



Argyll & Bute
HSCP



Argyll and Bute Health and Social Care Partnership

Health and Social Care Partnership Annual Performance report 2017/2018.

July 2018



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Foreword: Chief Officer, Health & Social Care

Argyll and Bute Health and Social Care Partnership (HSCP) has continued throughout the year to work together in partnership to meet the unique challenges of delivering high quality, person – centred services across the large geographical area and deliver on our shared vision that **“People in Argyll and Bute will live longer, healthier, independent lives.”**

This is Argyll and Bute HSCP’s second Annual Performance report and is an opportunity to look back at our successes from last year and areas where we have to work harder. I am very proud of the progress we have made but I am clear on the direction we must take to transform our services and meet the needs of our population in the future. This reports celebrates our successes but also looks at what we must improve.

This year Argyll and Bute has seen unprecedented challenges around growing demand for services, workforce pressures and financial austerity. These pressures however have not prevented us from delivering high quality services. We are committed to improving on our services yet we have some very difficult decisions to make around our transformational change and what services will look like in the future.

We welcome the opportunity of working closely with our communities; we know how important health and social care services are to everyone. I acknowledge the uncertainty this year has seen yet value the learning for all our Senior Management Team in planning services for the future.

We all have a responsibility to look after our own health and wellbeing and our contribution to making our community resilient for the future.



Christina West, Chief Officer, Health & Social Care.

A handwritten signature in blue ink, which appears to read 'Christina West'.

1. Executive Summary

The Public Bodies (Joint Working) (Scotland) Act 2014 obliges partnerships to produce and publish an Annual Performance Report setting out an assessment of performance in planning and carrying out the integration functions for which Integration Joint Boards in Scotland are responsible.

The Annual Performance Report 2017/18 therefore encompasses the following:

- Assessing Performance in relation to the National Health and Wellbeing Outcomes
- Financial Performance And Best value
- Reporting on Localities and the work of Locality Planning groups and community stakeholders
- Inspection of services, to include details of any inspections carried out in 2017/18 relating to the functions delegated to the partnership, by scrutiny bodies.
- Ministerial Strategic group Integrated Joint Board scorecard – Performance measures assessment.

The 9 National Health and Wellbeing Outcomes describe what people can expect from the HSCP. Performance against each outcome is analysed in the performance assessment sections, with illustrative practice examples demonstrating how local services are working to achieve the outcomes.

Overall, the report identifies the progress achieved and the work that is ongoing within our Localities. It also demonstrates some of the challenges the HSCP is facing and highlights the significant transformational changes that will take place to shape services fit for the future.

2. Introduction

The Scottish Government requires every Health and Social Care Partnership to publish an Annual Performance Report each July and sets out requirements of the report in national guidance: [Guidance for Health and Social Care Integration Partnership Performance Reports](#).

This is Argyll & Bute's second Annual Performance Report, it will therefore benchmark progress against the 2016/17 report and will continue to benchmark year-on-year over a period of 5 years.

The Annual Performance report for 2017/18 includes the following topics:

- Assessment of performance in relation to the 9 National Health and Wellbeing Outcomes
- Children's Services
- Criminal Justice Services
- HSCP Governance and decision making
- HSCP Financial performance & Best Value
- Inspection of Services 2017/18
- Audit committees
- Reporting on Localities

Last year we recruited volunteers to act as an Editorial Group working with us towards the end of the report writing period, helping to make sure that the report was accessible and interesting to members of the public. This year we are building on that success by involving an Editorial Group at each stage of production of the report, to advise and guide us. We recognise the commitment the Editorial Group makes, for the benefit of everyone in Argyll & Bute and take this opportunity to formally thank them.

2017/18 has been a year in which the Health and Social Care Partnership has faced some significant challenges: financial pressures and overspends; public engagement and communication difficulties, workforce pressures and difficulties in recruiting to vacancies; achievement of national targets, all set against the ever increasing demand for services.

The Integration Joint Board (IJB) has had to take some difficult decisions and will have to face more in the coming year to ensure safe, high quality and sustainable services.

However, everyone in the Health and Social Care Partnership remains committed to our vision, that people in Argyll & Bute will live longer, healthier, independent lives.

3. Assessment of performance in relation to the 9 National Health and Wellbeing Outcomes

The National Health and Wellbeing Outcomes (NHWBO) provide a strategic framework for the planning and delivery of health and social care services. These suite of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

Currently there are 9 key National Health and Wellbeing Outcomes (NHWBO), and 23 sub-indicators which form the basis of the reporting requirement for the HSCP.

The Integration Joint Board (IJB) receives at each meeting a scorecard providing a summary of the HSCPs performance against the NHWBO indicators.



As in last year's report, the following sections provide a detailed breakdown of the HSCPs performance against each NHWBO target for 2017/18 as well as a comparison to its position in 2016/17.

3.1 National Health and Wellbeing Outcome 1

People are able to look after and improve their own health and wellbeing and live in good health for longer

What people can expect

- I am supported to look after my own health and wellbeing
- I am able to live a healthy life for as long as possible
- I am able to access information

Outcome 1 Indicators  x 8  x 6	2016/17	2017/18	Target
% of adults able to look after their health very well or quite well	96%	93%	93%
Rate of emergency admissions per 100,000 population for adults	11,767	12,066	11,959
Rate of premature mortality per 100,000 population	392	418	441
% of Older People receiving Care in the Community	74%	74%	83%
No of Adults waiting more than 12 weeks for homecare service after assessment has been authorised	13	6	6
% of Learning Disability Service Users with a Personal Care Plan	90%	90%	90%
% of Looked After & Accommodated Children in Family Placements	82%	79%	75%
No of External Looked After & Accommodated Children	7	8	10
No of alcohol brief interventions in line with SIGN 74 guidelines	874	397	1024
Proportion of new-born children breastfed at 8 weeks	30%	31.9%	33.3%
The number of ongoing waits in LIH for the eight key diagnostic tests at the end of the month over 4 weeks.	41	368	0
% of MMR1 Immunisation uptake rates for 5 year old	96.1%	95.8%	95.0%
% Under 18 year olds type 1 Diabetics with an insulin pump	42%	38%	25%
% Adults with type 1 Diabetics with an insulin pump	7%	11%	12%

Performance Assessment.

The scorecard shows some falls in performance against the target in 6 of the indicators coded red. The 3 indicators with the poorest performance are as a direct result of the increasing demand on services and the difficulty of our existing level of resources and ways of working to cope with this demand. The solution to this is in redesigning the service and continuing to enhance our health improvement and well-being resource and support.

Argyll and Bute HSCP has a good track record for investing in preventative health improvement and favours an assets based approach to improving health and wellbeing. This focuses on what keeps people well rather than what makes them ill and is built on the premise that people live better lives in strong, vibrant communities. Recent activity centres on building capacity in communities which includes:

- In April 2017 the community planning partnership ratified and launched a refreshed Joint Health Improvement Plan with four new strategic priorities

The Joint Health Improvement Plan (JHIP) can be viewed here - <http://healthyargyllandbute.co.uk/wp-content/uploads/2013/03/JHIP-2017-22.pdf>

- Health and Wellbeing Networks

There are eight Health and Wellbeing Networks across Argyll and Bute which work in a co-productive way to support healthy living in local communities.

- Health and Wellbeing Fund

During 2016-17, £107,000 was provided to support small scale local health improvement activity. A total of 100 projects received a grant ranging from £250 to £2,000. Applications must be in line with the strategic priorities of the JHIP and are awarded using community led scoring tools. Full details of projects delivered with health and wellbeing grants are published at <http://healthyargyllandbute.co.uk/case-study/>



- **Developing Public Health Knowledge**
The Public Health Team works with a wide range of partners to develop understanding and knowledge of public health priorities in order to widen the number of partners working on preventing health and social care problems. During 2017-18 two events were held on Adverse Childhood Experiences and Mentally Health Workplaces. Report for these events are published here - <http://healthyargyllandbute.co.uk/category/news/>
- **Social Prescribing**
Two pilots for link workers took place in GP practices Bute and Cowal. This was part of a two year project with Carr Gomm called **CONNECTIONS for Wellbeing** in Bute and Cowal. This was part of a two year project with Carr Gomm called *Connections for Wellbeing* to develop awareness and understanding of social prescribing (“Social prescribing” is a system where healthcare professionals are able to refer patients to local, non-clinical services to meet their wellbeing needs.) and investigate models for future delivery.

The link workers followed a person centred model of care and saw each person once or twice using motivational interviewing techniques focussed on linking people up with practical sources of help within their local community. A total of 89 appointments were provided to 65 people.

The learning from the pilot work is being used to inform the roll out of the new GP Services contract from April 2018.



The Health and Wellbeing Annual Report for 2017-18 is published here - <http://healthyargyllandbute.co.uk/>



3.2 National Health and Wellbeing Outcome 2

People, including those with disabilities or long term conditions, or those who are frail, are able to live as far as reasonably practicable, independently and at home, or in a homely setting

What people can expect

- I am able to live as independently as possible for as long as I wish
- Community based services are available to me
- I can engage and participate in my community

Outcome 2 Indicators  x 12  x 6	2016/17	2017/18	Target
Number of people 65 years and older receiving homecare	1212	1241	1160
% of adults supported at home who agree they are supported to live as independently	84%	79%	81%
% of adults supported at home who agree they had a say in how their support was provided	82%	76%	76%
Emergency Admissions bed day rate for all ages, per 100,000 population	103,902	101,582	115,518
Proportion of last 6 months of life spent at home or in a community setting	90%	90%	88%
Rate of emergency admissions per 100,000 population for adults	11,767	12,066	11,959
% of adults with intensive care needs receiving care at home	67.8%	67.0%	62.0%
Number of Enhanced Telecare Packages	630	726	500
% of Mental Health Clients receiving Care in the Community	100%	100%	98%
% of patients waiting less than 3 weeks wait between Substance Misuse referral & 1st treatment	92.7%	95.0%	90.0%
Total No of Delayed Discharge Clients	17	28	12

Outcome 2 Indicators  x 12  x 6	2016/17	2017/18	Target
% within 18 weeks waiting time from a patient's referral to treatment from Child Adolescent Mental Health Services	95%	89%	90%
% of patients waiting no longer than 4 hours in Accident & Emergency	99.5%	98.3%	95.0%
% of patients who wait no longer than 18 weeks for psychological therapies	63%	50%	90%
No of days people spend in hospital when ready to be discharged, per 1,000 population	597	634	772
% of health & care resource spend on hospital stays where a patient is admitted as an emergency	22%	21%	23%
Rate of readmissions to hospital within 28 days, per 1,000 admissions	76	83	97
Falls rate per 1,000 population aged 65+	25	25	22

Performance Assessment.

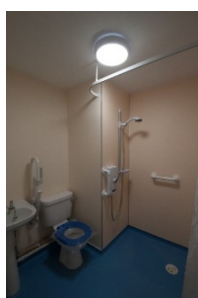
The scorecard shows falls in performance against the target covering 6 of the indicators coded red. The 4 indicators with the poorest performance are again as a direct result of the increasing demand on services i.e. outpatient waiting times, increases in emergency admissions, delays in discharges particularly in the Oban area. Once again this reflects the difficulty we have in our existing capacity ability to cope and change quickly enough to provide services in a different way.

Our work in relation to delayed discharge (DD) remains a key priority for staff across localities, and a number of actions have been identified and implemented to improve local care pathways and services and address performance barriers including administration and removing bureaucracy and wasted staff time and effort.

This has had a positive effect on our exemption coded delays with only one person currently delayed as a result of an Adult with Incapacity (AWI) assessment. We are also working with commissioning staff to develop alternative ways to deliver care at home in some of our remote and rural communities as shown below:

Extra Care Housing in Campbeltown

The closure of Auchinlee Care home in Campbeltown necessitated the need to review community based care provision in Kintyre and resulted in the opening of an Extra Care Housing facility in partnership with Cairn Housing Association in March 2018. The Health & Social Care Partnership leases 8 studio flats which can be sub-let to individuals who wish to maintain independent living arrangements, but who require additional care and support, especially overnight. A staff team is available at all times to help with things like personal care, administration of medication and social support. All the flats have Telecare systems which can provide alerts for safety, falls, inactivity, movement, etc.



Investing in Community Resilience with the 1000 Voices Project

The Argyll and Bute HSCP invested £105,000 to support the employment



of seven third sector workers based throughout our local communities in Argyll and Bute. Their role is



to work in a community led way to support older people to co-produce their own local activities.

These activities are diverse and include craft clubs and exercise activities.

The 1000 Voices Project works with older people across Argyll and Bute to help tackle social isolation and increase activity through purposeful activity, which helps to improve their health and wellbeing outcomes. Funding in 2016 enabled further match funding from Big Lottery.



In the first six months of 2017-18 3,282 people had engaged with 1000 Voices. Participants report a range of benefits from taking part in activities, for example, improved wellbeing and confidence, increased physical activity, increased opportunities to meet other people and less

loneliness and social isolation.

Strachur Hub

Running in rural Cowal for 3 years, the Strachur Hub supports older people, average age is 81, to be physically active. It is a community led initiative relying on volunteers from the GP practice patient representative forum, the local practice nurse on her day off, and local residents. The HSCP supports the Hub with £12,000 per annum and in kind with input from local HSCP staff.

A qualitative evaluation shows the Hub achieves:

- Improvements of wellbeing in participants and volunteers
- Increased socialisation and reduced loneliness
- Increased physical ability e.g. strength and balance and reduced risk of falls




Strachur Hub (Strachur & surrounding area)

[ICF Yr 1 and Yr 2 (2015/16-2016/17)]

NHWOs:
1-2-3-4-5-6-7

 **£25,600**
allocated across ICF Yrs 1 and 2

 Focusing on over 65s, but everyone welcome
Average weekly class size: **29**



Reduced loneliness



Increased Mobility & Strength



Reduced chronic pain



Reduced Meds



Reduced Risk of Falls



Reduced emergency admissions



Reduced hospital bed occupancy



Partnership working



Community capacity building



Critical: Volunteer time and lunch donated^{2\}



Return on Investment (RoI)

=

Immediate/ short-term cost avoidance as direct reduction in demand of services

+

Compounded cost avoidance to be gained in future years (1-5yrs, 5-10yrs, and further into the future)

+

Other unquantifiables e.g. improved community resilience; regular respite for carers; improved stability & strength, confidence, mental wellbeing, lower BMIs, reduced hypertension, etc.

Lorn Healthy Options (LOHO)



This community based social enterprise is a valuable partner in health and social care delivery and has been providing healthy living services in North Argyll for seven years. Health and social care staff routinely refer people to LOHO, for example, for chronic pain or for support in managing the symptoms of a long term health condition. The HSCP invests approximately £35,000 in LOHO per year. Highlights of recent work include:

- Weekly classes for people with MS.
- Working with the community of Taynuilt with the aim of achieving a 'Healthy Village' status.
- Partnership working with West Highland Housing Association to provide activity sessions for vulnerable tenants and non-tenants.
- Delivery of Counterweight weight management and Tai-Chi for health classes.



Lorn Healthy Options (LoHO)

NHWOs:
1-2-3-4-5-6-7



Self Directed Support in Argyll and Bute

Self-Directed Support (SDS) aims to give people full opportunity to take control of their support and their lives. It is for people of all ages, who after assessment with the HSCP, are eligible for social care and support. SDS is delivered in line with Scottish Government legislation to ensure everyone, including people who require social care are:

- Respected
- Treated with fairness
- Able as possible, to enjoy the same Freedoms as everyone else
- Able confident that their Safety is a priority
- Able to live with as much Independence as possible

SDS gives people a choice of 4 options for how much control they wish to take over how their support is organised, delivered and managed:

- **Option One** the supported person (or a relative) take the money as a direct payment and use it to employ 'personal assistants,' a support organisation or for equipment and services that helps them meet their needs and outcomes.
- **Option Two** either the HSCP or another appropriate organisation holds the money but the supported person (or their relative) is in charge of how it is spent in line with their support plan.
- **Option Three** the HSCP manages the money and support for the person.
- **Option Four** A mixture of the other three options

In Argyll and Bute it is often a challenge to deliver the full range of choices for everyone because, for example, there are not care providing services in all communities. This means that we have to work together to find the best possible solution for people to meet their social care needs and outcomes.

The HSCP has worked closely with third sector services to enable people to realise the full potential of SDS. As part of our collaborative approach, we have a responsibility to tell people about independent support, information and advice services specifically for SDS and we have partnered with the third sector in Argyll and Bute in 2017-2018 Community Contacts (a Carr Gomm Project).

The support offered has included:

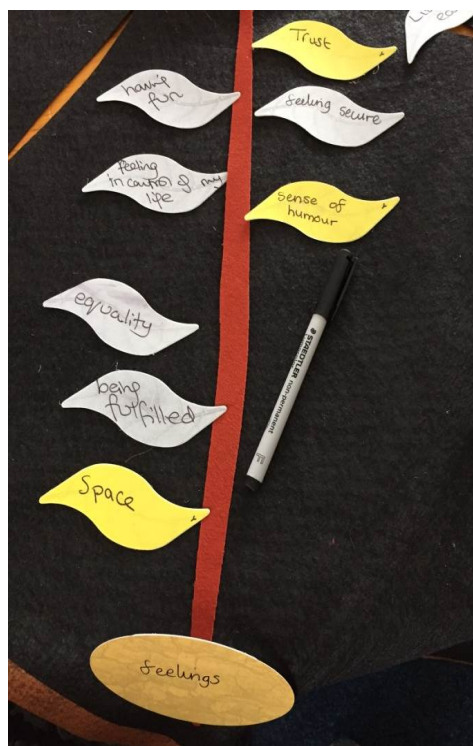
- Raising awareness of SDS in communities
- Assisting people to make decisions about their SDS options
- Supporting people to speak up for themselves when they have concerns about their assessment or SDS
- Ensuring the human rights based values and principles are realised
- Supporting people to develop 'personal outcomes' (goals for important things in life) and to share these as part of their SDS assessment and ongoing plans.
- Supporting people to manage a direct payment; to develop plans for how they wish to use their payment (in line with agreements with the HSCP), to recruit and employ 'personal assistants for social care' and to look after the money.

- Working with the HSCP to ensure our SDS information resources are easy to read and access.

The picture on right is an example of developing 'Personal Outcomes' with one person, for whom 'feelings' was an essential consideration in their SDS approach.

As at 31st March 2018 there were 2,134 people (total numbers are still being validated as part of the HSCP SDS Improvement plan) in Argyll and Bute using SDS for their care needs.

The HSCP SDS Officer and Project Assistant are working very hard with our 3rd sector partners to continue to progress our SDS Improvement plan in line with the Scottish Government's Self-directed Support Strategy which is running up to 2020.



Technology Enabled Care

Argyll and Bute HSCP Promotes Technology Enabled Care (TEC) to support and help people reduce the symptoms they are concerned about and improve their quality of life.

Argyll & Bute HSCP has committed to embedding TEC into its services and has identified additional funding to expand the TEC service from October 2018 and now provides the following:

Florence To date 664 patients have accessed our text monitoring service Florence. This includes a range of services such as hypertension, diabetes, relaxation, paediatric weight management, Chronic Obstructive Pulmonary Disorder (COPD), smoking cessation, podiatry, breast feeding, Diabetes Xpert programme, Behavioural Activation Therapy, low mood and anxiety.

Stephen 44yrs



Flo gives you text reminders about management of your feet that you don't think about everyday "IT'S A GIVEN"

Diabetic foot service

The Home pod service continues but numbers are low. We do have a nurse led model that is supported by our TEC nurse. We plan to expand this service once the new national Home Health Monitoring model is fully developed next year.



Margaret 85yrs "The technology keeps me living independently". "I am more in control of my heart condition now, and I have more knowledge and confidence through the results. I now recognise my symptoms".

Telecare - Over the 3 years of the TEC programme to date we have had 1672 new installations for basic telecare. But this past year in particular we have seen a significant rise in the number of enhanced packages.

Two other successes have involved the use of Just Checking a digital assessment tool to ensure that people have the correct home care package in place. The use of this kit in both our sleep over review project and also our recent reablement project has allowed us to make much more efficient use of our home care services while ensuring we take the most appropriate steps to ensure people are as safe as possible at home.





"After pressing the button an ambulance arrived in no time and got me to hospital." Margaret 85yrs

3.3 National Health and Wellbeing Outcome 3

People who use health and social care services have positive experiences of those services and have their dignity respected

What people can expect

- I have my privacy respected
- I have positive experiences of services
- I feel that my views are listened to
- I feel that I am treated as a person by the people doing the work – we develop a relationship that helps us to work well together
- Services and support are reliable and respond to what I say

Outcome 3 Indicators  x 9  x 2	2016/17	2017/18	Target
% of adults receiving any care or support who rate it as excellent or good	82%	80%	80%
% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	81%	72%	74%
% of adults supported at home who agree they had a say in how their support was provided	82%	76%	76%
% of people with positive experience of their GP practice	91%	85%	83%
Number of abbreviated customer service questionnaires sent to Service Users on bi-monthly basis	20	13	5
Proportion of last 6 months of life spent at home or in a community setting	90%	90%	88%
% of stroke patients admitted to a stroke unit on day of admission/next day	100%	100%	90%
No of patients with early diagnosis & management of dementia	804	814	890
% of SW care services graded 'good' '4' or better in Care Inspectorate inspections	84%	86%	83%
No of days people spend in hospital when ready to be discharged, per 1,000 population	597	634	772
Readmission to hospital within 28 days per 1,000 admissions	76	83	97

Performance Assessment.

The scorecard shows very good performance against the target covering all of the indicators, with only 2 slightly below target and demonstrates the hard work and professional and high quality approach the HSCP staff and partners take to meet this outcome.

Emotional touch points

Argyll and Bute have used 'Emotional Touch points' to demonstrate how personal stories can contribute to improvement and ensure that care is effective, relevant and high quality during integration of health and social


care. Emotional touchpoints is a resource which was developed by NHS Education for Scotland and Edinburgh Napier University. The resource uses an approach to hear and understand the experience of a person by focusing on an event (Touch Point) that is important to them.



"I am thankful for the way in which I/we are able to continue living in our own home. I feel supported by the provisions that are made for me/us."

The event is explored by identifying and talking about emotions both positive and negative that the person identifies and this gets to the heart of a person's experience.

In Argyll and Bute HSCP the Integrated Care Fund in three localities (Oban, Mid Argyll and Kintyre, Helensburgh and Lomond) supported the use of Emotional Touchpoints for a period of one year to gather stories with people in receipt of services.



"That people would look at post-codes when organising appointments." Most of my appointments have been early morning and I live 100 miles away from Glasgow and do not drive – I'm always dependent on other's taking me to clinic appointments"



The stories recorded all were relevant to at least one of the national Health and Wellbeing Outcomes. By using the emotional touchpoint information, Health and social care services in Argyll and Bute HSCP can ensure that services provided meet the needs of individuals and promote health and wellbeing and intervene when improvements have been identified.

“When I think of the arrangements that are in place both organised by the Community Team and private I feel supported and am thankful despite the limitations. We could not manage independently without this help. That said, I [we] can feel very vulnerable from midday Saturday until midday Sunday and then again until Monday morning because of the current arrangements. I can get anxious about it when not feeling well and despite having an emergency button, the weekends leave me/us a bit exposed.”

“Local medical centre staff “couldn’t have been more helpful.” “You were made to feel that at no time were you a bother to them.” For the little time we had the help of the Marie Curie Nurses was also very positive – not least to get a chance to sleep.”

“I cannot praise the NHS in mid Argyll enough. My experience was one that was very positive.”

"The seeming undue delay in getting an ambulance after being told I was being transferred to the RAH was upsetting. When I learned that had I been admitted earlier I'd have been flown off with another patient did not help my frustration. The lady who had been flown off was in the bed opposite me."

"In the early days we felt so often in the dark as to what was happening and what help was available. We often felt we were floundering around trying to do what we could on our own. If there was anything that could have been done better it is in my opinion earlier intervention and shared information. E.g. Adaption of our bathroom and stair lift, Disability Badge"

"I have been both encouraged by my care and encouraged personally to maintain my independence. People dealing with me have been encouraging and if something does not work there will be something else attempted."



"I feel respected and heard by the nurses who come to see me. Since Christmas I have to have an enema twice every day to try and heal my bowel. The nurses have a wonderful way of putting me at my ease. They make me feel valued and calm - even though it's not a pleasant job that they are performing. I feel very lucky to be supported so well so that I can remain in my own home."



3.4 National Health and Wellbeing Outcome 4

Health and social care services are centred on helping to maintain the quality of life of people who use those services

What people can expect

- I'm supported to do the things that matter most to me
- Services and support help me to reduce the symptoms that I am concerned about
- I feel that the services I am using are continuously improving
- The services I use improve my quality of life

Outcome 4 Indicators  x 11  x 4	2016/17	2017/18	Target
% of adults supported at home who agree their support had impact improving/maintaining quality of life	87%	74%	80%
Emergency Admissions bed day rate for all ages, per 100,000 population	103,902	101,582	115,518
Rate of emergency admissions per 100,000 population	11,767	12,066	11,959
Average working days between Referral & Initial AP Case Conference	0 Days	14 Days	15 Days
% Children who have been Looked After and Accommodated Children for over a year with a plan for permanence	91%	100%	81%
% of Looked After Children Care Leavers with a Pathway Plan	100%	97%	74%
No of outpatient ongoing waits over 12 weeks	138	482	0
% of outpatients on the waiting lists with medical unavailability	0.1%	0.0%	0.1%
% of outpatients on the waiting lists with social unavailability	5.6%	1.0%	4.0%
% of patients on the admissions waiting lists with medical unavailability	3.2%	1.5%	2.0%
% of patients on the admissions waiting lists with social unavailability	12.2%	8.4%	15.7%
No of days people spend in hospital when ready to be discharged, per 1,000 population	597	634	772

Outcome 4 Indicators  x 11  x 4	2016/17	2017/18	Target
% of SW care services graded 'good' '4' or better in Care Inspectorate inspections	86%	86%	83%
% of health & care resource spend on hospital stays, patient admitted in an emergency	22%	21%	23%
Falls rate per 1,000 population aged 65+	25	25	22

Performance Assessment.

The key focus of this outcome is ensuring Argyll & Bute HSCP provides seamless, patient focused and sustainable services which maintain the quality of life for people who use the services. This means ensuring that treatment, interventions and services are of the right standard and quality so they are safe, provided in a timely manner, as close to home as possible, address people's expectations and outcomes so that people enjoy the best possible quality of life, whilst they recover or are supported to manage their conditions.

The scorecard again shows very good performance against 11 of the indicators. However, there are some falls in performance against the target covering 3 of the indicators coded red. Two of these are again as a direct result of the increasing demand on services i.e. outpatient waits and emergency admissions as previously stated.

In the indicator where we are just marginally below target the HSCP is working hard to achieve this outcome and we continue to build on the work we did last year to ensure people can access specialist services in Glasgow or at their local hospital or clinic

Apart from local consultants in Oban and Psychiatrists in Argyll and Bute all of the Specialist acute health care is purchased via a form of contract called a Service Level Agreement from NHS GG&C. The HSCP works closely with NHS GG&C to balance local capacity and demand to try and reduce waiting times, however this is becoming increasingly difficult to maintain notably recruitment of consultants.

People in Argyll and Bute have told us that they want as much treatment as possible close to home therefore we work hard to ensure this happens

when possible. Outreach clinics are fundamentally about reducing inequality for rural communities and hard to reach groups in accessing these specialist services.

Therefore the HSCP is looking at how we can deliver some of these specialist services in new ways to meet the increasing demand for services. Some examples of this are:



- Increased support of Allied Health Professionals (AHP) services,
 - Physiotherapists in Orthopaedics
 - Optometrists & Nurse Led clinics in Ophthalmology
 - Audiologist supporting ENT
- Continued development and implementation new delivery models such as specialist nurses, tele-consultation and direct or follow up referral to primary care and/or Nurse or AHP specialists.
- Building on the success of the 'Attend Anywhere' Oncology pilot project and scaling up this service to include Dermatology and Respiratory to sustain local access to services and reduce the number of times a patient has to travel to Glasgow for an appointment.
- Developing increased clinical networks for our local clinicians into GGC.

3.5 National Health and Wellbeing Outcome 5

Health and social care service contribute to reducing health inequalities

What people can expect

- My local community gets the support and information it needs to be a safe and healthy place to be
- Support and services are available to me
- My individual circumstances are taken into account

Outcome 5 Indicators  x 4  x 1	2016/17	2017/18	Target
Rate of emergency admissions per 100,000 population for adults	11,767	12,066	11,959
Rate of premature mortality per 100,000 population	392	418	441
% of waits less than or equal to 3 weeks between Substance Misuse referral & 1st treatment	92.6%	95.0%	90.0%
No of treatment time guarantee completed waits greater than 12 weeks	0	0	0
No of treatment time guarantee ongoing waits greater than 12 weeks	0	0	0

Performance Assessment.

Our performance against outcome 5 is very good, with only a minor variation in one indicator.

Argyll and Bute HSCP is committed to ensuring the people who access our services and who live here have equal opportunity to live a healthy life regardless of whether they have a protected characteristic or not. We also recognise other factors impact on outcomes, for example in our rural geography, accessibility of services can be challenging; therefore we welcome the Fairer Scotland Duty. Our Equalities Outcome Framework report was published in April 2018 and is available to view from this link:

<https://www.argyll-bute.gov.uk/health-and-social-care-partnership>

We fulfil our duties for staff training and development, and, conduct Equality and Diversity Impact Assessments for service changes. In addition to this we participate in a partnership approach to equality and diversity via the Community Planning Partnership. Two specific areas are worthy of highlighting:

United Violence against Women (VAW) Partnership

We work alongside West Dunbartonshire in the United VAW Partnership to plan, implement, co-ordinate and manage action to prevent and address Violence against Women and to improve outcomes for women affected by VAW, to drive up quality standards, and measure and report performance against agreed outcomes and targets.

Throughout 2017 the focus has been on agreeing the priorities of a new 3-year plan which will launch in 2018. This intends that:

- Scottish society embraces equality and mutual respect and rejects all forms of violence against women and girls.
- Women and girls thrive as equal citizens – socially, culturally, economically and politically.
- Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people.
- Men desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response.

Welfare Reform Working Group

The Welfare Reform Working group is a forum of public and 3rd Sector agencies working together to support the residents of Argyll and Bute in all areas of finance, housing and wellbeing. Over the last year co-production and collaboration have been undertaken in many areas. The priorities being:

- The development of an Anti-poverty strategy and action plan.
- That we mitigate against adverse impact of welfare reform in advance of the introduction of Universal Credit which is due Sept 2019.

- That we monitor the use and impact of Scottish Welfare fund and discretionary housing payments (especially since Under Occupancy Tax – which currently pays the tax on behalf of the residents)
- That we respond to development of new Scottish Social Security Agency and its new benefits

3.6 National Health and Wellbeing Outcome 6.

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

What people can expect

- I feel I get the support I need to keep on with my caring role for as long as I want to do that
- I am happy with the quality of my life and the life of the person I care for
- I can look after my own health and wellbeing

Outcome 6 Indicators  x 0  x 1	2016/17	2017/18	Target
% of carers who feel supported to continue in their caring role	41%	33%	37%

Performance Assessment.

The Carers (Scotland) Act 2016 (Act) came into force on 1st April 2018 introducing new rights for unpaid carers and new duties for local councils and the NHS, with this responsibility falling to Argyll and Bute Health and Social Care Partnership (HSCP) to provide support to carers.

Prior to the Act coming into force the Local Authority as Argyll and Bute Council had the power to provide support to unpaid carers. The new Act formalises the need for unpaid carers to be recognised and support in continuing in their caring role as long as they wish to do so and to have a life alongside their caring role.

The Act, in conjunction with the Social Care (Self-directed Support) (Scotland) Act 2013 (SDS), are the focal points for joint working arrangements between the HSCP and partner organisations. The aim of the Act is to provide a comprehensive system of support, care and delivery to assist carers.

The Carers (Scotland) Act 2016 was brought to fruition following the identification of the substantial amount of support unpaid carers provided throughout Scotland. Indeed it is believed should all carers in Scotland feel unable to continue with their caring role the resource they provide in financial terms would see an overnight doubling of the NHS Scotland budget which sits at approx. £10.6bn.

In the past a Carer was identified as someone who provided a substantial amount of care. This term is no longer used; a carer is identified as someone who provides care no matter how much or little they provide.

However to receive support from statutory services (e.g. replacement care or direct support to maintain a life alongside their caring role) carers must meet the eligibility criteria as set by the HSCP. This differs from the eligibility criteria set by the Department of Work and Pensions (DWP).

All carers who reside in Argyll and Bute will be able to access some form of support no matter if they meet eligibility criteria or not. Access to services such as information and advice from local councils and local carer support services/Carers Centres. Carers may also be offered support such as breaks from caring via a variety of resources.

The Adult Carers Support Plan and Young Carers Statement for anyone caring for someone with a terminal illness will be expected to be completed as a priority.

Established within the Act NHS staff will be required to identify carers and take account of carers' views in making decisions relating to hospital discharge in relation to a cared for person.

A five year Strategy for carers support is currently being drafted and with the introduction of this we will be able to hold ourselves accountable and ensure we are supporting carers in the right way at the right time and in the right manner to ensure they can continue with their caring role and have time to live an independent life alongside their caring role.

We will also be incorporating further performance measures, jointly developed and captured with our Carers Centres and networks to more accurately record and evaluate what we are doing to improve outcomes for carers.

Young Carers

Crossroads Young Carers Cowal and Bute has worked hard to become embedded within the community, both with the children, young people and adults it supports and its partners from a range of services. The young carers project provides respite, a break from caring, advocacy, one to one support, trips away all focused on young carer need. Aiming to increase experiences, confidence, self-esteem and resilience. Our young carers, S1 and above can access Young Carer Education Cards to reduce anxiety and worry during the school day, we hope that this will soon include the NHS, to recognise young carers roles for the cared for person. Crossroads Young Carers Cowal & Bute put young carers at the centre of project development and planning of provision.





3.7 National Health and Wellbeing Outcome 7

People using health and social care services are safe from harm

What people can expect

- I feel safe and am protected from abuse and harm
- Support and services I use protect me from harm
- My choices are respected in making decisions about keeping me safe from harm

Outcome 7 Indicators  x 8  x 4	2016/17	2017/18	Target
% of adults supported at home who agree they felt safe	84%	83%	83%
Emergency Admissions bed day rate	103,902	101,582	115,518
Rate of emergency admissions per 100,000 population for adults	11,767	12,066	11,959
% of Adult Care service users reporting they feel safe at assessment	80%	83%	70%
% of Children on Child Protection Register with no change of Social Worker	76%	60%	80%
% of Children on Child Protection Register with a current Risk Assessment	100%	100%	100%
% of Children on Child Protection Register with a completed Child's Plan	91%	99%	100%
% of health & care resource spend on hospital stays, where patient admitted as an emergency	22%	21%	23%
% of Social Work Care Services graded 'good' '4' or better in Care Inspectorate inspections	86%	86%	83%
% of Child Protection Investigations with Initial Referral Tripartite Discussion within 24 hours	100%	100%	95%
Readmission to hospital within 28 days per 1,000 admissions	76	83	97
Falls rate per 1,000 population aged 65+	25	25	22

Performance Assessment.

In the indicators where we are just marginally away from our target, the HSCP is working very hard to improve this and we are seeing real progress in 2017/18 in coping with the increasing demand and ensuring best practice.

The fall in performance in the indicator regarding change in social worker is as a result of an increased turnover of staff in the last year in the children's team. There has however, been no break in continuity of service for patients and recent recruitment will see this performance improve.

With a rising older population and constrained services we need to ensure that resources are deployed in the best way to improve outcomes for local populations.

The Clinical and Care Governance Committee continues to ensure the delivery of safe and effective person-centred care and the continuous monitoring of professional standards of care and practice. The committee continues to provide the Argyll and Bute HSCP Integrated Joint Board with assurance that procedures and processes are in place to deliver effective clinical and care governance.

The safety of people who use HSCP services is at the forefront of everything we do and overall performance again against this outcome is very good and the following examples highlight the work we are doing.

Scottish Patient Safety Programme (SPSP)

The delivery of safe, quality and effective care remains a priority so the HSCP continues to progress a number of work streams and quality approaches from last year.

Although continuing to recognise that there is significant SPSP work ongoing within our Community Hospitals, the work required to bring this together as a collaborative has been slow to progress. It remains an aspiration that this work will progress in 2018. There is also an intention to roll out SPSP inspired clinical Morbidity and Mortality case reviews in Community Hospitals during 2018.

The National Pressure Ulcer Prevention in Care Homes project concluded in December 2017. A microsite located on the main Health Improvement Scotland (HIS) website was developed and hosts all the validated assessment tools, documentation, standards, guidelines and learning associated with the project.

In Argyll and Bute there was a celebration and roll out event held in March for care home managers and professionals not included in the pilot as the Care Home Network Development Day. There is a programme of education from the project being delivered to care home staff by the Tissue Viability Advanced Nurse and the Care home Education Facilitator across Argyll and Bute. The Care Homes are being encouraged to keep their own data using the data collection tool from the project and audit of DATIX reports (incident reports) will be carried out to identify changes in trends of frequency, grade and healing time of any pressure ulcers reported.

Management and Prevention of Falls.

All the localities agreed to fund an Argyll and Bute Care Home Quality Improvement Project focusing on Care Homes Falls Prevention, a lot of work has been carried out with care home staff to reduce falls and improve the quality of life for their residents.

Everyone is more at risk of a fall as they age. A fall can result in loss of confidence and independence and is a common cause of admission to hospital. Across Argyll and Bute we have been urging people to 'Take the Balance Challenge' and get going with 6 simple exercises to improve their strength and balance.

Partners including Police Scotland and Scottish Fire and Rescue Service have tried the balance challenge and are spreading key messages about staying active to reduce falls. Exercise is both preventative in reducing falls and fractures. A short video is available with subtitles and can be downloaded here -<https://vimeo.com/234691208/7a79ab7be1>



A return on investment tool by Public Health England shows that every £1 spent on evidence based falls exercise results in benefits of around £2.28 in terms of health/ social care savings and quality of life gains.

Work is ongoing with Live Argyll and Lorne Healthy Options to increase opportunities for older people to access programmes that will help them to stay safe, independent and connected in their communities.

Responding to falls are the biggest call out for the Scottish Ambulance Service (SAS). After an assessment by SAS people can be attended by our responder services where necessary and passed onto our community teams to help people fully recover, address risks and stay safe at home. Test sites are in place where we are working with Scottish Ambulance Service on avoiding unnecessary conveyance to hospital and getting people who have had a fall support to make a full recovery at home.

Day Responder Service

The day responder team can free up elements of care and reduce the impact on the community team – for example ‘Deliver or Collect Medication’ can have a significant impact on community team staff. Where someone has a suspected Urinary Tract Infection (UTI), day response team can attend to get a urine sample for testing, then pick up the required medication, attend the person’s home to supply the prescribed medication and encourage them to drink regular fluids for adequate hydration and provide additional care. A short period of escalation can prevent admission to hospital which is not in an older person’s best interest.

In the below table the locality area (Bute) Carr Gomm had 409 responses in a 3 month period to enhance support to stay at home and avoid hospital admission. This model of working is markedly different to the day response service in other areas where ‘prevention of admission to hospital numbers are low.

	Bute	Cowal	Helensburgh	Campbeltown
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			and Lomond	
Enhance support to stay at home and avoid hospital admission	409	40	4	94
Temporary care at home	8	420	235	123
Deliver or collect medication	123	49	2	-
Supply of equipment	42	18	2	4
Respond to community Alarms (falls and other alarm)	127	43	81	242

Table: Carr Gomm day response responder service data Dec 2017- Feb 2018

“You cannot underestimate the benefits of this service” Cath McLoone Adult Care Team Lead.

This is a service which the HSCP expects to further develop across the whole area.

Falls in inpatient settings – Hospital and Care Homes

Falls are the single biggest patient safety incident reported in hospitals and the Scottish Patient Safety Programme is working across Scotland to reduce harm. Older people are more likely to fall in hospital due to medical conditions and age related changes such as mobility problems, dementia and poor eyesight. Being in an unfamiliar place, being unwell and confusion can increase the risk of falls.

Targets for a 25% reduction in reported falls were set across Argyll and Bute started from and two test sites were identified in Ward B Oban and the Acute Ward Campbeltown. Inpatient falls are a standing item on the agenda at the Quality Professional and Standards Meeting and we are beginning to see reduction in patient fall numbers.



Care Homes across Argyll and Bute require ongoing support to embed the Care Homes Falls Prevention resource from the Care Inspectorate and NHS Scotland. Whilst the Care Homes currently remain reliant on project lead support, work is required to move the monitoring of data into localities in order to embed standards around falls prevention within a quality assurance framework for Care Homes and this is the target for 2018/19.

3.8 National Health and Wellbeing Outcome 8

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

What people can expect

- feel that the outcomes that matter to me are taken account of in my work
- I feel that I get the support and resources I need to do my job well
- I feel my views are taken into account in decisions

Outcome 8 Indicators  x 1  x 4	2016/17	2017/18	Target
Social Work staff attendance lost	4.1 Days	5.7 Days	3.8 Days
% of NHS sickness absence	4.79%	5.05%	4.00%
% of NHS employed staff with a completed & recorded electronic - Knowledge Skills Framework/Personal Development Plan review	12.55%	18.47%	80.00%
Health & Social Care Partnership % Council employed staff with a Performance Review & Development Plans completed	59%	30%	90%
% of staff who say they would recommend their workplace as a good place to work	-	71%	67%

Performance Assessment.

The scorecard shows the HSCP performance to the target against 4 of the indicators is poor/very poor. Whilst reasons for this are symptomatic of national as well as local issues, there is clearly more that the HSCP must do to support its staff with regard to their appraisal and personal development processes.

The IJB has instigated specific work from Argyll and Bute council and NHS Highland to support this including reviews of council process and implementing the new NHS process from April 2018.

The HSCP has been progressing a number of key pieces of work in this area to support improvement in the performance, but this will take time. The work we are doing is illustrated below:

Staff Engagement



The first wave of the NHS Scotland iMatter survey was completed in Argyll & Bute during the summer of 2017. All NHS and Council Social Work employees within Argyll & Bute were invited to participate. We had a good response rate of 61%, but the number of teams that completed an Action Plan was lower at 34%. One of the key themes from our first set of results was around leadership visibility; in response to this, we held a series of 'Start the Year' sessions with members of the Strategic Management Team across 9 locations in April/May 2018.

The second wave of the iMatter survey runs in May 2018. We are targeting a response rate of more than 60% and an Action Plan rate of more than 50%. The second survey will give teams the opportunity to assess progress and define further continuous improvement actions.

Staff Wellbeing

We participated in an NHS Scotland 'Dignity at Work' survey in December 2017. This probed how staff were feeling about bullying & harassment amongst other issues. NHS Highland achieved a 33% response rate and a Short Life Working Group is being formed in conjunction with Partnership colleagues to consider responses to the results.

In January 2018, we also took the opportunity to run a joint Staff Wellbeing survey with Argyll & Bute Council; all HSCP staff were invited to participate. Although the response rate was less than 25%, it has still provided some valuable data on wellbeing & resilience. Supportive actions based on the results will follow later in 2018.

Values & Culture

A review of the HSCP Shared Values commenced in January 2018, using staff focus groups and the framework provided by the Barrett Values model (www.valuescentre.com). A refreshed set of Values, together with a supporting behavioural framework, will be developed by August 2018. This will be launched and embedded into recruitment, induction, appraisal and leadership development processes across the HSCP.

Workforce Planning

Building on early work with the national iHub Improvement Team, we undertook a series of Locality workforce planning workshops across Argyll & Bute during 2017-18. This has resulted in the publication of our first HSCP Workforce Plan, published in May 2018. The focus of this work has been primarily on Adult Services and the plan will be extended by May 2019 to cover all other HSCP functions and other services provided by key partners and the independent sector.

A particular challenge that we face in Argyll & Bute is making recruitment to a remote & rural setting attractive. We have been working with other public sector organisations through the Community Planning Partnership to develop a regional 'offering' that will sell the benefits of life in Argyll & Bute to all public sector employees looking for a career move and a rewarding lifestyle.

Integrated Human Resources Support

The respective structures of the NHS and Council HR teams were reviewed and changes implemented by April 2018. The HR function within the NHS HSCP HR team has been renamed People & Change to reflect a values-driven approach to supporting staff and enabling service transformation.



Both teams will be co-located in Kilmory in 2018, providing the opportunity to develop more integrated working around such initiatives as Career Paths for Younger People, Workforce Planning and Leadership Development.

3.9 National Health and Wellbeing Outcome 9

Resources are used effectively and efficiently in the provision of health and social care services

What People Can Expect?

- I feel resources are used appropriately
- Services and support are available to me when I need them
- The right care for me is delivered at the right time

Outcome 9 Indicators  x 8  x 4	2016/17	2017/18	Target
% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	81%	72%	74%
Proportion of last 6 months of life spent at home or in a community setting	90%	90%	88%
% Criminal Justice Social Work Reports submitted to Court on time	99%	98%	92%
% Community Payback Order cases seen without delay (within 5 days)	86.0%	94.1%	80.0%
Average hrs per week taken to complete Community Payback Order, Unpaid Work/Community Service Orders	4.7 Hours	6.0 Hours	6.0 Hours
% of reports submitted to Scottish Children's Reporter Administration on time	64%	53%	75%
% of Scottish Morbidity Record 01 returns received within timescales	92.7%	96.0%	95.0%
% of new outpatient appointments 'Did Not Attend' rates	10.4%	9.1%	6.9%
No of days people spend in hospital when ready to be discharged, per 1,000 population	597	634	772
% of health & care resource spend on hospital stays, patient admitted in an emergency	22%	21%	23%
Readmission to hospital within 28 days per 1,000 admissions	80	83	97
Falls rate per 1,000 population aged 65+	25	25	22

Performance Assessment.

The scorecard overall shows very good performance against the majority of the indicators but 4 are off target and a range of action is in hand to improve performance to the target level.

Looking to the future, we know that we will potentially have greater demands from an ageing population and less money to deliver services, so it is essential that we continue to develop this productivity outcome further, to achieve more, by ensuring we minimise waste and variation to get better value and reduce the burden of work on our staff in Argyll & Bute.

Reducing Harm, Eliminating Waste and Managing Variation

The Highland Quality Approach (HQA) continues to grow as our quality and continuous improvement methodology and we are constantly trying to reduce harm, to eliminate waste and to manage variation. The HQA vision – ‘Better Health, Better Care, Better Value’ – and the continued and developing use of Lean Methodology in 2017/2018 has supported Argyll and Bute HSCP in its’ pursuit the goals described in the HSCP’s ‘Six Areas of Focus’ within the Strategic plan.



Rapid Process Improvement Workshops (RPIW)

A Rapid Process Improvement Workshop is a rigorous five day Lean improvement event that reduces harm, eliminates waste and improves flow (speed of a system) through the redesign of ineffective processes.

Three successful RPIWs were held in Argyll and Bute during 2017/2018.

- **Campbeltown Hospital Catering Service RPIW**
- **Cowal Community Team Referral to Triage Process RPIW**
- **Mid Argyll Community Team Assessment Process RPIW**

Examples of resulting improvements include:

Cowal

- The team developed a 'Whereabouts Board' (Visual Control), thus not only ensuring the safety of the staff, but improving the teams' effectiveness and responsiveness in specific geographical areas.
- The team were able to redesign their process for handling incoming referrals achieved a reduction in lead time from point of referral to allocation from more than one working day, to 90 minutes, an improvement of 81%, enabling service users to receive appropriate care sooner.
- The team introduced a 'Single Point of Access' and 'Standard Work' around the triage process, resulting in more effective, efficient, equitable service availability. It is intended to extend the 'Single Point of Access' to include Social Work services following co-location.

Mid Argyll

- A process redesign resulted in a reduction in time from the point a referral was accepted to the point a care package was agreed from a lead time of 64 days to 21 days – an improvement of 67.2%

- The Team have introduced a standard 'Prioritisation of

Needs Framework' that is used by all members of the community team, rather than separate frameworks per discipline, e.g. Community Nurses, Occupational Therapy, and Social Work.

Mid Argyll Community Care Team Priority of Need Framework	
Priority 1	
High Risk (Response within 24hrs from allocation)	<ul style="list-style-type: none">• Injury• Serious abuse to self or other has occurred or suspected (Adult Protection)• Access difficulties to or within the home• Potential admission/readmission to hospital• Carers Collapse (Could lead to emergency Placement)• Ability to transfer has rapidly deteriorated (Chair, toilet, bed etc..)• Immediate or complex rehabilitation• Hospital discharge eg QEUH , RAH etc
Priority 2	
Medium risk (Response within 48hrs from allocation)	<ul style="list-style-type: none">• At risk of self abuse or to abuse others• Extensive care and support needs which are ongoing or time limited (new or existing)• Potential of Carer breakdown• Reduced functional problems that could increase risk e.g. require a handrail.• Requiring Rehabilitation
Priority 3	
Low risk (Response within 5 working days from allocation)	<ul style="list-style-type: none">• Care is already in place• Requests for bathing• Adaption request• Signposting to resources• Non urgent request for equipment

A successful RPIW in 2016 on the Admission to Discharge Process of Medical Non-elective Patients in Lorn and Islands Hospital prompted a series of four Kaizen Events (small improvement event) in Community Hospitals in Argyll and Bute during 2017/2018. Changes in length of stay and readmission rates have been achieved as follows, with work ongoing in each locality.

Kaizan Area	Before Readmission rate	After Readmission rate	Before Average Length of Stay	After Average Length of Stay
Rothesay Victoria	10%	5.9%	5.7	4.8
Campbeltown Hospital	16%	11.2%	8.5	6.2
Cowal Community Hospital	8%	7.7%	7.2	5.6
Mid Argyll Community Hospital	14%	10%	6.3	8.0







3.10 Ministerial Strategic Group IJB Scorecard – Performance Measures

In order to fully understand and develop a view of how partnerships are progressing under integration the Ministerial Strategic Group for Health and Community Care (MSG) has asked all HSCP's to prepare trajectories with regards their individual performance in 2017/18 against six outcome measures identified below:

1. Number of emergency admissions into Acute (SMR01) specialties.
2. Number of unscheduled hospital bed days, with separate objectives for Acute (SMR01), Geriatric Long Stay (SMR01E) and Mental Health (SMR04) specialties.
3. Number of A&E attendances and the percentage of patients seen within 4 hours.
4. Number of delayed discharge bed days. An objective can be provided to cover all reasons for delay or separate objectives for each reason type i.e. Health and Social Care, Patient/Carer/Family-related, Code 9.
5. Percentage of last 6 months of life spent in the community.
6. Percentage of population residing in non-hospital setting for all adults and 75+. A suggested further breakdown would be: care home, at home (supported) and at home (unsupported).

The HSCPs improvement targets and performance against these for 2017/18 is detailed in the table below:

MSG Indicator	Objective	Cumulative Target for	Cumulative Performance	RAG
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		FY 17/18	FY 17/18	
Unplanned Admissions	2017/18 change: Expected target 8256 based on 5% reduction in overall total compared to FY16/17	8256	8779	
Unplanned Bed Days	2017/18 change: Expected target 64942 based on 0.6% reduction in overall total compared to FY16/17	64942	61131	
A&E Attendances	2017/18 change: Expected target 16079 based on sustained levels in overall total compared to FY16/17	16079	16004	
Delayed Discharges (Occupied bed days)	2017/18 change: Expected target 6403 based on 10% reduction in overall total compared to FY 16/17	6403	8414	
End of Life Care	Maintain current levels of performance	89.8%	89.8%*	
Balance of Care - (75+) at Home Unsupported	Maintain current levels of performance	84.1%	84.1%*	

*Provisional data (16/17)

The MSG identified four key objectives with regards to the nature of the performance reports and the actions required to improve performance:



- Quarterly data on the six indicators reflecting the contribution of primary and social care.
- The MSG will ask HSCP's to present their data to them as a group so that partnerships will be able to show and benchmark progress.
- The development of the MSG performance reporting will require to be reported at locality level ensuring alignment with the HSCP 6 key focus areas and locality plans
- During 2018/19 it is expected that the HSCP begin to explore emerging themes across data trends to focus service objectives

The HSCP has initiated the actions below to meet these objectives.

Unplanned Admissions	Unplanned Bed Days	A&E attendances	Delayed Discharges
<ul style="list-style-type: none"> • Development of community teams with advanced nurse practitioners to focus on assessment at home and increased anticipatory care planning. Ensure access to community teams is through a single point of contact. • • Deliver short term assessment at A&E, with safe and supported return to home when appropriate. • • Falls Lead, LIST and National Program Manager to develop a quality dashboard of falls data for each locality. Data will have both outcomes and process measures and will be used to increase understanding of how we are intervening to reduce falls risk for individuals and our communities and to drive improvement. Testing will begin shortly working with service planning quality improvement team to identify in each locality where people who fall are presenting to services and what interventions they are currently having. • • Support more people to use technology to help them better manage long term conditions. Increased use of basic and enhanced Telecare and Telehealth home pods with overnight responder service in place. • • Development of action plan from Potentially Preventable Admissions (PPA) report produced by Local Information Services Team, working with localities to look at avoidable pathways to admissions to care. 	<ul style="list-style-type: none"> • Apply standard work to the admission to discharge pathway to ensure timely process. • • Apply Estimated Date of Discharge, and the principle of discharge planning from the point of admission. • • Embed the Daily Dynamic Discharge approach across all hospitals. • • Facilitate Community pull through by community participation at daily huddles. • • Consider discharge to assess for identified persons. • • Facilitate safe weekend discharges. • • Wider promotion of Power of Attorney. 	<ul style="list-style-type: none"> • Further scrutiny of reason for delay. • • Implement short term assessment facilities to enable safe and supported return to home from A&E when appropriate. • • Improve access to timely investigations and improve flow and facilitation of discharges to ensure timely bed availability when required. • • Improved response and support for acute mental health presentations at A&E. • • Continued working with SAS to ensure timely response to transfers. 	<ul style="list-style-type: none"> • Support more people in their own homes by further developing the Community Care Teams, Virtual Ward (community ward model), Single point of access, Lead professional and UAA to provide high quality care to more people in their own homes. • • Enhancement of community nurse support for ACPs where patients identified as at risk of admission (SPARRA). • • Proactive increase number of people applying for guardianship or power of attorney early. Anticipate 30% reduction in Delayed Discharge linked to AWI/ guardianship applications. • • Development of focused reablement/intermediate care in the community.

3.11. Customer Services

IJB Scorecard– Customer Services Performance Measures

Customer Services Indicators  x 1  x 7	2016/17	2017/18	Target
Adult Care - Resolve your queries the first time you contact us	91%	91%	90%
Children & Families - Resolve your queries the first time you contact us	91%	81%	90%
Adult Care - Stage 1 Complaints - % of complaints responded timeously (5 days or less)	-	67%	100%
Children & Families - Stage 1 Complaints - % of complaints responded to timeously (5 days or less)	-	25%	100%
% of NHS Stage 1 complaints – achievement against 5 day target	-	81%	100%
Adult Care - Stage 2 Complaints - % of complaints responded to timeously (20 days or less)	-	15%	100%
Children & Families Stage 2 Complaints - % of complaints responded to timeously (20 days or less)	-	42%	100%
% of NHS Stage 2 complaints – achieved against 20 day target	-	16%	100%

Performance Assessment.

Of the 8 performance measures under Customer Service, 1 is reported as Green (on track) against performance target, with 7 reporting as red (off track) status.

A new national complaints procedure for both health and social care complaints was introduced on 01 April 2017. For this reason it is not possible to compare performance in 2017/18 with that of 2016/17.

The new complaints process provides two opportunities to resolve complaints internally, Stage1: frontline resolution and Stage 2: investigation.

Stage1 aims to quickly resolve straightforward customer complaints that require little or no investigation. Complaints handled at Stage 2 are typically complex or require detailed examination. These complaints may already have been considered at the frontline resolution stage, or they may have been identified from the start as needing investigation.

Training and awareness raising sessions on the new complaints procedure have been delivered. To improve the quality of responses and to support improved performance in relation to timescales, further training in the investigation of Stage 2 complaints and drafting of response letters is planned. The aim being to ensure that responses to complaints are both comprehensive and timely.

4. Children & Families Services.

Our children and young people have the best start in life, are successful learners, confident individuals, effective contributors and responsible citizens. The life chances for children and young people and families at risk are improved

Maternity Services:

We have conducted a successful evaluation of the antenatal pathway for maternity services. In addition we have introduced “Attend Anywhere” which is a virtual service where patients can be seen as close to home as possible using technology to see the Consultant over video link. This is now working on Islay and Campbeltown and means women don’t need to travel to Glasgow for consultant appointments.

Corporate Parenting:

Our Corporate parenting Board has produced a 3 year Action Plan (2018 – 2021). The Board has acted as a champion for our children and young people; an example of this is the adoption of the Family Firm approach to Modern Apprenticeships. They engage with care experienced young people and Participation Groups have been set up. Young people will be invited to a Corporate Parenting Board self-evaluation event in 2018.

Child Protection:

We have a strong Child Protection Committee and an interagency approach that protects vulnerable children and young people. We have implemented a child protection and parental mental health protocol. In addition we are evaluating the impact of the revised pre-birth pathway in improving outcomes for babies. A Child Sexual Exploitation Training Pathway has been put in place, including Child Sexual Exploitation Screening Tool Training for Social Workers.

Children and Families; Achievements during 2017/18.

- We have an effective Children and Young People’s Service Plan 2017-2020
- We have implemented a revised parenting assessment framework.

- Completed an impact review of self-harm and at risk of suicide pathway.
- We have delivered on targets for Child Sexual Abuse training.
- Children's services have co-located as planned where possible; for example Health Visitors and Social Workers in Oban.
- We have re-designed the Children and Adolescent Mental Health (CAMH's) services and appointed a new Team Leader post. Also 2 additional Primary Mental Health Workers and an additional CAMH's Worker. It is anticipated that waiting times will reduce but figures are not yet available for this. A new single referral pathway and integrated data collection is being developed.
- We have opened a purpose built children and young people's residential house in Dunoon. All 3 residential houses have achieved Grades of 5 (VERY GOOD) across the board during inspection.
- We continue to exercise good stewardship and the cost of our residential care for children and young people ranks 3rd out of 32 councils.

Children and Families – what next?

Over the next year we will implement the Children and Young Person's Services and Corporate Parenting Plans. These plans will ensure we continue to evaluate our services and improve the outcomes for our children and young people.

Central to our approach is the participation and engagement of our children and young people. We have appointed a Lead Coordinator for Participation who will employ 2 care experienced young people, through the Modern Apprenticeship scheme to support the implementation of the Life Changes Trust participation plan.

In our quest for improvement we have a number of service reviews which are nearing completion. These reviews include Criminal and Youth Justice where we are looking to improve supports for young people, including diversions from prosecution and conviction. We have initiated a review of the Early Effective Intervention (EEI) process. We will also pilot a "Core and Cluster" model of working, which will expand our capacity to respond to crisis situations for children and young people and reduce the need for residential care. Similarly, having reviewed CAMHS Tier 2 and 3 services and are currently reviewing

Tier 4 with a view using our resources more effectively to improve the responsiveness of our services.

We will continue to implement the recommendations within “The Best Start” the maternity and neonatal five year plan giving priority to the continuity of midwifery care. Within child health we will continue implement and embed the Universal Health Visiting Pathway and rollout the Vaccination Transformation Programme.

Cool2talk

The cool2talk service launched in June 2017 and has received around 200 questions from young people aged 12-26 in Argyll and Bute. These questions were answered by our team of trained staff based in the Third and Independent Sector. The majority of questions posted by young people are around relationships and emotional health, however there have been many questions about sexual health, suicide and self-harm. This pilot project is funded by the Alcohol and Drugs Partnership, Public Health and Children and Families until March 2020. A first year report detailing the activities of the first year will be published early summer 2018.

The logo for cool2talk features the text 'cool2talk' in a white, lowercase, sans-serif font. The '2' is significantly larger than the other characters. The text is set against a solid purple rectangular background.The website address 'www.cool2talk.org' is displayed in a blue, lowercase, sans-serif font. It is positioned below the purple logo box and is partially overlaid by a light blue rectangular background.

5. Criminal Justice Social Work.

Community safety, public protection, reduction of re-offending and social inclusion support desistance from offending

Our Criminal Justice Social Work aims to provide a Criminal Justice Social Work (CJSW) service which delivers Local Authority obligations under the Social Work (Scotland) Act 1968 and subsequent legislation, which contributes to our communities becoming safer and stronger by facilitating desistance from further offending, inclusion in society for people with an offending history and reduction in re-offending.

We said that we would work with partners to enhance our role in public protection by:

- promoting and delivering effective interventions with people with an offending history
- providing and supporting community based sentences
- promoting social inclusion and integration into communities for people with an offending history

Outcomes focus on reducing reoffending, strengthening community engagement and resilience and enhancing efficiency.

We are an active partner with Community Justice Scotland and other partner agencies in developing the local Community Justice agenda to improve pathways for people with an offending history, remove barriers for them to access services and deliver the best interventions to prevent re-offending.

We work closely with the third sector and other agencies to provide the best opportunities for those undertaking unpaid work to not only repay to their communities but develop their skills and employment prospects.

We have been reviewing the CJSW Service to improve effectiveness and efficiency and create a service structure to meet future challenges and opportunities.

We have set up a Joint Training Group and Practitioner's Forum with East and West Dunbartonshire to support staff development and training and have a comprehensive training plan.

We have set up a Joint Management Forum with East and West Dunbartonshire to support practice development and joint working. We

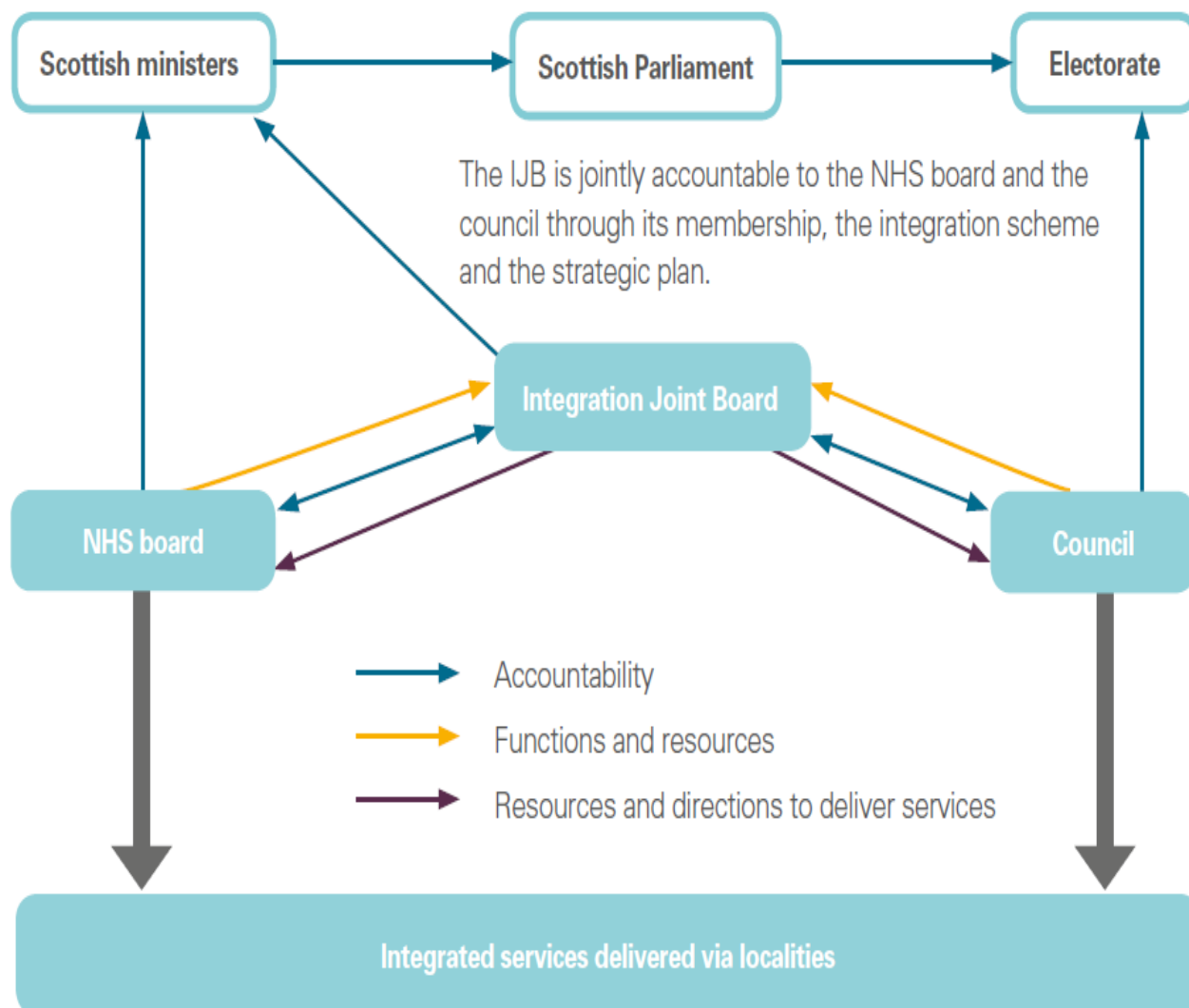
currently share services in relation to drug treatment and testing orders and business support. We are looking at ideas to develop joint provision of group work to those convicted of sexual offences and domestic abuse.

This has been a challenging year for Criminal Justice Services with the dissolution of our long standing partnership with East and West Dunbartonshire and further development of our Community Justice priorities and partnership. Throughout this time of change we have continued to deliver an effective and efficient Criminal Justice Social Work Service in Argyll and Bute. A service improvement plan is currently being formulated to ensure good governance and accountability for criminal justice social work services in 2018/2019.

6. HSCP Governance and decision making

The following diagram illustrates the accountability arrangements of the IJB in Argyll and Bute

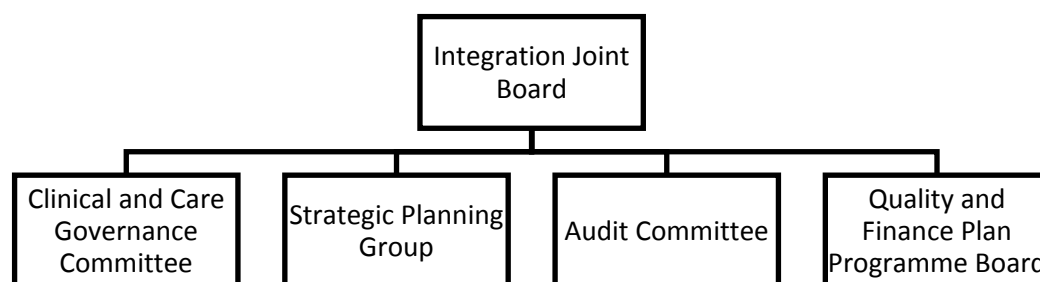
Body corporate or Integration Joint Board model



Accountability Relationships (Source, Audit Scotland)

Argyll and Bute HSCP Governance Structure

The Argyll and Bute HSCP operates the following formal governance arrangements as illustrated in the flow chart below:



Integration Joint Board:

- Responsible for the governance, planning and resourcing of services, has full power to decide how to use resources and deliver delegated services to improve quality and people's outcomes
- Work alongside NHS Highland, Argyll and Bute Council and community planning partnership to deliver health and social care services

Clinical and Care Governance Committee:

- Provide assurance to the IJB that systems, processes and procedures are in place to ensure delivery of safe and effective person-centred health and social care services.
- Support services to continuously improve the quality and safety of care, identify areas for performance improvement and to provide assurance for professional standards of care.

Strategic Planning Group:

- Support the IJB in preparing, consulting and publishing a Strategic Plan for integrated Health and Social Care services.
- Review progress of the Strategic Plan delivery through the Annual Performance Report and locality planning processes
- Provides leadership and supports the development and of Locality Planning Groups

Audit Committee:

- Ensure sound governance arrangements are in place for the IJB and ensuring the efficient and effective performance of the HSCP in order to deliver on outcomes
- Provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of financial reporting and annual governance processes

Quality and Finance Plan Programme Board:

- Oversee the programme of work to plan to deliver financial balance including delivery of the service changes in the Quality and Finance Plan, develop and oversee financial recovery plans and develop an approach to future planning for future service change proposals

7. HSCP Financial Performance & Best Value

Financial management and performance is regularly reported to the IJB during the financial year, covering the financial performance during the year and also the budget outlook for future years. This includes the monitoring and development of the Quality and Finance Plan which outlines the service changes required to deliver financial balance and the Strategic Plan objectives.

NHS Highland and Argyll and Bute Council delegate funding to the Integration Joint Board. The IJB then determines how to deploy these resources to achieve the objectives and outcomes in the Strategic Plan. The IJB then directs the Health Board and Council to deliver services in line with these plans.

This section summarises the main elements of our financial performance for 2017-18 and highlights the financial position and risks going forward into future years.

Financial Performance 2017-18:

The Integration Joint Board approved the budget for 2017-18 on 31 May 2017. At that time a two year Quality and Finance Plan for 2017-18 and 2018-19 was approved outlining service changes to deliver £12.3m of savings over the two financial years. The identified savings were not sufficient to plan for financial balance and there remained a shortfall of £2m in 2017-18 and a further £4.1m in 2018-19. It was planned to address the shortfall in 2017-18 through in-year financial recovery.

There were significant financial challenges during the year across a range of services reflecting high levels of demand, the cost of supplementary staffing and the non-delivery of savings (delays in projects commencing, delays in implementing service changes, projects unable to go ahead due to political pressure and further engagement required etc.). Throughout the financial year there was a projected overspend position, in July this was estimated to be £4.4m, as a consequence a financial recovery plan was put into place to support the delivery of services from within the delegated budget during 2017-18.

The IJB agreed a financial recovery plan during the year and this included:

- Control measures - escalation of authorisation processes
- Discretionary spend - reduction in staff travel and supplies budgets
- Staff costs - delays with filling vacant positions
- Funding/Income - ensuring the IJB secured fair share of funding from partners
- Projects - delays in investment and project funding
- Quality and Finance Plan – improved project management approach to push forward delivery of savings

The Quality and Finance Plan for 2017-18 included service changes required to deliver £8.7m of savings in-year, at the year-end £4.2m of these savings were delivered on a recurring basis, with a shortfall of £4.5m. The majority of the savings not delivered were highlighted as being high risk at the start of the year and require to remain on the plan to be delivered in 2018-19. The progress with delivering savings highlights the significant challenge facing the HSCP in delivering further savings in future years and the requirement to implement service change at scale and pace to ensure the ongoing financial sustainability of the partnership.

The table below summarises the overall financial performance:

2016-17 Budget £000	2016-17 Actual £000	2016-17 Variance £000		2017-18 Budget £000	2017-18 Actual £000	2017-18 Variance £000
			Service Delegated Budgets:			
127,103	131,803	(4,700)	Adult Care	130,904	136,025	(5,121)
1,294	1,265	29	Alcohol and Drugs Partnership	1,129	1,028	101
1,352	645	707	Chief Officer	(164)	695	(859)
19,816	18,840	976	Children and Families	19,866	19,112	754
4,108	3,978	130	Community and Dental Services	4,055	3,652	403
2,090	1,621	469	Integrated Care Fund	-	-	-
-	-	-	Estates	5,109	5,352	(243)
1,348	1,275	73	Lead Nurse	1,319	1,293	26
1,268	1,139	129	Public Health	1,321	1,114	207
3,704	3,582	122	Strategic Planning and Performance	3,710	3,493	217
97,533	94,989	2,544	Centrally Held Budgets	95,290	93,303	1,987
259,616	259,137	479	Total Net Expenditure	262,539	265,067	(2,528)
			Reconciliation to Funding:			
Budget £000	Actual £000	Variance £000		Budget £000	Actual £000	Variance £000
60,787	61,011	(224)	Argyll and Bute Council	67,840	68,995	(1,155)
198,829	198,126	703	NHS Highland	194,699	196,072	(1,373)
259,616	259,137	479	Total Funding	262,539	265,067	(2,528)

Overall there was a year-end overspend of £2.528m, with an overspend of £1.373m in Health Services and an overspend of £1.155m in Social Care Services.

The main areas contributing to the overall position are noted below:

- Adult Care - £5.1m overspend. This is mainly due to savings agreed as part of the Quality and Finance Plan not being delivered in-year, and overspend in medical locum costs and agency staff costs, and an overspend in Supported Living services due to demand for services.
- Chief Officer - £0.9m overspend. This overspend was in relation to the outstanding budget gap for social care services at the

start of the year, partly offset by the over-recovery of vacancy savings, funding set aside for cost pressures which did not arise and the non-committal of funding for the Community Investment Plan, these funds were not fully committed in 2017-18 as part of the financial recovery plan.

- Children and Families - £0.8m underspend. This underspend relates to additional vacancy savings, with an underspend in Fostering and Kinship Services reflecting the level of demand for services and an underspend in the Criminal Justice partnership reflecting vacancies and interim management arrangements. The overall underspend in Children and Families services is non-recurring.
- Centrally Held Budgets - £2.0m underspend. This underspend was mainly due to project funding not being delegated to services during the year, this included underspends in funding for the community investment plan, mental health funding, primary care transformation funding and winter pressures funding. As part of the financial recovery plan project funds were to remain uncommitted to assist with achieving financial balance, recognising that some of the funding has conditions attached and will require to be re-provided.

In summary financial balance was not achieved in 2017-18 for a number of reasons:

- Unidentified savings at the start of the financial year of £2m, for which no recurring savings were identified in-year to offset;
- Delay in delivering recurring savings included in the Quality and Finance Plan, a shortfall of £4.5m;
- Ongoing service pressures and budget overspends in areas which have historically been budget pressure areas, including medical agency and locum costs, GP prescribing costs, high cost care packages and demand for social care services (including supported living and care home placements);
- The full benefit of the financial recovery plan not being fully recognised in the financial outturn as service pressures and demands partly offset any benefits.

The Scheme of Integration states that any overspend is funded from additional payments in-year by the IJB partners, i.e. Argyll and Bute Council and NHS Highland. The Council and Health Board have allocated additional funding to the IJB, however this additional resource impacts on the future financial position of the IJB as this will require to be repaid in future years.

Locality Spend:

The net expenditure split for the last two years across the eight locality areas is noted in the table below:

Locality	Total Expenditure 2016-17 £000	Total Expenditure 2017-18 £000
Mid Argyll	27,084	27,570
Kintyre	16,098	16,401
Islay and Jura	7,064	7,170
Oban and Lorn	39,020	40,896
Mull, Iona, Coll, Tiree and Colonsay	7,903	8,155
Bute	12,505	13,217
Cowal	28,947	30,362
Helensburgh and Lomond	28,686	29,309
Total Locality Expenditure	167,306	173,080
Non Locality Specific Services	91,830	91,987
Grand Total	259,137	265,067

The expenditure for localities includes all area specific services which are geographically located in the localities. It is not possible to allocate all costs against individual localities as some services are centrally managed and therefore are Argyll and Bute wide costs and others are provided for in a way whereby the costs cannot be easily allocated to individual localities. The Non Locality Specific Services expenditure includes for example Acute Health services provided by NHS Greater Glasgow and Clyde, services provided by dentists, chemists and opticians, health promotion and Public Health services, Adult Protection, Criminal Justice, Integration Equipment Services and management costs to provide services across Argyll and Bute.

Financial Outlook, Risks and Plans for the Future

The IJB has a responsibility to make decisions to direct service delivery in a way which ensure services can be delivered within the finite financial resources available.

Taking into account the estimated available funding and the pressures in relation to costs, demand and inflationary increases the budget gap for the Partnership for 2018-19 is summarised below:

	2018-19 £m
Baseline Budget	259.6
Cost and Demand Pressures	3.5
Inflation	5.2
Total Expenditure	268.3
Total Funding	(263.1)
In-Year Budget Gap	5.2

There are significant cost and demand pressures across health and social care services and these are expected to outstrip any available funding uplifts and have a significant contribution to the overall budget gap. The main pressures relate to demographic and volume pressures including amongst other areas healthcare packages, growth in prescribing, growth in adult social care services, younger adult supported living services and acute health services. There are also significant costs of the uplift in the Living Wage rate, pay inflation costs for HSCP employees, inflationary increases for drugs and prescribing costs and for commissioned services.

A Quality and Finance Plan for 2017-19 has been developed and approved by the IJB, this outlines the service changes required to deliver on the Strategic Plan outcomes and deliver the savings required to address the budget gap. A copy of the Quality and Finance Plan can be found here:

<http://www.nhshighland.scot.nhs.uk/OurAreas/ArgyllandBute/abhscp/Documents/IJB/Quality%20and%20Finance%20Plan%20-%20Full%20Document%20-%20FINAL.pdf>

There were significant shortfalls in delivering the service changes included in the Quality and Finance Plan for 2017-18, and this highlights the significant challenge in delivering savings in future years. However lessons continue to be learned and the approach to implementation is being adapted and strengthened as indicated in the diagram with a focus on the following:



The overall savings delivery requirement for 2018-19 is £12.2m, this includes addressing the in-year budget gap and also the requirement to deliver previously approved savings. The Quality and Finance Plan includes estimated planned savings totalling £10.4m to be delivered in 2018-19, an estimated shortfall of £1.8m.

The service changes included in the Plan are all in line with the delivery of the objectives of the Strategic Plan, it has been particularly difficult to identify service changes that are line with this and can be delivered in the timescale required, as such alongside the delivery of the savings plan

there will be an element of in-year financial recovery required during 2018-19 to deliver financial balance.

There is clearly a significant financial risk associated with the 2018-19 budget, the remaining budget gap and the scale of savings planned to be delivered in the timescale required results in a high level of risk in delivering financial balance for the partnership. The focus requires to be very much on delivery of the service changes outlined in the Quality and Finance Plan, not only to deliver financial balance but also to ensure the ongoing sustainability of health and social care services in Argyll and Bute.

The most significant financial risks facing the IJB over the medium term can be summarised as follows:

- The remaining budget gap where further opportunities for savings require to be identified
- Evidence base and communications and engagement is insufficient to convince communities of the case for change in the required timescale
- Delays in the delivery of the programme of service redesign resulting in inefficient use of resources, lack of sustainability, provision of poor quality services and a failure to meet the partnership shared vision and outcomes
- The ability to release resource from acute health services to allow investment and growth in community based services
- The increased demand for services alongside reducing resources
- The wider public sector financial environment, which continues to be challenging
- The impact of the demographic changes
- The impact of the Living Wage and other nationally agreed policies which have financial consequences to deliver

Moving into 2018-19, we are working to proactively to address the financial challenges, while at the same time, providing high-quality health and social care services for the communities in Argyll and Bute.

There is likely to be a picture of a continuing budget gap for the partnership in future years and this will remain the case while cost and demand pressures and inflationary cost increases continue to outstrip the funding available. Many pressures in relation to Health and Social Care services are based on areas and trends of continuing service demand increases, for example for care home placements and home care services and the expectations of ongoing cost increases for example in relation to staff pay awards and living wage costs.

A high level estimate of the budget gap for the three years from 2019-20 is presented below:

	2019-20 £m	2020-21 £m	2021-22 £m
Baseline Budget	263.1	264.0	264.9
Cost and Demand Pressures	3.6	3.4	3.4
Inflation	5.2	5.2	5.2
Total Expenditure	271.9	272.6	273.5
Total Funding	(264.0)	(264.9)	(265.9)
Estimated Budget Gap	7.9	7.6	7.5
Repayment of 2017-18 Overspend	0.1	0.3	0.8
Updated Budget Gap	8.0	7.9	8.3
Cumulative Budget Gap	8.0	15.9	24.2

The three year position aligns with the next Strategic Planning period. The Strategic Planning Group will be developing and consulting on the next iteration of the Strategic Plan in the coming year and a financial plan will be developed to sit alongside this to ensure that the aspirations and outcomes are aligned with the available resources.

NHS Highland and Argyll and Bute Council delegate funding to the Integration Joint Board (IJB). The IJB decides how to use these resources to achieve the objectives of the strategic plan. The IJB then directs the Partnership to deliver services in line with this plan.

The governance framework is the rules and practices by which the IJB ensures that decision making is accountable, transparent and carried out with integrity. The IJB has legal responsibilities and obligations to its stakeholders, staff and residents of Argyll and Bute.

The Health and Social Care Partnership ensures proper administration of its financial affairs by having an appointed Chief Financial Officer (section 95 of the Local Government (Scotland) Act 1973). The Chief Financial Officer is required to keep proper accounting records and take reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board.

The Integration Joint Board aligned the service changes outlined in the Quality and Finance Plan with the objectives of the Strategic Plan to ensure that resources are directed to deliver the planned performance levels and desired outcomes.

The Quality and Finance Plan for 2017-18 included service changes planned to deliver £8.7m of budget reductions, in reality £4.2m of these savings were delivered on a recurring basis. Many areas of the Quality and Finance Plan were focussed on reducing the cost of services through efficiencies, these included:

- Prescribing, targeted focus on safe, effective, appropriate cost effective prescribing as well as reducing waste
- Negotiation of reduced payment to NHS Greater Glasgow and Clyde through reducing admission rates and speedy discharge
- Aligning community hospital capacity across Argyll and Bute in line with the shift in the balance of care
- Review of estates and rationalisation of buildings
- Redesign of children's residential care services to minimise the use of external placements
- Review of Learning Disability services to ensure resources are prioritised effectively based on individual service user needs and the demand in each local area

There is evidence of transformation taking place at a strategic and operational level within the Partnership. However there remains a real challenge in disinvesting from expensive institutional based services. The IJB are focussed on directing the finite resources available to achieve Best Value, however there are particular challenges in achieving this in all areas due to the current arrangements for service delivery and the inherent cost of providing services in rural and remote areas. The continued investment in community services in 2018-19 will build capacity in communities and support the delivery of these service changes in the future.

8. Inspection Findings

The purpose of inspection of health and care services in Scotland is to make sure that they meet the right standards.

The Care Inspectorate as the regulatory body for care services within Scotland, regularly inspects registered care services with a vision to ensure that everyone experiences safe, high quality care that meets their needs, rights and choices.

An overview of the Care Inspection findings for care services in Argyll and Bute for 2017-18 can be seen below (Individual scoring of each care service can be seen in Appendix 1):

Care Inspectorate Grades 2017-18				
	Adult Services (Internal)	Adult Services (External)	Children & Families (Internal)	Children & Families (External)
% of Services all 5's and above	6%	31%	50%	20%
% of Services all 4's and above	50%	78%	63%	100%
% of Services all 3's and above	94%	100%	100%	100%
% Services less than 3's	6%	0%	0%	0%

Key:

*1- *Unsatisfactory* 4-*Good*
2- *Weak* 5-*Very Good*
3 -*Satisfactory* 6- *Excellent*

External Care Services

Within Argyll & Bute HSCP the Council's Procurement and Commissioning team are responsible for contract monitoring of all commissioned services. Contract Monitoring is completed on a quarterly basis with additional support from relevant colleagues within the HSCP.

All Care Inspectorate findings are incorporated into the contract monitoring process, which is used to determine the current risk rating of the providers' performance in line with their contract.

Overall, Care Inspectorate grades for external care services have seen an increase in comparison to last year's performance, with 100% of external care providers achieving grades of adequate and above. 31% of external care services for adults and 20% of external care services for Children and Families have also achieved grades of Very Good or Excellent in all categories. This is a clear reflection of the continuous high quality services they are delivering to some of our most vulnerable service users.

Although the large majority of external care providers continue to perform to a high standard, 2017-18 was a particularly challenging year due to the closure of Clydeview Care Home in Cardross. Following the absence of a suitably qualified manager and numerous quality concerns, the Care Inspectorate in partnership with Argyll and Bute HSCP, served notice to Clydeview Care Home for cancellation of registration. Despite this being a very challenging period for all those involved, the HSCP worked in partnership with the Care Inspectorate, West Dunbartonshire HSCP, residents and families, to ensure that the most suitable alternative placements were sought for those affected by the closure whilst minimising any disruption.

Internal Care Services

Overall, Care Inspectorate grades for internal services have seen a slight reduction in comparison to last year's performance. Internal Children and Families services have continued to perform highly with 100% of services receiving grades of Adequate and above, and 50% of services achieving grades of Very Good or Excellent.

Within Internal Adult services, 94% of services are achieving grades of adequate and above, and 6% of services are achieving grades of Very Good or Excellent. 6% of internal services (1 registered service) is not achieving grades of at least adequate. Need to put something in here about Mull & Isles internal Homecare.

The HSCP have acknowledged the reduction in grades for internal services in comparison to external providers, and are currently progressing a Short Life Working Group to clearly establish roles and responsibilities with regards to the monitoring of both external and internal care services within Argyll and Bute. Work is underway to replicate the contract monitoring process that is currently undertaken by the Procurement and Commissioning Team for external care services, across internal care services to ensure that all services are receiving the same scrutiny and support.

A full list of Care Inspectorate Grades for services in Argyll and Bute is available at Appendix 1.

Full Care Inspectorate reports for individual services are available via the Care Inspectorate website or by following the link below:

<http://www.careinspectorate.com/>

(You will require either the name or Care Inspectorate number of the service in order to use the search facility, both of which are detailed in Appendix 1)

A number of our Community Hospitals were also visited by the Mental Welfare Commission (MWC) who undertook thematic visits regarding care of people with dementia who are admitted to our hospitals.

The feedback to all our Community Hospitals was very positive with good person centred practice evident in all sites. Areas for improvement were noted and actions taken to address them.

In Feb 2018 the MWC conducted an unannounced visit to Knapdale, Dementia Assessment ward. At the time of the visit the ward was closed to admission due to recruitment difficulties. This was recognised by the Commission as being a national issue made worse by the rurality of Argyll & Bute. All efforts to recruit continue. The visit resulted in 3 recommendations which are being addressed via an action plan.

The Oban Laboratory has made some significant improvements since August 2016. Recent MHRA (Medicines & Healthcare Products regulatory agency) inspection carried out in January 2018 was very positive and application has been submitted for UKAS inspection with a pre-visit planned for June 2018.

Work is ongoing to ensure continuous improvement with the aim of obtaining UKAS ISO 15189 accreditation by the end January 2019.

9. Locality Arrangements

The Public Bodies (Joint Working) (Scotland) Act 2014 specified that Health and Social Care Partnerships (HSCPs) must set up two or more localities¹. Localities were set up to enable service planning at locally relevant geographies within natural communities². The HSCP is required to report annually on performance at the locality level².

Localities in Argyll and Bute were defined in section 6 of Argyll & Bute HSCP Strategic Plan 2016/17 – 2018/19³. Localities in Argyll and Bute are defined descriptively in the table below.

Locality Planning Group Area	Description
Oban and Lorn	Easdale to Oban, to Port Appin to Dalmally
Mull, Iona, Coll, Tiree and Colonsay*	Isles of Mull, Iona, Coll, Tiree and Colonsay
Mid Argyll	Tarbert, Lochgilphead, Ardfern, Inveraray,
Kintyre	Southend, Campbeltown, Muasdale, Carradale, Gigha
Islay and Jura	Isles of Islay & Jura
Cowal	Lochgoilhead, Strachur, Tighnabruaich, Dunoon,
Bute	Isle of Bute
Helensburgh & Lomond	Helensburgh, Kilcreggan, Garelochhead, Arrochar

**Mull, Iona, Coll, Tiree and Colonsay have held planning meetings separately for Mull and Iona and for Coll, Tiree and Colonsay. A single Locality Plan for OLI has been produced.*

The HSCP strategic plan requires each Locality to prepare and work through their action plans which details the actions each locality will take to achieve the core strategic objectives as well as the 9 National Health and Wellbeing Outcomes. Over the last year, the Locality Planning groups have worked to address issues relating to health and social care within their local communities which are within the overall strategic framework.

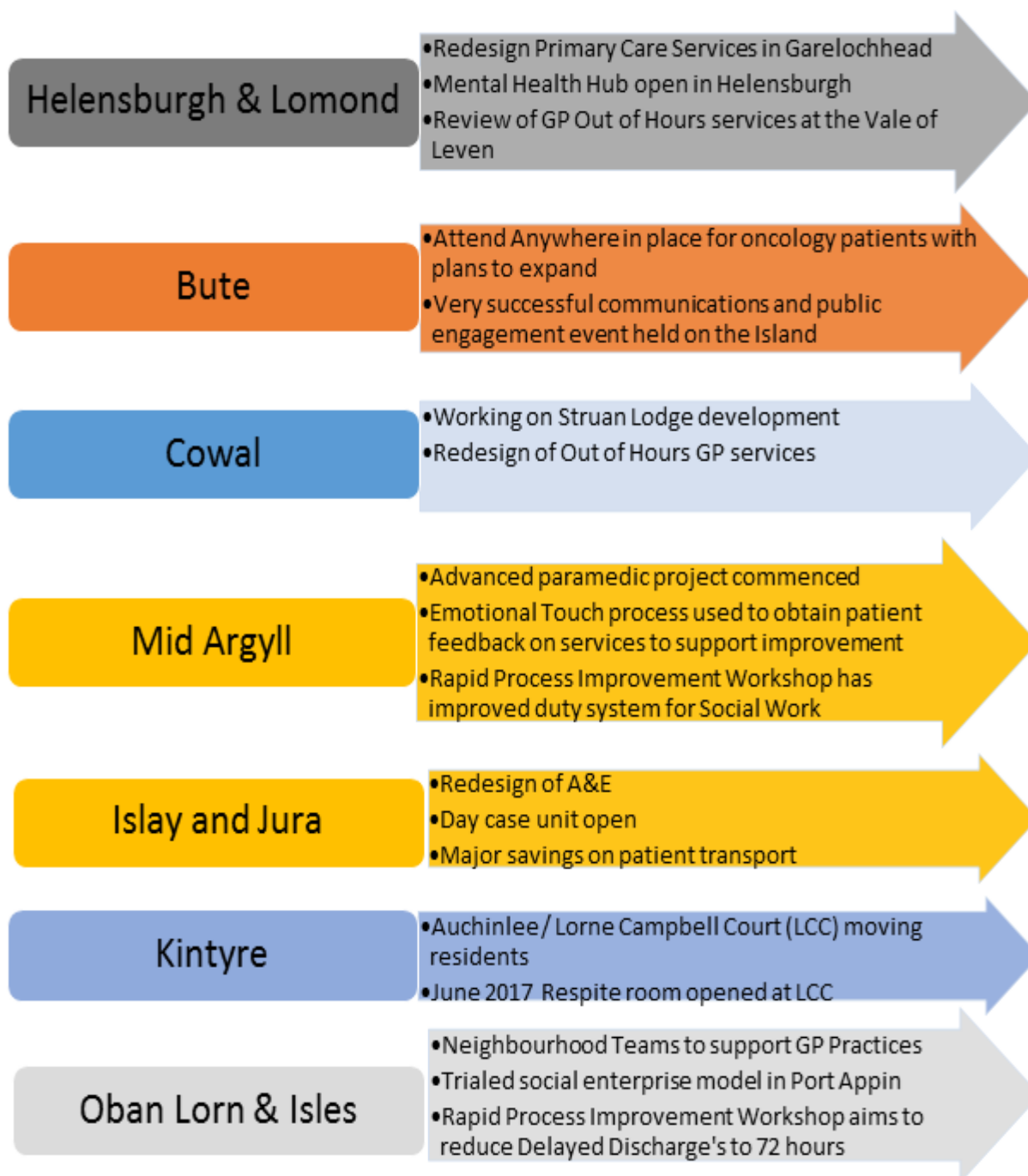
Throughout the monthly meetings within 2017/18, Locality Planning groups have continued to progress their action plan aligned with the

¹ [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

² [Localities Guidance \(2015\) Scottish Government](#)

³ [Argyll & Bute HSCP Strategic Plan 2016/17 – 2018/19 NHS Highland and Argyll and Bute Council](#)

HSCP six areas of focus and objectives in the Quality and Finance plan. The diagram below summarises some of the work done in each locality:



10. Conclusion

The IJB is continuing its development as a maturing public body and beginning to articulate this so it is becoming more visible in the public, local and national political mind-set.

The IJB remains resolute in its commitment and vision to continue to support and improve the health and well-being of our population. This annual report show that we are beginning to make a practical difference to the people who use and rely on health and social care services.

We have made significant progress in continuing to meet the demand on our services and developing more resilient services by working with our staff and our users to redesign them to meet need.

But there is more to do, we are spending more money than we have and so we need to stop this and get back to a balanced budget. We also must make ourselves more efficient and effective and make best use of our skilled staff and maximise use of our buildings by co-locating.

We also must continue to progress the development of our workforce to implement the new models of care across Argyll and Bute and require to work hard with our Trade Union partners to achieve this. Alongside this we must also make better use of technology to help our staff to provide the quality service they want and ensure people can continue to access services in their locality.

It is clear that we need to do more to present our work, engage with our staff and communities and partners to progress the transformational change in health and social care that is needed. To this end we have established a Strategic Engagement Advisory Group comprising the Scottish Health Council; service User/Carer and 3rd Sector representatives and have developed a new engagement framework.

Our strategic plan refresh in 2018/19 will continue this work and alongside this we will be progressing the reform of the primary care system by implementing the new GP contract.

The IJB expect that as we come to write our next annual report we will continue to describe real progress in these areas, demonstrate sustained improvement in our performance targets and with the right support move back into financial balance.

Appendix 1- Argyll and Bute Care Home & Care Services Inspections 2017/18

Name/Care Inspectorate Number	Inspection Date	Quality Theme CI Grades (1-6)
Children & Families (External)		
Achievement Bute CS2005091229	1 st February 2018	Care & Support – 5
		Environment - N/A
		Staffing – 5
		Management & Leadership - 4
Cornerstone (JIGSAW) CS2012307560	25 th August 2017	Care & Support - 5
		Environment - N/A
		Staffing - 5
		Management & Leadership - 5
Scottish Autism – Oban Autism Resources CS20006129195	29 th August 2017	Care & Support - 5
		Environment - N/A
		Staffing - 4
		Management & Leadership - 5
Ardui Respite House – Sense Scotland CS2010249688	24 th April 2018	Care & Support - 5
		Environment - 4
		Staffing - 4
		Management & Leadership - 4

Name/Care Inspectorate Number	Inspection Date	Quality Theme CI Grades (1-6)
Children & Families (Internal)		
Helensburgh Children's Unit (Argyll and Bute Council) CS2003000426	8 th December 2017	Care & Support - 5
		Environment - 5
		Staffing - 5
		Management & Leadership - 5
Shellach View (Argyll and Bute Council) CS2003000461	30 th August 2017	Care & Support - 5
		Environment - 5
		Staffing - 5
		Management & Leadership - 5
Dunclutha Residential Home (Argyll and Bute Council) CS2003000451	15 th December 2017	Care & Support - 5
		Environment - 5
		Staffing - 5
		Management & Leadership - 5
Dunoon School Hostel (Argyll and Bute Council) CS2006115758	9 th November 2017	Care & Support - 4
		Environment - 5
		Staffing - 4
		Management & Leadership - 3
Glencruitten Hostel (Argyll and Bute	26 th October 2017	Care & Support - 3
		Environment - 5

Name/Care Inspectorate Number	Inspection Date	Quality Theme CI Grades (1-6)
Council) CS2006130205		Staffing - 3 Management & Leadership - 3
Argyll and Bute Adoption Services CS2004082322	25 th May 2017	Care & Support - 4 Environment - N/A Staffing - 5 Management & Leadership - 5
Argyll and Bute Fostering Service CS2004082341	25 th May 2017	Care & Support - 5 Environment - N/A Staffing - 5 Management & Leadership - 5
Community Support Network CS2004079237	23 rd March 2018	Care & Support - 4 Environment - N/A Staffing - 4 Management & Leadership - 3
Older People – Care Homes (Internal)		
Struan Lodge (Argyll and Bute Council) CS2003000452	25 th January 2018	Care & Support - 5 Environment - 5 Staffing - 5 Management & Leadership -

Name/Care Inspectorate Number	Inspection Date	Quality Theme CI Grades (1-6)
		5
Thomson Court (Argyll and Bute Council) CS2003000453	1 st December 2017	Care & Support - 4
		Environment - 5
		Staffing - 5
		Management & Leadership - 5
Eadar Glinn Residential Home (Argyll and Bute Council) CS2003000460	17 th November 2017	Care & Support - 5
		Environment - 4
		Staffing - 6
		Management & Leadership - 6
Tigh a Rhuda Residential Home (Argyll and Bute Council) CS2003000462	20 th September 2017	Care & Support - 4
		Environment - 4
		Staffing - 4
		Management & Leadership - 3
Ardfenaig Residential Home (Argyll and Bute Council) CS2003014233	24 th December 2017	Care & Support - 3
		Environment - 4
		Staffing - 5
		Management & Leadership - 3
Gortanvogie Residential Home (Argyll and Bute	18 th June 2018	Care & Support - 3
		Environment - 3

Name/Care Inspectorate Number	Inspection Date	Quality Theme CI Grades (1-6)
Council) CS2003000447		Staffing - 3
		Management & Leadership - 3
Older People – Care Homes (External)		
Inverreck Care Home CS2003000418	6 th June 2018	Care & Support - 4
		Environment - 4
		Staffing -4
		Management & Leadership - 4
Argyle Care Centre CS2005111774	25 th May 2018	Care & Support - 4
		Environment - 3
		Staffing - 4
		Management & Leadership - 3
Ardnahein CS2014325883	2 nd May 2018	Care & Support - 3
		Environment - 3
		Staffing - 3
		Management & Leadership - 3
Kintyre Care Centre CS2011300742	18 th October 2017	Care & Support - 3
		Environment - 3
		Staffing - 3
		Management & Leadership -

Name/Care Inspectorate Number	Inspection Date	Quality Theme CI Grades (1-6)
		4
Lochside Care Home CS2011300482	31 st January 2018	Care & Support - 4
		Environment - 3
		Staffing - 4
		Management & Leadership - 4
Ashgrove Care Home CS2012313839	29 th June 2017	Care & Support - 3
		Environment - 4
		Staffing - 4
		Management & Leadership - 4
Lynn of Lorne CS2011305842	12 th December 2017	Care & Support - 3
		Environment - 3
		Staffing - 3
		Management & Leadership - 3
Morar Lodge Nursing Home CS2003010220	18 th April 2018	Care & Support - 5
		Environment - 5
		Staffing - 5
		Management & Leadership - 5
Palm Court CS2003000439	30 th May 2017	Care & Support - 3
		Environment - 3

Name/Care Inspectorate Number	Inspection Date	Quality Theme CI Grades (1-6)
		Staffing - 3
		Management & Leadership - 3
North Argyll House CS2015338261	25 th April 2018	Care & Support - 5
		Environment - 5
		Staffing - 5
		Management & Leadership - 5
Ardenlee Care Home CS2004059227	5 th May 2018	Care & Support - 5
		Environment - 4
		Staffing - 4
		Management & Leadership - 5
Northwood House CS2003000436	1 st February 2018	Care & Support - 4
		Environment - 4
		Staffing - 5
		Management & Leadership - 4
Older People Services (Internal)		
Homecare – Mid Argyll, Jura, Islay and Kintyre Homecare (Argyll and Bute Council)	22 nd March 2018	Care & Support - 3
		Environment - N/A
		Staffing - 4
		Management & Leadership -

Name/Care Inspectorate Number	Inspection Date	Quality Theme CI Grades (1-6)
CS2004079966		3
Mull & Iona, Coll, Tiree and Colonsay Homecare (Argyll and Bute Council) CS2004079386	22 nd March 2018	Care & Support - 3
		Environment - N/A
		Staffing - 4
		Management & Leadership - 1
Lynnside Day Centre (Argyll and Bute Council) CS2003017604	29 th March 2017	Care & Support - 5
		Environment - 5
		Staffing - 5
		Management & Leadership - 4
Struan Lodge Day Care (Argyll and Bute Council) CS2003017601	17 th August 2016	Care & Support - 4
		Environment - 5
		Staffing - 5
		Management & Leadership - 4
Thomson Court Day Care (Argyll and Bute Council) CS2003000458	28 th September 2017	Care & Support - 5
		Environment - 4
		Staffing - 5
		Management & Leadership - 4
Mid Argyll Day Care CS2003000449	18 th May 2017	Care & Support - 3
		Environment - 3

Name/Care Inspectorate Number	Inspection Date	Quality Theme CI Grades (1-6)
		Staffing - 4
		Management & Leadership - 4
Older People Services (External)		
Allied Healthcare (Greenock – covers H/Burgh and Cowal) CS2013318367	9 th February 2018	Care & Support - 5
		Environment - N/A
		Staffing - 5
		Management & Leadership - 5
Allied Healthcare (Isle of Bute) CS2013316910	8 th March 2018	Care & Support - 5
		Environment - N/A
		Staffing - 5
		Management & Leadership - 4
Argyll Homecare CS2005090291	10 th August 2017	Care & Support - 5
		Environment - N/A
		Staffing - 5
		Management & Leadership - 4
Care+ Oban CS2016348142	21 st March 2017	Care & Support - 4
		Environment - N/A
		Staffing - 4
		Management & Leadership -

Name/Care Inspectorate Number	Inspection Date	Quality Theme CI Grades (1-6)
		4
Careplus CS2006138764	1 st May 2018	Care & Support - 5
		Environment - N/A
		Staffing - 5
		Management & Leadership - 5
Carers Direct CS2004076349	30 th November 2017	Care & Support - 4
		Environment - N/A
		Staffing - 4
		Management & Leadership - 4
Carewatch CS2003053843	22 nd March 2017	Care & Support - 4
		Environment - N/A
		Staffing - 3
		Management & Leadership - 4
Carr Gomm Argyll and Bute CS2011298798	6 th July 2017	Care & Support - 5
		Environment - N/A
		Staffing - 5
		Management & Leadership - 5
Oasis Day Centre (Crossreach)	26 th August 2016	Care & Support - 6
		Environment - 6

Name/Care Inspectorate Number	Inspection Date	Quality Theme CI Grades (1-6)
CS2007150612		Staffing - 6
		Management & Leadership - 5
Cowal Care Services CS2004076137	25 th August 2017	Care & Support - 5
		Environment - N/A
		Staffing - 5
		Management & Leadership - 5
Crossroads Cowal and Bute CS2005089569	4 th December 2017	Care & Support - 5
		Environment - N/A
		Staffing - 5
		Management & Leadership - 4
Joans Carers CS2004077225	12 th January 2018	Care & Support - 4
		Environment - N/A
		Staffing - 4
		Management & Leadership - 4
Mears Homecare Ltd CS2013317614	13 th December 2017	Care & Support - 4
		Environment - N/A
		Staffing - 4
		Management & Leadership - 4

Name/Care Inspectorate Number	Inspection Date	Quality Theme CI Grades (1-6)
Mears Care Ltd CS2009234912	13 th November 2017	Care & Support - 4
		Environment - N/A
		Staffing - 4
		Management & Leadership - 3
Premier Healthcare CS2008173018	20 th December 2017	Care & Support - 5
		Environment - N/A
		Staffing - 5
		Management & Leadership - 4
Quality Care CS2008175579	14 th February 2018	Care & Support - 5
		Environment - N/A
		Staffing - 5
		Management & Leadership - 4
Crossroads North Argyll CS2003055541	20 th October 2017	Care & Support - 5
		Environment - N/A
		Staffing - 5
		Management & Leadership - 4
Scotnursing CS2011303124	19 th March 2018	Care & Support - 5
		Environment - N/A
		Staffing - 5

Name/Care Inspectorate Number	Inspection Date	Quality Theme CI Grades (1-6)
		Management & Leadership - 4
Clyde Carers CS2004073927	25 th September 2017	Care & Support - 5
		Environment - N/A
		Staffing - 3
		Management & Leadership - 3
Highland Home Carers CS2004077123	27 th September 2017	Care & Support - 4
		Environment - N/A
		Staffing - 4
		Management & Leadership - 4
Adult Services (Internal)		
Greenwood (Argyll and Bute Council) CS2011300914	14 th June 2018	Care & Support - 4
		Environment - N/A
		Staffing - 4
		Management & Leadership - 4
ASIST (Argyll and Bute Council) CS2004057455	1 st June 2018	Care & Support - 3
		Environment - 4
		Staffing - 4
		Management & Leadership - 3

Name/Care Inspectorate Number	Inspection Date	Quality Theme CI Grades (1-6)
Community Resource Team (Argyll and Bute Council) CS2010271064	12 th December 2017	Care & Support - 5
		Environment - N/A
		Staffing - 4
		Management & Leadership - 3
Lochgilphead Resource Centre (Argyll and Bute Council) CS2003015618	29 th November 2017	Care & Support - 6
		Environment - 4
		Staffing - 4
		Management & Leadership - 5
Lorne Resource Centre (Argyll and Bute Council) CS2003000465	8 th November 2017	Care & Support - 4
		Environment - 4
		Staffing - 4
		Management & Leadership - 3
Woodlands Centre (Argyll and Bute Council) CS2003000450	24 th May 2017	Care & Support - 5
		Environment - 4
		Staffing - 5
		Management & Leadership - 5
Adult Services (External)		
Blue Triangle Oban Housing	10 th July 2017	Care & Support - 3

Name/Care Inspectorate Number	Inspection Date	Quality Theme CI Grades (1-6)
CS2004079132		Environment - N/A
		Staffing - 4
		Management & Leadership - 3
HELP project CS2003053769	18 th July 2017	Care & Support - 6
		Environment - N/A
		Staffing - 6
		Management & Leadership - 6
Affinity Trust Scotland CS2011290081	1 st May 2018	Care & Support - 4
		Environment - N/A
		Staffing - 4
		Management & Leadership - 4
Enable Scotland – Dunoon CS2004061919	22 nd February 2018	Care & Support - 5
		Environment - N/A
		Staffing - 4
		Management & Leadership - 4
Enable Scotland – Helensburgh CS2004061920	24 th May 2018	Care & Support - 6
		Environment - N/A
		Staffing - 5
		Management & Leadership -

Name/Care Inspectorate Number	Inspection Date	Quality Theme CI Grades (1-6)
		6
Enable Scotland – Oban, Lorn & Isles CS2004061922	11 th August 2017	Care & Support - 5
		Environment - N/A
		Staffing - 6
		Management & Leadership - 5
Enable Scotland – Helensburgh Day Services CS2005095308	12 th July 2017	Care & Support - 5
		Environment - N/A
		Staffing - 5
		Management & Leadership - 5
Enable Scotland – Mid Argyll and Kintyre CS2014325658	15 th February 2018	Care & Support - 4
		Environment - N/A
		Staffing - 4
		Management & Leadership - 4
Key Community Supports – Argyll and Bute CS2004079432	27 th September 2016	Care & Support - 4
		Environment - N/A
		Staffing - 4
		Management & Leadership - 4
Mariner Home Care CS2004061507	13 th October 2017	Care & Support - 5
		Environment - N/A

Name/Care Inspectorate Number	Inspection Date	Quality Theme CI Grades (1-6)
		Staffing - 5
		Management & Leadership - 5
South Peak CS2004076276	17 th November 2017	Care & Support - 4
		Environment - 4
		Staffing - 4
		Management & Leadership - 4
Addaction Scotland – Argyll and Bute Recovery Service CS2015336069	21 st August 2017	Care & Support - 5
		Environment - N/A
		Staffing - 5
		Management & Leadership - 5
Maxie Richards Foundation CS2003054045	25 th July 2016	Care & Support - 5
		Environment - N/A
		Staffing - 5
		Management & Leadership - 5