Item : 4

DRAFT MINUTE OF
ARGYLL & BUTE HEALTH & SOCIAL CARE PARTNERSHIP (HSCP)
INTEGRATION JOINT BOARD

Wednesday 31 May 2017, Army Cadet Drill Hall, Lochgilphead

Present :

Robin Creelman (Chair)	NHS Highland Non-Executive Board Member
Cllr Kieron Green (Vice Chair)	Argyll & Bute Council
Christina West	Chief Officer, Argyll & Bute HSCP
Dr Michael Hall	Associate Medical Director, Argyll & Bute HSCP
Caroline Whyte	Chief Financial Officer, Argyll & Bute HSCP
David Alston	NHS Highland Chair
Elaine Wilkinson	NHS Highland Non-Executive Board Member
Gaener Rodger	NHSHighland Non-Executive Board Member
Dr Richard Wilson	GP Representative
Dr Peter Thorpe	Secondary Care Adviser, Argyll & Bute HSCP
Liz Higgins	Lead Nurse, Argyll & Bute HSCP
Alex Taylor	Head of Children & Families & Criminal Justice
Elaine Garman	Public Health Specialist, Argyll & Bute HSCP
Linda Currie	AHP Lead
Fiona Thomson	Lead Pharmacist
Denis McGlennon	Independent Sector Representative
Glenn Heritage	Argyll & Bute Third Sector Interface
Elizabeth Rhodick	Public Representative
Maggie McCowan,	Public Representative
Heather Grier	Unpaid Carer Representative
Kevin McIntosh	Staff Representative (Council)
Cllr Iain Paterson	Argyll & Bute Council
Cllr Jim Anderson	Argyll & Bute Council
Cllr Alastair Redman	Argyll & Bute Council
Stephen Whiston	Head of Strategic Planning & Performance
Lorraine Paterson	Head of Adult Services (West
Allen Stevenson	Head of Adult Services (East)
David Ritchie	Communications Manager (Health)

Attending :

Iain Jackson	Governance and Risk Manager, Argyll and Bute Council (agenda items 5.1a & 5.1b)
Jackie Connelly	Performance Improvement Officer Argyll & Bute Council (agenda item 5.3)
Caroline Champion	Public Involvement Manager
Sheena Clark	PA to Chief Officer (Minutes)

Apologies :

Dawn MacDonald, Staff Representative (NHS)
Catriona Spink, Unpaid Carer Representative

ITEM	DETAIL	ACTION
1	**WELCOME** - The Chair welcomed everyone to the meeting. The IJB recorded their thanks to Anne Gent, Director of HR, NHS Highland and to Councillors Elaine Robertson, Mary-Jean Devon and Anne Horn for their contribution to the business and discussions of the IJB. Councillors Iain Paterson, Jim Anderson and Alastair Redman were welcomed as new elected members and Dr Gaener Rodger as non-executive member of the IJB.	
2	**APOLOGIES** were as noted	
3	**DECLARATIONS OF INTEREST** Gaener Rodger advised a family member is a care home employee. Denis McGlennon – agenda item 5.4, Living Wage. Councillor Iain Paterson is a Director of a day care service for adults with mental health & learning difficulties.	
4	**DRAFT MINUTE OF INTEGRATION JOINT BOARD 29-03-17 & ACTION LOG**	
	The Draft Minute was agreed and the update on the action log was noted.	
5	**BUSINESS**	
5.1	a) **Freedom of Information Compliance** - the IJB is subject to the Freedom of Information (Scotland) Act 2002 and the Environmental Information (Scotland) Regulations 2004 and has a duty to adopt and maintain a publication scheme which sets out the information that it publishes proactively and how to access it. *The Integration Joint Board noted the content of the report and the production of the publication scheme approved by the Office of the Scottish Information Commissioner.* b) **Review of Information Sharing Protocol** - Argyll and Bute Council and NHS (Highland) entered into an Information Sharing Protocol (ISP) in April 2016, in order to regulate the sharing of information between both organisations as part of the integration of Health and Social Care. The scheme of integration required a review of the ISP after one year and that review has now been completed. *The Integration Joint Board noted the terms of the report and the slightly amended ISP signed off by all parties. The protocol will be reviewed biannually, with the caveat to revisit the terms if there are any legislative changes.*	**IJ**

5.2	**Elected Member Representation** on IJB Audit Committee & Clinical & Care Governance Committee – following the Local Government Elections and the subsequent changes to the elected member representation on the IJB, there is a requirement to appoint new members to the IJB Audit Committee and HSCP Clinical & Care Governance Committee *The Integration Joint Board noted the changes in membership of the Integration Joint Board and the impact on the representation on the IJB Audit Committee and Clinical Care Governance Committee. Councillor Kieron Green was appointed as elected member representative on the Clinical & Care Governance Committee and as Vice Chair of the IJB Audit Committee. Councillor Jim Anderson was also appointed as elected member representative of the IJB Audit Committee.*	
5.3	**Care at Home – New Model of Care Update** - the Head of Adult Services (East) advised that Argyll and Bute Council on behalf of the HSCP has a requirement to commission care at home services which are delivered across all localities. The Council currently contracts with 15 providers of care at home services for older people, totalling 11,200 hours per week, to 850 Service users and a spend of approx £9.9m per year. The market for these services can be challenging with the most rural areas particularly difficult to service due to recruitment and retention issues. Work is ongoing to make packages in these areas more efficient and more sustainable for providers. Work is underway in 3 out of the 4 localities to implement a new model of homecare which is outcome focussed and not restricted by times and tasks with services delivered in mapped areas reducing travel time and freeing up capacity for the sector. The IJB acknowledged that there is a requirement to look at the outcome for individuals and their families to ensure a person-centred approach. Denis McGlennon provided assurance on the collaborative working between carers and contractors in Argyll & Bute to support and share resources. *The Integration Joint Board noted the contents of the report with regards to the progress recorded with the implementation of the new model of care for care at home services*	
5.4	**Living Wage Update** - the Chief Financial Officer, informed the IJB that in 2016-17 the Scottish Government allocated additional funding to HSCPs to allow them to support Adult Care Providers who employ care workers to pay the Scottish Living Wage from 1October 2016. The Scottish Living Wage rate increased to £8.45 per hour from 1 May 2017 and the report outlined the proposed approach for negotiations with care providers to agree the inflationary uplifts to care fees for 2017-18. The Scottish Government earmarked funding of £100m to HSCPs in 2017-18 to fund the costs and the HSCP Argyll and Bute share of this is £1.820m. The estimated cost of the implementation of the Living	

	Wage for 2017-18 is £2.391m, a shortfall of £0.571m. *The Integration Joint Board noted the requirement to offer commissioned care providers an appropriate inflationary uplift to support them to meet the increase in the Scottish Living Wage from £8.25 to £8.45 per hour from 1 May 2017; noted the 2.8% increase in care home placement fees agreed by COSLA following the conclusion of the 2017-18 National Care Home Contract negotiations which is to be implemented from 10 April 2017; agreed to delegate authority to the Chief Officer to negotiate and agree an inflationary uplift for non-residential care providers from 1 May 2017, provided that the total cost does not exceed the total of £2.391m currently provided for in the 2017-18 budget.*	
5.5	**Struan & Cowal Community Redesign** - the Head of Adult Services (East), informed the IJB that the original proposal for the redesign of Struan Lodge cannot proceed at this time as the current bed capacity is required to maintain the availability of local care home placements. He added that work needs to continue to develop a whole-system approach in the redesign of services that addresses the need to shift the balance of care and release resources to develop services that will meet the future needs of adults and older people across Cowal. A re-design group will therefore be set up to develop the model of care that fits with the key objectives of the strategic plan and the group will include staff, community reps, Trade Unions, the Struan Lodge Development Group and other key stakeholders. Further communication and engagement events will be arranged. A further report will come back to the IJB in March 2018 detailing the final recommendations of the group. *The Integration Joint Board noted additional time to consider a strategy report by Struan Lodge Development Group (SLDG) has allowed constructive discussions with the Chair of the group to take place relating to the strategy; noted further consideration within this report of the key themes that emerged from the engagement events as detailed within the Community and Staff feedback report; noted the operational issues that have emerged since the original proposal relating to the re-design of Struan Lodge in June 2016; agreed the original proposal to cease 24 hour care at Struan Lodge care home cannot proceed at this time due to operational issues that have emerged since June 2016; noted additional work relating to the whole system re-design of services across Cowal will be undertaken between June 2017 and February 2018. This will include further engagement events with communities to build on the work undertaken to date; noted a further report will be presented to the Integration Joint Board (IJB) in March 2018 detailing the re-design work completed and final recommendations; noted non achievement of savings relating to the re-design of Struan Lodge in 2017/18.*	**AS**

5.6	**Clinical & Care Governance** – *Complaints* - following a national review, the model complaints procedure for social work & the model complaints procedure for the NHS was introduced on 1 April 2017. *Falls prevention* – ongoing work in Argyll & Bute with key stakeholders aims to embed a systematic, integrated and co-ordinated and person centred approach to falls prevention. Emergency admissions due to falls are one of the Indicators that the HSCP has to report on annually. Recent HSCP figures show a decrease for people over 65 years admitted due to falls and the rate for over 85s is also showing a reduction. *Infection control* - in January 2017, Auchinlee Care Home experienced an outbreak of norovirus and Struan Lodge was closed to admissions from 1-13 March due to an outbreak of influenza A. Both outbreaks were managed with the assistance of the Health Protection Team in Inverness who have responsibility for managing infection outbreaks in community settings. *ICNet (infection control software)* – reported IT issues due to migration of systems are particularly impacting on timely receipt of infection control information due to the reliance on manual data inputting and dissemination of laboratory results. *The Integration Joint Board noted content of report, the risks identified and the risk management plans.*	
5.7	**Public Health Report** - the Public Health Specialist summarised the report which covered the early years of childhood, in particular child development, immunisation, breast feeding, parenting and oral health. Early years interventions are some of the most effective public health programmes and inequalities are apparent in this age range but are amenable to change through targeted work. Dr Wilson expressed concern regarding the Scottish Government's programme of change for the delivery of immunisation programmes by moving responsibility for the delivery of vaccinations away from Primary Care to other parts of the NHS. *The Integration Joint Board endorsed Dr Wilson's comments and noted the paper.*	
5.8	**Performance Report** - the Head of Strategic Planning & Performance presented the latest update on the performance of the HSCP against the national health and wellbeing outcomes. These outcomes focus on improving the experiences and quality of services for people using those services. The report focused on two outcomes: 1) resources are used effectively in the provision of health and social care services, and 2) customer services performance	

	It was reported that of the 21 indicators, 16 were on track and 5 were off track. The exception report detailed the action in hand to rectify performance against these indicators. The additional targets for 2017/18 which the HSCP had to meet are: • reducing emergency admissions by 10% by March 2018 • reducing total emergency admissions occupied bed days by between 1-10% by March 2018 • reducing delayed discharges occupied bed days by 10% by March 2018 The initial information is in the process of being validated and agreed at Locality level. The 6 performance domains activity will be split into NHS Greater Glasgow & Clyde and Argyll & Bute. This information will be reported in the next performance report to the IJB. The activity reflects the drive from Scottish Government to shift the balance of care from acute services to preventative care and whole system planning to manage demand. *The Integration Joint Board noted the HSCP performance against National Health and Well Being Outcomes 9 & Customer Services for Quarter 4; noted the actions identified to address deficiencies in performance as detailed in the exception reports; noted the update on the new performance indicators prescribed for the HSCP across 6 domains for performance monitoring in 2017/18.*	**SW**
5.9	**Staff Governance Report** - the Head of Strategic Planning & Performance referred to the information in the report on the staff governance issues the HSCP and its respective employer bodies are addressing to: • support staff in their work and development. • assess workforce performance and identify issues • establish staff partnership and trade union relationship and operation • ensure compliance with terms and condition and employing policies • adopt best practice from both employers • identify service change implications for the workforce & compliance with above An HSCP scorecard is being developed which will inform the staff compliance rate with statutory and mandatory training. The work ongoing to develop integrated HR processes to support managers recruiting and managing a joint workforce is being positively progressed. A review and update of fixed term Council contracts will be reported to the Staff Liaison Meeting. *The Integration Joint Board noted the content of this quarterly report on the staff governance performance in the HSCP.*	**SW**

5.10	**Finance** a) Budget Monitoring 20167-17 Year-End – the report provided an update on the financial position of the Integrated Budget at the end of financial year 2016-17. The unaudited outturn position is an overall underspend of 0.479m, consisting of an underspend in health services of £0.703m, partly offset by an overspend in Council services of £0.224m. There was a shortfall in delivery of the £8.5m of savings outlined in the Quality & Finance Plan with £3.6m of savings not delivered during 2016-17. This shortfall was offset by non-recurring underspends in services, the implementation of a financial recovery plan and a moratorium on non-essential spend. As per the Scheme of Integration the IJB may retain any underspend to build up reserves and the underspend will be allocated to reserves resulting in a closing reserve balance of £0.479m. The recommendation is to earmark £0.451m of this reserve to reinstate unspent SGHD specific project funds from 2016-17, this will allow the cost pressure included in the budget outlook to be reduced and will reduce the remaining budget gap for 2017-18. *The Integration Joint Board noted the overall Integrated Budget Monitoring report for financial year 2016-17 and the overall underspend of £0.479m; approved the earmarking of the £0.451m of reserves to fund the re-instatement of project funds from 2016-17 to be spent during 2017-18; approved the updated Directions to NHS Highland and Argyll and Bute Council finalising the financial allocations to deliver services in 2016-2017.* b) Updated Quality & Finance Plan 2017-18 to 2018-19 - the IJB approved the Quality and Finance Plan for 2017-18 & 2018-19 on 29 March 2017. At that time there was a remaining budget gap of £2.8m for 2017-18 and a further £5.6m for 2018-19, a total of £8.4m across the two years. This resulted in a requirement for further work to identify additional savings or cost reductions to ensure a balanced budget position. Work has been taking place to identify additional service changes and potential areas where cost and demand pressures can be reduced to improve the budget gap and there is now a remaining unidentified budget gap of £2.0m in 2017-18 and a further £4.1m in 2018-19, a total of £6.1m. It has been particularly difficult to identify service changes in the timescale that would be in line with the strategic objectives and priorities of the IJB. The main changes that have improved the financial position are the impact of the favourable year-end outturn for 2016-17, an overall reduction in cost and demand pressures, a small increase on the savings deliverable and potential new service changes deliverable in 2017-18. The remaining budget gap of £2.0m for 2017-18 is proposed to be managed in two ways: 1) ongoing negotiations with NHS GG&C to agree the SLA value for Acute Health Services and 2) ongoing efficiency savings to be managed by services in-year. An approach and timeline for addressing the remaining budget gap in 2018-19 will be brought back to the IJB in	

	August. *The Integration Joint Board noted the impact of the proposed amendments to the budget outlook position including the 2016-17 outturn position, the review of cost and demand pressures and increased savings from the Quality and Finance Plan; noted the overall update to the budget outlook position and resulting budget gap for 2017-18 and 2018-19 of a cumulative total of £18.5m; noted the remaining budget gap of a total of £6.1m across the remaining two years of the Strategic Plan and the resulting financial risk of the unidentified savings; approved the updated Quality and Finance Plan for 2017-18 to 2018-19; approved the approach to achieving financial balance for 2017-18 which includes potential savings from the NHS GG&C Acute Services SLA and the remainder from in-year identified service efficiencies; approved the delegation to the Chief Officer to issue Directions to Argyll and Bute Council and NHS Highland in relation to financial allocations for 2017-18, these will be in line with the budget position agreed by the IJB.* c) Audit Committee Minutes 14 December 2016 *The Integration Joint Board noted the Minute*.	
5.11	**Chief Officer Report** - the Chief Officer summarised the report to the IJB. • Alex Taylor has been appointed as Head of Service for Children & Families and Criminal Justice • Nursing & Midwives Excellence Awards was launched on 12 May 2017, giving the opportunity to acknowledge their work and commitment • the Care Summit in Oban on 22 May was held to assist the HSCP develop and plan how it will implement innovative new models of care to support people live long, healthy and independent lives in their communities. • the 1000 Voices Community Resilience work supported by the HSCP aims to combat loneliness and isolation in towns and rural areas. • the Child Protection Committee and the HSCP recently launched a new pathway and protocol for children, parents and carers affected by parental mental ill health. • Argyll Community Housing Association was recently presented with their Healthy Working Lives Gold Award • a New Day Case Unit is to be developed on Islay to provide additional services locally. • The HSCP is working with the Helensburgh Advertiser and Oban Times to develop a series of regular features highlighting the work of the HSCP. The Head of Strategic Planning & Performance and the Head of Adult Services (East) advised the IJB on the review by NHS Greater Glasgow	

	& Clyde on the provision of out of hours GP services, including from the Vale of Leven Hospital. Argyll & Bute HSCP managers will be part of the project team inputting to the review and updates will be given to the IJB as this progresses. *The Integration Joint Board noted the content of the Report and the verbal update in relation to the NHS GG&C review GP out of hours services, including Helen & Lomond*	**SW/AS**
5.12	**Annual Performance Report** – following finalising of the quarter 4 data and year-end financial position, the Annual Performance Report is currently being compiled and will be published in July. Stephen Whiston advised that given the timing of IJB meetings that the report would be circulated via email to IJB members prior to publication. *The Integration Joint Board noted the update.*	**SW**
	Date of Next Meeting : Wednesday 2 August 2017 at 1.30pm, Kilmory Chambers, Lochgilphead	

ACTION LOG

– INTEGRATION JOINT BOARD 31-5-17

	ACTION	LEAD	TIMESCALE	STATUS
1	IT support to be looked at regarding Webex use for IJB meetings.	Christina West		Ongoing
2	Struan Lodge Redesign update and recommendations	Allen Stevenson	March 2018	
3	HSCP Performance Report - the 6 performance domains activity will be split into NHS Greater Glasgow & Clyde and Argyll & Bute.	Stephen Whiston	August 2017	
4	A review and update of fixed term Council contracts will be reported to the next Staff Liaison Meeting.	Stephen Whiston	August 2017	
5	Update the IJB on the NHS GG&C Review of GP OoH Services, including Helensburgh & Lomond	Stephen Whiston / Allen Stevenson		Ongoing

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.1

Date of Meeting: **2 August 2017**

Title of Report: **HSCP Annual Performance Report July 2017**

Presented by: **Stephen Whiston Head of Strategic Planning and Performance**

The Integration Joint Board is asked to :

- **Endorse and approve** the HSCP Annual Performance Report 2017 for publication.

1. EXECUTIVE SUMMARY

The report has been produced in accordance with statutory guidance, with input from a wide range of HSCP staff and with contributions from our wider partnership.

An editorial group of critical reviewers drawn from a range of partners, staff and service users volunteered their time to read and comment upon the 2017 report. Their comments have been incorporated into the final version of the report and/or learning for future years has been noted and will inform the Annual Reports in 2018 and beyond.

Comments and amendments from IJB members have been incorporated into this final draft of the report.

Argyll & Bute Integration Joint Board is asked to endorse and approve for publication the HSCP Annual Performance Report 2017.

2. INTRODUCTION

2.1 Every Health and Social Care Partnership in Scotland has a statutory requirement to produce and publish an annual performance report. The Annual Performance Report is produced in accordance with statutory guidance http://www.gov.scot/Publications/2016/03/4544/downloads

2.2 The HSCP Annual Performance Report 2017 has been co-produced by a wide range of staff within the HSCP and across the wider partnership, working collaboratively to meet the requirements set out within Scottish Government guidance, as well as incorporating

performance assessment and practice examples to describe the first exciting and challenging year of the HSCP's work.

2.3 An editorial group of critical reviewers drawn from a range of staff and service users volunteered their time to read and comment upon the 2017 report. Their comments have been incorporated into the final version of the report and/or learning for future years has been noted and will inform the Annual Reports in 2018 and beyond.

3. DETAIL OF REPORT

3.1 Statutory Requirements

Section 42 of The Public Bodies (Joint Working) (Scotland) Act 2014 requires that all Integration Authorities produce an annual performance report, for the benefit of the Partnership and their communities, to ensure that performance is open and accountable.

The report is required to set out an assessment of performance in planning and carrying out the integration functions for which the HSCP is responsible, as described in the Integration Scheme for Argyll & Bute HSCP . https://www.argyll-bute.gov.uk/sites/default/files/argyll_and_bute_integration_scheme_v1_6_310315_final.pdf

Required content of the report is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 http://www.legislation.gov.uk/ssi/2014/326/contents/made

As a minimum the annual performance report must include:

- Assessment of performance in relation to the 9 National Health and Wellbeing Outcomes
- Assessment of performance in relation to integration delivery principles
- Assessment of performance in relation to the Partnership's Strategic Plan
- Comparison between the reporting year and pervious reporting years, up to a maximum of 5 years. (This does not apply in the first reporting year)
- Financial performance and Best Value
- Information about Localities
- Details of Service Inspections
- Details of any review of the Strategic Plan

3.2 Producing the Report

The annual performance report is primarily a management document, however it must also be accessible to the general public, the format has been specifically developed with this goal in mind – using a process of telling people what they should expect; assessing performance and reinforcing this with practice examples.

Producing the report has been very much a team effort with contributions and input from colleagues over the last 3 months, right across the HSCP and our wider partnership. These contributions were pulled together into a single document, taking care to explain technical terms, minimise jargon and present information in a way that is accessible to everyone. At the same time the report was benchmarked against

others being produced across Scotland. A number of officers lent their expertise to 'sense-checking' the draft document and ensuring the accuracy of the content.

In order to improve accessibility we involved an editorial group of 'critical friends' representing: The Strategic Planning Group; Third sector; Independent Sector; our Caring Connections coaches; Adult service users; young people; family/unpaid carers and members of staff from our wider staff group. The editorial group has been generous in volunteering their time and invaluable in highlighting areas that we needed to clarify or change, explain or reconsider. We used their comments to improve the general accessibility and readability of the report. We have also taken learning to consider when designing the report in future years.

3.3 Finalising and publishing the report

The Strategic Management team reviewed the and agreed the final draft in June following amendments the HSCP Annual Performance Report 2017 was circulated to IJB members on 14th July 2017for any material comments or amendments before the Annual Performance Report was formally presented to the IJB for publication approval.

Amendments returned by IJB members have been incorporated into the final draft of the report, presented today.

The IJB is therefore asked to approve this version of the report for publication.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

4.1 Statutory requirements and partnership accountability.

The IJB has a statutory requirement to publish an Annual Performance Report. The report details the IJB of our progress towards the priorities with Argyll & Bute's Strategic Plan.

The HSCP Annual Performance Report will be formally shared with both Argyll & Bute Council and the NHS Highland Board.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

Financial performance is included as a statutory requirement within the report.

5.2 Staff Governance

Staff governance and performance against the relevant indicators is included in the report.

5.3 Clinical Governance

Service inspections and outcomes are included as a statutory requirement within the report.

6. EQUALITY & DIVERSITY IMPLICATIONS

The report does not require an EQIA scoping exercise. The report will be made available upon request in a variety of languages of formats.

7. RISK ASSESSMENT

Not applicable.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

An editorial group has reviewed the report and changes have been made in accordance with their recommendations. The APR will be disseminated widely electronically with printed copies made available on request.

9. CONCLUSION

The HSCP Annual Performance Report 2017 is the first produced by the Partnership. It meets the statutory requirements set out in Scottish Government guidelines, whilst also using performance assessment and local examples to add information and highlight the HSCP successes and challenges.

Since this is the first report from the Partnership there is no requirement for comparative data, however the report has been benchmarked with others across Scotland. Future reports will be required to include comparative data from previous years to evidence improvement.

The Annual Performance report has been co-produced by a range of HSCP staff, and staff across the wider partnership; it has been reviewed by an editorial group of 'critical friends'.

The Annual Performance report is now recommended to the IJB for approval.

For further information contact:

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Health and Social Care Partnership

Annual Performance report

2016/2017.

July 2017

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Our Vision is that people in Argyll and Bute will live longer, healthier, independent lives.

Foreword: Chief Officer, Health & Social Care

The Argyll & Bute Health and Social Care Partnership (HSCP) was legally established on 29th June 2015 and came into operation on the 1st April 2016.

In Argyll & Bute we have long been used to working together in partnership with communities, health, social care, third and independent sector providers in order to meet the practical challenges of delivering high quality services in a geographically large and diverse area. Working together we continue to seek to minimise health inequalities, whether people live in a town or village; a remote rural area or in one of our island communities.

The formalisation of integrated health and social care has brought many opportunities for transformational change, yet at the same time it has brought challenges for our staff and communities to think and work together in new and innovative ways to achieve our goals and aspirations.

During the process of integration I have been particularly proud of our staff, who have continued to deliver high quality front-line services during a period of significant change.

I am delighted to have the support of my management team, who have worked with me to shape the early stages of partnership development. I am very grateful to our third and independent sector partners for the skills and expertise they bring to the partnership.

Guided by the Integration Joint Board we have successfully charted a course through the first year of integration and we are making real progress towards achieving our vision and strategic aims.

Clearly we are facing significant challenges in terms of service demand due to an ageing population as well as financial and workforce pressures. However, our partnership approach which is focused at locality level provides us with best chance to meet these and provide better outcomes for patients, clients, carers and children as we move forward

The HSCP's first operational year has been challenging and exciting, bringing together staff from two large and culturally diverse organisations to form new teams and develop new working relationships and practices.

Equally myself and the Integration Joint Board recognise that we must improve our communication and engagement with the public, in 2016/17 we got this wrong at times. However, we are committed to improving this as everyone recognises that we need to speed up the changes planned for services.

Finally, I am very proud to say that during this first year everyone in the partnership has continued to have at the forefront of their minds person centred care, putting people right at the centre of all that we do- and we will continue in this going forward.

Christina West, Chief Officer, Health & Social Care.

1. Executive Summary

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

The Annual Performance Report 2016/17 therefore encompasses the following:

- Assessing Performance in Relation to the National Health and Wellbeing Outcomes
- Financial Performance and Best Value
- Reporting on Localities, an assessment of what locality planning arrangements have been made, what they are doing and how well they are operating.
- Inspection of Services, to include details of any inspections carried out relating to the functions delegated to the Partnership, by scrutiny bodies
- Integration Joint Monitoring Committee recommendations
  Review of Strategic Commissioning Plan which can be found online at:
  http://www.nhshighland.scot.nhs.uk/OurAreas/ArgyllandBute/Documents/SP%202016-2019%20%20Final.pdf

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

The report goes on to explain and identify the Integration Joint Board (IJB) as the body with responsibility for governance; decision making and achieving a balanced budget and Best Value and continuously improving the quality of services including the application of the Highland Quality Approach. Audit Committees reporting to the IJB oversee Financial Performance and Clinical & Care Governance. Services are inspected regularly, through both internal and external arrangements which are outlined in the report.

Financial Performance is fully detailed, outlining the HSCP's financial position and future financial projections.

Locality planning arrangements, through the 9 Locality Planning Groups are the vehicle by which the HSCP works towards the strategic aim of having all services locally owned; locally planned, and locally delivered. The locality planning arrangements are explained in section 10 of the report.

Finally the report identifies challenges, service issues and public and staff communication problems experienced by the HSCP during the first year of operation. It then looks ahead over the next two years, the remaining period of the Strategic Plan, to consider the significant transformational changes that will take place to shape what services will look like in 2019.

The appendices provide details of the Editorial Review Group, who have helped to craft this report (Appendix 1), and a full table of Care Inspection Grades (Appendix 2).

2. Introduction

The Argyll & Bute Integration Scheme completed the parliamentary process on 27th June 2015, which meant the Integration Joint Board (IJB) of Argyll and Bute Health and Social Care Partnership took over responsibility for all Health and Social Care services in the area from the 1st April 2016.

The IJB at its first meeting approved the HSCP Strategic Plan 2016/2019, which is the 'road map' for the transformation of Health and Social Care in Argyll and Bute. It describes why health and care services have to change and illustrates how services will operate and be configured by 2019 to meet our vision and achieve the best outcomes for people. Strategic planning is the mechanism through which partners will work together to deliver and plan services that focus on people and their outcomes. In this way partners across statutory, third and independent sectors, will embed a preventative and anticipatory approach to commissioning services.

Transformational changes in service delivery is therefore required to ensure that services in Argyll & Bute focus on people and their outcomes, can be delivered within our financial means; that we can recruit and retain highly skilled and motivated staff; that we can meet the increasing demands of our ageing population and that we can deliver the high quality, local, responsive services that people want.

The scale and pace of change requires that we must involve and engage with our staff and our communities. Our intention to do this is clear but it is also apparent that we have not always done this well enough and need to improve within the resources we have. This performance report details what we have done but also the lessons learned which will inform what we do in our second year onwards

This report outlines the planning, progress and performance outcomes achieved by the Argyll and Bute Health and Social Care Partnership during 2016/17, in accordance with guidance issued by the Scottish Government *Guidance for Health and Social Care Integration Partnership Performance Reports.*

This Annual Performance report for 2016/17 therefore covers the following:

- Assessment of performance in relation to the 9 National Health and wellbeing Outcomes
- Children's Services
- Criminal Justice Services
- HSCP Governance and decision making
- HSCP Financial performance & Best Value
- Inspection of Services 2016/17
- Audit committees
- Reporting on Localities
- Looking ahead next 2 years

The report recognises that the next two years will be challenging financially, as well as in terms of the scale and pace of change required to ensure that the HSCP provides services that enable people in Argyll & Bute to live longer, healthier, independent lives.

Our Vision is that people in Argyll and Bute will live longer, healthier, independent lives.

Values: We will work in partnership with local communities to offer services that are:

Person centred

Delivered with integrity

Engaged

Caring

Compassionate

Respectful

The six principles of integration which are that health and social care:

is integrated from the point of view of recipients

takes account of the particular needs of different recipients

takes account of the particular needs of recipients in different parts of the area in which the service is being provided

is planned and led locally in a way which is engaged with the community and local professionals

best anticipates needs and prevents them arising

makes the best use of the available facilities, people and other resources

6 areas of focus which are central the HSCP service planning and delivery :

Reduce the number of avoidable emergency admissions to hospital and minimise the time that people are delayed in hospital.

Support people to live fulfilling lives in their own homes, for as long as possible.

Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing.

Institute a continuous quality improvement management process across the functions delegated to the Partnership.

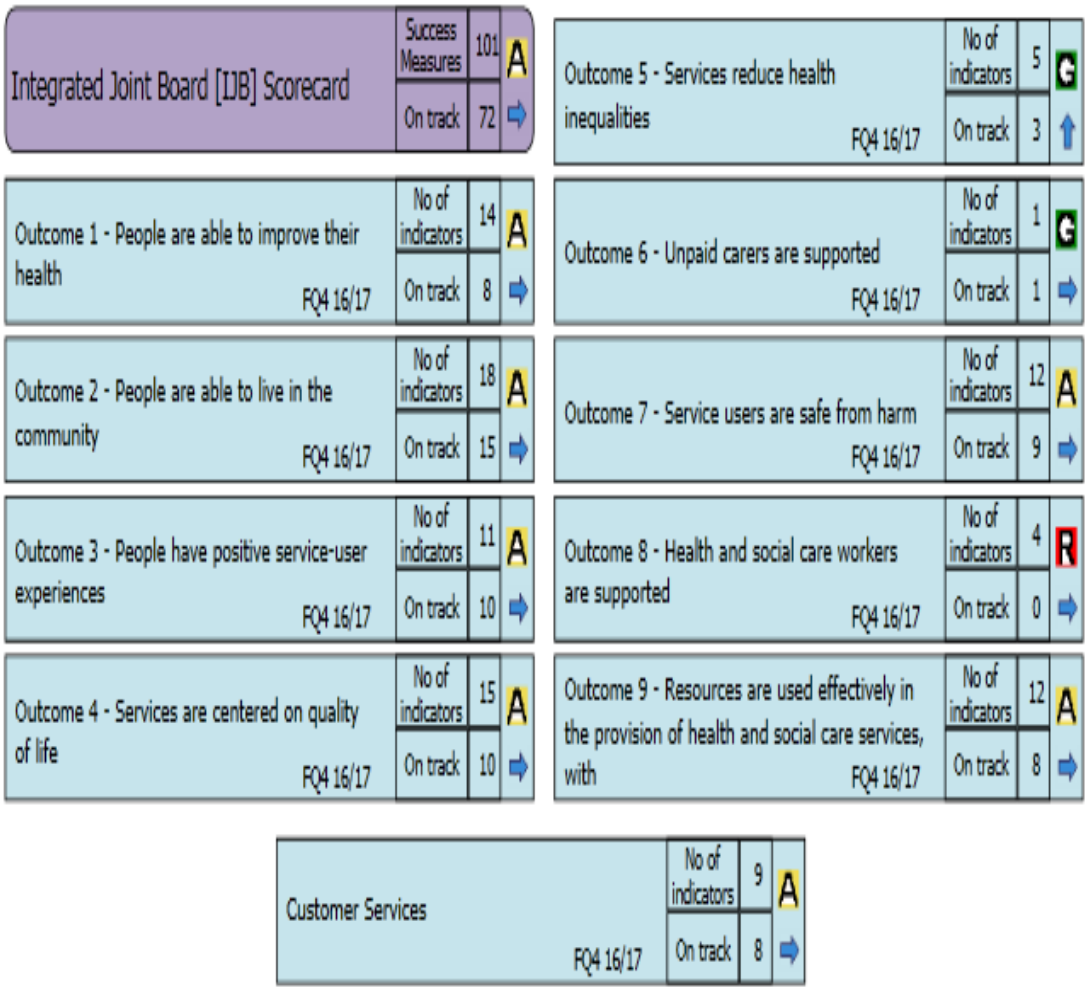
Support staff to continuously improve the information, support and care that they deliver.

Efficently and effectively manage all resources to delvier best value

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

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. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

Currently there are 9 key National Health and Wellbeing Outcomes (NHWBO) and 23 sub-indicators which form the basis of the reporting requirement for the HSCP.[1]



[1] Data source throughout the report is 'Pyramid' Performance Management System unless otherwise stated.

The IJB receives at each meeting a scorecard providing a summary of the HSCPs performance against the NHWBO performance on the pyramid reporting system. The scorecard above illustrates its performance as at the end of March 2017. Of the 101 scorecard success measures 72 are currently reported as being on target.

The following sections provide a detailed breakdown of the HSCPs performance against each NHWBO

Key to NHWBO Indicators:

Within the tables below Measures denoted * are from the bi-annual Health and Care Experience Survey 2015/16 Results for Argyll & Bute Community Health Partnership / Argyll & Bute Council published May 2016.

Measure denoted ** are taken from ISD's Health and Social Care Integration - Core Suite of Integration Indicators - Annual Performance, latest publication as at April 2017. Note ISD have indicated Quarter 4 / annual data for 2016/17 will be available by early June 2017 for the specific indicators.

Measures denoted *** have data source noted below the table.

3.1 *National Health and Wellbeing Outcome 1* People are able to look after and improve their own health and wellbeing and live in good health for longer

What people can expect

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

Outcome 1 Indicators	FQ4 15/16	FQ4 16/17	Target	RAG
% of adults able to look after their health very well or quite well *	96.0%	96.0%	94%	
Rate of emergency admissions per 100,000 population for adults **	11,768	11,768	11,874	
Rate of premature mortality per 100,000 population **	392	392	441	
% of Older People receiving Care in the Community	76%	74%	81%	
No of Adults waiting more than 12 weeks for homecare service after assessment has been authorised	35	13	6	
% of Learning Disability Service Users with a Personal Care Plan	92%	90%	80%	
% of Looked After & Accommodated Children in Family Placements	86%	82%	75%	
No of External Looked After & Accommodated Children	5	7	10	
No of alcohol brief interventions in line with SIGN 74 guidelines	809	874	1024	
Proportion of new-born children breastfed at 8 weeks	30.0%	30.0%	33.0%	

Performance Assessment.

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

Argyll and Bute HSCP has a good track record for investing in preventative activity to avoid health and social care problems from arising.

Health Improvement can be framed as the following:
Primary Prevention – examples include enabling people to make healthy lifestyle choices for example in areas like smoking, alcohol intake and physical activity. This recognises that lifestyle choices are not always easily made and can be determined by things like where people live, their income and their occupation.
Secondary Prevention – this is about identifying who has established health problems (known or unknown) and preventing progression of disease. Examples include screening for cancers, abdominal aortic aneurysms and diabetic retinopathy. It also includes planned health checks for example in childhood and in the over 40s.
Tertiary Prevention - dealing with health problems in a pro-active way to reduce further disability, preventing recurrence of an illness and enabling people to have the best quality of life possible. Examples include rehabilitation following a stroke and aspects of palliative care.

Preventative activity is delivered by the Health Improvement Team in Argyll and Bute. The drivers of this work are varied and include:

- National priorities and funding Scotland wide, for example smoking cessation and healthy weight.
- Highland wide leadership from the Public Health Department.
- Local leadership from the Health and Wellbeing Partnership, which is a strategic committee of the Community Planning Partnership.
- Local strategy in the form of a Joint Health Improvement Plan (JHIP) and the Single Outcome Agreement (SOA) which has outcomes for health and wellbeing.

The Health Improvement Team publishes an annual report which is available on line at: http://healthyargyllandbute.co.uk/health-wellbeing-in-argyll-bute-annual-report-2016-2017/

This report contains detailed information on a wide range of health improvement work, which will contribute to improving our performance on areas such as Alcohol Brief Interventions and breastfeeding, where our performance, as shown on the scorecard is not reaching the target.

The main area for improvement is around older people (measures 4 and 5 on the scorecard) where we need transformational change to expand our care-at-home services, allowing us to give a faster and appropriate response to assessed need for support. This, along with other actions and changes in the way we deliver services will enable us to reach the challenging but essential target for care in the community. People in Argyll & Bute have told us that they want to remain in their own homes for as long as possible, so the HSCP will respond positively to meet that challenge.

Practice Examples.

Social interaction, exercise and getting out and about are often key elements of an individual's sense of health and wellbeing.

Joan's Story:

Joan, aged 89 moved to Oban with her son and daughter in law. After suffering a road accident and with her family out at work, Joan realised that she knew no one, she found living alone in a new town very lonely. Although Joan hoped to get some mobility back, just two months later she had a fall, breaking her arm badly and spending eight weeks in hospital.

A third sector staff member, Maggie was introduced to Joan by Health staff, and as a start and with the assistance of a volunteer driver, helped Joan join the 'Frail Walking group' to help her gain confidence and improve her movement. Joan also had by then a new property which she hoped to be sufficiently well to move into; her independent living was as important as having friends and social connections.

When Joan had recovered from her injuries, Maggie introduced her to other groups in her area. In time, she was making friends and joining in

the weekly Generation Games, and the Soup and Music Group alongside the Frail Walking Group.

With confidence returning, and mobility improved, Joan was able to move into her new home, just one week before her 90th birthday. Friends, volunteers and staff joined her for a housewarming and a week later, on her birthday she was presented picture of herself, boldly out walking with the group.

From having arrived in Oban in a very frail condition, and despite the setbacks Joan now has blossomed. She has grown in confidence and can now walk with her walking frame to the bus stop on her own. This means she has the independence to attend the various groups, which she does on three days every week without the need for a volunteer driver (although one is always available if needed).

Joan herself says, '*coming to the groups and meeting my new friends makes such a difference to my life. The days can't pass quickly enough to my next outing'*

Oban Frail Walking Group.

Some members of the Oban Frail Walking group - One member is aged 90, and says 'we don't walk far or fast, but this is the only time I get out breathe the fresh air, feel the wind in my face, and it's the highlight of my week, I worry if I didn't get out at all, I would completely lose being able to. I love it, and the tea and cakes at the end.'

3.2 *National Health and Wellbeing Outcome 2* People, including those with disabilities or long term conditions, or those who are frail, are able to live as far as reasonably practicable, independently and at home, or in a homely setting

What people can expect

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

Outcome 2 Indicators	FQ4 15/16	FQ4 16/17	Target	RAG
Number of people 65 years and older receiving homecare	1309	1212	1113	
% of adults supported at home who agree they are supported to live as independently *	84%	84%	84%	
% of adults supported at home who agree they had a say in how their support was provided *	82%	82%	80%	
Emergency Admissions bed day rate for all ages, per 100,000 population **	96,556	96,556	106,531	
Proportion of last 6 months of life spent at home or in a community setting **	90%	90%	87%	
Rate of emergency admissions per 100,000 population for adults **	11,768	11,768	11,874	
% of adults with intensive care needs receiving care at home **	67.8%	67.8%	61.6%	
Number of Enhanced Telecare Packages	553	630	500	
% of Mental Health Clients receiving Care in the Community	100%	100%	98%	

Outcome 2 Indicators	FQ4 15/16	FQ4 16/17	Target	RAG
% of patients waiting less than 3 weeks wait between Substance Misuse referral & 1st treatment	93.4%	92.7%	90.0%	
Total No of Delayed Discharge Clients	18	17	12	
% Waiting time from a patient's referral to treatment from Child Adolescent Mental Health Services	91%	95%	90%	
% of patients waiting no longer than 4 hours in Accident & Emergency	99.1%	99.5%	95.0%	
% of patients who wait no longer than 18 weeks for psychological therapies	51	63	90	
No of days people spend in hospital when ready to be discharged, per 1,000 population	673	597	842	
% of health & care resource spend on hospital stays where a patient is admitted as an emergency	22%	22%	23%	
Rate of readmissions to hospital within 28 days, per 1,000 admissions	71	76	95	
Falls rate per 1,000 population aged 65+	22	25	21	

Performance Assessment.

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

National Health & Wellbeing Outcome 2 is of great importance in Argyll & Bute because people told us that above all else, they want to live independently, in their own homes and communities for as long as possible.

The first step to achieving this outcome is that people can tell the HSCP about the things that are important to them in their lives and the HSCP provide and redesign services to respond to these. We sometimes speak about giving the 'right service, in the right place, at the right time'. This is

what we mean – listening to what is important to the person and responding to that as well as we can.

A number of service developments contribute to this goal: Technology Enabled Care uses the latest technical developments to support people in the least intrusive way; Self Directed Support allows people to choose how, when and by whom their care and support is delivered; The 'virtual ward' recognises that people do not want to be in hospital unless it is essential and reduces hospital admissions and length of stay by bringing expert clinical care and social support into the person's home.

Rapid discharge from hospital is an area for improvement. We have developed Enhanced Community Care Teams to focus on rehabilitation, so that people can return to full fitness, at home, as quickly as possible. The HSCP will consider other supportive options, learning from other areas across Scotland, so that people can be supported to go home as soon as they are medically fit.

The involvement of our strong Third Sector partners plays an essential part in achieving this Health & Wellbeing outcome 2. Bringing people together to avoid social isolation; ensuring people can get out and about and attracting support from volunteers and other agencies all enable people to remain for longer in their own homes and communities.

The HSCP will continue and expand its falls prevention work, to reduce our falls rate, which is slightly higher than target. There are excellent falls prevention initiatives in place, in the community and in care homes across Argyll & Bute and we will continue to develop this.

Practice Examples.

Strachur Cioche (Cowal)

The Strachur Hub has been developed primarily targeting groups of vulnerable, isolated, frail, older people and those with mental health illness, living a rural area. The Hub was set up using funding from the Integrated Care Fund to offer support with the prevention of falls, ill

health and to increase health and wellbeing by using underutilised local buildings to reduce the amount if travel for people to access services; whilst promoting equality of service provision in remote and rural areas, using local volunteers and assets.

The Hub has developed over two years with significant success across all age groups and is highly valued locally:

- Consistent attendance -1891 attendances since the commencement to date. Sessions are well received and attended; weekly attendees in year two averages at 38.
- Continuing to provide respite for unpaid carers.
- Local people trained to deliver classes.
- New evening class undertaken under the banner of 'Preventative' – focussing on slightly younger participants as well as existing – caters for people at work. These classes proving very popular and meeting the demands of those at work during the day.
- Counter- weight programme well supported with all participants - new class underway.
- Spring 'Mindfulness' course successfully completed (15 attendees). Summer course commenced 29/05/17 for 8 weeks. Autumn course scheduled.
- Spanish Language lessons – a Co-production with 'Takeaway Creative' & "Lingo Flamingo" (social enterprises) commencing 06/06/17 for 11 weeks.
- Co- production continues with Befrienders, Interloch Transport.
- New loading and unloading bay at the Village Hall car park was initiated by the HUB' 'leads' in order to ease access for more frail participants.
- The initiative for a defibrillator and a box came from the HUB 'leads'. Defibrillator installed and 13 people have received professional training to use the equipment.
- We continue to be supported by Bay Cottage Tearoom.
- Strongly influencing a solution to social isolation and loneliness.
- Alison McGrory, Public Health Lead, visited on the 2nd of March and has subsequently proposed that our initiative be nominated for a Self-Management Award.
- The Hub Choir participated in the Lauder Concert on May 12th in Village Hall

- Football equipment donated to local project to encourage local children to participate in 5-a-side football. 32 children involved.
- We have a strong local volunteer team who are committed to the success of this project. We have a regular group of 7/8 people giving a minimum of 6 hours of their time each week for the HUB alone and we work very much as a team. This is helping us build resilience in our community.
- Our older people are delighted to have this sort of community activity on their doorstep bearing in mind transport is an issue in rural areas, and many are living with long term conditions, some with dementia, some have family carers whilst others are living alone.

SDS Blether Groups (Mid Argyll & Oban)

Personal choice is vitally important to people. Self Directed Support (SDS) aims to give people full opportunity to take control of their support and their lives. It is for people of all ages, who after assessment, are eligible for social care and support from the Health and Social Care Partnership.

The Blether Group in Mid Argyll and Oban is a group of people who use Self Directed Support (SDS) joining with other people interested in it. They meet once a month to talk about any issues relating to SDS. It is a way for people to get support, share ideas and to form friendships with other people who are in a similar situation to them. The group has a Facebook Group where they can talk to each other outside of the group meetings or share stories or information.

The group has visited other organisations such as the Glasgow Centre for Independent Living and has invited speakers and representatives from other groups to come and share what they do. Some of these have been from the hospital or SDS Scotland. Recently the group has reviewed some of the council publications about SDS to look specifically at their accessibility and to make sure they are easy to understand.

The SDS Blether Groups in action.

The Argyll and Bute SDS Forum was initially set up as a group of advisory and support organisations for SDS, the group spent time learning together about how best to share information on SDS in Argyll and Bute. This led to the group widening its remit to include statutory sector partners and Blether Group members. They are currently working together to set up a network for people working as Personal Assistants (when someone is directly employed by the person they support using an SDS Direct Payment) so that learning and mutual support can be exchanged. We are also planning how best to reach out to neighbourhoods together to share information on SDS and to promote the importance of communities to ensure SDS works as well as possible for everyone.

3.3 *National Health and Wellbeing Outcome 3*
People who use health and social care services have positive experiences of those services and have their dignity respected

What people can expect

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

Outcome 3 Indicators	FQ4 15/16	FQ4 16/17	Target	RAG
% of adults receiving any care or support who rate it as excellent or good *	82%	82%	81%	
% of adults supported at home who agree that their health and care services seemed to be well co-ordinated *	81%	81%	75%	
% of adults supported at home who agree they had a say in how their support was provided *	82%	82%	80%	
% of people with positive experience of their GP practice	91%	91%	87%	
Number of abbreviated customer service questionnaires sent to Service Users on bi-monthly basis **	17	20	5	
Proportion of last 6 months of life spent at home or in a community setting	89.5%	90%	87.5%	
% of stroke patients admitted to a stroke unit on day of admission/next day	100%	100%	90%	
No of patients with early diagnosis & management of dementia	815	804	890	

Outcome 3 Indicators	FQ4 15/16	FQ4 16/17	Target	RAG
% of SW care services graded 'good' '4' or better in Care Inspectorate inspections	86%	84%	83%	
No of days people spend in hospital when ready to be discharged, per 1,000 population **	673	597	842	
Readmission to hospital within 28 days per 1,000 admissions **	71	76	95	

Performance Assessment.

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

People who use our health and social care service agree that their overall experiences are positive and their dignity is respected.

Working towards this goal the HSCP has implemented a number of initiatives with staff to help ensure that people who use services are respected as equal partners in their health and care journey.

The HSCP has trained 30 people, from a variety of roles ranging from elected council members to health care assistants, and colleagues from third and independent sector partner organisations as 'Caring Connections Coaches'. The coaches operate within their usual place of work using their skills to promote person-centred approaches with members of the public, service users and with their colleagues.

One Caring Connections Coach recently used her person-centred coaching skills to assist a family to prepare for their social work assessment. She supported the family to put together some notes of what was important to them so that they felt empowered to get their message across in their meeting. The family was then able to self-advocate and be clear about their requirements. As a result they reported back that they felt completely supported throughout the process.

Early diagnosis and management of dementia is the main area for improvement. Dementia is becoming recognised nationally and internationally as a major challenge for the future, as the population ages

and people live longer. Whilst there is as yet no cure, there is excellent support, delivered in partnership with Alzheimer Scotland and specialist teams of nurses, occupational therapists, social workers and other professionals. The challenge for the HSCP is to make this support accessible to people soon after diagnosis, so that support plans are in place for the person and their family at an early stage, thus helping them retain their health and independence longer and ensure that their wishes are known and respected.

The HSCP Performance against Health & Wellbeing outcome 3 is good; our dedicated staff are firmly committed to delivering excellence to patients and service users.

#hello my name is… Initiative encouraged all staff members to introduce themselves to people using our services, to allow people to identify practitioners and to feel more valued in the health and care relationship.

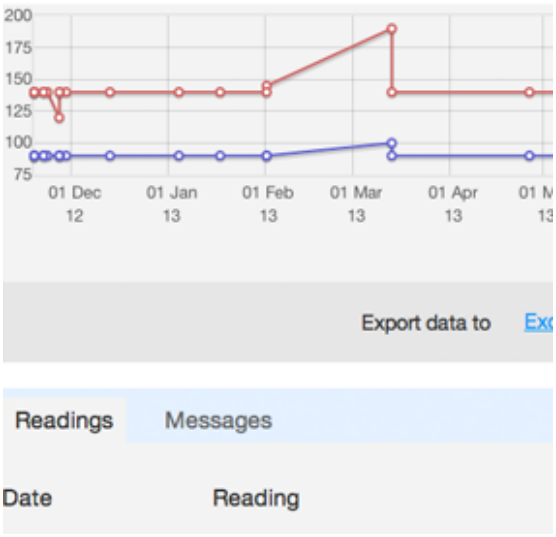
Self-Directed Support enables people to be in control of and direct how, when, in what way and by whom, they are supported.

Technology Enabled Care promotes self-management of long term conditions using a suite of technological supports to give the person control, thus ensuring that their experience is positive and maintains their dignity.

One example of technology enabled care is 'Flo' a telehealth app for mobile 'phones, which enables people to monitor and manage their long-term condition whilst they are on the move. The app uses mobile 'phones to alert patients and relay information to healthcare professionals, through a series of prompts and responses. The information can then be recorded and monitored as in the example below:

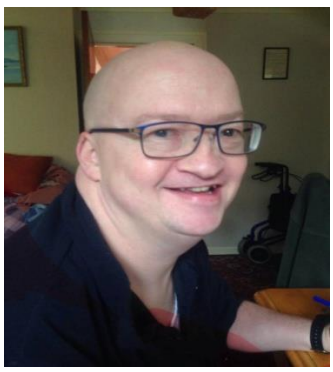
FLO request

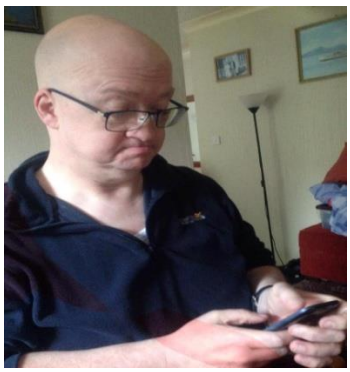
FLO response



The practice example shows how the Flo app helped Derek regain his independence.

Practice Example.





Derek was used to being independent, very active and running a successful small family business. He was diagnosed with having a stroke early 2016, and spent just under three months in hospital rehabilitating. He also has diabetes type 2 and suffers with

hypertension; both are now controlled and self-managed really well.

Up until I had the stroke I was relatively healthy. I was always out cycling, lifting low weights to tone and out walking a lot. I do miss getting the bike out, and I am no longer confident enough to go out walking on my own. I was not good at "speaking up" causing me to mismanage my diabetes and high blood pressure. Previous to having the stroke I did not take my medication properly because I suffered from quite bad side effects, and was really ill at times. I have now learned and know the importance of making sure I am heard and managing my conditions

On discharge from the rehabilitation unit in summer 2016, he found it difficult to remember to balance work, family life and his exercise discharge plan. His job commitments are mentally demanding, and he plays an active role in being a carer too. Time management proved to be difficult for him, resulting in him feeling very tired and weak.

Derek was introduced to the Flo app through his Occupational Therapist Lucy. It was arranged that he would try Flo for three weeks. Lucy arranged a suitable protocol for Derek to prompt exercise and persuade him to take essential breaks.

"I thought at the time Flo is an excellent idea. A text message to remind me to do my exercises and save me forgetting to stop and take a rest" I was happy to give it a go, and thought this could be useful and it focuses on exercise. This will help me with my exhaustion". .

Using Flo was just so easy; I got texts through asking if I had done my exercises. I got two options to text back Exe1 for Yes or Exe2 for no. Flo made me focus on my exercise plan and stopped me getting so tired. The best thing I liked about Flo was the reminder later in the day to take a rest. Flo actually stopped me getting exhausted. It has made me more confident and in control of my daily routine. It made me realise how important it was for me to do my exercises and rest. So much so, I cut down on my workload, realising that it was too much for me".

The TEC Team asked Derek for his judgement of "Flo", and his opinion of how it had impacted his self-care progress.

''Using Flo made me keep my phone on me all the time. When I got my text message I would think "I better do my exercises, the messages were very encouraging"

I would recommend Flo, it made me realise how important exercise and resting is for me. So much so that I have been going online since and found more exercises to try. However, I don't know if my handwriting has improved, but the support has made me keep practising. I no longer miss exercising, resting or taking my medication. I have a routine now and feel so much better, it's great.

When Flo stopped sending me messages, it just stopped, and I missed them. I felt "Flo" was like having a real contact; somebody was there for me.''

A strong partnership approach means that much of the training available to health and social care staff has been opened up to third and independent sector staff, facilitating the upskilling of staff, and sometimes of volunteers, to increase and share knowledge and provide better services focused on the individual.

Partnering has also meant supporting across the generations and we have older people now helping to teach young people Gaelic with a volunteer tutor to keep everyone on track. This also began with partnership resources but is now beginning to be supported and taken forward by the third sector. Even for people who have no Gaelic it is obvious from the laughter that social barriers are being broken down, connections made and many of the young people have transitioned to volunteering to support in other ways, helping with shopping, or at other groups.

I thought being with old people would be boring. Now I can see they are a lot of fun, just that their bodies don't work too well, so I can help them to move around, or carry bags and besides the Gaelic, I am learning how different life was 50 or 60 years ago. I love coming along, and I go to the music group as well'

Ciamar a tha thu an-duigh? Tha gu math, moran taing!

3.4 *National Health and Wellbeing Outcome 4* Health and social care services are centred on helping to maintain the quality of life of people who use those services

What people can expect

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

Outcome 4 Indicators	FQ4 15/16	FQ4 16/17	Target	RAG
% of adults supported at home who agree their support had impact improving/maintaining quality of life *	87.0%	87.0%	84.0%	
Emergency Admissions bed day rate **	104,896	103,902	119,649	
Rate of emergency admissions per 100,000 population for adults	11,786	11,767	12,037	
Average working days between Referral & Initial Adult Protection Case Conference	19 Days	0 Days	15 Days	
% Children who have been Looked After and Accommodated Children for over a year with a plan for permanence	85%	91%	81%	
% of Looked After Children Care Leavers with a Pathway Plan	75%	100%	100%	
No of outpatient ongoing waits >12 weeks	38	138	0	

Outcome 4 Indicators	FQ4 15/16	FQ4 16/17	Target	RAG
% of outpatients on the waiting lists with medical unavailability	0.2%	0.1%	0.1%	
% of outpatients on the waiting lists with social unavailability	4.7%	5.6%	5.8%	
% of patients on the admissions waiting lists with medical unavailability	2.4%	1.4%	2.0%	
% of patients on the admissions waiting lists with social unavailability	12.7%	19.4%	15.7%	
No of days people spend in hospital when ready to be discharged, per 1,000 population **	673 Days	597 Days	842 Days	
% of SW care services graded 'good' '4' or better in Care Inspectorate inspections	86%	86%	83%	
% of health & care resource spend on hospital stays, patient admitted in an emergency **	22%	22 %	23%	
Falls rate per 1,000 population aged 65+ **	22	25	21	

Performance Assessment.

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

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

Areas for improvement involve waiting times for treatment and outpatients, due primarily to difficulty in recruiting consultants to meet demand. People in Argyll & Bute have told us that they want as much

treatment as possible close to home, whilst recognising access to specialist services requires travel to Glasgow. In 2016/17 just over 10,000 patients had new outpatient appointments in hospitals in Argyll and Bute and just over 19,000 people attended new outpatient appointments in NHSGG&C.

The HSCP is therefore looking at what treatments and follow up appointments could be delivered locally, either by our own staff or through increased use of technology to specialist practitioners, for example by telephone and video conference and the 'Attend Anywhere' approach which is currently being trialled by NHS Highland, improving access to services and reducing the burden of travel on patients.

Specialist acute health care services are purchased from NHS Greater Glasgow and Clyde (NHS GG&C) via a form of contract called a service level agreement.

Key pieces of work in 2016/17 on the service with NHS GG&C included:

1. Due to our inability to recruit a urology consultant, designing and agreeing with NHSGG&C for them to provide a safe and sustainable urological service for the Oban catchment area in Glasgow.
2. Building on the success of the Campbeltown Kidney Dialysis unit, continuing the ongoing assessment and review of kidney dialysis provision both locally and within NHS GG&C
3. Finalising and agreeing the service specification for laboratory services and consultant support commissioned from NHS GG&C to the RGH in Oban
4. To maintain local provision of service reviewing and ongoing redesign of a number of outpatient consultant clinics within local community hospitals, including haematology, orthopaedics, obstetrics & gynaecology and dermatology.
5. Reinstating the service to provide local ultrasound scanning for mothers in Argyll and Bute following the successful recruitment of Ultra-sonographer and training of midwives.
6. Scoping out plans to reduce the number and length of Delayed Discharges in Glasgow hospitals supporting timeous discharge of people back to their community to implement in 2017/18.

Practice Examples.

Locality Based Service Development: Responder Services

Three localities have commissioned Responder Services, using different providers. Responder services are professional responders, reducing the demand on a range of other services, prevent unplanned hospital admissions and supporting people to have safe and successful discharges from hospital. Their work includes:

- Keeping people safe and well in their own homes.

The responder services takes a preventative, anticipatory, and co-ordinated care and support approach to achieving people's outcomes, e.g. completing multifactorial screening tool assessments and providing falls prevention work to people highlighted as being at high risk of falling.

- Increasing availability of telecare:

The responder services in some areas are the first-named responder contributing to the scaling up of the Telecare services across Argyll and Bute. Telecare is often used as an alternative to homecare support; this reduces the overall homecare cost.

- Reducing calls to emergency services and hospital admissions:

The responder services are the first port of call during the day. In their first year, the services have responded many times (exact figures are available for different areas) to telecare alarm calls, thus reducing calls and costs to emergency services and unplanned admissions to hospital.

- Reducing delayed discharge timescales:

The responder services have supported people to leave hospital, for some of these people their discharge from hospital would have otherwise been delayed so people were enabled to return their own homes sooner.

- Reducing Statutory Service Costs:

The services have made many visits during their first year, impacting on the lives of a number of people, for example in Cowal and Bute during the period 1 March to 25 May 2017, the Community Day Responder service

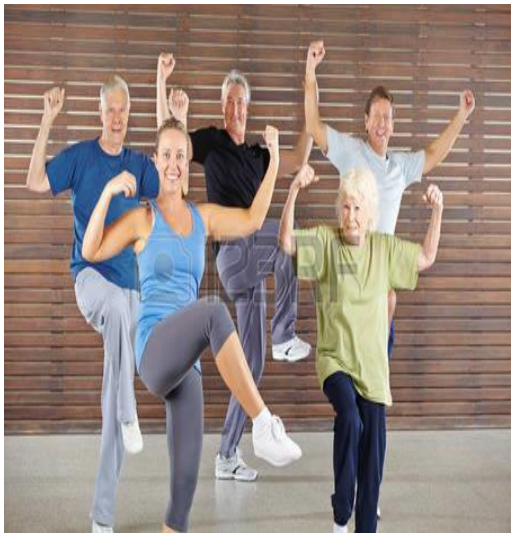
made 1,190 visits to people; 55 people were supported to leave hospital and return home as a direct result of this service; without the Community Day Responder service these people's discharge from hospital would have been delayed. This has helped to reduce the strain on emergency, social care and health services.

Management and Prevention of Falls.

All the localities agreed to fund an Argyll and Bute Care Home Quality Improvement Project focusing on Care Homes Falls Prevention, a lot of work has been carried out with care home staff to reduce falls and improve the quality of life for their residents. The work to embed Care Inspectorate falls prevention resource was time limited to 1 year and significant sustainable improvements are demonstrated. This has resulted in the HSCP providing main stream funding to ensure this key preventative work continues.

Dr Christine McArthur, NHSH Co-ordinator Prevention and Management of Falls presented the work nationally with Sheila Morris Quality Improvement at the British Geriatric Society Spring Meeting. The following is a link to a blog

https://livingwellincommunities.com/2016/12/20/how-care-homes-in-argyll-and-bute-are-working-to-reduce-falls/



3.5 *National Health and Wellbeing Outcome 5* Health and social care service contribute to reducing health inequalities

What people can expect

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

Outcome 5 Indicators	FQ4 15/16	FQ4 16/17	Target	RAG
Rate of emergency admissions per 100,000 population for adults **	11,768	11,767	12,037	
Rate of premature mortality per 100,000 population **	392	392	441	
% of waits less than or equal to 3 weeks between Substance Misuse referral & 1st treatment	93.4%	92.60%	90.0%	
No of treatment time guarantee completed waits greater than 12 weeks	0	0	0	
No of treatment time guarantee ongoing waits greater than 12 weeks	1	0	0	

Performance Assessment.

Health and social care service contribute to reducing health inequalities

Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. They represent thousands of unnecessary premature deaths every year in Scotland. For example, for men in the most deprived areas, they mean nearly 24 fewer years spent in 'good health' than men in the least

deprived areas. Health inequalities are caused in part by variations in income, power and wealth across the population.

Health inequalities arise for a number of reasons, in Argyll & Bute not least because of our increasingly ageing population and the geographical challenges we face. This means that some people have to make lengthy journeys for specialist treatment in the Glasgow hospitals. Keeping people safe and cared-for at home is another challenge that sometimes highlights inequalities.

People in Argyll & Bute have told the HSCP that they want as much treatment as possible close to home; they don't want long waits for treatment; they want to see more money spent on front-line services; they want to live as independently as they can in their own homes, for as long as possible.

One of the key equity challenges is maintaining safe and high quality local services, yet at the same time ensuring easy access to specialist services in Glasgow. We are performing well against these indicators but they are not the only aspect of inequality which affects people accessing services.

Practice Examples.

During our first year we have focused on the need to shift the balance of care from hospital to community services which is our direct service response to support the reduction of health inequalities. Our primary focus has been the identification of transformational change and service re-design, which is required to ensure we have a health and social care service equipped to meet the many challenges of an increasing older population.

To help our older people, our work has centred on preventing unnecessary admission to hospital, a re-ablement approach and timely discharge, with appropriate community and care support in place to ensure people are supported to live longer, healthier and independent lives in their own home.

This preventative approach can improve population health by:

- preventing health problems developing in the first place (primary prevention)

- stopping health problems from getting worse (secondary prevention)
- reducing the impact of disease on people's health and wellbeing (tertiary prevention).

Prevention can help to reduce health inequalities. For this to happen, prevention needs to as effective in groups of the population with the worst health as it is in groups who enjoy the best health. Prevention can help reduce public spending pressures by:

- reducing the length of time people spend in ill health rather than just increasing life expectancy
- reducing demands for public services
- freeing up resources for other uses.

We have started to work on this but we have a significant way to go in our ambition to make this the norm.

We have achieved a number of notable service developments across adult services in Argyll & Bute which includes the following:

- The development of a new kidney dialysis service in Campbeltown with the support of the local community
- Improved facilities for inpatient mental health services by planning the move of the acute wards to the new Mid Argyll Hospital in Lochgilphead
- Development of community care responder services across Argyll and Bute to maintain people at home
- Investment of money and recruitment of more staff to maintain our 24/7 casualty (A&E) Departments including GPs.
- In 2016/17 almost all children involved in the child protection system had an independent advocate to represent their views
- Continuous improvement: regular audits and feedback from families show that there is consistent improvement in our assessment of children's needs.

Working with GPs to provide more sustainable services by merging practices helping ensure the continuation of local services on Islay, in Mid Argyll and Kintyre. Working with GPs to provide more sustainable services by merging practices helping ensure the continuation of local services on Islay, in Mid Argyll and Kintyre. Recruit more pharmacists and pharmacy

technicians to support clinicians and help people manage their medicines, thus minimise any side effects and improve their outcomes as well as gain best value from medicines.

3.6 *National Health and Wellbeing Outcome 6* People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

What people can expect

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

Outcome 6 Indicators	FQ4 15/16	FQ4 16/17	Target	RAG
% of carers who feel supported to continue in their caring role *	41.0%	41.0%	41.0%	

Performance Assessment.

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

Unpaid or family carers can be any age; they might be children, teenagers, working adults or older people. They might be caring for a family member – child, sibling, spouse or parent; or they might be caring for a friend or neighbour. An unpaid or family carer might live with the person they care for, or not. Regardless of their circumstances they will be trying to juggle their caring role with their own life, work, responsibilities, health and wellbeing.

The 2012 census showed 8,342 people in Argyll & Bute identifying themselves as unpaid carers, it is likely that there are many more, who simply don't equate the care they give with 'being a carer'. In 2010 the Princess Royal Trust for Carers published '*Mapping of Services for Young Carers in Scotland'* which estimated 1,117 young carers (under the age of 18) in Argyll & Bute.

At present we have only one indicator against Health & Wellbeing outcome 6 and whilst we meet the target it is clear more needs to be done. We await further guidance from the Scottish Government in response to The Carers' Act 2015. We are working with our carers' network and carers' representatives on the IJB to develop additional performance measures which reflect carers experiences and how the HSCP support them. Annual Carers data collection guidance has only recently been released, any outcome measures set within this would be presented to the IJB for proposed addition to Outcome 6 during the current reporting year.

The HSCP has as one of its 6 areas of focus, improve the support of unpaid carers to maintain their own health and wellbeing, whilst continuing in their caring role.

Practice Example.

North Argyll Carers Centre - Time for Me, Carers Group, Tobermory, Mull

'We need a support network' - The group has been running for a year and arose from an identified need highlighted by carers on Mull and Iona. A response has been developed through the HSCP working in a close partnership with North Argyll Carers' Centre. At present approximately 6 carers attend each group session; their caring responsibilities make it difficult to attend regularly.

This group provides carers with the opportunity to engage in social activities focusing on their own health and wellbeing. The group supports by reducing isolation, creating short realistic respite opportunities and enabling carers to focus on their own health and wellbeing and creates opportunities for peer support and friendship.

Meeting monthly at a local hotel, the group is supported by our Training and Activities Co-ordinator, who provides the opportunity for carers to come together and brings a balance of practical support topics such as emergency planning; leisure and interest areas such as reminiscence and personal wellbeing topics such as stress management. All carers are involved with the development of the group and share ideas for group activities.

There is now a similar group starting in Bunessan, Mull, and through Integrated Care Fund (ICF) funding for 2017, a newly created post of Mull and Iona Carer Support Worker will further enhance support available to carers across Mull and Iona.

'Extremely beneficial, relaxing me time. Have made good friends who are in similar situations to me so, most importantly, they understand how I feel.'

Sharing memories, using old and new technology.

The 'Time for Me' Group evaluated their feelings as unpaid/family carers:

This is how they felt before the group started -

And when they had attended the group for a short time -

They are sending a loud and clear message about support for unpaid/family carers.

All of the Argyll & Bute Locality Planning Groups have, in their action plans, a section which specifically focuses on unpaid/family carers. Actions include a variety of improvements for carers beginning with recognition and high quality carer assessment; health promotion advice; supporting carers through innovative respite provision; development of services for Young Carers and awareness-raising through 'Think Carer' events.

3.7 *National Health and Wellbeing Outcome 7* People using health and social care services are safe from harm

What people can expect

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

Outcome 7 Indicators	FQ4 15/16	FQ4 16/17	Target	RAG
% of adults supported at home who agree they felt safe *	84.0%	84.0%	84.0%	
Emergency Admissions bed day rate **	104,896	103,902	119,649	
Rate of emergency admissions per 100,000 population for adults **	11,768	11,767	12,037	
% of Adult Care service users reporting they feel safe at assessment	71%	80%	70%	
% of Children on Child Protection Register with no change of Social Worker	93%	76%	80%	
% of Children on Child Protection Register with a current Risk Assessment	100%	100%	100%	
% of Children on Child Protection Register with a completed Child's Plan***	100%	100%	100%	
% of health & care resource spend on hospital stays, where patient admitted as an emergency **	22.0%	22.0%	23.0%	
% of Social Work Care Services graded 'good' '4' or better in Care Inspectorate inspections	86%	86%	83%	
% of Child Protection Investigations with Initial Referral Tripartite Discussion within 24 hours	97%	100%	95%	

Outcome 7 Indicators	FQ4 15/16	FQ4 16/17	Target	RAG
Readmission to hospital within 28 days per 1,000 admissions **	**71**	**76**	**95**	
Falls rate per 1,000 population aged 65+ **	**22**	**25**	**21**	

*** *Data source: Head of Service, Children & Families*

Performance Assessment.

People using health and social care services are safe from harm

Health and Social Care services should increase the safety of people who receive services. This is monitored through a variety of mechanisms: self -reporting at every assessment and review; Child and Adult Protection Committees; internal and external inspection of services and softer measures which could be indicators of poor levels of safety (but may not be), such as repeated falls or emergency re-admissions to hospital; hospital acquired infection rates or operating mortality rates.

The safety of people who use HSCP services is paramount. Staff are trained to identify the early signs of harm, intentional or accidental and quality improvement processes are in place to ensure safety in service delivery, both in hospitals and in the community.

A Clinical and Care Governance Committee has been established by the IJB to ensure the delivery of safe and effective person-centred care and the continuous monitoring of professional standards of care and practice.

The Committee provides assurance to the IJB that systems, processes and procedures are in place to deliver effective clinical and care governance. This is achieved via a Clinical, Care and Professional Governance Framework encompassing:

- Quality and Effectiveness of Care;
- Safety;
- Experience;
- Professional Regulation and Work Force Development;
- Equality and Social Justice and Information Governance.

Practice Examples.

Scottish Patient Safety Programme.

There are a number of work streams and quality approaches which are designed to help us deliver safe, quality and effective care. The Scottish Patient Safety Programme within general hospitals, mental health inpatients and maternity services has allowed us to use a platform for improvement which is evidence based and is proven to deliver safe services.

We are currently committed to a roll-out of the SPSP programme from the rural general hospital to all our 6 community hospitals. Whilst we recognise that many elements of the SPSP are already being used within the community hospitals: daily huddles, use of safety briefs, Peripheral Vascular Catheter (PVC) bundles, Falls and Skin care bundles, we are seeking to support these ongoing improvements by establishing a more formal approach to roll-out and to create an Argyll & Bute community hospitals network of support.

> *A care bundle consists of a relatively small number of interventions for every patient to whom the bundle is applied. The bundle methodology is designed to facilitate consistency in practice. The theory behind the implementation of a 'bundle' approach is that the whole is likely to be more effective than the sum of the parts. (Nursing Times Nov 2014)*

Scottish Care Local Integration Leads (LILs) helped lead a joint application to the Scottish Patient Safety Programme and through presentations and interviews. We were one of only 5 Partnerships in Scotland to be awarded a place on the project looking at reducing pressure ulcers in care homes, with the aim of reducing the incidence. Initial scoping identified that most pressure ulcers don't originate in care homes but are as a result of a hospital admission in the majority of cases. A smaller number are identified as happening at home prior to admission. The homes taking part have attended learning events and are sharing good practice. There will be an evaluation and outcomes at the end of the project and the learning will be shared widely at the Care Home Network which includes

the care home managers, specialist NHS and SW staff and managers and is led by the LILs and Associate Lead Nurse.

Falls

A Falls Quality Improvement Facilitator was employed within Argyll &Bute as part of an NHS Highland wide initiative. Initially for a year, the post has been extended for a further year.

Two pilot sites were identified - Ward B in the Rural General Hospital and one in Campbeltown Community Hospital. A further site, Knapdale Ward, Mid Argyll Hospital was added in response to a rising number of incidents within that ward.

Improvements noted within pilot sites include increased awareness and assessment of risk of falls. Due to the small numbers involved it has proved difficult to evidence absolute improvement but an improving trend has been witnessed.

Senior Charge Nurses are crucial to the success and sustainability of improvement and the falls facilitator has worked closely with the SCN in the pilot sites. Roll out to all hospitals across the HSCP is planned for 2017/18.

Recognising that the independent sector is the biggest provider of social care in Scotland, Argyll & Bute HSCP funded Local Integration Leads, posts hosted by Scottish Care to play a lead role in service improvement. Amongst the numerous projects the LILs are supporting is the bringing together of care homes to work within the national programme to manage and prevent falls. Through the work done with Dr Christine McArthur, every care home in Argyll and Bute has now signed up to be part of this improvement programme, a first in Scotland.

Mental Health

Within Mental Health, implementation of SPSP is ongoing in the in- patient service. Areas of work include the triangle of care project; carers' letter; confidentiality leaflet; work with carers centre, ACUMEN, SRN and carers trust. This work was presented at National and Regional SPSP conference.

There has been a roll out of the safety brief format to Community Mental Health Teams.

In October 2016 a successful improvement, 2 day Kaizen event was held in Cowal Community Hospital looking at mental health crisis presentations at the Emergency Department. Attended by health, social work and police colleagues, this event explored options for improving the pathway for patients in crisis and resulted in a significant number of joint actions to attain such improvements.

Further work with Police Scotland colleagues, and building on evidence of similar projects across the country, has seen the development of Community Triage. A Rapid Process Improvement Workshop (RPIW) identified new triage processes aiming to reduce average waiting time for patients to get their first appointment with the Mental Health Team from 34 to 12 weeks; and to reduce the time from receipt of referral to discharge from 54 weeks by half to 27 weeks. Patients continue to be assessed using Community Triage and given their appointment, with reduced delays and uncertainty.

The pilot aimed to demonstrate that Community Triage leads to more timely interventions by Mental Health Professionals when required, avoiding unnecessary detention either in a police station or hospital. It was anticipated that this would provide a better service for individuals as well as achieving efficiencies and improvements for Police, Health and other services. A pilot is planned within the Mid Argyll area later this year.

3.8 *National Health and Wellbeing Outcome 8*
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

What people can expect

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

Outcome 8 Indicators	FQ4 15/16	FQ4 16/17	Target	RAG
Social Work staff attendance lost	3.9 Days	4.1 Days	4.0 Days	
% of NHS sickness absence	5.30%	4.79%	4.00%	
% of NHS staff with a completed & recorded electronic - Knowledge Skills Framework/Personal Development Plan review ***	30.96%	29.86%	80.00%	
Health & Social Care Partnership % of Performance Review & Development Plans completed	-	59%	90%	

*** *Source: IJB Staff Governance Report March 2017*

Performance Assessment.

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

The HSCP does not employ staff, this remains the statutory responsibility of Argyll and Bute Council and NHS Highland respectively.

Staff remain our greatest asset and resource, key to providing empathic and person centred care to our patients, service users and clients. The HSCP performance against these 4 indicators is disappointing, being below our target levels. Benchmarked to the rest of Scotland we are performing at a similar level, but the indicators show clearly we must do more to support our staff. This is particularly important as we have gone through significant organisational change forming the partnership and are facing more change as we transform our services.

To address this in the coming and future years the HSCP has put in place a range of actions to support our staff, which has been presented to the IJB in the form of a Staff Governance Report. This details these and other key areas of workforce performance including sickness absence, turn over and recruitment, Personal Development Plan Reviews (or KSFs) and provides information on performance issues including work on integrating HR processes, workforce planning and organisational development.

Work has also started on developing a Values & Behaviour Framework for the HSCP. The aim is to improve staff engagement and create a supportive culture which enables managers to discuss our value expectations during staff appraisals. Managers and staff will discuss how we address and respect all staff in the wider partnership workforce as well as within our recruitment processes.

The HSCP has developed a proactive Partnership Forum and a Staff Liaison Group both of which enable consultation and dialogue between managers, human resource advisors and Trade Union representatives on key organisational issues such as the Quality & Finance Plan and projects, especially those likely to involve redesign, organisational change and

impact on our employed workforce. This is to ensure consistent and agreed application of employers' policies and ensuring fair and due process.

Practice Examples.

Employee Survey & iMatter

iMatter, the new NHS staff experience survey, is being rolled out during June 2017 it will cover all staff in the HSCP (both health and council employees).

iMatter is a continuous improvement tool designed with staff in NHS Scotland to help individuals, teams and Boards understand and improve staff experience. This is a term used to describe the extent to which employees feel motivated, supported and cared for at work. It is reflected in levels of engagement, motivation and productivity. Understanding staff experience at work is the first step to putting in place measures that will help to maintain and improve it. It will benefit employees, and the patients, their families and other service users that they support.

The iMatter tool is a short survey completed annually by individuals confidentially which results in a Team Report which is then discussed to develop a Team Action Plan. It is the action plan element that is the key to identifying and managing change and improvement in the workplace.

Workforce Planning

Support is being provided from the national iHub improvement team (http://ihub.scot/) who have provided the HSCP with consultancy support from Red Hen.

The tool helps the locality see visually how changes in various dynamics including turnover, recruitment and skills development will provide a model of the type of workforce required to meet the service needs of our transformed health and care service, in each locality. The initial pilot of this tool has been completed in Oban. Discussions are planned with iHub in 2017 to request additional support to roll the tool out to other localities.

Integrated HR Processes

Work has been ongoing to try to develop integrated HR processes to support managers recruiting and managing a joint workforce. The Staff Liaison Group is up and running with a draft terms of reference alongside the newly formed HSCP Organisational Change Group which will monitor and ensure appropriate use of Council and NHS Redesign and Organisational Change Policies.

There is agreement to recruit to a new full-time post of Head of Human Resources for the HSCP and a support post of Workforce & Organisational Development and Staff Engagement Manager. These posts will be hosted in the NHS and have responsibilities across the HSCP.

3.9 *National Health and Wellbeing Outcome 9* Resources are used effectively and efficiently in the provision of health and social care services

What People Can Expect?

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

Outcome 9 Indicators	FQ4 15/16	FQ4 16/17	Target	RAG
% of adults supported at home who agree that their health and care services seemed to be well co-ordinated *	81%	81%	75%	
Proportion of last 6 months of life spent at home or in a community setting **	89.5%	90%	87.5%	
% Criminal Justice Social Work Reports submitted to Court on time	100%	99%	92%	
% Community Payback Order cases seen without delay (within 5 days)	82.1%	86.0%	65.0%	
Average hrs per week taken to complete Community Payback Order, Unpaid Work/Community Service Orders	6.3 Hours	4.7 Hours	6.0 Hours	
% of reports submitted to Scottish Children's Reporter Administration on time	90%	64%	75%	
% of Scottish Morbidity Record 01 returns received within timescales	89.7%	92.7%	95%	
% of new outpatient appointments 'Did Not Attend' rates	10.5%	10.4%	6.9%	

No of days people spend in hospital when ready to be discharged, per 1,000 population	**673 days**	**673 Days**	**915 days**	
% of health & care resource spend on hospital stays, patient admitted in an emergency **	**22.0%**	**22.0%**	**23.0%**	
Readmission to hospital within 28 days per 1,000 admissions **	**71**	**76**	**95**	
Falls rate per 1,000 population aged 65+ **	**22**	**25**	**21**	

Performance Assessment.

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

The HSCP strives to use all resources effectively and efficiently, whether these are human resources (staff skills and capacity), the systems and processes we use and the physical resources, the buildings, equipment and IT infrastructure we have.

A number of the indicators show performance below our efficiency or productivity targets and we are wasting resources (people's time and money). The % of new outpatient appointments 'Did Not Attend' rates has remained stubbornly high and this means people who need an appointment have to wait longer. We are addressing this by using text reminders where possible, media campaigns and in future social media.

We are also developing and embedding our quality and continuous improvement methodology we constantly examine working practices for ways to target wasteful practices and systems; reduce harm to our patients and reduce variation in the standard and quality of service we provide. Together these improvements mean smoother, quicker, more accessible higher quality and more efficient service delivery to people. The indicators above show our progress in these areas and how they can improve the outcomes for people who use our health and care services.

Looking to the future, we know that we will potentially have greater demands from an ageing population and less money to deliver services, so it is essential that we continue to improve performance in this area so we can achieve more with less resources and reduce the burden of work

on our hard working and committed staff in the Argyll & Bute Health and Social Care Partnership.

Practice Examples.

Process Mapping

Process Mapping allows us to understand the current situation within a specified process; to identify duplication, unnecessary steps, causes of bottlenecks and other waste so that ideas can be generated and actions can be taken to improve quality and flow of the processes that deliver care to our patients, clients and service users.

A Process Mapping event for the Cardiology Service in Lorn and Islands Hospital, Oban enabled staff and managers to identify a means of communication between the diagnostic process and the appointment process so that Consultant outpatient appointments are not wasted as a result of being scheduled before diagnostic tests have taken place.

A similar event on Administration of Medicines in Community Settings prompted a review of the 'Role of Care at Home Staff in the Management of Medicines' policy to ensure it is properly implemented and supported, thus aiming to reduce errors and improve the service to patients.

Rapid Process Improvement Workshops (RPIWs)

RPIWs were held with the Physiotherapy Musculoskeletal (MSK) Outpatient Service and for the Admission to Discharge Process of Medical Non-elective Patients in Lorn and Islands Hospital during 2015/2016. As a result, benefits achieved during 2016/2017 in the MSK Outpatient Service included the average time from point of referral to point of discharge reducing from 25 weeks to 14 weeks. Similarly, in March 2017 at the 365 day Report Out of the Admission to Discharge Process RPIW, a reduction in average length of stay from 8 days to 5.3 days was reported. The Admission to Discharge RPIW achieved a number of positive changes during 2016/2017 including a reduction in readmission rates, improved patient information leaflets and communications, an improved standardised process for Case Conferences and improved use of discharge planning procedures and documentation.

This work resulted in a series of seven smaller Kaizen events that are taking place in other Argyll and Bute Hospitals during 2017, allowing multi-disciplinary teams to review their current working processes and to make changes based on the learning from the Oban Event to improve the experience of inpatients and staff.

4. Children & Families Services.

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

Maternity Services.

A survey of maternity service users was carried out in 2016 and an action plan for improving continuity of care, in line with Best Start 2017, Maternity and Neonatal Framework has been developed. The development of planned ultrasound scanning services by local midwifes has been as a direct result of earlier work done on gathering service user feedback and in the 2016 survey this service remained as a high priority for the women of Argyll & Bute.

The Family Pathway is a continuation of the quality improvement work initiated in Kintyre. Key interventions have been rolled out using improvement methodology, the pathway work has ensured that care centres around the family, utilising the wellbeing indicator tool. The tool facilitates an outcome focused approach and a common language with key handover points between services. This helps ensure that care is focused round the family and child rather than being divided across specialisms.

The most significant impact from this work has been on access to financial advice and smoking interventions supporting the health and wellbeing of parents and their babies.

Corporate Parenting

In line with the Children and Young People's (Scotland) Act 2014, we continue to promote the wellbeing of looked after children and care leavers. The Corporate Parenting Board and Argyll & Bute Council's challenges in supporting looked after children are: Improving "Looked After Children" (LAC) attainment and supporting those aged between 16 and 25 years within the new Act, given the financial constraints. Redesign will be required to meet increasing demand within a reduced financial envelope.

Child Protection

All services work together to ensure our children are safe, however we know that the world is changing, new technical knowledge and social media have changed how children and young people engage with the wider world. In 2016/17 the Child Protection Committee will focus on children at risk of sexual exploitation and internet safety in addition to the core business of identifying, assessing and planning. There needs to be a focus on self-evaluation to ensure the improvement journey we have undertaken maintains momentum.

Children and Families: Achievements during 2016.

Working in partnership with housing, education and the third sector to improve outcomes for looked after children we have evidenced the following improvements:

- Educational attainment of looked after children has improved
- More looked after children have secured positive destinations either in Activity Agreements or moving into further education.
- The council has built a new children's house in Dunoon.
- More looked after children than ever before have secured a 'forever family' through adoption, permanent fostering or living with extended family

- In 2016/17 almost all children in involved in the child protection system had independent advocate to represent their views
- Continuous improvement, regular audits and feedback from families show that there is consistent improvement in our assessment of children's needs.
- Midwifery service asked women to respond to questionnaires specifically looking at what they wanted from the service. This will be used to benchmark performance and drove improvement across 2016/17 and into 2017/18

Children and Families – What next?

Team around the Child

- While GIRFEC is embedded in Argyll & Bute there is more we can do to provide seamless support to families particularly around planning.

- Children and Families will co-locate all its children services where possible to support joint working and focus on outcomes for children.

Continuous Improvement

- Continuous improvement – increase the pace of improvement journey by working together to consider how we redesign services, for example reducing waiting lists for children's health services by focussing on prevention. Adopting LEAN methodology to speed up process and systems and improve access to services and change across the system.

Involve and Engage Young People and Families

- There has been engagement with communities, however moving forward we will need to do more to engage with children, young people and families so that they can actively help to shape their service now and in the future.

Young people learned about inequalities, and the partnership work challenging disadvantage, and gave their time in summer 2016 volunteering for the Foodbank.

5. Criminal Justice Social Work.

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

Outcomes focus on reducing reoffending, promoting social inclusion and engaging communities.

We said that we would play our part in reducing re-offending and contributing to safer and stronger communities by promoting and delivering effective interventions with offenders.

We said we would do this by promoting social inclusion and the values of respect and anti-discrimination whilst challenging behaviours and attitudes which undermine community safety. We said we would work with other partners towards achieving this.

We said we would engage with and consult our communities and partners to improve and strengthen services. One of the ways we do this is by supporting offenders to complete unpaid work in their local communities as part of their Community Payback Order.

The Criminal Justice Service has regular dialogue with communities around the nature and delivery of unpaid work. This includes meetings with local voluntary agencies and charities and updates on work being done. We also consult on an annual basis with statutory partner agencies such as the Police and Community Councils. Feedback is used to prioritise projects that offer the most benefit to people in the local community. The service works to make the local community more accessible, a safer place to be and a better environment for all. We do this by working alongside the local community to improve the area that the offenders live in.

Projects included assisting the MS Society in Lochgilphead by shampooing their carpets and chairs, cleaning up around their building, repairing

broken slabs and benches - sanding and repainting them - which allows their visitors to be able to sit in and around their garden.

North Argyll Carers is a charity which helps vulnerable adults and children and people with a disability. Criminal Justice agreed to paint inside their building, as our decorating helped make the place more homely and comfortable for them to use.

Criminal Justice is continuing to work alongside the Lomond and Trossachs National Park upgrading paths and tidying picnic areas.

Work continues in Ardentinny Garden, where clients develop skills to grow their own fruit and vegetables. They can take the produce home to their families, thus promoting healthy eating. This has been a good example of effective partnership work.

The Criminal Justice Social Work Service is also currently working on a piece of land in Bute that will make it more comfortable for people to come and have a seat and meet other people in their community.

Re-offending.

Criminal Justice continues to work together with partners to reduce re-offending. This has included working within a long standing Partnership with Criminal Justice Services in East and West Dunbartonshire.

Reducing re-offending remains a priority for us and will be a key feature of the new Strategy Map for 2017/20. Criminal Justice will continue to improve local practice and plan services to achieve the aims of the

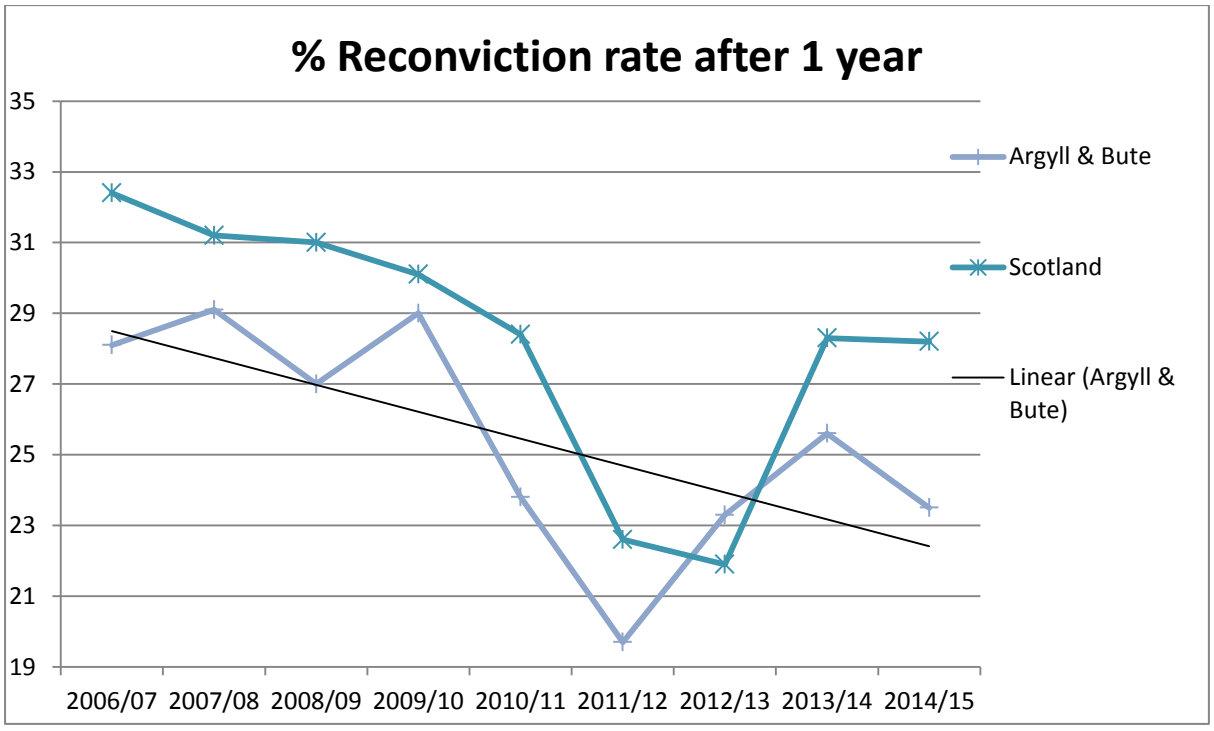
National Single Outcome Agreement and the new Community Justice Strategy.

Complexity of patterns of re-offending and multiple influencing factors makes this a very difficult area to predict and influence. We will continue to prioritise improving services in areas known to have an impact, for example addiction, employment and housing.

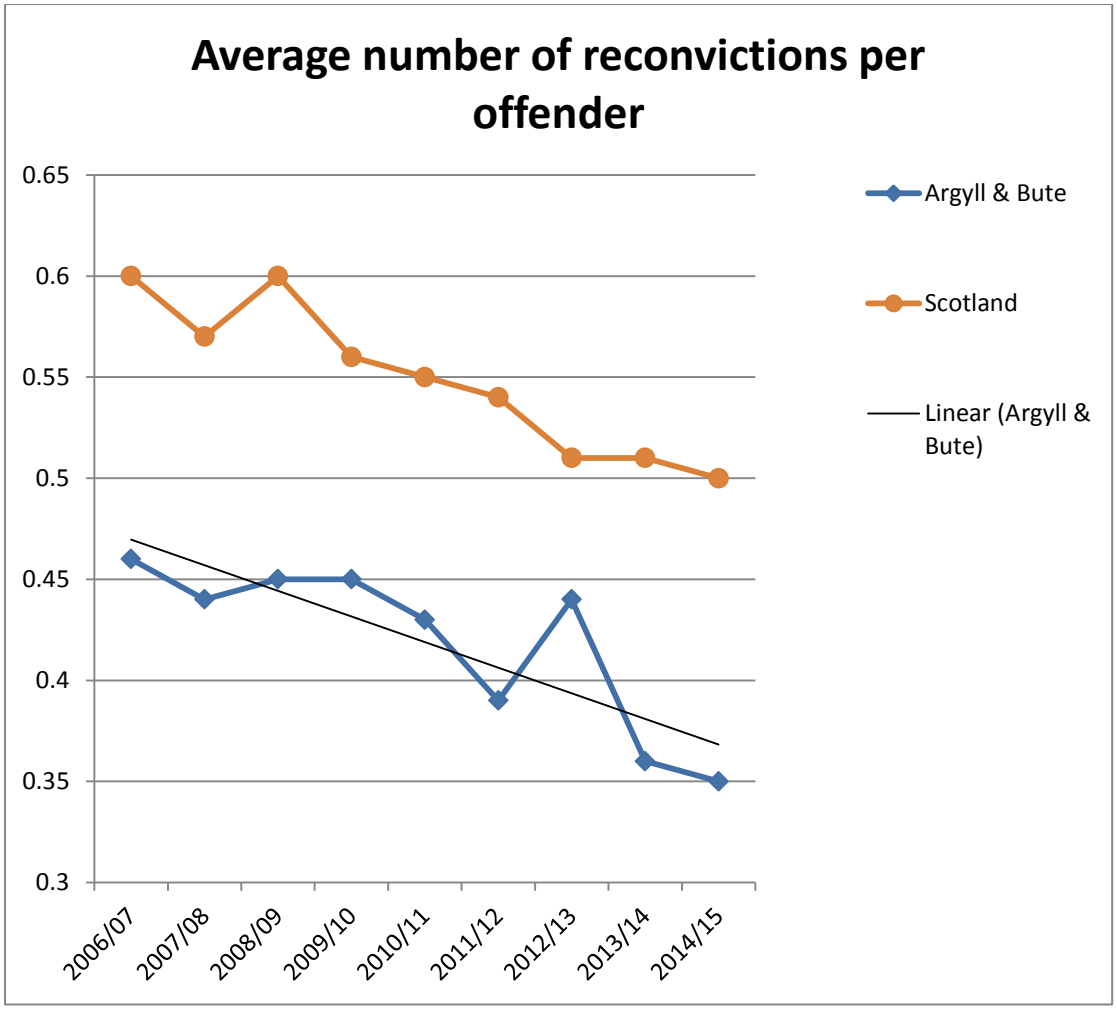
Reconviction rates in Argyll & Bute continue to be below, but reflective of, national levels which, whilst showing an overall downward trend, have increased in the last two years.

This "*is likely to be due to the Summary Justice Reforms (to create a system which is: fair, effective, efficient, quick) which meant that cases were processed faster through the courts".*

The latest figures show a downward trend.



Reconviction Rates in Scotland: 2014-15 Offender Cohort, Scottish Government.



The average number of reconvictions per offender, however, has continued to decline which correlates to declining figures for recorded crime and incidences of crime. This is a reduction of 28% in Argyll and Bute compared to 18% nationally.

Criminal Justice Social Work delivers effective and efficient services by ensuring good governance of resources and supportive leadership. The service undertakes regular health and safety audits to make sure work locations are fit for purpose and equipment is safe to use. The Joint Training Group supports staff training and development by facilitating events throughout the year. Criminal Justice recently ran a series of courses on internet offending and the extension of Multi Agency Public Protection Arrangements (MAPPA) to violent offenders, to keep staff up to date on national research and an ever changing landscape.

What next?

The formal Partnership with East and West Dunbartonshire comes to an end on 31st March 2017 after 15 years. Argyll & Bute will, however, continue to be involved in joint working with our close partners; this will be further developed through Community Justice. Argyll & Bute has developed a performance framework to ensure good governance and accountability for criminal justice service from 2017-2020.

6. HSCP Governance and decision making

The integration Joint Board (IJB) is responsible for governance and decision making for all services integrated with the Health and Social Care Partnership. Membership is determined by Scottish Government guidance, additional local members may be co-opted, or officers of the HSCP may be required to attend.

The membership of the IJB comprises elected members from Argyll and Bute Council, NHS Highland Board members and a number of other members representing stakeholder groups including the Third Sector, Independent Sector, specific professionals, patients/service users, Trade Unions, staff and carers.

IJB Membership as at 31st March 2017:

Members Nominated by		Deputies
Argyll & Bute Council	Councillor Kieron Green (Chair) kieron.green@argyll-bute.gov.uk Councillor Ann Horn anne.horn@argyll-bute.gov.uk Councillor Elaine Robertson elaine.robertson@argyll-bute.gov.uk Councillor Mary Jean Devon mary-jean.devon@argyll-bute.gov.uk	

NHS Highland Board	Robin Creelman (Vice Chair) robin.creelman@nhs.net Elaine Wilkinson eiwilk@btinternet.com David Alston david.alston@nhs.net Anne Gent anne.gent@nhs.net	 Heidi May heidi.may@nhs.net
Professional Advisors (non-voting)		
The Chief Officer of the IJB	Christina West christina.west@nhs.net	N/A
The Chief Social Work Officer of the Constituent Local Authority	Louise Long louise.long@argyll-bute.gov.uk	Allen Stevenson allen.stevenson@argyll-bute.gov.uk
The Chief Financial (Section 95 Officer) of the IJB	Caroline Whyte caroline.whyte@argyll-bute.gov.uk	N/A
Lead Nurse	Elizabeth Higgins elizabeth.higgins@nhs.net	N/A
Clinical Director for Argyll & Bute	Dr. Michael Hall m.hall2@nhs.net	N/A
Registered General Practitioner (each for a period of 6 months)	Dr. Kate Pickering – April-Sept 16 kate.pickering2@nhs.net Dr. Richard Wilson – October 16-Mar17 richard.wilson6@nhs.net	N/A
Medical Practitioner who is not a GP	Dr. Peter Thorpe anthony.thorpe@nhs.net	Dr Paul Sheard paul.sheard@nhs.net
Public Health Specialist	Elaine Garman elaine.garman@nhs.net	N/A

Lead Allied Health Professional	Linda Currie lindacurrie@nhs.net	N/A
Lead Pharmacist	Fiona Thomson fiona.thomson5@nhs.net	N/A

Stakeholder Members		
A staff representative (Council)	Kevin McIntosh kevin.mcintosh@argyll-bute.gov.uk Dawn Macdonald dawn.macdonald5@nhs.net	N/A
Independent sector representative	Denis Mcglennon denis@carersdirect.com	N/A
A third sector representative	Glenn Heritage glenn@argylltsi.org.uk	Katrina Sayer katrina@argylltsi.org.uk
Service User Representative - Public x 2	Elizabeth Rhodick e.rhodick@btinternet.com Maggie McCowan maggiemccowan@gmail.com	N/A
Service User Representative - Carer x 2	Heather Grier haglochfyne@aol.com Catriona Spink	N/A
Additional Members (non-voting) - locally determined		
Head of Strategic Planning & Performance	Stephen Whiston stephen.whiston@nhs.net	N/A
Head of Adult Services (West)	Lorraine Paterson lorraine.paterson@nhs.net	N/A

Head of Adult Services (East)	Allen Stevenson allen.stevenson@argyll-bute.gov.uk	N/A

The IJB meets bi-monthly to discuss a pre-set agenda. Key messages and agreed minutes of the meetings are published. You can read the minutes and agendas of previous meetings here, and find out details of upcoming meetings.

7. HSCP Financial Performance & Best Value

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 Quality and Finance Plan which outlines the service changes required to deliver financial balance and the Strategic Plan objectives.

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

Financial Performance 2016-17:

The Integration Joint Board approved a balanced budget for 2016-17 on 22 June 2016 and a Quality and Finance Plan was approved outlining the service changes required to deliver the £8.5m of savings necessary to deliver financial balance.

There were significant financial challenges during the year due to increasing demand for social care services, the cost of medical locums and the scale and pace of service change required to deliver the financial savings. Throughout the financial year there was a projected overspend position and as a consequence a financial recovery plan was put into place which included restrictions on non-essential spend to ensure services could be delivered from within the delegated budget during 2016-17.

The Quality and Finance Plan for 2016-17 included service changes required to deliver £8.5m of savings in-year, at the year-end £4.8m of these savings were delivered on a recurring basis, with a shortfall of £3.7m. The majority of the savings not delivered were highlighted as being high risk at the start of the year and require to remain on the plan to be delivered in 2017-18. The progress with delivering savings highlights the significant challenge facing the HSCP in delivering further savings in future years.

The table below summarises the financial performance for 2016-17:

	Actual £000	Budget £000	Variance £000
Service Delegated Budgets:			
Adult Care	131,803	127,103	(4,700)
Alcohol and Drugs Partnership	1,265	1,294	29
Chief Officer	645	1,352	707
Children and Families	18,840	19,816	976
Community and Dental Services	3,978	4,108	130
Integrated Care Fund	1,621	2,090	469
Lead Nurse	1,275	1,348	73
Public Health	1,139	1,268	129
Strategic Planning and Performance	3,582	3,704	122
Centrally Held Budgets	94,989	97,533	2,544
Total Net Expenditure	**259,137**	**259,616**	**479**

Reconciliation to Funding:

	Actual £000	Budget £000	Variance £000
Argyll and Bute Council	61,011	60,787	(224)
NHS Highland	198,126	198,829	703
Total Funding	**259,137**	**259,616**	**479**

Overall there was a year-end underspend of £0.479m, with an underspend of £0.703m in Health Services and an overspend of £0.224m in Social Care Services.

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

- Adult Care - £4.7m overspend. This is mainly due to savings agreed as part of the Quality and Finance Plan not being delivered in-year, an overspend in medical locum costs, increased demand for care home placements and an overspend in Supported Living services due to increased demand.
- Chief Officer - £0.7m underspend. This underspend was in relation to additional funding set aside for investment in Community Based

Care and the requirements of Continuing Care, these funds were not committed in 2016-17 as part of the financial recovery plan.

- Children and Families - £1.0m underspend. This underspend relates to additional vacancy savings, an underspend in Fostering and Kinship Services reflecting the level of demand for services, an underspend as a result of a delay in developing a new multi-disciplinary team to support young people leaving care and underspends in Children's Hostels and Homes due to delays in implementing changes to overnight services. The overall underspend in Children and Families services is non-recurring.
- Centrally Held Budgets - £2.5m underspend. This underspend was mainly due to project funding not being delegated to services during the year, this included underspends in Technology Enabled Care, Mental Health Funding, Delayed Discharge Funding and Primary Care Funding. As part of the financial recovery plan project funds were to remain uncommitted to assist with achieving financial balance, recognising that some of the funding has conditions attached and will require to be re-provided.

In summary financial balance was achieved in 2016-17 by:

- The implementation of a financial recovery plan and restrictions on non-essential spend, these actions may have had a negative impact on service delivery
- Underspends in project funds including income for specific projects which will require to be reinstated for 2017-18
- Non-recurring underspends in services due to reductions in demand, most notably within Children and Families services

The Scheme of Integration states that the IJB may retain any underspend to build up its own reserves and therefore the £0.479m underspend for 2016-17 will be automatically credited to IJB reserves.

The Scheme of Integration states that the IJB may retain any underspend to build up its own reserves and therefore £0.479m underspend for 2016-17 will be automatically credited to IJB reserves. The IJB has approved the use of £0.451m of these reserves to re-instate project funding in 2017-18.

Locality Spend:

The net expenditure split across the eight locality areas is noted in the table below:

Locality	Total Expenditure 2016-17 £000
Mid Argyll	27,084
Kintyre	16,098
Islay and Jura	7,064
Oban and Lorn	39,020
Mull, Iona, Coll, Tiree and Colonsay	7,903
Bute	12,505
Cowal	28,947
Helensburgh and Lomond	28,686
Total Locality Expenditure	**167,306**
Non Locality Specific Services	91,830
Grand Total	**259,137**

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

Budget Outlook 2017-18 to 2018-19:

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 the two years to 2018-19 is summarised below:

	2017-18 £m	**2018-19 £m**
Baseline Budget	256.1	258.9
Cost and Demand Pressures	7.8	4.2
Inflation	2.0	2.6
Total Expenditure	265.9	265.7
Total Funding	(258.9)	(257.3)
Budget Gap	**7.0**	**8.4**
Impact of 2016-17 Position	3.1	0.0
In-Year Budget Gap	**10.1**	**8.4**
Cumulative Budget Gap	**10.1**	**18.5**

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, new medicines funding, growth in prescribing, growth in adult care services, younger adult supported living services and continuing care for children. There are also significant costs of the implementation of the Living Wage, pay inflation costs for HSCP employees and inflationary increases for commissioned services.

A Quality and Finance Plan for 2017-18 to 2018-19 has been developed and approved by the IJB, this outlines the service changes required to deliver on the Strategic Plan outcomes and deliver the savings required to address the budget gap. A copy of the Quality and Finance Plan can be found here:
http://www.nhshighland.scot.nhs.uk/OurAreas/ArgyllandBute/abhscp/Documents/IJB/Quality%20and%20Finance%20Plan%20-%20Full%20Document%20-%20FINAL.pdf

There were significant shortfalls in delivering the service changes included in the Quality and Finance Plan for 2016-17, and this highlights the significant challenge in delivering savings in future years. However lessons have been learned from 2016-17 and there is an investment plan sitting alongside the Quality and Finance Plan for 2017-18 to 2018-19 to

lever the change and a consistent project management approach is being implemented to ensure there is clear governance and ownership for service changes and any impact of delays or non-delivery can be reported at the earliest opportunity.

The current Quality and Finance Plan includes estimated savings totalling £11.7m across the two years to 2018-19, an estimated shortfall of £6.8m. The Plan remains under development and further service changes will need to be added. The service changes included in the Plan are all in line with the delivery of the objectives of the Strategic Plan, it has been particularly difficult to identify service changes that are line with this and can be delivered in the timescale required as such there will be an element of non-recurring efficiency savings required during 2017-18 to deliver financial balance.

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

- The remaining budget gap for the next two years where further opportunities for savings require to be identified
- Evidence base and communications and engagement is insufficient to convince communities of the case for change in the required timescale
- The increased demand for services alongside reducing resources
- The wider public sector financial environment, which continues to be challenging
- The impact of demographic changes
- The impact of the Living Wage and other nationally agreed policies which have financial consequences to deliver

Moving into 2017-18, we are working to proactively to address the financial challenges, while at the same time, providing high-quality health and social care services for the communities in Argyll and Bute.

Best Value.

NHS Highland and Argyll & Bute Council delegate funding to the Integrated 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 & Bute.

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

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

The Quality and Finance Plan for 2016-17 included service changes planned to deliver £8.5m of budget reductions, in reality £4.8m of these savings were delivered on a recurring basis. Many areas of the Quality and Finance Plan were focussed on reducing the cost of services through efficiencies, these included:

- Prescribing, targeted focus on safe, effective, appropriate cost effective prescribing as well as reducing waste
- Reducing the payment to NHS Greater Glasgow and Clyde through reducing admission rates and speedy discharge
- Aligning community hospital capacity across Argyll & Bute in line with the shift in the balance of care
- Review of estates and rationalisation of buildings, for example the transfer of in-patient mental health services and staff from Argyll and Bute Hospital

- Effective roll-out of patching model for homecare services, moving away from a time and task model to one focussed on outcomes

There is a real challenge in disinvesting from expensive institutional based services. As part of the communications approach for the implementation of the Quality and Finance Plan the cost of care in acute and institutional settings compared with care supporting people to remain in their own homes featured in the messaging to communities to gain support for the service changes. The IJB are focussed on directing the finite resources available to achieve Best Value, however there are particular challenges in achieving this in all areas due to the current arrangements for service delivery and the inherent cost of providing services in rural and remote areas. The investment in community services in 2017-18 will build capacity in communities and support the delivery of these service changes in the future.

Highland Quality Approach

Putting quality first to deliver better health, better care and better value.

The Highland Quality Approach (HQA) provides a strategic framework to enable changes and improvements in service delivery to achieve person-centred care, adding value from the perspective of our patients, clients and services users, while at the same time eliminating waste, reducing harm and managing variation. The approach supports the HSCP in its overarching area of focus to "efficiently and effectively manage all resources to deliver best value".

The key elements of the strategic framework are summarised in the blue triangle (below). HQA furnishes us with a range of evidence-based enabling tools and techniques, using initiatives such as the Scottish Patient Safety Programme, Releasing Time to Care and Lean Methodology.

Lean tools and techniques currently in use in Argyll & Bute HSCP include:

- 5S
- Standard Work
- Waste Wheel
- Visual Control & Kanban
- PDSA (Plan, Do, Study, Act) Improvement Cycles
- Set Up Reduction
- Error Proofing
- Process Mapping
- Production or Process Boards / Daily Management
- Rapid Process Improvement Workshops (RPIWs)
- Kaizen (Continuous Improvement) Events


Examples of "Before" and "After" 5S Photographs

In the Store Cupboard on the Ward in Campbeltown Hospital

"5S"

"5S" methodology provides a strategy for organising a positive work environment and is seen as the foundation of many other Lean improvement activities. It reduces waste and provides strategies for managing stock levels. It promotes safety by ensuring staff have access to the right equipment in the right place at the right time.

"5S" methodology was first applied in wards across all Argyll and Bute hospitals in 2014. During 2016/2017 follow-up audits have been carried out to ensure improvements are sustained and the philosophy of continuous improvement is practiced. In demonstrating improved stock control, a comparison of 'Non-Pay Costs' across the three wards in Lorn and Islands Hospital showed a decrease in expenditure of 5.5%.

During 2016/2017, staff in non-clinical services such as Medical Records and the Stores Department, have begun to use "5S" in their areas. This has seen a reduction in the amount of space physically occupied by the Stores function and a rationalisation of stationary supplies in Mid Argyll Community Hospital and Integrated Care Centre resulted in a shared stationary facility which has reduced their expenditure.

Examples of “Before” and “After” 5S Photographs

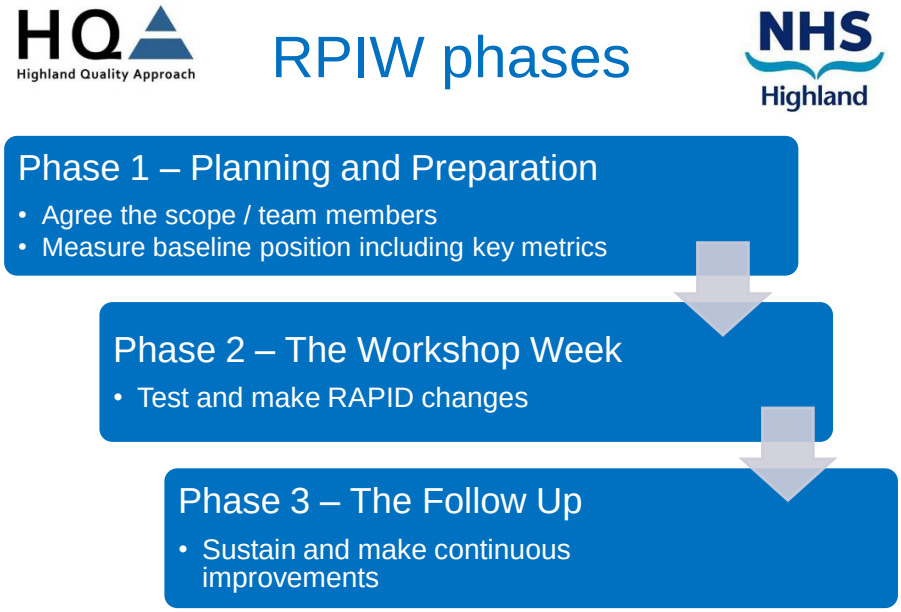
From the Maintenance Requests Process (Estates Dept.) RPIW

Held in October 2016

Rapid Process Improvement Workshops (RPIW).

A Rapid Process Improvement Workshop is a rigorous five day event that enables the redesign of inefficient processes. The team who are involved in the delivery of the targeted process (or service) are enabled to make and test changes during and after the RPIW week, reporting back on progress at specific intervals over the next year. The event is facilitated by two ‘Certified Lean Leaders’.

Six members of the Argyll and Bute HSCP Strategic Management Team began training to become ‘Certified Lean Leaders’ in 2016/2017. The training involves both some classroom work on Lean Methodology and practical experience in delivering RPIWs, where ‘Certified Lean Leaders in Training’ are supported by a qualified coach. This approach enables trainees to work on RPIWs that will achieve organisational improvement objectives while still developing their own skills. It is expected the six managers will qualify during 2017/2018.



In October 2016, an RPIW took place to review the process for receiving and undertaking Maintenance Requests. By January 2016, the number of reported 'Priority One' maintenance requests being completed within two days had increased from 19% to 40%. Likewise the number of maintenance requests completed on 'first visit to site' increased from 19% to 34%.

In addition, RPIWs were held with the Physiotherapy MSK[2] Outpatient Service and for the Admission to Discharge Process of Medical Non-elective Patients in Lorn and Islands Hospital during 2015/2016. As a result, benefits achieved during 2016/2017 in the MSK Outpatient Service included the average time from point of referral to point of discharge reducing from 25 weeks to 14 weeks. Similarly, in March 2017 at the 365 day Report Out of the Admission to Discharge Process RPIW, a reduction in average length of stay from 8 days to 5.3 days was reported. Indeed, the Admission to Discharge RPIW achieved a number of positive changes during 2016/2017 including a reduction in readmission rates, improved patient information leaflets and communications, an improved standardised process for Case Conferences and improved use of discharge planning procedures and documentation.

[2] Musculoskeletal Outpatient Service

Kaizen Events

Shorter two or three day events where improvements can be achieved without the need for a full five-day workshop, and where there are often a smaller number of improvement targets, are called Kaizen Events. Two such events were held in Argyll and Bute during 2016.

Whilst it is acknowledged that there is a need for further work following on from both of these events, the event on Mental Health Attendances at A&E in Cowal Community Hospital has already prompted the introduction of an electronic A&E attendance register, a standardised assessment pack, a daily safety huddle and improved understanding of the Community Mental Health Team Duty Worker role. Following the event on IT Support Requests, the e-Health Department are exploring the potential of a Help Desk, and are introducing standardised work processes for all routine IT tasks.

HQA Activity in Argyll and Bute during 2016/2017

The table below summarises HQA events that have taken place during 2016/2017.

Event Type	No. of Events in 2016/2017	Number of Staff in Attendance	Areas of Delivery
Rapid Process Improvement Workshops	1	7	Estates Dept. – Process for receiving and undertaking Maintenance Request
Kaizen Events	2	19	1) E-Health Dept. – IT Support Requests 2) Mental Health Attendance at A&E Dept. Cowal Community Hospital
Process Mapping Events (up to one day)	4	41	1) Campbeltown Community Team 2) Administration of medication in Oban community 3) Cardiology Service Oban 4) Integrated Equipment

Event Type	No. of Events in 2016/2017	Number of Staff in Attendance	Areas of Delivery
			Service
5S Training (approx. 1 hour sessions)	9	72	To ward staff, community staff, social work teams, administration teams, mental health teams, support staff, etc.
General Lean Methodology, HQA Overview, etc. (up to ½ day sessions)	9	46	Clinical and Administration staff and managers at all levels across Argyll & Bute

HQA moving forward

Four RPIWs are currently scheduled to take place in 2017. In support of the Argyll and Bute HSCP Quality and Finance Plan, they will focus on shifting the balance of care by targeting areas for improvement in community services delivery.

As a result of the successful Admission to Discharge Process of Medical Non-elective Patients in Lorn and Islands Hospital a series of Kaizen Events are being scheduled during 2017/2018 to deliver similar improvements at Community Hospitals throughout Argyll and Bute.

A package of HQA training materials which will be accessible electronically are currently under development and will support the organisation's aim of cultural shift in which quality improvement activities are embedded into routine every day work.

8. Inspection Findings

The Performance Reporting Regulations require the Annual performance report to include details of any inspections carried out relating to the functions delegated to the Partnership, by any of the following scrutiny bodies, including joint inspections, in the course of the year:

- Healthcare Improvement Scotland http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/joint_inspections_adults/argyll_and_bute_feb_16.aspx
- Social Care and Social Work Improvement Scotland (The Care Inspectorate)
- Audit Scotland http://www.audit-scotland.gov.uk/uploads/docs/report/2017/aap_1617_argyll_bute_integration.pdf
- Accounts Commission
- Scottish Housing Regulator
- Mental Welfare Commission visit to Knapdale
- Oban - Laboratory services are governed nationally by a number of bodies namely – MHRA (Medicines & Healthcare Products regulatory agency), Scottish Blood transfusion service (SBTS), UK Accreditation Service (UKAS). UK Accreditation Service (UKAS) inspected LIH laboratory on 16th – 22nd August 2016 for ISO 15189 transition and CPA (Clinical Pathology Accreditation) which is a large list of quality assurance and competence standards. It is best practice to achieve CPA/ISO accreditation although not all laboratories have this, however full compliance of ISO standards is expected by 2017. As a result of the inspection UKAS made 133 recommendations and CPA was suspended.
- The Oban laboratory was also inspected by the Health & Safety Executive (HSE) jointly with Raigmore Hospital on the 8th and 9th November 2016 and separately following a RIDDOR reportable incident within Microbiology.

As a follow on from the earlier inspections, MHRA carried out a formal inspection of the Oban laboratory service on the 23rd & 24th February and the CPA visited on the 22nd and 23rd February 2017 to review the progress on the findings from the August visit and to assess whether CPA status could be reinstated.

External Care Services

Within Argyll & Bute HSCP our contract and commissioning team are responsible for ensuring that any care deficiencies reported are recorded and cross referenced with other information, for example Care Inspectorate Reports. If there are issues of concern we act in accordance with the contract management framework. We take action where services fail to meet ongoing standards or where there is breach of contract.

The provider is responsible for developing and delivering an action plan that satisfies the Council and Care Inspectorate (if they are involved) and that there are steps to improve services. Where there is no evidence of improvement, HSCP Heads of Service take decisions about any required action. This could involve reductions in rate, increased monitoring activity such as on site visits and imposing conditions on the service such as a moratorium (no further referrals) until issues resolve or the contract is terminated.

Any action to address service deficiencies will attempt to do so in ways that prioritises outcomes for people who use our services and ensures safety and wellbeing.

An example this year was Craigard residential care establishment in Bute was served notice to close by the Care Inspectorate, and the Head of Service (East) made arrangements for a smooth transition for residents to be moved to other care homes.

We will regularly visit the provider to ensure the action plan is progressing, including liaison with care managers and other bodies and gathering evidence about service improvements.

This level of contract monitoring activity will continue until such times as HSCP is satisfied that the service has made the necessary improvements to ensure the care, safety and wellbeing of residents.

Internal Care Services

Internal services undergo inspection from the Care Inspectorate.

In 2016-17, 16 internal services were inspected and the table at Appendix 2 shows the care grades awarded.

One of Scottish Government's suite of National Indicators is the proportion of care services graded 'good' (4) or above in Care Inspection Grade. As at 31 March 2016, 89% of HSCP inspected services were graded 4 or above.

See Appendix 2 for care inspection grades.

9. Audit Committees

The IJB is required to have Audit Committees in place to ensure sound governance, to review the overall internal control arrangements and to ensure the efficient and effective performance of the Health and Social Care Partnership in order to deliver the outcomes from the Strategic Plan.

Financial Audit Committee

Membership of the Audit Committee, as at 31st March 2017 includes six members of the IJB and professional advisors, the IJB members appointed to the Audit Committee in 2016-17 were:

Elaine Wilkinson (Chair)	NHS Highland Board
Cllr Elaine Robertson (Vice Chair)	Argyll and Bute Council
David Alston	NHS Highland Board
Cllr Anne Horn	Argyll and Bute Council
Betty Rhodick	IJB Member
Heather Grier	IJB Member

Professional advisors include representation from Internal Audit (Scott Moncrieff), External Audit (Audit Scotland), the Chief Officer, the Chief Financial Officer and any other professional advisors as required.

Clinical and Care Governance Committee

Membership of the Clinical and Care Governance Committee as at 31st March 2017:

Louise Long (Co-chair)	Head of Service, Children & Families
Elizabeth Higgins (Co-chair)	Lead Nurse
Christina West	HSCP Chief Officer
Linda Currie	Lead AHP
John Dreghorn	Locality Manager
Elaine Garman	Public Health Specialist
Dr Michael Hall	HSCP Clinical Lead
Anne Horn	Elected Member, A&B Council
John MacDonald	NHS
Annie MacLeod	Locality Manager
Euan MacDonald	NHS
Lorraine Paterson	Head of Adult Services (west)
Allen Stevenson	Head of Adult Services (east)
Euan Thomson	NHS Highland
Fiona Thomson	Lead Pharmacist
Donald Watt	Local Area Manager

The Clinical and Care Governance Committee meets quarterly. Minutes are not published as yet, but work is under way to establish a micro-site for the committee, where information can be made available to the public.

Strategic Planning Group

The Strategic Planning Group was originally convened to assist the IJB with production of the Strategic Plan 2016/19. It now meets quarterly to monitor progress against the strategic objectives and priorities. An action note is taken at each meeting, this note is not published.

The Argyll & Bute SPG expanded from statutory membership into a larger group, to ensure that all relevant bodies and specialisms were included. In common with many other HSCPs we are currently reviewing the Terms of Reference and membership to support the group's future role.

Membership of the Strategic Planning Group as at 31st March 2017:

Stephen Whiston	Chair, Head of Strategic Planning & Performance
Christina West	Chief Officer, HSCP
Caroline Whyte	Chief Financial Officer, HSCP
Louise Long	Chief Social Work Officer
Elaine Wilkinson	NHS Highland Board
Robin Creelman	NHS Highland Board, Vice Chair IJB
Cllr. Kieron Green	Elected Member, Chair IJB
Cllr. Elaine Robertson	Elected Member
Dr. Michael Hall	Clinical Director, HSCP
Elizabeth Higgins	Lead Nurse
Duncan Martin	Health Care Forum
Michael Roberts	Health Care Forum
Catherine Paterson	Dochas Carers Centre
Glenn Heritage	CEO Argyll TSI
Niall Kieron	Divisional General Manager, Marie Curie, Scotland
Alastair MacGregor	Director ACHA
Allan Murphy	Director, Dunbritton Housing Association
Bill Halliday	A&B Council Housing Services
Muriel Kupris	Leisure & Youth Services Manager
Lorraine Paterson	Head of Adult Services
Allen Stevenson	Head of Adult Services
Alex Taylor	Locality Manager, Children & Families
Julie Hempleman	Adult Protection Manager

Anne Austin	Scottish Care
Susan Spicer	Scottish Care
Kristin Gillies	Senior Service Planning Manager
Patricia Trehan	Service Planning Manager
Julie Cameron	Team Leader
Cath McLoone	Team Leader
Joe Paterson	Team Leader
Jill Anderson	Social Worker
Kirsteen Green	Business Improvement Officer, Criminal Justice

10. Locality Arrangements

The Public Bodies (Joint Working) (Scotland) Act 2014 specified that Health and Social Care Partnerships (HSCPs) must set up two or more localities[3]. Localities were set up to enable service planning at locally relevant geographies within natural communities[4]. The HSCP is required to report annually on performance at the locality level[2].

Scottish Government guidance states, for planning that:

"Localities must:

a) *Support the principles that underpin collaborative working to ensure a strong vision for service delivery is achieved. Robust communication and engagement methods will be required to assure the effectiveness of locality arrangements.*
b) *Support GPs to play a central role in providing and co-ordinating care to local communities, and, by working more closely with a range of others - including the wider primary care team, secondary care and social care colleagues, and third sector providers - to help improve outcomes for local people.*
c) *Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care."*

Localities Guidance (2015) Scottish Government[2]

Localities do not have to be defined by a hard line on a map but rather represent natural communities and delivery of local services[2].

Localities in Argyll and Bute were defined in section 6 of Argyll & Bute HSCP Strategic Plan 2016/17 – 2018/19[5]. Localities in Argyll and Bute are defined descriptively in the table below.

[3] Public Bodies (Joint Working) (Scotland) Act 2014

[4] Localities Guidance (2015) Scottish Government

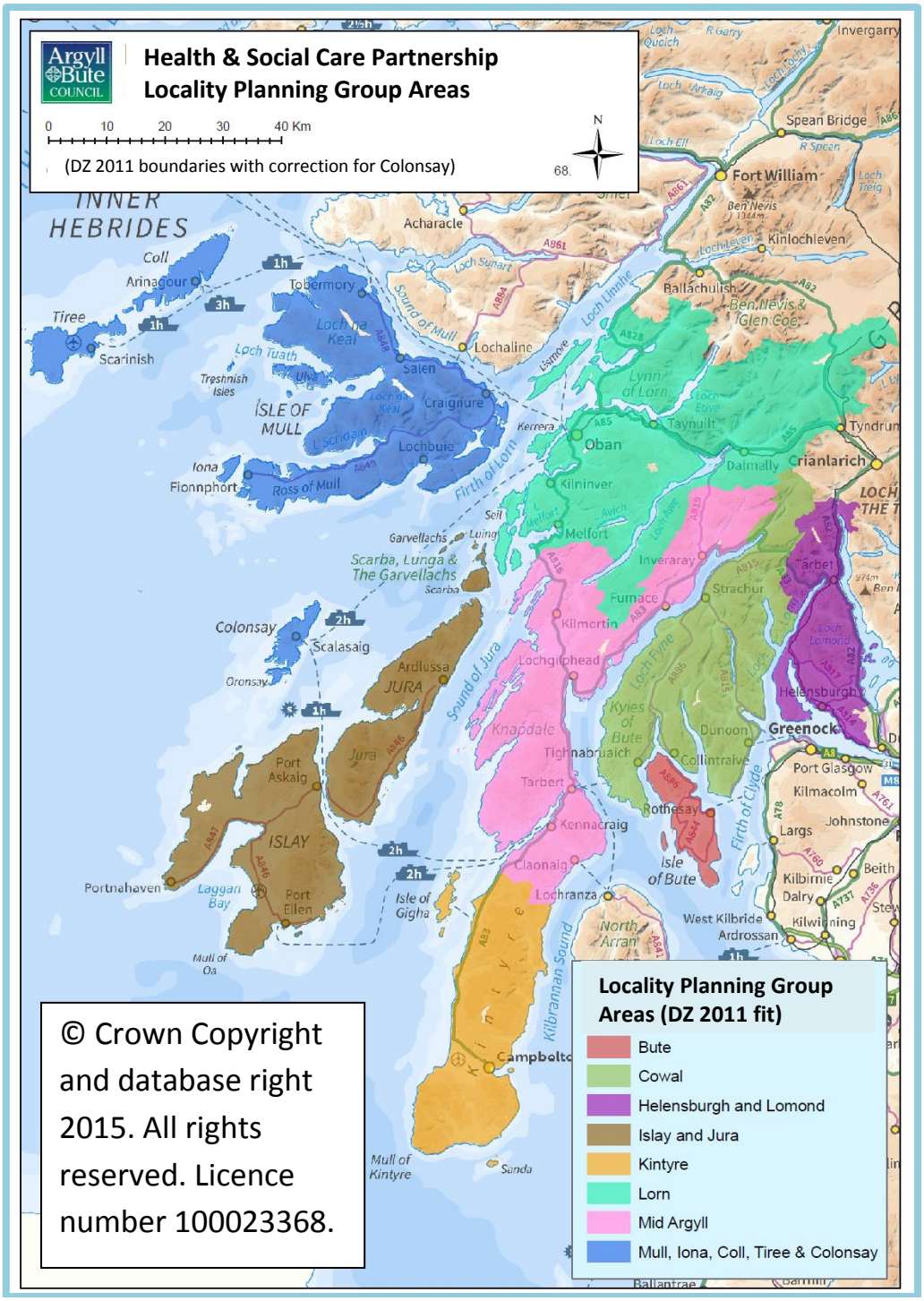
[5] Argyll & Bute HSCP Strategic Plan 2016/17 – 2018/19 NHS Highland and Argyll and Bute Council
Note that the strategic plan actually places Coll and Tiree with Oban and Lorn and places Colonsay with Islay and Jura. However, this has never actually been the case.

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

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

Although localities are not defined by a hard boundary, it is helpful to show Locality Planning Group Areas on a map. The map below shows boundaries based on 2011 datazones, with a correction for Colonsay (which is otherwise included in a datazone with Islay).

Note that, close to these boundaries, HSCP services may actually be delivered from another nearby area, and in some cases there may be choice as to which service a patient uses. In addition, localities may host services that are accessed by people living outside of that locality e.g. Lorn and Islands Hospital is managed within the Oban and Isles locality but it is used by people from Mid Argyll, Kintyre and Islay localities. Equally residents in Helensburgh and Lomond access services in Alexandria and Dumbarton which are provided by NHS GG&C.



The GP practices in each Locality Planning Group Area can be found here: GP practices within LPG areas.docx. A look-up table showing a best-fit of 2011 datazones to Locality Planning Group Areas can be found here: GP practices within LPG areas.docx

The HSCP strategic plan requires each locality to produce a Locality Action Plan which details the actions each locality will take to achieve the core strategic objectives as well as the 9 National Health and Wellbeing Outcomes. Localities can also work together where service delivery is shared across localities[2]. Locality Planning Groups (LPGs) are meeting in each area to fulfil the required locality planning function. In addition, Coll, Tiree and Colonsay have formed a single separate group, distinct from that for Mull and Iona, to discuss planning issues specific to these islands. Similarly, a planning group specifically for Mental Health Services is currently being set up with a first meeting in June 2017.

LPGs are required to have the:

" *…direct involvement and leadership of:*

- *health and social care professionals who are involved in the care of people who use services (including GPs)*
- *representatives of the housing sector*
- *representatives of the third and independent sectors*
- *carers' and patients' representatives*
- *people managing services in the area of the Integration Authority."*

Localities Guidance (2015) Scottish Government[2]

Locality planning covers all the services within Argyll and Bute HSCP. There is a wider range of services within Argyll & Bute HSCP than most other HSCPs in Scotland[6]. It includes all social work including adult, children and families and criminal justice social work, all services delivered by the Health Board in Argyll & Bute, encompasses both primary and secondary care for all ages and the commissioning of NHS services other Health Boards, notably Greater Glasgow and Clyde. .

Each Locality Planning Group (LPG) has a Chair and Co-Chair drawn from either health, social care, the TSI or Independent Service providers. Other LPG members represent a wide range of stakeholders. Whilst membership has been developed according to Scottish Government guidance, there is local variation which reflects the diversity of our communities.

[6] http://www.audit-scotland.gov.uk/report/health-and-social-care-integration

The role of the Locality Planning Groups is to assess evidenced, identified need in terms of issues relating to health and social care; to suggest how these needs might be addressed; to plan and prioritise actions and services on the basis of what is most important to the local community, which is within the overall strategic framework; to be supported in this task as required by the workforce from the statutory and voluntary sectors; to be informed by the experience and views of service users and carers; to monitor performance in relation to prioritised actions and outcomes; and to reflect all of these within an agreed Locality Action Plan.

The Locality Planning Groups have taken time to become established and to form effective working relationships. This is in part because the groups are a new concept, bringing together a range of stakeholder representatives, tasked with action planning for their locality, through the development of local actions that align with the 6 strategic areas of focus defined in our strategic plan; make the savings required in the Quality and Finance Plan and at the same time move the organisation towards the transformational change required for a sustainable future.

The 6 Strategic Areas of Focus are:

1. Promote healthy lifestyle choices and self-management of long term conditions
2. Reduce the number of avoidable emergency admissions to hospital and minimise the time that people are delayed in hospital.
3. Support people to live fulfilling lives in their own homes, for as long as possible.
4. Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing.
5. Institute a continuous quality improvement management process across the functions delegated to the Partnership.
6. Support staff to continuously improve the information, support and care that they deliver.

There is an overarching focus on Best Value, with all actions required to efficiently and effectively manage all resources to deliver Best Value.

In view of the HSCP's financial position a Quality and Financial Plan has been developed to ensure the provision of high quality, forward-facing services, delivered within the available financial envelope. This has required the Locality Action Plans to encompass a focus on the four Quality and Finance Objectives:

1. Reduce unplanned admissions/re-admissions to hospital
2. Reduce length of stay in hospital
3. Prevent delayed discharge
4. Shift the balance of care toward care in the community

Through monthly meetings during 2016/17, Locality Planning Groups have developed their first Locality Action Plans. These identify local priorities to address the 6 Strategic areas of focus in line with the HSCP strategic plan.

The Locality Planning Groups have each established a sub-group focused on Communications and Engagement and with support from Scottish Care Local Integration Leads they have recently established Workforce Planning Groups. The initial focus of the Locality Workforce Planning groups will be on recruitment and retention of social care workers. The difficulty in recruiting to and retaining trained workers in this field is one of the primary contributory factors to the lack of availability of home care at the time it is needed, resulting in people being delayed in hospital, when they are medically fit for discharge. This is an issue affecting care provision nationally, and which is exacerbated by the remote and rural geography of Argyll & Bute.

Locality Action Plans are being finalised for 2017/18 and will also be made available online in due course.

There are Health and Care Forum (HCF) in each Locality. These HCFs are a key forum for members of the public to become actively involved in how health and social care services are planned and delivered locally.

11. Looking ahead the next 2 years

The HSCP through is strategic plan outlined what we expected our services to look like by 2019:

- A single Health and Social Care team will provide more services in your community 24/7 (Adults and Children's)
- You will only need to contact one person for all Health and Social care in your community
- More people will choose self- directed support to design and deliver services that meet their personal needs and objectives
- There will be more support and referral for keeping yourself healthy and using everyday social and leisure pursuits to live a good life in your community.
- We will become comfortable with using technology to support care at home, e.g. remote monitoring of long term conditions on equipment at home and enabling consultations with trained staff by telephone or video.
- Your local hospital will continue to co-ordinate and deliver emergency medical care, with fast access to Glasgow hospitals when necessary
- GP and other 'front-line' services will continue to be provided locally. However we expect that, through mergers and federations, there will be fewer GP practices. This will provide a greater choice to patients – e.g. a male or female doctors and offer you a range of GPs and nurses with special interests and training.
- Most hospital treatments will not require a stay in hospital, with hospital beds being used only for those needing more complex medical care– Less hospital beds
- With more care delivered in the home, and with more support for carers (especially family and friends), nursing- and care-home beds will be used for those who need a higher level of care.
- After an episode of illness when a person's ability decreases, health and care services will work hard with that person to get back as much of their ability as possible reablement

It is clear from what we have detailed in this performance report in 2016/17 we have made some progress on moving to this kind of service. However, it is also clear that we are not moving fast enough.

In 2016/17 we have had a number of challenges covering service issues and in communication with the public and our staff, notably:

- Public and political opposition to the way in which the IJB announced service review and redesign proposals without real communication and engagement with the public e.g. implications for care home beds in Struan Lodge in Dunoon, Thomson Court Day centre on Bute.
- Reduction in care home beds due to demand increasing and the alternative community care models not being in place- particularly in Dunoon.
- Fragility in the home care sector as a result of our inability to recruit care workers notably in Oban and Kintyre with our independent sector partners.
- The closure of Auchinlee care home in Kintyre due to CrossReach being no longer able to support the financial losses. The difficult process to agree an extension which will see its planned closure by March 2018, with alternative local provision in place.
- The closure of the Craigard care home on Bute due to care inspectorate concerns.
- We have been unable to recruit consultant physician, consultant urologist and consultant psychiatry posts to Lorn and Isle Hospital and Argyll and Bute hospital, putting services at risk and incurring excessive locum costs.
- Continued difficulties to recruit GPs notably in Garelochhead, the Isle of Mull and Kintyre Medical Group.
- Difficulties in recruiting nurses, pharmacists and other Allied Health professionals such as OT across Argyll and Bute.
- Recruitment of registered mental health nurses and a senior charge nurse for acute mental health services.
- Establishing the new GP clusters (replacing the old GP contract requirements) as the means of establishing peer-led, values driven quality improvement activity with both a focus on internal GP practice based quality and wider contribution to locality based quality of care and service provision.

When considered all together these provide a picture of on-going service risk around local service sustainability, patient and client safety and significant additional cost, all of which are unacceptable.

To address this we clearly need to accelerate our redesign of service models. Whilst learning from the problems the HSCP has encountered this year. To this end we have reviewed the findings of our after action reviews facilitated by the Scottish Health Council on our public involvement and engagement processes in Dunoon and Bute and will look to adopt best practice going forward. To support this we are also investing in additional communications and engagement staff over the next 2 years to support our redesign activity.

In 2017/18 we will be progressing a number of significant service reviews and redesigns focused on the whole care pathway. These include:

- Minimising the use of external placements for looked after children
- Completing the planning the future project of the role and function of Lorn and Islands hospital as a 24/7 consultant led rural general hospital
- Redesign of Learning Disability services to focus on maximising the independence and choice of service users by focusing more on community and at home settings
- Undertake a review of care home and care at home services in the West of Argyll to commission and implement a new progressive care model that focuses on person centred care, maintaining independence within an appropriate care setting – home, supported housing, progressive care housing complex or nursing care home.
- Over the next 2 years Investing £1.6 million in our community and care workforce at locality level to provide more care in the community with reablement and anticipation and prevention of illness as the focus
- Preparing and supporting GP services to implement the new national contract and the new multidisciplinary models of care which are in development
- Develop a robust workforce plan at locality level which will ensure we have the right number of staff with the right skills to support the service model of care we have identified.

Within Children's services we will:

- Continue to work towards an integrated children's and maternity service
- Redesign services to children in distress to improve early identification and support
- Redesign care services to reflect the direction of the Children and Young People (Scotland) Act 2014
- Strengthen the permanence pathway in securing "for ever" homes for children who cannot live with their birth parents
- Implement the Community Justice (Scotland) Act 2016 and reduce youth and adult offending rates
- Work creatively to plan the workforce we require and improve the recruitment and retention of staff.

Driving this are further national performance targets, financial pressures and national clinical policies which will see fewer hospitals with in-patient units in each specialty as these services will be planned on a regional basis.

The table below details some of the performance targets we are setting in Argyll and Bute for 2017/18

The HSCPs improvement targets in the performance domains at Argyll and Bute scale for 2017/18:

Indicator & Trajectory	Indicator	Target	Frequency	Period	Latest Data	Indicative Target
Unplanned Admissions	Total number of admissions*	Reducing bed days up to 10% by 2017/18.	Monthly Data	Feb 17	673	606
	A&E conversion rate			Feb 17	37.40%	
Unplanned bed days	Total number of bed days acute specialities *	Reducing bed days by between 1-10%.	Monthly Data	April 16 -Feb 17	56,069	50,462-55,508
	Total number of bed days mental health specialities *			April-Dec 16	10,333	9,333
A&E performance	Number of attendances-RGH	Remain at current levels of performance	Monthly Data	Feb 17	1143	
	% seen within 4hrs			Feb 17	95.20%	
Delayed discharges	Total number of bed days occupied	Reducing delayed discharges occupied bed days by 10%.	Monthly Data	Jan 17	511	460
	Reason for delay - Code 9 Exemptions			Jan 17	62	
	Reason for delay - H&SC			Jan 17	344	

Indicator & Trajectory	Indicator	Target	Frequency	Period	Latest Data	Indicative Target
	Reasons					
	Reason for delay - Patient /Family			Jan 17	105	
End of Life Care	Percentage of last six months of life by setting community & hospital	Remain at current levels of performance	Annual Data	2015/16	90%	
	Occupied bed days during last six months of life			2015/16	20749	
Balance of care	Percentage of population in community or institutional settings	By 2021 have the majority of the health budget being spent in the community **	Annual Data	-	-	-

Note:
**** Data includes NHSGG&C and Argyll and Bute Hospital activity***
***** Not yet available***

If we meet these targets we will be able to transfer the money we spend on acute hospital services to community and preventative services helping us to provide and keep more care locally.

In addition we will be working with our clinicians to provide more diagnostic and outpatient return appointments locally to prevent people travelling to centralised services in hospitals in NHS Greater Glasgow and Clyde or in Argyll and Bute.

Appendix 1

Critical friend editorial review of the Annual Performance Report:

The HSCP Annual Performance Report 2017 has gone through a development and iteration process in which managers and officers provided the information to populate the report.

Firstly the report was reviewed and amended by a number of officers of the HSCP, with a view to accuracy of the content and its alignment to Scottish Government guidelines.

After that interested parties representing potential readers volunteered their time to read and comment upon the content, presentation, ease of reading and general interest, from the point of view of the sector of the population they represent. The HSCP is grateful to them for their time and the value they have added to the report.

Critical Friend Reviewers:

Name	**Designation**
Glenn Heritage	Member: Argyll & Bute Strategic Planning Group
Becs Barker	Caring Connections Coach
Anne Austin & Susan Spicer	Independent sector: Scottish Care
Lynda Syed	Third sector: Argyll TSI
Craig Butler	Unpaid/family carer
Tim Sinclair	Unpaid/family carer
Alan Adair	Service user (adults)
Susan Knox	Service user (adults)
Rachel Coll	Representing young people
Aidan Steeples (modern apprentice)	HSCP staff member

Critical Friend Review Response Analysis:

The HSCP Annual Performance Report is essentially a management report shaped by Scottish Government guidelines. We accept that it is not appealing to all members of the public and the HSCP will consider altering the format in future years, as suggested, possibly strengthening the focus on the Strategic Plan, objectives and including comments from the Chair of the IJB.

Jargon and technical terms are hard to avoid, but we have tried to remove or explain them, adding charts or diagrams for clarification where necessary. As this is our first reporting year we are still developing some reporting structures, for example locality scorecards, and locality plans which will be available in future years.

We have used the editorial advice to make the report more visually accessible, by changing colours and fonts. The use of pictures raised mixed feelings, however, a large number of our editorial advisers felt that pictures made the report appealing to a wider public readership.

Sourcing a range of practice examples from across Argyll & Bute was challenging, we have learned that we need to collect these during the year, varied geographically and by topic, so that we have a ready source of material for reports in future years.

There is currently only one outcome for carers, we have explained this and we are also undertaking an innovative piece of work with carers to enable us to demonstrate the use of qualitative measures in the future. Further outcome measures are also being developed for Children & Families. These will be incorporated in performance reporting in 2017/18

The editorial group thought that overall the report was easy to read but could be improved – we have made adjustments as far as possible in response to the suggestions received. We have also taken learning for future years to help us continuously improve the way in which we communicate the successes, as well as the issues and challenges to the people in Argyll & Bute.

Appendix 2

Care Inspection Grades:

Name / Care Inspectorate Number	Inspection Date	Quality Theme CI Grades (1-6)
Children and Families		
Achievement Bute CS2005091229	9th March 2016	Care & Support – 5
		Environment – N/A
		Staffing – 5
		Management & Leadership - 4
Cornerstone CS2012307560	6th December 2016	Care & Support - 5
		Environment – N/A
		Staffing - 5
		Management & Leadership - 4
Scottish Autism – Oban autism Resources CS2006129195	16th August 2014	Care & Support - 4
		Environment - 4
		Staffing - 4
		Management & Leadership - 4
Ardlui Respite House – Sense Scotland CS2010249688	10th May 2016	Care & Support – 4
		Environment - 4
		Staffing - 4
		Management & Leadership - 4
Helensburgh Children's Unit (Argyll and Bute Council) CS2003000426	16th December 2016	Care & Support - 5
		Environment - 5
		Staffing - 5
		Management & Leadership - 5
Shellach View (Argyll and Bute Council) CS2003000461	16th August 2016	Care & Support - 5
		Environment - 5
		Staffing - 5
		Management & Leadership - 5
Dunclutha Residential Home (Argyll and Bute Council) CS2003000451	28th October 2016	Care & Support - 5
		Environment - 5
		Staffing - 5
		Management & Leadership - 5
Dunoon School Hostel (Argyll and Bute Council) CS2006115758	28th October 2016	Care & Support - 5
		Environment - 5
		Staffing - 5
		Management & Leadership - 4
Glencruitten Hostel (Argyll and Bute Council) Cs2006130205	26th November 2016	Care & Support - 4
		Environment - 4
		Staffing - 4
		Management & Leadership - 4
Argyll and Bute Adoption	25th November 2015	Care & Support - 4

Service CS2004082322		Environment – N/A Staffing - 4 Management & Leadership - 5
Argyll and Bute Fostering Service CS2004082341	25th November 2015	Care & Support - 5 Environment – N/A Staffing - 4 Management & Leadership - 5
Community Support Network CS2004079237	29th March 2016	Care & Support - 4 Environment - Staffing - 4 Management & Leadership - 4
Older People – Care Homes		
Struan Lodge (Argyll and Bute Council) CS2003000452	6TH February 2017	Care & Support - 6 Environment - 5 Staffing - 5 Management & Leadership - 5
Thomson Court (Argyll and Bute Council) CS2003000453	10th November 2016	Care & Support - 5 Environment - 5 Staffing - 5 Management & Leadership - 5
Eader Glinn Residential Home (Argyll and Bute Council) CS2003000460	22nd September 2016	Care & Support - 6 Environment - 4 Staffing - 6 Management & Leadership - 6
Tigh a Rhuda Residential Home (Argyll and Bute Council) CS2003000462	26th May 2016	Care & Support - 3 Environment - 3 Staffing - 3 Management & Leadership - 3
Ardfenaig Residential Home (Argyll and Bute Council) CS2003014233	11th October 2016	Care & Support - 5 Environment - 4 Staffing - 5 Management & Leadership - 6
Gortanvogie Residential Home (Argyll and Bute Council) CS2003000447	9th November 2016	Care & Support - 4 Environment - 3 Staffing - 5 Management & Leadership - 5
Invereck CS2003000418	13th October 2016	Care & Support - 5 Environment - 4 Staffing - 4 Management & Leadership - 5
Auchinlee CS2003000416	16th November 2016	Care & Support - 3 Environment - 3 Staffing - 3 Management & Leadership - 3
Argyle Care Centre CS2005111774	11th November 2016	Care & Support - 3 Environment - 3

		Staffing - 3
		Management & Leadership - 3
Ardnahein CS2014325883	19th April 2016	Care & Support - 5
		Environment - 4
		Staffing - 4
		Management & Leadership - 4
Kintyre Care Centre CS2011300742	31st August 2016	Care & Support - 4
		Environment - 4
		Staffing - 4
		Management & Leadership - 4
Lochside Care Home CS2011300482	11th February 2016	Care & Support - 4
		Environment - 4
		Staffing - 4
		Management & Leadership - 4
Ashgrove Care Home CS2012313839	8th September 2016	Care & Support - 3
		Environment - 4
		Staffing – 3
		Management & Leadership - 4
Lynn of Lorne CS2011305842	15th December 2016	Care & Support - 3
		Environment - 3
		Staffing - 3
		Management & Leadership - 3
Morar Lodge Nursing Home CS2003010220	30th April 2016	Care & Support - 5
		Environment - 5
		Staffing - 4
		Management & Leadership - 5
Palm Court CS2003000439	2nd June 2016	Care & Support - 2
		Environment - 2
		Staffing - 2
		Management & Leadership - 1
North Argyll House CS2015338261	2nd December 2015	Care & Support - 5
		Environment - 4
		Staffing - 5
		Management & Leadership - 4
Clydeview Care Home CS2011299158	15TH August 2016	Care & Support - 4
		Environment - 4
		Staffing - 2
		Management & Leadership - 3
Ardenlee Care Home CS2004059227	4th March 2016	Care & Support - 4
		Environment - 4
		Staffing - 4
		Management & Leadership - 5
Northwood House CS2003000436	7th August 2015	Care & Support - 4
		Environment - 4
		Staffing - 4
		Management & Leadership - 5

Older People Services		
Allied Healthcare (Greenock) CS2013318367	26th January 2016	Care & Support - 6
		Environment – N/A
		Staffing - 6
		Management & Leadership - 6
Allied Healthcare (Isle of Bute) CS2013316910	31st March 2016	Care & Support - 4
		Environment – N/A
		Staffing - 4
		Management & Leadership - 4
Alzheimers Scotland CS2012306157	22nd July 2016	Care & Support - 6
		Environment -
		Staffing - 5
		Management & Leadership - 5
Homecare – Mid Argyll, Jura, Islay and Kintyre Homecare (Argyll and Bute Council) CS2004079966	7th December 2015	Care & Support - 4
		Environment – N/A
		Staffing - 4
		Management & Leadership - 4
Mull & Iona, Coll, Tiree and Colonsay Homecare (Argyll and Bute Council) CS2004079386	5th February 2016	Care & Support - 4
		Environment – N/A
		Staffing - 4
		Management & Leadership - 4
Lynnside Day Centre (Argyll and Bute Council) CS2003017604	3rd March 2014	Care & Support - 4
		Environment - 5
		Staffing - 4
		Management & Leadership - 4
Struan Lodge Day Care (Argyll and Bute Council) CS2003017601	17th August 2016	Care & Support - 4
		Environment - 5
		Staffing - 5
		Management & Leadership - 4
Thomson Court Day Care (Argyll and Bute Council) CS2003000458	23rd September 2014	Care & Support - 5
		Environment - 4
		Staffing - 5
		Management & Leadership - 5
Argyll Homecare CS2005090291	27th July 2016	Care & Support - 5
		Environment -
		Staffing - 5
		Management & Leadership - 4
Bield Housing CS2004075039	7th December 2015	Care & Support – 4
		Environment -
		Staffing – 4
		Management & Leadership - 4
Care + Oban CS2010238000	25th May 2015	Care & Support - 4
		Environment -
		Staffing - 4
		Management & Leadership - 4
Careplus	21st October 2016	Care & Support - 5

CS2006138764		Environment -
		Staffing - 5
		Management & Leadership - 6
Carers Direct CS2004076349	12th October 2016	Care & Support - 4
		Environment -
		Staffing - 3
		Management & Leadership - 5
Carewatch CS2003053843	26th August 2016	Care & Support - 3
		Environment -
		Staffing - 3
		Management & Leadership - 3
Carr Gomm Argyll and Bute CS2011298798	10th June 2016	Care & Support - 4
		Environment -
		Staffing - 5
		Management & Leadership - 4
Oasis Day Centre (Crossreach) CS2007150612	26TH August 2016	Care & Support - 6
		Environment - 6
		Staffing - 6
		Management & Leadership - 5
Cowal Care Services CS2004076137	31st August 2016	Care & Support - 5
		Environment -
		Staffing - 5
		Management & Leadership - 5
Crossroads Cowal & Bute CS2005089569	17th November 2016	Care & Support - 5
		Environment -
		Staffing - 3
		Management & Leadership - 4
Joans Carers CS2004077225	12th January 2017	Care & Support - 5
		Environment -
		Staffing - 5
		Management & Leadership - 4
M&J (Progressive Care & Support) CS2011285425	31st October 2016	Care & Support - 4
		Environment -
		Staffing - 3
		Management & Leadership - 3
Mears Homecare Ltd CS2013317614	31st March 2016	Care & Support - 4
		Environment -
		Staffing - 4
		Management & Leadership - 3
Mears Care Ltd CS2009234912	24TH June 2016	Care & Support - 4
		Environment -
		Staffing - 4
		Management & Leadership - 4
Premier Healthcare CS2008173018	18th November 2015	Care & Support - 5
		Environment -
		Staffing - 4

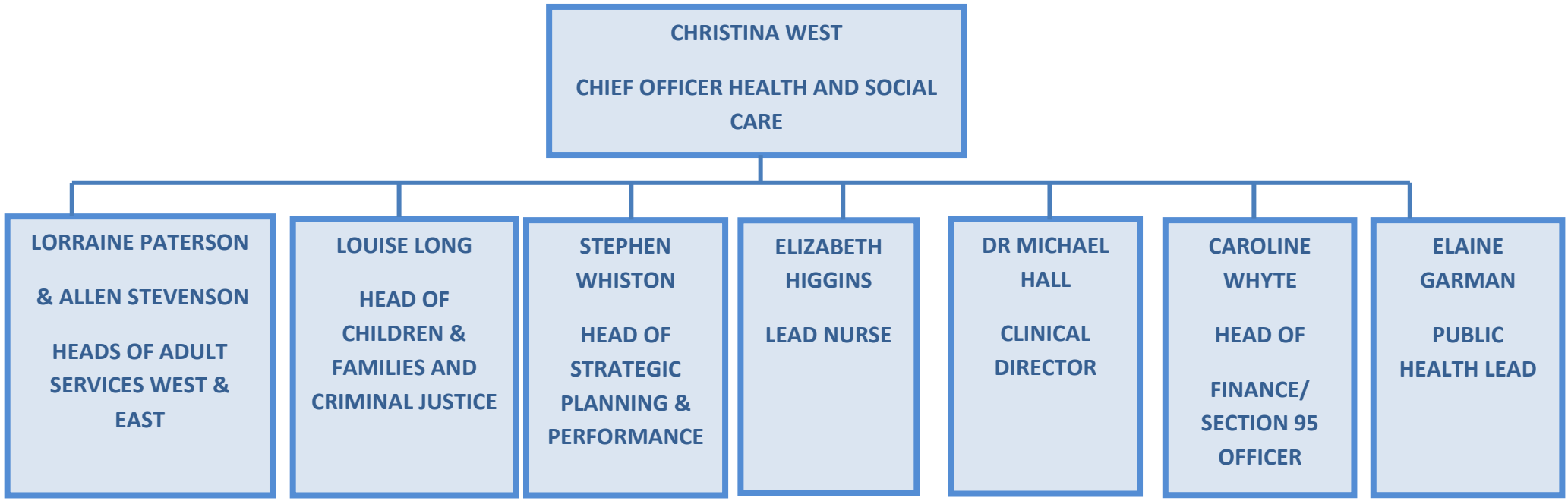
		Management & Leadership - 4
Quality Care CS2008175579	24th November 2016	Care & Support - 4
		Environment -
		Staffing - 4
		Management & Leadership - 3
Trust Housing Association CS2004056389	12TH October 2015	Care & Support - 5
		Environment -
		Staffing - 5
		Management & Leadership - 5
Mid Argyll Day Care CS2003000449	17th June 2016	Care & Support - 2
		Environment - 2
		Staffing - 2
		Management & Leadership - 2
Adult Services		
Greenwood (Argyll and Bute Council) CS2011300914	6th May 2016	Care & Support - 4
		Environment – N/A
		Staffing - 4
		Management & Leadership - 4
Beechwood Care Home CS2003000423	17th August 2016	Care & Support - 5
		Environment - 3
		Staffing - 5
		Management & Leadership - 4
Gleneuchar (Argyll and Bute Council) CS2007163764	26th March 2014	Care & Support - 5
		Environment – N/A
		Staffing - 5
		Management & Leadership - 5
Blue Triangle Oban Housing Support Service CS2004079132	30th July 2015	Care & Support - 4
		Environment -
		Staffing - 4
		Management & Leadership - 4
HELP project CS2003053769	18TH July 2016	Care & Support - 6
		Environment -
		Staffing - 6
		Management & Leadership - 6
Kintyre Youth Enquiry Service CS2004079945	3rd July 2015	Care & Support - 5
		Environment -
		Staffing - 5
		Management & Leadership - 5
Affinity Trust Scotland CS2011290081	9th June 2016	Care & Support - 4
		Environment -
		Staffing - 4
		Management & Leadership - 5
Asist (Argyll and Bute Council) CS2004057455	29th June 2015	Care & Support - 4
		Environment - 4
		Staffing - 4
		Management & Leadership - 4

Community Resource Team CS2010271064	1st December 2016	Care & Support - 5 Environment - Staffing - 4 Management & Leadership - 4
Lochgilphead Resource Centre CS2003015618	29th August 2014	Care & Support - 6 Environment - 4 Staffing - 4 Management & Leadership - 4
Lorne Resource Centre CS2003000465	1st December 2016	Care & Support - 4 Environment - 4 Staffing - 4 Management & Leadership - 3
Phoenix Resource Centre CS2003017600	23rd October 2015	Care & Support - 5 Environment - 4 Staffing - 5 Management & Leadership - 5
Woodlands Centre CS2003000450	19th March 2015	Care & Support – 5 Environment – 5 Staffing - 5 Management & Leadership - 5
Crossroads North Argyll CS2003055541	8th November 2016	Care & Support - 5 Environment - Staffing - 5 Management & Leadership - 5
Dunoon Link Club CS2003054021	30th June 2016	Care & Support - 4 Environment - Staffing - 5 Management & Leadership - 4
Enable Scotland – Dunoon CS2003054021	16th February 2016	Care & Support - 4 Environment - Staffing - 4 Management & Leadership - 4
Enable Scotland – Helensburgh CS2004061919	22nd September 2016	Care & Support - 6 Environment - Staffing - 5 Management & Leadership - 5
Enable Scotland – Oban, Lorn & Isles CS2004061922	9th September 2016	Care & Support - 6 Environment - Staffing - 6 Management & Leadership - 5
Enable Scotland – Helensburgh Day Services CS2005095308	9th July 2014	Care & Support - 5 Environment - Staffing - 5 Management & Leadership - 5
Enable Scotland – Mid Argyll and Kintyre	4th March 2016	Care & Support - 4 Environment -

CS2014325658		Staffing - 4
		Management & Leadership - 4
Key Community Supports – Argyll and Bute CS2004079432	27th September 2016	Care & Support - 4
		Environment -
		Staffing - 4
		Management & Leadership - 4
Mariner Home Care CS2004061507	11th October 2016	Care & Support - 5
		Environment -
		Staffing - 5
		Management & Leadership - 6
Mears Argyll and Bute Supported Living CS2011300944	18th January 2017	Care & Support - 4
		Environment -
		Staffing - 4
		Management & Leadership - 3
South Peak CS2004076276	29th March 2016	Care & Support - 4
		Environment - 4
		Staffing - 4
		Management & Leadership - 3
Addaction Scotland – Argyll and Bute Recovery Service CS2015336069	19th July 2016	Care & Support - 5
		Environment -
		Staffing - 5
		Management & Leadership - 5
Maxie Richards Foundation CS2003054045	25th July 2016	Care & Support - 5
		Environment -
		Staffing - 5
		Management & Leadership - 5

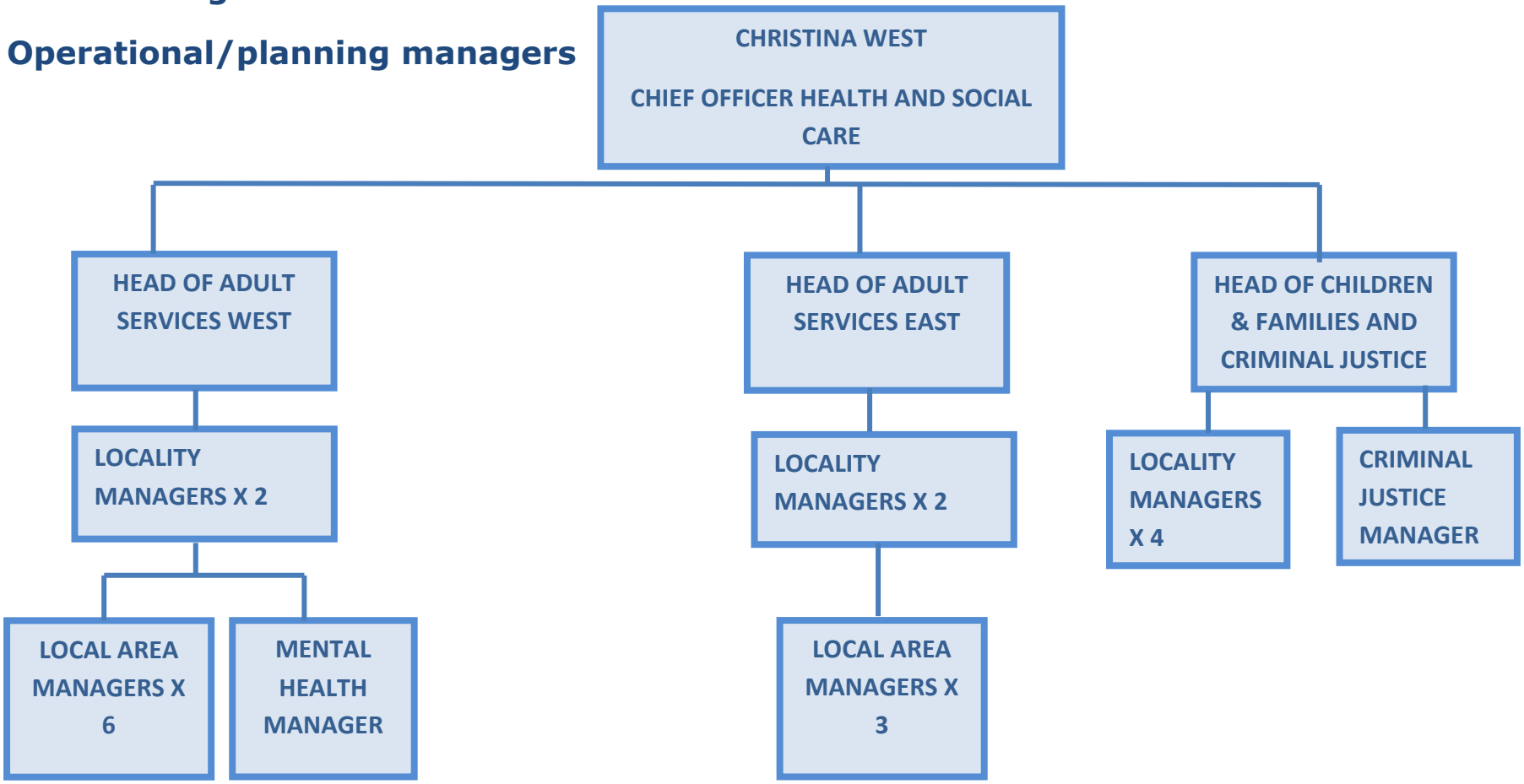
Appendix 3

Health and Social Care Partnership Organisational Structure - Senior Management team



HSCP Management Structure

Operational/planning managers



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.2

Date of Meeting: **2 August 2017**

Title of Report: **Clinical and Care Governance**

Prepared by: **Liz Higgins, Lead Nurse /**
Fiona Campbell, Clinical Governance Manager

The Integration Joint Board is asked to :

Note content of report, the risks identified and the risk management plans

1. EXECUTIVE SUMMARY

Report detailing:

1. Argyll and Bute HSCP Health and Safety Plan
2. Oban Laboratory Update
3. Hospital Standardised Mortality Ratio (HSMR)
4. Infection Control
5. Current Developments

2. INTRODUCTION

Clinical and care governance is the system by which Health Boards and Local Authorities are accountable for ensuring the safety and quality of health and social care services, and for creating appropriate conditions within which the highest standards of service can be promoted and sustained.

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation – built upon partnership and collaboration within teams and between health and social care professionals and managers.

It is the way by which structures and processes assure Integration Joint Boards, Health Boards and Local Authorities that this is happening

This report outlines current Clinical & Care Governance issues that require to be noted by the IJB and outlines action taken to address performance.

3. DETAIL OF REPORT

3.1 Argyll and Bute HSCP Health and Safety Plan

The NHS Highland Operational Health and Safety Management Plan was agreed at the NHS Highland Health and Safety Committee in February 2017. It sets out our priorities for Health and Safety at Operational level for the next 3 years.

The operational plan for Argyll and Bute HSCP Health and Safety Plan is an amalgamated plan including targets for both health and social care.

Priorities and targets associated with the Plan will be overseen and monitored by the Argyll and Bute HSCP Health & Safety Group and NHS Highland Health & Safety Committee and Argyll & Bute Council.

The Plan is stored on Smartsheet and will be updated by local managers. Once populated Smartsheet will produce a series of dashboards so that performance at different levels within the HSCP can be monitored e.g. HSCP; Service; Locality and Teams. The intention is that the information will also be made available on Pyramid.

Training and awareness associated with the Plan will be delivered to Managers June – July 2017 and the first reports should be available in the Autumn 2017.

3.2 Oban Laboratory Update

The previously tabled Oban Laboratory action plan continues to be progressed. The quality management system is currently being changed to 'I Passport' in line with the rest of NHS Highland. The implementation of the new system is being overseen by NHS Highland's Quality Manager.

Microbiology services continue to be supported by NHS Greater Glasgow & Clyde, discussions are underway with NHS Highland Raigmore Laboratory to undertake this work.

A new Medical Laboratory Assistant post has been appointed to support the team.

The Laboratory Clinical Lead Post has still to be confirmed and is being progressed by the NHS Highland Medical Director.

3.3 Hospital Standardised Mortality Ratio (HSMR)

Healthcare Improvement Scotland visited NHS Highland on the 25th May 2017 to review the work that is currently underway within Raigmore, Belford and Lorn & Islands Hospital. The Health Care Improvement Team were encouraged by the approach NHS Highland is taking to respond to the HSMR data and particularly mentioned the significant joint clinician and management leadership and ownership of the HSMR work, and strong front line clinical engagement. The team were also encouraged by the case note reviews of deaths, which have provided valuable learning about aspects of care that are good as well as identifying themes where quality of care can be improved. A revised approach has been developed across NHS Highland for routine ongoing mortality reviews. Lorn & Islands Hospital has adopted the new format for Mortality reviews from the 1st April 2017.

The Scottish Patient Safety Programme (SPSP) work has been refocused and within Lorn & Islands Hospital good evidence of data is available for the following work streams: Sepsis, Surgical Pause & Brief, Central Venous Catheter insertion and safety briefs. Lorn & Islands Hospital is currently focussing on the following safety bundles: Peripheral Vascular Cannulae insertion, Falls prevention, Venous Thromboembolism prophylaxis compliance, Clinical Coding and Catheter Associated Urinary Tract Infection (CAUTI).

The HAI inspectors visited Lorn & Islands Hospital recently to review the work that is currently underway regarding the implementation of the CAUTI bundle. The team fed back very positive results following their visit to Lorn & Islands Hospital. During the visit an opportunity was made for the Inspector to meet with the clinical staff, including medical staff at one of the regular teaching sessions, which proved very beneficial.

A review of clinical coding has also taken place and initially within Lorn & Islands Hospital we traditionally had a higher % of symptomatic codes being used. Following some quality improvement work including a teaching session on coding introduced has part of the induction of Junior Doctors, the use of symptomatic codes as dropped considerably. One of the Consultant medical staff now works closely with the clinical coders to ensure accuracy.

The future plans for Lorn & Islands Hospital are as follows:

- Embed the Structured judgement review tool into practice
- Continue with the SPSP – acute adult programme
- Further develop the Hospital safety wall
- Ensure identified learning is shared across the teams
- Maintain quality improvement work within everyday practice

The Challenges:

- Building capacity for quality improvement work – the need for a dedicated quality improvement resource for Lorn & Islands Hospital/HSCP on a permanent basis.
- Maintain engagement of key stakeholders
- Maintaining enthusiasm in the face of competing priorities in regards to workload.

3.4 Infection Control

Infection Outbreaks

The Argyle Care Centre in Helensburgh was closed from 10th – 26th May due to an outbreak of gastroenteritis which was confirmed as norovirus. 17 clients and 7 members of staff were affected.

Norovirus is highly infectious and spreads easily within care settings due to:

- ✓ Sudden onset of symptoms – victims often in public areas when symptoms start
- ✓ Projectile nature of vomiting – causes aerosol spread of virus around the sufferer
- ✓ Easy transmission of virus from surfaces > hands> mouth
- ✓ Low infectious dose – as few as 10 viral particles swallowed can cause symptoms

The outbreak was managed with the assistance of the Health Protection Team in Inverness who have responsibility for managing infection outbreaks in community settings.

***Staphylococcus aureus* bacteraemia (SAB)**

SAB is the subject of a HEAT target due to the high mortality rate (up to 50%). Healthcare associated SAB (as opposed to community acquired) is considered preventable until found otherwise and all are subject to detailed surveillance to assess the root cause and learn lessons.

There have been no new SABs reported in the HSCP since the beginning of April 17.

	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	TOTAL
MRSA	0	0	0	0	0	0	0	0	0	0	0	1	1
MSSA	1	0	0	1	1	0	1	0	2	1	1	0	8
Total Sabs	1	0	0	1	1	0	1	0	2	1	1	1	9

***Clostridium difficile* infection (CDI)**

CDI is the subject of a HEAT target as the predisposing factors include antibiotic ingestion and prolonged use of protein pump inhibitor(PPI) agents. Elderly females are at greatest risk although the disease is seen in all ages, especially during concurrent abdominal illness or chemotherapy treatment. Infection can spread to other vulnerable individuals in health and social care settings.

Some classes of antibiotic are considered to be greater risk and guidelines are updated regularly to assist antimicrobial prescribing decisions and ensure that patients only receive the narrowest spectrum drug indicated for the shortest possible time.

CDI symptoms range from mild diarrhoeal illness to severe, life threatening disease. All cases are subject to enhanced surveillance to assist in control and minimise the risk of recurrence and person to person transmission.

	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Ages 15-64	0	0	0	0	1	0	1	0	1	1	0	0
Ages 65 plus	0	2	2	1	2	0	3	0	2	0	1	0
Ages 15 plus	0	2	2	1	3	0	4	0	3	1	1	0

One 62 year old female had a second recurrence of mild CDI in April. This was managed by her GP in the community and she has since recovered.

One 76 year old female had a third recurrence of CDI in May, necessitating hospital admission. This lady is awaiting specialist admission for a surgical procedure, as other therapies have failed to prevent recurrence.

Recurrence of CDI is not uncommon following antibiotic therapy at any time after the initial infection. Some sources state the risk of symptom recurrence to be as high as 50%.

ONGOING CHALLENGES & RISKS

Challenges

- Despite previous indications that the ICNet (infection control software) project would be fully complete by the end of November 2016, automated electronic transfer of microbiological data from NHS Greater Glasgow & Clyde is still outstanding. Resolution of IT issues related to this have been further delayed due to resource constraints following the recent cyber attack which affected health systems in Scotland including NHS GGC.

- It has not yet been possible to reduce bed numbers in the multi-bedded areas in Campbeltown hospital to 4 beds per bay. The current level of 6 beds per bay results in non-compliance with the national standard of 1 clinical handwash basin per 4 beds in a multi-bedded area. Clinical teams are aware of possible increased cross infection risks in this situation and there is a contingency plan in place to install a temporary handwash facility if clinically indicated. This is the only area in Argyll & Bute which continues to have 6 bedded bays.

Risks

- The microbiology laboratory situation is unchanged since the last report. Due to resource issues in the Oban laboratory, microbiology samples normally processed there are all currently being processed by NHS GGC at the Queen Elizabeth University Hospital. This affects samples obtained in hospital and community in North Argyll and Mull, Mid Argyll and some of Kintyre. The reporting of samples to the A&B Infection Control Nurses and the NHSH Infection Control Doctor is in process via an email system and regular delivery of hard copy reports. The system is complex, human dependent, subject to error and compounds the existing problems with real time infection and outbreak surveillance in the absence of automated microbiology data feed described above. This situation is recorded on the Risk Register.

3.5 Current Developments

3.5.1 Scotland's National Dementia Strategy 2017-2020

On 28th June 2017 Scotland's third national dementia strategy was launched. This strategy builds on our progress made over the last ten years in transforming services and improving outcomes for people with dementia, their families and carers. The strategy sets out 21 new commitments and provides a framework for further action to ensure the realisation of the shared vision for people with dementia and their carers.

Within Argyll and Bute the strategy will inform the work of the Dementia Steering group and its sub groups. The strategy can be found through this web link http://www.gov.scot/Publications/2017/06/7735/downloads#res-1

3.5.2 Health and Social Care Standards, My Support, my life

On 9th June 2017 the Health and Social Care Standards were published. These standards set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to be upheld.

The Standards are underpinned by five principles; dignity and respect, compassion, be included, responsive care and support and wellbeing.

The Standards are based on five headline outcomes:

• I experience high quality care and support that is right for me.
• I am fully involved in all decisions about my care and support.
• I have confidence in the people who support and care for me.
• I have confidence in the organisation providing my care and support.
• I experience a high quality environment if the organisation provides the premises.

Within Argyll and Bute we will use these standards to inform our work around our quality care agenda. The standards will be used to complement relevant legislation and current best practice standards.

The strategy can be found through this web link
http://www.gov.scot/Publications/2017/06/1327/downloads#res-1

3.5.3 Children and Young People (Information Sharing) (Scotland) Bill

The Children and Young People (Information Sharing) (Scotland) Bill was presented to parliament on Monday 19 June 2017 and published on Tuesday 20 June.

You can read the Bill and accompanying documents, along with relevant impact assessments of the Bill here: www.gov.scot/Topics/People/Young-People/gettingitright/information-sharing/cyp-information-sharing-bill-2017

The Children and Young People (Information Sharing) (Scotland) Bill will introduce a duty on public bodies and other organisations with duties under Parts 4 and 5 of the 2014 Act to consider if the sharing of information will promote, support or safeguard the wellbeing of a child or young person. It will also ensure that the sharing is compatible with current law and further introduce a Code of Practice that will provide additional safeguards in relation to information sharing under these parts of the 2014 Act

This is a bill out for Consultation and will be taken through the recognised Children and Families Structure within Argyll and Bute in order that we are linked into this work.

3.5.4 Nursing Midwifery Council (NMC)/Nursing Number

Figures published in July (covering the period between April 2012 and March 2017) by the Nursing and Midwifery Council (NMC) shows an increase in the numbers of nurses and midwives leaving the NMC's register. At the same time, the numbers joining the register have slowed down resulting in an overall reduction in the numbers of nurses and midwives registered to work in the UK. This is the first time that there are now more nurses and midwives leaving the register than joining it.

While attention has recently been focused on the reducing numbers of EU nurses and midwives applying to work in the UK, the figures published in July show that it is mainly UK nurses and midwives who are leaving the register, resulting in the overall downward trend.

Earlier in July, the NMC conducted a survey of more than 4,500 nurses and midwives who left the register over the previous 12 months to gauge their reasons for leaving. The top three reasons cited, excluding retirement, were working conditions, (including issues such as staffing levels) 44 per cent; a change in personal circumstances (such as ill health or caring responsibilities) 28 per cent and a disillusionment with the quality of care provided to patients, 27 per cent. Other reasons given included poor pay and benefits and difficulty in meeting the revalidation requirements – often linked to no longer practising for the required number of hours

The overall reduction in nursing numbers is most noticeable in England as the majority of registrants are based there; however, there is some evidence that the other UK countries are showing similar patterns.

In Argyll and Bute this trend will be considered when planning and redesigning services and workforce.

4 CONTRIBUTION TO STRATEGIC PRIORITIES

Robust governance arrangements are key in the delivery of strategic priorities.

5 GOVERNANCE IMPLICATIONS

5.1 Financial Impact
Potential for financial impact

5.2 Staff Governance
Nil highlighted in the report

5.3 Clinical Governance
Some issues identified

6 EQUALITY & DIVERSITY IMPLICATIONS

There are no equality and diversity implications

7 RISK ASSESSMENT

Risks articulated within the report.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The membership of the Clinical and Care Governance Committee and the Health and Safety Group includes public representation

9. CONCLUSIONS
The report provides updates and information about some key areas of work in relation to clinical and care governance.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.3

Date of Meeting : **2 August 2017**

Title of Report : **Budget Monitoring – June 2017**

Presented by : **Caroline Whyte, Chief Financial Officer**

The Integration Joint Board is asked to :

- **Note** the overall Integrated Budget Monitoring report for the June 2017 period, including:
  - Integrated Budget Monitoring Summary
  - Quality and Finance Plan Progress
  - Financial Risks
  - Reserves
- **Note** that as at the June period there is a projected year-end overspend of £5m primarily in relation to the outstanding budget gap at the start of the year, the expected deliverability of the Quality and Finance Plan, the cost of medial locums and continuing overspends from demand for social care services.
- **Note** the financial progress with the delivery of the Quality and Finance Plan and the high level overall forecast shortfall in delivery of savings, further detail on the progress will be reported to the IJB in September.
- **Approve** the funding allocations delegated from Council and Health partners for 2017-18 and instruct the Chief Officer to issue formal Directions to both.
- **Agree** that work should continue to develop a financial recovery plan and this should be brought to the IJB meeting in September for approval to ensure the delivery of a balanced integrated budget for the 2017-18 financial year.

1. EXECUTIVE SUMMARY

1.1 The main summary points from the report are noted below:

- Robust budget monitoring processes are key to ensure that the expenditure incurred by the IJB partners is contained within the approved budget for 2017-18 and that overall the partnership delivers a balanced year-end outturn position.
- This report provides information on the financial position of the Integrated Budget as at the end of June 2016. The projected year-end outturn position is an overspend of £5m, the Integration Joint Board requires assurance that this position can be brought back into line with the available budget by the financial year-end. A financial recovery plan is being developed and will be brought to

the IJB in September for approval. In the meantime ongoing management action will continue to be taken to reduce this position where possible.

- The IJB started 2017-18 with an outstanding budget gap of £2m with the intention of managing this through a reduction in the SLA for acute health services negotiated with NHS Greater Glasgow and Clyde and with the remaining balance being delivered through in-year efficiency savings. This position has deteriorated by a further £3m in the first quarter of the financial year, this is due to ongoing overspends for locums and agency staff, continuations of overspends in social care services and the expectation that not all of the service changes in the Quality and Finance Plan will be delivered. It should be acknowledged that this is the position in the first quarter of the financial year, the overall budget overspend represents less than 2% of the overall budget and therefore at this stage there is an expectation that a delivery plan can be developed to bring this position back into line.
- There is a likelihood that not all savings in the Quality and Finance Plan will be achieved, the IJB are aware some areas are high risk and there may be a significant lead-in time to deliver some of the more complex service changes. There is an agreed project management process in place to ensure that action is taken to progress the service changes and it is imperative that focussed efforts are made to ensure the service changes are delivered as any delays or non-delivery of savings will result in short term actions to deliver financial balance.
- In addition to the projected overspend position there are significant financial risks in terms of service delivery for 2017-18 and there are mitigating actions in place to reduce or minimise these, these risks should continue to be closely monitored together with the delivery of the Quality and Finance Plan.

2. INTRODUCTION

2.1 This report sets out the financial position for Integrated Services as at the end of June 2017. Budget information from both Council and Health partners has been consolidated into an Integrated Budget report for the Integration Joint Board.

3. DETAIL OF REPORT

3.1 INTEGRATED BUDGET MONITORING SUMMARY

3.1.1 This main overall financial statement is included as Appendix 1. This contains an objective (service area) financial summary integrating both Health and Council services, with a reconciliation of the overall split of the budget allocation.

Year to Date Position – YTD Overspend - £0.616m

3.1.2 The main areas to note from this are:

- The overall Year to Date variance is an overspend of £0.616m. This consists of an underspend of £0.335m in Council delivered services and an underspend of £0.951m in Health delivered services.
- Within Health provided services the overspend is mainly in relation to the budget profile of savings for 2017-18 which have not yet been implemented and additional costs in relation to locums, the year to date position is in line with the forecast outturn position.

- Within Council provided services the year to date underspend is mainly in relation to delays in receipt and processing of supplier payments. This year to date underspend position is not necessarily an indication of the likely year-end outturn position, as the year to date position for the Council is reported on a cash not accruals basis.

3.1.3 Council and Health partners use different financial systems and treatments for the monthly profiling of budgets and recording of actual costs which results in financial information relating to the year to date position for the integrated budget not being a reliable indicator of the year-end position.

Forecast Outturn Position – Projected Overspend - £4.966m

3.1.4 The year-end forecast outturn position for the June period is a projected overspend of £4.966m. The main areas are noted below:

- Adult Care – projected overspend £4.3m:
  - Anticipated shortfall of £2.5m in the delivery of Adult Care savings as part of the Quality and Finance Plan, further detail is included in section 3.2.
  - Budget overspends in relation to locum cover for vacancies and sickness absence, the cost of medical locums to June is £0.4m.
  - Projected overspends for demand for social work services including home care and supported living services. The projected overspend in adult social care services is £1.5m, these are generally areas which were overspent at the 2016-17 year-end and are areas of focus for the Quality and Finance Plan for 2017-18 onwards. Significant work is required to contain the expenditure within budget before any deliverable savings can be released.

- Chief Officer – projected overspend £1.6m
  - This overspend is reflective of the outstanding budget gap for social care services at the start of 2017-18, the balance will be held as a projected overspend until such a time as savings are identified to offset this.

- Children and Families – projected underspend £0.2m:
  - Projected underspends in relation to fostering and kinship care reflecting the level of demand on the budget and in supporting young people leaving care due to vacancy savings.
  - This overall position is reflective of the current level of demand for services, which can be volatile and a small change in demand can have a significant impact on costs. The projected underspend position also assumes that the majority of the savings agreed on the Quality and Finance Plan will be delivered in 2017-18.

- Budget Reserves – projected underspend £1.0m – represents the uncommitted element of budget reserves which can be utilised to offset the overall projected outturn position. The level of budget reserves has significantly reduced as many of the balances were

removed as part of the Quality and Finance Plan for 2017-18, this estimate is based on an assessment of the likely outturn informed by financial performance in previous years.

3.1.5 The forecast outturn position is reliant on a number of assumptions around the current and expected level of service demand and costs, this is subject to change and is reported through routine monthly monitoring. The IJB started the financial year with a £2m unidentified budget gap and it is concerning that instead of reducing this has increased to a projected £5m by the end of the June. A number of actions require to be taken to ensure this position can be brought back into line, these include:

- Develop a detailed recovery plan to be approved by the IJB in September, work has already started on this;
- Continue to deploy management actions to identify efficiencies in-year to generate opportunistic underspends;
- Continue to pursue negotiations with NHS Greater Glasgow and Clyde to get a final agreement for the SLA value for acute services, with the expectation of releasing resources;
- Push forward the momentum for delivery of the Quality and Finance Plan, and by following the agreed project management approach, ensure that any further appropriate action is taken to ensure the delivery of planned savings;
- Ensure the Integration Joint Board secures a fair share of any additional funding from Health and Council partners.

3.1.6 There is an overall increase in funding of £0.860m compared to the approved budget. There is an increase in available funding from £258.885m to £259.745m, the in-year changes in funding are noted in Appendix 1. This relates to an overall increase in Health Funding, mainly relating to additional non-recurring funding allocations from the Scottish Government.

3.1.7 On the basis that the Integration Joint Board are progressing with plans to ensure services can be delivered within the budget delegated from Council and Health partners in 2017-18, it is recommended that the offers of funding are accepted by the IJB. This will allow the Chief Officer to issue formal Directions back to the partners.

3.2 QUALITY AND FINANCE PLAN PROGRESS

3.2.1 There is a significant risk around the deliverability of the Quality and Finance Plan for 2017-18. There are significant budget savings to be delivered in a challenging timescale and it is absolutely key that the service changes are delivered to produce a sustainable balanced budget for the partnership.

3.2.2 Progress with the individual budget reductions outlined in the Quality and Finance Plan is detailed in Appendix 2. This notes the financial savings delivered to the June 2017 period. The detailed information for individual savings in terms of the projected year-end position, a risk assessment and an update on progress is being collated and will be available for the next period's budget monitoring report which will be presented to the IJB in September.

3.2.3 There are budget reductions totalling £10.135m required to produce a balanced partnership budget. From this total savings requirement £8.153m of savings were previously approved by the Integration Joint Board for implementation. To the June period £1.259m of these savings have been delivered on a recurring basis, a number of these are savings which had been carried forward from 2016-17 or are efficiency savings. This leaves total savings of £6.9m to be delivered in 2017-18, this is in addition to the £2m of unidentified savings.

3.2.4 The update on progress doesn't yet include an estimate of the recurring shortfall in the delivery of savings for each individual service change but in terms of the overall position at this stage an estimate of £3.1m has been included in the forecast outturn position as the indicative level of savings forecast not to be delivered in 2017-18. This estimate is based on experience in 2016-17 with the delivery of savings, recognising the difficulties services have faced in the delivery of service changes.

3.2.5 For 2017-18 we have a consistent project management approach in place for the monitoring of the Quality and Finance Plan, to enable progress on the delivery of the plan to be monitored both in operational and financial terms. SMT will ensure there are clear lines of responsibility for projects, that there is clear oversight of the progress of all projects, risks and timelines are clearly identified and monitored and any deviations from plans or risks of non-delivery are identified at the earliest opportunity. This process is being embedded across services which will ensure that the progress reported to the IJB is communicated directly via the services delivering the service changes, this information is in the process of being collated and more detailed progress updates for each project will be presented at the September IJB meeting.

3.2.6 There is a reported forecast overspend of £5m as at the June 2017 period, this is partly in relation to the expected shortfall in the delivery of the Quality and Finance Plan. The current high level estimate is that £3.1m of the savings will not be deliverable in 2017-18.

3.3 FINANCIAL RISKS

3.3.1 An assessment of financial risks together with the likelihood and impact and the potential financial consequences for the Integrated Budget is included as Appendix 3. This only includes financial related risks and highlights areas where there are potential cost or demand pressures facing service delivery.

3.3.2 There are 12 financial risks with a potential financial impact of £4.5m noted at the June 2017 period. These are assessed in terms of likelihood and a summary of the risks is noted in the table below:

Likelihood	Number	Potential Financial Impact £000
Almost Certain	0	0
Likely	3	650
Possible	8	3,665
Unlikely	1	200
TOTAL	**12**	**4,515**

3.3.3 The potential financial impact represents the estimated full year impact on the budget, this value will reduce as we progress through the financial year. Where financial risks do not materialise or are mitigated entirely the risk will be removed, where risks materialise the impact will be reported through the forecast outturn position.

3.3.4 At June only being 3 months through the financial year the financial risk exposure is significant. There is significant exposure to risks in relation to demand and in some service areas, for example children's services, a small increase in demand can result in a significant increase in cost.

3.4 RESERVES

3.4.1 The overall position for reserves is noted below:

	£'000
Opening Reserve Balance at 1 April 2017	479
Earmarked Balances	(451)
Unallocated Reserves at 1 April 2017	28

3.4.2 As the current forecast outturn position for 2017-18 is a projected overspend it is not anticipated that there will be additional reserves at the 2017-18 year-end. Likewise as there are only £0.028m of unallocated reserves there are minimal reserves available to offset any potential year-end overspend.

3.4.3 There are balances totalling £0.451m earmarked from IJB reserves, progress with utilising these reserves in line with their agreed purpose is included in Appendix 4.

3.4.4 In addition to the IJB reserve balance there are inherited reserve balances from Council delivered services. These balances for 2017-18 total £0.1m. These historic balances are mainly in relation to unspent grant monies carried forward or funds the Council earmarked specifically from the general fund for service development. The funds are committed for specific projects previously approved by the Council, this includes funding for:

- Sensory Impairment
- Autism Strategy
- Early Intervention (Early Years Change Fund)
- Criminal Justice Transformation
- Violence Against Women Training

4. CONTRIBUTION TO STRATEGIC PRIORITIES

4.1 The Integration Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure the financial decisions are in line with priorities and promote quality service delivery, monitoring this budget through the financial year is key to ensuing a balanced budget position.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

5.1.1 The monitoring of the budget is key to ensure the delivery of the financial plans for 2017-18, as at the June 2017 monitoring period significant financial risks have been identified and services are forecasting a year-end overspend of £5m. A recovery plan requires to be developed to ensure this can be brought back into line with the delegated budget, this will be brought to the IJB in September for approval.

5.2 Staff Governance

None

5.3 Clinical Governance

None

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

7.1 Financial risks are monitored as part of the budget monitoring process.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

8.1 Where required as part of the delivery of the Quality and Finance Plan local stakeholder and community engagement will be carried out as appropriate in line with the re-design of service provision.

9. CONCLUSIONS

9.1 This report summarises the financial position of the Integrated Budget as at June 2017. The forecast year-end outturn position is a projected overspend of £5m, the starting point for the year was an outstanding budget gap of £2m, therefore there has been a further deterioration to the overall position. Action requires to be taken to ensure the delivery of a year-end balanced budget. There requires to be a focus on delivering the savings on the Quality and Finance Plan as this will have the biggest impact on the overall position. Being only 3 months into the financial year there are opportunities to enable this position to be recovered by the year-end.

9.2 This report also highlights the level of financial risk associated with delivering a year-end balanced Integrated Budget. There are significant financial risks in relation to the demands on service delivery and significant risks in relation to the delivery of the Quality and Finance Plan. These risks and the projected outturn position will continue to be closely monitored and reported as part of the overall approach to budget monitoring.

APPENDICES:

Appendix 1 – Integrated Budget Monitoring Summary – June 2017
Appendix 2 – Quality and Finance Plan Progress – June 2017
Appendix 3 – Financial Risks – June 2017
Appendix 4 – Earmarked Reserves – June 2017

INTEGRATED BUDGET MONITORING SUMMARY - JUNE 2017

	Year to Date Position				Forecast Outturn			Previous Period	
	YTD Actual £000	YTD Budget £000	YTD Variance £000	Variance %	Annual Budget £000	Forecast Outturn £000	Forecast Variance £000	Forecast Variance £000	Movement in month £000
Service Delegated Budgets:									
Adult Care	30,625	29,405	(1,220)	-4.1%	129,407	133,764	(4,357)	0	(4,357)
Alcohol and Drugs Partnership	206	236	30	12.7%	1,158	1,108	50	0	50
Chief Officer	151	114	(37)	-32.5%	(4,562)	(2,922)	(1,640)	0	(1,640)
Children and Families	4,117	4,599	482	10.5%	19,528	19,366	162	0	162
Community and Dental Services	937	1,023	86	8.4%	4,094	4,094	0	0	0
Estates	1,280	1,165	(115)	-9.9%	4,948	5,148	(200)	0	(200)
Lead Nurse	335	339	4	1.2%	1,319	1,299	20	0	20
Public Health	254	293	39	13.3%	1,323	1,213	110	0	110
Strategic Planning and Performance	767	770	3	0.4%	3,637	3,618	19	0	19
	38,672	37,944	(728)	-1.9%	160,852	166,688	(5,836)	0	(5,836)
Centrally Held Budgets:									
Budget Reserves	0	150	150	100.0%	1,282	282	1,000	0	1,000
Depreciation	627	624	(3)	-0.5%	2,496	2,496	0	0	0
General Medical Services	3,918	3,851	(67)	-1.7%	15,579	15,664	(85)	0	(85)
Greater Glasgow & Clyde Commissioned Services	14,810	14,799	(11)	-0.1%	59,194	59,294	(100)	0	(100)
Income - Commissioning and Central	(291)	(309)	(18)	5.8%	(1,237)	(1,222)	(15)	0	(15)
Management and Corporate Services	528	535	7	1.3%	4,666	4,596	70	0	70
NCL Primary Care Services	2,103	2,102	(1)	0.0%	8,508	8,508	0	0	0
Other Commissioned Services	822	877	55	6.3%	3,508	3,508	0	0	0
Resource Release	1,224	1,224	0	0.0%	4,897	4,897	0	0	0
	23,741	23,853	112	0.5%	98,893	98,023	870	0	870
Grand Total	**62,413**	**61,797**	**(616)**	**-1.0%**	**259,745**	**264,711**	**(4,966)**	**0**	**(4,966)**

Reconciliaton to Council and Health Partner Budget Allocations:

	Year to Date Position				Forecast Outturn			Previous Period	
	YTD Actual £000	YTD Budget £000	YTD Variance £000	Variance %	Annual Budget £000	Forecast Outturn £000	Forecast Variance £000	Forecast Variance £000	Movement in month £000
Argyll and Bute Council	13,617	13,952	335	2.4%	56,360	59,326	(2,966)	0	(2,966)
NHS Highland	48,796	47,845	(951)	-2.0%	203,385	205,385	(2,000)	0	(2,000)
Grand Total	**62,413**	**61,797**	**(616)**	**-1.0%**	**259,745**	**264,711**	**(4,966)**	**0**	**(4,966)**

INTEGRATION JOINT BOARD

APPENDIX 1

FUNDING RECONCILIATION - JUNE 2017

Partner	£000	£000	£000
Argyll and Bute Council:			
Opening Funding Approved		56,360	
Annual Budget at June 2017		56,360	
Movement		**0**	
Details:			
			0
NHS Highland:			
Opening Funding Approved:			
Core NHS Funding	197,945		
Additional SG Funding	4,580		
Opening Funding Approved		202,525	
Annual Budget at June 2017		203,385	
Movement		**860**	
Details:			
Other SG funding increases/decreases		860	
			0

INTEGRATION JOINT BOARD

QUALITY AND FINANCE PLAN PROGRESS - JUNE 2017

APPENDIX 2

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to June 2017	Remaining	2018-19 Budget Reduction £000
CHILDREN'S SERVICES:								
CF01	Redesign of Internal and External Residential Care Service	Minimise the use of external placements, increase the capacity of our residential units by adding satellite flats and developing a core and cluster model. Develop social landlord scheme to support 16+ young people moving from foster care or residential care. Further review and where possible bring back all 16+ year olds to local area.	Apr-17	No	300	0	300	400
CF02	Redesign staffing structure across Children and Families service to cope with duty under CYP Act and government initiatives within NHS.	Scoping of children and Families staffing requirements as case load increases due to the requirements of the Children and Young People (Scotland) Act the service will be looking after children for longer. For the next 8 years there will be a steady increase only levelling out in 2026. Incrementally the service will require 5 additional social workers. Health visiting pathway requires additional Health Visitors, additional services for children in distress are required. Requirement to scope and cost a new staffing structure through consultation with staff and those who use the service, we will develop a programme board and look at front line staff and management structure to further develop integrated teams. Reviewing workloads and supporting third tier sector to undertake social care tasks.	Sep-17	No	100	0	100	200
CF03	School Hostels - Explore the opportunities to maximise hostel income.	May be opportunities to actively market accommodation over holiday periods and use annexe accommodation to attract locums at a reduced cost. Although we have an income budget that we currently do not achieve we would hope to over recover income.	Mar-18	No	0	0	0	10
LORN AND THE ISLANDS HOSPITAL:								
AC01	Lorn and the Islands Hospital Future Planning to improve the local services and engage specialist services appropriately to deliver best possible care.	LIH group established with representation from public, community, third and independent sector working jointly to design services that will minimise or avoid all delayed discharges, offer excellent quality local care complemented by specialist care out of area as required. Prevention of admissions to be achieved by shfiting the overall balance of care and staff to ensure anticipatory care planning in place. Working wth the LIH group to explore clinical options and offer continued, consistent appropriate hospital care. Data collection and scrutiny to inform the service design. Recruitment and retention strategies to support the service.	Dec-18	Yes, partly.	347	0	347	647
AC02	Further improvement and investment in the scope of OLI Community Wards to offer quality services and support on discharge and timely assessment and reablement.	Community staff further upskilled through training and understanding of scope of services. Resource to ensure that 'virtual wards' feel and give a service which is perceived as real and more effective than location based services.	Estimated April 18	No	included above	included above	included above	included above
CARE HOMES:								
AC03	Putting environment, independent living and service user choice at the heart of care support by reviewing the current buildings and care service employed by Ardfenaig and Eader Glynn to deliver an improved environment, better choice and control.	Identify all options with partners to better provide support when care at home is no longer possible. Seek engagement to review all options with full regard for choices and control of people who use these services.	Anticipate Jan 19	No	0	0	0	53
AC04	Identified demand for greater choice of support care on Tiree, currently and for future planning. .	Island demand to be quantifiefd, and provision reviewed in line with current and emerging demands.	Jan-19	No	0	0	0	46

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to June 2017	Remaining	2018-19 Budget Reduction £000
LEARNING DISABILITY:								
AC05	Redesign of Learning Disability services including day services and support at home for adults across Argyll and Bute, the priority needs to be given to service user need and demand in each local area.	Utilise learning from Helensburgh redesign, and engage with stakeholders. Full account of service user views and the current and emerging needs, encouraging independence and shifting the balance of care.	Phased from Aug17	Yes, partly.	175	67	108	525
COMMUNITY MODEL OF CARE:								
AC06	Repatriate top 15 high cost young adult care placements from outwith Argyll and Bute. This includes service users who are in residential care and some who are receving specialist supported living services outwith the area.	Identify then review top 15 adults outwith the area currently and undertake review with a view to bringing their care package back to Argyll and Bute. Need to link with housing providers and social care providers to identify capacity and cost to bring adults back to shared tenancy arrangements.	Quarterly rolling reviews from April 17	No.	73	0	73	194
AC07	Supported living is categorised into four categories. Critical (P1) and substantial (P2) needs will be met and others will be signposted to self-help and community resources.	Review existing supported living care packages to ensure that cases meet the priority of need framework. Promote use of SDS. Introduce Area Resource Groups to scrutinise adult care supported living and delayed discharge packages.	Quarterly rolling reviews from April 17	No.	0	0	0	460
AC08	Review the delivery of services for older people to consider alternative ways of delivering services for older people.	Ensure all new packages adhere to Value for Money principles. Consider alternative ways to deliver support/meet the assessed outcomes of service users.	Ongoing from 16-17	Yes, partly.	200	50	150	200
AC09	Redesign the provision of sleepovers provided by the HSCP.	Shift to new model of care using telecare/overnight response teams. Work with care providers to redesign unavoidable sleepover provision and look for opportunities to share provision across multiple service users.	Ongoing from 16-17	Yes	200	0	200	200
AC11	Investment in 'Neighbourhood Team' approach to delivery of care at home for the community across Mid Argyll, Kintyre and islay. Putting service users at the heart of service design.	More responsive and person centred approach to delivery, better meeting needs. A best practice model, which is truly person centred, maintains independence and recognises dignity alongside independence, and improved outcomes.	Oct-17	No	0	0	0	0
AC12	Investment in 'Neighbourhood Team' approach to delivery of care at home for the community across Oban Lorn and the Islands. Putting service users at the heart of service design.	More responsive and person centred approach to delivery, better meeting needs. A best practice model, which is truly person centred, maintains independence and recognises dignity alongside independence, and improved outcomes.	Oct-17	No	0	0	0	0
AC14	Modernise community hospital care in Campbeltown establishing a cross agency 'Planning for the Future' group, to actively review range of bed space uses and options. Aim to achieve community based, and community focussed hospital model linking seamlessly with enhanced community services.	Review group to identify and engage with stakeholders on best use of bed spaces to maintain a quality and responsive service 24/7 which supports patients appropriately and timeously. Improving community focus and hospital criteria aims to reduce or negate delayed discharges, improve prevention and anticipatory care planning. Potential for greater joined up working with other hospitals, and effective use of data assumed.	Apr-18	Yes, partly.	232	0	232	232

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to June 2017	Remaining	2018-19 Budget Reduction £000
AC15	Improvements to community focussed care in Mid Argyll, with focus on improving the model of delivery and service in MACHICC. Improved responsive community services able to repsond 24/7 supporting patients in their own homes. Shifting the balance of care and ensuring effective and efficient use of hospital services.	Improvements and expansion of community based services in Mid Argyll to achieve reduced or nill delayed discharges, greater prevention and anticpatory care planning to enable people to live in their own homes, or return to their own homes as quickly aspossible.	Apr-18	Yes, partly.	170	20	150	170
AC16	Continue with the review and redesign in-patient ward in Cowal Community Hospital currently reviewing the acute observation beds, short term assessment beds, delayed discharges, prevention of admissions and A&E breeches. The review will include considering enhanced community care to prevent admissions.	Continue the current review and consider how we deliver community services in Cowal to provide 24/7 response to support patients at home.	Sep-17	Yes, partly.	537	35	502	537
AC17	Continue with the review and redesign GP in-patient ward in Victoria Hospital currently reviewing the acute observation beds, short term assessment beds, delayed discharges, prevention of admissions and A&E breeches. The review will include considering enhanced community care to prevent admissions.	Redesign of community services in Bute to provide 24/7 response to support patients at home. Community and staff engagement.	Sep-17	Yes.	250	0	250	250
AC18	Improve and expand community based care on Islay through investment in preventative measures to address dealyed discharge and reduce admissions. Shifting the balance will include making better use of Islay Hospital and Gortanvogie Care home to meet community care demands.	Review use and need of community services on Islay to better support people to live at home with quality services. Enhancing community based care including using technology where appropriate, and consider use of alternative booking systems. Support from and engagment with both communities and staff to help shift balance.	Commencement Oct 17 - duration likely 9 - 12 months.	Yes, partly.	330	100	230	330
AC19	Review of AHP Out-patient service delivery	Consider increasing protocol driven review of follow-up and domicilarry visits. Use of technology like VC and Flo. Review whether AHPs could offer review instead of trips to GG&C to see consultants. Extension of roles like Orthopaedic triage and 'First Contact' input into GPs.		No	0	0	0	0
AC20	Seek to ensure care at home services offer flexibility and choice and are person centred and fit for purpose. Current in-house services are restricted and review would enable options to be explored with external providers to improve West Argyll service.	Neighbourhood teams with external providers give flexibility and should be considered within options following period of market testing. Would require input from procurement and commissioning staff to expand and improve the current care at home service.	Apr-18	Yes, partly.	0	0	0	160

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to June 2017	Remaining	2018-19 Budget Reduction £000
AC25	In older people day resource centres improve and address issues of high levels of management structure to integrate and consolidate services within realistic opening hours based on client demand.	Review the management at HSCP operated day services. Consider a reduction in opening hours of adult day services. Evidence indicates shorter opening hours would be appropriate and acceptable in day services. Moreover, there is a high management resource which is capable of rationalisation. Engagement and consultation with service users and with staff to align needs and demands.	Oct-17	No	50	0	50	208
MENTAL HEALTH SERVICES:								
AC21	Improve community based support and services for dementia to achieve shift in balance of care and respond to need and demand in person centred service.	Implement full review and scoped options for community models which meet user demand, support carers and person centred otucomes. Appraise neighbourhood model and scope options which shift balance of care.	Dec-18	No	250	200	50	250
AC22	Deliver improved mental health consultant support and create dedicated consultants to each locality Community Mental Health Team, and a dedicated consultant for inpatients. Better sharing of on call services, additional locality clinics and support for crisis response and places of safety.	CMHT services and patients would benefit from the redesign to support an improved model. Locality consultation and with CMHT's to support change, and achieve better outcomes.	Oct-17	No	0	0	0	0
AC23	Steps to ensure and maintain patient and community safety will be taken by redesignating and maintaining a secure locked environment for those with the most fragile mental health requiring extra care. This is based on the needs of service users, and experience from current Intensive Patient Care Unit.	Actions required pertain to legislation relevant to service delviery, which will be strictly followed. Work with staff to make changes to overall establishment and working practices and to agreee robust admission criteria. Some work with GG&C should needs arise for additional services.	May-17	No	100	0	100	200
AC24	Further enhancement to community based care to ensure those with mental health issues have the same opportunities and choices. To include consideration of a step up / step down model for Lochgilphead and area service users.	Adopt community focussed approach, and use technology when possible, to review use of Ross Crescent to make this appropriate for a modernised mental health service. Ensuring patient choice and views are at the centre of service provision, with independence encouraged and supported.	Dec-17	No	45	0	45	45
CORPORATE SERVICES:								
CORP1	Front line health and social care staff working together in same locations, and move corporate and support staff.	Co-locate staff into unused space in our hospitals, close the corporate support HQ building in Lochgilphead, move to other sites in Lochgilphead including council offices. Savings expected to be achieved from a range of departmental budgets including; finance, planning, IT, HR, pharmacy management, medical management, lead nurse and estates.	Apr-17	No	335	45	290	335
CORP2	Integrate health and social work administration, implement digital technology and centralise appointment systems.	Follow on from co-location CORP 1, a targeted piece of work would commence in 2017-18 to extend the review of social work administration and medical record keeping. The implementation of electronic solutions to improve efficiency and a move to electronic medical records would be required.	Sep-17	No	120	0	120	325
CORP3	Management /Professional Leadership Review	Review the overall management structure.	Apr-18	No	tbc	tbc	tbc	tbc
CORP4	Rationalisation of Estates/Property-linked to CORP's 1 and 2.	Review of current property portfolio and opportunities to rationalise this. Review the current leases in place and find alternative accommodation to reduce costs.	Sep-17	No	75	0	75	75

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to June 2017	Remaining	2018-19 Budget Reduction £000
CORP5	Implement Lync/Skype for Business	Implement Skype for Business (Microsoft Lync) communications platform, this will reduce telephone and travel costs and improve communication and collaboration. Business case is due to be finalised It is required to maximise benefits in Corp 1 and Corp 2.	Apr-18	Yes	0	0	0	0
CORP6	Catering and Cleaning and other Ancillary Services	Reduction in buildings occupied and opportunities to work with our partner organisations, take opportunities to reduce costs for catering and domestic services. Significant opportunities to share services and reduce costs.	Sep-17	No	505	0	505	505
CORP7	Vehicle Fleet Services	Explore opportunities for the centralisation of shared fleet service (as in part of NHS Grampian), look to share vehicles with partners, and a review of the provision of services.	Sep-17	No	0	0	0	0
CORP8	The agreement with NHS Greater Glasgow & Clyde (NHSGG&C) provides hospital services outside Argyll and Bute.	Invest in community services and IT to reduce delayed discharges and patients length of stay in NHS GG&C hospitals, and commission NHSGG&C to reduce return appointments and follow up rates. Activity targets to be agreed based on national target for Scotland to free up 400,000 occupied bed days.	Apr-17	No	tbc	tbc	tbc	tbc
CORP9	Capital projects - Dunoon GP practices new build, Bute Health and care campus, Care Home redesign, and new model of care relocation of Salen Surgery to Craignure & elements of CORP 4	Formal capital design projects at large and small scale, latter to be costed by March 2017 for inclusion in capital programmes for next 2 years. Large scale projects require formal processes and resource.	TBC	No	0	0	0	0
CORP10	Alcohol and Drugs Partnership	The ADP will look to review and reduce costs being incurred in delivering alcohol brief interventions, supporting the voluntary sector and the ABAT statutory service sector. The reduction in 17-18 equates to 8% of the total budget for ADP.	Apr-17	No	100	100	0	150
TOTAL					**4,494**	**617**	**3,877**	**6,707**

2016-17 QUALITY AND FINANCIAL PLAN

PREVIOUSLY APPROVED SAVINGS - STILL TO BE DELIVERED:

1	Prescribing	100	31	69	100
5	Redesign of the Out of Hours Service for Cowal	300	0	300	300
13	Closure West House	100	100	0	100
14	Closure AROS	150	0	150	150
15	Kintyre Medical Group	25	0	25	25
27	Kintyre Patient Transport	25	0	25	25
45	Ardlui	10	10	0	10
51	Supporting Young People Leaving Care	17	17	0	17
52	Consultation Support Forum	5	5	0	5
59	Bowman Court Progressive Care Centre	80	7	73	80
61	Internal Mental Health Support Team	60	0	60	60
62	Assessment and Care Management	12	0	12	12
63	Assessment and Care Management	30	0	30	30
		914	**170**	**744**	**914**

2016-17 SAVINGS - FULL YEAR IMPACT:

55	Struan Lodge	0		0	175
56	Thomson Court	0	0	0	10

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to June 2017	Remaining	2018-19 Budget Reduction £000
58	Tigh a Rhuda				22	22	0	22
					22	**22**	**0**	**207**
2016-17 APPROVED SAVINGS - ADDITIONAL SAVINGS DELIVERABLE:								
1	Prescribing				700	0	700	1,400
3	Further Savings from closure of Argyll and Bute Hospital				282	125	157	282
4	Kintyre Patient Transport.				25	0	25	75
5	Redesign of the Out of Hours Service for Cowal				29	0	29	29
10	NHS GG&C contract / services				100	0	100	100
					1,136	**125**	**1,011**	**1,886**
NEW:								
EFFICIENCY SAVINGS:								
1	Commissioned Services				500	60	440	500
3	Budget Reserves				350	0	350	200
4	Equipment Depreciation				50	43	7	50
5	Increased patients' services income				50	0	50	50
6	Community Dental Services				20	0	20	20
7	Review of Podiatry Services Budgets				20	0	20	20
8	Helensburgh & Lomond Locality - local initatives, recurring underspends				20	20	0	20
9	Medical Physics Department - review of supplies budget to make best use of resources based on in year underspend.				45	0	45	45
10	Energy Costs for Health Buildings (excluding A&B Hospital & Aros)				50	0	50	50
11	Oban, Lorn & Isles Locality - patients' travel				40	0	40	40
12	Review of Radiography Services Budgets				50	0	50	50
13	Mental Health Bridging Funding				0	0	0	400
14	HEI Budget - reduction on basis that requirement will reduce in line with beds				0	0	0	50
15	Mid Argyll Social Work Office				10	0	10	10
16	Admin - travel reduction				3	3	0	3
17	Planning				51	51	0	51
18	Review MAKI management structure to ensure best use of resources.				130	0	130	250
19	Children and Families - Respite				10	10	0	10
20	Children and Families - Carers Payments				10	10	0	10
21	Children and Families - Children Affected by a Disability				10	10	0	10
22	Adult Services Fees and Charges				50	50	0	50
23	Children and Families - Child Trust ISAs				10	10	0	10
24	Adult Services Charging Order Long Term Debt Adjustment				25	25	0	25
25	Social Work Utility Costs				33	33	0	33
26	Mull Medical Group - reduction in use of GP locums				50	0	50	50
					1,587	**325**	**1,262**	**2,007**
GRAND TOTAL					**8,153**	**1,259**	**6,894**	**11,721**

INTEGRATION JOINT BOARD **APPENDIX 3**

FINANCIAL RISKS - JUNE 2017

				LIKELIHOOD		
Ref	**TITLE OF RISK**	**DESCRIPTION OF RISK**	**MITIGATIONS/ACTIONS IN PLACE**	**SCORE**	**OVERALL LIKELIHOOD**	**POTENTIAL FINANCIAL IMPACT £000**
1	Prescribing	Costs increase through national pricing agreements, new drugs are introduced, volumes dispensed increase.	Closer working with prescribers to ensure formulary compliance and Best Value.	3	Possible	500
2	Quality and Financial Plan	Risk if savings plan is not achieved - risk represents a further 10% shortfall for illustrative purposes.	Close monitoring of savings plan, reporting to SMT and IJB, recovery plans are developed. Expenditure controls put in place and a project management approach to delivering savings.	3	Possible	815
3	Commissioned Services	The volume of high cost care packages increases.	Closer scrutiny of applications for care packages.	4	Likely	250
4	Integrated Equipment Service	Demand for the community equipment service continues to grow and budget is under pressure, this is expected to increase with the shift in the balance of care.	Efficient running of Integrated Equipment Service, prioritisation of need and procurement processes.	4	Likely	200
5	Adult Care - Older People Service Demand	Demand for services for older people (ie over 65s) exceeds the demand pressure already factored into the budget.	Ongoing monitoring and reporting of service demand and provision costs to IJB management team.	3	Possible	600
6	Medical Locums	Need for use of locums continues in A&B Hospital, Lorn & Islands hospital and Mull GP services, and risk in other areas.	Pursue new models of service provision with NHS Glasgow and Greater Clyde and the local teams.	3	Possible	500
7	Adult Care - Sleepover Rates	Risk of Scottish Government requirement to pay sleepovers at the higher Scottish Living Wage rate.	Re-design sleepover services to reduce the overall requirement and reliance on these services. Contribute to national discussions around the financial and operational implications of the living wage requirements.	4	Likely	200
8	Adult Care - Living Wage Provision	The cost of implementing the increased Living Wage rate for 2017-18 exceeeds the budget provided.	Negotiation position with providers, reflecting on detailed work carried out in 2016-17 to bring providers up to an even baseline.	3	Possible	200

INTEGRATION JOINT BOARD **APPENDIX 3**

FINANCIAL RISKS - JUNE 2017

				LIKELIHOOD		
Ref	**TITLE OF RISK**	**DESCRIPTION OF RISK**	**MITIGATIONS/ACTIONS IN PLACE**	**SCORE**	**OVERALL LIKELIHOOD**	**POTENTIAL FINANCIAL IMPACT £000**
9	Children and Families - Continuing Care	Relatively new area of support for Looked After Children introduced under the Children and Young People Act. Unclear as to the expectations / wishes of the affected young people in relation to the support they need / want over the next year.	Ongoing monitoring and reporting of service demand and provision costs to IJB management team, provision in the budget for growth in service demand offset by planned actions in Q&F plan to reduce costs. Ensure that Argyll and Bute responds to any information requests from COSLA or the Scottish Government in relation to funding allocations for this service area.	2	Unlikely	200
10	Children and Families - Looked After Children Residential Placements	Increased demand for services, level of support or increased placement cost. High cost service where small movement in demand can significantly increase costs.	Regular client reviews to minimise duration of placements and maximise existing resources where possible.	3	Possible	250
11	Adult Care - Sustainabilty of Commissioned Service Providers	Risk of financial and operational sustainablity of care at home and care home commissioned providers, leading to additional financial support or costs of re-provision of services locally.	Commissioning team contract monitoring process and the ongoing dialogue with commissioned providers. Support with workforce and recruitment issues across Argyll and Bute, open to innovative ways to provide support and support tests of change as part of the National Care Home Contract work.	3	Possible	300
12	NHS Greater Glasgow & Clyde SLA	Charges from GG&C increase due to growth in activity levels, risk that with SLA negotiations GG&C pass on activity changes in-year, this would include charging for delayed discharges.	Management of contract and negotiations, monitoring of any cases passed onto the IJB on a cost basis, information flows in place with GG&C. Ensuring patient flow and capacity in the community supports shift in the balance of care and reduces activity in GG&C.	3	Possible	500

INTEGRATION JOINT BOARD

APPENDIX 4

EARMARKED RESERVES MONITORING - JUNE 2017

Description	Opening Balance £	Forecast Spend £	Lead Officer	Progress Update
Technology Enabled Care	208,000	208,000	Stephen Whiston	Project is progressing. 17/18 budget is £405k which includes £208k c/f.
Mull GP transformation	65,000	65,000	Annie MacLeod	Project is progressing for completion in 17/18.
Mastermind Project	25,000	25,000	Nicola Gillespie	Project is progressing, awaiting recruitment.
Everyone's Business	41,000	41,000	Gillian Davies	Project is progressing, awaiting recruitment.
Primary Care Transformation Fund - Developing GP Clusters	18,000	18,000	Joyce Robinson	Project is progressing. Payments to support Cluster Groups
Primary Care Transformation Fund - Buurtzorg Model in Appin	50,000	50,000	Pamela McLeod	Project is progressing. Project Manger Post advertised
Primary Care Transformation Fund - Urgent Care Resource Hub - Bute	44,000	44,000	Joyce Robinson/Liz Higgins	Project is progressing. Prescribing Link Worker advertised and associated costs. Plans being developed to spend any uncommitted balance.
TOTAL	**451,000**	**451,000**		

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.4

Date of Meeting : **2 August 2017**

Title of Report : **Public Health Paper**

Presented by : **Elaine C Garman**

The Integrated Joint Board is asked to :

- **Note the paper**

1. EXECUTIVE SUMMARY

The report this month considers national adult screening programmes: abdominal aorta aneurysm screening for men, bowel screening for both genders, breast screening for women, cervical screening for women and diabetic retinopathy screening for diabetics of both genders. Most are running smoothly but increasing uptake is an area for continuous improvement.

2. INTRODUCTION

The current range of screening programmes has been introduced over a number of years as knowledge has grown about the natural progression of each of the diseases, along with the development of reliable methods of screening and early intervention. The Scottish Screening Committee is to carry out an in-depth review of the planning and delivery of all population-based screening programmes currently operating within NHS Scotland. The review is anticipated to commence in late summer of 2017 and take up to 18 months to complete.

As already mentioned uptake is always a focus within screening programmes. The variation in uptake generally reflects our Scottish picture of inequalities. As deprivation increases, uptake reduces. It is anticipated that NHS Boards will shortly be invited to submit bids against national funding to take forward local initiatives to address inequalities in the uptake of the cancer screening programmes.

3. DETAIL OF REPORT

Abdominal aorta aneurysm (AAA) screening

AAA is a disease mostly occurring in older men (around 5% of men aged 65-74), many

of whom will not know they have the condition. The exact cause is unknown, but risk factors for developing an aortic aneurysm include: emphysema; genetic factors; high blood pressure; high cholesterol; obesity; male gender; and smoking. An abdominal aortic aneurysm can develop in anyone, but is most often seen in males over 60 who have one or more risk factors.

The main risk associated with aneurysms is death from rupture of the aneurysm, which is most likely as the aneurysm increases in size. Around 50-85% of those which do rupture will result in the death of the person despite access to emergency surgery. 60% of these deaths are preventable with ultrasound screening.

One scan only is required at age 65 which, if negative, effectively rules out the life-threatening disease for the rest of that man's life. If an aneurysm is found, regular surveillance scans should be undertaken within the screening programme, to watch for enlargement and the potential need for intervention.

The data that we have access to for the screening programme is aggregated to NHS Highland level so we are unable to discern any specific issues for Argyll & Bute. NHS Highland north had a pre-existing AAA screening programme in place before the national scheme was implemented in 2011. It has taken a few years for the programme to be running smoothly in Argyll & Bute but we are now able to send more than 90% of our eligible population an invite to the screening before they turn 66 years of age.

In 2014/15 85.2% of eligible men who were sent an invitation for screening before turning 66yrs attended for screening before turning 66yrs & 3mths. This is comfortably above the essential threshold of 70% and fractionally above the desirable threshold of 85%. Part way through 2015/16 80% of eligible men who were sent an invitation had attended for screening before turning 66yrs & 3mths with the likelihood the 85% target would be met. In the last year of complete data the expected pattern of decreasing uptake with increasing deprivation was evident. The 2015/16 data already known indicates a similar picture which reinforces the need to undertake targeted awareness raising work.

In 2015/16 96.7% of men in NHS Highland requiring annual surveillance scans were tested within 6wks of the due date, comfortably above the essential threshold of 90%. In 2014/15 the % of men referred with large aneurysms seen by a vascular specialist within 2 weeks of referral was 100%, above the desirable threshold of 95%. In 2015/16 with data yet to be completed 94.1% of men were seen within 2 weeks of referral, comfortably above the essential threshold of 75% and just below the desirable threshold of 95%.

Bowel screening

The incidence of bowel cancer in Scotland is high with 3,500 Scots diagnosed with the disease every year. It is the third most common cancer in Scotland after lung and breast cancer. The good news is that with early identification, it can be treated successfully in 90% of cases.

Faecal immunochemical testing (FIT) is due to be implemented in late 2017. The introduction of FIT as the first line test within the Scottish Bowel Screening Programme is likely to increase uptake of screening (because it is an easier test to complete than the one which it will replace) which in turn will increase the number of individuals testing positive, the number of individuals requiring pre-colonoscopy assessment and the number of individuals requiring colonoscopy. However, the magnitude of the increase is difficult to predict and largely depends on the extent to which the

introduction of FIT as the first line test increases uptake of screening but it is anticipated to be only a small number change in Argyll & Bute.

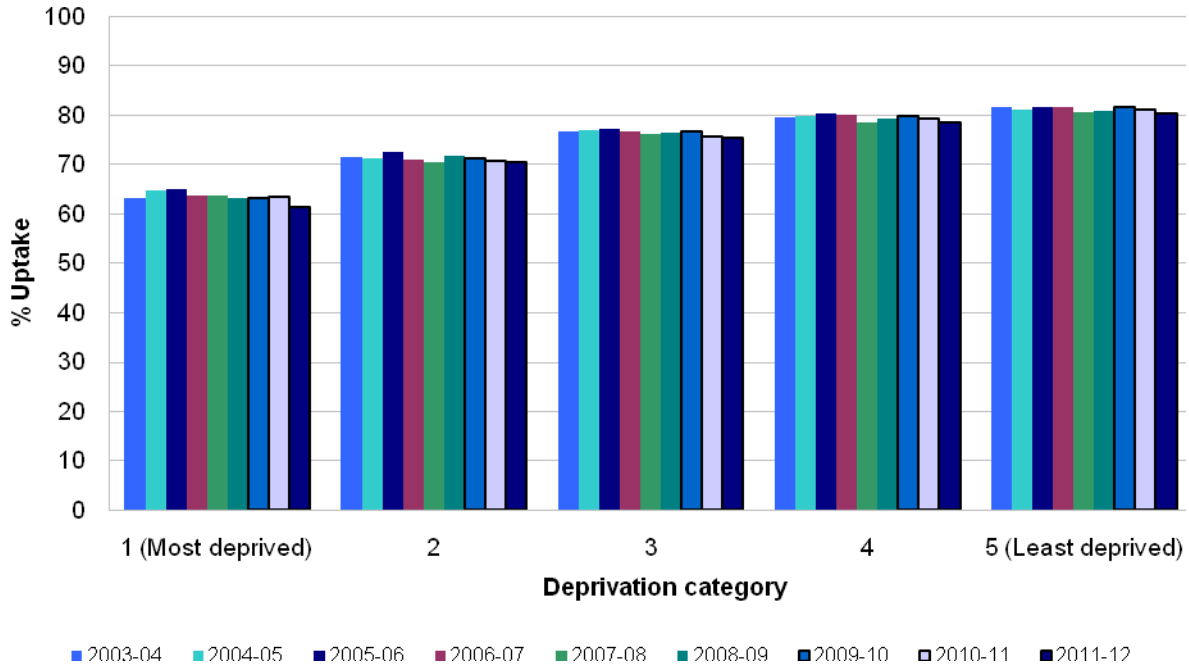
In 2013 the overall uptake in Argyll & Bute was 59%; ranging from 52.1% in the town of Rothesay to 64.8% in Helensburgh West and Rhu. The Scottish average was 57% and Highland 60.9%. Men in which ever population, Argyll & Bute, Highland or Scotland all had a lower uptake rate of about 7% compared to females.

Breast Screening

In Scotland, women aged 50-70 years are invited for a routine screen once every three years. Women over 70 years are still screened three yearly on request.

Data over the past eight years at national, NHS Board and local authority level show a slow consistent decline in uptake. The Argyll & Bute uptake rate was 74.4% in 2011. Within Argyll & Bute the uptake rate varied from its lowest in Helensburgh Centre at 64.5% and its highest in Islay & Jura of 77.9%. Across Scotland as a whole the effect of deprivation can be seen below**.**

Figure 1: Uptake of breast screening by deprivation across Scotland



Detection rate of around 8 per thousand women screened has remained static over the same period. From 1990 there has been a reduction in mortality from breast cancer in women, aged 55-69 years of 103 per 100,000 in Scotland to 55 per 100,000.

The invasive cancer detection rate, for women aged 53-70 years who have previously been screened within five years of their last attendance, was 6.4 per 1,000 women screened. This is a very slight decrease from the previous three-year period 2012-15 figure. In 2015/16 there were 1392 cases of screening detected breast cancer diagnosed in woman of all ages. Of these, 81.3% (1,132 cases) of cancers detected were invasive, of which nearly three out of five (55.5%) were less than 15 mm in size and unlikely to be detected by physical examination.

Cervical Cancer

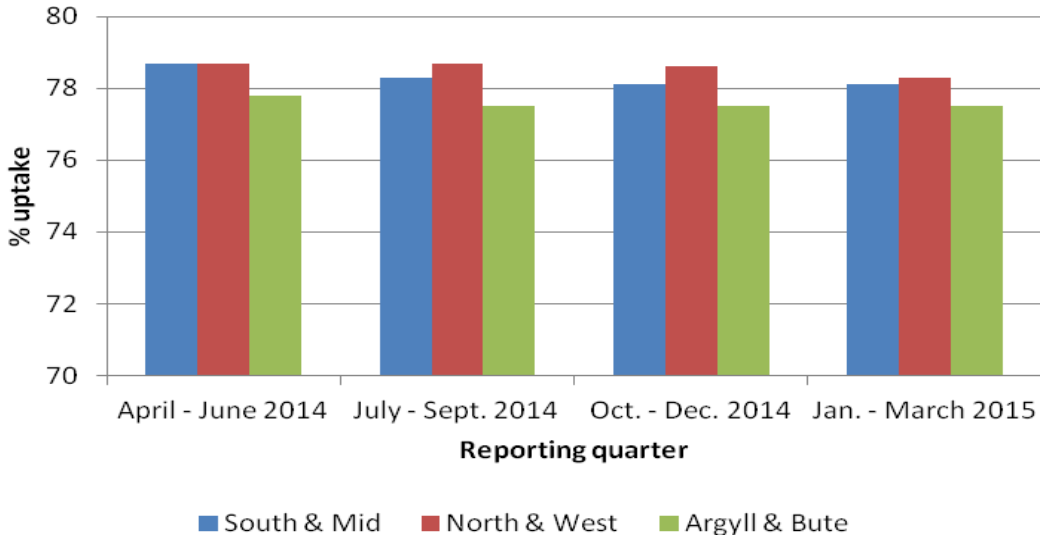
Cervical Screening is well established across NHS Scotland. Screening aims to prevent cases of cervical cancer by detecting and treating pre-cancerous changes in the cervix.

At the current time, women aged 25-64 years are invited to take part in cervical screening through having a test every three years. Tests are sent to cervical cytology laboratories for analysis in Glasgow.

The majority of screening tests are carried out within primary care. Women whose screening test results suggest that further investigation is warranted are referred to colposcopy clinics for assessment. Women resident within Argyll & Bute who require these services are referred to NHS Greater Glasgow and Clyde.

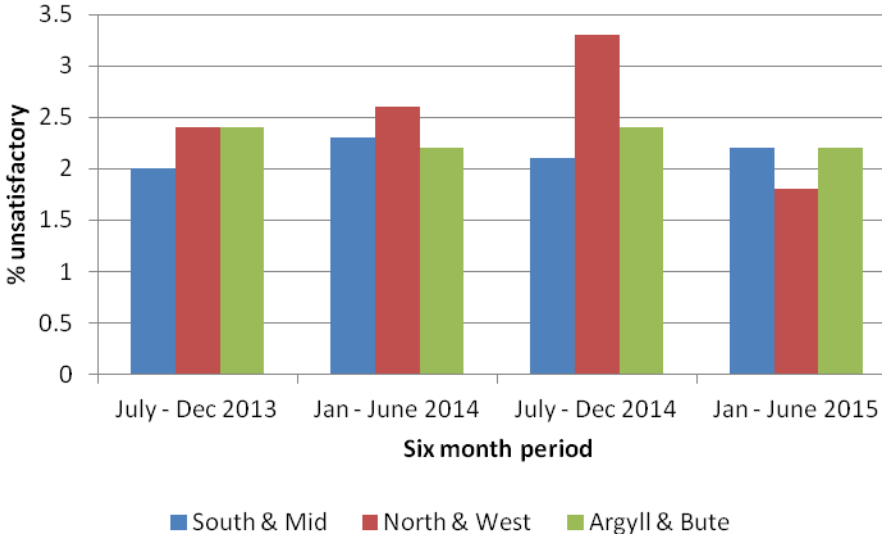
Compared to 31st March 2015, uptake rates have decreased slightly across Scotland. All NHS Boards have a lower uptake rate compared to 5 years ago (based on the pre-2006 configuration of Health Boards). Uptake is now well below the national target of 80%. In addition, uptake varies by age, being lower among women aged 20-29 years than among relatively older women, again a pattern that is observed across Scotland.

Figure 2: Proportion of eligible women (all women aged 21-60 excluding only those women with no cervix) within NHS Highland who have a recorded smear within the last 5 years by Operational Unit



At 31st March 2016 where the sample could be analysed, 90.8% of cervical smears had a negative result, 7.9% had a low grade cell change and the remaining 1.2% had high grade cell changes. The Glasgow labs provide data on the rates of unsatisfactory smears and indicate where this is likely to be due to the technique of the practitioner. If an individual clinician has a greater than 5% unsatisfactory smear rate they are alerted to this and offered refresher training.

Figure 3: Unsatisfactory cervical screening tests by operational unit



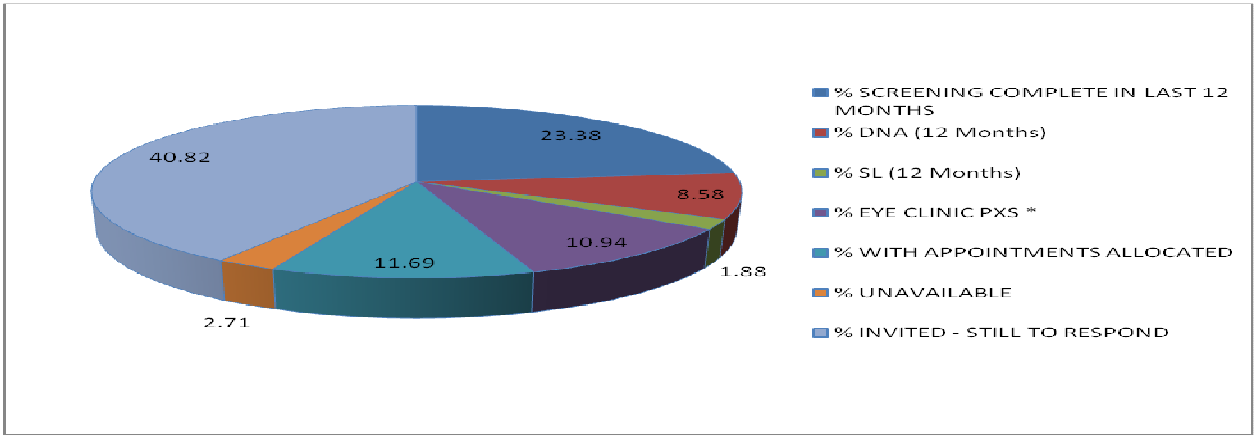
Diabetic Retinopathy Screening

Independent Community Optometrists in Argyll & Bute provide the Diabetic Retinopathy Screening (DRS) programme under individual contracts with the HSCP. Only patients with a diagnosis of diabetes are referred into the programme for yearly screening. Where there is no Community Optometrist willing to take on the provision, an outreach service is provided by NHS Highland, based at Raigmore Hospital. Unlike other screening programmes all the administrative call and recall is undertaken by Raigmore Hospital who also support the screening programme in the north of NHS Highland.

For the past 30 months there have been ongoing issues in Argyll & Bute around maintaining both digital connection into the NHS Network and also complying with software requirements in each individual practice to remain functional with the current National DRS software. It was hoped that a change in the electronic system would eradicate or reduce compatibility problems. However, since the recent changeover the situation has deteriorated further. The Optometrists are no longer able to sustain submitting diabetic retinopathy examinations directly into the National DRS Software and these are being emailed to Raigmore to be inputted to the system. This situation has been escalated to the national DRS programme.

Within the DRS programme if a problem is detected in the patient's eyes i.e. they have a retinopathy they are referred on for slit lamp examination. Until recently these patients were seen by NHS Greater Glasgow & Clyde clinicians. This is no longer possible and we are currently implementing a sustainable alternative. However in the meantime we have more than 50 patients waiting for slit lamp examination. This too has been escalated and raised as a clinical risk with NHS Highland. Whilst the 'did not attend' rate is less than 9% the number of patients still processing through the system is large. The current picture is provided in the figure below.

Figure 4: Diabetic retinopathy screening within the past 12 months



* The eye clinic figure (10.94%) is higher than it should be because it includes those who should be seen in DRS for slit lamp.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

Early detection and intervention contributes to people living healthier and longer lives. Whilst cancers and vasculopathies such as seen in diabetes occur increasingly as people get older many may be prevented. Prevention still focuses on getting the message over that we should eat less, drink less alcohol, move more and not smoke.

Want to cut your cancer risk
http://publications.cancerresearchuk.org/downloads/Product/CRUK%20-%20Cut%20Your%20Cancer%20Risk%20-%20overview%20leaflet.pdf

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

Prevention is cost effective – less would be spent on more expensive later interventions and improve people's quality of life.

5.2 Staff Governance

Nil

5.3 Clinical Governance

The situation within the diabetic retinopathy screening programme has been escalated and work is progressing to resolve the issues discussed above.

6. EQUALITY & DIVERSITY IMPLICATIONS

Inequalities continue to be addressed through targeted work.

7. RISK ASSESSMENT

See 5.3

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Nil

9. CONCLUSIONS

Work to improve the diabetic retinopathy screening programme will continue. The other screening programmes will continue to be monitored with particular consideration given to work on inequalities. The Scottish Screening Committee will be carrying out an in-depth review of the planning and delivery of all population-based screening programmes currently operating within NHS Scotland.

Argyll & Bute Health & Social Care Partnership

Integrated Joint Board

Agenda item: 5.5

Date of Meeting: 2 August 2017

Title of Report: Argyll & Bute HSCP - Performance Report National Health and Well Being Outcome Indicators

Presented by: Stephen Whiston, Head of Strategic Planning & Performance

The Integration Joint Board is asked to:

- Note the locality activity/performance across the six measures and associated sub-indicators for FQ1 17/18- **Table 1**
- Acknowledge that progress across the development of locality specific targets and reports is ongoing and will be subject to change following the 2017/18 reporting period

1. Background

The Ministerial Strategic Group for Health and Community Care (MSG) has agreed that for 2017/18 it will direct Integration Authorities to monitor progress across the following domains:

- **Reduce unplanned (Emergency) admissions – by increasing anticipatory care activity in the community and in primary care**
- **10% reduction in occupied bed days for unscheduled care (emergency);**
- **A&E performance;- meet the 4 hour target and reduce unnecessary attendance**
- **Delayed discharges – reduce the amount of time (occupied bed days) patients are delayed in hospital**
- **End of life care – increase the provision of patient end of life care in the community**
- **The balance of spend across institutional and community services by 2021 have the majority of the health budget being spent in the community**

Table 1 below records the locality specific activity/performance against the above measures, the data is split into each of the eight locality areas. It split between local Argyll and Bute activity and NHS GG&C activity against each measure.

This reporting template is currently being built within the Pyramid System as a test build and will go-live with regards to the HSCP reporting schedule for the end of July. Local targets will be developed with each of the eight localities in relation to their specific contribution to the overall improvement targets defined. (Data with regards to both End of Life Care and Balance of Care remains in development and work is ongoing with the Information Services Davison of the Scottish Government Health Department to produce this.)

This information will be included in the formal performance report to the IJB at its next meeting.

Table 1- Measuring Performance Under Integration- (Monthly - March-May 2017)														
Measures	**Sub-Indicators**	**Target**	**A&B/GG&C**	**Bute**	**Cowal**	**Helensburgh and Lomond**	**Mid-Argyll**	**Kintyre**	**Islay and Jura**	**Oban, Lorn**	**Mull, Iona, Coll, Tiree and Colonsay**	**Totals**	**Data Source**	**Reporting Period**
Unplanned Admissions	Total number of admissions*	Reducing unplanned admissions by 10%	**A&B**	33	46	2	58	26	22	133	19	**339**	SMR01	Apr-17
			GG&C	25	104	179	21	22	2	25	9	**387**		
	A&E conversion rate		**A&B**	0%	50%	0%	48%	50%	0%	26%	92%			
			GG&C	54%	67%	28%	69%	30%	55%	77%	64%			
Unplanned bed days	Total number of bed days acute specialities	Reducing bed days by between 1-10%.	**A&B**	250	182	7	373	217	132	785	185	**2131**	SMR01	Apr-17
			GG&C	169	648	868	65	140	24	64	46	**2024**		
	Total number of bed days mental health specialities *		**A&B**	472	502	0	748	304	99	410	0	**2535**		
			GG&C	0	0	730	0	0	0	0	0	**730**		
A&E performance	Number of attendances	Remain at current levels of performance	**A&B**	0	2	3	21	8	1	437	13	**485**	A&E Data Mart	Mar-17
			GG&C	37	85	547	11	10	29	31	11	**761**		
	% seen within 4hrs		**A&B**	98%	100%	100%	95%	100%	100%	99%	100%			Mar-17
			GG&C	97%	97%	93%	90%	80%	73%	94%	82%			
Delayed discharges	Total number of bed days occupied	Reducing delayed discharges occupied bed days by 10%.	**A&B**	10	84	0	32	73	0	158	5	**362**	Edison	May-17
			GG&C	0	40	46	6	0	0	0	0	**92**		
	Reason for delay - Code 9 Exemptions		**A&B**	5	66	0	0	0	0	62	0	**133**		May-17
			GG&C	0	31	3	0	0	0	0	0	**34**		
	Reason for delay - H&SC Reasons		**A&B**	5	9	0	32	73	0	55	0	**174**		May-17
			GG&C	0	9	43	6	0	0	0	0	**58**		
	Reason for delay - Patient /Family		**A&B-**	0	9	0	0	0	0	41	5	**55**		May-17
			GG&C	0	0	0	0	0	0	0	0	**0**		
End of Life Care	Percentage of last six months of life by setting community & hospital	Remain at current levels of performance	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**TBC**	**NA**
	Occupied bed days during last six months of life		**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**		**NA**
Balance of care	Percentage of population in community or institutional settings	By 2021 have the majority of the health budget being spent in the community **	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**TBC**	**NA**

2. Governance Implications

There remains a statutory responsibility across the HSCP to continue to provide performance information evidence in relation to progress being made against the NHWBO indicators.

3. Contribution to IJB Objectives

The reporting of performance with regards to integration is in line with the IJB objectives as detailed in its strategic plan.

4. Financial

The performance measures support the quality and financial performance of the HSCP including productivity, value for money and efficiency.

5. Staff Governance

The monitoring and improvement drivers identified within the measures for integration support staff governance with regards to shifting the balance of care and ensuring front-line services are informed of their locality performance against workflow and capacity.

6. Planning for Fairness:

The measures for integration provide an indication on progress in addressing health inequalities.

7. Risk

Ensuring timely and accurate performance information is essential to mitigate any risk to the IJB governance, performance management and accountability.

8. Clinical and Care Governance

The measures for integration support the assurance of health and care governance and should be considered alongside that report

9. Public Engagement and Communication

The continued focus on shifting the balance of care within the measures for integration ensures that there is improvement across patient experience/assessment of the HSCP services and planning process

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.6

Date of Meeting: 2 August 2017

Title of Report: Argyll & Bute HSCP
- Consultant Outpatient Waiting Times 2017/18

Report by: Kirstin Robertson, Service Planning & Contracts Manager
Presented by: Stephen Whiston, Head of Strategic Planning & Performance

The Integration Joint Board is asked to:

- Note the performance against waiting times targets as at July 2017
- Note the service delivery pressures on certain specialities and the focus on urgent referrals within NHS Greater Glasgow & Clyde (NHS GG&C)
- Note the additional costs incurred by the HSCP in 2016/17 against its base outreach SLA value with NHSGG&C
- Consider the implications on waiting times for patients for routine appointments in Argyll and Bute
- Note that it is likely that further breaches in the waiting times target will occur across the HSCP and within NHSGG&C unless there is additional funding secured to support additional clinics and service redesign
- Note the additional funding released by the SGHD to NHS Highland and the NRAC share allocation that should come to Argyll & Bute HSCP
- Agree the action planned to utilise the additional funding, to improve performance and meet the waiting time targets

1. INTRODUCTION

1.1 Waiting Time Targets

The Scottish Government have set national waiting times standards for the maximum time that patients should have to wait for NHS services in Scotland.

- **Treatment Time Guarantee**

  From the 1 October 2012, the Patient Rights (Scotland) Act 2011 established a 12 week maximum waiting times for the treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis.

The TTG guarantee within Argyll and Bute only applies to General Surgery and the visiting Oral Surgery service provided at Lorn and Islands Hospital in Oban.

- **New Outpatient Appointments**

  From the 31 March 2010, no patient should wait longer than 12 weeks for a new outpatient appointment at a consultant-led clinic. This includes referrals from all sources.

1.2 Local Service Provision

Local Consultant outpatient services are provided from within Argyll and Bute in General Medicine, General Surgery and the Pain clinic covering the West of Argyll. Psychiatry is delivered across the whole of Argyll with the exception of Helensburgh and Lomond. Buchanan's Orthotics provides the Orthotics service to the whole of Argyll as the regional provider for the West of Scotland NHS boards.

A range of other outpatient clinics covering specialties such as ENT, Orthopaedics, Paediatrics, Ophthalmology, Dermatology etc are provided by consultants from NHSGG&C as outlined in Appendix 1.

These clinics vary in frequency from 6 monthly to weekly due to demand and availability. In total there were 1988 clinics in Argyll and Bute in 2016/17 (Appendix 1 summarises the schedule of clinics by locality). With the exception of Helensburgh most clinics are appointed locally by Medical Records staff, clinics in Helensburgh are appointed from the Medical Records team in NHS GG&C.

1.3 Value of the Outreach SLA with NHSGG&C

The cost of the NHSGG&C outreach SLA is £929,200 and is detailed in the table below:

	Bute	Cowal	Helensburgh	Mid Argyll	Kintyre	Islay	Oban & Mull	Children's
Baseline SLA Value	47,900	81,500	73,300	68,000	83,100	7,600	329,200	100,600
Dermatology				18,300	19,000		47,400	
Respiratory							53,300	
Total	**47,900**	**81,500**	**73,300**	**86,300**	**102,100**	**7,600**	**429,900**	**100,600**

The dermatology service is provided by a designated consultant employed by NHS GG&C solely to deliver a service to the West of Argyll. This is a higher cost arrangement than other outreach clinics due to the HSCP paying 100% of the consultant costs.

The respiratory clinics were initially a short term solution to replace the resident consultant in Lorn and Islands Hospital who retired. The HSCP has been unsuccessful in recruiting a replacement with a respiratory special interest therefore this remains an outreach service from NHS GG&C at a premium rate.

The HSCP therefore has in total a £140,000 additional cost pressure on the SLA to maintain these two outreach services in parts of Argyll and Bute.

In addition to the above the HSCP incurs an additional cost relating to the Urology service, which as reported nationally is a specialty with significant challenges in recruiting surgeons. This has seen the cessation of the basic local outpatient and treatment service at Lorn and Islands Hospital in Oban due to service sustainability and patient safety concerns. NHS GG&C have only been able to accept this transfer of activity by planning to recruit an additional surgeon. This has required a step cost investment in NHSGG&C which the HSCP has had to fund at a cost pressure of £118,000.

2. SITUATION

2.1 Treatment Time Guarantee – Lorn and Islands Hospital

As at the end of June 2017, General Surgery and Oral Surgery both continue to meet the treatment time guarantee. It should be noted by the IJB that the recent decision by one of the surgeons to leave (June) and another surgeon retiring due to ill health (August), reducing the establishment by 50%, could impact on our ability to maintain this if we cannot appoint or in the interim source and afford to fund locums to sustain the service.

Members will note this gap in the consultant establishment at Lorn and Islands Hospital enhances the pressure to develop and put in place a sustainable service. This issue is being factored into the work undertaken by the Planning the Future review group in Oban.

2.2 Outpatient Waiting Times Argyll and Bute HSCP

IJB members will have noted an increase in waiting times through the most recent performance report, which showed that at the end of March 2017 the number of outpatients exceeding 12 week target stood at 138. The reason for this is as a result of a number of factors.

NHS GG&C have currently ceased running Waiting List Initiative clinics to meet the waiting time targets for routine patients as they view this as not affordable or sustainable, due to increasing demand and vacancies in their consultant establishment. Many specialties within NHS GG&C now have higher waiting times than the local outreach clinics in Argyll & Bute. Urgent referrals continue to be prioritised by NHSGG&C.

In line with NHS Highlands Local Patient Access Policy, when Argyll & Bute is unable to meet waiting time's targets for a specialty, usually those provided as outreach by NHS GG&C, patients can be made a reasonable offer of appointment elsewhere within the boundary of NHS Highland or NHS GG&C, where a patient elects NHS GG&C the referral is forwarded on. However, those who choose to wait to have their appointment locally have unavailability applied (Patient Advised wishes to be treated within local Health Board).

Where patients have been offered and opted to be seen in NHS GG&C rather than locally increasingly these referrals are being returned to the local sites to be seen. Service managers and clinicians cite the pressures within the Glasgow system as the reason for this as their routine waiting times are longer than our local ones. This is clearly having an adverse impact on patients, including a deterioration in Argyll and Butes HSCP waiting times performance.

There are a number of localities and specialties which have already been affected by this, notably ENT in the West of Argyll. Campbeltown and Lochgilphead no longer offer NHS GG&C as an alternative for this specialty when the local waiting time is beyond 12 weeks as it is recognised that the NHS GG&C wait is considerably longer. This has most recently become an issue for Lorn & Isles with a consequent impact on the waiting times performance.

Compounding this are some gaps in our local service provision due to vacancies caused by retirement or staff leaving. Appendix 2 provides more detail on what are termed "pressure specialities".

This has meant that in Argyll and Bute Outpatient 12 week breaches reported have increased from 532 in 15/16 to 1120 in 16/17, an increase of 111%.

Further within Ophthalmology, particularly in Oban there is an extensive follow up appointment waiting list 750 people waiting for a return appointment (as at 3rd July) with the longest wait of 811 days, this is potentially a clinical risk to patients. Additional clinics are required to address this as well as a need to prioritise the return backlog within the current planned clinic dates. This will be at the expense of new routine appointments for a number of months which will have an adverse impact on waiting times for new patients.

The HSCP has a small redesign waiting times budget of £20,300 to support localities in redesign of services on a non recurring basis and to aid one off pressures. It is not adequate to support all the pressures detailed in Appendix 2

2.3 Implications for Outpatient Waiting Times

The current length of outpatient clinics with waits exceeding 12 weeks or more is detailed in the table 1 below.

Table 1: Argyll and Bute Clinics Outpatient waiting times exceeding 12 weeks as at 13th July 2017

Locality/Specialty	No of weeks wait as at 13/07/17	Frequency of clinic
Cowal Community hospital		
ENT	21	Monthly
Lorn & Islands Hospital		
Pain	22	3 per Month
Dermatology	15	3 per Month
ENT	32	Monthly
Oral Surgery	21	Monthly
Orthopaedics	27	3 per Month
Respiratory	24	Monthly
Mid Argyll Hospital ICC		
ENT	17	6 Weekly
Campbeltown Hospital		
ENT	26	6 per year
Endocrinology & Diabetes	13	Monthly
General Surgery (NHSGGC)	19	Twice yearly
Paediatrics	26	6 per year
Echocardiogram	22	6 weekly
Islay Hospital		
ENT	22	Twice yearly
Paediatrics	13	Quarterly

Further according to the current data the number of patients who have unavailability applied due to requesting a local appointment is as follows:

Table 2: Local Appointment Requested by Location/Specialty as at 6th July 2017
(Patient Advised Unavailability – wishes to be treated within local Health Board)

Hospital	Main Specialty	Total on List	Local Appointment Requested	% LAR to TOTAL referrals
Campbeltown Hospital	General Medicine	47	2	4.3%

Hospital	Main Specialty	Total on List	Local Appointment Requested	% LAR to TOTAL referrals
Campbeltown Hospital	General Surgery	11	1	9.1%
Campbeltown Hospital	Paediatrics	12	1	8.3%
Cowal Community Hospital	Ear, Nose & Throat (ENT)	67	48	71.6%
Cowal Community Hospital	General Surgery	40	23	57.5%
Cowal Community Hospital	Ophthalmology	37	1	2.7%
Cowal Community Hospital	Paediatrics	14	1	7.1%
Lorn and Islands Hospital	Ear, Nose & Throat (ENT)	87	45	51.7%
Mid Argyll Community Hospital	Ear, Nose & Throat (ENT)	36	9	25.0%
Rothesay Victoria Hospital	Ear, Nose & Throat (ENT)	18	1	5.6%
Total		**1778**	**131**	7.4%

As referenced the HSCP works closely with NHSGG&C to balance local capacity and demand with also direct referral access to NHS GG&C due to frequency of clinics or urgent referral.

The HSCP utilises Demand Capacity and Queue (DCAQ) analysis to support managing demand and capacity and this takes into account new and return outpatient appointments. Focusing on the pressure specialties across the HSCP tables 3 and 4 details the new and return waiting lists as at the 3rd July 2017

Table 3 - New Outpatient waiting list as at 3rd July 2017

Specialty	Number on New OPWL	Number Waiting over 12 Weeks	% Waiting over 12 Weeks
Ophthalmology	84	1	1%
Dermatology	170	30	18%
ENT	259	26	10%
Gynaecology	87	0	0%
Orthopaedics	337	121	36%

Table 4 - Return Outpatient waiting list as at 3rd July 2017

Specialty	Number on Return OPWL	Number Past Recall Date	% Past Recall Date
Ophthalmology	1575	592	38%
Dermatology	289	33	11%
ENT	101	13	13%
Gynaecology	333	113	34%
Orthopaedics	478	70	15%

2.4 Assessment.

Current DCAQ analysis has identified the following 5 specialties under considerable pressures across the HSCP with patients breaching the 12 week waiting times targets and specifically in Ophthalmology the significant return appointment demand exposing patients to clinical risk if they are not appointed timeously.

The DCAQ analysis illustrated in Table 5 below clearly, demonstrates that capacity is consistently not meeting demand in our pressure specialties.

Table 5 - DCAQ Outputs for New & Return Activity

	Actual Clinic Statistics Jan16 - Jun17	**DCAQ Projections Jan16 - Jun17 ***			
Specialty	Average Slots per Month	Average Required Slots per Month	Optimum Capacity	Number of Clinics in 2016	Required Yearly Clinics Based on Average (variance)
Ophthalmology	327	364	446	184	205 (21)
Dermatology	153	169	203	59	65 (6)
ENT	81	125	147	47	73 (26)
Gynaecology	119	135	148	100	113 (13)
Orthopaedics	250	272	341	129	140 (11)

If this trend continues without significant action and investment the DCAQ analysis has identified that Ophthalmology and Orthopaedics will breach the outpatient waiting times target consistently exceeding 26 weeks from September 2017 due to the need to prioritise return appointments over new appointments. The breach projections for these specialties are outlined in Table 6 below.

In addition the Dermatologist who currently provides the outreach services across Argyll has entered into phased retirement from May 2017. Consequently NHSGG&C have advised that they do not currently have an identified replacement at this time for Lorn & Isles Hospital and are working through immediate short term solutions to sustain the local service whilst the options for a longer term sustainable model are worked through. There is discussion around the potential need to pay waiting list initiative rates to maintain the current Oban service; the estimated total cost of this would be £112,000 for 2017/18, a £69,000 increase.

Table 6 - Ophthalmology and Orthopaedics New outpatients 26 week waiting time breach projections

Month	**Ophthalmology Projected 26 week Breaches**	**Orthopaedics Projected 26 week Breaches**
Sep-17	0	9
Oct-17	0	47
Nov-17	0	78
Dec-17	0	119
Jan-18	16	162
Feb-18	38	202

Month	Ophthalmology Projected 26 week Breaches	Orthopaedics Projected 26 week Breaches
Mar-18	60	242

2.5 Conclusion

It is clear that the current demand on the outreach outpatient clinics, aligned with NHSGG&C difficulties in meeting its own targets mean we will undoubtedly see waiting times routinely exceeding the 12 week target for the remainder of the year.

The additional cost burden incurred by the HSCP in 2016/17 to sustain services beyond the baseline SLA value is not affordable or best value for money, this will be exacerbated by the potential increase in dermatology costs and it is unlikely the HSCP can maintain this in 2017/18 without additional funding. The potential projected outpatient cost increase above the Baseline SLA for 2017/18 is £175,000.

There remains a significant clinical risk to patients particularly in Ophthalmology in Oban who do not have a return appointment as at the end of June there are 750 people waiting for a return appointment with the longest wait of 811 days. The need for additional clinics to address this demand and support maintenance of the 12 week target is clear.

The additional outpatient activity required to meet waiting times targets in orthopaedics and ophthalmology will result in conversion to day case or inpatient treatment in NHSGG&C. This additional cost will require to be negotiated with the NHSGG&C Board. This negotiation will need to be in the context of reduction in the SLA value as part of outpatient service provision redesign locally and our commissioning intentions together with the SGHD announcement of additional funding for waiting times to Boards.

2.6 Proposed Action

The following action has been identified to mitigate the impact of breaching the waiting time targets for 2017/18:

- Announcement by SGHD of additional funding (Cabinet Secretary letter 30th June 2017) of £50 million "consequential" will be targeted towards tackling waiting times in 2017/18 plans will cover outpatients, diagnostics, inpatients and day cases. Distributed on an NRAC share basis to Boards – NHS Highland initial allocation is £3.2 million of which the NRAC share to Argyll and Bute would be £925,000.

  The expectation is to use this funding to progress the redesign of services and DCAQ analysis as detailed below in partnership with NHSGG&C. The focus being on maximising access to local clinics to prevent flows into Glasgow.

- Pressure areas and redesign examples are detailed in Appendix 1

- DCAQ analysis and medical records and waiting list initiative clean up of return appointment lists to ensure only patients with a clinical need are remaining on the clinic list.

- Centralise patient access team single appointment service and expand Skype for business system into records system requires investment in IT system and staff training to improve efficiency and free up resource on a recurring basis.

- Reduced expenditure on recurring waiting list initiative as this is not affordable.

- Review the overall value of the SLA and agree greater risk sharing with NHSGG&C in pressure specialties. Dermatology and Respiratory specifically and the wider SLA negotiations.

3. RECOMMENDATIONS

The IJB is asked to note the existing and projected impact on waiting times for patients and the HSCPs likely deterioration in waiting times performance.
It is recommended that:-

- The IJB acknowledge that within current resources it is not possible to meet waiting time targets and patients will breach both locally and in NHSGG&C.

- The IJB note and approve offering alternative Argyll and Bute or NHS Highland sites to patients as well as NHSGG&C even if they are returned.

- That subject to obtaining its NRAC share of the additional funding identified the HSCP undertake the following action:

    - HSCP source consultant support to undertake waiting list initiatives in the pressure specialties
    - Progress and enhance our plans to redesign service delivery to meet waiting time targets both within Argyll and Bute and for residents accessing services in NHSGG&C including centralising appointments in Argyll and Bute.
    - Continue to develop and implement new delivery models such as specialist nurses, tele-consultation and direct or follow up referral to primary care and or A&BHSCP Nurse or AHP specialists.

- Current and medium term continued engagement with NHS GG&C in recognition that a more strategic and jointly planned approach to outreach services is required to ensure appropriate and timely patient access to services both within Glasgow and as local outreach. The importance of consultant outreach services being properly networked and planned as part of NHS GG&C services in terms of recruitment, job and succession planning is self evident

4. GOVERNANCE IMPLICATIONS

4.1 Financial Impact

There is a significant financial cost to provide outreach specialist consultant services from NHSGG&C and the HSCP is now incurring exceptional “initiative” rates costs to maintain these services and based on the indicative costs this is now unaffordable.

4.2 Staff Governance

There will be staff governance implications as a result of redesign of services and due organisational change processes will be followed.

4.3 Clinical Governance

There are a number of potential clinical risks to elements of service provision which require mitigation and action as outlined.

5. EQUALITY & DIVERSITY IMPLICATIONS

Fundamentally local access to specialist services which are aligned with need reduce inequality for rural communities and hard to reach groups. Cessation of services could increase inequity for our communities if these services are centralised.

6. RISK ASSESSMENT

The risk around service safety, sustainability and cost is recorded on the HSCP strategic risk register.

7. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Public involvement and engagement on service provision and changes is led at locality level and follows normal operational processes.

Appendix 1 – NHSGG&C Consultant Outreach Clinic Schedule in Argyll & Bute - as at March 2017

Area / Specialty	**Oban & Mull** (Lorn & Isles Rural General Hospital)	**Mid Argyll** (Community Hospital – Lochgilphead)	**Campbeltown** (Community Hospital)	**Islay** (Community Hospital)	**Cowal** (Community Hospital – Dunoon)	**Bute** (Community Hospital – Rothesay)	**Helensburgh** (Victoria Integrated Care Centre)
Audiology					Fortnightly (aprox) 24 visits 96 sessions *SLA 58*	Fortnightly (aprox) 24 visits 24 sessions *SLA 58*	
Biochemistry	Fortnightly (aprox) 20 visits p.a. 20 sessions p.a.						
Clinical Oncology	Monthly 12 visits p.a. 36 sessions p.a.						
Dermatology	Fortnightly (aprox) 24 visits p.a. 79 sessions p.a. *clinical sessions only*	Monthly 13 visits p.a. 26 sessions p.a. *clinical sessions only*	Monthly 13 visits p.a. 26 sessions p.a. *clinical sessions only*				
Diabetic – Paediatric	Quarterly (aprox) 3 visits p.a. 18 sessions p.a.						
Diabetic Nurse					Fortnightly 24 visits p.a. 48 sessions p.a.	Monthly 12 visits p.a. 17 sessions p.a.	
Endocrinology - Diabetes					Quarterly 4 visits p.a. 4 sessions p.a.	Quarterly 4 visits p.a. 4 sessions p.a.	
ENT	Monthly 12 visits p.a. 24 sessions p.a.	Monthly (aprox) 9 visits p.a. 18 sessions p.a.	Bi-Monthly 6 visits p.a. 12 sessions p.a.	6 Monthly 2 visits p.a. 2 sessions p.a.	Monthly 12 visits p.a. 12 sessions p.a.	Monthly 12 visits p.a. 12 sessions p.a.	
ENT Nurse						Monthly 12 visits p.a. 12 sessions p.a.	
General Medicine			Monthly (aprox) 10 visits p.a. 20 sessions p.a.				Monthly (aprox) 10 visits p.a. 10 sessions p.a.

Area / Specialty	**Oban & Mull** (Lorn & Isles Rural General Hospital)	**Mid Argyll** (Community Hospital – Lochgilphead)	**Campbeltown** (Community Hospital)	**Islay** (Community Hospital)	**Cowal** (Community Hospital – Dunoon)	**Bute** (Community Hospital – Rothesay)	**Helensburgh** (Victoria Integrated Care Centre)
General Medicine - Cardiology			6 monthly 2 visits p.a. 2 sessions p.a.				
General Surgery – Vascular			6 monthly 2 visits p.a. 4 sessions p.a.				
General Surgery			6 monthly 2 visits p.a. 4 sessions p.a.		Monthly 12 visits p.a. 24 sessions p.a. *Service disruption – reduced clinics*	Monthly (aprox) 9 visits p.a. 9 sessions p.a.	
Geriatric Medicine					Monthly 12 visits p.a. 12 sessions p.a.	Monthly 12 visits p.a. 12 sessions p.a.	
Haematology	Fortnightly 25 visits p.a. 50 sessions p.a.						
Microbiology	Monthly 12 visits p.a. 12 sessions p.a.						
Obstetrics & Gynaecology	Weekly 44 visits p.a. 66 sessions p.a.	Monthly 13 visits p.a. 26 sessions p.a.	Monthly 13 visits p.a. 26 sessions p.a.	Bi-Monthly 6 visits p.a. 6 sessions p.a.	Monthly 13 visits p.a. 26 sessions p.a.	Monthly 13 visits p.a. 26 sessions p.a.	Weekly (approx) 44 visits p.a. 44 sessions p.a. *Service disruption – reduced clinics*
Obstetrics Midwife							Weekly 52 visits p.a. 260 sessions p.a.
Ophthalmology	Weekly (Aprox) 40 visits p.a. 120 sessions p.a.	Monthly 12 visits p.a. 48 sessions p.a.	Monthly 12 visits p.a. 72 sessions p.a.		Fortnightly (aprox) 22 visits p.a. 44 sessions p.a.	Monthly 12 visits p.a. 24 sessions p.a.	
Ophthalmology – Nurse						Monthly 12 visits p.a. 24 sessions p.a.	

Area / Specialty	**Oban & Mull** (Lorn & Isles Rural General Hospital)	**Mid Argyll** (Community Hospital – Lochgilphead)	**Campbeltown** (Community Hospital)	**Islay** (Community Hospital)	**Cowal** (Community Hospital – Dunoon)	**Bute** (Community Hospital – Rothesay)	**Helensburgh** (Victoria Integrated Care Centre)
Oral Surgery	Quarterly 4 visits p.a. 8 sessions p.a.						
Orthopaedics	Weekly (aprox) 32 visits p.a. 128 sessions p.a.	Monthly 12 visits p.a. 24 sessions p.a.	Monthly 12 visits p.a. 48 sessions p.a.		Fortnightly (aprox) 20 visits p.a. 40 sessions p.a. *Includes staff grade*	Monthly 12 visits p.a. 12 sessions p.a.	Fortnightly (aprox) 20 visits p.a. 20 sessions p.a.
Orthoptics	Monthly 17 visits p.a. 68 sessions p.a. *Includes sessions for Mull*	Monthly 14 visits p.a. 40 sessions p.a.	Monthly 13 visits p.a. 36 sessions p.a.	Yearly 2 visits p.a. 5 sessions p.a.	Fortnightly (aprox) 24 visits p.a. 60 sessions p.a. *SLA 60*	Monthly 13 visits p.a. 16 sessions p.a. *SLA 60*	Bi-Monthly 6 visits p.a. 25 sessions p.a.
Pacemaker	Quarterly (aprox) 3 visits p.a. 6 sessions p.a.						
Paediatrics		Monthly 12 visits p.a. 24 sessions p.a.	Bi-Monthly 6 visits p.a. 12 sessions p.a.	Quarterly (aprox) 3 visits p.a. 3 sessions p.a.	Monthly 12 visits p.a. 24 sessions p.a.	Monthly 12 visits p.a. 12 sessions p.a.	Weekly (aprox) 42 visits p.a. 63 sessions p.a.
Paediatric Respiratory Care	*Home Visits - A&B wide as required*	*Home Visits - A&B wide as required*	*Home Visits - A&B wide as required*	*Home Visits - A&B wide as required*	*Home Visits - A&B wide as required*	*Home Visits - A&B wide as required*	*Home Visits - A&B wide as required*
Rehab Medicine	Quarterly (aprox) 3 visits p.a. 9 sessions p.a.	6 monthly 2 visits p.a. 2 sessions p.a.	Quarterly (aprox) 3 visits p.a. 6 sessions p.a.		Quarterly (aprox) 3 visits p.a. 3 sessions p.a.	Quarterly (aprox) 3 visits p.a. 3 sessions p.a.	
Respiratory Medicine	Monthly 12 visits p.a. 192 sessions p.a. *Includes premium rates and cost for activity in NHS GGC*						

Appendix 2: Key Outreach Pressure Specialties

1) Ophthalmology

This specialty is under considerable pressure nationally. There is a West of Scotland review underway which the HSCP is participating in. The main themes are pathways for acute secondary care and chronic condition management. The pressures within NHS GG&C are replicated in A&B.

NHS GGC's recruitment and retention difficulties have impacted on local provision, particularly in Lorn & Isles although there is a now a more stable service provided by 2 permanent consultants.

There were a number of return only Waiting List Initiative clinics in 2016/17 in Oban and Cowal but the return backlog continues to grow. Both sites continue to meet the waiting time for new patients but there remains a clinical risk associated with the backlog of returns.

Redesign of the service utilising optometrist support ideally the independent sector is essential for future sustainability and safety and work is progressing in this area but requires investment to expedite.

2) Orthopaedics

Given the demographics of A&B there has been a natural increase in demand for this specialty. Within NHS GG&C this speciality is under considerable pressure with waiting times consistently in excess of 20 weeks.

With the support of the NHS GG&C consultants and local clinicians areas of Argyll and Bute have successfully implemented orthopaedic triage and extended clinics undertaken by the physio teams extended scope practitioners. This has been successful in streamlining referrals, ensuring that patients are directed to the appropriate service and reduced the demand on the orthopaedic consultant clinics.

The orthopaedic triage service in Argyll & Bute is however a fragile model given that it relies on essentially lone practitioners in each locality with continued risk of sudden and unplanned pressure on consultant waiting times if there is unexpected absence and an inability to cross cover.

Future planning for this service is deemed a priority and scoping is underway locally involving NHS GG&C on further opportunities and new ways of working, developing physiotherapy and anticipatory care services in Argyll and Bute. It is however recognised that to future proof the service model and see further reductions in demand for orthopaedics investment in local physiotherapy services will be required.

3) Dermatology

The demand for this speciality has continued to increase despite the implementation of consultant advice only and electronic vetting processes. There have been difficulties securing long term clinic cover with NHS GG&C due to pressures and vacancies within the Glasgow service.

The current consultant covering Lochgilphead and Campbeltown has retired and has been re-employed by NHS GG&C to work solely for Argyll & Bute for a fixed term expiring May 2018. There is currently uncertainty over consistent cover for the Oban service due to the difficulties in recruiting as the consultant has now begun phased retirement from the Argyll services and is no longer covering Oban.

NHS GG&C has covered the sessions since May where possible with WLI sessions whist discussions continue regarding cover for the service going forward. The service currently is therefore very fragile and there is a risk to the local service in the short term.

Work is underway to look at A&B requirements and appropriate service models going forward, taking account of the need for these to be factored in to NHS GGC job planning and recruitment, successes with telehealth to date and further opportunities in future. A significant cost pressure is anticipated.

4) Ear Nose and Throat

There has been consistent pressure in the ENT service for a number of years. The waiting times for local ENT outreach services in Argyll & Bute are however frequently lower than in NHS GG&C.

There has been considerable work locally to provide a transport and scope decontamination service and network to enable the continuation of these local clinics. There has been some disruption and constraints on local services where there are clinic clashes limiting the availability of scopes to support the clinic and also availability of consultant support.

5) Obstetrics & Gynaecology

These specialties are delivered as joint clinics by the visiting consultant. With the introduction of National Obstetric pathways the Obstetric service has experienced significant pressure to comply and highlighted a need to look at how the outreach sessions are delivered.

There is current scoping work underway to review the availability of local sexual health services ensuring that these are well utilised and supported by a wider clinical network, maximizing opportunities for management in primary care, and reducing referrals into consultant led gynecology services. Opportunities for triage processes within the Gynecology services are being explored to ensure timely referral and access to subspecialists.

An initial test of change of ‘attend anywhere’ is progressing with Tiree to support obstetric patients to virtually link in with the visiting Oban consultant and their midwife commencing in July 2017. This is in essence video consultation using the patient’s own lap top or device via a secure NHS network connection.

It is anticipated that the learning from this will support further redesign of the service supported by Technology Enabled Care (TEC) reducing travel for patients, and supporting more coordinated Multi Disciplinary Team planning involving local midwives and make the best use of the local scanning services developed in the West of Argyll.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.7

Date of Meeting: **2 August 2017**

Title of Report: **Chief Officer Report**

Presented by: **Christina West, Chief Officer**

The Integration Joint Board is asked to :

Note the report.

Obstetric Scanning Services

As from the beginning of July women in the Campbeltown area accessing the obstetric scanning service can now be scanned closer to home thanks to an expansion of the service which started earlier this year in Oban.

The new service in Campbeltown will operate one day a week and will allow women to access all the planned diagnostic and screening services that are now recommended in pregnancy and have never been offered before in the area, such as first trimester screening, detailed scans and growth scans.

Local women have told us that this is a service they want locally and we are pleased to have a great team that have the skills to enable these services to be offered.

Cool2Talk Online Information and Support Service

The HSCP launched a new online information and support service in Campbeltown Grammar School in June. The online service, is called Cool2talk, (www.cool2talk.org) and is a responsive, safe space for young people across Argyll and Bute to get their questions answered in the knowledge that they will be responded to promptly by a trained, knowledgeable person who won't judge, but will offer information and guidance.

Questions posted to the Cool2Talk website will be answered within 24 hours/365 days per year so young people can get access to information which is written specifically for them. The questions they ask and the answers received will then be posted anonymously on the website so everyone can benefit from the information. The website doesn't ask for personal information and doesn't identify the person who is asking the question.

We have also appointed 4 highly skilled and knowledgeable workers in Argyll and Bute who have already begun their training to use the website and answer the questions posted by young people.

Health Records Staff in Cowal and Bute Complete Training Programme

The importance of accurate and effective health record keeping is an essential element in the delivery of health and social care services for local communities served by the HSCP and we have been keen to support health records staff in undertaking an Institute of Health Records and Information Management (IHRIM) certificate.

This health record training programme helps staff to build on their existing knowledge and ensures that there is consistency across Argyll and Bute with regard to health record keeping.

The latest tranche of staff have now succeeded in gaining the qualification and were recently presented with their certificate by Alison McKerracher, the HSCP Locality Manager for Cowal and Bute. The following candidates were successful:

Sam Patrick – Victoria Hospital, Rothesay
Karen McLagan – Cowal Community Hospital, Dunoon
Ellie Kerr – Cowal Community Hospital, Dunoon
Anne Spark – Cowal Community Hospital, Dunoon

BBC Alba 'Highland Midwives' Programme

The midwifery service in Argyll and Bute, along with other areas across NHS Highland, is being featured in the 'Highland Midwives' programme which is currently being broadcast by BBC Alba. These programmes are highlighting the good work carried out by HSCP staff across Argyll and Bute and outline the wide range of services that can be provided locally.

Oban Times Features

The HSCP Communications Team has been working closely with the Oban Times to develop a series of features in the paper highlighting the work that local health and social care professionals carry out across the communities within the Oban, Lorn & Isles locality. The first of these was published on the 13 July and was a profile of Locality Manager, Annie Macleod

Digital Media

Facebook (www.facebook.com/abhscp) - The HSCP Facebook page is going from strength to strength and now has over 250 likes and 260 followers.

Youtube (www.goo.gl/zLGqN9) – An HSCP Youtube Channel has been set up with a number of video clips already created and uploaded, this will be developed further in the coming months.

Integration Joint Board (IJB) webpage – The Communications Team are currently in the process of creating a specific webpage so that members of the public can find out more about the IJB, its membership and also view some video clips from members about their role on the IJB