

Borders NHS Board



INSPECTION: JOINT OLDER PEOPLE'S SERVICES REPORT

Aim

To inform the Board of the outcome of the Joint Inspection of Older People's services and the action being taken by the Partnership.

Background

The Care Inspectorate and Healthcare Improvement Scotland undertook an inspection of the Partnership's older people's services between October 2016 and February 2017. This involved submission by the Partnership of extensive advance information in the form of a report and documentary evidence, followed by three weeks of on-site investigation by the inspection team. This included a file reading week and two weeks of meetings with stakeholders.

The inspection report¹ was published on 28th September. Across the nine key indicators of performance, inspectors found one to be 'good', five to be 'adequate' and three to be 'weak,' including 'delivery of key processes'; 'strategic planning and plans to improve services'; and, 'leadership and direction.' An analysis of those outcomes against previous inspections is at Annex A, ours was the final inspection in the current format.

There are thirteen recommendations for improvement in our report:

1.	The partnership should deliver more effective consultation and engagement with stakeholders on its vision, service redesign and key stages of its transformational change.
2.	The partnership should ensure its revised governance framework provides more effective performance reporting and an increased pace of change.
3.	The partnership should further develop and implement its joint approach to early intervention and prevention services so that it continues to improve the range of services working together that support older people to remain at home and help avoid hospital admission.
4.	The partnership should review its delivery of care at home, care home and intermediate care services to better support a shift in the balance of care towards more community based support.
5.	The partnership should update its carers strategy to have a clear focus on how

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<http://www.careinspectorate.com/images/documents/4030/Scottish%20Borders%20services%20for%20older%20people%20joint%20inspection%20report%20September%202017.pdf>

	carers are identified and have their needs assessed and met. The partnership should monitor and review performance in this area.
6.	The partnership should ensure that people with dementia receive access to a timely diagnosis.
7.	The partnership should take action to provide equitable access to community alarm response services for older people.
8.	The partnership should provide stronger accountability and governance of its transformational change programme. It should ensure that: <ul style="list-style-type: none"> • progress of the strategic plan priorities are measured and evaluated • service performance and financial monitoring are linked • locality planning is implemented and leads to changes at a local level • independent needs assessment activity is included in the joint strategic needs assessment • there is appropriate oversight of procurement and commissioning work • a market facilitation strategy is developed and implemented.
9.	The Integration Joint Board should develop and implement a detailed financial recovery plan to ensure savings proposals across NHS Borders and council services are achieved.
10.	The partnership should ensure that there are clear pathways for accessing services and that eligibility criteria are consistently applied. It should communicate these pathways and criteria clearly to all stakeholders. The partnership should also ensure effective management of any waiting lists and that waiting times for services and support are minimised.
11.	The partnership should work together with the critical services oversight group and adult protection committee to ensure that: <ul style="list-style-type: none"> • risk assessments and risk management plans are completed where required • quality assurance processes to ensure that responses for adults who may be at risk and need of support and protection improve • improvement activity resulting from quality assurance processes is well governed.
12.	The partnership should develop and implement a tool to seek health and social care staff feedback at all levels. The partnership should be able to demonstrate how it uses this feedback to understand and improve staff experiences and also its services.
13.	The partnership should develop and implement a joint comprehensive workforce development strategy, involving the third and independent sectors. This should include a focus on sustainable recruitment and retention of staff, building sufficient capacity and providing a skills mix that delivers high quality services.

The Draft Action Plan is at Annex B

Summary

A draft action plan has been created to meet the thirteen recommendations. Many of actions have been completed, and the remaining reflect work that is already in progress. The Joint Inspection Executive Group monitor progress against the draft action plan which will be reported to EMT. The Care Inspectorate and Healthcare Improvement Scotland will be meeting with us in January to agree the final format of the Action Plan.

Recommendation

The Board is asked to **note** this report.

Policy/Strategy Implications	Consistent with current strategy. The action plan will be reported to the Care Inspectorate and Healthcare Improvement Scotland once complete.
Consultation	The action plan is agreed by the Joint Older Persons Services Inspection Group and the Joint Executive and NHS Borders Clinical Governance Committee.
Consultation with Professional Committees	The Action Plan is to be shared with the Associate Medical Directors.
Risk Assessment	The inspection team will agree a final action plan in January and then monitor progress.
Compliance with Board Policy requirements on Equality and Diversity	This is an update paper so no requirement. Actions within the action plan will be subject to their own separate requirements and will be undertaken as required.
Resource/Staffing Implications	This report has not identified any additional resource/staffing requirements.

Approved by

Name	Designation	Name	Designation
Rob McCulloch Graham	Chief Officer Health & Social Care		







Author(s)






Name	Designation	Name	Designation
Warwick Shaw	Head of Delivery Support NHS Borders	Susan Henderson	Planning Manager (Adults) SBC SW


ANALYSIS OF BORDERS AND OTHER JOBS REPORTS**ANNEX A**


Partnership	Date of Publication	Key outcomes for older people and key performance outcomes	Getting the right help at the right time	Impact on staff	Impact on the community	Delivery of key processes	Strategic planning and plans to improve services	Management and support of staff	Partnership working	Leadership and direction
Borders	27/09/2017	A	A	A	G	W	W	A	A	W
Edinburgh	16/05/2017	W	W	A	A	U	W	A	A	W
Orkney	09/03/2017	G	A	G	A	A	A	G	A	G
D&G	10/10/2016	A	A	G	G	A	A	A	A	A
Aberdeen City	20/09/2016	A	G	G	VG	W	A	A	A	A
S Lanarkshire	06/06/2016	A	A	A	G	G	A	G	A	A
E Lothian	15/05/2016	A	A	G	A	A	G	A	A	G
W Isles	23/03/2016	W	A	G	A	A	W	A	A	W
Argyll and Bute	23/02/2016	G	A	A	G	A	A	A	A	A
Shetland	10/11/2015	G	G	G	A	A	A	G	A	A
Glasgow	14/08/2015	A	A	A	G	A	G	A	G	G
Falkirk	13/07/2015	G	G	A	G	A	A	A	A	A
Angus	09/03/2015	A	G	A	G	G	W	A	A	A
Fife	17/01/2015	A	A	A	G	A	W	G	A	A
Moray	19/08/2014	VG	G	G	G	A	A	G	A	A
Aberdeenshire	19/08/2014	G	G	G	G	A	A	G	G	G

ANNEX B**Inspection of Older People's Services 2017- DRAFT ACTION PLAN-**

Risk or Issue	What good looks like	Action	Lead Person	Date to be completed	Evidence of completion (insert)	Comment / Progress	RAG
1. Deliver more effective consultation and engagement with stakeholders on the vision, service redesign and key stages of transformational change.	1.1 Clear communication plan which outlines the Partnership's vision and how the Partnership will engage and consult with all key stakeholders on key developments in terms of service redesign, joint plans and policies	Review and update existing Partnership communication plan	Jane Robertson, Strategic Planning and Development Manager	August 2017	Comms plan and updated action tracker – JR/SB  HSC Comms Engagement Plan 16 .	Complete	G
		Review and update Partnership stakeholder lists and distribution lists Use staff survey to evidence that staff aware of vision and consulted	Jane Robertson, Strategic Planning and Development Manager	August 2017	 Locality offices - adultchild .msg  List of all Borders GPs as at 23.06.2017  Additional Contact List APR June 2017.x  APR Communications Plan v4. doc	Complete	G
	1.2 Evidence of increased engagement and consultation activity specifically related to	Record all partnership communication activity on overarching action tracker and individual project communication	Jane Robertson, Strategic Planning and Development Manager	Ongoing	 TRANSFORMATION AND EFFICIENCIES P	Complete	G



Risk or Issue	What good looks like	Action	Lead Person	Date to be completed	Evidence of completion (insert)	Comment / Progress	RAG
	the Partnership Transformational Programme i.e. meetings with staff, communication via newsletter	plans Agree arrangements going forward to support the ongoing engagement with members of the locality working groups	Jane Robertson, Strategic Planning and Development Manager	October 2017	 Locality Consultation Communications Plan	Complete	G
	1.3 Ongoing commitment to support the Locality Working Groups which offers regular forum for engagement and consultation with representatives of all relevant stakeholder groups.	Distribute Health and Social Care Locality Plans for public consultation	Jane Robertson, Strategic Planning and Development Manager	July 2017	https://www.scotborders.gov.uk/hscp/localityplans	Complete	G
		Consult staff – a) workshop to provide information on transformation projects b) Regular newsletters	James Lamb, Portfolio Manager, Chief Exec Robert McCulloch-Graham, Chief Officer H&SC Integration	September 2017	a) Feedback  Tuesday's Workshop 2.pptx  TRANSFORMATION AND EFFICIENCIES P b) Newsletter  healthsocialcarenews SEP2017.pdf	Complete	G
		Mental Health and Dementia Strategy Workshops	Peter Lerpiniere Associate Director, Mental Health	End Jan 2018	Strategy. Comments collated & action plan in place		A
2. Ensure the revised governance framework provides more effective	2.1 Revised Partnership governance structure in place and evidence of more effective and timeous approval and	Implement revised governance structure.	Robert McCulloch-Graham, Chief Officer H&SC Integration	Feb 2017	 Revised Governance.pdf	Complete	G

Risk or Issue	What good looks like	Action	Lead Person	Date to be completed	Evidence of completion (insert)	Comment / Progress	RAG
performance reporting and an increased pace of change.	decision making processes which in turn is supporting an increased pace of change.						
	2.2 Quarterly Partnership performance reports presented to Executive Management Team and Integration Joint Board and aligned to Ministerial Strategic Group performance reporting. Operational managers across the Partnership engaged in dialogue about data, performance and impact of service redesign.	Review effectiveness of revised governance structure.	Robert McCulloch-Graham, Chief Officer H&SC Integration	October 2017- check	 Quarterly IJB Report - 2nd Edition 2017-06	Complete	G
	2.3 A better understanding of staff views across the Partnership	Provide quarterly Partnership performance reports to the IJB. Staff survey due to be sent out to all staff across the Partnership in Feb 2018	Robert McCulloch-Graham, Chief Officer H&SC Integration	Complete February 2018	Add evidence IJB Quarterly Performance Report - June 2017	Ongoing	A
		Report Partnership	Robert	July 2017	Annual	Complete	G




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		Performance via published Annual Performance Report and to the Ministerial Strategy Group.	McCulloch-Graham, Chief Officer H&SC Integration		Performance Report		
3. Further develop and implement the joint approach to early intervention and prevention services so there is a range of services working together that support older people to remain at home and help avoid hospital admission.	3.1 A range of services work together that support older people to remain at home and help avoid hospital admission.	Hold a ½ day strategic review session to fully understand the current landscape and Identify the key components of a good EI & P approach for older people and identify gaps	Tim Patterson, Joint Director of Public Health	February 2018	 JHIT Older People Seminars 20.10.17.doc Seminar report to be embedded	It is expected by the end of the financial year 17/18 to show a 10% reduction in falls	A
	3.2 There is a clear strategic overview of the early intervention and prevention landscape in the Borders supported by a clear understanding of the broad range of early intervention and prevention approaches required to achieve positive outcomes for older people.	Develop a strategic delivery plan to address gaps in EI & P identified at the strategic review session	Tim Patterson, Joint Director of Public Health	March 2018	Evidence: Delivery plan to be written Current prevention/early intervention services Patient pathway work Telecare Falls work		A
		The community hubs and customer services are signposting to healthy living activities and preventing social isolation	Gwyneth Johnston	November 2017	To be gained		

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	3.3 Early intervention and prevention providers understand their role and function in the broader landscape and develop complementary approaches with partners that enhance the positive outcomes experiences by older people.	Embed anticipatory care planning and plans into care assessment and planning	Robert McCulloch-Graham, Chief Officer H&SC Integration	April 2018	Anticipatory care plans are within MOSAIC		A
		Introduce specific software to collate and disseminate information on a range of positive activities on a locality basis.	Gwyneth Johnston??	December 2019	Software in place and being utilised	Contact with providers has been made	A
	3.4 Anticipatory Care Plans in Care Homes are up to date.	Ensure ACP in Care Homes are up-to-date.	Robert McCulloch-Graham, Chief Officer H&SC Integration	June 2018	Early Warning Scores		A
4. Review delivery of care at home, care home, intermediate care and palliative care services to better support a shift in the balance of care towards more community based support	<p>The older people's commissioning strategy is reviewed and strategic plans put in place based on demographic evidence across the Scottish Borders.</p> <p>TEC (technology enabled care) strategy informs commissioning decisions. The older</p>	<p>Update the older peoples commissioning strategy.</p> <p>Develop the TEC strategy and the Older Peoples housing strategy.</p> <p>Evaluate the current care at home service, including assessment</p>	Robert McCulloch-Graham, Chief Officer H&SC Integration	<p>June 2018</p> <p>January – April 2018</p> <p>June 2018</p>	<p>Draft strategies completed. Equality impact assessments undertaken.</p> <p>Consultation process with local communities</p> <p>Contractual documents developed along with robust evaluation and</p>	The TEC strategy and the Older Peoples housing strategy are currently under development.	A

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	<p>peoples housing strategy forms part of the older peoples commissioning strategy. All strategies are agreed by the Borders Older People's Planning Partnership.</p> <p>A cohesive commissioning plan that is informed by the market strategy is developed which clearly states expectation of contracted services both in the statutory sector and in the voluntary sector.</p> <p>All services are able to deliver choice and flexibility in line with SDS approach while integrated pathways for individuals ensure that people are able to achieve their outcomes.</p> <p>A contractual position is in place with care at home providers which allows for flexible care</p>	<p>processes.</p> <p>Consult with all stakeholders, including service users, carers, providers; and learn from other local authorities e.g. the review undertaken by Maggie Dowe, SW Scotland, published in Nov.</p> <p>Plan cohesively to ensure that specifications for services are understood and align to ensure service users experience joined up health and social care services.</p> <p>Commission all services in a way that ensures service users are given maximum control via revised contractual requirements with providers.</p> <p>Establish a contractual position with care at home providers which allows for flexible care at home delivery and</p>			<p>monitoring requirements</p> <p>The Border Older Peoples Planning Partnership will have oversight for the work: minutes and highlight reports submitted as evidence.</p>	<p>Estates paper completed</p>	

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	at home delivery and reduced assessment processes	reduced assessment processes.					
	4.1 Margaret Kerr Unit is viewed as a homely setting in Scottish Government performance figures	Discuss with Scottish Government the use of Margaret Kerr Unit as a homely setting in Scottish Government performance figures	Murray Leys, Chief Officer Adult Social Work	December 2017	Letter to/from Scottish Government		A
5. Update the carers' strategy to have a clear focus on how carers are identified and have their needs assessed and met. Monitor and review performance in this area.	5.1 There is a clear pathway for identifying carers and ensuring their needs are assessed and met.	Develop a Carers support plan, eligibility criteria and pathway for assessing and supporting carers	Susan Henderson, Planning Manager	April 2018	Pathway in place with supporting documentation	Draft support plan and draft eligibility criteria are components of pathway work  Scottish Borders Carers Eligibility Fram  Carers Support Plan8817.docx	A
		Put communication and training plans in place to ensure stakeholders are aware of the legislation	Susan Henderson, Planning Manager	December 2017	Communication and training plans. Positive feedback from stakeholders about feeling informed	Progressing Awareness raising training trialled with Kelso sw staff Sept.	A
	5.2 A carers strategy is in place that indicates how carers needs are identified and have their needs	Carers strategy 2017-19 agreed and published that states how carers needs are identified and met.	Susan Henderson, Planning Manager	April 2018	Carers strategy	Progressing Draft 2017-18 Strategy to be extended to 2019	A

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	assessed and met. The partnership monitor and review this performance	A performance process in place to monitor and review progress in identifying and supporting carers	Susan Henderson, Planning Manager	April 2018	Reporting regularly to IJB. Carer feedback.	Progressing	A
		An assessment of the health needs of carers in Scottish Borders is produced	Tim Patterson, Joint Director of Public Health	March 2018	Health needs assessment report anticipated March 2018.	Project plan in place	A
6. Ensure that people with dementia receive access to a timely diagnosis	6.1 Clinicians will be supported to recognise the importance of a dementia diagnosis, make appropriate referrals, and support people through their diagnosis.	Develop and circulate a checklist of "things to consider" in relation to dementia diagnosis for GPs, Junior Doctors and Care Homes.	Peter Lerpiniere, Associate Director, Mental Health	December 2017		"Checklist" will be developed by Dementia Strategic Partnership Group.	A
	6.2 Resources will be utilised as effectively as possible to widen opportunities for access to diagnostic services.	Carry out awareness session on TiME agenda November facilitated by MHOAS	Peter Lerpiniere, Associate Director, Mental Health	30 November 2017	Copy of pathway:	Date requested for slot in TiME agenda.	A
		Consider increasing capacity to carry out more memory clinics	Peter Lerpiniere, Associate Director, Mental Health	31 December 2017		MH strategy & dementia strategy consultation events are underway and will include evaluating capacity to rebalance resources to support more clinics.	A

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		Map the patient pathway from referral to diagnosis to entry on to Dementia Register to look for any challenges and areas for improvement	Peter Lerpiniere, Associate Director, Mental Health	31 July 2017	 Diagnosis of Dementia - Pathway.	Mapped and areas identified for improvement include communication with GPs to request diagnoses be added to the register (see action 7).	A
	6.3 All patients who receive a diagnosis of dementia will be recorded on the primary care register.	Discuss with GP practices in order to carry out a gap analysis of the diagnoses on MHOAS records against GP records	Peter Lerpiniere, Associate Director, Mental Health	31 August 2017	No evidence available – telephone calls	Already carried out with Selkirk GP practice. All other practices scheduled for w/c 21/08/2017.	G
	6.4 All people given a diagnosis have an understanding of what to expect from the service.	Write letters to GP practice to follow up on discussions in point 5 above and ask GP to add missing diagnoses on to register	Peter Lerpiniere, Associate Director, Mental Health	30 Sept 2017	Copy of letter being sent (following telephone calls above) to practices who have agreed to support:  DoD Letter - GP Practices - Sept 17.doc	Already carried out with Selkirk GP practices. All other practices scheduled for w/c 21/08/2017.	A G
		Adjust first assessment letter used by MHOAS to include clear diagnoses & request to GP to add to dementia register	West team secretary/ Consultant Psychiatrist	31 July 2017	 MHOAS Assessment template.docx	Discussed at Mental Health Operational Group and agreed for implementation.	G
		Develop patient awareness leaflet to set expectations of what will be offered /	Simon Burt, Joint LD Service Manager & Acting	31 January 2018			G


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		delivered	MH Service General Manager				
7. Take action to provide equitable access to community alarm response services for older people.	<p>Telecare strategy written and audit in place in relation to technology enabled care, including community alarm systems. This shall ensure that older people are assisted to remain at home for longer with reduced impact/incidence of falls.</p> <p>Older people have access to a 24 hour response service</p> <p>Resilience aspects of current (Tunstall) technology (SB Cares risk owner)</p>	<p>Produce the strategy for telecare and telehealthcare</p> <p>Audit current systems through use of SWOT analysis.</p> <p>In conjunction with a Falls Strategy increase focus on telecare and establish feasibility of introducing a universal alarm service</p>	Head of Adult Social Care	<p>March 2018</p> <p>January – April 2018</p> <p>April – December 2018</p>	<p>Assistive Technology strategy that will include telecare and telehealthcare priorities. Drafted for agreement</p> <p>Consultation undertaken with local communities and other stakeholders</p> <p>Actions from strategy realised via implementation plans.</p> <p>BOPPP highlight reports to show scrutiny of work</p>		A
8. Provide stronger accountability and governance of transformational change programme. Ensure that: progress of the strategic plan priorities are measured and evaluated;	<p>8.1 There is clear evidence of the impact of improvements and service redesign on the delivery of local strategic objective as laid out in the Strategic Plan through:</p> <ul style="list-style-type: none"> Annual performance report 	Improve the content, structure and format of the IJB quarterly performance reports	Jane Robertson	October 2017	<p>Evidence</p> <p>The quarterly performance monitoring report to the IJB October 2017</p> <p>Annual Performance Report 2018/19</p> <p>Next MSG submissions -FILE,</p>		G






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<p>service performance and financial monitoring are linked;</p> <p>locality planning is implemented and leads to changes at a local level;</p> <p>independent needs assessment activity is included in the joint strategic needs assessment;</p> <p>There is appropriate oversight of procurement and commissioning work;</p> <p>A market facilitation strategy is developed and implemented</p>	<ul style="list-style-type: none"> Quarterly performance reports to IJB <p>A number Ministerial Strategy Reports</p>				<p>Leadership Group, IJB, EMT</p> <p>Locality Plans – link to be added</p>		
		Ratification of Commissioning and Implementation Plan by IJB	Robert McCulloch-Graham, Chief Officer H&SC Integration	December 2017	IJB agenda and minutes	THE IJB was presented with a finalised Commissioning & Implementation Plan at its meeting on 23rd October 2017	G
	8.2.1 Fully costed Commissioning and Implementation Plan and Locality Plans in place. Clear identification of financial costs/benefits and expected outcomes including all project briefs / PIDs.	<p>Both IJB and strategic planning group bodies have timetabled development sessions throughout the year which will cover strategic planning and commissioning functions with a clear inclusion of outcomes and value for money.</p> <p>Further development of financial elements of Locality Plans and demonstration of "fair share"</p>	Robert McCulloch-Graham, Chief Officer H&SC Integration	April 2018		<p>The Commissioning and Implementation requires to be costed where possible.</p> <p>The strategic needs analysis for each of the localities will be completed by April 17 which will assist in the location of resources to meet the plan.</p>	A

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	8.2.2 Comprehensive assessment of performance impacts of Financial Planning efficiency targets and in-year recovery plans.	Refer to Action Point 9	Director of Finance IJB Section 95 Officer	December 2017	NHS Recovery Plan NHS financial plan SBC financial plan IJB financial statement Descriptor of how strategy not impacted by above	Refer to Action Point 9	A
					IJB financial planning budgetary control reports	The IJB Financial Plan is not directly linked to performance outcomes.	A
	8.3 Clear mechanisms in place for progressing and monitoring locality implementation plans. Clear evidence of changes made at a local level	Continued support for locality working groups to take on monitoring role of progress of implementation of Locality Plans	Robert McCulloch-Graham, Chief Officer H&SC Integration	December 2017	Project briefs/PIDs		A
	Implementation of robust reporting mechanisms to evidence changes made at a local level	Robert McCulloch-Graham, Chief Officer H&SC Integration	September 2017	Extension of locality co-ordinator role until 31 March 2018 Progress reports Locality Plans	Complete	G	
	8.4a Commissioning and Implementation Plan approved by IJB	Commissioning and Implementation plan ratified by IJB October 2017	Robert McCulloch-Graham, Chief Officer H&SC Integration	December 2017	IJB agenda and minute Draft commissioning and implementation plan	The Commissioning and Implementation Plan was presented to the IJB 23.10.17	G

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	8.4b Regular monitoring reporting over delivery. Of Commissioning and Implementation Plan					This is the ongoing monitoring as this is not yet in place so should be noted at amber.	A
	8.5 A medium-term Market Facilitation Plan and regular and frequent reports to the IJB over its delivery	Development, approval and implementation of a Market Facilitation Plan for the IJB	Robert McCulloch-Graham, Chief Officer H&SC Integration	March 2018	Market Facilitation Plan IJB agenda and minute	Ongoing	A
9. Develop and implement a detailed financial recovery plan to ensure savings proposals across NHS Borders and council services are achieved	<p>9.1 A joined-up approach to ensure that the partnership medium-term financial plan not only underpins its Strategic and Commissioning Plans, but assures its affordability, robustness and sustainability. Its component provisions and assumptions are transparent and consistent.</p> <p>9.2 The delivery of a balanced, affordable and sustainable medium-term financial plan for the Health and Social Care Partnership which will be presented to</p>	Develop and implement a detailed financial recovery plan to ensure that a sustainable financial position is achieved and agreed by the Integration Joint Board.	Director of Finance IJB	March 2018	<p>Balanced 2017/18 Outturn</p> <p>Balanced 2018/19 Financial Statement</p> <p>All recurring pressures to be addressed by recurring mitigating actions</p> <p>Delivery of financial planning and reserves strategy over medium-term</p>	<p>A Recovery Plan was implemented in late 2016 and approved by the IJB in January 2017 – total value of savings delivered in excess of £4m, enabling a breakeven outturn position</p> <p>The partnership's new Medium-term Joint Financial Planning and Reserves Strategy was approved by the IJB on 27 February 2017</p> <p>Partnership approved its 2017/18 Financial Statement on 27 March 2018 Noting that majority of</p>	A

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	<p>members of the IJB as its Financial Statement.</p> <p>To achieve this:</p> <ul style="list-style-type: none"> • Identification of the impact of the current planned transformation and redesign programme in terms of resource realignment, efficiency opportunities and ongoing sustainability requirements beyond transitional funding arrangements • Identification of further joint opportunities for service redesign and agree a joint plan for any associated capital or revenue investment requirements • Implementation of a medium-term solution for addressing the recurring efficiency gap across the partnership's devolved and large hospital budget set-aside resulting from non- 					<p>healthcare savings within 2016/17 recovery plan were non-recurring. Due diligence carried out at the inception of IJB confirmed the IJB had received a fair provision of resources as part of the delegated functions from the overall Health & Social Care resources available, however this was not confirmed to be adequate and had required recurring efficiency targets to achieve financial balance.</p> <p>2017/18 Financial Recovery plan has again been underpinned by non-recurring measures and has required additional non-recurring monies to be approved to Health and Social care delegated functions. The IJB Financial Plan and provision</p>	

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	<p>recurring savings delivered in current and historic years</p> <ul style="list-style-type: none"> • Identification of any additional investment requirements associated with the delivery of the partnership's approved Strategic Plan and how these investment requirements can be met 					<p>of health and social care for 2018/19 is currently in discussion. This will confirm the level of efficiency required to achieve a breakeven financial position. The IJB is progressing a Transformation and Efficiency Programme which will contribute a level of efficiency savings from the delegated functions. The quantum of the contribution from the T&EP has yet to be confirmed.</p>	
<p>10. Ensure that there are clear pathways for accessing services and that eligibility criteria are developed and consistently applied. It should communicate these pathways and criteria clearly to all stakeholders. The partnership</p>	<p>Accessible pathways are in place to enable people to access appropriate and timely support</p>	<p>Deliver community led services via hubs in localities</p> <p>Provide shortened 'what matters' assessments</p> <p>Through matching unit provide more speedy access to services</p> <p>Develop a more robust hospital to home process</p>	<p>Murray Leys , Chief Officer Adult Social Work</p> <p>Jane Prior, General Manager, Patient</p>	<p>December 2017</p>	<p>Eligibility criteria on website</p> <p>Leaflets</p> <p>Performance data for waiting list</p> <p>What matters assessment</p>  <p>Community Led Support Hub Screenin</p>		<p>A</p>

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should also ensure effective management of any waiting lists and that waiting times for services and support are minimised.			Pathways		 Matching unit evidence91017.docx Documents to follow: DD strategy and processes/patient pathway		
11. Work together with the critical services oversight group and adult protection committee to ensure that: risk assessments and risk management plans are completed where required; quality assurance processes to ensure that responses for adults who may be at risk and need of support and protection improve; and improvement activity resulting from quality assurance processes is well governed	<p>Risk assessment and management plans are completed and recorded in MOSAIC</p> <p>Quality assurance process reflects appropriate responses to Adults at risk</p>	<p>Quarterly Adult Protection file audits to be carried out. The Adult Protection Committee Coordinator conducts a 100% Audit of Adult Protection. All Audits are reported to the AP Audit sub group and any team remediation is captured through an individualised team improvement plan.</p> <p>Produce performance reporting reports for the AP Audit sub group, AP Committee & CSOG. These reports will be subject to peer scrutiny particularly in relation to Risk assessment, Protection plans, Chronologies and Case Conferences.</p> <p>Refresher AP training to be set up.</p>	Murray Leys , Chief Officer Adult Social Work	August 2017	 AP Audit format revised March 2017 ;  AP Quality Assurance and Audit  AP Quarterly Report Q1 June 2017.pdf  2017-18 Q1 ASP KPI Scorecard 2016-17 (L	<p>There is now an AP Audit Tool on Mosaic which allows Teams to self-audit or audit neighbouring teams</p> <p>AP Level 3 Refresher Training has been set for Nov 2017 and this will further support the AP Process, Outcomes and use of Risk assessment, Protection Plans and Chronologies.</p>	G

Risk or Issue	What good looks like	Action	Lead Person	Date to be completed	Evidence of completion (insert)	Comment / Progress	RAG
12. Develop and implement a tool to seek health and social care staff feedback at all levels. The partnership should be able to demonstrate how it uses this feedback to understand and improve staff experiences and also its services.	Health and Social Care staff feedback is sought and used to inform staff experience and support services	Implement i-matters staff survey across the Partnership	Robert McCulloch-Graham, Chief Officer H&SC Integration	February 2018	Provision of joint combined list to iMatter National Team iMatter (NHS)	The first iMatters questionnaire will be implemented in February 18. Health staff within the H&SC partnership have undertaken the completion of iMatter, it is expect to be rolled out across all staff within the partnership by February 18	A
		Examination of iMatter output Include feedback through Self-evaluation strategy Annual Appraisal process/PRD Report to Joint Leadership Board	Robert McCulloch-Graham, Chief Officer H&SC Integration	Date to be gained from Jennifer Boyle	Self-evaluation strategy		A
13. Develop and implement a joint comprehensive workforce strategy, involving the third and independent sectors. This	Draft Integrated Workforce Development Plan developed will reflect the workforce requirements of the Third and Independent Sectors	Draft Joint Workforce Plan to include third and independent sectors to incorporate plans for developing a sustainable workforce. Present Draft Workforce Plan for sign off by IJB.	Robert McCulloch-Graham, Chief Officer H&SC Integration	April 2018	Sarah Halliday		A

Risk or Issue	What good looks like	Action	Lead Person	Date to be completed	Evidence of completion (insert)	Comment / Progress	RAG
should include a focus on sustainable recruitment and retention of staff, building sufficient capacity and skills mix that delivers high quality services	within the Integrated Workforce Plan for the Partnership Including sustainable recruitment plans	To introduce a workforce plan for health social care for partnership		April 2018			A
		Work with the 3rd and independent sector to identify further staffing requirements		April 2018	Private and 3rd sector staff survey – Minutes of providers meeting to be added		A
		Support the 3rd and independent sector with a strategy to meet the demands of the workforce		April 2018			A