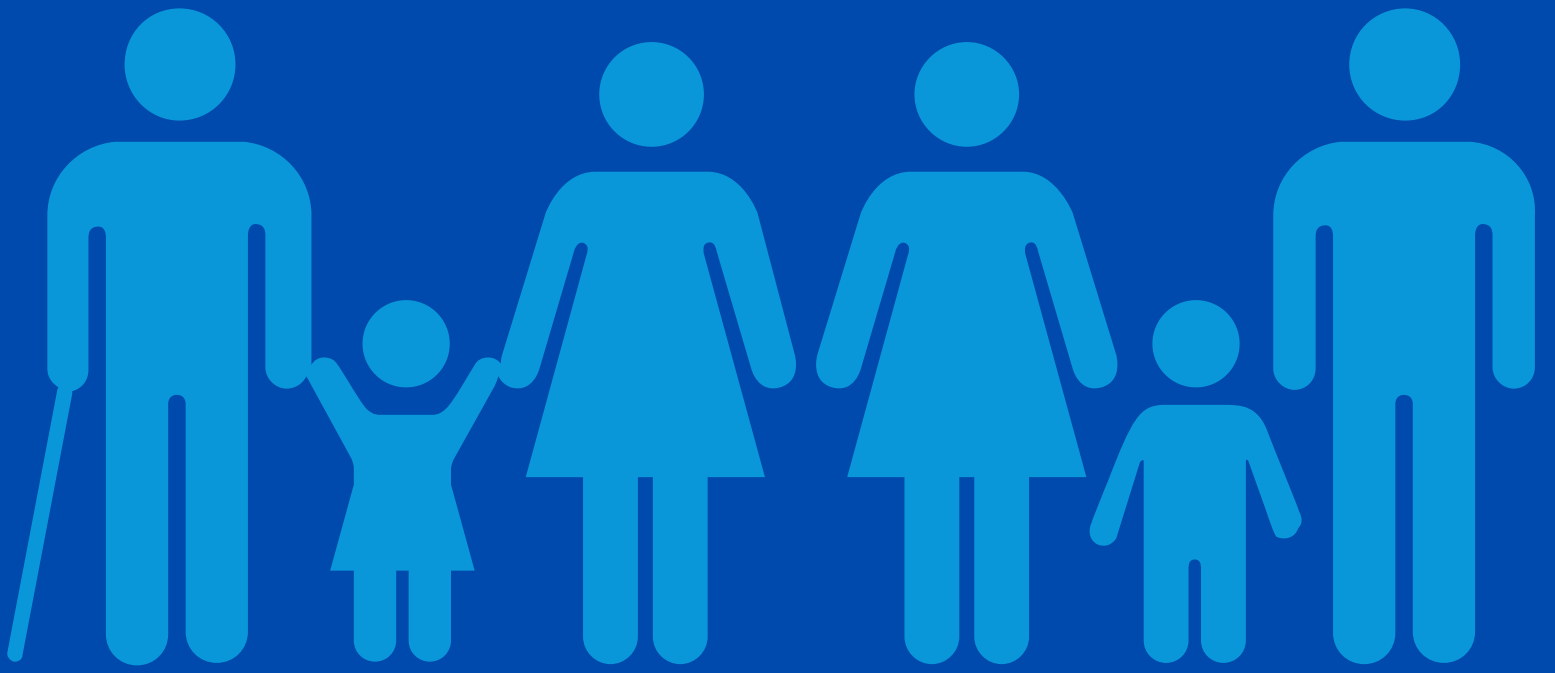
A&B HSCP Transforming Together

Argyll & Bute Health & Social Care Partnership

2021 - 2022

ANNUAL PERFORMANCE REPORT



This document can be made available in a range of formats and languages, for contact details please see the last page of this document.

Table of Contents

Page 3	Foreword
Page 4	Introduction
Page 5	Remobilisation
Pages 6 - 17	Key achievements
Page 18 - 20	Performance, Management and Governance
Page 21 - 23	Financial Performance and Best Value

Appendices

Appendix 1
Health & Wellbeing Outcome Indicators 2021

Appendix 2
Health & Wellbeing Outcome Indicators Benchmarking 2021

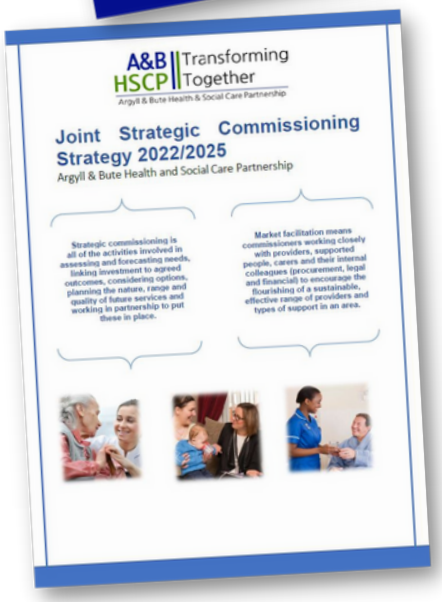
Foreword

Argyll and Bute Health and Social Care Partnership has experienced another difficult year as a result of the Covid 19 Pandemic.

Our Staff, Partners, Carers and Volunteers continue to demonstrate the upmost dedication, hard work, resilience and commitment to our services. We appreciate the length of time we have now been working in response to the relentless challenges Covid 19 brings and are proud of what has been achieved. We continue to be thankful and grateful for everyone's efforts in these difficult times.

Within this year, services have begun to return to a new normal, and focused on remobilisation, basically catching up on activity lost. During the latter half of 2021, we have been out to consultation with our staff, independent and third sector and the public in preparation for the HSCP new Strategic Plan for 2022-2025 and the Joint Strategic Commissioning Strategy.

It was fabulous listening to the views of our communities and we look forward to further engagement in the future to ensure that we plan and deliver services which enables the people of Argyll and Bute to live longer, healthier and independent lives.



Sarah Compton-Bishop
Chair of Argyll & Bute Integration Joint Board

Fiona Davies
Chief Officer of Argyll & Bute HSCP

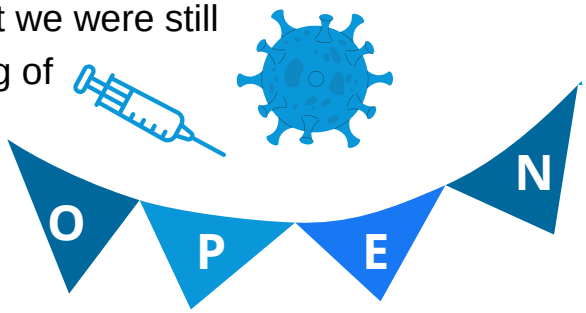
Introduction

Welcome to Argyll and Bute's Annual Performance report for the year 2021 as required by Public Bodies (Joint Working) (Scotland) Act of 2014.

This document sets out how the Health and Social Care Partnership (HSCP) has performed and builds on the information published within previous reports and to provide progress around our remobilisation out of the Covid 19 pandemic.

The HSCP is a complex organisation bringing together a range of partners, services and substantial financial resources. The partnership is responsible for meeting local and national objectives and it is therefore important that we publically report on how we are performing against the agreed outcomes that we aspire to.

The Annual Performance report provides an opportunity to reflect on the past year. A year that was extremely challenging yet we were still able to celebrate achievements like the opening of the Marshall Unit on the Isle of Bute, and the immense effort and success of the vaccination programme.



It is important to remember that the circumstances related to the pandemic have influenced the progress of some of our transformation plans and also our performance in some areas throughout the year.

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Remobilisation

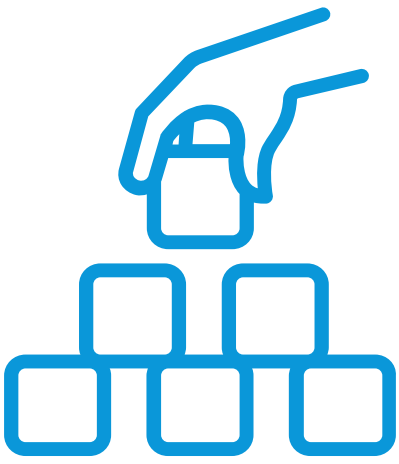
Throughout 2021 the HSCP continued to work hard to 'remobilise' and return to delivering services at full capacity in an accessible, patient centred and sustainable way.

Acute activity delivered across Argyll & Bute from and within Lorn & Islands Hospital and outreach from NHS Greater Glasgow & Clyde was increased, and our 12 week waiting times performance returned to pre-pandemic levels. Waiting list validation and management was a priority and additional clinics to improve waiting times further increased capacity within specialties where we previously experienced pressures. The Chronic Pain service which was a longstanding pressure began to be delivered Highland wide from the Fort William Belford Hospital, and in October 2021 we secured a visiting Gastroenterology specialist, reinstating this service to the HSCP. We do acknowledge a small number of specialties where we operated at lower than 100% capacity and the loss of service in some areas. We continue to work with NHS GGC and explore all options locally to improve accessibility.

Service change brought about by the Covid 19 pandemic and recruitment difficulties led to some challenges and for most specialties this meant a shift to a blend of face to face and virtual clinics. In 2021 the NHS Near Me video consulting service saw nearly 7000 consultations and more than 3800 hours in Argyll & Bute, a record number. Uptake remains high demonstrating sustained change in the way in which patient care is being delivered.

Wherever possible we maximised our Allied Health Professionals (AHP's) services to support consultant led activity. This allowed for service redesign through improved, patient centered pathways and in turn improving access times. In some of our hospital sites during 2021, advanced physiotherapy practitioners triaged and treated patients referred to the orthopaedic consultant where this was clinically appropriate.

Based on the success of this the HSCP will look to progress a complete redesign of the orthopaedic service and this will be done during 2022.
This year we had also planned to introduce a centralised appointing service to standardise outpatient clinic access, improve accessibility and patient care. Due to other priorities this will now be progressed in 2022.



Key achievements

Dialysis Isle of Bute

On the 11th November 2021, the HSCP welcomed it's first Dialysis patients into the new Marshall Unit in the Victoria Hospital Rothesay, Isle of Bute.

The community of Bute had been fundraising for a number of years for a dialysis unit to prevent the difficult journey for patients 3 times a week to Inverclyde.

The HSCP has been incredibly fortunate to receive the full amount of funding required to fund all the capital costs of the project from both the Dr J N Marshall Trust and the Bute Kidney Patients Support Group.

The Unit is now operational 6 days a week and employs 4 Dialysis nurses. There are 3 dialysis machines and chairs within the Unit. Patients are enjoying the benefits of less travel to receive treatment and less disruption in bad weather from ferry cancellations.

Overall, this has been a tremendous effort from the local community and the population of Bute will benefit from this service for years to come.

Vaccination Programme

Following the development of safe vaccines to protect the population from the devastating impact of Covid 19 the HSCP had to quickly mobilise services to vaccinate the population.

The delivery of the programme brought challenges like nothing faced before. Dedicated staff ensured we meet these challenges to reduce the impact of Covid 19 on those most at risk, and was therefore essential that Argyll and Bute had effective plans in place to deliver Covid 19 vaccines to protect those most at risk, prevent ill health in the community and minimise further pressure on the NHS and social care services.

Logistics around the vaccine supply chain, transport and storing of the vaccine all took careful planning, especially to our Island communities.

The HSCP postponed any non urgent work prioritising the rapidly evolving situation. Communication and guidance was key for staff delivering vaccinations, working with the Scottish Government and developing programme command groups Argyll and Bute successfully ramped up the vaccination programme. The vaccination programme continues to hold vaccination clinics for first, second and third booster doses including children 5-11 in Argyll and Bute.

The table below details the success to date and how many people in each age category have vaccines. The 5-11 figures are different as only immunosuppressed children should have had primary plus booster and vaccination of this cohort is ongoing mainly due to the restriction around children who have tested positive (there is a 12 week wait from that point before they can be vaccinated).

Co-hort	*Population*	*2 Vaccinations + Booster*	*2 Vaccinations*	*1 Vaccination*	*Not Vaccinated*
5 - 11 years	6157	18 (0.3%)	279 (4.53%)	685 (11.13%)	5175 (84.05%)
12 - 64 years	53962	40297 (74.6%)	11065 (20.5%)	2180 (4.03%)	420 (0.77%)
65+ years	22342	20845 (93.3%)	903 (4.04%)	77 (0.34%)	517 (2.3%)

Childrens Services

- We have engaged widely and published a new Children and Young People Service Plan, developed and published a new Corporate Parenting plan, developed a multi-agency approach in drafting and implementing a new Children Services Commissioning Plan. We have developed and gathered feedback survey to be circulated to S2 and S4 school pupils. This work is being implemented and is well established and is driven by a robust multi-agency approach

- Our 3 Children's Houses as well as our Adoption and Fostering Services are graded 5 (Very Good)

- 100% of our Young People leaving care in the last year were offered appropriate housing

- We have fully embedded all elements of the Universal Health Visitor Pathway and in line with "Best Start" we provide continuity of Midwifery care to women across Argyll and Bute

- We are using the Model for Improvement to test the use of assessment tools and interventions aimed at supporting Children to reach their developmental milestones at 13 – 15 months and 27 – 30 months

- We are also using the Model for Improvement to test methods to ensure multi-agency chronologies are in place for Children and Young People following an Initial Referral Discussion (IRD) where the decision is to progress to child protection procedures

- We have initiated a redesign of the Child and Adolescent Mental Health Services (CAMHS) including the deployment of additional staffing which will ensure a clear and accessible pathway is available to all young people in secondary school

- We have developed GIRFEC (Getting It Right For Every Child) infomercials by young people for use in schools to promote understanding of the Named Person role and the National Well-being indicators

Child Poverty

- We have developed a Child Poverty Action Plan that sets out what we are doing locally to tackle child poverty; we review this every year. This plan and other actions are guided by a multi-agency Child Poverty Action Group

- We have engaged with children and young people via School Councils to gain their ideas and views of the plan. We have produced child friendly versions of the plan.We look to engage with community groups and are currently doing this, for example, via the Living Well networks

- Community and staff awareness of child poverty is important, as is their knowledge of how it is being tackled in Argyll and Bute. We use events like Challenge Poverty Week to get information out via media posts and other methods. We have also developed a Council Child Poverty Website that provides information on the plan and links to key sources of support relating to housing, benefits, employability, domestic abuse etc

- We recognise the importance of the third sector in tackling child poverty and a number of key agencies are represented in the CPAG and contribute to planned work, for example ALIenergy and Third Sector Interface (TSI)

- We know that training to raise the awareness of staff about poverty is important; they need to be able to respond to service users with empathy and respect. It is also important for them to be able to ask the difficult money questions well and signpost people to where they can get support and the right kind of advice.Money Counts training has been developed for use in Argyll and Bute and will be rolled out to a wide range of staff.We have also commissioned Awareness Raising Training and this should begin to be rolled out to staff in 2022

- We look to act across a wide range of areas, such as housing, food and fuel poverty, by having a broad range of members from those sectors. We recognise that employability and benefits are important areas and these are represented in CPAG

Child Protection

- CPC has continued to deliver child protection training via Microsoft Teams and monthly CPC chat lead by Lead Officer CP has continued , which promotes communication between CPC and frontline staff and managers
- DA Pathway launched , audited and now embedded
- New information leaflets designed by children via a competition in schools
- Young Person Support & Protection protocol review initiated and staff and young people consulted via survey
- Reflect & Learn concept approved and 2 have been carried out so far this year
- Audit activity has continued with 8 weekly audit of IRD and 1 CP Plan audit
- Communications to children and parents/carers re. National 'For Kid's Sake' campaign ran twice and online safety campaigns
- Advocacy work has continued for children on the CPR

Adult Support and Protection

- A range of training and development activity took place for Council Officers and we provided training on Defensible Decision Making; Modern day slavery; Older adult abuse and presented a Large Scale Investigation (LSI) Learning event
- Contributed to the Multi-agency Risk Assessment Conferences (MARAC) awareness training
- Provided a biannual Committee Development Session
- Ensured staff protected on investigations etc, and noted no real fall in referrals and activity
- Produced a Monthly Newsletter on issues pertinent to ASP
- Addressed financial harm, establishing an APC sub-group and ensuring regular information on the subject
- Focused development of AP multi –agency awareness

Violence Against Women and Girls

- The VAWP has developed its membership and now includes a wide range including; Police, Fire and Rescue, Colleges and Universities, Health, Social Care, Housing, Education, Adult and Child Protection and key third sector partners

- The VAWP Lead and Chair are working with the Community Justice Lead to ensure that the work of the partnership is properly integrated into the Argyll and Bute Community Justice Plan

- The VAWP has supported and advised on the introduction of a Domestic Abuse Policy for Council employees and the introduction of a Domestic Abuse Pathway

- The need for the introduction of the Safe and Together Model to Argyll and Bute services has been promoted to the Chief Executive, Head of the HSCP and Heads of Service and has been agreed as a key area of development. A bid was submitted to the Developing Equally Safe Fund to achieve this and this was successful; £68,582 was granted and will cover a Safe and Together initial roll out. It will also cover a wide range of other training including: Routine Enquiry, Awareness Raising, Working With Men and Harmful Traditional Practices. This will take place over a period of 2 years from mid October 2021. Also encompassed in this work will be a research project that will look at the effectiveness of these actions and the views of lived experience people, staff, managers and perpetrators

- A VAWP led group is looking at the issue of domestic abuse and women and girls with learning difficulty and is currently identifying training and practice issues

- The work of the MARAC continues to be developed and is enhancing the safety of those women at highest risk of domestic violence. A further roll out of training on the DASH model of assessment is planned

- The 16 Days of Action were marked by a range of local actions including the lighting up of Statues and Buildings and a poster competition within schools

Community Justice

- Contributed funding to a two year research project led by the Violence Against Women & Girls Partnership which will include understanding victims experiences and additionaly review the behaviors of men who perpetrate violence against women and girls

- We have analysed the connections between Justice Social Work delivery and Community Justice developing a draft improvement plan for 2022-2024
- Secured funding from the Corra Foundation to review our prison Custody to Community Pathway
- Developed strategic links into the Alcohol & Drugs, Community Safety and Violence Against Women & Girls Partnerships
- Developed strong partnership working with the national body Community Justice Scotland
- Undertaking a review of the Community Justice Partnership to refresh our focus in light of the new national Justice Strategy and the pending Community Justice Strategy

Public Health

- An annual report of activity for 2020-21 is published here (ablivingwell.org)
- Conducted a scoping exercise by engaging with staff to complete a survey designed to identify gaps in knowledge around health screening (50 frontline Mental Health and Learning Disability staff and 19 Primary Care staff completed the survey)

- Supported the implementation of the Scottish Government 'Every Life Matters' Strategy on Suicide Prevention, within the heightened economic and social pressures felt by individuals throughout the Covid 19 pandemic
- Supported the completion of the Equalities Outcome Framework mainstreaming report to meet the Scottish Specific duties of the Equality Act and refreshed the Equalities Outcomes in partnership with Argyll and Bute Council and NHS Highland in summer 2021
- Developed a Joint Strategic Needs Assessment for the Joint Strategic Plan and Joint Strategic Commissioning Strategy
- 73 successful smoking quits were recorded by the Stop Smoking Advisors using technology and innovative approaches to deliver their service

Adult Care-Older Adults/Adults and Hospitals

- Development of a robust assurance function for care homes and care at home service. This included the development of a Care Home Task Force a partnership with care homes and colleagues across the HSCP/NHS/Council

- Establishment of an Adult Planning and Development Group to establish an agreed strategic vision and operational delivery of adult services and a refocus of the Care Homes and Housing work-stream to identify the need and direction of commissioning for the future

- Establishment of an Older Adult and Dementia Reference Group to ensure community engagement becomes part of the overall planning and development process

- Re-establishment and redesign of day services providing a focus on critical respite for unpaid carers

- Establishment of a Care at Home Strategy Group with a short term and longer term action plan taking account of immediate pressures and to plan for future development

- Agreed proposals to permanently fund a 24 hour responder service with agreement that solutions are required for our island communities

- Appointment of an Unscheduled Care Lead to ensure all elements of hospital discharge and prevention of admission are standardised and integrated

- Initial work is taking place to establish plans for the islands, taking account of the Island's Act and developing unique island solutions beginning with conversations on Coll, Mull and Tiree

- Implemented the Enhanced Community Dementia Team model in 3 localities within Argyll and Bute. Developed an operational framework for the service and recruited key posts to develop the Enhanced Service. This key service is still developing

Learning Disabilities Service

- Development of additional Core and Cluster models across A&B for Learning Disability services
- Initiated the review and redesign of internal LD Day Services staffing structures across Argyll and Bute, to ensure equity and consistency across locations and ensuring they are fit for the future
- Increased oversight and voice of LD & Autism services following the HSCP management restructure
- Improved our communication and engagement with communities and service users, through the newly established HSCP Engagement Framework
- Improved management of transitions cases through re-establishment of the Disability Transitions Group and better transition links with schools

Mental Health

- Completed a review of our Community Mental Health Teams recommendations of which (still subject to approval) will be actioned via our Mental Health and Dementia Steering group
- Identified resource to deliver the Wellness Recovery Action Planning (WRAP) approach to enable people to self-manage their mental wellbeing
- Islay trial of 'Near Me' the use of video consultation to support primary care mental health workers and clients
- Agreed a new locality based consultant model of care

Primary Care

- Pharmacotherapy teams are in place to provide a new medicines management service within most GP practices in each locality. Teams comprise of pharmacists and pharmacy technicians. A remote hub model has been created in Helensburgh

- A plan for a primary care nursing team with posts located either in community hospitals or in GP practices has been agreed in consultation with individual GP practices to support community treatment and care and vaccination transformation within existing primary care modernisation funding

- First Contact Practitioner Musculoskeletal Physiotherapists are in post are providing a service to some practices in each locality and to remote and island GP practices

- A Primary Care Mental Health Service is now operational for some GP practices in all localities providing time limited intervention for patients with common mental health problems. There is a monthly average of 90 patients now referred to this service

- Merged the GP Practices on the Isles of Mull and Iona and recruited GPs to the new Mull and Iona Medical Group under an independent General Medical Services Contract

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

- Creation and implementation of 3 Whole Time Equivalent (WTE) Advanced Practice Anticipatory/Emergency Care Nurses working in partnership across 5 GP Practices within Helensburgh and Lomond Locality

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

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

Alcohol and Drug Partnership

- Recovery communities expanded their membership. The communities are primarily led by people with lived experience and all have people with lived experience involved in the programming and organisation of the regular activates

- Links have been strengthened through the creation of a Recovery Steering Group which aims to represent all of the Recovery Communities and develop a collective voice on their behalf

- Both ABAT and WAWY have staff trained to distribute Naloxone to individuals & their family members. Both teams also provide Injecting Equipment Provision (IEP) utilising outreach and click & collect approaches

- The existing school-based support service has continued, though the service has had to adapt due to Covid 19 restriction, with access to the schools limited in many cases. Services have been innovative in their use of social media, instant messaging, text, phone video-conferencing and meeting outside of school grounds

- The Custody to Community Pathways for people leaving Prison and returning to Argyll & Bute are aimed at ensuring all are provided with Naloxone on liberation

- WAWY introduced online Mutual Aid Partnership (MAP) group sessions three times per week. They also offered safe distanced walk & talk sessions with people who are unable to engage by phone/digital. Where required they carried out doorstep welfare checks when they were unable to make remote contact with people

- Where appropriate prison addiction staff contact ABAT to continue clinical treatment in the community. This approach has worked well for the continuation of prescribed methadone and buprenorphine

- MAT Standards will be piloted in Cowal and Bute with a new team being recruited

Allied Health Professionals

- AHP leaders and the teams work above and beyond to provide high quality clinical care despite challenges
- AHP's view themselves as having a role in prevention and early intervention and are striving to increase their input earlier in patient's lives to either prevent or minimise impact of illness, disability or injury
- AHP's are core members of the multi-disciplinary team and have enhanced MDT working significantly into primary care in the last three years
- AHP's are currently one of the first within NHS Scotland boards to develop and carry out establishment setting
- Increased our rehabilition skills in all areas to support major trauma, long-term conditions and neurological conditions and diseases
- Recruitment of a Housing OT to support assessments for adaptations to individual housing

Carers

- Worked with Carer Services to implement the Caring together Strategy
- Recruited a Carers Act Officer and a Young Carers project assistant
- Carried out contract reviewing and monitoring
- Built capacity within the enhanced performance team
- Updated our Young Carers Statement
- Increased the visibility and awareness of unpaid carers and the support they provide
- Carried out a consultation on Respite and Short breaks
- Linked with the Carers Census

Technology Enabled Care (TEC)

- Ensured stock levels are sufficient to minimise the risk of not having appropriate equipment
- Allocated resource (People and finance) for the investment required in the Analogue to Digital Project
- Continue to support planning for role out of services in Social Care
- Continue to progress roll out within urgent care
- Liaise with North Highland and national colleagues in promoting digital care
- Work in partnership with Commissioned Services to better understand pressures they face and find joint solutions
- Work with planning colleagues to ensure Near Me remains part of Remobilisation Planning and re designing clinics.

Digital Health & Care Strategy

- Responded to the pandemic by expanding and enhancing our IT infrastructure to facilitate home/hybrid working in 2021/22 for our HSCP staff in the council and NHS.
- Strengthening resilience in the up time and performance of IT network to ensure service resilience, security and delivery.
- Increased the uptake and use of Technology Enabled Care (TEC) by clients and patients including expanding the use of the “Near Me” video consultation platform for mental health, primary care and community services.
- Completed the procurement and commenced the implementation of our replacement social work and community health IT system with the new “Eclipse” system as at a cost £465,000
- Replaced and modernised our 7 hospital switchboard to provide enhanced digital functionality and reduced our telephone costs.

Performance Management and Governance

The National Health and Wellbeing Outcomes continue to provide a strategic framework for the planning and delivery of health and social care services.

These suites of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. Currently there are 9 key National Health and Wellbeing Outcomes (NHWBO) and 23 sub-indicators. These form the basis of the reporting requirement for Health and Social Care Partnerships across Scotland. A full breakdown of all the Outcomes, Indicators and our local indicators is available in Appendix 1.

COVID 19 Performance Reporting

Much of the statutory performance data for 2021 continued to be affected by the Covid 19 pandemic, with the gradual emergence from the last of the restrictions across the summer period. This slow recovery was delayed later in the year with the arrival and impact of the OMICRON variant across Scotland. The effect of this new variant with regards to performance reporting was most significant from October through to December and into the start of 2022. Within the HSCP mitigating actions were put in place with the reintroduction of Daily Management Huddle to support recovery and take action as required. Additional resource was used during this time to continue to ensure the staffing and delivery of Care at Home and in the community, alongside support to Care Homes and discharge from hospital.

Remobilisation Performance Reporting

Throughout 2021 there was a return to previous performance reporting with regards to the Integration Joint Board, local and national performance reporting. The focus of the reporting for the IJB was on the remobilisation of services against the NHS Highland Remobilisation Plan, this used the Framework for Clinical Prioritisation, framing the remobilisation of services against 6 key principles within a Covid 19 operating environment as below:

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

This report included activity reporting for Argyll & Bute Health & Social Care Partnership, NHS Highland Board and Greater Glasgow and Clyde.

Key Performance Overview 2021

Homecare

The data trend for the overall number of people in receipt of homecare across all age groups notes a relatively flat trajectory from Jan- April with a sustained uplift in both planned hours and people in receipt of care at home between May and August. From September there is a declining trend, which in part may be attributable to the emergence of the OMICRON variant. This continues into 2022. With regards to homecare hours, the declining trend from August to December notes a 4% reduction in care hours.

Residential Care

Comparing the average numbers of care home residents for 2020, to 2021 notes a 2% reduction, across 2021 there is a slight upward trend in the number of residents from August to October with a 3% reduction from November to December this again may be in part attributable to the emergence of the OMICRON variant continuing into 2022.

Mental Health

Mental Health Services reported consistent levels of new referrals for services in 2021. However, Emergency Mental Health Bed Days reports a reduction of 24% from 2020 levels. There was an increase in patients waiting to be seen for CAMHS service as at Dec 2021, up by 22% on the previous year's period, with 61.3% waiting more than18 weeks, up slightly from 58.6% in 2020. Statutory Mental Health activity across 2021 noted consistent levels in activity across calendar year period. With regards to the types of statutory activities; Consent to Short Term Detention, Supervision of Guardianship, Reports for Adults With Incapacity (AWI) Application and Consent to Emergency Detention were noted as having the largest impact across staff workloads.

Delayed Discharge

Delayed Discharge data across the period 2020 noted consistently high number of those waiting to be discharged form hospital against target and the previous year performance. July has seen the highest number of delays in hospital with a 23% increase against the average for the year, alongside this October noted the highest bed days used with a 26% increase against average. Delayed discharges remained high through the months of November and December with associated longer recorded bed days. January to May noted a reducing overall trend in bed days suggesting more activity with quicker discharge, this trend slowed with an increased from June onwards with associated high numbers and bed days.

Waiting Times

With regards to service remobilisation and the continued reduction the waiting times the focus for the HSCP was on maintaining outreach services to A&B despite the ongoing service pressures being experienced nationally and utilising waiting times funding to reduce waiting times.

Key areas of work included:

- Utilising Advanced Physio Practitioners to support our Orthopaedic service and reduce the waiting times for patients.
- Working in Partnership with local Community Optometrist to
- provide shared care with the NHSGGC Consultant Ophthalmology service and develop a virtual Ophthalmology service fit for the future.
- Creating a centralised appointing service to improve patient pathways and ensure equity of access to care across all our hospital sites.
- Create a “Clean room” with sufficient airflow within Lorn Islands District General Hospital to repatriate ENT services back to Argyll and Bute as these were stopped due to Covid 19 risk of aerosol generating procedure required for Naeso Endoscopes.
- Continued use of virtual appointments

Benchmarking

Benchmark performance makes a comparison with the seven identified rural HSCP’s and the Scottish average. Performance across the 20 indicators, Argyll & Bute HSCP noted 10 (50%) indicators performing above the Scottish average. Performance against the other HSCP’s for these indicators notes that Argyll & Bute had an overall 55% success rate (Appendix 2)

Performance, Outcomes & Improvement

The HSCP is committed to openness and transparency in respect of performance reporting. Due to service pressures arising from the pandemic during 2021/22, there has been some disruption to reporting as the HSCP focussed on addressing the pandemic and re-mobilisation of services. A revised integrated performance management reporting framework is been designed and will be rolled out fully across 2022. The HSCP reviews its performance data and uses this to enable it to be responsive to emerging need and service pressures and to continuously improve and inform its strategic planning processes.

Financial Performance and Best Value

Financial Performance

The IJB is committed to the highest standards of financial management and governance. It is required to set a balanced budget each year and seeks to deliver Health and Social Care Services to the communities it serves within the envelope of resources available to it. Financial performance is reported in detail to the IJB at each of its meetings and to its Finance and Policy Committee which meets on a monthly basis. It also publishes its Annual Report and Accounts which are subject to independent external audit.

This section provides a summary of financial performance for 2021-22, our approach to ensuring that we deliver Best Value and outlines the future financial outlook and perceived risks.

Financial Performance 2021-22

The IJB set a balanced budget for 2021/22, and is delighted to be able to report a small underspend against the resources available to it and confirm that it was able to repay all of its debt. It is acknowledged that a number of factors contributed to this improved position including delivery of savings, improved financial management and governance and additional funding allocations from the Scottish Government.

The final revenue outturn for 2021/22 was an underspend of £682k against the resources available to the HSCP, which totalled £313m. This underspend has been retained by the HSCP within its general reserve and it is intended that it will be invested in 2022/23 on service transformation. The other important aspect of financial performance during the year was that the HSCP was able to repay the full debt balance due to Argyll and Bute Council during the year, this totalled £2.8m. Argyll and Bute Council reduced the funding available to the HSCP to facilitate this repayment of debt. The following table summarises the financial performance against budget analysed between Health and Social Work related services.

Service	*Actual £*	*Budget £*	*Variance £*	*Variance %*
Social Work Services	**78,958**	**79,640**	**682**	**0.9%**
Health Services	**233,408**	**233,408**	**0**	**0%**
Grand Totals	**312,365**	**313,048**	**682**	**0.2%**

The budget for 2021/22 included a total savings target of £9.3m spread across 142 projects. As at the end of March 2022, £8.2m of the savings target was delivered. Of this total, £5.8m was delivered on a recurring basis. The shortfall was funded through additional financial support from the Scottish Government, recognising that a number of projects had to be placed on hold during the year as a consequence of the Covid 19 pandemic.

The HSCP recognises that it needs to continue to improve efficiency and deliver best value. It continues to manage its savings programme rigorously and recognises that this is critical to ensuring longer term financial sustainability and facilitating the implementation of our transformational objectives. The HSCP has a savings target of £6.0m for 2022/23, this includes £3.9m of new savings in addition to the carry forward of those projects which were not delivered in full during 2021/22.

Financial Outlook, Risks and Plans for the Future

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

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

Looking into 2023-24 and beyond, it is anticipated the Scottish public sector will continue to face a very challenging short and medium term financial outlook with significant uncertainty in respect of funding and the impact of high inflation. However, additional funding to the sector and proposed structural reform, is anticipated to better enable the HSCP to invest in service provision and deliver high quality services within the resources that will be made available. This presents an opportunity for the HSCP to improve the services it offers and address some of the challenges it faces.

The HSCP continually updates its forward financial plans to recognise and plan for the impact of new policy priorities, emerging cost pressures and funding allocations. Additionally, robust risk management processes are in place which seek to identify and quantify the financial risks facing the HSCP. Key risks currently facing the partnership include the sustainability of service providers, the impact of inflation, staff availability and costs, and increasing demand for services. A further key risks is in respect of the continuing management of Covid 19 and addressing the increased numbers of people awaiting diagnosis and treatment. We also need to work to address the length of time some people within our communities are having to wait for treatment.

The Annual Report and Accounts for the year provide further detail and analysis in respect of financial performance, financial risks and governance arrangements and improvement plans.

Best Value

The IJB has a statutory duty to provide best value as a designated body under section 106 of the Local Government (Scotland) Act 1973. NHS Highland and Argyll and Bute Council delegate funding to the Integration Joint Board (IJB). The IJB decides how to use these resources to achieve the objectives of the strategic plan. The IJB then directs the Partnership to deliver services in line with this plan.

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

The Health and Social Care Partnership ensures proper administration of its resources by ensuring that there is an appropriate governance framework in place and by having an appointed Chief Financial Officer who is required to keep proper accounting records and take reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board. The IJB is also required to publish audited annual accounts each year.

Best Value underpins the ethos of governance and financial management within the IJB, a summary of performance against the 8 best value themes is given overleaf:

8 BEST VALUE THEMES

Vision and Leadership

The IJB and Senior Leadership team are involved in setting clear direction and organisational strategy which is expressed in the new Strategic Plan and the new Commissioning Strategy. There are strong mechanisms for contributions from the Locality Planning Groups and the Strategic Planning Group into these key documents which set the strategic priorities of the IJB.

Governance and Accountability

The IJB has significantly improved its governance and seeks to continually develop and improve in response to emerging good practice and independent audit review. It has made excellent progress in implementing its governance improvement programme to ensure it operates in an open and transparent way. Support for the system of governance is provided by Argyll and Bute Council this ensures that it is properly administered. Comprehensive and clear Board minutes and papers continue to be published and meetings are open to the public.

Effective use of resources

The Finance & Policy Committee of the Board meets regularly in order to scrutinise performance against budget, progress with the delivery of savings and the Transformation Programme. NHS Highland has implemented a formal Project Management Office approach to delivering savings projects and their methodology has also been extended to the full savings programme. Better financial management and governance has been a priority for a number of years, and this has contributed to the much improved financial position the HSCP is now in.

Partnership and Collaborative Working

Effective partnership working is a core element of the way in which the IJB has been established. The IJB works closely with NHS Highland and Argyll and Bute Council. The Chief Officer is a member of both Strategic Management Teams. In addition the HSCP works closely with third sector partners and its commissioned service providers by holding regular meetings with key care home and care at home providers. It has been commended by these stakeholders for this. This has continued throughout the year and illustrates the ethos of partnership working. A further example of this partnership working during 2021/22 was the high levels of engagement from partners in the development of the Commissioning Strategy and the new Strategic Plan

Community Responsiveness

The Locality Planning Groups ensure that local concerns are addressed and feed through to the Strategic Plan. In addition the Engagement Strategy ensures that full consultation and engagement is carried out before policy changes are agreed. Most recently this has been demonstrated in the high levels of engagement in the development of the Commissioning Strategy and the Strategic Plan.
A commitment to co-production is an underlying theme and work is now underway to develop new models of responsive service delivery with community based partners.

Fairness and Equality

A commitment to fairness and equality is at the core of the IJBs purpose, strategy and vision. It aims to provide critical services to the most vulnerable in society. Equality Impact Assessments on new projects plans and strategies include an assessment of socio-economic impacts and islands impacts.

Sustainability

The Covid 19 pandemic has created an opportunity to further develop remote working, which has significantly reduced travel, for both staff and service users. There has been extensive use of Near Me for remote consultations where this is appropriate, and continued use and expansion of Microsoft Teams. Other developments such as a project to trial the use of drones for transporting items such as laboratory samples from islands and remote areas and the electrification of the fleet are first steps in delivering upon carbon reduction targets. There has also been close working with commissioned providers to try and ensure their financial sustainability, particularly for loss of income and extra costs due to Covid 19.

Performance, Outcomes & Improvement

Reporting on performance has continued during the last year, however, health and care activity has reduced due to the impact of managing the covid pandemic and this has resulted in increased waiting times and increased un-met care needs. The HSCP is working to increase activity to pre-pandemic levels and address the backlog. It reports on progress to the IJB regularly and it is intended that this reporting will be further improved as the integrated performance reporting regime is implemented.

A&B HSCP | Transforming Together

Argyll & Bute Health & Social Care Partnership

Email Contact

nhsh.strategicplanning@nhs.scot

Websites

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

About Argyll & Bute (scot.nhs.uk)

Twitter

https://twitter.com/abhscp

Facebook

https://www.facebook.com/abhscp

Appendix 1
Health & Wellbeing Outcome Indicators 2021

IJB Performance Scorecard

Outcome 1 - People are able to improve their health	2016/17	2017/18	2018/19	2019 Calendar year	2020 Calendar year	2021 Calendar year	Target 2021
NI-1 - % of adults able to look after their health very well or quite well	96.0%	93.0%	93.0%	93.0%	93.2%	90.8%	90.9%
NI-3 - % of adults supported at home who agree they had a say in how their support was provided	82.0%	76.0%	76.0%	76.0%	72.5%	66.9%	70.60%
NI-4 - % of adults supported at home who agree that their health & care services seemed to be well co-ordinated	81.0%	72.0%	72.0%	72.0%	73.7%	66.0%	66.40%
NI-16 - Falls rate per 1,000 population aged 65+	26.0	26.0	26.0	23.0	25.3	27.8	23
A&B - % of Total Telecare Service Users with Enhanced Telecare Packages				45.7%	45.6%	43.2%	31.0%
NI-13 - Emergency Admissions bed day rate	107,343	107,548	108,883	109,759	94,863	104,253	109,429
Outcome 2 - People are able to live in the community	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar year**	**2020 Calendar year**	**2021 Calendar year**	**Target 2021**
MSG 1.1 - Number of emergency admissions - A&B	8,716	9,046	9,003	9,111	7,563	8,343	8,509
MSG 2.1 - Number of unplanned bed days acute specialties - A&B	65,707	65,030	67,060	66,706	55,378	65,414	57,139
MSG 2.2 - Number of unplanned bed days MH specialties - A&B	13,034	13,755	14,623	12,676	13,048	10,232	15,896
MSG 3.1 - Number of A&E attendances - A&B	16,130	16,026	16,912	17,784	12,671	17,083	16,960
MSG 6.1 - % of 65+ population at Home (unsupported) - A&B	7.8%	7.9%	8.0%	7.9%	7.9%	7.5%	8.1%
A&B - % of LAC who are looked after at home or in a community setting				82.4%	80.6%	83.6%	90.0%
Outcome 3 - People have positive service-user experiences	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar year**	**2020 Calendar year**	**2021 Calendar year**	**Target 2021**
NI-2 - % of adults supported at home who agree they are supported to live as independently	84.0%	79.0%	79.0%	79.0%	79.9%	75.0%	78.8%
NI-5 - % of adults receiving any care or support who rate it as excellent or good	82.0%	80.0%	80.0%	85.0%	78.3%	68.6%	75.3%
NI-6 - % of people with positive experience of their GP practice	91.0%	85.0%	85.0%	85.0%	84.5%	77.6%	66.5%
MSG 3.2 - % A&E attendances seen within 4 hours - A&B	95.0%	93.5%	93.4%	91.7%	92.9%	88.4%	95.0%
CA72 - % LAAC >1yr with a plan for permanence	88.0%	100%	65.0%	85.2%	65.4%	36.1%	81.0%

Outcome 4 - Services are centred on quality of life	2016/17	2017/18	2018/19	2019 Calendar year	2020 Calendar year	2021 Calendar year	Target 2021
NI-7 - % of adults supported at home who agree their support had impact improving/maintaining quality of life	87.0%	74.0%	74.0%	74.0%	76.50%	76.7%	78.10%
NI-12 - Rate of emergency admissions per 100,000 population for adults	12,145	12,617	12,678	11,353	10,790	11,960	11,636
NI-14 - Readmission to hospital within 28 days per 1,000 admissions	80.0	87.0	87.0	76.0	91.0	91.0	110
MSG 5.1 - % of last six months of life by setting community & hospital - A&B	90.0%	90.0%	90.0%	90.8%	92.50%	91.0%	90.0%
A&B - % Waiting Time breaching >12 weeks				21.0%	38.0%	22.0%	25.0%
Outcome 5 - Services reduce health inequalities	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar year**	**2020 Calendar year**	**2021 Calendar year**	**Target 2021**
NI-11 - Rate of premature mortality per 100,000 population	418	380	393	403	398	386	465
NI-17 - % of SW care services graded 'good' '4' or better in Care Inspectorate inspections	84.0%	86.0%	86.0%	84.1%	87.1%	80.0%	75.8%
NI-19 - No of days people [75+] spent in hospital when ready to be discharged, per 1,000 population	597	625	640	540	346	584	761
CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS	95.0%	89.0%	91.0%	92.5%	32.5%	31.5%	90.0%
AC21 <=3 weeks wait between SM referral & 1st treatment	93.0%	95.0%	90.5%	91.3%	84.9%	TBC	90.0%
Outcome 6 - Unpaid carers are supported	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar year**	**2020 Calendar year**	**2021 Calendar year**	**Target 2021**
NI-8 - % of carers who feel supported to continue in their caring role	41.0%	33.0%	33.0%	33.0%	35.0%	38.0%	29.7%
Outcome 7 - Service users are safe from harm	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar year**	**2020 Calendar year**	**2021 Calendar year**	**Target 2021**
NI-9 - % of adults supported at home who agree they felt safe	84.0%	83.0%	83.0%	83.0%	78.7%	76.4%	79.7%
CP16 - % of Children on CPR with a completed CP plan	91.0%	99.0%	91.0%	89.0%	99.0%	99.0%	100%
CP43 - No of Child Protection Repeat Registrations - 18 months				0	0	0.0%	0
CJ63 - % CPO cases seen without delay - 5days	86.0%	94.0%	84.8%	95.6%	95.3%	85.3%	80.0%
A&B - % of Adult Protection referrals completed within 5 days				45.8%	39.50%	32.9%	80.0%
A&B - % of Adult Protection referrals that lead to AP Investigation				12.5%	39.5%	11.0%	10.0%
A&B - % of complaints [stage 2] responded within timescale				25.0%	56.5%	73.0%	20.0%

Outcome 8 - Health and social care workers are supported	2016/17	2017/18	2018/19	2019 Calendar year	2020 Calendar year	2021 Calendar year	Target 2021
NI-10 - % of staff who say they would recommend their workplace as a good place to work	71.0%	71.0%	71.0%	71.0%	70.0%	70.0%	67.0%
Health & Social Care Partnership % of PRDs completed	52.0%	30.0%	37.0%	37.0%	3.0%	35.0%	90.0%
SW only - HSCP Attendance	3.90	5.70	5.20	5.23	4.86	5.9	3.78 DAYS
Outcome 9 - Resources are used effectively in the provision of health and social care services	**2016/17**	**2017/18**	**2018/19**	**2019 Calendar year**	**2020 Calendar year**	**2021 Calendar year**	**Target 2021**
NI-15 - Proportion of last 6 months of life spent at home or in a community setting	89.8%	89.6%	90.0%	91.0%	92.9%	91.3%	90.1%
NI-18 - % of adults with intensive needs receiving care at home	67.0%	67.0%	67.0%	68.0%	72.3%	71.9%	64.9%
NI-20 - % of health & care resource spend on hospital stays where patient admitted in an emergency	24.0%	22.0%	22.0%	22.0%	19.2%	22.5%	24.2%
MSG 4.1 - Number of DD bed days occupied - A&B	6,803	8,414	9,530	8,237	5,338	7,006	8,604

Appendix 2
Health & Wellbeing Outcome Indicators Benchmarking 2021

Core Suite of National Integration Indicators

			Health & Social Care Partnership							
Indicator	Title	Argyll & Bute	A	B	C	D	E	F	G	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	90.83%	92.4%	92.6%	92.4%	92.1%	92.7%	93.4%	91.7%	**90.9%**
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	75.0%	72.6%	72.1%	86.5%	73.4%	79.3%	73.1%	72.5%	**78.8%**
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	66.9%	76.8%	60.6%	72.1%	70.5%	70.2%	63.4%	64.3%	**70.6%**
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	66.0%	78.5%	54.1%	71.9%	64.5%	62.2%	59.3%	61.7%	**66.4%**
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	68.6%	79.5%	70.3%	83.0%	78.6%	68.1%	73.9%	67.8%	**75.3%**
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	77.6%	69.8%	64.8%	77.2%	62.0%	60.0%	65.9%	67.3%	**66.5%**
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	76.7%	81.7%	63.1%	84.3%	80.6%	73.3%	70.5%	79.2%	**78.1%**
NI - 8	Total combined % carers who feel supported to continue in their caring role	38.0%	29.5%	30.8%	28.7%	27.4%	31.6%	29.4%	25.6%	**29.7%**
NI - 9	Percentage of adults supported at home who agreed they felt safe	76.4%	84.9%	69.5%	86.0%	78.8%	72.1%	77.3%	75.3%	**79.7%**
NI - 10	Premature mortality rate per 100,000 persons	386	419	375	407	407	401	348	408	465
NI - 11	Emergency admission rate (per 100,000 population)	11,960	10,460	10,789	9,997	11,861	9,381	10,577	12,564	11,636
NI - 12	Emergency bed day rate (per 100,000 population)	104,253	92,375	112,745	106,529	105,914	83,298	121,675	95,726	**109,429**
NI - 13	Readmission to hospital within 28 days (per 1,000 population)	91	114	110	113	111	87	102	138	**110**
NI - 14	Proportion of last 6 months of life spent at home or in a community setting	91.3%	92.5%	87.5%	91.5%	88.5%	92.3%	88.2%	90.1%	**90.1%**
NI - 15	Falls rate per 1,000 population aged 65+	27.8	24.2	23.7	14.5	26.5	19.0	18.9	23.1	**23.0**
NI - 16	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	80.0%	75.7%	77.1%	80.3%	78.0%	80.0%	77.9%	87.0%	**75.8%**
NI - 17	Percentage of adults with intensive care needs receiving care at home	71.9%	60.8%	63.4%	56.6%	63.8%	64.5%	57.5%	71.2%	**64.9%**
NI - 18	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	584	226	159	1,051	520	776	1,009	761	**761**
NI - 19	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22.5%	23.2%	23.0%	23.1%	23.3%	21.3%	20.4%	23.2%	**24.2%**