

**BUTE AND COWAL HEALTH AND SOCIAL CARE**

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**1. EXECUTIVE SUMMARY**

The purpose of this report is to provide an update to the Area Committee on relevant issues regarding Health and Social Care within Bute and Cowal.

This report focuses on a number of regularly reported areas such as delayed discharge and adult support and protection and in addition provides information on new areas of work, such as Integrated Care Fund allocations and progress on the establishment of local integration management arrangements.

**2. INTRODUCTION**

As off the 1<sup>st</sup> April 2016 Argyll & Bute Health & Social Care Partnership will take on the statutory responsibility for all Health and Social Care provision within Argyll & Bute. This new responsibility changes the relationship and reporting structures required from those previously in place.

In addition to a new management structure, localities will be supported to set up Locality Planning Groups which will be responsible for reviewing and monitoring our performance and delivery against our 3 years Strategic Plan.

This report provides information on a range of areas that are regularly updated and others that are new areas of activity.

**3. RECOMMENDATIONS**

It is recommended that members note this report.

**4. DETAIL**

There are a number of developments taking place during the evolution of the Health and Social Care Partnership and this report focuses on the following aspects:

- Integration
- Integrated Care Fund Allocations
- Locality Planning
- Delayed Discharge Action Plan
- Adult Support and Protection
- Bute Service Redesign
- Adult Social Care Funding Allocation from Government
- Home Care Provision
- Local Care Homes
- Dunoon Service Redesign

## 4.1 INTEGRATION

As previously noted Viv Hamilton Locality Manager for Bute and Cowal and Jayne Lawrence-Winch Local Area Manager for Cowal are in post and are both based at the Cowal Community Hospital.

Interim management arrangements are in place for Bute with Jane Williams as acting Clinical Services Manager and Cath McLoone taking on additional responsibilities in her role as Team Lead on the island to ensure the smooth running of the integrated service until the new Local Area Manager is in place.

Interviews for the Bute Local Area Manager are scheduled for 15<sup>th</sup> March 2016

## 4.2 INTEGRATED CARE FUNDS ALLOCATION

There were 5 successful bids for the Bute and Cowal area.

### Bute and Cowal

Focus and Lead of application	Partners Involved	Allocations
Care Homes Falls Prevention (NHS)	Health and Social Care / Independent Sector	£31,097
Branching Out (Argyll and the Isles Coast and Countryside Trust)	Health and Social Care / Third Sector	£12,000
Wellness Recovery Action Planning (NHS)	Health and Social Care / Independent / Third Sector	£3,900
Strachur Cioche (NHS)	Health and Social Care / Third Sector	£12,827.03
Community Day Response Service (Carr Gomm)	Health and Social Care / Independent Sector / Third Sector	£140,200

### Care Home Falls prevention and emotional touch points

Reducing harm in care homes is a focus of improvement for NHS Scotland and the Care Inspectorate. The NHS Highland falls prevention steering group requires Argyll and Bute HSCP to support care homes in work to reduce falls through an improvement approach. The revised Care Inspectorate Resource Self-Assessment falls risk toolkit 'Managing Falls and Fractures in Care Homes for Older people' (2015) is to be released from the Care Inspectorate to all care homes in Argyll and Bute.

This project will provide an NHS practitioner, either an Allied Health Professional (Physiotherapist, Occupational Therapist) or a Nurse with Special Interest to support the Care Homes in the Bute and Cowal area with improvement work on falls prevention.

### Branching Out

Branching Out is a partnership programme between NHS, Forestry Commission Scotland and other local partners, providing outdoor woodland activities on referral

for mental health services.

Argyll & the Isles Coast & Countryside Trust (ACT) is the lead partner for Branching Out Argyll –maintaining a strategic overview, hosting discussions between partners at a strategic level and receiving feedback to ensure effective delivery. In order to ensure that a sustainable programme is developed, ACT will provide an initial 3 year support mechanism, providing an Argyll wide approach to facilitate a local modular delivery system for the future.

The Community Woodlands Association (CWA) has been involved in supporting community woodland groups who use their woods for health, wellbeing and social care activities to share knowledge, expertise and skills across the sector.

Branching Out programmes generally run for 1 day/week for 12 weeks for 12 -15 participants and require a Branching Out Leader and mental health professional at all sessions. The sessions last around 3- 5 hours. The programme covers a range of activities including walks, wildlife and plant identification, storytelling, arts and crafts and practical conservation tasks.

### **Wellness Recovery Action Plan**

The Scottish Government Mental Health Strategy for Scotland (2012-2015) supports an approach where in addition to therapies being available, people have the ability to access more information, self-refer and also seek support for themselves. It is also recognised that many people would rather “do something” to improve their mental health rather than be in receipt of a treatment. (Scottish Government 2014). The evidence confirms that 1 in 4 people will experience a mental health issue such as depression and/or anxiety at some point in their lives

People with mental health needs are more likely to seek information for themselves to understand their own mental health and wellbeing and have a greater desire to control how they access help and support.

“Self-help, self-referral, self-directed, self-management and peer to peer are all concepts that will grow in importance and demand and which will require a different mind-set and approach to how services are shaped and delivered.

Wellness Recovery Action Planning (WRAP) is a self-management tool used in many countries around the world to help individuals take more control over their own wellbeing and recovery. It works on the basis that people are the experts in their own experience and is based on the premise that there are no limits to recovery.

### **Cowal-Strachur Coiche (Hub)**

This project provides a range of preventative and support services in a rural area working collaboratively with a range of partners using a coproduction model with the person requiring support. The focus is to develop local accessible services that meet the needs of the changing population. Local knowledge will be used to guide the introduction of new activities and services and bring some currently only available in Dunoon to the rural area. Services and activities will meet the health and wellbeing aims of the local population but can be adopted wider if and when necessary.

Activities include:

Diabetic support group  
Strength and Exercise classes  
Walking groups for different levels of ability  
Mental Health Support Group  
'Meet and Eat Well' Club  
'Crafty Cronies' Club  
Transport to ensure access

The management of the Coiche sits within the Strachur Medical Practice Patient Participation Group and a supervising officer has been appointed from the HSPC to monitor and review its effectiveness.

### **Community Day Responder**

This project will support the use of Telecare responding to alarm activation and undertaking 4 week reviews of basic telecare equipment once it has been installed to assess if it remains suitable. The service will also keep up to date records of key holders and next of kin.

A major part of the community day responder service will be to support falls prevention and management and to respond to incidents as requested. The service will also be able to facilitate hospital discharge, transport people from A&E or the Ward to home and offer a home from hospital service by ensuring the heating is on, there is food in the fridge and settling the person back into their home environment.

### **4.3 LOCALITY PLANNING**

Effective local service delivery requires successful participatory decision making at a local level. This can only be achieved by empowered individuals and communities. In Argyll and Bute we are committed to what is termed "tooling" up our locality planning and operating arrangements so the above will be skilled in the ability to "*plan, own and deliver*" what is required within our community.

We have established Locality Planning Groups for both Bute and Cowal. Both groups are currently jointly Chaired by Mark Lines, Locality Manager Children & Families Bute and Cowal and Viv Hamilton Locality Manager Adults Bute and Cowal.

The Terms of Reference are currently under review and membership is starting to be populated and adverts in local press for patient and carer reps have been auctioned.

The groups are currently studying locality profile data which will start to inform the Locality Plan and local priority setting.

### **4.4 DELAYED DISCHARGE ACTION PLAN**

We continue to have a good record in Bute and Cowal regarding delayed discharge and currently have no breeches at the time of writing. We are drafting a bid for Delayed Discharge monies to build additional capacity to support our good practice as

the Scottish Government target will increase to 72hr discharge in April 16 for patients who are medically fit for discharge.

#### 4.5 ADULT SUPPORT & PROTECTION (ASP)

Under the Adult Support and Protection Act 2007 we have a duty of care to safeguard and investigate cases that meet the following 3 point criteria.

- The adult is unable to safeguard their own wellbeing.
- Are at risk of harm and...
- Because of a disability, mental disorder or illness of physical or mental infirmity, are vulnerable to being harmed than an adult that is not affected.

The B&C ASP activity remains the highest in Argyll and Bute. The quarterly reports continually show a high rate of referrals but a low rate of cases that develop into a full investigation and a subsequent case conference.

The latest activity data Oct –Dec 2015 is shown below:

Area	Number of AP referrals	% of AP referrals
B&C	32	30.4%
H&L	18	17.1%
MAKI	32	30.4%
OLI	23	21.9%
Total	105	

#### Maintaining agreed timescales

The number and percentage of referral where adult protection inquiries have been completed within the agreed timescale of 5 working days has stayed at 81% for Argyll & Bute with Bute & Cowal achieving 84% this quarter.

	Late	On Time	Not Complete	Total	% On Time
B&C	5	27	0	32	84%
H&L	4	14	0	18	78%
MAKI	2	32	0	34	94%
OLI	7	12	2	21	57%
Sum:	18	85	2	105	81%

The Bute & Cowal Locality ASP Forum is very active and is hosting a multiagency ASP Conference on 18<sup>th</sup> May 2016 at Cowal Community Hospital, raising awareness of ASP, examining case studies and sharing examples of good practice.

#### 4.6 BUTE SERVICE REDESIGN

This group is responsible for developing the Strategic Assessment for Bute, reviewing the model of care, scoping out the local requirements covering clinical and care services, GP premises, hospital premises and independent providers on the Island.

The project is referenced within the HSCP 3 year Strategic Plan and aims to have the Business Case completed by the end of 2017 as part of the HubCo process.

#### **4.6.1 DUNOON SERVICE REDESIGN**

This group is responsible for developing the Strategic Assessment for Dunoon, scoping out the local requirements for the provision of facilities for Primary Care services and other linked services such as health and social care in a co-located base.

The project is referenced within the HSCP 3 year Strategic Plan and aims to have the Business Case completed by the end of 2017 as part of the HubCo process.

#### **4.7 ADULT SOCIAL CARE FUNDING ALLOCATION FROM SCOTTISH GOVERNMENT**

The IJB are meeting on the 23rd March 2016 to consider the detail of the first budget for the HSCP. The outcome of this meeting will be disseminated shortly after this date.

The SG have provided additional funding for social care across Scotland and the details of this offer has been channeled through COSLA and Health Boards to all Councils in Scotland.

#### **4.8 HOMECARE PROVISION**

We have continued to achieve a zero waiting list for home care services and we have no one awaiting packages at the time of writing. Our home care procurement officers continue to work diligently with provider organisations to provide all packages of care.

Initial reviews are undertaken by the Home Care Procurement Officers 4 weeks after services are introduced and are all up to date at the time of writing. Further reviews are undertaken at regular intervals and at least once a year if the situation is stable. However, a review can be called at anytime depending on the individual need of the person.

Bute and Cowal Care at Home activity:

<b>Data Period Requires update</b>	<b>Bute</b>	<b>Cowal</b>	<b>Total</b>
No of Clients receiving a Service	166	215	381
Projected annual hours of care	29,638	24,082	53,721

#### **4.8.1 CONTRACT MANAGEMENT PROCESS**

Argyll and Bute Council's Procurement and Commissioning team are responsible for the Contract and Supplier management of these services. This is complimented by the service monitoring and review process carried out by Homecare Procurement Officer and Care Managers. The Procurement and Commissioning Team carry out quarterly contract management meetings that determine the risk rating of each contract. All contracts are risk registered using a combination of Care Inspectorate

grades, service concerns and complaints. Additional monitoring is undertaken as required where risk level increases.

The current breakdown of the grades for B&C providers are:

B&C Providers	Care Inspection Grades		
	Quality of Care and Support	Quality of Staffing	Quality of Management and Leadership
Preferred Providers on Framework			
Allied	6	6	5
Carewatch	5	5	5
Care UK	5	5	4
Carr Gomm	4	4	5
Off Framework providers			
Careplus	6	5	6
Cowal Carers	5	4	4
Mears	3	3	3

\*Care Inspectorate Grades:

6– Excellent 5- Very Good 4- Good 3- Adequate 2- Weak 1- Poor

#### 4.9 LOCAL CARE HOMES

Thomson Court on Bute last care inspection took place in August 2015.

Currently 7 permanent residents and 1 empty bed.

Respite bed is in use at the time of writing the report but uptake for this bed has been slow over the last year.

The current grades are outlined below:

Thomson Court Care Inspectorate grades	
Quality of Care & Support	5
Quality of Environment	5
Quality of Staffing	5
Quality of Management & Leadership	5

Struan Lodge in Dunoon is a 12 bedded in-house unit which includes 1 respite bed. Current overall occupancy is 92%. The latest inspection took place in February 2016 and we await confirmation of grades awarded.

The previous inspection resulted in the following grades which are expected to be maintained:

Struan Lodge Care Inspectorate grades

Quality of Care and Support	5
Quality of environment	5
Quality of staffing	5
Quality of Management & Leadership	5

At the time of writing we have a number of vacancies within the private sector with 14 in Cowal, some of which can provide nursing care. However, on Bute we have 5 that are for residential provision only.

This has been a long running issue and the Bute Service Redesign Group (referenced above) has responsibility for this review as part of the HSCP 3 Year Strategic Plan.

## 5.0 CONCLUSION

The aim of this paper is to provide an update to the Area Committee on the performance and delivery of Health and Social Care related activities and developments for Bute and Cowal.

As Integration becomes embedded within the HSCP and Localities, we will start to see opportunities emerge for service improvements with a reduction in duplication, co-location of staff and services, the realization of economies of scale and embedding our shared ambition of a person centered approach to all of our business.

This is a challenging and exciting time in the development of the HSCP and a time of transition for our communities and staff. There is a significant change programme in place which over time will guide and support the changes required in order to deliver our 3 year Strategic Plan. The Area Committee will be updated on a regular basis.

## 6.0 IMPLICATIONS

- 6.1 Policy NA
- 6.2 Financial NA
- 6.3 Legal NA
  
- 6.4 HR NA
- 6.5 Equalities NA
  
- 6.6 Risk NA
  
- 6.7 Customer Service NA

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Date of Report prepared 14<sup>th</sup> March 2016

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