



CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

Annual Report: 2018-2019

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1. Background

The Public Bodies (Joint Working) (Scotland) Act 2014 provides the legislative framework for the integration of health and social care services in Scotland. It requires local authorities and health boards to integrate adult health and social care services – including some hospital services.

The main aim of the Act is to improve the wellbeing of people who use health and social care services. It does this by requiring local partners to:

- create a single system for health and social care services
- develop more informal community resources and supports
- put the emphasis on prevention and early intervention
- improve the quality and consistency of services
- provide seamless, high quality, health and social care services

The legislation requires Health Boards and Local Authorities to establish formal partnership arrangements to oversee the integration of services. Like most partnership areas, this has been done in the Western Isles through the creation of an Integration Joint Board (IJB), which is a partnership body designed to take decisions about how to invest resources and deliver services.

The IJB is not an organisation which employs members of staff but it does have the authority to direct the two parent bodies – the Health Board and Local Authority – about how it wants integrated services to be delivered.

Each IJB is required to publish an annual review of its performance. **This document is the Annual Report of Cùram Is Slàinte for 2018/19.**

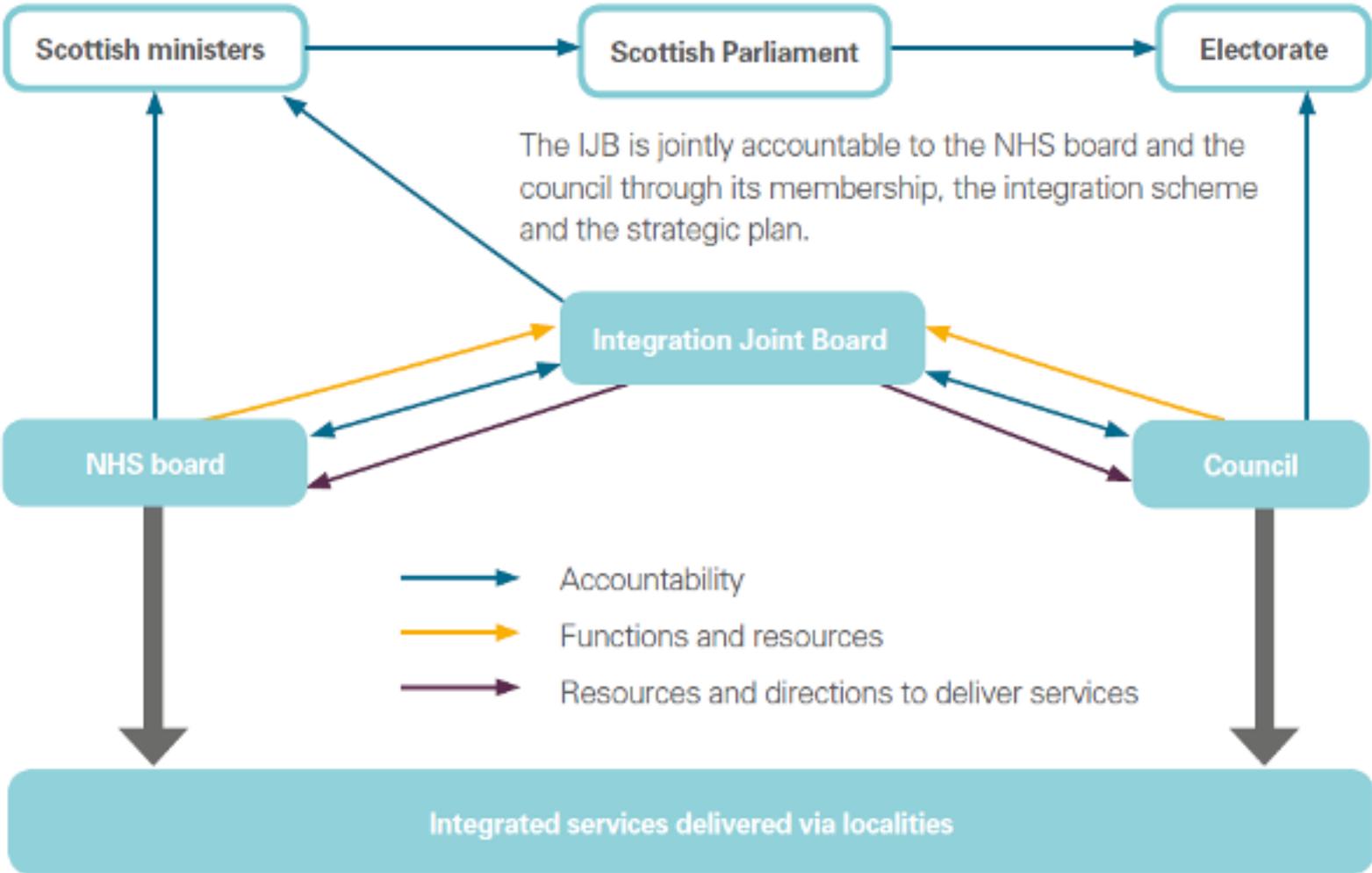
2. Cùram Is Slàinte – A Year in Review

- The IJB met five times and its Audit Sub-Committee met twice
- The full IJB membership across the year was 50% female and 50% male
- The IJB membership includes representatives of carers, service users, trades unions, the voluntary sector, health & social care professionals, local councillors and Health Board Directors, drawn from all of the five localities in the Western Isles. During 2018/19, the IJB added the Hebridean Housing Partnership to its membership and further proposed the Scottish Ambulance Service (since ratified in April 2019).
- One development session was held for all IJB members on the three year financial plan and another on the development of the Joint Board and its connection to communities.
- Each of the five Locality Planning Groups has a community representative as chair and each group met at least four times
- The IJB fulfilled its best value and wider statutory obligations by agreeing a balanced budget, delivering on its strategic plan and providing directions to the parent bodies.



Accountability Relationships (Source, Audit Scotland)

Body corporate or Integration Joint Board model

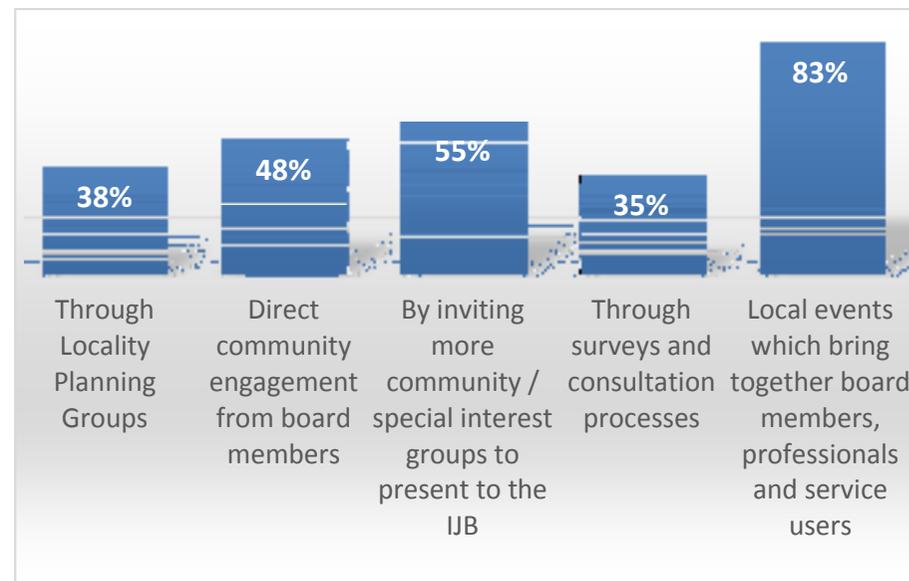


Survey information gathered during 2018 indicated that we need to do more to promote our meetings and to engage more directly with the various localities of the Western Isles. This was supported by the testimony of community representatives and activists who felt that the Joint Board could do more to deliver against the principles of transparency and visibility expected of all public bodies. A Chief Officer review of these matters was reported to the Joint Board in March 2018, and found that

- The publication of material on the IJB website is uneven. The processes for publication needed to become more systematic.
- Public notice of meetings is not well advertised and it is very difficult for interested members of the public to access IJB meetings.

These matters are being taken forward by the Joint Board as an improvement action. We expect to report progress by the time we review performance for 2019/20.

Survey data also suggested a desire to see the IJB host more local events and to engage more directly with special interest groups.



We have therefore sought to become more focused on the creative use of development sessions and on the principles of coproduction. Examples of this are described later in this report.

3. Our Strategic Objectives

Following the Audit Scotland progress report on health and social care integration, the Integration Joint Board and other partners has undertaken a self-assessment against the following themes:

- Leadership and Relationships
- Effective Financial Planning
- Strategic Planning and Information Sharing
- Governance and Accountability
- Engagement with Stakeholders

3.1 Leadership and Relationships

Two sessions were held in May 2019 to reflect on our leadership in the area of health and social care. Relative to the standards described by the Scottish Government, we felt that our Leadership has had the ability to drive change, with collaboration evident in a number of key areas. Our self-assessment suggests that through our Integrated Corporate Management Team, we have a clear understanding of working practices and business pressures

across the Comhairle and NHS Board – and are working more collaboratively together. To strengthen this further, we now want to tri-annual meetings between the Leadership of Comhairle (Leader and Chief Executive), Health Board (Chair and Chief Executive) and IJB (Chair and Chief Officer), with any actions or outcomes shared with the IJB, Comhairle and Health Board. At the same time, we recognise that we can strengthen the relationship with third sector partners and in particular plan to undertake focused engagement work with our Third Sector Interface over the year 2019/20.

3.2 Effective Financial Planning

The effective use of resource is a crucial indicator of success – it demonstrates to the two parent bodies and the public more generally that efficient services are being delivered.

In accordance with the Western Isles Integration Scheme, the IJB is required to approve a balanced budget on the basis of funding delegated by NHS Western Isles and Comhairle nan Eilean Siar. This was a challenging process with both of the IJB's parent bodies experiencing

significant financial pressure. Consequently, the IJB faced a budget gap of £1.403m, which was brought into balance through a series of efficiency measures.

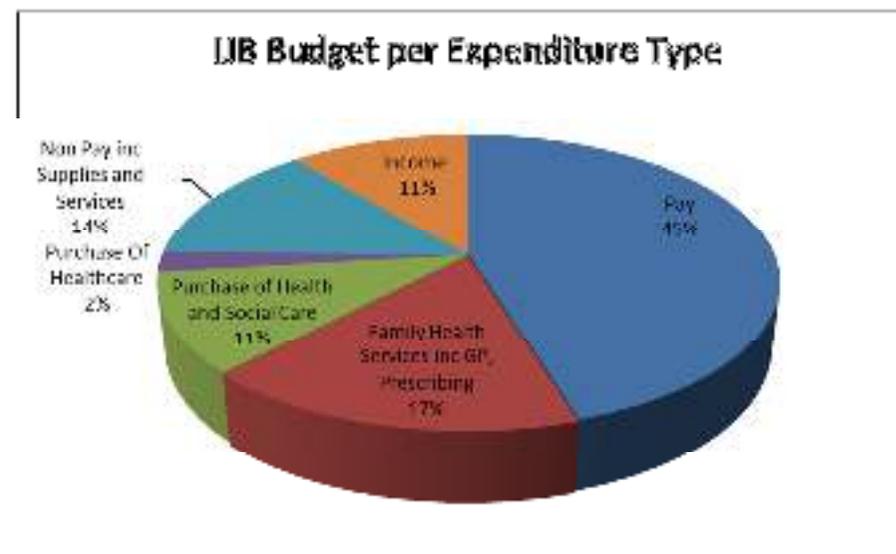
The year-end position for 2018/19 included:

- A third successive year in which the IJB managed its obligations within budget
- More income than anticipated generated from charges applied to care homes residents;
- An underspend within social care, in part as a result of hard-to-fill posts;
- An overspend within the acute wards of the Western Isles Hospital;
- An increase in the number of off-island placements for people with acute mental health illnesses;
- The planned use of £600k reserves to deliver a balanced position at year-end.

Nonetheless, the IJB has marshalled resources relatively well, managing most services within allocated budgets. Given that the IJB has very little corporate overheads and back-office capacity to offset front-line pressures (see chart

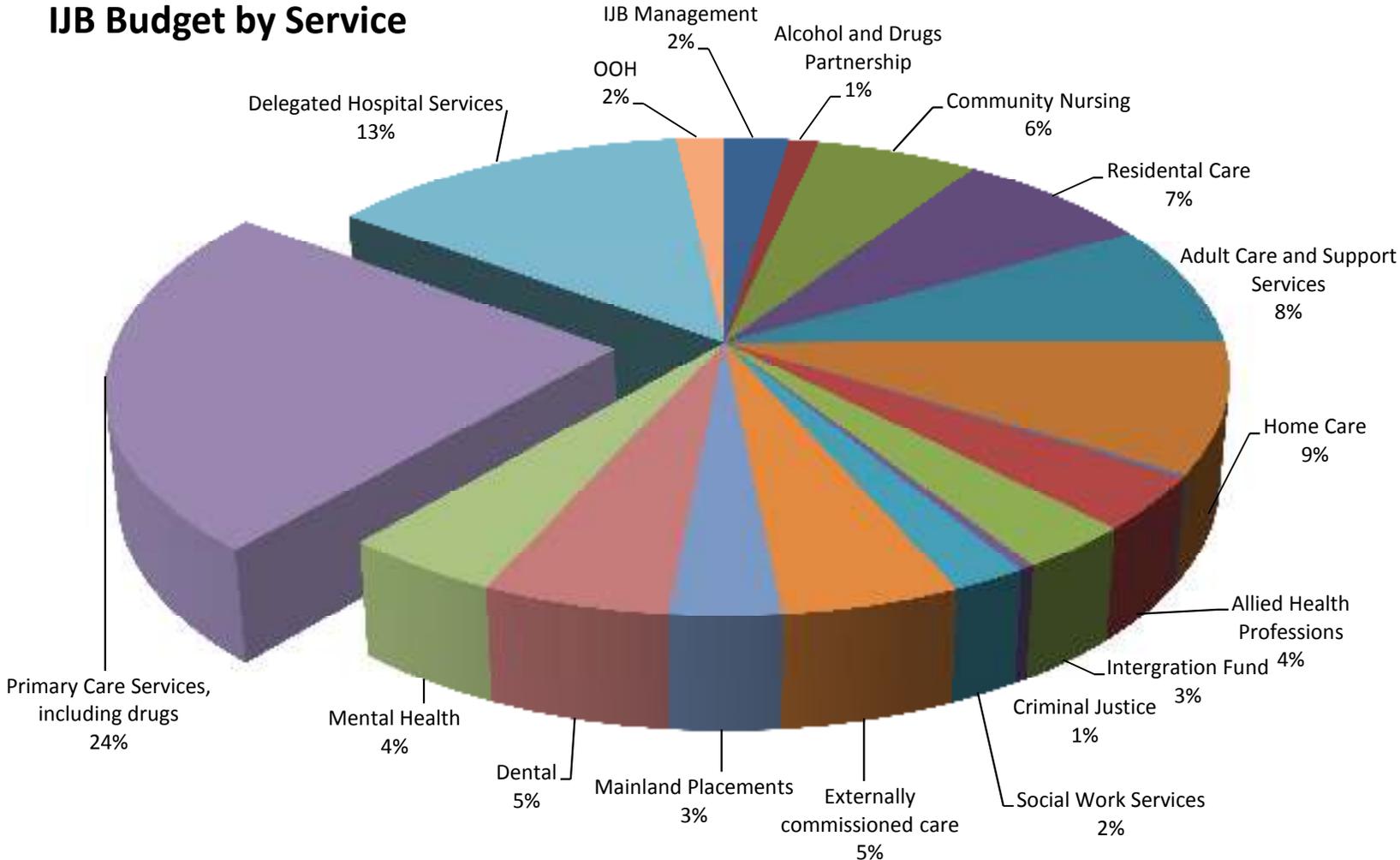
opposite), our management of resources has been effective.

The IJB has also administered an effective reserves policy and made strategic investments on the back of resources brought forward from 2017/18. These have been described in the IJB's Investment Strategy.



We have been less effective at facilitating a shift in budget provision between secondary care and community care, and the share of the IJB budget has been relatively static over the three years it has functioned (see below).

IJB Budget by Service



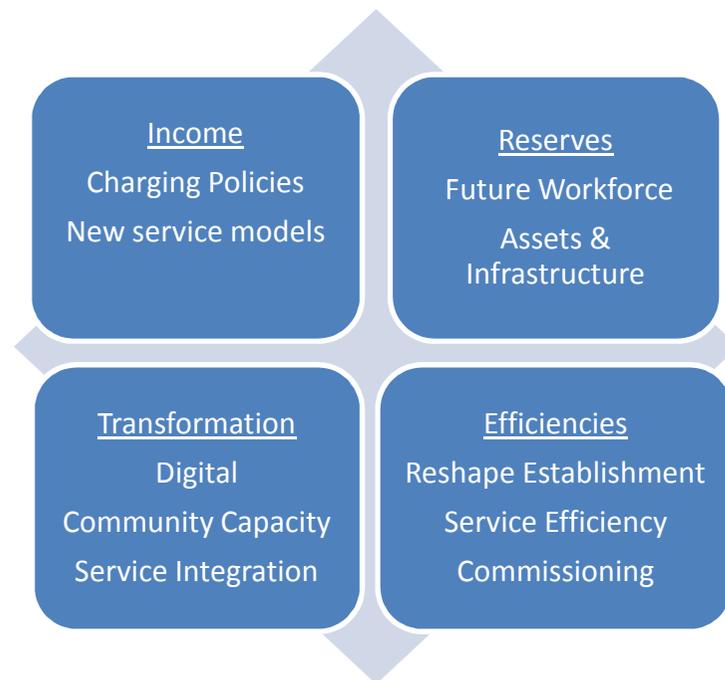
Although we already have a commissioning track record as a partnership in shifting the balance of care (for example, during 2018/19 we closed a dementia ward in favour of community based model), we have undertaken to do more evaluative work on the impact of change. Furthermore, unlike many partnerships, the IJB's oversight of delegated hospital functions has been managed openly and transparently.

Financial Outlook

Given the pressure being experienced by services, it was prudent to continue to hold residual reserves to insulate ourselves against future pressures within social care. The next three years will be especially challenging as described in our three year financial plan (2018-21).

Our forward projections indicate that the IJB needs to find cumulative savings of £9m over three years, with over £5m of efficiencies found by 2021/22. While this presents an extremely challenging programme for the IJB, our financial strategy highlights the steps we can take to bring ourselves to a position of financial sustainability.

We therefore intend to place greater emphasis on longer-term financial planning to ensure alignment of future financial and human resource alongside the IJB's strategic plan; we will ensure a focus by the IJB on how effectively resources provided are being used and shared and we will publish more financial and other data together with performance information on our website for wider public scrutiny.



3.3 Strategic Planning and Information Sharing

The Integration Joint Board had a statutory obligation to agree and implement a strategic plan. The plan should provide a detailed account of the changes to service that the IJB will drive forward and should be situated within a national policy framework which seeks to shift resources from acute into community settings.

The IJB's Strategic Plan provides the operating context and background to integration, a vision of future service delivery, an assessment of how good services are currently, a focused change plan, and a description of the organisational levers that will deliver that change.

Having met a number of the objectives set out in our inaugural strategic plan, the IJB agreed a Strategic Plan Refresh in March 2017. This was written as a companion document to the original plan, and highlights a range of new areas of work for the IJB including the reform of primary care and the implementation of the Carers Act.

It also focuses on our evolving philosophy of care, with the development of realistic medicine and greater choice and control in social care:

As part of the implementation of our refreshed strategic plan, we have made progress in the following areas of work during 2018/19:

- Comprehensive reform of Primary Care, in line with the new GP Contract. This has included the development and agreement of a Primary Care Improvement Plan which describes how we will transform primary care over the next four years. Year 1 has focused on building capacity to deliver on vaccination transformation and community treatment, along with the reform of primary care pharmacy;
- Enhanced support and coordination in the community for people with palliative care needs and/or who are nearing end-of-life through the development of a palliative care commissioning plan;
- A package of reforms focused on prevention, streamlining assessment processes, building on community assets and improving inter-agency working;

- The closure of a long-stay dementia ward, with resources transferred into community settings, as part of our ongoing mental health redesign. This resulted in people with dementia experiencing care in a more appropriate environment;
- The ongoing development of a £25m capital development project which will transform residential care in Lewis;
- The development of an integrated model of care in Barra, in support of a potential £18m integrated health and social care hub;
- The creation of supporting infrastructure for the Carers Act, including social work assessment capacity and the development of an associated Carers Strategy;
- The co-production of a strategy for people with Learning Disabilities and Autism, with our local independent advocacy organisation supporting a process of engagement and co-design.
- The development and implementation of our Independent Advocacy Plan.

Short Term Assessment and Reablement Team (START)

Following the development of the IJB's strategic plan in 2016, the local partnership prioritised the development of a new reablement team, which would help people to regain independence following time in hospital, retrieve lost skills and learn new ways of carrying out everyday tasks. This led to the creation of our Short Term Assessment and Reablement Team.

The team members have had a significant positive impact since they formed. One service user speaks of how he had been debilitated by alcohol misuse; another speaks of the impact of a fall in her house; another again about their transition from hospital to home. What they all have in common is that the START team worked with them to regain their independence, improving confidence levels and setting goals about their recovery.

The START team is formed from a team of different professionals including reablement workers, Occupational Therapists and Physiotherapists. You can learn more about the team by watching the following video: <https://vimeo.com/301620336/614cd6e37e>

Information Sharing

We have also sought to make progress in the ways in which information is shared between public bodies. Like most of Scotland, the Local Authority and Health Board have an information sharing agreement to allow for the development of management information and intelligence which could contribute to the improvement of services.

However, we are now pursuing work which will make information sharing easier at the level of the individual professional. For example, we have co-located our OT and social work teams, with both teams having appropriate shared access to caseload management systems. We are also working on information sharing protocols with other public bodies like Scottish Fire and Rescue, which will help us to identify vulnerability earlier and prevent accident or the escalation of need.

3.4 Governance and Accountability

The development of appropriate governance systems has been a crucial part of the IJB's development. We recognise that because the Comhairle, Health Board and IJB each have their own system of governance, issues of culture and practice have taken time to work through and establish. However, all parties are now clear about the specific function of the IJB as a strategic planning authority.

Some third sector members of the IJB have raised issues around parity of esteem given their non-voting status. Although the legislation underpinning integration does not allow for the third sector to have a formal vote, we have worked hard to ensure that those members of the IJB who do not represent statutory bodies or professions are supported and encouraged to contribute.

Some issues have emerged, given the context of island communities, about the need for geographical representation. We have sought to manage this area of potential tension by informally recognising the value of

all communities having input to the IJB, while also recognising that there are no formal place-based representatives (e.g. Elected Members are there because of their role within the Comhairle, rather than as advocates for their wards).

Using 'Directions' to deliver Change

The legislation underpinning the creation of IJBs suggests that decisions of the Joint Board should be enacted by giving formal *direction* to the Health Board or Comhairle. Like many partnerships and arguably for positive reasons, our approach to setting directions fell short of what was originally envisaged by the Scottish Government. We tended to use directions as part of the budget setting process and then managed through pragmatic implementation of IJB decisions. We are now much more aware of the need to use directions as a way of giving effect to the individual decisions of the IJB and have started to track these across the year, in line with the recommendations of Audit Scotland and others. This area remains a work in progress.

3.5 Engagement with Stakeholders

Over the course of 2018/19, we have undertaken a significant amount of public consultation and engagement work, including:

- The redesign of our care units, with four public meetings and a full consultation;
- A coproduction model for the development of our approach to supporting people with Learning Disabilities, including two development sessions;
- Participation in the meetings and development days of key partners such as the Western Isles Carers and Users Support Network and the Hebridean Housing Partnership;
- Liaising with all nine GP practices in the Western Isles about the implementation of the new GP Contract – and co-producing our Primary Care Improvement Plan;
- Ongoing engagement with community representatives through our Locality Planning structures

Case Study: Supporting People with a Learning Disability

Advocacy Western Isles has supported a number of adults with learning disabilities to form a network of mutual support. The group has input from professional advocacy workers but it is very much led by the group members. This collective approach has helped build personal skills and confidence and has supported individuals to represent issues of common concern and take action. For example, the group has recently contributed to local discussions about how Area Coordination should be supported and have developed a series of short presentations to highlight the importance of inclusive communication.

With a growing sense of togetherness and confidence, the group has also supported the process of developing a new strategy for supporting people with a learning disability in the Western Isles, and group members contributed to workshops in Lewis and in Benbecula, sharing their lived experience.



4. Performance against the National Health and Well-being Outcomes

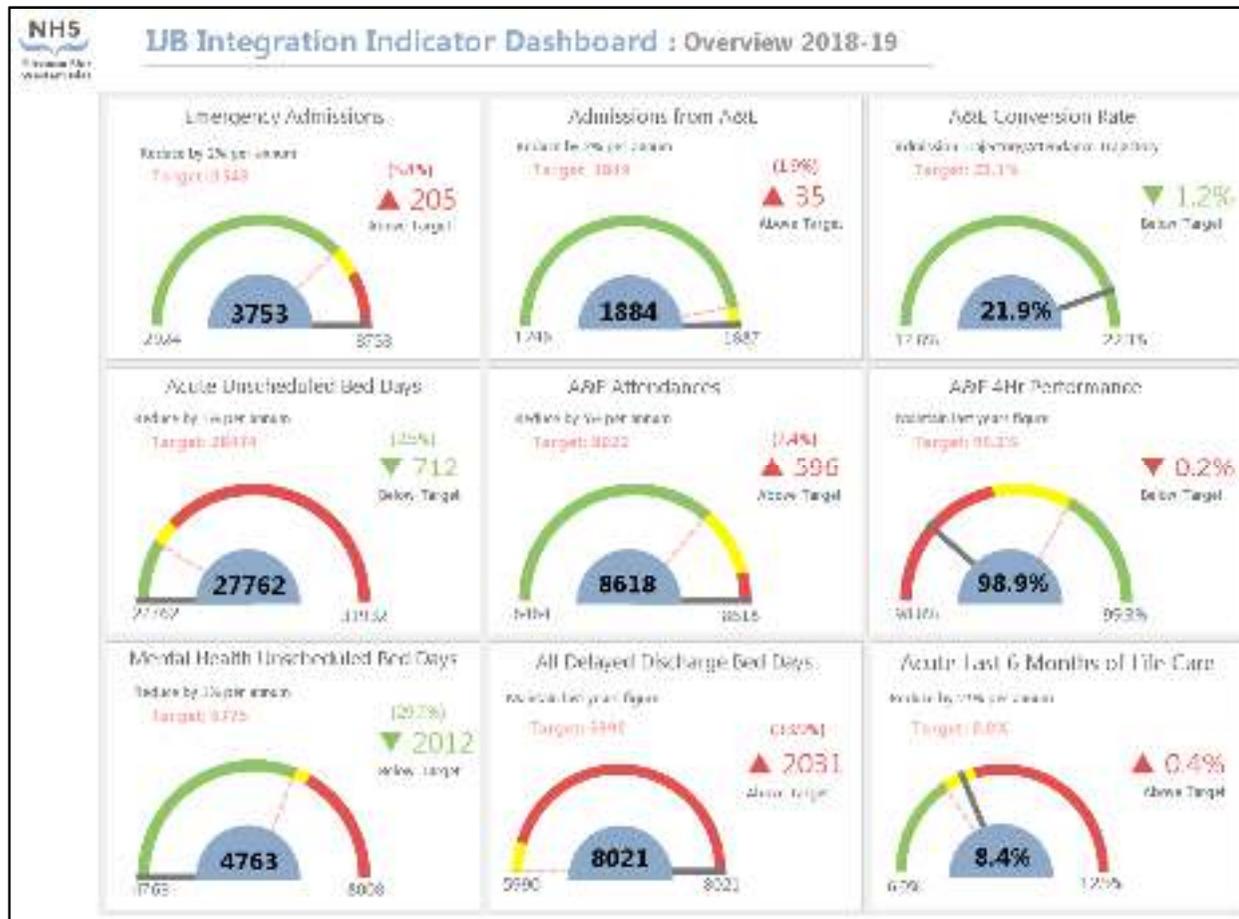
The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Authorities to report against the National Health and Well-being measures, which draw on a mix of qualitative and quantitative measures. The qualitative measures come from the bi-annual Care Experience and Staff survey administered by the Scottish Government. Of these, the majority are positive for the Western Isles compared to Scottish levels, with three indicators significantly lower than national levels. It suggests that the partnership needs to do more to support unpaid carers, improve our coordination of care and give people more choice over the services they receive. Because this data was taken from the 2017/18 national survey, it has not been possible to provide fresh information for 2018/19.

H&SC Survey questions aligned to National Outcome Indicators	2017/18	+/- Scottish Rate
I am able to look after my own health	94%	+1
Service users are supported to live as independently as possible	79%	-2
Service users have a say in how their help, care or support is provided	66%	-10
Service users' health and care services seem to be well coordinated	64%	-10
Rating of overall help, care or support services	85%	+5
Rating of overall care provided by GP practice	88%	+5
The help, care or support improves service users' quality of life	71%	-9
Carers feels supported to continue caring	41%	+4
Service users feel safe	86%	+3

In terms of system measures, we have performed well against national benchmarks and see an improving picture in relation to discharge from hospital. However, in line with national trends, we are seeing a greater rate of emergency admissions and emergency bed days:

National Outcome Indicators	Current Performance	RAG v. 2017/18	Baseline	Scotland Rate
Premature mortality rate (per 100,000)	402	↓	463	425
Rate of emergency admissions for adults (per 100,000)*	15,124	↑	14,897	11,492
Rate of emergency bed days for adults (per 100,000)*	139,006	↓	152,253	107,921
Readmissions to hospital within 28 days of discharge (per 1000)*	101	↑	93	98
Proportion of last 6 months of life spent at home or in community setting	88%	↑	89%	89%
Falls rate per 1,000 population in over 65s*	25	↑	23.8	21.6
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	84%	↓	88%	82%
Percentage of adults with intensive needs receiving care at home	69%	↓	71%	61%
Number of days people (75+) spend in hospital when they are ready to be discharged (rate per 1000)	1,851	↓	1,553	805
Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency	22%	↓	24%	25%

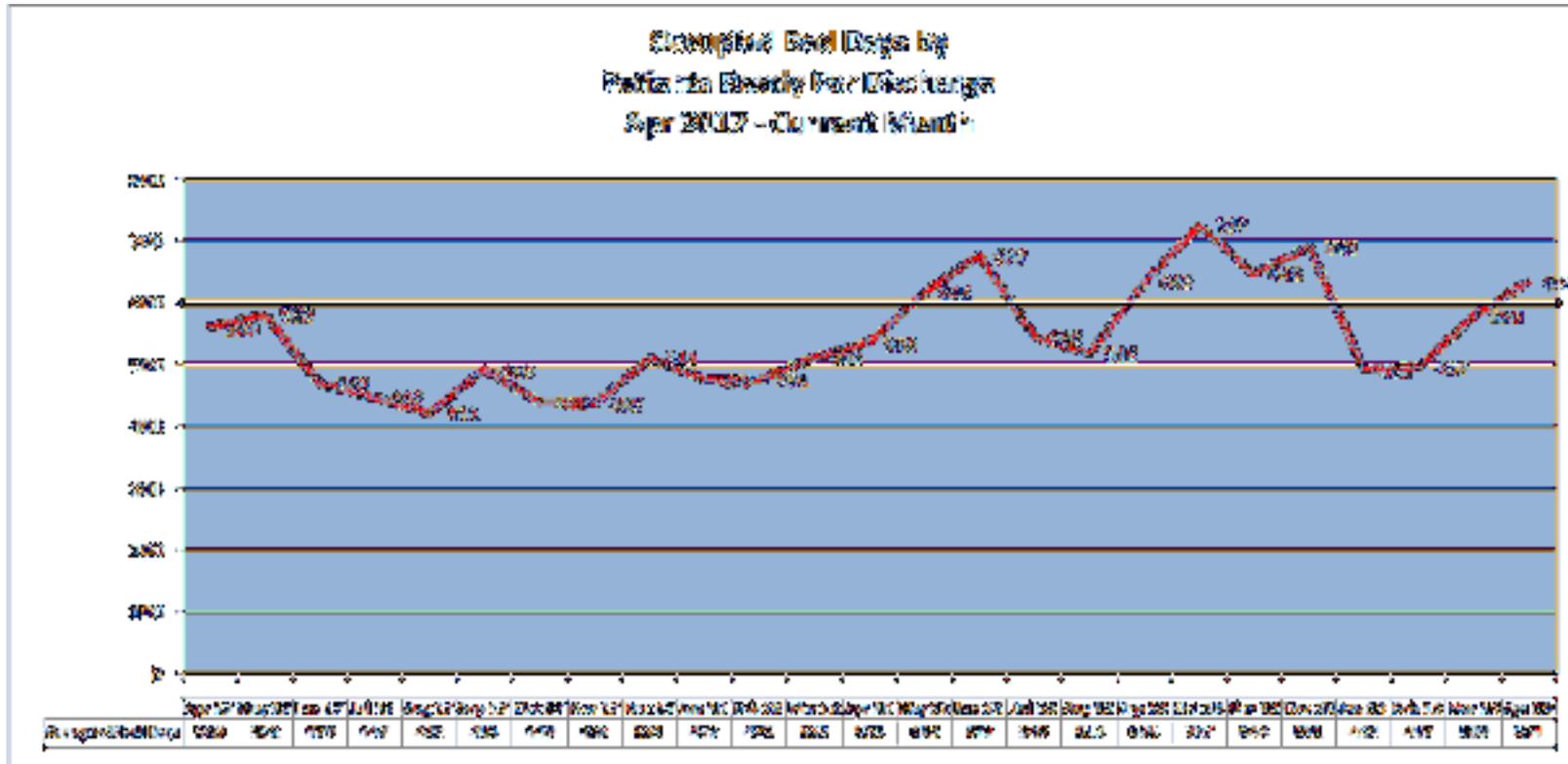
As a partnership, we also undertake to set local targets against national indicators, against which we measure our performance and then report to the IJB and nationally to the Ministerial Strategy Group.



We see from this presentation that our system performed well in some areas and less well in others. Our reform of mental health has resulted in a significantly lower number of mental health unscheduled bed days and we also performed relatively well in respect of more general acute bed days. However, one area of disappointment was that our previous record of reducing delayed discharges deteriorated, which is partly explained by a process of ward closure (12 beds) and a moratorium on our three care units (11 beds) pressurising community care capacity. We are nonetheless committed to reducing the length of time that older

people wait in hospital despite being ready for discharge – it has been one of our major priorities in the first few years of

the IJB's existence. We have been working hard to improve our performance through the implementation of a delayed discharge action plan. The action plan focuses on capacity issues, as well as issues around culture and practice. As evidenced below, delays in hospital reduced markedly over the course of 2017/18 but our performance in 2018/19 was less even. We are now actively seeking to return to previous levels.



A fuller assessment of benchmarked performance is described in an Annex to this annual report.

5. Inspection of Services

A Joint Inspection of Older People’s Services in the Western Isles was led by the Care Inspectorate and Health Improvement Scotland from February - April 2015. The report identified some strengths in relation to a highly motivated and well supported workforce, but key weaknesses were found in other areas. A re-inspection was undertaken in April 2018, which reported in July 2018. That inspection indicated that our partnership had made ‘an impressive amount of improvement’, and found that the partnership was in ‘a much better place’. From meetings with staff and managers at all levels, partner organisations and with community representatives, the inspection team witnessed ‘a much stronger sense of integration and a determination to work collaboratively and take a whole-system approach’. The full report can be found on the [Care Inspectorate](#) website.

In respect of our day-to-day social care services, we continue to perform well against the standards set out by the Care Inspectorate. Our average inspection score is detailed below; on a scale of 1 - 6 (where 6 is the best):

	Care and Support	Environment	Staffing	Management
Comhairle	4.2	4.2	4.0	3.7
3rd Sector	4.9	3.8	4.5	4.8

Key Improvements from the Joint Inspection Report

- Delayed discharged action plan developed and embedded 
- Re-design of care at home, including a focus on reablement 
- Post-diagnostic support provided to people newly diagnosed with dementia 
- New arrangements for third sector and local community involvement in strategic planning 
- Adult protection data strengthened 
- Commissioning plan for older people’s services 
- Engaging stakeholders in our strategic planning activity 
- Integrated training strategy 
- Integrated budget for health & social care 
- Improved communication mechanisms with staff 

5. Equalities and Human Rights

The public sector equality duty requires the IJB, in the exercise of its functions, to publish a set of equality outcomes. An equality outcome is the result which we want to achieve in order to eliminate discrimination, advance equality of opportunity and foster good relations. The public sector equality duty covers age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation.

We have sought to involve people who share a relevant protected characteristic and their representatives. This has been achieved by:-

- Working with the Strategic Planning Group to devise appropriate outcomes, indicators and deliverables which can be traced back to a human rights framework
- Engaging with communities across the Western Isles to listen to views about how we can improve outcomes
- Undertaking an Equality Impact Assessment in respect of the proposals set out in the strategic plan

Key Actions

- Annual performance report of IJB will report on equalities and human rights
- Equality Impact Assess each service redesign proposal
- Self-assessment against the National Community Engagement Standards
- Effective public participation in our budget consultation processes
- Locality Planning Groups to be constituted with a view to achieving gender balance; involvement of disabled people; involvement of older people
- Locality Planning Groups to be asked about effectiveness of IJB
- Service satisfaction measures to be collated



6. Conclusion

The IJB is beginning to mature as a public body. However, it is only beginning to acquire a consciousness in the public mindset and it is clear that we need to do more to present our work, improve our transparency and connect with communities. On the other hand, we are beginning to make a practical difference to the people who rely on health and social care services for day-to-day support.

But there is more to do. Our strategic plan refresh sets out another group of objectives that we want to achieve with and for our local communities, such as the reform of the primary care system. This work will be monitored over the course of 2019/20 and we hope that as we come to write our next annual report we will be able to describe real progress in these areas.