

## **Scottish Parliament Health and Sport Committee Invitation to give evidence - 19 January 2021**

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

Argyll & Bute Health & Social Care Partnership (HSCP) is a partnership between NHS Highland and Argyll & Bute Council governed by an Integration Joint Board (IJB). This is a public body in its own right and is responsible for planning, resourcing and overseeing the delivery of integrated services. It differs from Highland HSCP which is a Lead agency model.

Membership of the IJB is:

- Elected Councillors (4);
- NHS Highland Board members (4); and
- A number of other members from a range of sectors and stakeholder groups including clinicians, independent and third sectors, patient/service users, Trade Unions, staff and carers.

Partner members each have voting rights if required. The standing orders however identify collaborative responsibility with the preferred option of the IJB reaching consensus on decision making.

Argyll & Bute Health and Social Care partnership has all social work services delegated, community and hospital health services including the Oban, Lorn and Isles general hospital and 6 community hospitals which are primarily GP led.

Argyll & Bute HSCP has invested in its local governance reviewing the terms of reference for each of its formal Committees and the Strategic Planning Group (appendix 1, annex 3 of the Scheme of Integration). This is to ensure they are delivering the functions set out in the Integration Scheme. It also ensures that its governance is aligned with partners to ensure the most effective partnership working and comply with each partner's statutory requirements.

The IJB governance model notes the alignment with the NHS Highland Board Clinical Governance Committee and the Argyll & Bute Clinical and Care Governance Committee.

The IJB was recently trained in respect of Directions. This was timely in respect of the quinquennial review of the integration Scheme reiterating the annual direction required for the delivery of the delegated functions. Directions are binding and provide the legal basis on which the Health Board and the Local Authority provide the services under the direction of the IJB and provide a mechanism to action the strategic plans of the IJB.

The training has ensured that staff and members of the IJB are aware of the requirement and responsibility attached to issuing and reviewing directions and the need to maintain a record.

### **Conclusion of the Review of the Scheme of Integration**

In 2019, the partners reviewed the Argyll & Bute Scheme of Integration, consulted with the population of Argyll & Bute and presented the final draft to each partner for approval in November 2020. The Scheme in appendix 2 was then approved by the NHS Board, the Local Authority and endorsed by the IJB.

The update to the Scheme made no changes to the services delegated and reflected the progress made the 5 year period in developing the partnership.

This process is representative of the relationship between partners in maintaining the delivery of statutory obligations with the IJB endorsing and supporting documentation/activity which is subject to approval by a partner and is involved in the oversight of the activity.

### **Annual Performance Report**

We are required to produce an annual performance report. This year's annual report is a slimmed down version of the usual report as permitted within the Coronavirus (Scotland) Act 2020 due to the impact on performance arising from the pandemic response. The report indicates performance against the Ministerial Steering Group Indicators (page 7) and the National health and Wellbeing Indicators. It provides narrative performance against each of these indicators (section 3 page 9). Quantitative performance against the indicators is available in appendix 1 of the report.

Section 4 outlines reporting on Financial Performance and Best Value.

Argyll & Bute HSCP has established a Finance and Policy Committee which meets monthly to consider the financial position of the organisation and allows the IJB to be fully informed on the developing position and action required. It also provides a forum for robust discussion on policy development and refers to the IJB for decision in the public forum.

### **Culture Update**

The IJB has received regular updates on culture improvement activities through a number of channels. The HR Director of NHS Highland submits bi-monthly updates on Culture programme progress by NHS Highland which covers all of the board area, including Argyll & Bute. The Chief Officer regularly refers to culture in the Chief Officer's report.

The independent Argyll and Bute Culture Survey was carried out by Progressive Partnership between February and April 2020. As it was an action from Sturrock, it included only NHS employees in the HSCP. This approach was agreed with Staff Side and Trade Unions both at board level and locally in Argyll and Bute. Following the publication of findings in May, a series of specific Argyll & Bute actions were put in place and taken forward both by NHS Highland and by the HSCP, led by the Chief Officer. All actions and improvements specific to Argyll & Bute HSCP apply to both NHS and Council employees. The Chief Officer held engagement sessions with staff, Council and NHS, in the HSCP to present the findings and to apologise.

There is close ongoing liaison and joint working on culture progress being made with the Joint Trades Unions, both NHS and Council. This is led by the Head of Customer Support Services. The activities carried out since May were reported in detail as part of the September culture update to the IJB. Many of these activities are continuing and have become business as usual for the HSCP. These include Courageous Conversations Training, weekly Chief Officer updates to staff, check-in sessions, which were previously led by the Chief Officer and are now being led by Heads of Service. We have also set up our own Culture Group and are carrying out ongoing promotion of wellbeing to staff.

### **Argyll and Bute Culture Group**

The Argyll and Bute Culture Group was established in September and has to date held two meetings. It is co-chaired by the Depute Chief Officer and the Staffside Lead for Argyll and Bute HSCP. Thirty people from the HSCP, both NHS and Council employees, volunteered to participate and have contributed to identifying priorities. There is also good representation

and engagement by TU colleagues. Group members have also been taking roles in the work to deliver overall NHS Highland Culture priorities, including through leadership of the people processes and culture metrics workstreams.

The Group will also identify and implement local actions that improve culture for the HSCP as the next stage of our culture journey. Staff Side colleagues are currently reviewing their priorities for action to feed into this. Members of the Culture Group met with members of the IJB at their Development Day on 28th October to share their experiences and ambitions for the Culture Group. The group will provide regular updates to the IJB.

Membership of the Culture Group will continue to be live, so that employees continue to feel that they have an opportunity to contribute. Regular communications are being issued by the group to all staff to keep them informed, with managers instructed to make the information available via notice boards to staff who do not have email.

In early 2021, the Culture Group will be heavily involved in planned visits to Argyll & Bute by the Board Whistleblowing Champion and the External Culture Advisor, where further listening and diagnostic sessions will be part of the programme, as well as promoting the options for speaking up.

#### NHS Highland Guardian Service

NHS Highland's independent 'Speak Up' service, the Guardian Service, which was launched for NHS employees in August, will now be extended to Council staff in the HSCP from 1 January to July 2021 as a pilot. The service offers a 24/7 service to provide colleagues with an opportunity to independently discuss their concerns relating to client/patient care and safety, whistleblowing, bullying and harassment and work grievances. The Guardian Service provides an additional channel for colleagues to discuss concerns in confidence particularly where staff feel they cannot raise concerns through our established internal routes. The HROD team will monitor activity generated through this service. This will record the level of demand at present from employees for the service and inform management whether this is a service that requires to be extended after July 2021. This analysis will also assist in identifying any improvements that are required to existing routes and processes. The IJB will be kept informed of how this service is being received and used.

#### **Progress of Argyll and Bute Dementia Redesign**

There has been an ongoing process to redesign dementia services in Argyll and Bute to meet the challenge of community based services that are fit for purpose. Dementia has traditionally (not just in Argyll and Bute) been a bit of a lost service between mental health and older adults and the redesign will provide a defined service.

The Integration Joint Board agreed to advance an Enhanced Community Dementia Model in March 2020 but implementation was stalled by the Covid-19 pandemic. There was a need to create progressive posts within a contemporary model of care in order to attract personnel to remote and rural areas. Reduced demand for inpatient services and increasing demand for community services highlighted the need for the refocusing of resources. This reflects the national strategic agenda.

The Inpatient Assessment Ward (Knapdale) was closed as an operational and policy decision in March 2020 and the remaining patients moved to a homely environment in Fyne View until suitable long term placements could be found. This unit closed in November 2020.

## Redesign Process Overview

- Sept 2018 – Short Life Working Group (SLWG) established to review and make recommendations on future specialist dementia services.
- Several options drafted, SWOT analysis carried out and taken to Mental Health & Dementia Steering Group, Senior Leadership Team, Transformation Board and Staff Liaison Group. Option 3 agreed as most viable.
- Jan 2020 - Option 3 taken to IJB and agreement in principle with condition of public engagement.
- Jan-March 2020 - Consultation events held and online consultation undertaken. Feedback favourable for move to enhance community teams. There is a consultation report which is available on the IJB site as a public paper.
- March 2020 - Decision to develop the enhanced community dementia team (noted that this could take up a year to develop pre the impact of Covid-19), and the decision to close Knapdale Ward (both as an operational and policy decision).

## December Update

An Enhanced Community Dementia Model Working Group spanning staff representatives, professional advisors, Staff Side and multi-disciplinary representatives has been set up. The group has advanced operational policy and procedure and pathways. Recruitment is progressing to support the Enhanced Team including Advanced Nurse Practitioners and Social Worker roles. We have an interim holding position for the three localities, (Bute and Cowal, Oban Lorn and Isles and Mid-Argyll, Kintyre and Islay. Helensburgh and Lomond is currently serviced by NHS Greater Glasgow and Clyde). This is bringing all staff together to think about the new service across Argyll and Bute. This is inclusive of improved communication with Alzheimer Scotland staff. There is further work ongoing on governance and management.

We have been progressing a reference group of older adults, people with dementia and their carers and we hope to progress this model of the centrality of the voice of lived experience.

## **Progress with the implementation of the Primary Care Improvement Plan**

The Primary Care Improvement Plan seeks to deliver the 2018 General Medical Services Contract. This will be delivered in two phases and is the process of transforming Primary care across Scotland.

- 31 GP Practices, **28** of which are considered to be **remote and rural**.
- 103 GP principals, 25% of Argyll and Bute GPs are over 56 years of age.
- 88,500 Population
- 4 Localities/ Locality Planning Groups and 6 GP Cluster Groups
- 4 GP run Community Hospitals, including A&E
- 25 inhabited islands
- Continued requirement for GP OOH cover on Islands and Remote Areas
- Practice list sizes range from 132 patients on the Island of Colonsay to 11,115 patients in Oban
- Argyll and Bute is challenged by recruitment and retention difficulties

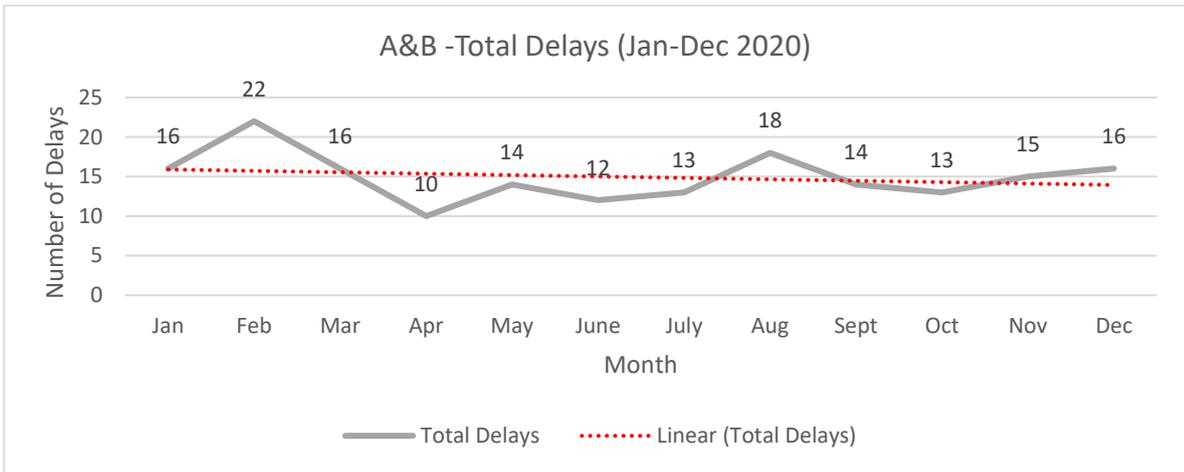
New contract workstreams require skilled professionals to deliver the new model in Nursing, pharmacotherapy, physiotherapy first contact, primary care mental health and community links workers.

Challenges identified in the continuing delivery of the improvement plan continue to be focused around the ongoing remote and rural issues including recruitment and retention of staff, expectation and the reality of what can be delivered with allocated funds. There are ongoing estate and IT issues and seeking accountability to ensure the HSCP is achieving value for money.

Covid-19 will continue to have an impact and provide ongoing challenges and it is expected that phase two of the delivery will potentially have further changes to contractual arrangements.

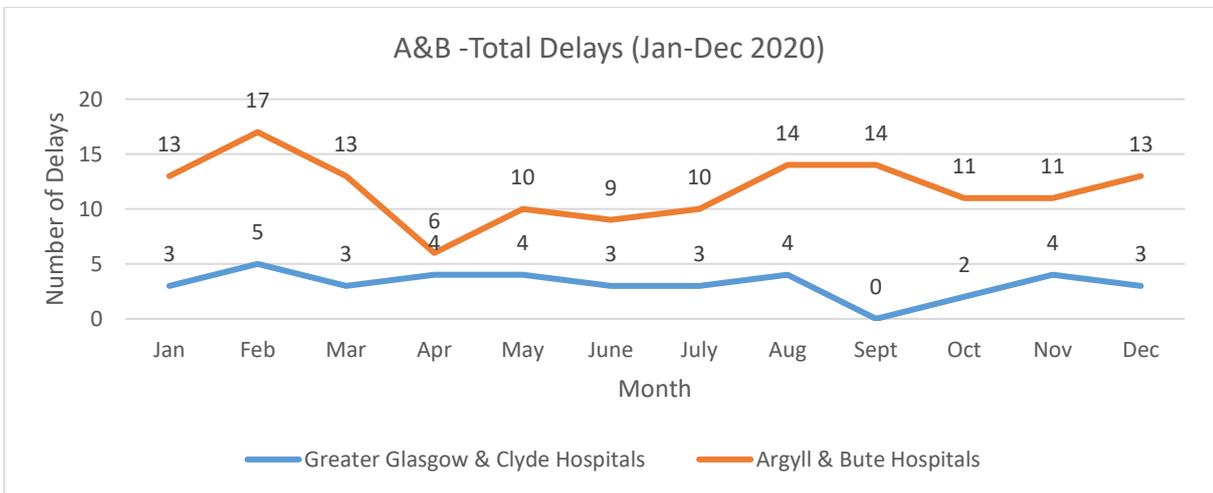
**A&B HSCP-Delayed Discharge Performance Overview (Jan-Dec 2020)**

Analysis of the Delayed Discharge performance notes a slightly decreasing trend in overall delays for the twelve month period January-December with performance for April (10) below target. A median of 14 delays is noted for the period with the highest delays in February (22) and lowest in April (10) monthly performance. It is worth noting that the reported performance for the period to date has been sustained against a backdrop of the impact of COVID 19 and, from November onwards, increasing winter pressures across the partnership.



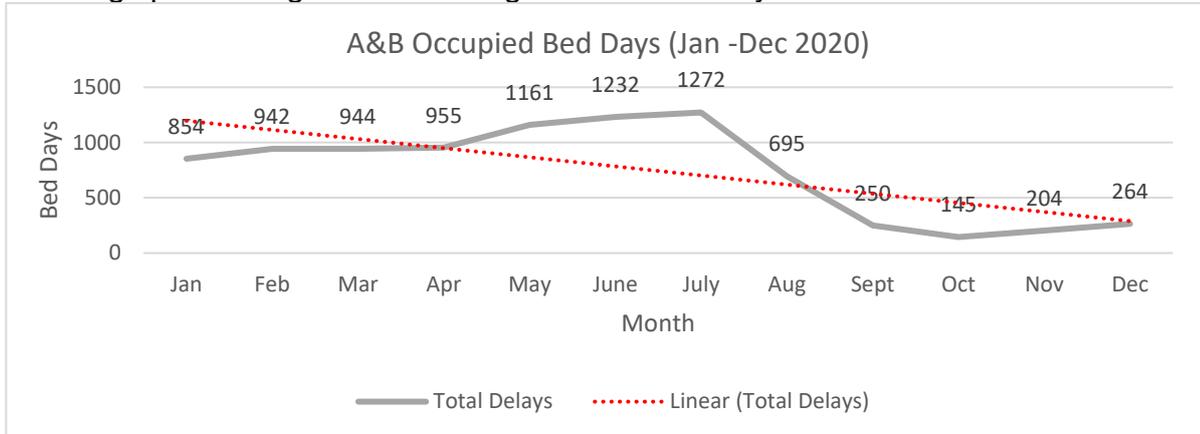
(Data Source- Delayed Discharges: 4 Weekly Census Point (Thursday)/ Jan-Dec 2020)

Individual hospital performance for Greater Glasgow and Clyde notes a relatively flat trajectory indicating sustained discharge performance with zero delays achieved in September. Argyll & Bute local hospital performance trend notes a more erratic performance with the highest number of delays (17) in February and the lowest number (6) in April.



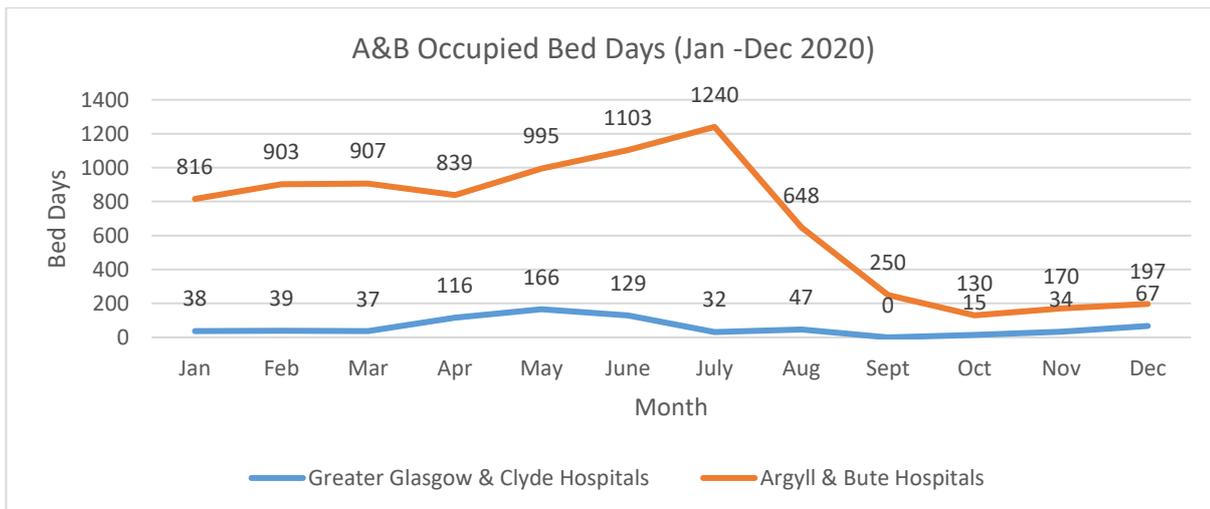
(Data Source-- Delayed Discharges: 4 Weekly Census Point (Thursday)/ Jan-Dec 2020)

Bed days occupied performance notes a general decreasing trend in particular across July, August and September. The reason for this relates to work done to discharge a small number of patients who had been delayed in local A&B hospitals for some time. The data for September to December identifies a sustained reduction in occupied bed days, essentially indicating faster discharge process against increasing numbers of delays.



(Data Source-- Delayed Discharges: 4 Weekly Census Point (Thursday)/ Jan-Dec 2020)

Discharges from Greater Glasgow and Clyde also notes a reducing trend in bed days occupied, however the effect of winter pressures is evident for November and December. It is worth noting that there a number of variables which have impacted on the bed days occupied data. An example of this relates to Care Home availability as a result of COVID 19 closures to admission.



(Data Source-- Delayed Discharges: 4 Weekly Census Point (Thursday)/ Jan-Dec 2020)

**NHS GG&C contract dispute**

NHS Highland had been in dispute with NHSGG&C since financial year 2018/19 over their calculation of the SLA charge for patients from Argyll & Bute treated in GG&C hospitals. The dispute centred on GG&C's revision of their costing methodology for services which resulted in higher than funding uplift increases for services, against a backdrop of flat activity levels. The dispute continued for two years without resolution and was escalated to SGHD and the Chairs of both Boards. Both parties were keen to achieve resolution and earlier this year, as a result of extensive negotiations, both parties agreed to concede some ground and were able to agree an SLA value for 2020/21. This achieved an amicable resolution to the dispute. The agreed SLA value for 2020/21 is £54.6m.

## **Medical Services on the island of Mull**

For several years, GP and hospital services on the island of Mull had been provided by a succession of locum GPs. This was an unsatisfactory arrangement in terms of service quality and it also resulted in an extremely high cost of service provision due to premium agency rates being incurred. Following an open tendering process, Lorn Medical Centre, based in Oban on the adjacent mainland, was appointed under a single contract to provide GP and hospital services on Mull. The contract commenced on 1st June 2020 and this has brought stability, improved quality and reduced cost to the delivery of services on the island.

The Argyll and Bute Health and Social Care Partnership Annual Performance Report 2019/20 can be found online through the following link

<https://www.argyll-bute.gov.uk/moderngov/documents/s168964/APR%20Draft%20version%20final.pdf>