health & social care partnership

BUSINESS PLAN 2016/17 – 2018/19

PEOPLE

Scottish Borders
Health and Social Care
PARTNERSHIP

If you require more information on anything in this plan, email performance@scotborders.gov.uk

About Health & Social Care Partnership

An overview of our services

ADULT SOCIAL CARE SERVICES*

- Social Work Services for adults and older people;
- Services and support for adults with physical disabilities and learning disabilities;
- Mental Health Services;
- Drug and Alcohol Services;
- Adult protection and domestic abuse;
- Carers support services;
- Community Care Assessment Teams;
- Care Home Services;
- Adult Placement Services;
- Health Improvement Services;
- Re-ablement Services, equipment and telecare;
- Aspects of housing support including aids and adaptations;
- Day Services;
- Local Area Co-ordination;
- Respite Provision;
- Occupational therapy services.

ACUTE HEALTH SERVICES (PROVIDED IN A HOSPITAL)*

- Accident and Emergency;
- Inpatient hospital services in these specialties:
  - General Medicine;
  - Geriatric Medicine;
  - Rehabilitation Medicine;
  - Respiratory Medicine;
  - Psychiatry of Learning Disability;
- Palliative Care Services provided in a hospital;
- Inpatient hospital services provided by GPs;
- Services provided in a hospital in relation to an addiction or dependence on any substance;
- Mental health services provided in a hospital, except secure forensic mental health services.

COMMUNITY HEALTH SERVICES*

- District Nursing;
- Primary Medical Services (GP practices)*;
- Out of Hours Primary Medical Services*;
- Public Dental Services*;
- General Dental Services*;
- Ophthalmic Services*;
- Community Pharmacy Services*;
- Community Geriatric Services;
- Community Learning Disability Services;
- Mental Health Services;
- Continence Services;
- Kidney Dialysis outwith the hospital;
- Services provided by health professionals that aim to promote public health;
- Community Addiction Services;
- Community Palliative Care;
- Allied Health Professional Services

*Adult Social Care Services for adults aged 18 and over.
*Acute Health Services for all ages – adults and children.
*Community Health Services for adults aged 18 and over, excepting those marked with an asterisk (*), which also include services for children.

Health & Social Care Spending

An overview of our budget

Health & Social Care Partnership
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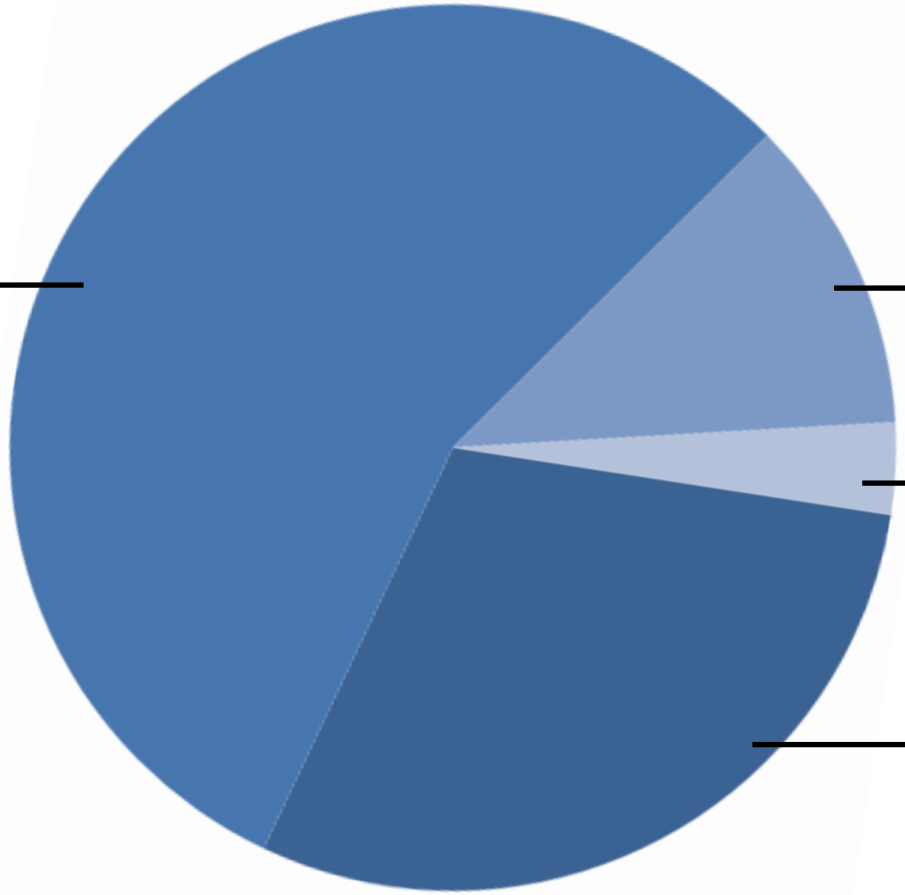
Total Budget: £157.278M | **Total FTE: 171***

*SBC only, awaiting NHS FTE figure



Primary & Community Services **£87.352M**

Large Hospital Budget **£18.128M**

Social Care Fund **£5.267M**

SBC Funding **£46.531M**

About Health & Social Care Partnership

An overview of SBC services

Budget: £51.797M*	**FTE: 171**

	Adults with Learning Disabilities	Budget: £14.674M
		FTE: 32
	Older People	Budget: £28.116M
		FTE: 23
	Generic Services	Budget: £3.659M
		FTE: 89
	People with Mental Health Needs	Budget: £2.168M
		FTE: 27
	People with Physical Disabilities	Budget: £3.180M
		FTE: 0

*this includes the allocation of the Social Care Fund across the 5 service areas

FTE = Full Time Equivalent employee

Our Key Milestones & Programme Highlights

An overview of our progress in 2015/16

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Scottish Borders Health and Social Care PARTNERSHIP

08

PROVIDE HIGH QUALITY SUPPORT, CARE AND PROTECTION CORPORATE TRANSFORMATION PROGRAMME

HEALTH AND SOCIAL CARE INTEGRATION

Improved outcomes for service users and carers who will have clear access routes to services and information.

Benefits

access | prevention & early intervention | care closer to home | efficiency & effectiveness | choice and control | reduced inequalities | supported carers

Key Milestones

2014
Orders and Regulations laid in Parliament; into force; Guidance completed and published.

Oct '15
Second draft of Strategic Plan issued for consultation (first draft developed late 2014).

Dec '15
- Final Borders "Scheme of Integration" submitted to Scottish Government
- Consultation on Strategic Plan closes.

Mar '16
Borders Strategic Plan approved.

Apr '16
Integration arrangements in place
Performance monitoring arrangements in place.

Mar '17
- First year of operation complete
- Performance review based on agreed framework/measures.

Our Performance
What we want to achieve

Maintain 90% of adults rating the overall care provided by their GP as "Excellent" or "Good"

Maintain 96% of GP practice patients who felt that they were able to look after their own health 'very well' or 'quite well' (Scottish average= 94%)

Reduce overall rates of **hospital admissions by 10%**

More people supported and cared for in their own homes or another homely setting Currently **65%** in the Borders (62% in Scotland)

Increase % of carers reporting that they **feel supported to continue caring**

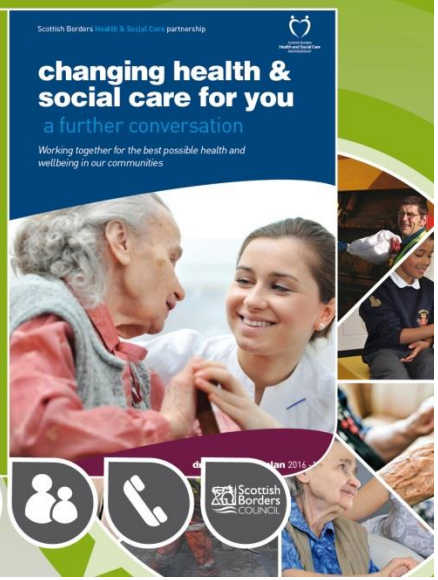
Currently 41% (lower than the Scottish average of 44%). **Target = 50%**

Full list of current performance measures at **www.scotborders.gov.uk/transformation**

Programme highlights

Extensive programme of stakeholder engagement in the development of the strategic plan. Engagement events included:

- Public Hall presentations
- Discussions with Health & Social Care Students at Borders College
- Presentations at Area Forums and other partnership groups
- Pop up events at local establishments and events such as;
  - Jedburgh Food Hall
  - Galashiels Interchange
  - Supermarket stalls



PROGRAMME LEAD: **Susan.Manion@scotborders.gov.uk**
PROGRAMME MANAGER: **SandraCampbell@scotborders.gov.uk**

Integrating the way we work

An overview of how the Partnership is using the opportunities to integrate

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Locality-focussed Planning & Delivery

- Leadership from GPs
- Co-production approach with communities

Combined Workforce Development

- Joint Teams managed as one
- Supporting our staff in understanding the changes required in delivering integrated services

Integration Joint Board responsible for overall budget for all integrated services (NHS + SBC)

- Aligning combined financial resources to the delivery of overall Partnership objectives
- Communicating with communities and with staff to demonstrate the extent and benefit of Integration through our Financial Plan

Directing Integrated Care Fund to facilitate the move towards transformational change

- Testing new models of care for future investment.

Critical Dependencies

- Revised governance for Integrated Care Funds
- Engagement from Primary Care independent contractors and local stakeholders
- Performance framework agreed

transformation
MODERNISING THE WAY WE WORK

Click here to find out more about our Corporate Transformation Programme

Commissioning & Implementation Plan

An overview of our priority activities against local objectives

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Local Obj. 1 Accessible services & develop our communities	• Ongoing Primary Care Premises Modernisation programme to review and increase capacity for services available to local communities • Development of Community Capacity Building delivered by Community Capacity Team • Social Care and Health monitoring waiting times to improve access • Community and Day Hospitals providing inpatient and day services delivered within a locality model and providing a local resource to the wider communities • Reviewing day services and preventative services to ensure they meet needs within each locality
Local Obj. 2 Improve prevention & early intervention	• Ongoing collaboration with local GPs and District Nurses to ensure that Anticipatory Care Plans (eKIS) are updated remains an essential focus and will feed in to the Transitional Quality Arrangements for 2016/17 in the revised GMS contract • Personalised care planning and self-management as part of the Long Term Condition management improvement work (supported by ICF) • Promoting healthier lifestyles for patients, staff and visitors through our health improvement campaign 'small changes, big difference'
Local Obj. 3 Reduce avoidable admissions to hospital	• Development of the Eildon Community Ward and links with the Health & Social Care coordination project to provide a proactive case management approach for people with multiple complex co-morbidities most at risk of hospital admission and readmission. (supported by ICF) • GP Enhanced Services to support the management of patients in the community or at home, such as near patient testing, warfarin and services to people in care homes. • Our GPs continuing to work with BGH consultants via direct access by phone to discuss any cases for early ward or clinic review by a Specialist team • Reviewing Mental Health Crisis Team input to the Emergency Department
Local Obj. 4 Provide care close to home	• Working with care providers to develop different models of care that will support people to stay at home for as long as possible. • Development of Technology Enabled Care models to maintain independence and care closer to home • Commissioning of 24 Specialist Dementia care beds to support people with high level dementia care needs and provide specialist in-reach nursing services to support providers

Local Obj. 5 Integrated Care Model	• Quality agenda within the Transitional Year GP Contract to develop processes with the full involvement of Practices • Linking to GP practices to ensure communication and speedier access • Linking to the third and independent sector locally to improve access to services and coordinate between the services
Local Obj. 6 More choice & control	• Embedding co-production within the care management and assessment approach and deliver at a locality level • Completion of the review of the Physical Disability Strategy • Increasing overall uptake of Self Directed Support
Local Obj. 7 Efficiency & Effectiveness	• Continuing to employ service improvement methodology across a range of services to enable staff to spend increasing time with service users and patients improving the quality of service provision
Local Obj. 8 Reduce health inequalities	• Development of locality plans to identify how to include those who are hard to reach within our communities and implement change
Local Obj. 9 Support for Carers	• Ongoing identification of Carers within GP Practices and signposting to Carer support such as the local Carer Centre • Ongoing information and education for Carers across the range of health and social care services • School Nursing Services continuing to support young carers and their physical and mental wellbeing