



People in Argyll & Bute will live longer, healthier independent lives

**Argyll & Bute Health &
Social Care Partnership**

**Annual Performance
Report 2019/20**

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Foreword

We are pleased to present Argyll and Bute HSCP's fourth Annual Performance report for 2019/20. This report continues to illustrate the significant progress we are making on providing integrated services which focus on keeping people healthy, safe and well, but also providing care and treatment quickly when needed.

Our staff and health and care partners continue to rise to these challenges as shown in the high quality of services we provide and the improved outcomes people are experiencing.

From March this year COVID-19 has affected service delivery across the HSCP and in-turn the usual delivery date of September for the publication of this Annual Performance Report. At the August meeting of the Integration Joint Board, the Chief Officer agreed to delay the publication date for the annual performance report until its meeting in November in exercise of the power granted to public authorities under the Coronavirus (Scotland) Act 2020 to do so. The staff who would have usually been involved in its preparation have been engaged in supporting the Covid-19 pandemic response and the result of this is a nationally agreed reduced version of the usual annual report format.

The Covid-19 pandemic has created an opportunity to speed up remote working, which has significantly reduced travel and reduced printing (through move to paperless office), and plans for the new normal intend to continue with extensive use of Near Me for remote consultations where this is appropriate, and continued use and expansion of Microsoft Teams.

Finally, we would like to thank all HSCP staff, partners, carers and volunteers for their continued dedication and commitment, going the extra mile when most needed.



**Joanna MacDonald,
Chief Officer Argyll &
Bute HSCP**



**Kieron Green, Chair of
Argyll & Bute Integration
Joint Board**

Introduction

Welcome to the fourth Annual Performance Report from Argyll and Bute Health and Social Care Partnership (HSCP). This report summarises what we have achieved in the last calendar year from 1st January to 31st December 2019 this is different from previous years when we have used data across the financial quarters. The reason for this is a direct effect of the redirection of national analytical services to support the COVID-19 reporting process which resulted in data lag across the last financial quarter data period. It was agreed in consultation with all HSCP's that calendar data would provide the most robust data to use across this report.

The Partnership has responsibility for the planning and delivery of all health and social care services to adults and children within Argyll and Bute. We routinely monitor our performance to ensure we are delivering services that meet the needs of our residents, and also which identifies areas where require improvement is required. All Health and Social Care Partnerships are required by the Public Bodies (Joint Working) (Scotland) Act 2014 to publish an Annual Performance Report.

Our report aims to measure the progress we have made, specifically in relation to

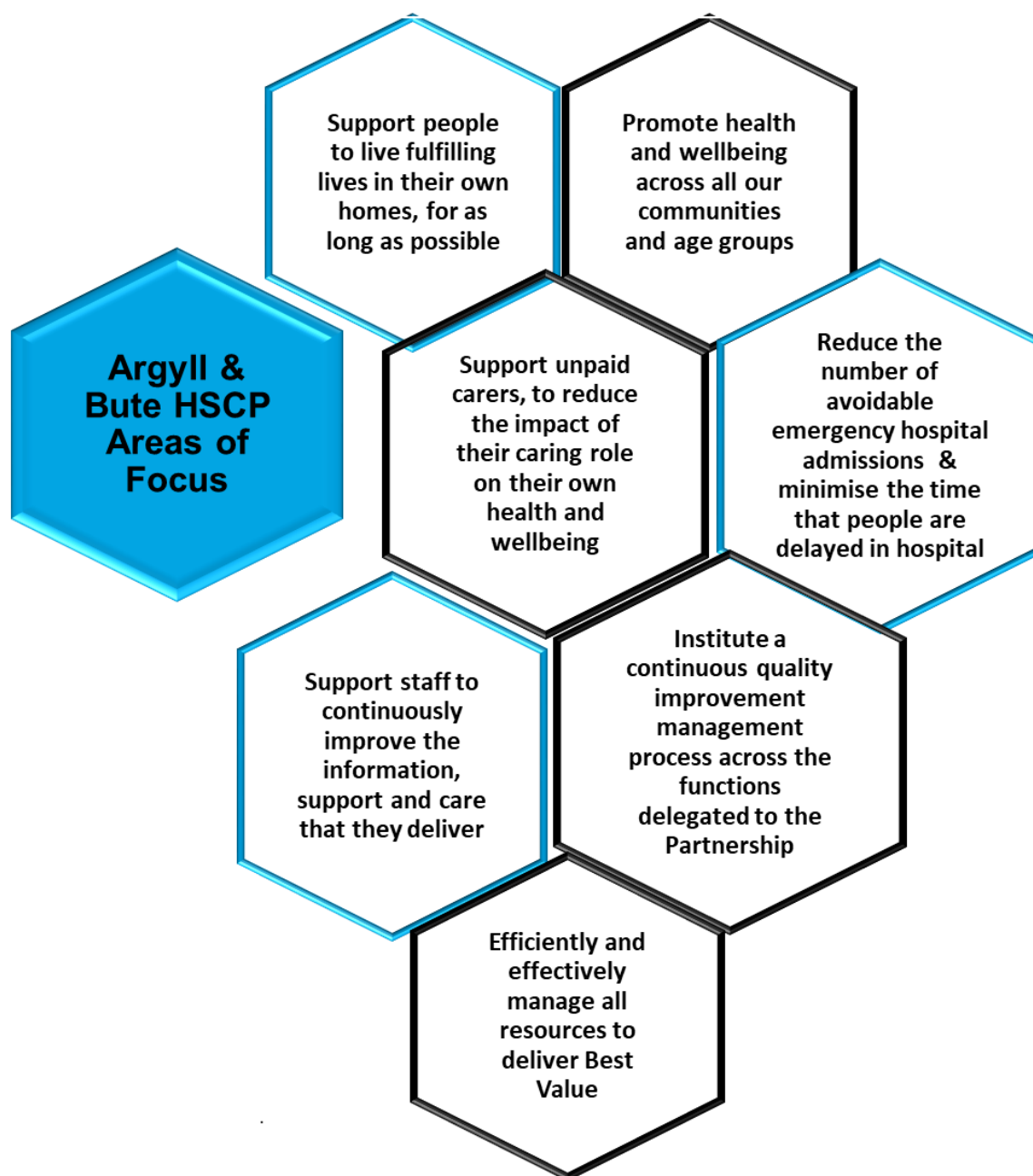
- National Health & Wellbeing Outcome Indicators
- Finance & Best Value
- Inspection of Services

The full breakdown of our performance against the nine National Health and Wellbeing Outcomes over the past 4 years is available in Appendix 1. This includes all national and local indicators which we have used to measure progress. How our performance compares against other HSCP areas is documented in Appendix 2

We have also included some good practice highlights and case studies describing service developments and improvements which have occurred within Argyll and Bute over the last year, which demonstrate the work of the Partnership and the impact it has had on our communities.

Section 1: Strategic Plan, Vision and Key Achievements in 2019/20

The Partnership's vision and priorities for health and social care in Argyll and Bute were developed for our first Strategic Plan 2016-2019. This describes how we intend to deliver integrated health and social care services to the communities within Argyll and Bute and identified seven key areas of focus for us as a partnership. These are shown in the diagram below.



Our Vision:

People in Argyll and Bute will live longer, healthier independent lives

The Public Bodies (Scotland) Act 2014 requires Integration Authorities (IA's) to review their strategic plan at least once every three years. We completed this in 2018 and included a robust three month engagement programme where we sought the views of public, service users, carers, partner agencies and staff.

This confirmed that our objectives remain current and relevant to our communities, staff, partners and stakeholders.

Section 2 - Performance Management and Governance

The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. These suites of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families.

Currently there are 9 key National Health and Wellbeing Outcomes (NHWBO) and 23 sub-indicators. These form the basis of the reporting requirement for Health and Social Care Partnerships across Scotland. A full breakdown of all the Outcomes, Indicators and our local indicators is available in Appendix 1.

Our Performance for 2019/20

There are currently 43 indicators against which we measure our performance. 27 measures are reported as meeting target or better and 15 off target and 1 measure under development. Further analysis of the trends across the outcomes notes 11 indicators remain unchanged against target, 12 are down against target and 19 are up against target.

Benchmarking against other Health and Social Care Partnerships

We regularly benchmark our performance against similar Health and Social Care Partnerships in order to compare our performance and identify any areas of potential improvement. Health Improvement Scotland has identified Moray, Stirling, East Lothian, Angus, Scottish Borders and Highland as areas which are similar in terms of population size, relative deprivation or affluence and rurality of area. Our performance against 23 National Indicators is presented in **Appendix 2** in comparison to these areas.

Performance Governance development over the last year

- **Delivery of new IJB performance scorecard in Pyramid Balanced Scorecard**
As part of the ongoing review of the current Integrated Joint Board (IJB) a number of duplicated measures have been removed, bringing the total number down from 66 to 44 measures. A new scorecard was designed and delivered informed through two

development sessions with IJB members and built within the corporate Pyramid Balanced Scorecard

- Delivery of a new performance scorecard for Adult Protection**
 Following two development sessions with the Adult Protection Committee members a new scorecard was developed and built in Pyramid Balanced Scorecard which focussed on performance improvement across key indicators identified by the committee and through direct user consultation and feedback
- Delivery of new national Performance Indicators for Child Protection**
 Working alongside the national delivery team and Child Protection Committee saw the delivery of the new national data set for Child Protection. Argyll & Bute were one of the first HSCP's to deliver this new and exciting data set to the local teams and Committee allowing HSCP's to benchmark nationally their performance activity.
- Delivery of Children & Young Peoples Service Plan**
 A series of development sessions were organised using a Logic Modelling approach to the new plan for 2020-23.

Section 2.1 – How have we performed in 2019/20 - Ministerial Steering Group Indicators

The Ministerial Steering Group (MSG) Performance Measures have been developed **in addition to** the National Health and Wellbeing Outcome Indicators. These are intended to measure the improved outcomes resulting from the integration of HSCP services.

Our performance for 2019/20 against the Ministerial Group Indicators is shown in the table below:

Measure	2015/16	2016/17	2017/18	2018/19 ^P	2019/20	Target 2019/20
Emergency admissions (All Ages)	8,638	8,715	9,018	8,659	8,756	8,569
A&E attendances (All Ages)	15,113	16,105	16,026	17,060	17,135	16,957
Unplanned bed days (All Ages)	65,847	65,705	64,800	58,941	62,791	58,495
Delayed discharge bed days (18+)	8,857	6,803	8,414	9,561	7,863	8,605

Emergency Admissions Performance

Performance for 2019 notes a 1% increase in the previous year levels of emergency admission and a 2% increase against target. Performance across the other years notes a relatively flat trajectory and work continues across the HSCP with regards to reducing multiple emergency admissions.

Accident & Emergency (A&E) attendances

An increasing year on year trend against the target and statistically there is a 0.5% increase from last year and a 1% increase in performance this year against target.

Unplanned bed days

Against target, performance notes a 7% increase in unplanned bed days against target and against the previous year an increase of 6.5%

Delayed Discharge Bed days

Delayed Discharge performance notes a 9% reduction against target and a 22% reduction against last year. This reduction for 2019 is significant when projected against the other year's performance.

Section 3. National Health and Wellbeing Indicators Performance

In this section we aim to demonstrate our performance against each of the National Health and Wellbeing Indicators over the last year.

3.1 National Health and Wellbeing indicator 1

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

National Health and Wellbeing Indicator 1 aligns directly to Argyll and Bute HSCP Strategic Plan area of focus:

Within Argyll & Bute we are committed to supporting individuals to look after their own health and wellbeing in their communities. We aim to support individuals to prevent illness and focus on wellbeing and health improvement and have identified **6** targets by which we measure our performance in relation to National Health and Wellbeing Outcome 1.

These are listed in **Appendix 1** and this year we have achieved target in **4** of the **6** identified indicators.

This chapter described the work we have done over the last year, and areas where we recognise that more work is required in order to achieve our targets.

**REDUCE THE NUMBER OF
AVOIDABLE EMERGENCY
HOSPITAL ADMISSIONS &
MINIMISE THE TIME THAT
PEOPLE ARE DELAYED IN
HOSPITAL**

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3.1.1 Smoking Cessation – Quit Your Way

We have reviewed and set up a new model for delivering our smoking cessation service. The new model involves specialist staff working in communities delivering a person centred approach to stopping smoking, this model was launched in January 2020 once the team had completed the national training for specialist advisors.

- The types of services accessed to support smoking cessation makes a difference, with those accessing specialist services twice as likely to be still not smoking after 12 weeks compared with those who use pharmacy based services (34.6% and 18.4% respectively).
- 5 staff completed the newly developed national Specialist Advisor Training, this included training online and face to face as well as shadowing and mentoring.

- 4 part time advisors form part of The Quit Your Way service along with 3 contracts with GP Practices. The Health Improvement team manage the advisors and monitor the contracts.
- Part of the role of the advisors is to work in partnership with communities, pharmacies, GP practises and hospitals to ensure those wanting to stop smoking are offered behavioural support as well as medication.
- The Argyll and Bute target for smoking cessation is agreed locally and forms part of the NHS Highland Local Delivery Plan (LDP) standard which is set by the Scottish Government. NHS Highland's LDP Standard is 336 successful 12 week quits (those people still not smoking at 12 weeks) within the 40% most deprived areas, and to date have achieved 288.
- The team work towards meeting an Argyll and Bute target of 57 successful 12 week quits within the 40% most deprived areas. At the time of writing this report 29 quits had been achieved against this target. Whilst the team are very focussed on the target group, anyone wanting to stop smoking in Argyll and Bute will be supported. To date, the team have recorded 46, successful 12 week quits overall, however this does not include the clients they have supported in partnership with pharmacies through shared care.
- Shared care is the term used when pharmacies and advisors work in partnership to deliver co-ordinated care for clients. Pharmacies reported 42 successful 12 week quits overall, of which 21 were within the LDP standard. 17 successful 12 week quits were through shared care, 6 of which were within the LDP standard.
- The Public Health Scotland report for quarter three identifies that 9 out of 14 health boards have not met their Quarter three target for the LDP standard, reporting that Scotland achieved 67% of the annual LDP standard. NHS Highland was performing slightly behind this figure at the time the report was produced. These nationally set targets are derived to help us achieve a tobacco-free generation (a smoking population of 5% or less) by 2034 and forms part of the Scottish Government's strategy; Raising a Tobacco Free Generation : Our Tobacco Control Action Plan 2018

3.1.2 Telecare

Argyll and Bute HSCP Telecare Service continues to grow year on year. During the year 2019/10 we:

- Achieved virtual working across Argyll and Bute and Islands which supports some of Argyll and Bute's more rural and isolated settings.
- Developed a robust reporting suite of data to ensure our work streams provided early intervention for clients to prevent any delay or issues that would be a risk to our clients.
- Held workshops for Technology Enabled Care, Housing and Health to investigate a way to work together with all internal and external partners and reduce duplication –

Outcome being a TEC, Housing and Health Forum will be established. TEC and Housing colleagues are part of strategic developments around older adult care.

- The HSCP are part of exciting National discussions and Test of Change Groups to be part of shared learning across Scotland to ensure the HSCP are at the forefront of service redesign and opportunity to improve.
- We were successful in a bid for funding to roll out the use of activity monitoring “Just Checking” and a purchase of 2 years licenses for 48 units to support reablement.
- Achieved a full migration of Data into Carefirst and the archive of the old Telecare Database for a more visible data stream
- Developed the TEC Equipment Technician post and a plan for developing and implementing a full asset management service
- Increased the enhanced our use of different equipment and peripherals to enhance the service we provide.
- Developed consistent Telecare processes across all localities.
- Joined the Telecare Service Association (TSA) which is the representative body for technology enabled care. Their vision is that people can choose technology enabled care to enrich their lives.

3.2 National Health and Wellbeing indicator 2

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

National Health and Wellbeing Indicator 2 aligns directly to the Argyll and Bute HSCP Strategic Plan area of focus:

Our Community teams work across disciplines to ensure that people with intensive needs are cared for within their homes, and that people with chronic conditions are managed within the community where possible. Over the last year we have worked hard to further develop our community care teams to ensure that reablement is at the centre of our work. This has shown to be effective in reducing the need for long term care packages and in ensuring that essential home care services are matched to needs. There will be further work to develop a consistent reablement approach as part of developments around community teams in 2020-21.



We have identified **6** targets by which we measure our performance in relation to National Health and Wellbeing Outcome 2. These are listed in **Appendix 1** and this year we have achieved the target in **1** of the **6** identified indicators.

This chapter describes the work we have done over the last year, and areas where we recognise that more work is still required in order to achieve our targets.

3.2.1 Reducing Unplanned Bed Days & Emergency Admissions

The main drive for the partnership has been a sustained focus with regards to reducing unplanned bed days and this has seen an improvement and reduction of 15% across mental health specialities. With regards to emergency admission and unplanned bed days across acute specialities both trends note a further reduction this year. Accident and emergency attendances have increased by 4% from the previous year, this increase could in part be attributable to increase attendance at A&E in the first few weeks of the COVID-19 pandemic.

The rate of emergency admissions has reduced against target and this has been supported with a further reduction in readmissions within 28 days. Trends in both these indicators note ongoing reductions for the most part year on year.

3.3 National Health and Wellbeing Indicator 3

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

National Health and Wellbeing Indicator 3 aligns directly to the Argyll and Bute area of focus:

Within Argyll & Bute Partnership it is important to us that our citizens have a positive experience when using our services. We endeavour to ensure we enable them to give feedback about their experiences of health and social care services in a range of ways. This feedback supports us to improve and develop services in line with the needs of our local communities. We have identified **5** targets by which we measure our performance in relation to **National Health and Wellbeing Outcome 3**.

These are listed in **Appendix 1** and this year we have achieved target in **3** of the **5** identified indicators. This chapter described the work we have done over the last year and areas where we recognise that more work is required in order to achieve our targets.

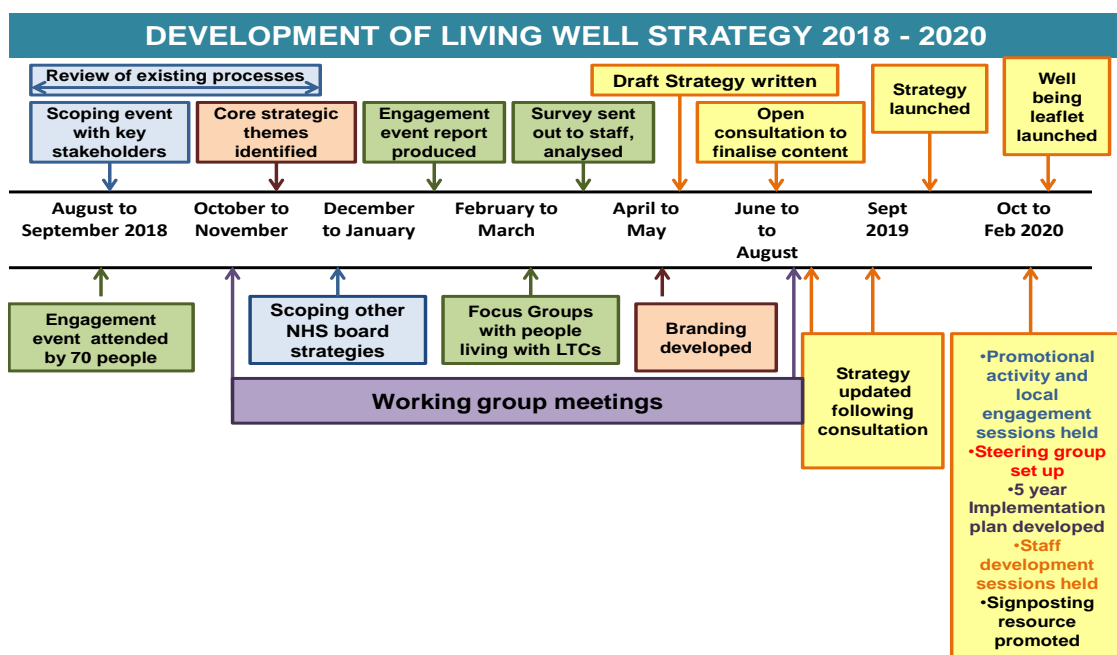


3.3.1 Living Well Strategy

The Living Well strategy was launched at the IJB in September 2019 following extensive engagement with over 450 people, stakeholders, partners and staff during 2018. The draft strategy was developed and consulted on in June and July 2019 prior to its launch.

Progress includes-

- An overarching steering group linked to various related work across the HSCP and other partners.
- Development of a 5 year implementation plan
- 8 projects funded with small grants to support people in local communities to self-manage
- 4 reflective practice sessions delivered in partnership with the Health and Social Care Alliance.
- Type 2 diabetes framework action plan linked to the Living Well strategy
- Self-management course delivery continues through an Argyll and Bute Healthy Living Partnership made up of 3rd sector partners with HSCP representation and funded by the Alliance
- Two pain events planned by the Healthy Living partnership 1 in Inveraray was very well received by staff, 3rd sector and in particular people and their families living with chronic pain. The second in Dunoon was cancelled due to Covid 19 pandemic.



3.4 National Health and Wellbeing Indicator 4

Health and social care services are centred on helping to maintain or improve the quality of life of service users

National Health and Wellbeing Indicator 4 aligns directly to all our areas of focus.

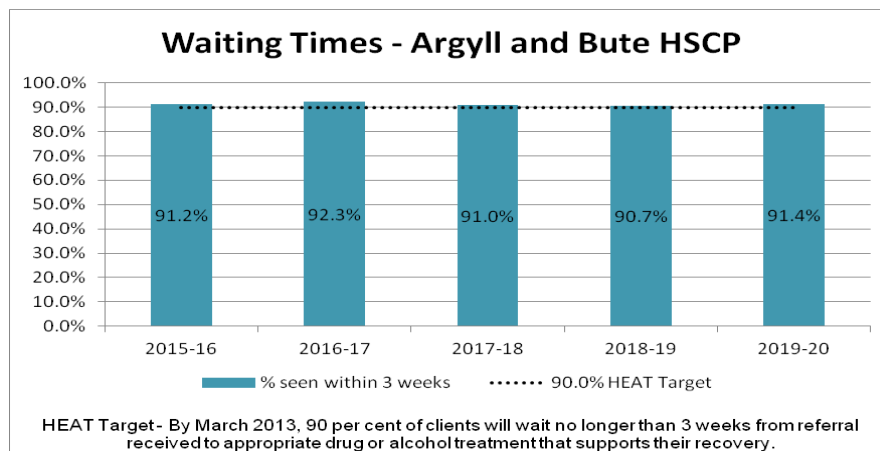
Within Argyll & Bute Partnership we recognise the importance of supporting people to maintain or improve their quality of life. We have identified targets by which we measure our performance in relation to **National Health and Wellbeing Outcome 4**.

These are listed in **Appendix 1** and this year we have achieved targets in **4** of the **5** identified indicators.

3.4.1 Alcohol and Drug Services

The Argyll & Bute Alcohol and Drug Partnership (ADP) have oversight of the delivery of the drug and alcohol treatment waiting times target and the Alcohol Brief Intervention target.

- **Waiting Times Target** – “By March 2013, 90 percent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.” Argyll and Bute HSCP has met or exceeded this target since 2015.



- **ABI Heat Target** – “NHS Boards to sustain and embed alcohol brief interventions in priority settings (primary care, A&E antenatal) and broaden delivery in wider settings.” Argyll and Bute HSCP did not meet their part of the delivery target for Alcohol Brief Interventions (ABI) however, a new plan to increase ABIs in Argyll and Bute is being developed including:
 - Three community hubs have been setup across Argyll and Bute to offer Job Seekers, financial support, housing and/or general advice to people in the area who are in recovery. A fourth hub is in development.
 - A family’s support group has been setup in Helensburgh with more to follow across Argyll and Bute.
 - Forty-four people were supplied with take home Naloxone last year, which is almost double the number from the year before. Plans are in place to increase

the number of people who will supply and carry Naloxone across Argyll and Bute. Argyll and Bute now have Intranasal Naloxone which will make this life saving medication easier to administer.

3.5 National Health and Wellbeing Indicator 5

Health and social care services contribute to reducing health inequalities

National Health and Wellbeing Indicator 5 aligns directly to the Argyll and Bute HSCP Strategic Plan area of focus:

Within Argyll & Bute Partnership we recognise the importance of supporting our service users to maintain or improve their quality of life. We have identified **5** indicators by which we measure our performance in relation to **National Health and Wellbeing Outcome 5**. These are listed in **Appendix 1** and this year **we have marginally missed both our targets in this area.**

This chapter describes the work we have done over the last year and areas where we recognise work is still required in order to achieve our targets.

3.5.1 Engagement

The Public Health team consolidated statutory engagement responsibilities developed in 2018-19 by leading and coordinating the HSCPs annual engagement plan. Highlights from this work included-

- Providing advice and support to a number of services to deliver their engagement activities such as the dementia service review and the care home review
- Our dementia redesign involved significant engagement from local communities and despite Covid-19, services are building on this and are developing longer term co-production approaches to dementia redesign
- Conducted a formal evaluation on feedback from people accessing HSCP services
- Provided professional advice to the HSCP on statutory responsibilities for equality and diversity impact assessment. Implemented a new assessment process in line with Argyll and Bute council's processes and accommodating the new responsibilities for Fairer Scotland.
- 7 conversation cafes were held as part of the new engagement process linked to the review of Locality planning Groups with a total of 183 people in attendance. 3 were cancelled due to Covid 19.
- Additionally as a result of our response to Covid-19, a unique partnership was formed with all care homes in Argyll and Bute whether internal or externally commissioned strongly supported by Scottish Care, known as the Care Home Task Force, this group is moving from a pandemic response to embedded within planning structures



3.5.2 Young People

- P7 Smoke Free Programmes includes 5 lesson plans delivered by teachers and a travelling theatre production delivering 9 interactive shows to 979 pupils across Argyll & Bute. Every primary school in Argyll and Bute is offered the Smoke Free Programme and secures an extremely high uptake.
- S3 health drama “You are not alone” is a travelling theatre production and forms part of an educational programme which includes lessons and meeting service providers. The aim is to improve pupil’s knowledge of services and encourage them to access support. 2019 is the third year that all Argyll and Bute secondary schools have participated in the programme, reaching 755, S3 pupils. Smaller and remote schools were supported with travel and accommodation to reach one of the 7 schools used as venues
- Cool2talk was reviewed and a new delivery model is in place from April 2020. It will now be delivered by a third sector partner. Funding sourced from a number of partners, but will still be supported by the Public Health team

3.5.3 Sexual Health

- A new contract was awarded to Waverly Care as part of a Highland procurement process for BBV and LGBT support and services
- The CCard service giving young people access to free condoms has been included in the new contract with Waverly Care
- 2 Pride events were supported in Oban and Bute

3.5.4 Independent Sector Partners

Argyll & Bute HSCP commission a wide range of services from the independent sector, with 80% of all home care provision and 85% of care home placements fulfilled by the sector. The HSCP continues to work in partnership with these organisations and with Scottish Care who represent the voice of the independent sector. There is representation from Scottish Care Independent Sector Leads who sit on our Integrated Joint Board and on our Strategic Planning Group and we value their ongoing contributions.

We are committed to developing a program of works and consultations with the Scottish Care Independent Sector Leads and the providers they represent and recognise the importance of the sector and value the role they bring to the partnership. We look forward to working with them to develop and create opportunities for collaboration as we continue to develop services and workforce capacity and capabilities to meet our community’s future needs.

3.6 National Health and Wellbeing Indicator 6

People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing

National Health and Wellbeing Indicator 6 aligns directly to the Argyll and Bute HSCP Strategic Plan area of focus:

Within Argyll and Bute HSCP, 17% of adults are reported as being providers of unpaid care.

We are committed to supporting carers of all ages across Argyll and Bute in their caring role especially by recognising the importance of their own wellbeing. We currently still have 1

indicator by which we measure our performance in relation to **National Health and Wellbeing Outcome 6**. This is listed in **Appendix 1** and this year we have marginally missed this target.

Below we describe our support to carers over the last year and areas where we recognise that more work is required in order to achieve our target.

3.6.1 Carers Strategy

The Carers Strategy was launched in April 2019. It has a detailed implementation plan that has progressed in some areas and focus is required on the areas that have not progressed.

Feedback from managers to Scottish Health Council highlighted that the informal tender process had been very difficult with communication and timescales leading to the contracts having to be accepted with limited time for discussion or negotiation. The feedback has identified other areas for consideration and these have informed the recommendations. The informal process was used for experience for the centres who will have to operate within a formal tender process for the next contract period. Progressing formal contracts for third sector providers for unpaid carer services was unknown territory for management and teams like finance and procurement and made more difficult by services being set up and run differently in each area. Carer services now have longer periods of contract security, the process was challenging but the fact that it has progressed formally is to be acknowledged but did distract from the work of the Carers Strategy implementation plan.

Sections of the implementation plan require operational capacity like training and education of HSCP teams and improving pathways for carer support in the localities. This capacity will come with recruitment of the Carers Officer and it is recommended that moving to a permanent post will assist recruitment and support long-term work to improve our unpaid carer support.

The HSCP established a Carers Act Implementation Group and last year this moved back to the Carers Partnership. It is acknowledged that the current Partnership has not had the

**SUPPORT UNPAID CARERS, TO
REDUCE THE IMPACT OF THEIR
CARING ROLE ON THEIR OWN
HEALTH AND WELLBEING**

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right representation or enough focus on continued implementation so it is recommended that the Carers Act Implementation Group is reformed and the HSCP will lead on progressing the implementation plan.

We currently have unpaid carer support commissioned across 6 services in Argyll & Bute;

- North Argyll Carer Centre
- North Argyll Crossroads
- Dochas Centre (based in Mid Argyll)
- Mid Argyll Youth Development Service
- Cowal Crossroads
- Helensburgh and Lomond Carer Centre

There are of course a range of other organisations who work with and support unpaid carers.

Recently our partners in the Scottish Health Council carried out informal consultation with our carer service managers to review progress towards implementation of the Carers Act. This has provided useful feedback to help focus future plans for the future.

3.7 National Health and Wellbeing Indicator 7

People who use health and social care services are safe from harm.

National Health and Wellbeing Indicator 7 aligns directly to the Argyll and Bute HSCP Strategic Plan area of focus:

We have identified **7** indicators by which we measure our performance in relation to National Health and Wellbeing Outcome 7 This is listed in **Appendix 1** and this year we have achieved **5** of the **7** identified targets. This chapter describe the work we have done over the last year to support the most vulnerable individuals within our communities and keep them safe from harm.

3.7.1 Adult Support and Protection Committee

The Adult Support and Protection Committee has benefitted from an improved performance data and analysis service provided to it, both in 'live' input to committee from Pyramid materials and to the Chair and Lead Officer. The refinement of both service data on adult protection referrals, service user group, geographical area, harm groupings, and on performance data on reporting timescales, activity completion and outcomes has been of considerable operational value to the partnership approach to protection.



The Performance team have assisted in preparation of material for the National Inspection of adult protection, and for statistical analysis for the Independent Convenors Biennial Report to the Scottish Government, and work progressing from the Committee to locality analysis and development.

3.7.2 Child Protection

Trauma Training

Argyll and Bute continue to be one of three areas in Scotland leading the way in developing a trauma informed workforce. As part of this we have developed and collated a range of easy to use on line learning materials for everyone in the children's services workforce to help support the different groups of staff who come into contact with children and families as part of their job. As we work through all the implications coronavirus many of us are also finding that these materials are invaluable in helping support our colleagues, teams and communities through these difficult times.

Getting it Right for Every Child Leadership Programme

The GIRFEC Leadership Programme aims to increase capability and capacity around collective leadership in partnerships to drive forward integration and fully embed GIRFEC at the local level, using a 'place-based' approach, providing necessary support to leaders at all levels in their local partnerships, enabling them to apply learning to live situations as part of the 'day job'. A trial of the Programme in two partnership areas (Argyll & Bute, and Fife), and in addition, SG are working with local partnerships across Scotland to deliver a series regional leadership seminars to address common challenges, with a particular focus on collective leadership, integrated practice and GIRFEC. Four seminars have been delivered to date.

3.8 National Health and Wellbeing Indicator 8

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

National Health and Wellbeing Indicator 8

aligns directly to the Argyll and Bute HSCP Strategic Plan area of focus:

We have identified **3** indicators by which we measure our performance in relation to **National Health and Wellbeing Outcome 8** This is listed in **Appendix 1** and this year we have achieved **1** of the **3** identified targets

This chapter describes the work we have done over the last year to support our staff to deliver services across the communities of Argyll and Bute.



**SUPPORT STAFF TO
CONTINUOUSLY IMPROVE THE
INFORMATION, SUPPORT AND
CARE THAT THEY DELIVER**

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3.8.1 Workforce development

The Public health team are involved in workforce development at differing levels. This includes delivery and coordination of education and training and also supporting the health and wellbeing of staff.

- A new NES Map of Health Behaviour Change programme has been implemented with local trainers in place with 46 people trained between October 2019 to March 2020
- 2 events were held our Annual Health and Wellbeing development day focused on Health Behaviour change with a follow up day in February on developing a coaching model
- Monthly virtual education sessions were developed with a range of topics and are opened up to relevant staff groups
- We continue to deliver training on mental health first aid.
- As part of our SLA with Waverly Care they also delivered a range of training sessions across Argyll & Bute

3.8.2 Sturrock review.

In November 2018, the Scottish Government announced a fully independent external review into allegations of a bullying culture at NHS Highland which includes the Argyll & Bute Health and Social Care Partnership (HSCP), as an integrated arrangement under the direction of the Argyll & Bute Joint Board. The Review was commissioned following the public disclosure of concerns about bullying and harassment in September 2018.

The Sturrock Review was published in April 2019 and was based on engagement with 340 people across the NHS Highland area. One of the report's recommendations was that an

independent review of NHS Highland Culture in Argyll & Bute HSCP should be carried out, since only 6% of respondents to the Review were from Argyll & Bute, although they are around 15% of the colleague population.

In November 2019, NHS Highland Board commissioned Progressive Partnership Ltd to carry out a survey of NHS Highland colleagues working in Argyll & Bute and ensured the A&B HSCP were consulted upon the work being undertaken. The HSCP has around 1540 NHS Highland employees and 770 Council employees and the scope of the review did not include Council employees, so this report only covers two thirds of the HSCP.

Summary of findings:

- 68% (344) of the 508 respondents to the survey (which includes 62 former colleagues) reported experiencing bullying or harassment within the Argyll & Bute Health and Social Care Partnership (HSCP).
- 65% (291) of the 446 respondents who are still employed (i.e. current not ex-staff) reported experiencing bullying and harassment. This represents 19% of the current 1540 NHS Highland employees in the Argyll & Bute HSCP.
- 49% (167) of those 344 respondents who said they had experienced bullying reported experiencing issues within the last 6 months. This represents 11% of the current 1540 NHS Highland colleagues in the Argyll & Bute HSCP.
- 41% (140) of those 344 respondents who said they had experienced bullying reported that it happened/happens frequently. This represents 9% of the current 1540 NHS Highland colleagues in Argyll & Bute.
- It was reported that both managers and colleagues were responsible for bullying, although individuals were able to report bullying by more than one type of person, so it is difficult to assess this more specifically.
- Bullying was reported across all grades from the 344 who responded that they had experienced bullying and harassment (out of the 508 respondents from the target population of 1540).
- Respondents from Bands 1 to 4 (99 of the 160 respondents from this grade range, which is 62%) were significantly less likely than those in Bands 5 to 7 to experience this (191 of the 266 respondents from this grade range, which is 72%).
- Bands 1-4 also had greater confidence than Bands 5-7 that reported incidents would be treated seriously.
- Those working for NHS Highland within the Argyll & Bute HSCP for less than 2 years were least likely to have experienced bullying (42% which is 31 of the 73 respondents, versus 66% which is 100 of the 151 respondents with 3-10 years' service and 75% which is 212 of the 283 respondents with 10+ years' employment).

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- Those working less than 2 years were also more confident that any issue they reported would be taken seriously (42% agreed which is 25 of the 60 respondents versus 24% which is 31 of the 131 respondents with 3-10 years' service and 25% which is 62 of the 244 respondents with 10+ years' service).
 - 67% (129) of the 271 respondents who had experienced bullying and answered this question had reported it via one of the formal channels, although 61% (264) of the 435 respondents who answered this question (from the target population of 1540) believe there is a culture of discouraging reporting.

The findings are deeply concerning and we accept them fully and offer a sincere apology to every colleague who has experienced bullying or harassment. We would also like to thank those who responded for having the bravery to respond.

The main themes from the survey were in line with the Sturrock findings and are part of our ongoing programme and action plan to transform the culture to one where colleagues feel listened to, valued and respected. We have brought forward timings and increased resources as a result of the findings and address the themes of rurality and history within the Argyll & Bute HSCP.

We have also created a **100 day plan** setting out 5 priority actions which we will continue to engage with colleagues and staff side on developing and delivering. Some of these were already part of our wider culture programme plans, but we have advanced the pace and resources on these. Others are new actions to address the themes that are specific to Argyll & Bute.

Progress with the plan will be tracked through partnership forum, leadership meetings and the Culture Programme Board. It is proposed there will be joint plan across both NHS Highland and Argyll & Bute only actions although they may be discussed or taken forward in different forums.

3.9 National Health and Wellbeing Indicator 9

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

National Health and Wellbeing Indicator 9 aligns directly to the Argyll and Bute area of focus:

We have identified **4** indicators by which we measure our performance in relation to **National Health and Wellbeing Outcome 9**. This is listed in **Appendix 1** and this year we have achieved **4** of the **4** identified targets.

This chapter describe the work we have done over the last year to support and encourage continuous improvement throughout services and directly with our staff.



3.9.1 How we Reduce Harm, Eliminate Waste and Manage Variation

The Highland Quality Approach (HQA) continues to be used as our quality and continuous improvement methodology. We are consistently trying to reduce harm, to eliminate waste and to manage variation.

3.9.2 Public Health

The key work of the Argyll and Bute Public Health team is aligned to not only the National Public Health Priorities but also all 9 National Health and Wellbeing indicators and additionally to the HSCP 7 areas of focus.

1. A Scotland where we live in vibrant, healthy and safe places and communities.
2. A Scotland where we flourish in our early years.
3. A Scotland where we have good mental wellbeing.
4. A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
6. A Scotland where we eat well, have a healthy weight and are physically active.

We have 3 indicators that we measure performance against alcohol brief interventions, waiting times and smoking targets. Of these we have not reached our target for 2 of them despite additional measure in place. We recognise further targeted work is required to ensure we achieve these targets next year.

While we recognise that there needs to be a focus on prevention of health and social care problems from arising. There also needs to be a focus on supporting people and their circle of support who have developed long term physical and mental health to better manage their

conditions. By targeting both pre and post long term conditions we will be better equipped to reduce demand on health and social care services.

Section 4: Financial Performance and Best Value

5.1 Financial Performance

Financial management and performance is regularly reported to the IJB during the financial year, for the financial performance during the year and also the budget outlook for future years. This includes the monitoring and development of the annual Savings Plan. More detailed monitoring is carried out monthly by the Finance and Policy Committee.

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 2019-20 and highlights the financial position and risks going forward into future years.

5.1.1 Financial Performance 2019-20:

It was clear from the beginning of financial year 2019-20 that the HSCP had financial challenges. The final revenue outturn for 2018-19 was an overspend of £6.681m. The health related overspend of £3.554m was covered by the Scottish Government brokerage given to NHS Highland. The social work related overspend amounting to £3.127m has to be repaid to Argyll and Bute Council.

At the IJB meeting on 27 March 2019, when the budget for 2019-20 was considered, the Board set a balanced budget which required new savings of £6.794m to be delivered. In addition there was £3.029m of previously agreed savings still to be delivered, making the total savings due to be delivered in year £9.823m which was a significant challenge. Further in-year savings were agreed through financial recovery plans which increased the total to be delivered to £10.877m, of which £7.665m was subsequently delivered. The shortfall in savings delivery and the SLA dispute with NHS GG&C were the two key reasons for the outturn overspend of £2.446m in 2019/20. It should be noted that although there is an overspend, the level of overspend is well reduced from that in 2018-19, which is a considerable achievement.

The Chief Financial Officer post was covered by the Council's Head of Strategic Finance (in addition to her Council post) until 31 May 2019. A new Head of Finance and Transformation was appointed for a 2 year fixed term from 1 June 2019 to 31 May 2021. The enhanced budgetary control arrangements introduced by the Chief Officer and the Council's Head of Strategic Finance have been continued and expanded and comprehensive financial reports are now being presented to the IJB and to the Finance and Policy Committee on a regular basis. Although unable to break even at the end of 2019-20, there is now greater control and transparency over the partnership's financial position.

The forecast outturn position was reported to the IJB at each meeting throughout the financial year. The overall financial performance against budget for financial year 2019-20 was an overspend of £2.446m, with an overspend of £1.280m on health related services and an overspend of £1.166m on social work services.

The overspend for health related services took an adverse dip between February and the end of the financial year. This was as a result of recognition of the disputed charging of services from NHS Greater Glasgow and Clyde (GG&C). At the end of financial year 2019-20 the dispute remained unresolved. This dispute has continued throughout the financial year, with £1.1m of charges from 2018-19 remaining in dispute and a further disputed amount for 2019-20 of £1.324m. (These disputed amounts are for increases above the normal inflationary uplift which has been offered.) Without the need to make the provision for the disputed amount, the Health position would have shown a small underspend of £44k, and the overall overspend would have been reduced to £1.122m. The dispute has been escalated to the chairs of the respective health boards, and they have agreed to a meeting with the relevant chief executives supported by their directors of finance in order to bring this matter to a resolution. This meeting has understandably been delayed by the Covid-19 pandemic.

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

- Looked After Children - Overspend arises due to service demand for external residential placements, overspends on the Life Changes Trust project, overspends on staffing costs within children's homes and slippage on agreed savings in residential placements (£200k) partially offset by underspends in fostering arising due to lower than budgeted service demand.
- Physical Disability - Overspend arises mainly due to higher than budgeted demand as well as slippage on the delivery of efficiency savings for supported living services. This is partially offset by an underspend in respite and payments to other bodies.
- Learning Disability - Overspend arises due to a combination of higher than budgeted demand for supported living and care home services and slippage on savings developed to reduce both of these commitments partially offset by underspends on day services and respite.
- Adult Services West – Overspend arises due to savings not being achieved and several budget overspends, including; Mull Medical Group - GP locums £668k, Psychiatric medical services - locums £603k, LIH General Medical Services - locums £308k, GP prescribing Campbeltown £123k, LIH Laboratory - agency staffing £136k, LIH Ward B - agency nurses £106k, Kintyre Medical Group - GP locums £92k, Campbeltown Hospital nursing £102k, and Jura out of hours GP service. (LIH: Lorn & Isles Hospital)
- Commissioned Services – NHS GG&C – overspend arises mainly due to disputed element of SLA accounted for as per NHS accounting rules, £1.324m. Balance of variance relates to cost per case charges, mainly cystic fibrosis drug costs.

The main reason for the overall overspend was the failure to deliver all the agreed savings. As at end of March, £7.665m of the target £10.877m savings have been delivered, 70% of the total – this includes £1.080m non-recurring savings.

The shortfall for Social Work savings is £3.212m. The shortfall for Health savings of £1.080m was fully offset by non-recurring (one-off) savings many of which relate at least in part but where the saving cannot yet be regarded as recurring. The Health savings are being tracked through the Project Management Office approach co-ordinated by NHS Highland which includes greater visibility of progress against agreed milestones. This approach is now being rolled out to Social Work savings through the Finance team. The regular meetings to review the savings were paused in March due to work on the Covid response and restarted in late May. A Service Improvement Officer (SIO) post dedicated to tracking and progressing social work savings has been recruited to, in addition to two SIOs focussed on Learning Disability and Care Homes / Home Care for Older people. These are expected to improve the focus on savings delivery in 2020-21.

Efforts to deliver savings were hampered by the need to prioritise responses to Covid-19 pandemic. Where we can, we will ensure that actions for Covid-19 are aligned and capitalised on such as increasing use of Near Me.

The table overleaf summarises the financial performance against budget for 2019-20, split across Health and Social Work related services.

Service	Annual Budget £000	Outturn £000	Variance £000	% Variance
COUNCIL SERVICES:				
Chief Officer	1,477	798	679	46.0%
Children and Families Central Management Costs	2,285	2,399	(114)	-5.0%
Child Protection	3,348	3,068	280	8.4%
Children with a Disability	874	815	59	6.8%
Criminal Justice	151	(36)	187	123.8%
Looked After Children	6,885	7,385	(500)	-7.3%
Adult Services Central Management Costs	501	464	37	7.4%
Learning Disability	14,679	15,812	(1,133)	-7.7%
Mental Health	2,707	2,482	225	8.3%
Older People	35,078	35,369	(291)	-0.8%
Physical Disability	2,192	2,790	(598)	-27.3%
Service Development	412	409	3	0.7%
COUNCIL SERVICES TOTAL	70,589	71,755	(1,166)	-1.7%
HEALTH SERVICES:				
Adult Services - West	54,702	56,314	(1,612)	-2.9%
Adult Services - East	30,237	30,230	7	0.0%
Children & Families Services	7,257	7,031	226	3.1%
Commissioned Services - NHS GG&C	65,457	66,925	(1,468)	-2.2%
Commissioned Services - Other	3,929	4,044	(115)	-2.9%
General Medical Services	17,720	17,409	311	1.8%
Community and Salaried Dental Services	3,793	3,493	300	7.9%
Other Primary Care Services	9,406	9,406	0	0.0%
Public Health	1,812	1,656	156	8.6%
Lead Nurse	1,516	1,433	83	5.5%
Management Service	3,808	3,679	129	3.4%
Health Board provided services	2,047	2,047		0.0%
Planning & Performance	2,190	2,144	46	2.1%
Depreciation	2,516	2,494	22	0.9%
Income	(1,533)	(1,920)	387	-25.2%
Estates	5,322	5,501	(179)	-3.4%
Budget Reserves	427	0	427	100.0%
HEALTH SERVICES TOTAL	210,606	211,886	(1,280)	(0.6%)
GRAND TOTAL	281,195	283,641	(2,446)	(0.9%)

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 Health overspend of £1.280m is covered by brokerage from the Scottish Government in the first instance and this will require to be repaid unless the dispute with NHS GG&C is settled in our favour. It is expected that discussions will be held next year about a repayment schedule. At the earliest, repayment might commence in 2022-23.

The Council has allocated additional funding to the IJB to cover the social work overspend of £1.166m. This needs to be repaid to Argyll and Bute Council along with the repayment of the 2018-19 and 2017-18 overspends. The agreed schedule for repayments is set out overleaf:

	Repayment 2017-18 Overspend £000	Repayment 2018-19 Overspend £000	Repayment 2019-20 Overspend £000	Total Repayment £000
2020-21	400			400
2021-22	655	545		1,200
2022-23		1,255		1,255
2023-24		1,327		1,327
2024-25			1,166	1,166
Total	1,055	3,127	1,166	5,348

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 2020-21 is summarised below:

	2020-2021 £m
Baseline Budget	278.9
Cost and Demand Pressures	4.8
Inflation (employee and non-pay)	9.3
Previously agreed savings	(1.3)
Total Expenditure	291.7
Total Funding	(286.3)
In-Year Budget Gap	5.4

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 savings plan for the budget gap shortfall of £5.4m has been agreed by the Integration Joint Board comprising management / operational savings of £4.242 and policy savings of £1.463m along with a further investment of £0.318m to deliver financial sustainability.

The IJB approved the 2020-21 budget proposals at their meeting on 25 March 2020 delivering a balanced budget for 2020-21. The approval of the budget proposals should provide reassurance to the public, staff and stakeholders that the HSCP is determined to work within budget. Moving into 2020-21, there is a continuing need for robust budget monitoring, and when an activity deviates from plan corrective action will have to be taken immediately to minimise any future overspends.

Looking into 2021-22 and beyond, it is anticipated the Scottish public sector will continue to face a very challenging short and medium term financial outlook with significant uncertainty over the scale of funding.

The budget gap over 2020-21 to 2022-23 across each scenario is summarised in the table below:

Budget Gap	2021-22 £000	2022-23 £000	2023-24 £000	Total £000
Best Case	1,906	476	842	3,224
Mid-Range	5,678	4,411	4,932	15,021
Worst Case	11,865	10,528	11,088	33,482

The most significant financial risk is the contract with NHS Greater Glasgow and Clyde (NHS GG&C). NHS Highland has a Service Level Agreement (SLA) with NHS GG&C for services provided to Argyll and Bute residents in NHS GG&C hospitals. The annual value of the SLA has been successfully agreed for over a decade, usually following a period of negotiation but always without the need for arbitration. However in 2018-19, an impasse was reached with NHS GG&C seeking payment of a higher value than that willing to be agreed to by NHS Highland (and the IJB) which included the usual inflationary uplift. The difference was £1.1m. At the end of financial year 2019-20 the dispute remained unresolved with a further difference of £1.324m after offering an inflationary uplift at the nationally agreed rate.

Another major risk is around uncertainties on funding for costs and undelivered savings resulting from the Covid-19 pandemic. In addition there are risks resulting from continued use of agency medical staff in psychiatry and for locum GPs and other agency staffing, potential for growth in high cost care packages, and the largely unquantifiable potential implications of the UK's withdrawal from the European Union.

5.2 Best Value

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. A short summary against the 8 best value themes is given below:

Vision and Leadership

The IJB and Senior Leadership team are involved in setting clear direction and organisational strategy which is expressed in the 3 year Strategic Plan. There are strong mechanisms for contributions from the Locality Planning Groups and the Strategic Planning Group. The latter Group is currently working on the Strategic Commissioning Plan informed by a formal Joint Strategic Needs Analysis and has reported regularly to the IJB on its progress with this.

Governance and Accountability

There has been an internal audit of corporate governance in 2019-20. In addition the scheme of integration has been reviewed, the strategic risk register has been maintained and reviewed, the committee terms of reference have been reviewed, Data Protection Officer appointed, and an arrangement concluded with the Council to provide formal committee support, all of which had contributed to improved governance and accountability.

Effective use of resources

Finance & Policy Committee now meet on a monthly basis to scrutinise monthly budget monitoring and progress of delivering against savings. NHS Highland has utilised a formal Project Management Office approach to delivering savings throughout 2019-20 and this has included all health savings in the HSCP. This approach has started to be extended to social work savings and additional resource to support this is being recruited to following approval by IJB in March 2020. A formal grip and control regime has been in place through the year for all purchases of supplies and services, and workforce monitoring has reviewed all vacancies before agreeing to fill essential posts only. This has continued post Covid.

Partnership and Collaborative Working

The IJB works closely with NHS Highland and Argyll and Bute Council. The Chief Officer is a member of both of their Strategic Management Teams and attends relevant Board meetings. These close relationships have been particularly evident in the joined up responses to the Covid-19 pandemic through the Local Resilience Partnership and the Caring for People Tactical Group. In addition the HSCP has worked extremely closely with its commissioned service providers holding weekly meetings with care homes and care at home providers and has been commended by these stakeholders for this. This illustrates the ethos of true partnership working.

Community Responsiveness

The Locality Planning Groups ensure that local concerns are addressed and feed through to the Strategic Plan. In addition the Engagement Strategy ensures that full consultation and engagement is carried out before policy changes are agreed. Most recently this has been illustrated through the extensive consultation carried out for the changes to dementia services, and through the budget consultation.

Fairness and Equality

The Equality Impact Assessments now include an assessment of socio-economic impact. There is a single process used across the HSCP and EQIAs are published. EQIAs were produced for all policy related budget saving proposals.

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Performance, Outcomes & Improvement

The quarterly performance reporting has moved to a system of reporting by exception. The number of performance indicators has been reduced to 45 to improve focus. An integrated performance reporting regime has been designed but is still being fully implemented.

Appendix 1- Health & Wellbeing Outcome Indicators

Please note for 2019/20 due to effect on data availability as a result of COVID 19 the most recent data reported is calendar year (2019) and not financial quarter as in previous years.

Outcome 1 - People are able to improve their health	2016/17	2017/18	2018/19	2019 Calendar Year	Target (CY)	Status	Trend
NI-1 - % of adults able to look after their health very well or quite well	96.0%	93.0 %	93.0%	93.0 %	93.0 %	●	⇒
NI-3 - % of adults supported at home who agree they had a say in how their support was provided	82.0%	76.0 %	76.0%	76.0 %	76.0 %	●	⇒
NI-4 - % of adults supported at home who agree that their health & care services seemed to be well co-ordinated	81.0%	72.0 %	72.0%	72.0 %	74.0 %	●	⇒
NI-16 - Falls rate per 1,000 population aged 65+	26	26	26	23	20	●	↑
A&B - % of Total Telecare Service Users with Enhanced Telecare Packages				45.7 %	31.0 %	●	↑
NI-13 - Emergency Admissions bed day rate	107,343	107,548	108883	109,759	123,200	●	↑
Outcome 2 - People are able to live in the community	2016/17	2017/18	2018/19	2019 Calendar Year	Target (CY)	Status	Trend
MSG 1.1 - Number of emergency admissions - A&B	8,716	9,046	9,003	8,902	8,509	●	↑
MSG 2.1 - Number of unplanned bed days acute specialties - A&B	65,707	65,030	67,060	64,407	57,139	●	↑
MSG 2.2 - Number of unplanned bed days MH specialties - A&B	13,034	13,755	14,623	13,835	15,896	●	↓
MSG 3.1 - Number of A&E attendances - A&B	16,130	16,026	16,912	17,623	16,960	●	↓
MSG 6.1 - % of population in community or institutional settings - A&B	2.2%	2.2%	2.2 %	2.1 %	2.0 %	●	⇒
A&B - % of LAC who are looked after at home or in a community setting				82.4 %	90.0 %	●	↑

Outcome 3 - People have positive service-user experiences	2016/17	2017/18	2018/19	2019 Calendar Year	Target (CY)	Status	Trend
NI-2 - % of adults supported at home who agree they are supported to live as independently	84.0%	79.0 %	79.0%	79.0 %	81.0 %	●	⇒
NI-5 - % of adults receiving any care or support who rate it as excellent or good	82.0%	80.0 %	80.0%	85.0 %	80.0 %	●	↑
NI-6 - % of people with positive experience of their GP practice	91.0%	85.0 %	85.0%	85.0 %	83.0 %	●	⇒
MSG 3.2 - % A&E attendances seen within 4 hours - A&B	95.0%	93.5%	93.4%	91.6%	95.0 %	●	↓
CA72 - % LAAC >1yr with a plan for permanence	88.0%	100.0%	65.0%	85.2%	81.0%	●	↑
Outcome 4 - Services are centred on quality of life	2016/17	2017/18	2018/19	2019 Calendar Year	Target (CY)	Status	Trend
NI-7 - % of adults supported at home who agree their support had impact improving/maintaining quality of life	87.0%	74.0 %	74.0%	74.0%	80.0%	●	↓
NI-12 - Rate of emergency admissions per 100,000 population for adults	12,145	12,617	12,678	11,353	12,241	●	↑
NI-14 - Readmission to hospital within 28 days per 1,000 admissions	80.0	87.0	87.0	76.0	98.6	●	↑
MSG 5.1 - % of last six months of life by setting community & hospital - A&B	90.0%	90.0%	90.0%	89.9%	88.2%	●	↑
A&B - % of Waiting Time breaching >12 weeks				21 %	25 %	●	↓
Outcome 5 - Services reduce health inequalities	2016/17	2017/18	2018/19	2019 Calendar Year	Target (CY)	Status	Trend
NI-11 - Rate of premature mortality per 100,000 population	418	380	380	393	425	●	↓
NI-17 - % of SW care services graded 'good' '4' or better in Care Inspectorate inspections	84.0%	86.0%	86.0%	84.1 %	83.0 %	●	↓
NI-19 - No of days people [75+] spent in hospital when ready to be discharged, per 1,000 population	597 Days	625 Days	640 Days	540 Days	640 Days	●	↑

CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS	95.0%	89.0 %	91.0%	92.5%	90.0%	●	↑
AC21 <=3 weeks wait between SM referral & 1st treatment	93.0%	95.0 %	90.5%	91.3%	90.0%	●	↓
Outcome 6 - Unpaid carers are supported	2016/17	2017/18	2018/19	2019 Calendar Year	Target (CY)	Status	Trend
NI-8 - % of carers who feel supported to continue in their caring role	41.0%	33.0 %	33.0%	33.0%	37.0%	●	⇒
Outcome 7 - Service users are safe from harm	2016/17	2017/18	2018/19	2019 Calendar Year	Target (CY)	Status	Trend
NI-9 - % of adults supported at home who agree they felt safe	84.0%	83.0 %	83.0%	83.0%	83.0%	●	⇒
CP16 - % of Children on CPR with a completed CP plan	91%	99 %	91%	89%	100%	●	↓
CP43 - No of Child Protection Repeat Registrations - 18 months				0	0	●	⇒
CJ63 - % CPO cases seen without delay - 5 days	86.0%	94.0%	84.8%	95.6%	80.0%	●	↑
A&B - % of Adult Protection referrals completed within 5 days				45.8 %	80.0%	●	↓
A&B - % of Adult Protection referrals that lead to AP Investigation				12.5%	10.0%	●	↑
A&B - % of complaints [Stage 2] responded within timescale				25.0 %	20.0 %	●	↑
Outcome 8 - Health and social care workers are supported	2016/17	2017/18	2018/19	2019 Calendar Year	Target (CY)	Status	Trend
NI-10 - % of staff who say they would recommend their workplace as a good place to work	71%	71%	71%	71%	67%	●	⇒
Health & Social Care Partnership % of PRDs completed	52%	30%	37%	37%	90%	●	↓
SW only - HSCP Attendance	3.90 Days	5.70 Days	5.20 Days	5.23 Days	3.78 Days	●	↓

Outcome 9 - Resources are used effectively in the provision of health and social care services	2016/17	2017/18	2018/19	2019 Calendar Year	Target	Status	Trend
NI-15 - Proportion of last 6 months of life spent at home or in a community setting	89.8%	89.6%	90.0%	91.0%	89.0%	●	↑
NI-18 - % of adults with intensive needs receiving care at home	67%	67%	67%	68%	62%	●	↑
NI-20 - % of health & care resource spend on hospital stays where patient admitted in an emergency	24%	22%	22%	22%	24%	●	⇒
MSG 4.1 - Number of DD bed days occupied - A&B	6,803	8,414	9,530	8,113	8,604	●	↑

Appendix 2a: Adult Services – Inspection Reports for 2019/20

Internal Care Home Provision					
Service Provider	How well do we support people's wellbeing?	How well is care and support planned?	How good is our setting?	How good is our staff team?	How good is our leadership?
Ardfenaig	4	4	4	4	4
Eadar Glinn	4	3	4		
Gortanvogie	4	4	4	4	3
Struan Lodge	4	5			
Thomson Court	5	4			
Tigh a Rhuda	4	3	4	3	2
External Care Home Provision					
Service Provider	How well do we support people's wellbeing?	How well is care and support planned?	How good is our setting?	How good is our staff team?	How good is our leadership?
Ardenlee	4	4	4	5	4
Ardnahein	4	3	3	4	4
Argyle Care Centre	4	4			
Ashgrove	4	5			
Etive Care Home	4	3	4	4	4
Kintyre Care Centre	2	3	3	3	3
Lochside Care Home	4	4	4	5	4
Morar Lodge Nursing Home	5	4			
North Argyll House	5	4			
Northwood House	5	4			

Palm Court	2	2	4	2	2
Internal Home Care & Day Centre Provision					
Service Provider	How well do we support people's wellbeing?	How well is care and support planned?	How good is our setting?	How good is our staff team?	How good is our leadership?
ASIST	5	4	4	4	3
Service Provider	Care & Support	Environment	Staffing	Management & Leadership	
Mid Argyll , Jura, Islay, and Kintyre Homecare	4	NA	4	4	
Mull & Iona, Tiree and Colonsay Homecare	5	NA	4	4	
Lynnside Day Centre	5	5	5	4	
Struan Lodge Day Care	4	5	5	4	
Thomson Court Day Care	5	4	5	4	
Phoenix Resource Centre	5	4	5	5	
Greenwood	5	NA	4	4	
Community Resource Team	4	NA	4	3	
Lochgilthead Resource centre	6	4	4	5	
Lorne Resource Centre	4	4	4	3	
Woodlands Centre	5	4	5	5	

External Home Care & Day Centre Provision				
Service Provider	Care & Support	Environment	Staffing	Management & Leadership
Allied Health Care (Helensburgh & Cowal)	5		4	4
Allied (Isle of Bute)	5		4	4
Argyll Homecare	5		5	4

Care+ (Oban)	4		3	3
Careplus	5		5	5
Carers Direct	4		4	4
Carr Gomm Argyll & Bute	5		5	5
Oasis Day Centre	6	6	6	5
Cowal Care Services	6		6	5
Crossroads (Cowal & Bute)	5		5	4
Joans Carers	4		5	4
Mears A&B	5		5	5
Premier Healthcare	5		5	4
Crossroads North Argyll	5		5	4
Blue Triangle Oban Housing	4		3	3
Affinity Trust	5		4	5
Enable Scotland (Dunoon)	5		5	5
Enable Scotland (Helensburgh)	5		5	6
Enable Scotland (Lorn & Isles)	5		5	5
Enable Scotland (Helensburgh Day Services)	5	4	5	5
Mariner Homecare	5		5	5
South Peak	5	4	4	4
Maxie Richards Foundation	5		5	5
Beechwood	5			4
Oban Community Carers Ltd	5		5	4
ACHA Sheltered Housing Service	5		5	4
Cowal Care Services Home Care	6		6	5
Abbeyfield Helensburgh	6		5	6
HELP (Argyll & Bute) Ltd Housing Support Service	6		6	6

Appendix 2b: Children & Families Inspection Reports 2019/20

The latest inspection grading for Children and Families services registered with the Care Inspectorate are as below.

Children and Families - Quality Theme Care Inspectorate Grades (1-6)						
Care Inspectorate Number	Name	How well do we support people's wellbeing?	How well is care and support planned?	How good is our setting?	How good is our staff team?	How good is our leadership?
CS2005091229	Achievement Bute	5	5		5	5
CS2012307560	Cornerstone	5	5		4	4
CS2010249688	Ardlui Respite House – Sense Scotland	4	3			
CS2003000426	Helensburgh Children's Unit (Argyll and Bute Council)	4	4			
CS2003000461	Shellach View (Argyll and Bute Council)	5	5			
CS2003000451	Dunclutha Residential Home (Argyll and Bute Council)	5	5			
CS2006115758	Dunoon School Hostel (Argyll and Bute Council)	3	3	4	4	3
CS2006130205	Glencruitten Hostel (Argyll and Bute Council)	4	4	5	4	4
CS2004082322	Argyll and Bute Adoption Service	5	5		5	4
CS2004082341	Argyll and Bute Fostering Service	5	5		5	4

Appendix 3: Glossary of terms

Advanced Nurse Practitioners (ANP)	Advanced Nurse Practitioners are Registered Nurses who have done extra training and academic qualifications to be able to examine, assess, make diagnoses, treat, prescribe and make referrals for patients who present with undiagnosed/undifferentiated problems.
Alcohol and Drug Partnership (ADP)	A multi-agency group tasked by the Scottish Government with tackling alcohol and drug issues through partnership working. There are 30 ADPs in Scotland.
Analogue to Digital	The Technology Enabled Care (TEC) Programme has been exploring the scope of benefits of switching the current Telecare provision from an analogue based system via traditional telephony connections, to a digital service.
Allied Health Professionals (AHPs)	Allied Health Professionals (AHPs) are a diverse group of professionals supporting people of all ages focusing on personal outcomes. They provide preventative interventions in such areas as supported self-management, diagnostic, therapeutic, rehabilitation and enablement services to support people to live healthy, active and independent lives. The Active and Independent Living Programme (AILP) supports AHPs, working in partnership with multi-disciplinary teams and agencies to improve the health and wellbeing of the population throughout the life-course. For the full list of AHP professions please see: https://www2.gov.scot/Topics/Health/NHS-Workforce/Allied-Health-Professionals
Alternative Care Pathways (ACP)	Community or primary care pathways ; Self-care and are an effective alternative pathway of care for patients with long term conditions that enables health professionals to identify when referral to expert community teams may be a better option for the patient.
Anticipatory Care/ Anticipatory Care Planning	An Anticipatory Care Plan is a dynamic record that should be developed over time through an evolving conversation, collaborative interactions and shared decision making. It is a summary of Thinking Ahead discussions between the person, those close to them and the practitioner. More information is available on: https://www.gov.scot/publications/anticipatory-care-planning-frequently-asked-questions/
Attend Anywhere	Attend Anywhere is a web-based platform that helps health care providers offer video call access to their services as part of their 'business as usual', day-to-day operations
Beating the Blues	Beating the Blues® is a computerised cognitive behavioural therapy (CBT) programme for depression and anxiety.
Benchmarking	The process of comparing quantitative or qualitative information, often related to practices, performance or prices, against a point(s) of reference. A point(s) of reference might be, for example, an agreed standard, established targets, or the performance of other organisations.

CareFirst information system	CareFirst is a web based, multi modular Case Management system commonly used by local authorities for recording care arrangements, statutory interventions and related events pertaining to Social Care Service Users.
Cardiopulmonary resuscitation (CPR)	Cardiopulmonary resuscitation is an emergency procedure that combines chest compressions often with artificial ventilation in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest.
Child Protection Register (CPR)	In Scotland the child protection register (CPR) is a confidential list of all children in the local area who have been identified as being at risk of significant harm. It allows authorised individuals to check if a child they are working with is known to be at risk.
Chronic Obstructive Pulmonary Disease (COPD)	Chronic Obstructive Pulmonary Disease (COPD) is an umbrella term used to describe progressive lung diseases including emphysema, chronic bronchitis, and refractory (non-reversible) asthma. This disease is characterized by increasing breathlessness.
Cognitive Behavioural Therapy (CBT)	Cognitive behavioural therapy (CBT) is a talking therapy that can help you manage your problems by changing the way you think and behave. It is most commonly used to treat anxiety and depression, but can be useful for other mental and physical health problems.
Core and Cluster Housing	The term 'cluster accommodation' refers to shared accommodation, in which people have their own private bedroom, or other single person accommodation units, but they share communal facilities such as kitchens, bathrooms and so on
Health and Social Care Partnership (HSCP)	Health and Social Care Partnerships, (HSCPs) are the organisations formed as part of the integration of services provided by Health Boards and Councils in Scotland. Each partnership is jointly run by the NHS and local authority. HSCPs manage community health services and create closer partnerships between health, social care and hospital-based services.
Information Services Division (ISD)	The Information Services Division (ISD) is a division of National Services Scotland, part of NHS Scotland. ISD provides health information, health intelligence, statistical services and advice that support the NHS in progressing quality improvement in health and care and facilitates robust planning and decision making.
Integration Authority (IA)	The Public Bodies (Joint Working) (Scotland) Act 2014 requires councils and NHS boards to work together to form new partnerships, known as integration authorities (IAs).

Integration Delivery Principles	The integration planning and delivery principles are the lens through which all integration activity should be focused to achieve the national health and wellbeing outcomes. More information is available on: https://www2.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Principles
Integration Joint Board (IJB)	The Argyll and Bute Integration Joint Board is responsible for the planning, performance, resourcing, and operational management of health and social care services delivered through the Argyll & Bute Health & Social Care Partnership (HSCP).
iMatter	Imatter is a staff experience continuous improvement tool designed with staff in NHSScotland to help individuals, teams and Health Boards understand and improve staff experience.
Interagency Referral Tri-partite Discussions (IRTD)	Interagency planning and decision making procedures for responding to allegations or concerns about children at risk.
Just Checking	Just Checking is an activity monitoring system that helps people live in their own homes for longer by showing family and professionals their day-to-day capabilities — or where support is needed.
Lean	Lean Process Improvement is the process of continually reviewing a process identifying waste or areas in a process map that can be improved. It is an ongoing feedback process of loop that over time improves the business through better processes.
Local Intelligence Support Team (LIST Team ISD)	Local Intelligence Support Team (LIST Team ISD) have staff with a wide skill set who can assist GP Clusters and Practices to gain a better understanding of their own data and with data linkage give a broader picture of how patients are interacting across a complex landscape. Profiling local populations, projecting future demand and looking at alternative models of service delivery and care can help find potential answers to complex problems
Locality Planning Group (LPG)	A Locality Planning Group (LPG) brings together NHS and Council staff, community members, carers, representatives from third and independent sectors and community based groups. These individuals collectively work together to improve the health and wellbeing of the community in which they live. LPGs develop a locality plan, influence priorities in their local area, agree mechanisms for all members to contribute to the delivery of actions at a local level and review and regularly report progress to the Strategic Planning Group.

Looked After Children (LAC)	Under the Children (Scotland) Act 1995, ' looked after children ' are defined as those in the care of their local authority – sometimes referred to as a 'corporate parent'.
National Health and Wellbeing Outcomes (NHWBO)	The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.
NHSGGC	This refers to NHS Greater Glasgow and Clyde from whom we buy acute health services.
Options Appraisal	Options Appraisal is a technique for setting objectives, creating and reviewing options and analysing their relative costs and benefits.
Out of Hours Services (OOH)	Across Scotland, NHS Boards provide Primary Care Out of Hours (OOH) services for patients' when their registered GP practice is closed.
The Partnership	The Partnership means the Health and Social Care Partnership, also referred to as the HSCP.
Psychological Therapies	A range of interventions, based on psychological concepts and theory, which are designed to help people understand, and make changes to, their thinking, behaviour and relationships in order to relieve distress and to improve functioning.
Reablement	Reablement is a short and intensive service, usually delivered in the home, which is offered to people with disabilities and those who are frail or recovering from an illness or injury.
Scotland Excel	Scotland Excel is the Centre of Procurement Expertise for the local government sector and offers training and provides assessment, consultancy and improvement services to help councils transform their procurement capability.
Scottish Children's Reporter Administration (SCRA)	The Scottish Children's Reporter Administration (SCRA) is a national body focused on children and young people most at risk. SCRA was formed under the Local Government (Scotland) Act 1994 and became fully operational on 1st April 1996.
Self-Directed Support	Self-Directed Support is a way of providing social care support that empowers individuals to have informed choice about how support is provided to them with a focus on working together to achieve individual outcomes.
Self-management	Self-management is the name often given to a set of approaches which aim to enable people living with long term conditions to take control and manage their own health and put them in the "driving seat" of their care.

SOURCE Team ISD	The Source Tableau Platform is a tableau visualisation tool with interactive features aimed at Health and Social Care Partnerships (HSCPs) or Integrating Authorities (AI). It contains a wide range of information on health activities, expenditure and linked data to support HSCPs with understanding local activities, decision making, and planning and performance management.
Strategic Planning Group (SPG)	The Strategic Planning Group is responsible for advising the Integration Joint Board, the development and review of the HSCP Strategic Plan and Commissioning Plan ensuring the alignment of service strategies. This group is also responsible for monitoring progress against the strategic priorities and National Health and Wellbeing Outcomes (NHWBO).
SWOT analysis	SWOT Analysis is a useful technique for understanding your Strengths and Weaknesses, and for identifying both the Opportunities and the Threats of particular options
Wellbeing Monitoring System (Activity Monitoring System)	These systems are designed to automatically check your wellbeing on a regular basis. Some rely on you pressing a button once or twice a day. If you do not press the button a call centre will ring you to check you are ok. Just Checking is an example of one type of activity monitoring system.

If you would like a copy of this document in Gaelic or another language or format, or if you require the services of an interpreter, please contact Argyll and Bute Health and Social Care Partnership on 01546 605664 or email nhs.abhscp@nhs.net

A&B | Transforming **HSCP** | Together

Argyll & Bute Health & Social Care Partnership

Argyll and Bute Health and Social Care

Partnership (HSCP)

Aros, Blarbuie Road,

Lochgilphead, PA31 8LB

Telephone: 01546 605659/605646

Email: nhs.abhscp@nhs.net

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



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