Scottish Borders Health and Social Care Partnership
Integration Joint Board

Scottish Borders
Health and Social Care
PARTNERSHIP

15 November 2023

Health and Social Care Partnership Delivery Report

Report by Chris Myers, Chief Officer

1. PURPOSE AND SUMMARY

1.1. The Integration Joint Board are asked to note the overview of the Health and Social Care Partnership delivery against its Strategic Framework and Annual Delivery Plan, and against the implementation of approved directions.

1.2. This report replaces the former Directions Tracker and the Chief Officer reports, and is intended to give Integration Joint Board members, and members of the public an overview of some of the progress being made in the Scottish Borders to provide more seamless care, and deliver against our Health and Social Care Strategic Framework 2023-26 and associated Annual Delivery Plan.

1.3. Overall, good progress is being made in relation to the implementation of both the Annual Delivery Plan, and the Directions issued by the Integration Joint Board. Of the Directions issued, 6 are complete, 12 are progressing to plan, 1 is delayed, and 3 areas have been highlighted as having significant delivery challenges. The Integration Joint Board agreed to defer one of these areas in their September 2023 meeting (Palliative Care review).

2. RECOMMENDATIONS

2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-**

a) Note the contents of the Health and Social Care Partnership Delivery Report.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our effectiveness and thinking differently to meet need with less	Reducing poverty and inequalities
x	x	x	x	x	x

Alignment to our ways of working					
People at the heart of	Good agile teamwork and ways of working	Delivering quality, sustainable,	Dignity and respect	Care and compassion	Inclusive co-productive and fair with

everything we do	– Team Borders approach	seamless services			openness, honesty and responsibility
x	x	x	x	x	x

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required.

5. BACKGROUND

5.1. This is a monitoring report to support the effective functioning and performance oversight of the IJB, and the implementation of our strategic objectives.

5.2. This report now includes narrative on progress on integration in line with the Health and Social Care Partnership's Annual Delivery Plan, in addition to the information that would have been contained within previous IJB Directions Tracker reports, and historical Chief Officer reports.

5.3. This report is intended to increase awareness for IJB Members and the public on the breadth of work and added value that is being undertaken by the Health and Social Care Partnership to deliver against our Strategic Framework, develop integration locally, and improve outcomes.

6. HIGHLIGHTS RELATING TO INTEGRATION WORKSTREAMS WITHIN THE ANNUAL DELIVERY PLAN

Development of a Health and Social Care Partnership Carers Plan:

6.1. The creation of the Carers Workstream in 2021 (made up of Carers, Carer representatives, Health and Social work representatives and third sector colleagues), has promoted a forum for unpaid Carers to have their voice heard and influence service design and delivery. The workstream along with the Carers' needs assessment survey in 2022 has supported the Council to understand priorities for Carers. A Carers Strategy and Implementation Plan is currently being developed, which has been co-produced alongside Carers and members of the workstream. The draft strategy's vision is: "Carers will be supported to easily access flexible support, advice and information to best meet their outcomes and those of the person they look after."

6.2. This reflects the views of Carers who have consistently stated that they are best supported by services which aim to get care for the cared for person right, as reflected in our strategic objective. Consultations with Carers have demonstrated that respite is key to Carers being able to continue in their caring role, and a range of opportunities are being progressed to enable Carers to have a short break.

6.3. The Borders Carers Centre and Chimes are commissioned to undertake work on Carers and Young Carer support plans. To date, 207 Carers are in receipt of a Carers Act budget to support their right to a break from their caring role. Funding has also been secured by way of Carers Act monies to commission four high dependency rooms in care homes for respite usage through the independent sector. While there are several services already in place through the Royal Voluntary Service and Local Area Coordination teams, consultation work undertaken through the Workstream's Needs Assessment and NDTi support the view that Carers of people with complex needs lack appropriate services that can support positive outcomes for those they look after.

6.4. Work is ongoing to enable Carers to have a break whilst the person they look after is receiving the right support.

Review of day support in Teviot and Liddesdale:

6.5. Following a Direction from the Integration Joint Board, a Task and Finish Group established consisting of partners from across the Health and Social Care Partnership and carer representatives was established. This group have undertaken engagement, consultation and an Equality and Human Rights Impact Assessment.

6.6. The needs in the locality have been identified and the IJB has given direction to commission a service provider (Scottish Borders Council Adult Social Care). A site has been identified to host the Day Service in Hawick (Hawick Community Hospital). Care Inspectorate registration has been submitted and staff are being recruited to.

6.7. In Newcastleton, it was evident that the community did not feel that a day service was required. Engagement with the Newcastleton Community Trust showed that instead support is needed in this community to allow those with personal care requirements to attend community activities.

6.8. It is expected that the Hawick and Newcastleton supports will open early in 2024.

Review of day support in Eildon:

6.9. Following a Direction from the Integration Joint Board, a Task and Finish Group established consisting of partners from across the Health and Social Care Partnership and carer representatives has been established. A stage 1 Equality and Human Rights Impact Assessment has been completed, and the stage 2 assessment is in development.

6.10. Engagement has commenced with a survey based on the questions used in Teviot and Liddesdale, and information on these sessions have been distributed to relevant networks, issued via the press, and posted on social media. Six drop in engagement events were held in October. Events held in Lauder, Earlston, Stow, Galashiels, Newtown St Boswells and Selkirk.

6.11. We currently have 38 responses to the survey, however plan to review our approach to ensure that we increase uptake.

Development of Community Integration Groups:

6.12. Work is being led by the Public Health Team, Communications colleagues and the Scottish Borders Council Resilient Communities team to progress the development of Community Integration Groups. As agreed in the Integration Joint Board's Ministerial Steering Group development session, these groups will focus on reducing poverty and inequalities, early intervention and prevention, and on promoting seamless service delivery in partnership with our communities.

Development of Healthcare Inequalities Strategy

6.13. Health Inequalities are systematic differences in people's health that are thought to be avoidable and unjust and can be seen as differences in health status, outcomes and mortality as well as access to and the experience of services. The Public Health team has reviewed available health inequalities data to assess the scale of the challenge and is developing a strategy that will bring together this information and highlight how we can tackle the underlying causes across partner organisations. Importantly, addressing health inequalities is an item on the agenda for

the Integration Joint Board and the Community Planning Partnership (under theme 3) which also provides us with an opportunity to involve partners in developing this work.

6.14. The next steps include engagement with staff groups and third sector organisations in the Borders; influencing the actions of partners and multi-agency groups to take a health inequalities approach; and, developing a dataset to report on progress and monitor outcome measures.

Primary Care Improvement Plan Demonstrator bid:

6.15. Further to previous consideration of the Primary Care Improvement Plan at the Integration Joint Board, and the associated challenges relating to the national funding allocated to resource the plan, the Scottish Government has now offered all Health and Social Care Partnerships the opportunity to bid for funding to become one of three multidisciplinary team demonstrator sites, with associated funding. A bid submission has been made to the Scottish Government, and this is currently being considered through the national consideration and selection process.

Vaccination of Care Home and Health and Social Care staff

6.16. For maximum protection over the winter months the 2023/24 Winter programme has an increased focus on protecting those most at risk from catching flu and COVID-19. This led to changes to the programme including the scheduling of cohort groups.

- Care Homes vaccinations were bought forward to 4 September and completed within two weeks.
- All health care staff and patient facing social care workers are eligible for the flu vaccine.
- The COVID-19 booster is available to frontline health care staff.
- National uptake aspiration is 45% Social Care workers and 60% for Health Care staff with overall Health and Social care workers being 50%. The Joint Executive Team have agreed a 75% uptake for NHS Borders.
- In September, HCSW vaccinations were offered at community clinics and care home venues. These will resume throughout November and early December.
- A three-week campaign ran from 25 September at the BGH campus. During this time approximately 1000 staff members were vaccinated.
- Staff vaccinations continue to be promoted with regular staff updates, which are shared with Scottish Borders Council. Dates are also advertised on NHS Borders micro-site.

Figures to date:

	COVID 19		**Flu**	
Cohort	NHS Borders %	Scotland %	NHS Borders %	Scotland %
Care Home Residents	90.1%	78.4%	90.4%	79.2%
Frontline NHS Health Care Workers	31.3%	23.1%		
All NHS Health Care Workers			37%	21.9%

N.B: Health care figures are taken from local data source, up to 31st October 2023

6.17. Unfortunately social care staff data are not available for this report, as this is with the Scottish Social Services Council for review.

6.18. National data for the health and social workers is skewed due to this eligibility cohort being removed from the Vaccine Management Tool (VMT) however, national guidance is that figures for social care workers will become available in the forthcoming weeks. The vaccination service is working with the national team in relation to the health care figures, which are suspected to be under reported in national data.

Review of Care Home Support Teams

6.19. A Nurse Consultant has been procured on a consultancy basis for 3 months to review the nursing model of care provided by the Care Home Support Team, along with the Community Care Reviewing Team (CCRT) and the Care and Community Hospital Assessment Team (CHAT) (mental health). The review will consider the best approach to support care homes and their residents across the Scottish Borders from a health and social care perspective and will consider a strengthened integrated approach across health and social care.

6.20. It is expected that this will improved health and social care outcomes for residents in residential/nursing care homes, reduce adult protection referrals, improve care, and reduced Large Scale Investigations. Promoting more seamless care with right service for right person at right time reducing duplication and be financially viable. The final report is due January 2024 with associated recommendations/actions – implementation plan will be derived thereafter with associated timeline.

Review of the Local Area Coordination Service

6.21. An external review of the Local Area Coordination Service has been undertaken to ensure that the service aligns to best practice nationally and internationally, and to our Health and Social Care Strategic Framework within the financial envelope that is available. The review is currently concluding and it is expected that this will be reviewed by the Health and Social Care Partnership Joint Executive Team, and the Integration Joint Board for decision.

A Joint Health and Care Record – a test of change

6.22. This project will implement a Joint Health and Care record across the Health and Social Care Partnership through the Intersystems Healthshare platform. It is expected to deliver efficiencies across all services that consume or use data held in applications from across the organisational boundary, reducing duplicated effort and the time taken to action cases and therefore support improved outcomes for patients and service users.

6.23. At the highest level, the project will deliver the ability to surface an agreed set of 'in-context' health data to Social Workers using Mosaic and likewise, surface social work / care data to Health Staff using TrakCare and Emis Community Web. It will also improve access to data within NHS Borders across a number of existing systems. Current manual processes that require a mix of multiple computers, multiple log-ons, and multiple network connections will be streamlined to allow access to relevant data directly within each worker's system of record.

6.24. This project is intended to be a first step on the delivery journey of the vision that was laid out within the Health and Social Care Partnership Digitally Enabled Care Strategy. It will start to address one of the key gaps identified in the Outline Business Case for Digitally Enabled Care, produced in 2022 through a collaborative effort across the Health and Social Care Partnership, with CGI.

6.25. A poll of health and care staff undertaken earlier this year suggested that individuals spend between 20 and 40 minutes on average per day trying to get additional information about patients and service users from applications and colleagues across the organisational boundary. In some cases, this lack of direct access to information can lead to significant delays in being able to action cases which in turn, could impact on patient outcomes. By aiming to reduce these delays through better, quicker access to relevant information, the project aims to deliver measurable efficiencies to demonstrate the value of a digital joint record. Beyond this project, it is intended to revisit the case to expand this test of change project into a wider platform to aid

collaborative working, patient engagement, and eventually provide the ability for patients, service users and their representatives to access their own digital health and social care records.

6.26. The current plan will deliver the initial integration project over three phases, which are currently being discussed with the relevant vendors. There is an aspiration to deliver the first phase of the project within Q1 2024 though this is subject to vendors being able to support this timeline.

Digital Social Work pathfinder

6.27. The Social Work Pathfinder is a key priority in the Scottish Borders Council Digital Transformation Programme, and has been underway throughout 2023 and aims to transform the way in which Social Work Services are delivered. The pathfinder consists of 4 key strands –

- The Council Information Hub
- Process design and simplification/process reengineering
- Enterprise Mobility
- Data governance, maturity and culture

6.28. The pathfinder is a partnership project between Scottish Borders Council, CGI, Total Mobile and Itelligent i. The pathfinder aims to deliver the following benefits for staff, managers and the organisation, which in turn will provide a better service for our communities in the Scottish Borders. It is expected that the pathfinder will be complete in early 2024.

Winter resilience:

6.29. On behalf of the Health and Social Care Partnership, the NHS Borders and Scottish Borders Council Resilience teams are collaborating to host a Winter Readiness Tabletop Exercise on the 6th of December 2023. This exercise aims to bring together Health and Social Care staff to simulate their response to various challenging winter scenarios and by doing so enhance preparedness and coordination for the upcoming winter season. Following the exercise, participants will engage in a debriefing session and conduct a gap analysis to identify areas for improvement and strengthen our respective and joint winter plans, ultimately increasing their resilience in the face of winter challenges.

Integrated Risk Forum:

6.30. An Integrated Risk Forum was established during Summer 2023, meets monthly, and is attended by SBC's Chief Officer Audit & Risk, SBC's Corporate Risk Officer and NHSB's Risk Manager. The Forum enables its members to learn about the risk management arrangements in place within the two organisations, share best practice knowledge and expertise and undertake engagement

on key pieces of work such as reviewing and updating the IJB's Risk Management Policy Statement and Strategy. It is envisaged that the creation of this Forum and the close partnership working it enables will ultimately support and enhance the effective management of IJB Risks and the achievement of its Strategic Objectives.

Hospital Discharge Kaizen:

6.31. By applying a quality improvement approach, our teams explored current patients discharge pathways and final destinations to better understand our current systems. The National Discharge without Delay Programme (Urgent and Unscheduled Care) was the model used to ensure focus was on:

- A pathways based planning approach on each ward (in line with the Older People's Pathways agreed by the Integration Joint Board)
- Planning across Acute, Community Teams involving health, social work, social care and the third sector to support preparation for discharge
- Adopting "home first" principles:
    - Discharge planning starts in the community
    - Every older person should have the greatest opportunity to return to their own home
    - Decisions about future care needs should not be made when a patient is in crisis
    - Older people are not assessed for their future care needs in acute hospital, and;
    - Testing single point of access

6.32. The project (May-Aug 23) identified 9 deliverables which explored

- Clearly defining acute discharge pathways to support service modelling
- Patients are aligned to pathways depending on needs
- Whether our services are right sized and in the right place to timely meet the needs of people
- A whole system review was undertaken of all patients discharged from the BGH from April 2022 to March 2023 to better understand what services they accessed
- Gaps in current service delivery were identified
- Delays in patient's journeys were explored to have better understanding of why
- Set up of a new Discharge Team to support better discharge planning and flow

6.33. The information that has been collated, tested and explored during this 4-month period, will help to inform future service planning by aligning to the 2030 visioning

Integrated Reablement

6.34. The aim of this project is to integrate the NHS Home First Team with SBC Adult Social Care staff to create a Borders wide 7-day a week Reablement approach, the benefit of which is to reduce admissions, readmissions and care at home package sizes, and enables people to remain independent at home.

6.35. In 2017, the IJB commissioned discharge to assess, and reablement was originally identified as an area of service transformation for SBC in 2020. Following the formative evaluation of the discharge programme in 2021, discussions have been ongoing within the Health and Social Care Partnership around the potential to create an integrated Reablement service, with a Direction issued by the Integration Joint Board in September 2022 to develop a business case for an integrated Reablement service that will provide Reablement across the Borders. In order to identify the most appropriate model for integration of Home First and Adult Social Care, a high-level Options Appraisal has been carried out and presented to the HSCP Joint Executive Team, the outcome of which has been the agreement to pursue the opportunity to integrate the

existing services. The business case will be submitted to the Integration Joint Board in January 2024.

Whole Systems Operational Pressures Group review

6.36. At the end of September, a meeting was held to review our delayed discharge performance between Scottish Borders Health and Social Care Partnership staff, and representatives from COSLA, Scottish Government and Health and Social Care Scotland who are part of the national Whole System Operational Pressures Group. During the discussion, we outlined our work to date, local challenges, delayed discharge and surge plan, and oversight arrangements. As part of this discussion, we outlined the significant challenges that we face associated to rurality and workforce supply, with a relatively older population, lower workforce supply (45% working age compared to 65% nationally), the impacts of rurality on transport and travel times for staff. We noted the increased level of need and dependence that our communities and services are experiencing, and asked that our specific rural challenges were taken into consideration nationally.

6.37. The group were assured around our approach, joint working, plans and oversight, however like us, did note concerns around our level of performance at the time of the meeting at the end of September. Since the meeting, as planned and expected through our agreed Health and Social Care Partnership delayed discharge and surge plan, we continue to see a reduction in the number of people waiting for care.

7. IMPLEMENTATION OF DIRECTIONS

7.1. Overall, good progress is being made in relation to the implementation of the directions issued. 6 are complete, 12 are progressing to plan, 1 is delayed, and 3 areas have been highlighted as having significant delivery challenges. The Integration Joint Board agreed to defer one of these areas in their September 2023 meeting (Palliative Care review). Of the remaining 2 with significant delivery challenges:

- The first relates to the overall financial position for the Health and Social Care Partnership, including the financial overspend on delegated and set aside services in health services, which is being regularly reviewed by the IJB and the IJB Audit Committee jointly with both Finance teams across the Health and Social Care Partnership.

- The second relates to managing the Primary Care Improvement Plan within the available budget, which is being regularly reviewed by the IJB and the IJB Audit Committee, in partnership with NHS Borders. A PCIP Demonstrator bid was submitted to Scottish Government on 3 November 2023 to put the HSCP in a position to fully deliver the PCIP, with associated funding to help manage this risk.

7.2. The Directions Tracker in Appendix 1 contains detailed information on progress against the delivery of each Direction.

8. IMPACTS

Community Health and Wellbeing Outcomes

8.1. The intention of this report is to provide a focus for improvement of health services therefore should indirectly impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Increase
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Increase
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increase
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	Increase
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	Increase
7	People who use health and social care services are safe from harm.	Increase
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

Financial impacts

8.2. There are no costs directly associated with this report. Indicative costs to implement directions are highlighted where known. The Strategic Plan and Financial Plan directions set out the overall expected costs for the IJB.

Equality, Human Rights and Fairer Scotland Duty

8.3. An assessment against these duties is not required as this is a summary report and IIAs will be conducted as required for each item.

Legislative considerations

8.4. All relevant legislative considerations are included in each of the relevant IJB reports.

Climate Change and Sustainability

8.5. All relevant climate change and sustainability considerations are included in each of the relevant IJB reports.

Risk and Mitigations

8.6. All relevant risk considerations are included in each of the relevant IJB reports.

9. CONSULTATION

Communities consulted

9.1. Details of communities consulted are included in each of the relevant IJB reports.

Integration Joint Board Officers consulted

9.2. Not relevant.

Approved by: Chris Myers, Chief Officer

Author:
- John Barrow, Carers Support and Self Directed Support Lead
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- Chris Myers, Chief Officer
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Background Papers: Not applicable

Previous Minute Reference: Not applicable

For more information on this report, contact us at:
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Appendix 1: Directions tracker:

Ref	Date	Service	Purpose	Direction	Value £000s	Outcomes	Mar-23
SBIJB-151221-1	02/02/22	Workforce	Development of plan	Development of a HSCP Integrated Workforce Plan, including support of immediate workforce sustainability issues			complete
SBIJB-151221-2	02/02/22	Strategic Commissioning	Development of plan	Resource support for the development of the IJB's Strategic Commissioning Plan			complete
SBIJB-151221-3	02/02/22	Care Village Tweedbank and Care Home Hawick	Development of FBC	Development of Full Business Cases for Care Village in Tweedbank, and the scoping of Care Home Provision in Hawick to Outline Business Case		revised direction below	
SBIJB-020322-1	02/02/22	Millar House	Commissioning	Commissioning the Millar House Integrated Community Rehabilitation Service	£256k R	quality of care, LOS, costs	
SBIJB-150622-2	16/06/22	Day services for adults with learning disabilities	Commissioning	To recommission a new model of Learning Disability Day Services by going to the open market	1,643,000	savings target £350,000. All nine health and well being outcomes	being finalised
SBIJB-150622-3	16/06/22	Pharmacy support to social care users	Polypharmacy	To provide an Integrated service for all adult social care service users	NR £150k	Savings will be identified to CFO. Review of service after two cycles	y

SBIJB-150622-4 Budget	16/06/22	All	Budgetary framework	To deliver services within the budgets and under the framework outlined in Item 5.7 of the 15 June 2022 Integration Joint Board			
SBIJB-151221-3	21/09/22	Care Home Hawick update	Development of FBC	Hawick Outline Business Case		present business case	
SBIJB-150622-5	16/06/22	Health Board Oral Services	Development of plan	To provide support for the production of an Oral Health Plan	As per SoI	Focussed on planning principles, health improvement plan, and be financially sustainable	on AC agenda
SBIJB-21-09-22-01	21/09/22	Hospital at home	Scope the development of Hospital at home	Develop a business case to come back to IJB for approval	300	To be discussed at range of groups prior to IJB in March	recruitment and start up
SBIJB-210922-2	21/09/22	Integrated home based reablement service	Report to IJB with business case for integrated SB Cares and Home First Service	Develop a business case to come back to IJB for approval	expected that costs will reduce	To review by SPG before IJB in December	

SBIJB-210922-3	21/09/22	Palliative Care review	To commission an independent palliative care review	Scope and outcomes as described in paper with full engagement and integrated approach. To improve outcomes and reduce costs through a programme budgeting approach	-	To conclude by 31 March 2023. Review by SPG before IJB	y
SBIJB-020922-1	21/09/22	Primary Care Improvement Plan	Manage PCIP within existing funding	PCIP Exec to deliver outcomes from non recurrent spend, and reprioritise the use of available recurrent funding. PCIP Exec to escalate at a national level regarding inadequacy of funds and the risks associated with that.	£1.523 NR and £2.313 rec plus tranche 2 tbc	Implementation of GP contract	significant challenge
SBIJB-161122-1	21/12/23	Day services	Re-commissioning of the Teviot and Liddesdale Buildings Based Adult Day Servic	Engage in partnership working, through an IIA, consider and evaluate options, including financial impact, outline scope of service, ensure full engagement	tbc		y
SBIJB-010223-1	01/02/23	Care home and extra care housing, LF	Scoping of the associated integrated service models of delivery	Scoping of the associated integrated service models of delivery and associated revenue costs for the Full Business Cases for the Hawick and Tweedbank Care Villages		Business case	y