outstanding areas of the Strategic Commissioning Plan.



Borders HSCP Strategic Commissioning Plan review

Background

In order to fulfil the Scottish Borders IJB's duty in line with section 37 of the Public Bodies Act, we have conducted a high level review of the current Strategic Commissioning Plan (*Appendix A*).

The outcome lead delivery bodies were asked to provide an update on the following areas across the Strategic Commissioning Plan's three objectives:

- Overall RAG status
- Progress against desired outcome as of February 2022
- Outcome key risks
- Outcome controls/actions
- Major strategies and/or programmes that the outcome relates to
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Summary

Below is a breakdown of the current RAG status against the three SCP objectives as detailed in *Appendix A*:

	Objective 1		Objective 2		Objective 3		Overall	
Score	No	%	No	%	No	%	No	%
Red	2	10	0	0	3	9	5	8
Amber	9	45	5	50	13	41	27	44
Green	7	35	3	30	13	41	23	37
Blanks	2	10	2	20	3	9	7	11
Total	20	100	10	100	32	100	62	100

Those outcomes with a red, amber or blank status will be followed up and reported to the IJB in its next meeting.

Appendix A - Borders HSCP Strategic Commissioning Plan audit document

No.	RAG	Action	Objective 1	Objective 2	Objective 3
1		A review has been completed by Professor Anne Hendry regarding the existing model for community hospital and day hospital provision in the Borders. Work is now being progressed to link this with previous work undertaken by John Bolton to under a modernisation programme for the delivery of primary and community health care models. This forms part of the Primary Care Improvement Plan (PCIP) and is currently being drafted. This is a three year plan from 2018/19 to 2020/21. (Transformation Programme)			X
2		The Cluster Leads is concluded, as we have to have cluster leads as part of the new contract. This is directly linked to the new GMS Contract. It forms part of the Primary Care Improvement Plan (PCIP) and is currently being drafted. This is a three year plan from 2018/19 to 2020/21. (Integrated Care Fund)	X	X	X
3		The Distress Brief Intervention Service has now been commissioned and commenced a role out in October 2017. (Integrated Care Fund)			X
4		We are building on the work and expanding the Community Capacity Building Team (CCB) and have introduced community link workers from April 2018 to support people to access alternatives to statutory services. This is being piloted in the Central and Berwickshire areas. (Integrated Care Fund)	X		X
5		We will continue to commission the Borders Carers Centre to undertake all carers' assessments. (Core Funding Investment)			X
6		We will continue to review the standard of our health centres as part of the Primary Care Modernisation Programme. This is directly linked to the new GMS Contract. It forms part of the Primary Care Improvement Plan (PCIP) and is currently being drafted. This is a three year plan from 2018/19 to 2020/21. (Core Fund Investment)	X	X	X

7		We will deliver on our partnership information our Integrated Transformation and Integrated Care Fund programmes. (Transformation Programme) (Integrated Care Fund)	x	x	x
8		We will develop 'step-up' facilities to prevent hospital admissions and increase opportunities for short-term placements. (Integrated Care Fund)			x
9		We will develop Local Area Coordination (LAC) for adults and older people.	x		x
10		We will extend the scope of the Matching Unit to source care and respite care at home to meet assessed need. (Integrated Care Fund)	x		x
11		We will increase the provision of Housing with Care and Extra Care Housing. (Core Fund Investment)	x		x
12		We will support a range of models of Discharge to Assess in order to reduce delays to hospital discharge for adults who are medically fit for discharge and have not yet regained sufficiently to live independently at home. The models we are currently support includes: (a) Craw Wood Discharge to Assess residential facility for up to 15 adults. (b) Berwickshire Hospital to Home Pilot Project. (c) Hawick Hospital to Home Pilot Project. (d) Central Discharge to Asses at Home Project. (Integrated Care Fund)			x
13		We will support Transitional Care as a model of service delivery for people over the age of 50 who no longer require in-patient care but who do require up to six weeks rehabilitation outside of a hospital environment in order to regain and retain maximum levels of independence in their own home. (Integrated Care Fund)			x
14		After an analysis of demand the additional funding was utilised to recruit two part-time Local Area Co-ordinators and two part-time Community Link Workers. This has enabled an improved geographical spread for the Local Area Coordination Service in mental health across the Borders.(Core Funding Investment)	x		x

15		Pharmacy teams are taking on new responsibilities within GP surgeries in line with the new GMS contract pharmacotherapy service. This includes case management, supporting long term conditions (particularly respiratory disease and diabetes), care homes and polypharmacy reviews. The work should help prevent medication-related admissions and improve the quality of disease management.	x		x
16		We will continue to deliver Post Diagnostic Support to a higher proportion of people with dementia. In the last year the NHS Mental Health Older Adult service has moved from paper to electronic records (EMIS) affording the opportunity for revision of our Post Diagnostic Support pathway which is under way. At beginning of May 2018 a revised recording template will be implemented to provide a live and interactive template for each person with a diagnosis of dementia and will allow direct national reporting and local audits to be conducted which will result in improved PDS going forward. (Core Funding Investment)	x	x	x
17		We will continue to increase the number of people assessed for all Self Directed Support options. (Core Funding Investment)			x
18		We will demonstrate best value in the commissioning and delivery of health and social care. (Transformation Programme) (Integrated Care Fund) (Core Funding Investment)	x	x	x
19		We will design and implement cost-effective alternatives to traditional, costly models of care. (Transformation Programme) (Integrated Care Fund) (Core Funding Investment)	x	x	x
20		We will develop integrated locality management. (Core Funding Investment)			x
21		We will increase the use of telecare and telehealthcare. (Transformation Programme)	x		x
22		We will invest in and realign resources to deliver our strategic priorities and disinvest from services not required. (Transformation Programme) (Integrated Care Fund) (Core Funding Investment)	x	x	x

23		We will redesign day services with a focus on early intervention and prevention. (Transformation Programme)	x		x
24		We will redesign the way care at home services are delivered to ensure a re-ablement approach. (Transformation Programme)			x
25		We will shift resources from acute health and social care to community settings. (Transformation Programme) (Integrated Care Fund)	x	x	x
26		What Matters Hubs are now operational in all five Scottish Borders Localities, with additional less frequent more rural satellite hubs being considered for future development. (Integrated Care Fund)			x
27		A clinical technician is in place to support medicines management at discharge and an ICF project (using a project manager and pharmacy technician) is testing pharmacy input to patients receiving care packages. A change in the way pharmacy services are provided to the wards is speeding up the discharge process by helping to ensure medicines are ready in advance and increasing patient contact to discuss medicine issues. Medicine reviews of patients on certain medicines known to cause acute kidney injury was set up two years ago (Sick Day Rules). This has been shown in another Board to reduce admissions. We will continue to promote this service.			x
28		Increased funding for pharmacy services through the Primary Care Transformation Fund is support and increase in capacity within GP surgeries. The ICF project will free up capacity within community pharmacies by reducing carer's reliance on medicines compliance aids (MCAs), which are timely to prepare and provide a safer system to support medicines management by carers. We continue to develop the role of the community pharmacist to improve health and wellbeing, reduce admissions and demand for other services, e.g. BECS through Pharmacy First, medicines review, carer support and using quality improvement techniques. (Integrated Care Fund)			x

29		We continue to develop the role of the community pharmacist to improve health and wellbeing, reduce admissions and demand for other services, eg. BECS through Pharmacy First, medicines review, carer support and using quality improvement techniques.	x		
30		We will plan and deliver health and social care services by locality area, using the Buurtzorg model of care. (Integrated Care Fund) (Transformation Programme)	x		x
31		The pilot phase of the Transforming Care after Treatment Programme is complete. It will continue in Tweeddale and a rollout to the rest of the Borders is commencing with Eildon. (Other External Funding)			x
32		We will continue to increase appropriate GP referrals for people with dementia. Over the last year primary care colleagues have been alerted to the importance of referrals of people with a suspected diagnosis of dementia through a variety of means. Including at the November Medical Education session and a data cleansing process matching diagnoses known in mental health with the primary care dementia register. (Core Funding Investment)	x	x	x
33		We will deliver our three year Workforce Plan. (Core Funding Investment)	x	x	x