



Annual Performance Report 2020-2021



Thank you

#A&BHSCP

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Foreword



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Interim Chief Officer
Argyll & Bute HSCP
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Sarah Compton-Bishop
Chair of Argyll & Bute
Integration Joint Board
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Once again,

Thank you

The Annual Performance Report of the Health and Social Care Partnership gives us a formal opportunity to communicate a high level report to our partners and communities on our performance and providing some further narrative around the activity which is reported bi-monthly through the Integration Joint Board.

This year has provided both challenges and also opportunities for us as a partnership. The pandemic response asked our staff to quickly adapt to change on many different levels from Scottish Government to day to day procedures, adapting workspaces and working from home, often with other caring responsibilities. The response very much extended beyond our health and social care partners out to our third and independent sectors and the large scale volunteering response in Argyll & Bute that worked together to keep our communities safe.

It's impossible to thank everyone individually for their contribution but we hope that there is some sense through this report of the importance of the role of everyone involved in delivering services throughout the pandemic and the appreciation of both the partnership and wider community.

The challenges experienced by everyone working and living with Covid-19 as well as the loss of members of our community and our colleagues cannot be underestimated. This remained a huge motivation for our staff in the delivery of our vaccination programme and in specifically in protecting our vulnerable residents and island communities.

The report has a strong focus on our response to Covid-19 in terms of service change, development, impacts and our remobilisation planning.

This year we commend this report to you as we continue to support residents of Argyll & Bute to live longer healthier and independent lives.

Introduction

Welcome to Argyll and Bute Health and Social Care (HSCP) Annual Performance Report for 2020, as required by the Public Bodies (Joint Working) (Scotland) Act 2014. This report takes account of the significant impact the Covid 19 Pandemic has had on our services and of the many changes witnessed to how we deliver Health and Social Care.

In order to report robust figures at both Health and Social Care Partnership (HSCP) and Scotland level, all areas were asked to use 2020 calendar year data as a proxy for 2020/21 financial year in their 2020/21 APRs. Financial year information has been used for years prior to this i.e. up to and including 2019/20

Our report aims to measure progress against our Key priority areas as detailed in the Argyll and Bute HSCP Strategic Plan 2019/22, the nine National Health and Wellbeing Outcomes (NHWBO), and the National and Local performance indicators and the progress we have made, specifically in relation to the Covid 19 Pandemic.

**The Partnership has the 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 to identify areas where improvement is required.*



Covid19 Response & Lessons Learned

The Covid-19 Pandemic Response across health and social care quickly mobilised staff to an emergency response, new legislation and policy directives. Staff who were able to work from home were directed to do so which created a huge cultural shift across the partnership and in how we supported our staff to reduce isolation in a socially challenging time where staff were affected not just at work but at home. Staff quickly adopted new processes and procedures around infection control in both community and hospitals and mobilised support around our care homes and care at home providers. The landscape of primary and secondary care changed dramatically with significant impacts on the pathways to services with Greater Glasgow and Clyde and the secondary care services available. The multi-agency, community and volunteer response in Argyll & Bute was highly effective and supported the well being of the population across age groups including pharmacy delivery. Families and communities took on care at home tasks as well as shopping services and other support. Communities pulled together and immediate responses were instigated.

We are continuing to review the impact of the pandemic and evaluate the change in approach. The highlighting of inequalities in our communities and nationally was pronounced and this will impact on forthcoming policy decisions.

The vaccination programme, supported by our Public Health, has moved us to a new stage and we want to ensure we record what happened in 2020/21 and the lessons we have learned. We have put each area into a section to report on the successes and challenges over this time.



Covid19 Response & Lessons Learned

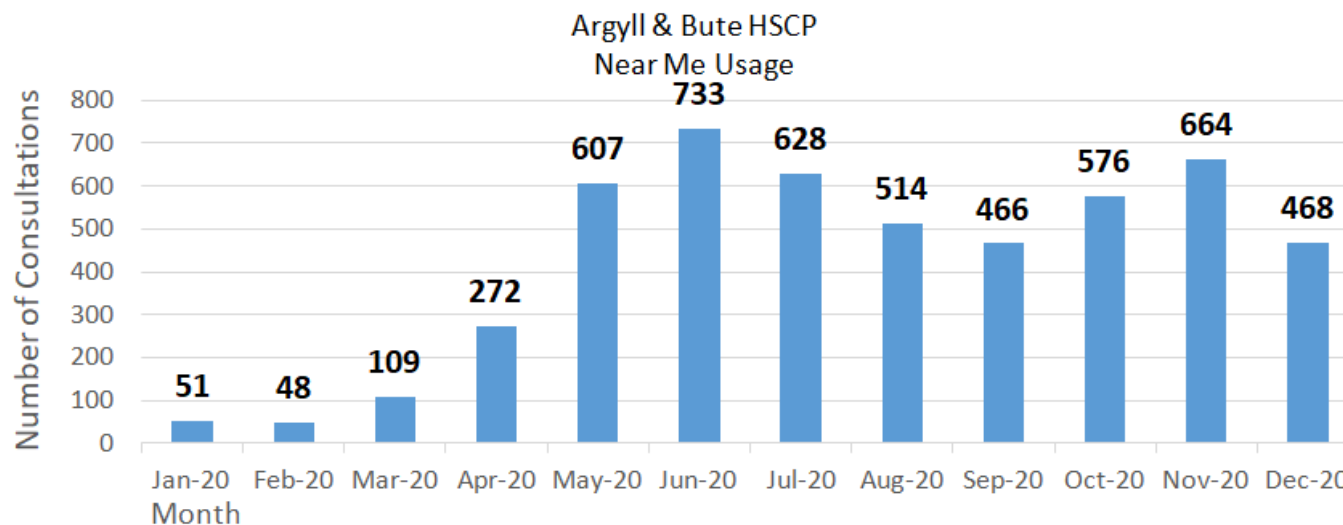
Technology & Enabled Care

Argyll and Bute's HSCP approach to remobilisation is recovery and redesign whilst following the realistic medicine philosophy. Development of models of virtual care delivery to keep care as close to home for people and support the safety of our staff through maximising the use of digital technologies.

The establishment of a virtual team of TEC Technicians meant that cover was available for telecare across Argyll and Bute much more easily. We are grateful that Care and Repair continued to install equipment in client's homes during the pandemic to ensure that telecare was available to those who needed it. NHS Near Me use dramatically increased as we can see from the graph, Primary Care, Secondary Care, AHP consultations increased rapidly over the periods of lockdown.



Secondary Care Near Me Consultations by Month 2020



“More use of Near me has helped Hospitals access specialists”

“Telecare is working well in the community our team works very hard to provide Telecare to support clients stay at home longer and prevent hospital admission”

Covid19 Response & Lessons Learned

Public Health

In 2020 the Public Health Team remobilised to deliver on the Covid-19 pandemic response, this included:

- Regular and detailed epidemiology reporting in the public forum with the IJB
- Ongoing support for multiple Covid-19 testing pathways
- Providing Strategic and Operational Leadership for multiple Covid-19 testing programmes being delivered by Public Health staff

Health Improvement priorities have been significantly impacted by Covid-19. Public Health Reform (in 2020) resulted in the identification of six priority areas for organisations and groups across Scotland to work on together to improve health and wellbeing. Alongside this, Public Health Scotland focused on four key areas of: Covid-19; mental wellbeing; community and places; and poverty and children.

The following Health Improvement workstreams have **not** been delivered, due to capacity and workload impact of Covid-19, with many others experiencing a lack of focus due to the lack of staff capacity:

- Reduce tobacco related harm by delivering actions in the NHS Highland Tobacco Strategy. Delivery of smoking cessation service will continue, in order to meet the Local Delivery Plan target.
- Represent Public Health on Violence Against Women Partnership (VAW) - Equally Safe Strategy (assist with monitoring and reporting for HSCP).
- Develop capacity in partners to develop a planned and effective approach to the Adverse Childhood Experiences (ACEs) agenda in A&B - Attend the ACEs working group, build capacity in partners, facilitate networking and sharing of best practice, develop an identity and mechanism for sharing ACEs good practice in A&B

Workforce development – Delivery on some Living Well strategy workforce development actions are paused for 21/22. E.g., Develop a plan to deliver staff development opportunities and coaching support to increase their skills and confidence in supporting people to self-manage

Covid19 Response & Lessons Learned

Care Homes

There were a number of challenges to services which provide care at home and also the pandemic had a national impact on those in care homes. The mobilised Care Home Task Force involved internal and external providers extending and ensuring new practices and appropriate support staff such as Infection Control practitioners were able to quickly ensure directives were implemented. Further assurance structures were put in place at a national level.. A multi-agency care home assurance function was organised and additionally as Care Home Task Force involving all care homes in Argyll and Bute was put in place as part of a collaborative approach to meet the challenges of the pandemic. Assurance visits to care homes and reviews of residents also took place at this time.

Care at Home

In the early months of the pandemic as we learned more about Covid-19 guidance and directives around PPE changed frequently. The HSCP offered hubs that providers could access PPE supplied nationally and this was well coordinated and supported by PPE champions.

Throughout the pandemic the focus has been on partnership working between the HSCP and external providers. Staff met on a regular basis with providers and communicated with them on a daily basis. An information sharing protocol was developed to support this work.

All service users received a letter explaining that changes to service may have to be undertaken with short notice to ensure their own safety. A total of 128 service users chose to suspend their service. This was for a number of reasons including going to stay with relatives, family being at home through furlough, people choosing not to have anyone coming to their home. Weekly contact was made by care managers or care providers with people who had suspended service to ensure their needs had not changed. There was no point where service was unavailable through lack of staff. A number of additional supports were available to people through the work of the Caring for People team including delivery of prescriptions, food parcels delivery etc. Mapping exercises were carried out in sheltered housing units to reduce the number of providers entering the premises. A prioritisation process within each area was completed by care at home staff to enable essential personal care services only to be provided if staffing levels fell or demands. Service for unwell people increased. Service users who received meal preparation as part of their service were identified and discussions took place with the local authority's meals service to arrange for a meal delivery service should this be required.

Reports and updates were provided to the Bronze command group on a regular basis with issues escalated to the Silver command group as required. Internally the partnership maintained a command structure supporting the statutory role of our partners allowing a consistent response and quick implementation of national public directives and daily problem solving. Protocols were developed to support hospital discharge to community services and the requirements to ensure safe service could be delivered. National reporting was required on new directives to ensure areas were working effectively to deliver this.

Well-being support was extended to care home and care at home commissioned providers staff through the HSCP.



“ Services can be delivered very quickly when needed i.e. create a care package and install equipment ”

“ Fantastic providers who do above and beyond most of the time ”

“ Amazing dedicated teams, working so hard ”

Covid19 Response & Lessons Learned

Mental Health

While mental health services continued to work towards their priorities, during Covid-19 many barriers to change were lifted which accelerated our implementation, such as the Near Me platform. This promoted our ability to deliver interventions remotely and reduced travel requirements for our staff, increasing the capacity of our teams depending on previous travel requirement. This has prompted us to think about how we retain this and although not suitable for all or that all our patients like this delivery model, will assist us to deliver more interventions.

Many of our groups and face to face delivery of services ceased unless determined clinically required, which has impacted on social isolation and understanding the nuances such as body language, environment and carer input that is important in seeing the whole picture in mental health support.

The Scottish Government have been giving much focus on MH and Addictions services since the pandemic and the full extent of Covid-19 on our population's mental health is yet to be fully understood. Mental health referral rates were increasing prior to Covid 19 and teams struggled to meet pre-covid demand for services, however through remobilisation and renewal, the Scottish Government have directed our priorities going forward. To date this has a focus on child mental health, psychological therapies, eating disorder pathway, perinatal mental health and primary mental health care and we will continue to work alongside our colleagues to remobilise in line with the directives and priorities highlighted.

Learning Disability

Much of the focus during the pandemic has been on crisis intervention and delivery of operational services to individuals with learning disabilities and/or autism.

As a result of national restrictions many of our support services were required to reduce capacity and limit face to face delivery of services. This has greatly impacted on the social isolation of many of the vulnerable people that we support.

As restrictions have lifted, services are now seeing the longer impacts of the Covid-19 pandemic and lockdown restrictions. There has notably been a deterioration in the mental health and wellbeing of many individuals as a result of a prolonged period of isolation. This creates additional challenges for relatively small operational teams and already stretched health and social care services.

Staff recruitment and retention issues particularly within social care are facing the most significant challenges in an environment which was already an identified risk area in Argyll & Bute, with many internal and external providers unable to recruit staff.

Whilst there have been many challenges, there have been some positives and lessons learned as a result of the pandemic. Our internal and external teams across Learning Disabilities & Autism have shown exceptional resilience, adaptability and flexibility in the ways in which they work. There has also been an increase in use of technology that has been accelerated as a result of the pandemic.

As a result, many of the priorities that were set out in the previous Strategic Plan were either significantly delayed as a direct or indirect impact of covid (e.g Housing Developments), or require to be refocused/reconfigured as a result of lessons learned.

“ Being a directorate has been a good step forward ”



“ Mental Health Officer lead post is a real success for strategic development and parity of service ”

“ Positive relationships with Learning Disabilities providers ”



“ Learning Disabilities training from our Learning Disabilities service for Junior Dr's was well received ”

Covid19 Response & Lessons Learned

Adult Support & Protection

As reported within the Care Inspectorate report (2021), the partnership's response to Covid-19 was effective for adults at risk of harm. Inadequate staffing levels were made worse as a result of the Covid-19 pandemic which caused the partnership to review resources to make sure the most vulnerable people were supported. A strategic leadership team formed a Covid-19 Caring for People tactical group. Group representatives ranged from partner agency staff to volunteers all working together to identify and organise support in the community. Most staff survey respondents were confident that adults at risk of harm were safe and protected during the pandemic. Almost all staff said they understood their role in protecting adults during the pandemic.

Overall, most respondents said they felt appropriately supported at work, although health and police were less likely to agree with this statement. All key processes were carried out for almost all adults at risk of harm during the Covid-19 restricted period with almost all partnership responses assessed as good or better. The partnership evidenced a commitment to carrying out face to face visits with adults at risk of harm throughout the pandemic.

Primary Care

All GP Practices remained open during the Covid 19 pandemic. GP Practice contingency plans and local buddying arrangements between GP practices were established.

New innovative ways of working to support patients to access care while social distancing and other infection control measures were required, which included:

- Telephone triage, Near Me and ***Asynchronous Consulting***
- Telephone triage of all contacts – majority of contacts resolved without face to face appointments where clinically appropriate.
- Face to face appointments more appropriately directed across the primary healthcare team
- Investment in hardware to support remote working and consulting carried out by all disciplines (GP, Advanced Nurse Practitioners , Practice Nurses, Pharmacists, Physiotherapists, etc)
- Development of safe physical environments, red room pathways to ensure different pathways for Covid positive patients and green pathways for non Covid patients , social distancing.



“Community values the hospitals as their hub on their doorstep. Pathways robust for access to specialist services”

“Caring for People has been excellent to ensure that are most vulnerable people are being reached. Also recognising the partnership working that was fantastic”

Covid19 Response & Lessons Learned

Children Services

Before the pandemic, Argyll and Bute had one of the lowest rates of care experienced children of any Scottish Local Authority. However, comparing our increase against the Scottish average we have seen an increase of 10% (Scottish average 4%). This has put particular pressure on the residential high cost care budgets from external placements, It has also resulted in some of our transformation aspirations being delayed. This is evidenced in a change programme to look at changing the balance of care model across the HSCP from external to more fostering.

A number of children's disabilities services have had to close due to the pandemic , this has caused financial sustainability pressures for some of our service providers, this has also resulted in delays in completing reviews to ensure that these services are delivering best value outcomes.

The service is focussing on its remobilisation plans and is early in its evaluations of specifically identifying the full impact of the pandemic.

We recognise that investment in our children and young people is one of the most valuable long-term investments that we can make. By investing our shared resources in the delivery and development of services that focus on prevention and early intervention, we can ensure that children and young people's needs are met at the earliest opportunity and they are supported to achieve their full potential.

This includes our main focus is on promoting children and young people's wellbeing underpinned by Getting it Right for Every Child (GIRFEC) and by adopting preventative approaches dedicated to the needs of children and young people at the earliest possible time. Recognising the importance of children and young people achieving and maintaining good physical and mental health and wellbeing is also paramount.



Covid19 Response & Lessons Learned

Staff Wellbeing

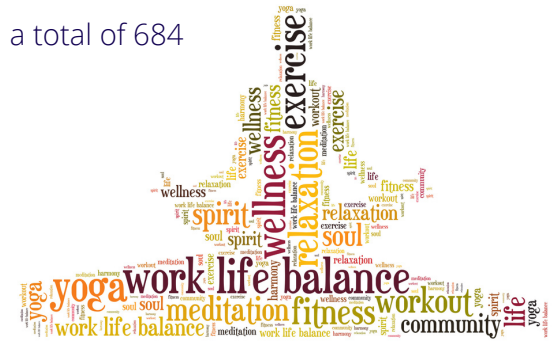
Throughout 2020 there has been a focus on improving culture, supporting employee health and wellbeing, workforce planning, improving recruitment processes and managing employee relations cases.

The Covid 19 virus has had a huge impact on our staff and we have worked hard to promote and signpost staff to wellbeing resources, encouraging conversations and raising awareness about wellbeing and self care. A group was established to support wellbeing champions throughout the HSCP who help to signpost resources via posters in workplaces and emails to colleagues.

Following the findings of the Sturrock review, the Argyll and Bute HSCP Culture Group has continued to meet monthly and have agreed priorities for improving the culture. Some of the actions taken by the HSCP over the past year:

- Established the A&B culture group, which is open to any staff, to generate and take forward local actions, jointly chaired by the Depute Chief Officer and the Staffside Lead
- Developed and rolled out courageous conversations training online with 193 trained from June – August 2020 in A&B and a total of 684 now trained across NHS. The programme is ongoing
- Introduced an all staff communications weekly update
- Established an all staff email distribution list, which had previously not been available
- Introduced Chief Officer virtual 'tea breaks' twice weekly
- Developed the Chief Officer tea breaks into 'Connections' colleague engagement events (see below)
- Focus on wellbeing - offered Spaces for Listening and mindfulness sessions

“ Frontline staff genuinely prioritise clients/ patients above all else - despite the systems/ politics ”



Third Sector and Community Organisations

We want to take this opportunity to thank the many third sector and community organisations who showed creativity and flexibility in their responses. Without these organisations and well-established relationships, we would not have been able to support the needs of the relationship, we would not have been able to support the needs of those who were vulnerable and shielding.

In particular we would like to mention:

Shopperaid in Campbeltown

Lade Centre in Bute

Strachur Hub

Cowal Elderly Befriending Service

Interloch Transport

Thank you

“ Fantastic providers who do above and beyond most of the time ”

“ Good joint working with Soical Work , Care Providers and third sector ”

Covid19 Response & Lessons Learned

Corporate Services

Estates

The Covid 19 impact has seen the majority of our non-front facing staff in health and social care working from home, from April 2020 with rapid and significant enhancement in our digital, IT infrastructure.

Looking forward, the HSCP has evaluated the impact of this via surveys, feedback, evaluation, in line with the developing national policy will see it operate a “blended” approach with home and office working continuing. This over the next 3 years will see working with our council partners continued reduction in our estate footprint.

Digital Modernisation

Prior to the pandemic the service was commencing a significant enhancement to address the challenges detailed above; we continue to have issues of duplication and access to respective NHS and council IT systems and difficulties in communication- no single e-mail list, access to policies etc.

However, there has been a significant focus on improving where possible and the pandemic enabled rapid movement in some areas.

Our key achievements in the last 12 months of the pandemic include:

- Maximising remote working for over 1200 users providing laptops, networks and software
- Completion of procurement for replacement of social work/community NHS Carefirst system with Eclipse. Implementation from June 22.
- Telecare and Telehealth significant expansion in uptake and demand for services particularly Near Me. Our key challenge is the shift of telecare to national digital platform within the next 3 years.



“
Use of carefirst by
hospitals helpful
”

“
Virtual working has its
advantages and has
provided a valuable service
during COVID”
”



Covid19 Response & Lessons Learned

NHS Fleet Modernisation

Significant work has occurred over the last 2 years to understand the suitability and use of our commercial fleet and prepare for the achievement of the zero carbon target by 2025.

The pandemic resulted in a dramatic reduction in the cost of travel and use of our vehicles in 2019/20 however, this is increasing again in 2020/21.

The HSCP now has electric charge points on all its hospital sites except Mull due to funding received from Scottish Government. However, we have now reached our electricity “supply” limit into our sites and require an upgrade.

The HSCP has replaced 15 cars and 6 vans with electric equivalents and we have a further 6 cars to be delivered by February 2022. This however is only circa 16% of our total fleet and an Energy savings trust report in 2019 identified the fleet drives 1,511,667 miles annually, with resulting emissions of 340 tonnes of CO₂.

The HSCP has also taken the national lead in exploring the use of unmanned beyond visual line of sight Drones to enhance its clinical logistics network focusing on blood specimen transportation.

This is still in its beta testing phase with our final testing of the service planned for 2022. This however, could see the HSCP adopting drones to improve the speed of diagnostic testing for our GP practices and hospitals improving care and treatment for our patients.

NHS launched UK’s first COVID test drone delivery service in Scotland on [Vimeo](#).

The benefits to patients include swifter access to results and convenience, instead of being dependent upon what time the van comes to collect blood specimens.

The benefits to the organisation include reducing the burden of travel on our portering team time and distance and types of transport, ferry and air. Also the increased risk having to travel in the winter as well as reducing our carbon footprint are of significance.



Performance Management & 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.

COVID 19 Performance Reporting

Much of the statutory performance reporting for 2020 was affected by the COVID19 pandemic with the requirement for local and national data on a daily basis supporting, Bronze, Silver and Gold Command Groups. Data was delivered over a seven day period at the peak of the pandemic response with the focus on the recovery and monitoring of care delivery across the HSCP alongside Public Health, Staff Wellbeing and Demographic trends monitoring the impact of the virus within communities. Additional data focussed on the provision of oxygen therapy across the community hospitals during the virus peak and the delivery of PPE and safety equipment to protect frontline staff. Analysis of Care Home Placements, Care at Home and Delayed Discharge gave an overview of care in the community and the data was used to mitigate the impact of the virus with additional funding from the Scottish Government.

From October onward the focus for the HSCP was on ensuring the delivery of the Remobilisation Plan and recovery of service provision in acute and social care. A return to previous performance reporting with regards to the Integration Joint Board, local and national performance reporting was gradual.

Remobilisation Performance Reporting

The NHS Highland Remobilisation Plan describes a whole system to support the delivery of services within acute and social care within the HSCP and wider NHS Highland Board. An extensive suit of remobilisation performance indicators were developed and reported on a weekly and monthly basis to inform managers with regards to their performance against key remobilisation targets.

Alongside this the Framework for Clinical Prioritisation was established to support Health Boards with prioritising service provision and framing the remobilisation of services against 6 key principles within a Covid19 operating environment as below:

1. The establishment of a clinical priority matrix – as detailed below, at the present time NHSGG&C & NHS Highland are focusing on the P1 & P2 category:
 - Priority level 1a Emergency and 1b Urgent – operation needed within 24 hours
 - Priority level 2 Surgery/Treatment – scheduled within 4 weeks
 - Priority level 3 Surgery/Treatment – scheduled within 12 weeks
 - Priority level 4 Surgery/Treatment – may be safely scheduled after 12 weeks.
2. Protection of essential services (including critical care capacity, maternity, emergency services, mental health provision and vital cancer services)
3. Active waiting list management (Consistent application of Active Clinical Referral Triage (ACRT) and key indicators for active waiting list management, including addressing demand and capacity issues for each priority level)
4. Realistic medicine remaining at the core (application of realistic medicine, incorporating the six key principles)
5. Review of long waiting patients (long waits are actively reviewed (particularly priority level four patients)
6. Patient Communication (patients should be communicated with effectively ensuring they have updated information around their treatment and care)



Performance Management & Governance

Key Performance Overview for 2020

Homecare

The data trend for those in receipt of homecare 65+ noted at the beginning of 2020 a similar trend to the previous year across April- June. Activity in the middle of the year was reduced for the month of July with cumulative year data noting an overall 1% reduction. The use of additional funding to support and sustain people in their own homes was successful in helping to mitigate the impact of the virus.

Residential Care

Trend analysis of the data for the average number of people 65+ in a Care Home identified an overall 13% reduction across 2020. Much of this reduction could be attributed to the initial lockdown period and care home closures locally due to the effect of the COVID19 virus on staff and residents.

Analysis of both Care Homes and Care at Home together identified a small reduction split with regards to those in Care Homes and those receiving Care at Home as 46% for 2019, against 44% for 2020.

Mental Health

Statutory Mental Health activity across 2020 noted an increase in activity from April- November in line with easing of the COVID19 restrictions. Statistically across the year there was an overall 44% increase in cumulative statutory activity.

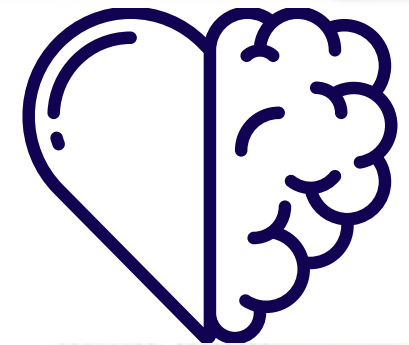
With regards to the types of statutory activities; Consent to Short Term Detention, Supervision of Guardianship, Reports for Adults With Incapacity (AWI) Application and Consent to Emergency Detention were noted as having the largest impact across staff workloads.

Delayed Discharge

Delayed Discharge data across the period 2020 noted a 31% sustained reduction with regards to numbers of delays and the length of time in hospital. Data suggests that despite COVID19 restrictions with the trend for Bed Days Lost noting less time in hospital from August onwards.

Service Referral Activity

The resumption of services in 2020 did not see a corresponding increase in Primary Care GP referral activity to previous levels. The cumulative reduction for Lorn & Islands was 26.6% against 28% for Argyll & Bute. Preliminary feedback at the time included patients feeling apprehensive about going to see their GP, or potential for traveling to access services due to the Covid19 infection risk.



Performance Management & Governance

Waiting Times

At the end of March 2020, 20% (265 patients) awaiting a new outpatient appointment for a consultant led specialty were in breach of the 12 week TTG waiting time's target. This was the best month end position reported by the HSCP since summer 2018 and exceeded the year-end target set out in the Annual Operational Plan agreed with the Scottish Government for 2019/20. However, due to the Covid19 pandemic outpatient appointment capacity fell by 68% from average circa 500 per week pre-covid to 160 between mid-March to mid-June, before beginning to show a slow but sustained increase as the country came out of lockdown. Argyll and Bute HSCP working with NHS Highland had initially worked to agree an outpatient service remobilisation target of 80% by the end of July 20 subject to NHS Greater Glasgow and Clyde (GG&C) remobilisation performance. In the end this was significantly higher than NHS GG&C whose remobilisation targets were 60% by October and 80% by December.

Across NHS GG&C there were understandable differences as to how Specialties were remobilising. This seems to be due to a complex mix of factors including the extent hospital sites are physically reconfigured due to Covid19 working practices e.g. staffing, availability of theatres & ITU, the limited number of wards with single rooms.

The HSCP managed to commission additional waiting list initiatives in Ophthalmology, Dermatology, ENT, Gynaecology and General Medicine along with others initiatives which greatly improved the performance and reduced the waiting times from 70% breach of 12 weeks in June to 46.1% at December 2020 for all waits.

Virtual Appointments

The HSCP increased the use of virtual consultations, either using NHS Near Me technology or by telephone. All consultants are triaging their waiting lists to decide who needs face to face consultations and who can be virtual. December data noted 1971 virtual new appointments.

Benchmarking

Benchmark performance makes a comparison with the seven identified rural HSCP's and the Scottish average. Performance across the 20 indicators, Argyll & Bute HSCP noted 13 (65%) indicators performing above the Scottish average. Performance against the other HSCP's for these indicators notes that Argyll & Bute had an overall 57% success rate. Appendix 2

Performance, Outcomes & Improvement

The HSCP is committed to openness and transparency in respect of performance reporting. Due to service pressures arising from the pandemic during 2020/21, there has been some disruption to reporting as the HSCP focussed on addressing the pandemic and re-mobilisation of services. A revised integrated performance reporting regime has been designed and will be rolled out fully in early 2022. The HSCP reviews its performance data and uses this to enable it to be responsive to emerging need and service pressures and to continuously improve and inform its strategic planning processes.



National Health & Wellbeing Outcomes

We are working with our Social Work colleagues at present building Near Me waiting areas for Out of Area reviews. Training is underway with staff and we are offering ongoing support while they adopt this new way of working.

Some work is also being undertaken with our Acute Care teams allowing them to link in with specialist services in Glasgow, supporting remote patient care.

Our Telecare Service currently supports approximately 2500 clients to live safely at home. Equipment that is available includes falls pendants, property exit sensors, smoke/heat sensors & bed/chair sensors.

We also use activity monitoring through Just Checking to monitor activity within the client's home supporting us to build effective care packages for client's, as appropriate. This equipment can be installed for a short assessment period or longer if required.

Living Well Strategy
In line with the current Joint Strategic Plan the Public Health Team has continued to balance meeting the health and wellbeing needs of the people of Argyll and Bute, supporting the delivery of the HSCP Strategic Plan and meeting the national strategies for public health.

NHS Near Me continues to be used widely, however there is a falling trend in usage from previous months. This is replicated nationally not exclusive to A&B.

TEC team have purchased I pads to support digital inclusion in A&B and these may be issued in a "loaning library" type way allowing citizens with no equipment to be able to attend appointments

Our online Cognitive Behavioural Therapy programmes continue to be used successfully and the most recent of these platforms Silver Cloud has had additional programmes added to the platform. Again training and support to our colleagues who are referring to these platforms is constant and attendance to National meetings to keep A&B at the forefront of any changes

{NH&WO 1} People are able to look after and improve their own health and wellbeing and live in good health for longer.

NI1 NI 3 NI 4 NI 16 A&B Telecare NI 13

{Strategic Objective} Reduce the number of avoidable hospital admissions and minimise the time that people are delayed in hospital.

The Public Health Team works in a preventative way to anticipate problems before they arise, a prime example of this is the Living Well Strategy endorsed by the IJB that focuses on supporting people to manage their own health, and supporting communities to build groups and networks which can link people together.

Living Well

Community Link Working

The Public Health Team established a Community Link Worker service in Argyll and Bute. This service will have dedicated staff to work with individuals using a person-centred social prescribing approach to enable them to access community services, empowering them to take control of their own health and wellbeing needs.

Twelve small grants were awarded to local groups to provide activities for young people to help keep them connected.

Innovative ways of working through supporting Digital tools in Physical Activity, Weight Management and Type II Diabetes has been undertaken by the Public Health Team.

Current project ongoing is Analogue to Digital transformation ensuring A&B has a digital solution available when the telephone networks are fully digitalised in 2025

National Health & Wellbeing Outcomes

The new GP Contract was introduced in April 2018 requiring service redesign delivered by a wider multi-disciplinary team. The national priority is to reduce the workload of GPs and practices by the HSCP delivering services. These services will be delivered by clinicians such as Pharmacists, Physiotherapists and Nurses

A 3 year contract to commission a Community Link Worker service for 10 GP practices in Argyll and Bute has been awarded to We are With You (formerly Addaction). The service will take referrals from primary care teams and use a person-centred social prescribing approach to strengthen the link between primary care, other health services, and community resources.

{NH&WO 2} People, including those with disabilities or 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

MSG 1.1 MSG 2.1 MSG 2.2 MSG 3.1 MSG 6.1 A&B % of LAC

{Strategic Objective} Support people to live fulfilling lives in their own homes, for as long as possible

A fixed term first contact practitioner post has been recruited to with the specific purpose of extending the reach of the existing primary care musculoskeletal service to remote and island GP practices through more effective use of technology opportunities

Community values the hospitals as their hub on their doorstep

Undertaking a review of the strategic plan for the provision of primary medical services for the patients of Kintyre Medical Group.

The Public Health Team conducted a scoping exercise by engaging with staff to complete a survey designed to identify gaps in knowledge around health screening (50 frontline Mental Health and Learning Disability staff and 19 Primary Care staff completed the survey). This piece of work has been nominated for a Scottish Health Award

{NH&WO 3} People who use health and social care services have positive experiences of those services, and have their dignity respected.

NI2 NI5 NI6 MSG 3.2 CA72

{Strategic Objective} Institute a continuous improvement management process across the functions delegated to the partnership.

Working in partnership to develop, implement and evaluate an emotional support helpline. Thereafter, the PHT commissioned third sector colleagues to engage with people in receipt of mental health services to evaluate how the pandemic had impacted them.

Working in partnership, the PHT responded to the early needs from the Covid-19 pandemic by supporting the Caring for People workstream, including responding to 4,102 requests from the public and the delivery of 45,000 food parcels.

National Health & Wellbeing Outcomes

The new GP Contract was introduced in April 2018 requiring service redesign delivered by a wider multi-disciplinary team. The national priority is to reduce the workload of GPs and practices by the HSCP delivering services. These services will be delivered by clinicians such as Pharmacists, Physiotherapists and Nurses

Established locality wide GP Out of Hours (OOHs) services in all mainland areas, centred on the local hospital. Continued to support the single island service on Islay

Investment in General Practice to enable the use of telephone triage and remote consulting.

{NH&WO 4} Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

NI 7 NI 12 NI 14 MSG 5.1 A&B Waiting times

{Strategic Objective} Promote Health and Wellbeing across all our communities and age groups

Facilitated closer working between GP practices across Argyll and Bute including Lochgilphead and Inveraray, Helensburgh and Garelochhead and the 3 Islay practices.

First Contact Practitioner Musculoskeletal Physiotherapists are in post are providing a service to some practices in each locality. Where the service is in place, patients benefit from quicker access and treatment, reducing unnecessary referrals to GPs.

Pharmacotherapy teams are in place to provide a new medicines management service within some GP practices in each locality. Teams comprise pharmacists and pharmacy technicians.

Public Health Equalities

Refreshing the HSCP's Equality and Diversity Impact Assessment (EQIA) process in conjunction with the Equalities Forum of the Community Planning Partnership. Promoting this process with the SLT to ensure improved delivery of the HSCP's statutory responsibilities under The Equality Act 2010.

{NH&WO 5} Health and social care services contribute to reducing health inequalities.

NI 11 NI 17 NI 19 CPCO1 4.4 AC21 SM Referral

{Strategic Objective} Promote Health and Wellbeing across all our communities and age groups

The Public Health Team supported the completion of the Equalities Outcome Framework mainstreaming report in summer 2021 to meet the Scottish Specific duties of the Equality Act and refreshed the Equalities Outcomes in partnership with Argyll and Bute Council and NHS Highland in summer 2021.

National Health & Wellbeing Outcomes

The Centre managers work closely together to ensure a consistency in the development of support across Argyll and Bute. The Centres provide some or all of the following services:

- Information and advice
- Emotional support and a listening ear
- Advice on your rights and entitlements
- Informal advocacy
- Carers Training
- Support Groups
- Hospital Liaison
- Holistic therapies
- Counselling sessions
- Short Breaks for Carers
- Carers Support Plans
- Young Carer Statements
- Befriending service
- Signposting to other support groups and organisations
- Social activities

{NH&WO 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 well-being

NI 8

{Strategic Objective} Support unpaid carers to reduce the impact of their caring role on their own health and wellbeing

In order to address the requirements of the Carers (Scotland) Act 2016, the following five outcomes were identified and are incorporated into Argyll and Bute's Carers Act Strategy

- We have worked with Carer Services to implement the Carer Strategy.
- Recruited for a Carers Act Officer and Young Carers project assistant
- Contract reviewing and monitoring
- Built capacity within the enhanced performance team
- Carried out a consultation on Respite and Short breaks
- Linked with the Carers Census
- Updated our YCS
- Increased the visibility and awareness of unpaid carers and the support they provide
- Worked on recruiting Carer representation at IJB

Each Carer service is an independent registered charity. They are operated with their own managers and boards within their local communities. Each are is commissioned to support Adult and Young carers.

General practice has remained open throughout the pandemic within a safe physical environment. New innovative ways of working to support patients to access care, for example, the introduction of telephone triage and the use of remote consulting (Near Me) has changed the way patients access care while social distancing and other infection control measures are required.

{NH&WO 7} People who use health and social care services are safe from harm

NI 9 CP 16 CP 43 CJ 63 A&B Adult Protection (3 indicators)

{Strategic Objective} Promote Health and Wellbeing across all of our communities and age groups

Following a successful Adult Support and Protection Inspections, an improvement plan has been put in place for the period 2020-2021.

- Provide clear and visible leadership of multi-agency work to identify and protect our most vulnerable Adults
- Continue to focus on self-evaluation and continuous improvement
- Ensure that our Adult Protection Plans processes are robust and that our referrals are screened and triaged and the three point test applied.
- Build our joint approaches to protect and support Adults affected by Domestic Abuse, Parental Mental Health and Addictions.
- Improve communication and engagement with our communities.
- Monitor the impact of Covid-19 on working practice, and on strategic issues for service users, families and carers, multi-agency practice, and wider community engagement

National Health & Wellbeing Outcomes

The local communities across the HSCP helped staff greatly by providing support in the shape of gifts, like Hand creams, hampers of food, material for scrubs to be made, home baking and lots more!

Our Communications team pushed advice to support staff health and wellbeing especially at the start of the Covid Pandemic.

{NH&WO 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.

NI 10 PRDs HSCP Attendance

{Strategic Objective} Support staff to continuously improve the information, support and care that they deliver

Our staff working in Covid wards were given free hot meals and snacks

The HSCP took part in the Paths for all Step count challenge, to promote being active and promoting people to get outdoors.

Virtual teabreaks were promoted to support staff in teams who felt isolated as working from home

Co-located health and social care staff in Campbelltown, Oban, and Mid Argyll Hospitals

Transferring 300+ community health staff onto the Care First system providing a single health and care system for the community.

Established a secure and permanent IT network link between both NHS and Council. Allowing staff to access some of the NHS & Council systems from either location. Critical step forward for integrated working for integrated teams

{NH&WO 9} Resources are used effectively and efficiently in the provision of health and social care services.

NI 15 NI 18 NI 20 MSG 4.1

{Strategic Objective} Efficiently and effectively manage all resources to deliver best value

The National health and wellbeing outcome indicators require HSCPs to use resources effectively and efficiently and to integrate support services to provide efficiencies. The HSCP is continuing to focus on productivity improvement, cost efficiencies and modernisation to reduce the burden of work on operational staff.

Corporate services include finance, planning, IT, HR, pharmacy management, medical management and estates, as well as all our buildings and vehicles. There is a requirement to make corporate services more cost efficient and to provide an integrated service (NHS and Council) to ease the burden of work for our front line managers.

Financial Performance & Best Value

Financial Performance

The IJB is committed to the highest standards of financial management and governance. It is required to set a balanced budget each year and seeks to deliver Health and Social Care Services to the communities it serves within the envelope of resources available to it.

Financial performance is reported in detail to the IJB at each of its meetings and to its Finance and Policy Committee which meets on a monthly basis. It also publishes its Annual Report and Accounts which are subject to independent external audit.

This section provides a summary of financial performance for 2020-21, our approach to ensuring that we deliver Best Value and outlines the perceived future financial outlook and risks.

Financial Performance 2020-21

The IJB continues to operate in a particularly challenging financial environment. It set a balanced budget for the year which included a commitment to deliver an ambitious range of efficiency saving projects. As with many aspects of the delivery of Health and Social Care, the covid-19 pandemic had a significant impact on costs and the ability of the IJB to deliver its change and savings programme. However, it is acknowledged that additional funding was allocated to the IJB during the year which compensated for the additional pandemic costs and some of the slippage in delivering the savings programme. Overall, the IJB underspent against its funding for the year and therefore was able to repay some of the debt that it owes to Argyll and Bute Council.

The budget for 2020/21 required new savings of £5.7m to be delivered. In addition there were £4.7m of previously agreed savings still to be delivered, making the total savings due to be delivered in year £10.4m, a very significant challenge. Overall, despite some slippage with the savings programme, the HSCP reported an underspend of £1.1m for the year which enable early repayment of debt owed to Argyll & Bute Council. Total expenditure on HSCP services for the year was £298.7m:

Service	Actual £000	Budget £000	Variance £000	% Variance
Social Work Services	75,729	76,635	906	1.2%
Health Services	222,926	223,110	183	0.1%
GRAND TOTAL	298,655	299,745	1,089	0.4%

Financial Performance & Best Value

Services	Actual £000	Budget £000	Variance £000	%Variance
Chief Officer	4,116	5,980	1,864	31.20%
Service Development	384	395	11	2.80%
Looked After Children	7,190	6,866	-324	-4.70%
Child Protection	2,624	2,946	322	10.90%
Children with a Disability	777	821	44	5.40%
Criminal Justice	-115	169	284	168.00%
Children and Families Management	2,670	2,725	55	2.00%
Older People	35,263	35,872	609	1.70%
Physical Disability	3,284	2,508	-776	-30.90%
Learning Disability	16,321	15,085	-1,236	-8.20%
Mental Health	2,593	2,703	110	4.10%
Adult Services Management	622	565	-57	-10.10%
Community & Hospital Services	57,521	58,486	965	1.70%
Mental Health and Learning Disability	14,203	14,754	551	3.70%
Children & Families Services	7,828	8,049	221	2.80%
Commissioned Services - NHS GG&C	66,142	65,603	-539	-0.80%
Commissioned Services - Other	3,902	3,817	-85	-2.20%
General Medical Services	19,872	19,889	16	0.10%
Community and Salaried Dental	3,554	4,036	482	11.90%
Other Primary Care Services	10,909	10,909	0	0.00%
Prescribing	19,609	19,805	196	1.00%
Public Health	1,626	1,686	60	3.60%
Lead Nurse	2,712	2,719	7	0.20%
Central Management Services	5,418	3,950	-1,468	-37.20%
Planning & Performance	2,656	2,477	-179	-7.20%
Budget Reserves	0	391	391	100.00%
Income	-1,368	-1,560	-192	12.30%
Estates	8,341	8,099	-242	-3.00%
GRAND TOTAL	298,655	299,745	1,089	0.40%



Financial Performance & Best Value

The HSCP has experienced demand and cost pressures in a number of areas, along with some slippage in achieving its savings target during the year. In particular there have been significant cost pressures in respect of supporting looked after children, individuals with learning disabilities and those with physical disabilities during the year. There have also been some exceptional costs associated with the pandemic which have contributed to overspending on central management services.

The Scheme of Integration required the underspend delivered to be returned to Argyll and Bute Council to offset overspending in prior years. There does however remain a significant balance of £2.8m owed to Argyll and Bute Council, this contributes to the future financial pressures facing the HSCP as the planned repayment reduces the resources available for service delivery. The balance and repayment schedule is:

	Repayment 2018-19 Overspend £'000	Repayment 2019-20 Overspend £'000	Total Repayment Due £'000
2021-22	200		200
2022-23	900		900
2023-24	493	407	900
2024-25		759	759
Total	1,593	1,166	2,759

In respect of the savings programme, at the end of March 2020, £7.8m of the £10.4m savings target was delivered. This is an important achievement with 75% of the target achieved. The overall shortfall of £2.6m was covered in full through additional financial support from the Scottish Government, recognising that a number of projects had to be placed on hold during the year as a consequence of the pandemic.

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 on a financially sustainable basis within the finite financial resources available to it.

The IJB has approved a balanced budget for 2021-22 which is dependent upon the delivery of an ambitious saving plan which totals £9.3m. This is against a total expenditure budget of £296m.

There are significant on-going cost and demand pressures across health and social care services as a consequence of demographic change, new treatments and increasing service expectations and inflation in respect of delivery costs. Managing these pressures are expected to result in an on-going requirement to improve efficiency and deliver savings.

Looking into 2022-23 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. There are also significant risks and uncertainty within the wider political and economic environment. However, there are indications that increasing investment in Health and Social Care is a priority for both the UK and Scottish Governments in the post pandemic environment. This, along with proposed structural reform, is anticipated to better enable the HSCP to invest in service provision and deliver high quality services within the resources that will be made available. This presents an opportunity for the HSCP to improve the services it offers and address some of the challenges it faces.

The HSCP continually updates its forward financial plans to recognise and plan for the impact of new policy priorities, emerging cost pressures and funding allocations. Additionally, robust risk management processes are in place which seek to identify and quantify the financial risks facing the HSCP. These are likewise reported in detail to the Finance and Policy Committee. Key risks currently facing the partnership include slippage in respect of savings plans, increasing direct and indirect staffing costs, contract cost uplifts and increasing demand for services, both in respect of numbers and complexity of cases.

Financial Performance & Best Value

Best Value

The IJB has a statutory duty to provide best value as a designated body under section 106 of the Local Government (Scotland) Act 1973. 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 represents the rules and practices by which the IJB ensures that decision making is accountable, transparent and carried out with integrity and in line with the principles of public service. The IJB has statutory responsibilities and obligations to its stakeholders, staff and residents of Argyll and Bute.

The Health and Social Care Partnership ensures proper administration of its resources by ensuring that there is an appropriate governance framework in place and by having an appointed Chief Financial Officer (within the terms of 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 IJB is also required to publish audited annual accounts each year.

Best Value underpins the ethos of governance and financial management within the IJB, a summary of performance against the eight 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

The IJB has significantly improved its governance and seeks to continually develop and improve this, often in response to emerging good practice and independent audit review. Recently, the scheme of integration has been reviewed and formally approved by the Scottish Government, the committee terms of reference have been updated, a Data Protection Officer appointed, and formal committee support is now provided by Argyll and Bute Council to ensure the Governance framework is properly supported and administered. All of these actions, in addition to the Board Development Programme have contributed to improved governance, transparency and accountability.

Effective use of resources

The Finance & Policy Committee of the Board meets on a monthly basis to scrutinise performance against budget, progress with the delivery of savings and the Transformation Programme. NHS Highland has implemented a formal Project Management Office approach to delivering savings projects and this further supported health service savings in the HSCP. This methodology has also been extended to the remainder of the savings programme. A formal grip and control regime continued through the year for all purchases of supplies and services, and workforce monitoring has reviewed all vacancies before agreeing to fill essential posts only. The Transformation Board was paused during the year due to the pandemic but re-started meeting on a monthly basis in February 2021.

Financial Performance & Best Value

Partnership and Collaborative Working

Effective partnership working is a core element of the way in which the IJB has been established. The IJB works closely with NHS Highland and Argyll and Bute Council. The Chief Officer is a member of both Strategic Management Teams and attends relevant Board meetings. These close relationships have been particularly evident in the joined up response to the Covid-19 pandemic through the Local Resilience Partnership and the Caring for People Tactical Group. In addition the HSCP has worked closely with third sector partners and its commissioned service providers by holding regular meetings with key care home and care at home providers. It has been commended by these stakeholders for this. This has continued throughout the year and illustrates the ethos of partnership working.

Community Responsiveness

The Locality Planning Groups ensure that local concerns are addressed and fed through to the Strategic Plan. In addition the Engagement Strategy ensures that full consultation and engagement is carried out before policy changes are agreed. The HSCP has sought to develop the way in which it engages with communities and stakeholders, particularly in respect of projects to effect change

Fairness and Equality

The Equality Impact Assessments (EQIAs), a tool to ensure all services meet the Equality Act now include an assessment of socio-economic impact and islands impact. There is a single process used across the HSCP and EQIAs are published. EQIAs were produced for all policy related budget saving proposals.

Sustainability

The Covid-19 pandemic has created an opportunity to further develop remote working, which has significantly reduced travel and printing costs. There has been extensive use of Near Me for remote consultations where this is appropriate, and continued use and expansion of Microsoft Teams with Council staff as well as NHS Highland staff now all migrated onto MS Teams. There has been close working with commissioned providers to ensure their financial sustainability, particularly for loss of income and extra costs due to Covid-19, and to speed up the process of payments. All Council invoices have been processed as urgent payments as part of this drive to pay faster. A project is underway to consider how the HSCP can transition it's vehicle fleet to electric vehicles in the coming years.

Performance, Outcomes & Improvement

The HSCP is committed to openness and transparency in respect of performance reporting. Due to service pressures arising from the pandemic during 2020/21, there has been some disruption to reporting as the HSCP focussed on addressing the pandemic and re-mobilisation of services. A revised integrated performance reporting regime has been designed and will be rolled out fully in early 2022. The HSCP reviews its performance data and uses this to enable it to be responsive to emerging need and service pressures and to continuously improve and inform its strategic planning processes.

Appendix 1- Health & Wellbeing Outcome Indicators 2020

IJB Performance Scorecard for Annual Performance Report								
Outcome 1 - People are able to improve their health	Target 2020	2015/16	2016/17	2017/18	2018/19	2019 Calendar Year	2020 Calendar Year	Performance Trend
NI-1 - % of adults able to look after their health very well or quite well	92.9%	96.0%	96.0%	93.0%	93.0%	93.0%	93.2%	↑
NI-3 - % of adults supported at home who agree they had a say in how their support was provided	75.4%	82.0%	82.0%	76.0%	76.0%	76.0%	72.5%	↓
NI-4 - % of adults supported at home who agree that their health & care services seemed to be well co-ordinated	73.5%	81.0%	81.0%	72.0%	72.0%	72.0%	73.7%	↑
NI-16 - Falls rate per 1,000 population aged 65+	21.7	22.0	26.0	26.0	26.0	23.0	25.3	↓
A&B - % of Total Telecare Service Users with Enhanced Telecare Packages	31.0%					45.7%	45.6%	↓
NI-13 - Emergency Admissions bed day rate	102,961	119,930	107,343	107,548	108,883	109,759	94,863	↑
Outcome 2 - People are able to live in the community	Target 2020	2015/16	2016/17	2017/18	2018/19	2019 Calendar Year	2020 Calendar Year	Performance Trend
MSG 1.1 - Number of emergency admissions - A&B	8,509		8,716	9,046	9,003	8,902	7,065	↑
MSG 2.1 - Number of unplanned bed days acute specialties - A&B	57,139		65,707	65,030	67,060	64,407	55,247	↑
MSG 2.2 - Number of unplanned bed days MH specialties - A&B	15,896		13,034	13,755	14,623	13,835	13,841	↓
MSG 3.1 - Number of A&E attendances - A&B	16,960		16,130	16,026	16,912	17,623	12,670	↑
MSG 6.1 - % of 65+ population at Home (unsupported) - A&B	8.5%	8.6%	7.8%	7.9%	8.0%	7.8%	7.8%	↔
A&B - % of LAC who are looked after at home or in a community setting	90.0%					82.4%	80.6%	↓

Appendix 1- Health & Wellbeing Outcome Indicators 2020

Outcome 3 - People have positive service-user experiences	Target 2020	2015/16	2016/17	2017/18	2018/19	2019 Calendar Year	2020 Calendar Year	Performance Trend
NI-2 - % of adults supported at home who agree they are supported to live as independently	80.8%	84.0%	84.0%	79.0%	79.0%	79.0%	79.9%	↑
NI-5 - % of adults receiving any care or support who rate it as excellent or good	80.2%	82.0%	82.0%	80.0%	80.0%	85.0%	78.3%	↓
NI-6 - % of people with positive experience of their GP practice	78.7%	91.0%	91.0%	85.0%	85.0%	85.0%	84.5%	↓
MSG 3.2 - % A&E attendances seen within 4 hours - A&B	95.0%		95.0%	93.5%	93.4%	91.6%	91.7%	↑
CA72 - % LAAC >1yr with a plan for permanence	81.0%	85.0%	88.0%	100%	65.0%	85.2%	65.4%	↓
Outcome 4 - Services are centred on quality of life	Target 2020	2015/16	2016/17	2017/18	2018/19	2019 Calendar Year	2020 Calendar Year	Performance Trend
NI-7 - % of adults supported at home who agree their support had impact improving/maintaining quality of life	80.0%	87.0%	87.0%	74.0%	74.0%	74.0%	76.5%	↑
NI-12 - Rate of emergency admissions per 100,000 population for adults	11,111	12,103	12,145	12,617	12,678	11,353	10790	↑
NI-14 - Readmission to hospital within 28 days per 1,000 admissions	115.0	71.0	80.0	87.0	87.0	76.0	91.0	↑
MSG 5.1 - % of last six months of life by setting community & hospital - A&B	88.2 %	89.0%	90.0%	90.0%	90.0%	89.9%	92.3%	↑
A&B - % of Waiting Time breaching >12 weeks	25.0%					21.0%	38.0%	↓
Outcome 5 - Services reduce health inequalities	Target 2020	2015/16	2016/17	2017/18	2018/19	2019 Calendar Year	2020 Calendar Year	Performance Trend
NI-11 - Rate of premature mortality per 100,000 population	457	392	418	380	380	393	398	↓
NI-17 - % of SW care services graded 'good' '4' or better in Care Inspectorate inspections	82.5%	86.0%	84.0%	86.0%	86.0%	84.1%	87.1%	↑
NI-19 - No of days people [75+] spent in hospital when ready to be discharged, per 1,000 population	488		597	625	640	540	346	↑
CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS	90.0%	91.0%	95.0%	89.0%	91.0%	92.5%	32.5%	↓
AC21 <=3 weeks wait between SM referral & 1st treatment	90.0%	93.0%	93.0%	95.0%	90.5%	91.3%	84.9%	↓

Appendix 1- Health & Wellbeing Outcome Indicators 2020

Outcome 6 - Unpaid carers are supported	Target 2020	2015/16	2016/17	2017/18	2018/19	2019 Calendar Year	2020 Calendar Year	Performance Trend
NI-8 - % of carers who feel supported to continue in their caring role	34.3%	41.0%	41.0%	33.0%	33.0%	33.0%	35.0%	↑
Outcome 7 - Service users are safe from harm	Target 2020	2015/16	2016/17	2017/18	2018/19	2019 Calendar Year	2020 Calendar Year	Performance Trend
NI-9 - % of adults supported at home who agree they felt safe	82.8%	84.0%	84.0%	83.0%	83.0%	83.0%	78.7%	↓
CP16 - % of Children on CPR with a completed CP plan	100 %	100%	91.0%	99.0%	91.0%	89.0%	99.0%	↑
CP43 - No of Child Protection Repeat Registrations - 18 months	0					0	0.0%	↔
CJ63 - % CPO cases seen without delay - 5 days	80.0%	82.0%	86.0%	94.0%	84.8%	95.6%	95.3%	↓
A&B - % of Adult Protection referrals completed within 5 days	80.0%					45.8 %	39.5%	↓
A&B - % of Adult Protection referrals that lead to AP Investigation	10.0%					12.5%	11.8%	↓
A&B - % of complaints [Stage 2] responded within timescale	20.0%					25.0%	56.5%	↑
Outcome 8 - Health and social care workers are supported	Target 2020	2015/16	2016/17	2017/18	2018/19	2019 Calendar Year	2020 Calendar Year	Performance Trend
NI-10 - % of staff who say they would recommend their workplace as a good place to work	67.0%		71.0%	71.0%	71.0%	71.0%	70.0%	↓
Health & Social Care Partnership % of PRDs completed	90.0%		52.0%	30.0%	37.0%	37.0%	3.0%	↓
SW only - HSCP Attendance	3.78 Days		3.90	5.70	5.20	5.23	4.86	↑
Outcome 9 - Resources are used effectively in the provision of health and social care services	Target 2020	2015/16	2016/17	2017/18	2018/19	2019 Calendar Year	2020 Calendar Year	Performance Trend
NI-15 - Proportion of last 6 months of life spent at home or in a community setting	89.9%		89.8%	89.6%	90.0%	91.0%	92.9%	↑
NI-18 - % of adults with intensive needs receiving care at home	62.9%	67.0%	67.0%	67.0%	67.0%	68.0%	72.3%	↑
NI-20 - % of health & care resource spend on hospital stays where patient admitted in an emergency	21.2%	24.0%	24.0%	22.0%	22.0%	22.0%	19.2%	↑
MSG 4.1 - Number of DD bed days occupied - A&B	8,604		6,803	8,414	9,530	8,113	5228	↑

Appendix 2- Health & Wellbeing Outcome Indicators Benchmarking 2020

Core Suite of National Integration Indicators for Annual Performance Report										
Indicator	Title	Argyll & Bute	HSCP A	HSCP B	HSCP C	HSCP D	HSCP E	HSCP F	HSCP G	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	● 93.2%	93.5	94.0	94.0	93.3	93.5	94.3	94.0	92.9%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	● 79.9%	84.8	71.6	82.3	80.1	82.7	81.1	71.1	80.8%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	● 72.5%	82.0	75.5	75.4	66.9	79.7	69.6	73.8	75.4%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	● 73.7%	79.6	60.9	69.1	64.6	77.1	70.0	64.4	73.5%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	● 78.3%	85.3	75.9	79.2	63.0	80.7	85.0	70.5	80.2%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	● 84.5%	75.8	72.1	85.1	69.4	77.3	82.3	81.6	78.7%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	● 76.5%	85.6	70.0	78.0	67.6	79.2	80.1	77.3	80.0%
NI - 8	Total combined % carers who feel supported to continue in their caring role	● 35.0%	34.9	32.7	33.3	31.5	30.7	32.1	29.0	34.3%
NI - 9	Percentage of adults supported at home who agreed they felt safe	● 78.7%	89.5	70.0	82.2	66.7	79.2	80.5	78.7	82.8%
NI - 11	Premature mortality rate per 100,000 persons	● 398	371	342	397	397	357	367	416	457
NI - 12	Emergency admission rate (per 100,000 population)	● 10,790	9,724	10,157	9,766	11,295	8,713	10,433	11,148	11,111
NI - 13	Emergency bed day rate (per 100,000 population)	● 94,863	83,263	101,588	98,880	104,076	79,111	104,782	82,944	102,961
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	● 91	120	113	115	120	96	114	143	115
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	● 92.9%	93.0%	89.5%	91.0%	88.3%	91.2%	88.9%	91.3%	89.9%
NI - 16	Falls rate per 1,000 population aged 65+	● 25.3	23.4	23.4	15	25.9	16.5	18.1	20.0	21.7
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	● 87.1%	83.5%	83.5%	86.2%	79.8%	80.9%	90.4%	90.8%	82.5%
NI - 18	Percentage of adults with intensive care needs receiving care at home	● 72.3%	58.0%	62.7%	53.7%	56.8%	59.4%	59.6%	67.3%	62.9%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	● 346	242	262	834	678	504	601	380	488
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	● 19.2%	19.9%	21.4%	20.8%	20.8%	18.6%	18.0%	20.2%	21.2%

If you require this document in large font or in alternative format please contact us in any of the following ways:

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