

Services for older people in the Scottish Borders

February 2020

Progress review following a joint
inspection

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1. Background to this progress review

Healthcare Improvement Scotland and the Care Inspectorate carried out a joint inspection of services for older people in the Scottish Borders between October 2016 and February 2017. We published the inspection report in September 2017, which is available on our websites: www.careinspectorate.com/ www.healthcareimprovementscotland.org. This inspection report highlighted some significant weaknesses in the partnership's performance. Therefore a progress review was undertaken to assess and report on the improvements the partnership had made.

Following the inspection, the partnership drew up a detailed improvement plan in 2017 to address the recommendations we made. We were satisfied that the actions in the improvement plan had the potential to deliver the required improvements.

2. How we conducted this progress review

We examined a range of documentation submitted by the partnership to demonstrate the action taken and progress since the inspection was carried out in 2017. Initially, we reviewed the most recent nationally reported performance data for the partnership. Then we undertook the review over 7 days on site conducting interviews, focus groups and attending key meetings. We met with a small number of older people who used services and also some carers. We also met with a range of partnership staff and with representatives from the third sector and other stakeholder organisations. The focus of our activity was on the extent of the progress made by the partnership in meeting the thirteen recommendations from the original inspection.

3. Progress made: The partnership's approach to improvements and what we found.

Recommendation 1

The partnership should deliver more effective consultation and engagement with stakeholders on its vision, service redesign and key stages of its transformational change.

We made this recommendation because the partnership needed to make sure that there was effective communication of its vision and transformational change programme to all stakeholders.

The partnership had demonstrated a commitment to improving consultation and engagement with all stakeholders. This was reflected in its strategic documentation. It was difficult, however, to see where the partnership had progressed from intent to implementation across all of the areas. There was no clear picture of meaningful improvement and impact in respect of effective consultation and engagement with all stakeholders. The partnership acknowledged that there was still work to do.

Discussion with the Integration Joint Board (IJB) and the Strategic Planning Group (SPG) demonstrated that the members had an improved understanding of the plans for service redesign and transformational change than they had at the time of the inspection, and they had more ownership of the partnership's vision.

There were good examples of engagement and consultation work in older people's services. These involved carers and also mental health services where consultation and engagement at the right time had resulted in meaningful involvement of stakeholders and good co-production of plans and policies. Most stakeholders we spoke with in other service areas advised there was a willingness by the partnership to engage with them, however, less positively this engagement did not start early enough. Engagement tended to focus on more practical and operational matters rather than service redesign and transformation. This meant that stakeholders did not feel they were able to influence the shape and design of the proposals.

When stakeholders had been consulted and involved, many advised that this had taken place too late in the process. This led to a lack of understanding about the proposed changes and had resulted in stakeholders feeling disempowered. The reimagining of day care was given as an example. Although significant consultation and reviews were undertaken through the process for individual centres and where concern remained the consultation process was reset. There was significant concern from a range of stakeholders feeling they had no meaningful involvement in this large-scale service redesign and that consultation had taken place at too late a stage for them to have any influence on the changes. It was felt by these stakeholders that all major changes had already been decided

upon and they were there only to rubber stamp decisions. The potential impact of this on both users of day care and in particular, the respite needs of their unpaid carers, were seen to be an afterthought.

The partnership lacked clarity about how the outcomes of consultations informed plans or how people and stakeholders were advised about the impact of the consultations. There was some evidence of approaches such as ‘You Said, We Did¹’ and it would be beneficial to consistently use a mechanism such as this. The partnership recognised the need for ongoing progress in this area. In the partnership’s client involvement strategy there was a commitment to use the National Standards for Community Engagement. This would support more effective consultation and engagement for all stakeholders.

At the time of inspection, one of the contributing factors for the difficulties in communicating the vision and transformational change activities was due to the significant changes in personnel at senior level. The changes in personnel continued after the inspection, but were followed by a period of continuity that has allowed for better communication with stakeholders. The commitment of the chief officer to improve consultation and his visibility at engagement events was highlighted by a number of stakeholders as being very encouraging.

There were positive examples of improved staff engagement since the inspection and more options for staff to receive information about service redesign and transformation. There were different forums that staff could use to get more information and ask questions and there was regular information sharing through newsletters.

Whilst the intention to improve consultation and engagement was clear, there was still more work to be done to ensure the meaningful involvement of stakeholders at the right time. The partnership needs to continue to improve the involvement of, and communication with, the public as partnership stakeholders.

Recommendation 2

The partnership should ensure its revised governance framework provides more effective performance reporting and an increased pace of change.

We made this recommendation because at the time of the inspection both social work services and NHS Borders had clinical and care governance arrangements that were measuring delivery against indicators, targets and improvement plans. However, the partnership did not have a joint performance framework. The partnership has since introduced this to share with the IJB and SPG on a quarterly basis. This was a positive development as it had a meaningful range of indicators and a mixture of health and social care data which had been well received by IJB and SPG members. The Integration

¹ You Said, We Did is an approach when the partnership seeks feedback and then tells stakeholders what they said and what has been done in response.

Performance Group has responsibility for selecting the data presented. The rationale behind the data sets chosen was clear. The explanations of the data were meaningful, and were able to be compared over time and against the national trends. There was clear evidence that the IJB and SPG members were influencing changes in the array of data reported to them in the framework, including the inclusion of more social care data. The members had also recently requested a review of the data about carers to make sure this provided a realistic picture of the carer experience. The IJB and SPG were presented with the performance framework at meetings, and the partnership also produced a summary report to aid understanding. The summary report was very helpful, well laid out and clearly explained the current state of performance, the narrative around it and the plans to improve. There was evidence that the partnership was monitoring performance and developing clear plans for ongoing improvement. New initiatives and approaches had been introduced to help address areas of poor performance.

We also made this recommendation because at the time of the inspection in 2017 it was acknowledged that the IJB and SPG needed to have a more meaningful role. At that time the members of both groups had expressed concerns about a lack of progress in the development and performance of the IJB and SPG.

Since the inspection the convenor of the Scottish Borders Council and the chief officer had both joined the SPG as chair and vice chair respectively, to give additional support to the group. Work had taken place to support and develop the knowledge and understanding of the group members, including topic specific development sessions. Support was provided to make sure that the members were aware of their roles and responsibilities. This had helped them function more effectively and had improved their respective relationships, particularly over the past 18 months. Whilst it was acknowledged that the recent development work had provided a good platform, work needed to continue to make sure that the group development was dynamic and sustained.

The effectiveness of the SPG in fulfilling its role as an initial forum for engagement and consultation was variable. In some instances, the forum members described a lack of meaningful consultation and being engaged at a late stage in the development process. However, there were reported occasions when the SPG operated effectively and delivered a positive outcome. The involvement of the SPG in refreshing the 2018-21 Strategic Plan was regarded positively because members were involved at an early stage and were clear about the impact of their engagement. The group had a significant role in the development and structure of the three main aims and objectives within the plan. In the future, it is important that the partnership consistently involves all members in the discussion regarding the direction and plans of the partnership from as early a stage as possible.

The partnership had undertaken work to develop the knowledge and understanding of its IJB members. Members also recognised the need for further and ongoing improvement and development. IJB members described a more cohesive and effective approach to their

meetings over the last 18 months. For example, they had decided not to use a voting system unless an agreement cannot be reached on a subject. The IJB members were satisfied that this approach allowed all members to have an equal and meaningful voice in the debate rather than a small group having a final vote. The members recognised that they still had a lot to learn and were learning from other partnership areas as part of their plans to improve the functioning of the board. There was recognition that while the relationship between the IJB and SPG had improved there was scope for further improvement. The SPG feedback was now a standing item on the agenda. However, not all IJB members could easily access the SPG papers when they were preparing for meetings. There was also recognition from the partnership that there was an ongoing need for the IJB to demonstrate to frontline staff and those accessing services that they are carrying out their role effectively and making a difference.

Senior members of the partnership told us that they were committed to all members having an equal and meaningful voice in the IJB and SPG. Some SPG group members considered that some stakeholder opinions still carried greater weight than others. They felt that public representation in particular was tokenistic at times. There was no service user representative on the IJB. This role, which is a legislative requirement, had been vacant for over a year. The partnership acknowledged there had been a lengthy delay, but had been appraising options to ensure that recruitment would ensure appropriate representation in the role. They had developed a plan to recruit two new members to represent service users. It was anticipated that this recruitment would take place before the end of this financial year. The partnership were aware of the importance of this recruitment and that the delay had resulted in the partnership missing the opportunity for the service user voice to be represented in the provision of advice and support to the IJB in their policy development.

The partnership also demonstrated a commitment to locality planning. Locality working groups had been established and the partnership demonstrated a commitment to the development of these groups. Positively, each locality working group was supported by a council officer and administrative officer to facilitate their development and close links with the partnership. The locality groups had developed their own initial plan but the plans were undergoing revision so that each was bespoke to locality area and the assets held. To make sure that the locality working groups are represented in strategic forums in the partnership, each group chair will be invited to join the SPG. One chair will also be invited to be one of the two new service user representatives on the IJB. The partnership expressed a commitment to us that these members will be provided with support to develop in this role. These new members will also have an equal and valued role in their respective forums.

The development of a comprehensive new performance reporting framework was positive and allowed the IJB and SPG to scrutinise performance across the partnership. The

partnership had been working hard on the ongoing development of the IJB and the SPG and to make sure that each group had proportionate and appropriate representation. There was a commitment to building on the progress that had been made to date. This will need to focus on ensuring that all stakeholders have a meaningful voice and that service users are appropriately represented on the IJB. The partnership were also continuing to work with the SPG members to ensure it can fulfil its purpose of a forum for initial consultation and engagement.

Recommendation 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.

We made this recommendation because the partnership had acknowledged that it had been slow in the development of prevention and early intervention services.

The partnership had made progress with the development of a range of initiatives and new approaches to support early intervention and prevention work. A key aspect of this improvement was the introduction of What Matters Hubs. The Community Led Support team developed the hubs which were a positive innovation to allow people to access early intervention within their own communities. The partnership had established What Matters Hubs in all five localities which provided an additional and a quicker means of accessing services. The hubs which had been operating the longest, had evolved and adapted to make sure that they met local need and as a result, were having the greatest impact. A range of agencies including social care and health staff, as well as family and carers could refer into the hubs. Service users could also self-refer. In some areas, staff were beginning to see an increase in GP referrals. The partnership was committed to providing people in all communities within the partnership area, to access to a What Matters Hub.

The partnership had undertaken a robust evaluation of the What Matters Hubs which indicated a positive impact for service users. This was supported by performance data and by staff, who told us that the hubs had resulted in a reduction in waiting times for social care, due to quicker community care assessments for those with lower levels of need. Service users could choose to have an assessment in the What Matters Hub or to be referred directly to a social worker if they preferred. Following assessment, the hubs were able to offer quick access to equipment and deliver small packages of care quicker than waiting for a social work assessment. The extension of funding for the What Matters Hubs until 2021 was welcomed by managers, who reported that this would support better planning compared to year on year funding.

The hospital to home service had been established to facilitate timely and safe hospital discharge, prevent admissions and provide an improved link between acute and community

services. Staff reported, that the service was working well to reduce hospital admissions through improved joint working across the different agencies. Better communication and a clearer understanding of roles and responsibilities were reported to have enhanced service delivery. The hospital to home team was primarily focused on facilitating discharge. Positively, about 15% of their capacity was used to help people avoid hospital admission. The partnership was improving the service by implementing learning from a pilot project in the Cheviot locality. This pilot had demonstrated the impact of therapies delivered by allied health professionals to prevent admission and facilitate discharge. The hospital to home service is changing to the home first team which will incorporate the work of this service and the learning from the Cheviot pilot. This aims to have a greater focus on the avoidance of admission as well as the continued focus of facilitating timely discharge and independent living through discharge to assess.

The Occupational Therapy Care and Repair Service was working well to support early intervention by providing advice and support to older people who were facing the difficult tasks of repairing, improving or adapting a home which was not suitable for their needs. In addition, staff had a role in assessing risk of falls and identifying early indicators of dementia.

Further developments included the introduction of strata. Strata is a referral management system was introduced to improve communication. All community resources, including the independent and third sector services, were able to receive referral information. The partnership had also created a team of local area coordinators, specifically for older people, to support community capacity building and to provide ongoing support which relieved pressure from mainstream services and increased choice. A new integrated early intervention and prevention wellbeing service had also been implemented, following amalgamation of traditional health improvement services. Whilst it was too early to assess the impact of these initiatives, it was encouraging that staff were aware of the developments and welcomed them.

It was evident that community led support work was at the heart of the partnership's prevention and early intervention progress. There were examples of good joint working between health and third sector organisations in the Hospital to Home Service and in the What Matters Hubs.

Recommendation 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.

We made this recommendation because the partnership needed to do more to develop a range of services to support older people to live as independently as possible in the community and to support effective discharge from hospital.

The partnership's initial response to this recommendation was somewhat limited and piecemeal in nature. It did not take a strategic approach to reviewing the delivery of care at home, care home and intermediate care services. There had been no whole systems reviews of care at home or intermediate care services.

A number of changes and improvements in care homes, care at home and intermediate care services were made on a more iterative basis. A matching unit for care at home service provision had been established and arrangements to enable older people's discharge from hospital with appropriate community supports had been improved. The Scottish Borders Council had recently stopped care at home being provided by an external provider and brought it back in-house. By providing this directly the council said it could exercise greater control of its service provision. The 2018-21 Strategic Plan included an intention to redesign the way care at home services were delivered to provide a reablement approach - although work on this was still in its initial stages at the time of our progress review. Additionally, detailed reviews of the two intermediate care services at Hawick and Tweedbank had been completed shortly before the review. These included an assessment of the cost effectiveness of the two services and their impact on bed usage and capacity at Borders General Hospital. The IJB was still to decide on the longer term direction of these services and their contribution more broadly to intermediate care in the Scottish Borders.

The inspection had highlighted the limited availability of care home beds for people with specialised needs, including older people with dementia. The partnership had taken action to address this and also to look more broadly at the development of a range of suitable accommodation options for older people. Housing and accommodation formed an important part of its strategic plan and the partnership had an Integrated Strategic Plan for Older People's Housing Care, and Support for 2018-28.

The IJB had commissioned seven beds for a five-year period within Murray House, a specialist 18-bed dementia unit in Kelso which opened in February 2019. It also had reserved funding so that it could commission additional beds if required.

Partnership staff had recently visited a dementia village in Holland to consider a similar development in the Scottish Borders. The partnership had reserved £2.8 million to develop a new model of care for Deanfield Care Home in Hawick. The intention was to redesign the existing 35 beds, spread across five units into six individual houses based on a care village approach. Work was due to commence in May 2020. In addition, capital funding had been identified for the building of a care village in the Tweedbank area. Work was also underway to develop the new post of an enhanced care specialist nurse/care home in-reach nurse as a means of addressing the shortage of qualified nurses working in the residential care sector. This was an issue which the Scottish Borders faced, in common with many other partnership areas. The partnership aimed to create a minimum of 40 extra care housing places each year with 70 extra care beds under development in 2020 in Duns and Galashiels.

The partnership had also looked more broadly at its approach to the balance of care as part of its revised strategic plan. One of its three key objectives was an intention that “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.” The partnership’s view of the balance of care was not just as the interface between hospital, care home and care at home services, but also as being about the relationship between the contributions of its citizens, local communities and the services the partnership offered. This included the development of early intervention and preventative approaches to limit the demands on statutory health and social care services. The work that the partnership had already undertaken and had plans to take forward under its locality planning arrangements, which included the development of the Community Hubs, was a good example of this.

Despite a limited and piecemeal start to implementing improvement, the partnership had since undertaken a review of its strategic plan, strengthened its approach to locality working and planning and was working towards commissioning and market facilitation strategy for older people. The partnership had a more rounded and strategic view on how it planned to shift the balance of care in the short, medium and longer term.

Recommendation 5

The partnership should update its carers strategy to have a clear focus on how carers are identified and have their needs assessed and met. The partnership should monitor and review performance in this area.

We made this recommendation because the partnership did not have a current Carers Strategy or focus on performance in respect of support for carers at the time of the inspection.

Since then the partnership had developed a new Carers Strategy, A Plan for Carers (Living Well in Scottish Borders 2019-22). This set out the future development of support, information and advice for carers in the Scottish Borders. The strategy was developed through significant consultation and engagement with carers and wider stakeholders led by the Scottish Borders Carers Centre. Clear progress had been made in implementing the Carers (Scotland) Act 2016. The partnership had developed a robust Carers Act Policy which set out the duties of social care and health staff in relation to carers. Eligibility criteria had been developed in line with the legislation and it was evident the partnership had involved third sector organisations and carers to develop a framework that was both values based and outcome focused. Section 35 of the Carers (Scotland) Act 2016 placed a new duty on local authorities to prepare and publish a Short Breaks Services Statement. The partnership had developed a statement that was easy to understand and had clear definitions. This included a directory of local and national services available to people and their carers.

The carers we met with were happy with the level of support received from the Scottish Borders Carers Centre. There was evidence that the Carers Centre was completing an increasing number of assessments and there had been a significant increase in the number of carers support plans offered. People we met told us that the relationship between the Carers Centre and the partnership was good. It was also evident that there was close working with other independent and third sector organisations. The Carers Centre had a ring-fenced budget to support the implementation of the Carers Act across Scottish Borders. The Carers Centre was increasing its presence in the What Matters Hubs and the service was working to make sure that there will be representation from the Carers Centre in all the hubs. This was a good development that will raise the profile of the Carers Centre and will facilitate wider access to support.

A Carers First group was established as a result of the updated strategic plan. A representative of the Scottish Borders Carers Centre sat on the IJB and SPG. Carers told us they recognised the partnership's intention to improve services for carers. This was evident through the increased visibility of senior leadership at Carers First meetings. However, further work is required to make sure that they were consistently involved in the planning stage as reported in recommendation one and that their contributions resulted in meaningful change.

The development of a carers strategy in consultation with carers was a positive development. Improvements had been made in the delivery of support for carers, with the development of an increased number of carer support plans. This support was positively received. There was performance monitoring for carers support, and the carer representative on the SPG was making sure that the indicators were reflective of carers experience.

Recommendation 6

The partnership should ensure that people with dementia receive access to a timely diagnosis.

We made this recommendation at the time of the inspection because support for older people with dementia across Scottish Borders was inconsistent. There was a disparity between what we were told by hospital staff and people who accessed dementia services. Hospital staff thought there were clear pathways for the initial diagnosis of dementia and between hospital and community services. However, this view was not shared by all older people, their carers or community staff.

Since the inspection the partnership had taken positive steps to redesign dementia services. The services for older people's mental health had undergone a transformation and there was an increased focus to offer a quicker diagnosis and better support to those affected by dementia. The older people we met who had recently been diagnosed with dementia were satisfied with the process. They especially welcomed being offered a choice

to undertake diagnostic tests within their own home or attend a community centre. Despite the improvement in the time from referral to assessment staff reported concerns that GPs were referring people for diagnosis at the advanced stages of the illness. Best practice guidance would suggest that an earlier referral would allow early interventions to be offered and produce better outcomes for patients.

The community outreach team was developed to improve the ability of people with dementia to better manage their conditions and support those who care for them. This service facilitated a more streamlined approach to referrals and allowed patients to be offered more timely support as the Post Diagnostic Support (PDS) workers were based in the same clinic as those who carried out the assessments. This meant that people who received a diagnosis of dementia could be introduced to a PDS worker immediately after assessment.

Patients and their carers told us that they were concerned about the lack of services for people who had completed post diagnostic support and who did not yet require specialist residential care. The partnership was trying to address this by establishing new local area coordinators who will address this gap. Other supports included the What Matters Hubs and the Place and Space Community Resource Centre in Kelso. These were reported to be useful in providing personalised support for people with dementia and their carers. The partnership had recruited a dementia nurse consultant who will work with Alzheimer Scotland to strengthen the support options for older people and engage with the national strategy for dementia. Alzheimer Scotland was undertaking a consultation to identify local needs to ensure best use is made of resources. It was also supporting the rollout of dementia cafes² across the region.

The mental health transformation programme had resulted in positive changes for people accessing a diagnosis of dementia since the inspection. Improvements had been made in the waiting time between referral and assessment. However there was scope for further improvement for timely referrals for assessment. The positive innovation of post diagnostic support being introduced at the assessment clinic provided a seamless transition to support.

Recommendation 7

The partnership should take action to provide equitable access to community alarm response services for older people.

We made this recommendation at the time of the inspection because it was noted that the partnership did not have a clear strategy or vision for telecare and telehealth services. The partnership has since developed a strategic plan for telecare. In this there was a

² Dementia Café's provide a safe and supportive place to discuss dementia diagnosis and think about what it means for the future, get answers from health professionals and meet and learn from other people in similar situations and keep active, make new friends and feel more confident (<https://www.alzheimers.org.uk/get-support/your-support-services/dementia-cafe>).

commitment to offer technology enabled care in the Scottish Borders that was aligned to the national strategy. As part of the delivery of this, training had been rolled out across the partnership to raise awareness of telecare and telehealth and to promote the use of technology.

We also made this recommendation because it was identified that Bordercare provided a responder service but access was dependent on older people having a nominated person who could respond in a crisis. There was a gap in service provision for people who did not have anyone to nominate. The partnership acknowledged that often the most vulnerable people, for example those who do not have family and friends close by to offer support, were unable to have a telecare alarms as they do not have a nominated person. The number of people provided with community alarms in the partnership had consistently decreased since the inspection. There was recognition that a responder service would provide more equitable access.

The partnership was committed to delivering an innovative solution to developing a responder service which would meet the needs of people who do not have a nominated person and be deliverable within the current resource. Recruitment of volunteers to be Community First Responders was underway. Their role would be to respond to activated alarms and medical emergencies if required while the ambulance is on its way. The volunteers would be trained in a wide range of emergency skills and use specialised equipment such as automatic external defibrillators and oxygen therapy. This project was at the early stages of development, but was a positive initiative to provide more equitable access to alarms.

As well as developing a responder service the partnership also demonstrated a commitment to enhancing knowledge and understanding about more advanced forms of telecare. Training had been rolled out which aimed to facilitate and promote use of more advanced technology.

Recommendation 8

The partnership should provide stronger accountability and governance of its transformational change programme.

We made this recommendation because there were a number of weaknesses around strategic planning. For example, the 2016 strategic plan lacked detail on how its implementation would be measured and evaluated.

The partnership described a robust process in place for monitoring the progress of the new strategic plan to the IJB. This was supported by a clear reporting structure between the IJB, the SPG and the key management leadership groups. Action had been taken to review the partnership's governance arrangements in order to achieve this. This had included reviewing the arrangements for IJB meetings, the operation of the SPG and the

effectiveness of locality planning arrangements which are described in more detail in recommendation two.

The strategic needs assessment was identified as an area requiring attention during the inspection. The Joint Strategic Needs Assessment which was in draft form at the time of the inspection, had not been refreshed. However, more positively, the partnership now planned to complete a detailed revised strategic needs assessment based around and built upon the needs identified in the five localities. A series of consultation events “Fit For 2024” was underway in the localities as part of this process.

A market facilitation strategy had not been completed. However, in developing its strategic direction for services the partnership had undertaken work to explore and better understand the mix of care provision in the Borders and to encourage some new providers. The IJB had agreed this approach in September 2019 and also that a market facilitation strategy would be completed to support its implementation.

The partnership’s commissioning, contracting and procurement work and in particular its oversight was highlighted in the inspection of services for older people. The partnership has put robust arrangements in place for the management and oversight of these activities.

Recommendation 9

The Integration Joint Board should develop and implement a detailed financial recovery plan to ensure savings proposals across NHS Borders and Scottish Borders Council services are achieved.

We made this recommendation at the time of the inspection because members of the IJB were kept informed of the actions that related to the delegated services. However, they were not actively involved in the process of creating the recovery plan. Concerns had been raised over the limited opportunities that IJB members had to influence the financial recovery activities arising from projected year end overspends.

The partnership and the IJB are committed to improving joint financial planning. The improved relationships in the IJB will be beneficial in delivering this. NHS Borders has a significant financial deficit, and has been engaged in a Scottish Government turnaround approach. The development of a joint financial recovery plan is essential. Audit Scotland continue to monitor the partnerships financial planning as part of their annual programme.

Recommendation 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.

We made this recommendation because there was a lack of clarity about pathways for accessing services and lengthy waiting times to access services. There was also a significant number of older people who were waiting for lengthy periods of time to have their needs assessed or to receive certain services at the time of the inspection.

Since the inspection, the partnership had put in place a consistent approach across Scottish Borders to signpost people to the most appropriate service. The Scottish Borders Council customer services team was the initial point of contact for most people. Customer services staff carried out initial What Matters conversations, signposted individuals to other services, booked a What Matters Community Hub appointment or referred directly to social work if a critical need was identified.

As described in recommendation three, the introduction of the What Matters Hubs provided an additional point of contact for people to access services. A range of approaches were taken to advertise the What Matters Hubs and other services across localities. This included a variety of printed information including posters, flyers and business cards which were available in a variety of locations. Additionally, the Scottish Borders Council and SB Cares website encourages individuals looking for advice and information to access the Hubs as the first point of contact. Radio advertising and social media were used to raise awareness of the existence of new Hubs and as part of an ongoing awareness raising campaign. Information leaflets had been produced as services had been developed. This included the recent leaflet informing of the local area coordinator service for older people. The partnership recognised that there was a need to increase awareness of the What Matters Hubs in more rural areas and new advertising campaigns were being introduced. This included digital bus adverts to engage harder to reach individuals.

The partnership provided clear information for the public about social care and how to access it. The use of eligibility criteria and target timescales for providing support were also transparent.

Whilst these activities were positive, the partnership had yet to evaluate the effectiveness of its approach to disseminating information about accessing services. This limited the partnership's opportunities to make sure that stakeholders across Scottish Borders had access to the right information at the right time and were clear about pathways to access support.

Since the inspection, leaders had made a concerted effort to make sure that eligibility criteria were appropriately interpreted and applied by staff. We heard from a range of staff and managers that processes and activities were in place to make sure that eligibility criteria were being consistently applied and this was monitored on an ongoing basis. This included line manager scrutiny, resource panels, spot audits by the interim chief officer for adult services and review panels.

Waiting lists continued to be in place for each of the five locality areas. Evidence submitted by the partnership demonstrated that they were working to reduce waiting times across localities. The partnership had agreed standard response times for older people's social work services and had introduced measures to manage waiting lists. These were actively monitored by managers on a weekly basis and performance was reported monthly. Most older people were being seen within agreed priority one and priority two target waiting times. Some localities had more people waiting for a service than others. For example, the 'Central locality' had the highest number of people waiting for a service, reflecting the more expansive geography and limited staff capacity. Consideration was being given to deploying 'pop-up' What Matters hubs across the locality to help reduce waiting times. These hubs were not held on a regular basis, and utilise existing community resource. For example, pop up hubs have been held in lunch clubs and men's sheds to meet local need. There was evidence that the introduction of the What Matters Hubs had positively impacted waiting times in some localities. Hawick had the longest established hub, and the lowest number of people waiting of all the teams as well as almost all older people being seen within standard waiting times.

The partnership inspection improvement plan (health and social care specific plan) had an indicator of no more than 30 people waiting for a care package in all locations in Scottish Borders. This was a complex indicator which was reviewed monthly and was reported to the IJB performance board. The indicator included people awaiting a care at home package to facilitate discharge from hospital, care at home service for people within the community and residential placements, including nursing care placements. There was evidence that the partnership was meeting this target.

There was a consistent approach across Scottish Borders to signposting people to the most appropriate service. The What Matters Hubs were central to this and provided a new and consistent approach to accessing services. The partnership provided clear information about the use of eligibility criteria and target timescales for providing support. There was evidence that eligibility criteria were consistently applied. There was evidence of ongoing work in all localities to address waiting lists. This included monitoring by management and performance reporting. In areas where the What Matters Hubs were well established, there was evidence that they were positively impacting on waiting times.

Recommendation 11

The partnership should work together with the Critical Services Oversight Group and Adult Protection Committee (APC) 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***
- ***Improvement activity resulting from quality assurance processes is well governed***

We made this recommendation because there were a number of weaknesses around risk assessment and management. There was also a need for significant improvement in how staff assessed and managed risk and the partnership's quality assurance of this area of practice.

Since the inspection in 2017, the partnership had identified differences in format, understanding and use of risk assessments across adult services. There was evidence that the partnership had worked hard to address this and establish clear understanding across the different adult services regarding the format and use of risk assessments. The partnership developed and delivered a training programme focused on risk assessment, analysis and planning. Completing this training was mandatory for staff in the five health and social care locality teams, mental health services, learning disability service, emergency duty team, review and community care finance teams. Staff who had attended the training advised us that this development opportunity had met their learning needs and that their knowledge and skills had increased. Completion of the risk assessment training remained mandatory for new staff and there were plans to offer refresher training to existing staff.

In conjunction with the risk assessment training programme, the partnership developed and implemented Scottish Borders Council Adult Services Risk Assessment and Practice Standards 2018 and implemented revised risk assessment tools. These practice standards had recently been revised in October 2019 and applied to all staff in adult social care and social work. The standards referenced various risk assessment tools which were available for staff to use. Frontline workers and managers confirmed that the practice standards and training had been very positively received and indicated that risk assessment and risk management had improved significantly. The partnership had an active council officer forum which provided council officers with the opportunity for peer support, discussion and sharing good practice.

The partnership had recently increased the resource for adult protection officers (APOs) to promote a stronger level of oversight of adult protection work, including quality assurance and standardisation of approach across the seven adult teams. A process was in place to monitor the Adult Support and Protection (ASP) processes and timeframes using a RAG (red, amber or green) indicator. The partnership acknowledged that whilst this approach had had a positive impact further improvement was required.

There was evidence of commitment to increasing responsibility and involvement in adult protection from health staff and the recent creation of a public protection nurse post was an example of this.

Single-agency case file audits of ASP were undertaken monthly and largely focused on social work. In joint mental health and learning disability teams, health colleagues verbally inputted to make it a more dynamic process. Findings from these audits were reported to the Adult Protection Committee via the audit subgroup. ASP audits were mainly undertaken

by the Adult Protection Co-ordinator and the APOs with findings being fed back to adult services team leaders. Adult services team leaders undertook separate audit activity focused on individuals circumstances that did not meet the ASP threshold. The partnership had identified four themes arising from recent audit activity and APOs were working with team leaders to improve practice.

The partnership acknowledged that the current approach to case file auditing lacked structure and was not multi-agency. There was no overarching multi-agency audit plan or action plan developed from audit findings. This limited the partnership's ability to evaluate multi-agency practice and drive improvement around collaborative practice.

The Chief Officers Strategic Oversight Group had recognised that key performance indicators and data collected to monitor adult protection was limited. The analysis did not extend to the narrative behind the data which limited opportunity to identify areas for improvement. The partnership had taken action to address this with new performance indicators being developed as part of an overarching public protection approach. It was too early to tell if the newly developed performance indicators will be effective in monitoring performance and as a tool for improvement.

Following the inspection of services for older people, the Chief Officer Strategic Oversight Group instructed a review and redesign of public protection to improve the multiagency response to individuals at risk in the Scottish Borders. The review included engagement and consultation with a range of stakeholders and learning from other areas. As a result the partnership decided to move from separate protection committees to one public protection committee. The partnership reviewed structures, processes and procedures and was setting up a co-located service with a wider remit within a Public Protection Unit (PPU). The PPU will work collaboratively to address adult protection referrals and activity. The final APC meeting was in December 2019 and the public protection committee and the PPU are due to commence early 2020.

The partnership was committed to the public protection approach and the perceived advantages that the PPU would bring. It was clearly committed to progressing ongoing improvement to keeping adults at risk of harm safe. The partnership will be subject to a national programme of ASP inspection which will commence in 2020/21. This will involve inspecting the delivery of key processes and leadership of ASP practice in Scottish Borders and will provide further insight into this.

The partnership had worked hard to develop new procedures and tools for risk assessment and risk management. This was supported by training which almost all relevant staff had undertaken.

The partnership had a process in place for regular case file audits in social work. The findings from the audit activity were reported to the APC, and feedback was provided to team leaders to undertake improvement work in their teams. The partnership

acknowledged that the current approach to case file auditing lacked structure and was not multiagency. There was no audit plan or action plan developed from the audit findings. This limited the partnership's ability to evaluate multiagency working and drive improvement around collaborative practice.

Recommendation 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.

We made this recommendation because NHS Borders staff had the opportunity to engage in iMatter to provide feedback, but that this had not been rolled out to include council staff.

The partnership has since rolled iMatter out across the whole partnership. Response rates were being monitored across all teams and the partnership could demonstrate that most teams generated an adequate response to provide meaningful reports. There was evidence of action plans being created which were aligned to the areas identified for improvement from the responses. The plans were realistic and time bound. There was also evidence of a review of an action plan demonstrating that the improvements had been undertaken. An example of this was an identified need to have a clear understanding of quality and performance measures and expectations in relation to roles and teams. By the time of the review a quality and performance framework had been introduced to address this.

Recommendation 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.

We made this recommendation because there was a need for a joint workforce development strategy which involved independent and voluntary sector partners.

The first health and social care partnership workforce plan 2017/2019 was published in December 2017. This was jointly produced by NHS Borders and the Scottish Borders Council. Positively, partnership staff were engaged in consultation in the development of the plan. However, partners from the third and independent sectors were not meaningfully included. The plan would expire at the end of 2019. A revised draft plan was being developed, but this was at a very early stage. No evidence was provided of work underway to make sure the plan would be both joint and comprehensive. The delay in the plans' development was attributed to waiting for the forthcoming Scottish Government Guidance. Senior partnership staff expressed a commitment to making sure that the

production of the new joint plan would include consultation and engagement with partnership staff and representatives from the third and independent sector.

Workforce development was largely carried out on a single-agency basis. There was limited evidence of a strategic approach to joint training. Independent and third sector partners had limited access to partnership training and development opportunities. The partnership acknowledged that there was scope for improvement and expressed an intention to formalise training opportunities for the third and independent sector in the future.

In line with its workforce plan the partnership had introduced initiatives to improve joint working, build staff capacity and develop an appropriately skilled workforce. Partnership staff described an improvement in multiagency working and a more collaborative culture. A joint staff forum was active in areas including workforce planning.

Plans were being put in place to offer access to health and social care careers. There were also single-agency initiatives to grow the workforce including: an increase in the number of modern apprenticeships across the sector; work with local schools and Borders College to promote careers in health and social care, a job guarantee; a “grow your own” plan which will support two staff to commence a postgraduate Diploma in Social Work. Additionally, healthcare support workers were completing accredited training to enable them to fill new posts equivalent to vacant Band 5 nursing jobs. The impact of these initiatives has not been fully evaluated to assess the effect on areas of identified need.

There was limited evidence of a strategic approach to joint workforce development being implemented. The partnerships’ new plan should include the Scottish Government guidance published in December 2019 and develop the new plan to make sure a streamlined and improved workforce planning process. In doing this the plan should reflect closer integration between health and social care organisations and include the independent and voluntary sector. The workforce plan will require to have an associated timescale and to have measures of success built in.

4. Conclusion and what happens next?

The original inspection of services for older people had identified some strengths in the delivery of services for older people in the Scottish Borders. These included a committed workforce and an ambitious plan to transform its approach to meeting the needs of older people. For example through developing community led support. However, it also identified significant weaknesses and we made 13 recommendations for improvement which necessitated us returning to the partnership to evaluate progress.

In this progress review we found that the partnership had made progress in addressing each of the 13 recommendations and demonstrated a commitment to ongoing improvement. We also found that more broadly the partnership was now in a better place than it had been back in 2017.

Senior managers within the partnership demonstrated a commitment to a shared direction of travel and increased strengthening of joint working at a strategic level. Continuity of senior staff in the partnership had provided much needed stability. The partnership had reviewed its governance framework and the IJB has a process in monitoring the progress of the strategic plan. This was supported by a clear reporting structure between the IJB, the SPG and the key management and leadership groups. Importantly constructive working relationships had evolved within the IJB and SPG. Work undertaken by the partnership to improve planning and commissioning was piecemeal and limited after the inspection, but this has since taken a strategic approach and is being taken forward. There was a clear commitment by the partnership to continue building on the improvements and progress that it had made.

During the review the partnership recognised the need to improve both self-evaluation and ongoing evaluation of initiatives and approaches. The review identified areas for ongoing improvement in the partnership. Engagement and consultation with stakeholders needs to become more meaningful, and appropriate representation must be included and valued in the SPG and IJB. Accessing a specialist assessment for dementia in the Scottish Borders has become far easier, but further work is required to make sure that this is always offered quickly after symptoms become evident.

Given the positive findings from our review we do not intend to conduct any further scrutiny in relation to this inspection of services for older people. Instead the Care Inspectorate and Healthcare Improvement Scotland will continue to engage with the partnership about the possibility of offering further support as they continue to work hard to improve services for older people.



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