MINUTE OF INTEGRATION JOINT BOARD (IJB)
held in Council Chambers, Kilmory, Lochgilphead on
Wednesday 30 January 2019 at 1.30pm

Present:

Robin Creelman	NHS Highland Non-Executive Board Member (Chair)
Councillor Kieron Green	Argyll & Bute Council (Vice Chair)
Joanna MacDonald	Chief Officer
David Alston	NHS Highland Chair
Dr Michael Hall	Interim Associate Medical Director, Argyll & Bute HSCP
Dr Rebecca Helliwell	Associate Medical Director, Argyll & Bute HSCP
Alex Taylor	Head of Children and Families & Criminal Justice
Linda Currie (VC)	Lead AHP, Argyll & Bute HSCP
Elizabeth Higgins (VC)	Lead Nurse, Argyll & Bute HSCP
Kirsty Flanagan	Interim Chief Financial Officer, Argyll & Bute HSCP
Elizabeth Rhodick	Public Representative
Heather Grier	Unpaid Carer Representative
Denis McGlennon	Independent Sector Representative
Kirsteen Murray	CEO, Third Sector Interface
Sarah Compton-Bishop	NHS Highland Non Executive Board Member
Gaener Rodger (VC)	NHS Highland Non Executive Board Member
Councillor Aileen Morton	Argyll & Bute Council
Councillor Sandy Taylor	Argyll & Bute Council
Councillor Gary Mulvaney	Argyll & Bute Council
Fiona Broderick	Staffside Lead for Argyll & Bute HSCP (Health)
Kevin McIntosh	Staffside Lead for Argyll & Bute HSCP (Council)

In Attendance:

Stephen Whiston	Head of Strategic Planning&Performance, Argyll & Bute HSCP
Lorraine Paterson	Head of Adult Services, Argyll & Bute HSCP
Phil Cummins	Interim Head of Adult Services, Argyll & Bute HSCP
George Morrison	Head of Finance, Health
David Forshaw	Principal Accountant, Argyll & Bute Council
Charlotte Craig	Business Improvement Manager, Argyll & Bute HSCP
Carolyn McAlpine	HR & OD Manager, Argyll & Bute Council
Stephen Morrow	Deputy Head of eHealth, Argyll & Bute HSCP
David Ritchie	Communications Manager, Argyll & Bute HSCP
Sheena Clark	PA to Chief Officer

Apologies:

Dr Angus MacTaggart	GP Representative, Argyll & Bute HSCP (VC)
Fiona Thomson	Lead Pharmacist, Argyll & Bute HSCP
Sandra Cairney	Associate Director for Public Health, Argyll & Bute HSCP
Charlie Gibson	Acting Head of People & Change, Argyll & Bute HSCP

DRAFT

ITEM DETAIL

1 WELCOME and APOLOGIES

The Chair welcomed everyone to the meeting and introductions were made around the table. Apologies were as noted above.

2 DECLARATIONS OF INTEREST

No declarations of interest were intimated.

3 APPROVAL OF MINUTE OF INTEGRATION JOINT BOARD 28-11-19

Page 7 : 5.7

- a population based approach *may not fully reflect* the impact of island communities accessing services.

With the above amendment the IJB approved the Minutes of 29-11-18.

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4 BUSINESS

4.1 Employee Governance Report

The report presented to the IJB acknowledged previous discussions and the request for a more integrated and streamlined reporting of employee data. Both NHS and Council HR teams are working together to improve the presentation of employee information and the IJB was asked to provide email feedback to Caroline McAlpine, HR & OD Manager on the report presented today.

Workforce Plan templates are being updated at a national level. To take account of this, the next iteration of the HSCP Workforce Plan has been deferred to the IJB meeting in March.

The IJB noted :

- *The proposed direction of travel to improve the reporting of employee information.*
- *That this direction of travel is intended to support strategic decision making.*
- *That a detailed report in a revised format will be brought to the next IJB.*
- *That in order to align the national developments on workforce planning, the updated Workforce Plan will be brought to the next IJB meeting.*
- *The request for feedback of information to Carolyn McAlpine, caroline.mcalpine@argyll-bute.gov.uk*

4.2 Finance

The Interim Chief Financial Officer (CFO) presented the reports.

4.2.1 Budget Monitoring

The year-to-date underspend of £0.549m as at end December 2018 consisted of an overspend of £1.118m within Health delivered services, offset by a year to date underspend of £1.667m within Social Work.

The different reporting approaches by Health and the Council were outlined which, on a year to date position, it can be difficult to fully interpret how the year to date figures link to the forecast outturn position.

The forecast outturn position for 2018-19 is a forecast overspend of £4.498m, resulting mainly from a shortfall in savings for 2018-19 of £7.177m. The most significant risk affecting the forecast outturn position for Health is the SLA with NHS Greater Glasgow & Clyde.

Greater grip and control of the financial position is being progressed by the Chief Officer and Senior Leadership Team to minimise discretionary spend and in-year overspends.

Councillor Mulvaney welcomed the quality, transparency and clarity of the financial information presented to the IJB, together with the introduction of 'Grip and Control' to address the current financial challenges.

The level of information and valued support from the Interim CFO was acknowledged. Recruitment of the CFO & Head of Transformation post is being progressed.

The Chair commented on the level of discussion which had taken place at the morning IJB Development session and requested the Business Improvement Manager to consider how future discussions can be evidenced.

The IJB :

- *Noted the forecast outturn position for 2018-19 of a forecast overspend of £4.398m.*
- *Noted that as part of the recovery plan, actions are being taken to gain more grip and control of the financial situation.*
- *Considered and discussed any further actions to take, based on the budget monitoring information.*
- *Noted that it is unlikely at this stage that the Health & Social Care Partnership will achieve financial balance by the end of the financial year.*

4.2.2 Quality and Finance Plan

The report provided an update on the Quality & Finance Plan. Lack of

progress with the savings options has resulted in an anticipated £6.437m of savings, against an overall savings target of £11.471m. It is recognised that a number of savings targets were not sufficiently developed when put forward for approval, with £3.898m of savings which are not achievable, reducing the saving plan to £7.573m.

A revised savings profile has been factored into the budget outlook. A monitoring process has been established to collate the information on the progress of the actual savings and reconcile to the savings agreed by the IJB. Progress with the savings plan will be reported as part of the routine finance reports.

The IJB :

- *Noted the differences between the approved Quality & Finance Plan and the savings figures that officers have been working to an approved the additional savings of £0.321m in 2018-19 and £0.322m in 2019-20.*
- *Noted the progress with the Quality & Finance Plan and noted that further updates will be reported to the IJB as part of routine finance reports. Noted that against an overall savings target of £11.471m, only £6.437m is anticipated to be delivered, a shortfall of £5.034m. Noted there are 76 savings options on the plan, 27 are either delivered or on track to be delivered, 21 are delayed, 23 are not achievable in full and 5 are still being developed.*
- *Approved that the savings options categorised as "not achievable in full" are removed and/or reduced to the level of the revised profile, reducing the Quality & Finance Plan Savings by £3.898m. Noted this amount will be added to the budget gap in 2019-20 and alternative savings options will be required.*
- *Noted that from the revised Quality & Finance Plan savings target of £7.573m, £6.222m is anticipated to be delivered in 2019-20, a further £0.215m in 2020-21 with £1.136m of potential savings for those savings that are currently being developed.*

4.2.3 Budget Outlook 3-Year Plan

The CFO summarised the report, which detailed the budget outlook for the period 2019-20 to 2021-22, using three different scenarios, best case; mid-range and worst case, as shown in Appendix 1. The mid-range scenario was outlined in the report.

The funding from the partner organisations has been based on the Scottish Government budget announcement for 2019-20 but still needs to be agreed by NHS Highland and Argyll & Bute Council.

Officers are working to identify savings proposal options which were requested at the IJB meeting in January. The options need to be tested and challenged for deliverability to ensure a level of assurance before being presented to the Quality & Finance Programme Board in February and brought forward to IJB in March.

The CEO, Third Sector Interface commented that assumptions are being made for services not covered in the report. It was agreed that this will be picked up in discussion with Commissioning Services colleagues and included in the next report to the IJB. It was noted that the Third Sector involvement and importance of working together are articulated in the Strategic Plan.

The IJB requested that written clarification is requested from NHS Highland as regards the brokerage received from the Scottish Government and bridging funding for Argyll & Bute to support the IJB position. The NHS Highland Chair advised that the brokerage received did not include the Argyll & Bute HSCP overspend for 2018/19 and any bridging funding allocation to Argyll & Bute is contingent on an improved end-year NHS Highland position.

It was recommended and agreed that the IJB engage with the Council to request a revised repayment plan, deferring repayments for a further year.

The timeline for future savings plans should be ongoing and the schedule of IJB meetings will be reviewed to support the reporting period.

The Council Staffside Representative expressed his concern at the pressures on staff to timeously progress and test the savings options and plans, whilst continuing to provide a daily service to clients and patients. The Chief Officer acknowledged the concerns and the need to ensure support for the health and wellbeing of staff.

The IJB :

- *Considered the current estimated budget outlook position for the period 2019-20 to 2021-22 and considered any actions as a result of the reported budget outlook position.*
- *Instructed officers to (1) seek written clarification from NHS Highland as regards bridging funding for Argyll & Bute to support the IJB position and (2) engage with Argyll & Bute Council to seek a 1 year deferment of the repayment profile.*
- *Instructed officers to bring forward proposals to bridge the budget gap to the next Quality & Finance Programme Board on 20-2-19 and then to the next IJB on 27-3-18.*

4.2.4 Social Care Fees and Charges

The report presented by the Principal Accountant, Social Work advised on the statutory changes coming into effect on 1 April 2019 relating to charging for personal care for service users aged under 65 and provided advance notice to the IJB in relation to the annual inflationary uplift to the 2019/20 Social Work fees and charges.

Work is underway to ensure the new arrangements are implemented on time and to identify service users who are required to go through financial reassessment and to support and advise them on how the change of

legislation will affect them and them.

The IJB:

- *Noted the introduction of the Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018 which come into effect on 1 April 2019 and which extend free personal and nursing to those aged under 65, commonly referred to as Frank's Law.*
- *Noted the application of a standard annual inflationary increase of 3% applied to all social work charges from April 2019.*
- *Endorsed the adjustment of the charges for residential care provided in the partnership's older people care homes and for sleepover services to ensure that both charges reflect the cost of service provision.*
- *Endorsed the proposed introduction of three new charges related to the provision of Telecare services in order to generate additional income and which reflect the evolution of the Telecare service.*
- *Endorsed changes to the financial means test rules contained within the Non-Residential Care Charging Scheme in order to increase income generation to provide additional funding to support service provision.*
- *Endorsed the introduction of a requirement that service users pay their care charges by Direct Debit in order to maximise income collection, provide increased convenience and protection for service users and reduce administrative and bad debt costs.*

4.2.5 Quality & Finance Programme Board – Minute of November 2018

The IJB noted the draft Minutes and requested that future Minutes outline the members of the Quality & Finance Board and those who are in attendance.

5 Governance

5.1 Finance Governance

The paper outlined the four options to establish a more formal and permanent committee to benefit the ongoing development of the IJB financial governance.

The IJB agreed Option 4: formation of a Finance Committee operating at the same level of governance as the Audit Committee, with a wider scope of financial management and decision making capacity. A terms of reference for the group will be presented at the next IJB Meeting.

The IJB reviewed and approved option 4 for establishing a specific Finance sub-committee.

5.2 Draft IJB Audit Committee Minutes 10-01-19

Audit Committee Minutes – January 2018 – the Minutes reflected the discussion at the meeting to review the remit of the Audit Committee and agree how to move forward in monitoring the function of the IJB.

The IJB noted the draft Minutes,

5.3 Clinical & Care Governance Draft Minutes 29-10-18

Clinical & Care Governance Minutes – the IJB requested future Minutes reflect the membership of the governance group and the attendees at the meetings.

The IJB noted the draft Minutes.

6 Chief Social Work Officer's (CSWO) Report

The report presented by the Chief Social Work Officer gave an overview of Social Work activity undertaken by Argyll & Bute in 2017/18 and outlined the statutory functions of the Social Work service.

The CSWO undertook to clarify the accuracy of the data regarding care at home, as reported on p33 of the report and to feedback on the enquiry from the Carer representative.

The IJB noted the report.

7 Carers Strategy and Short Breaks Strategy

The AHP Lead referred to the implementation of the Carers Act and the requirement to publish a Carers Strategy and Short Breaks Statement. The strategy and statement have been drafted for endorsement and publication as a joined document. There has been good collaborative working and engagement with managers of Care Centres. Feedback has been positive and the constructive comments have been incorporated into the strategy. The AHP Lead noted the request to cross-check the number of commitments outlined in the report.

The IJB endorsed the Carers Strategy and Short Breaks Statement

8 Report on Timescale for the Draft HSCP Commissioning Plan

The paper detailed the requirements and the process, arrangements and timeline to produce a plan. It is necessary to ensure that the procurement strategy aligns with the HSCP's commissioning requirements.

The Integration Joint Board noted and approved the proposed programme and timetable to develop an adult care commissioning plan with partners in 2019/20.

9 Mull & Iona GP Primary Care and Out of Hours Service Model; Planning for the Future

The paper provided an update on the work undertaken to date and the current status to progress the transformational project to federate the 3 GP practices on Mull – Bunessan; Salen and Tobermory, into one single islands-wide practice.

Community involvement is key to taking forward the complex process of federating the GP practice and public and user involvement has been extensive, as outlined in the report.

The IJB:

- *Noted the progress to date on the Transformational Project to federate the 3 GP practices on Mull, Bunessan, Salen and Tobermory, into one single islands wide practice.*
- *Noted the progress to date on the project to provide safe and sustainable Out Of Hour's (OOH) services to Mull and Iona.*
- *Provided comment on the project.*
- *Supported the project in its progress to conclusion.*

10 Review of Progress with Integration of Health & Social Care

The paper advised on the Review of Progress Under Integration Authorities, initiated by the Cabinet Secretary for Health & Sport in May 2018. The review undertaken by a small leadership group and a larger group of senior stakeholders subsequently provided proposals indicating the commitment to support integration authorities in six key areas, outlined in the report to the IJB.

The Integration Joint Board noted and discussed the content of the report.

11 eHealth & Social Care IT Projects Status Update and Delivery Plan Proposals 2019/20

The Deputy Head of eHealth presented the paper which informed the IJB on the IT and eHealth systems, the HSCP status and developments and plans for 2019/20.

The major eHealth projects delivered in 2018/19, status and costs were detailed.

Proposed areas for IT development and planned expenditure in 2019/20

will be presented to the Strategic Leadership Team for confirmation of funding, prioritisation and ratification before 31 March 2019.

The HSCP IT Team has been working closely with the NHS Highland Head of eHealth and the Council Head of ICT within a very complex IT operating environment, with interface issues across both partner organisations and NHS IT systems nationally.

The challenges in progressing joint IT system access for Finance Teams and operational staff were highlighted. In addition access protocols require to be agreed.

A paper detailing the prioritisation of projects, including a risk register and RAG status, will be taken to a Senior Leadership Team meeting and then presented to the IJB

The IJB :

- *Noted the projects delivered and work undertaken within IT and eHealth in 2018/19*
- *Considered and approved the projects and funding allocated for proposed projects in 2019/2020*
- *Noted the HSCP and e-Health strategy priorities which will require to be addressed over the next 3 years*
- *Noted a further report details prioritisation of projects will be brought to a future meeting.*

12 Draft Asset Management Strategy

The Business Improvement Manager presented the report, noting that the Strategy Document was mistakenly omitted from the circulated papers.

The HSCP also has an operational role with NHS Highland Asset Management and seeks present a comparable report and to develop the role with each partner to ensure effective co-location and sustainability of service provision through co-location.

Work is currently being undertaken with the HSCP to ascertain the ongoing needs and requirements of Argyll & Bute Council properties which operate HSCP services. Officers from the Council's Property Services and HSCP's Estates Management are liaising to identify the best use of allocated funds and develop the annual work plan for approval by the Council Asset Management Board based on the block allocation of funding.

A summary of the implications of under-investment in terms of funding available was outlined.

A report will be scheduled to be brought back to the IJB to note.

The IJB

- *Noted the submission of a 12 month plan in lieu of further planning for care home provision service development.*
- *Noted the implications for underinvestment.*
- *Noted an update report will be brought to the IJB.*

13 Integration Joint Boards – Public Bodies Duties Climate Change Reporting

The report retrospectively confirmed the submission of the IJB's Climate Change Duties Report 2018-19 and advised on the monitoring by partner organisations

The IJB :

- *Noted the content of the attached submission.*
- *Approved retrospectively Argyll & Bute IJB's draft Climate Change Duties Report 2018-19.*

14 Adoption of the Model Publications Scheme

To ensure the IJB is complying with the Model Publication Scheme and Guidance, updated in November 2018, the IJB is required to review its authority's publication scheme and check it is compliant with previous updates.

The IJB:

- *Noted and approve the content of the report*
- *Endorsed the recommendation that the required amendments are undertaken by Argyll & Bute Council as part of their supporting corporate role and submitted to the Scottish Information Commissioner in a timely manner*
- *Endorsed the recommendation that further updates are considered through the Audit Committee and referred to the board for approval.*

15 Records Management Plan

There is a requirement for IJBs to submit a Records Management Plan to the Keeper of Records of Scotland. The report set out Part 1 of the Public Records (Scotland) Act 2011 applicable to submission of the plan.

The IJB:

- *Noted and Comment on the content of the report*
- *Endorsed a recommendation that IJB records are formally stored and maintained by Argyll & Bute Council*
- *Endorsed the recommendation that the plan is in future submitted for consideration at the Audit Committee and referred to the board*

for note and approval.

16 Chief Officer Report

The Chief Officer acknowledged the work of the HSCP Communications Team in progressing ongoing proactive communications to staff and the public.

The commitment and positive attitude of HSCP staff is recognised and appreciated, as they continue to deliver services to the Argyll & Bute population, recognising the financial challenges we are required to address.

The IJB noted the report.

AOCB IJB Chair

The IJB Chair's tenure with NHS Highland is due to cease on 31 March. It was proposed that the current IJB Vice-Chair and NHS Highland's nominated Vice-Chair, Sarah Compton-Bishop take up their roles at end March.

Responding to a query regarding a possible conflict with the term of office of the new Chair and Vice-Chair, the Standards Officer has confirmed that the proposal does not conflict with the Scheme of Integration or the IJB's Standing Orders.

Formal notification will be given from the IJB to NHS Highland and Argyll & Bute Council.

Date of Next Meeting :

Wednesday 27 March 2019, 1.30pm
Council Chambers, Kilmory, Lochgilphead

Integration Joint Board **Agenda item: 5.2**

Date of Meeting: **27 March 2019**

Title of Report: **Review of Progress with Integration of Health and Social Care Final Report**

Presented by: **Joanna MacDonald, Chief Officer**

The Integration Joint Board is asked to: ▪ Note the final report.

1. EXECUTIVE SUMMARY

1.1 The attached report was commissioned by the Cabinet Secretary for Health and Sport at a health debate on 2 May 2018 and finalised in February 2019.

1.2 The report outlines 6 proposal areas made by the Ministerial Strategic Group that aim to support the increase in pace and effectiveness of integration and focuses on the challenges rather than revisiting the statutory basis for integration.

1.3 As part of the review it acknowledges the importance of all staff working in health and social care. Without the dedication and skill of these staff in challenging circumstances we will simply not be able to deliver on the ambitions for integration.

2. INTRODUCTION

2.1 The Review of Progress with Integration of Health and Social Care final report will inform the structure of the support that will be given to Health & Social Care Partnerships to accelerate the process of integration.

2.2 It has identified a number of proposals and committed to providing resource to support these.

2.3 The impact for Argyll & Bute is potentially an accelerated amount of activity moving toward integrated practice and strengthening the ability to deliver this.

3 DETAIL OF REPORT

3.1 The Ministerial Strategic Group recognised that the Audit Scotland provided a helpful framework for the proposals based on the evidence for changes that are needed to deliver integration well (Figure 1).

3.2 The proposals are set out under this framework and have individual timescales. The group identified proposals as opposed to recommendations to indicate a “shared endeavour”.
The group reviewed four topic areas:

1. Finance: agreeing, delegating and using integrated budgets
2. Governance and commissioning arrangements including clinical and care governance
3. Delivery and improving outcomes including consideration of the Audit Scotland Report on Integration
4. Conclusions and agreement on recommendations to be reported to the MSG.

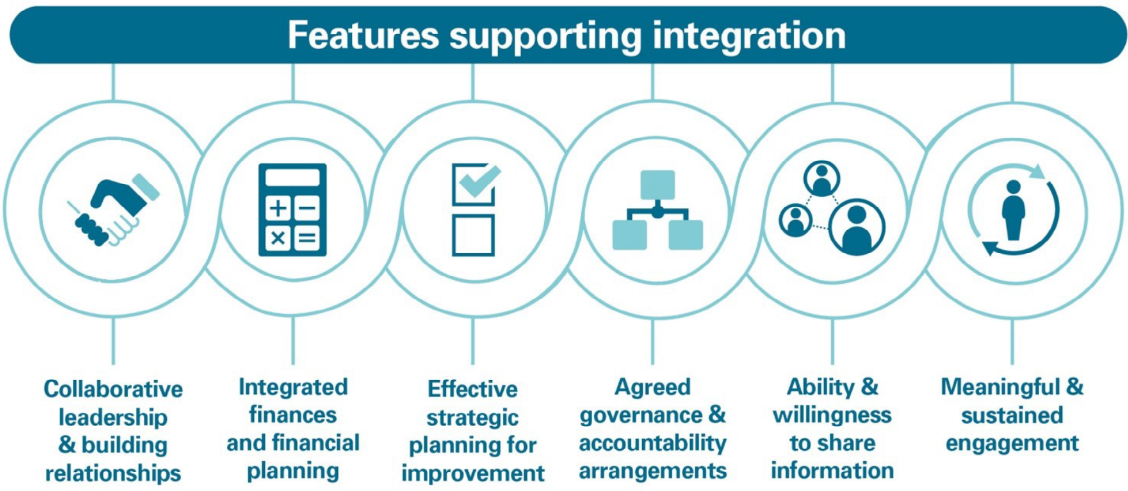

Figure 1

3.3 Summarising the proposals made there is significant focus on shared and collaborative working at all levels form partners to practitioners. The report indicates that it would expect to see change within 12 months.

3.4 The proposals under integrated finances and financial planning may add value within the current finance and IJB governance structure.

3.5 Governance and strategic planning is identified as a key area within the proposals, citing support for chief officers, enabling them to be empowered to take the business of integration forward. It places this in the national context encouraging national collaboration on benchmarking and best practice and formalising the strategic commissioning process.

3.6 The proposals are strongly in favour of streamlining accountability and supporting IJB’s to give clear directions to Health Boards and Local Authorities. Revised statutory guidance will be developed on the use of directions with cognisance taken of them being a key means of clarifying responsibilities.

3.7 Clinical and care governance will also have revised statutory guidance developed on a wide range of consultations with local partnerships supported by good practice. It is sought to implement this within 6 months.

3.8 Scottish Government and COSLA seek to develop a framework for community based health and social care integrated services and this will be key in identifying and supporting best practice aiming to deliver this in 6 months.

3.9 The last proposal area is around engagement and communication. In the context of the recently approved Argyll & Bute Engagement Plan and assurance framework there may be adjustments required based on any statutory guidance provided.

3.10 Guidance and support will be provided and we are requested to evaluate our current position in relation to the report.

The context for Argyll & Bute

3.11 Argyll & Bute is unique in its structure and responsibility as a Health and Social Care Partnership, encompassing general and community hospitals and community based health and social care delivery.

3.12 The impact of this report for Argyll & Bute in prioritising the further development of joint strategic and financial planning across the partnership servicing the community.

3.13 There is recognition of developing a shared understanding of "pressures, cultures and drivers". The partnership will aim through both IJB and partner specific development sessions to highlight common and specific drivers and to develop collaborative planning around this.

3.14 The partnership will seek to scope the opportunity to work more closely with third and independent sectors delivering this through the development of strategic commissioning.

3.15 By 1st April 2019 there will be a further requirement to seek a consolidated approach to financial planning with each of the partners providing an advisory role on its shared interests.

3.16 Increased financial planning requires that the IJB S95 officer is supported by both Health Board and Local Authority with staff and resources to provide such support as a recommendation.

3.17 In terms of the financial spend it is anticipated the model of health and social care will move to an outcome based approach and the use of the budget will reflect this. This is consistent with the shift in the balance of care into the community. With the approval of the budget and ongoing

budget accountability this will provide the key environment for service development.

3.18 The process of integrating teams will continue with a view to planning service design and change based on national benchmarking and tailoring practice to local need.

3.19 This reflection on the progress of integration has identified the importance of the strategic approach and Argyll & Bute has recognised the value of this and its service delivery to its shared community. A suggested impact is the requirement of both partners to provide the supportive staffing and relationships to ensure this can take place effectively.

3.20 The partnership aims with the implementation of its engagement strategy to ensure sustained meaningful dialogue with the community and with monitor this through the engagement assurance framework.

3.21 In the current environment Argyll & Bute Health and Social Care Partnership see the recommendations as consistent with the direction of travel locally with the opportunity to continuously improve collaborative working relationships and seek to develop further the joint planning and delivery approach.

4. RELEVANT DATA AND INDICATORS

The Strategic and Operational monitoring and accountability will support intelligence required for delivery on the proposals including Clinical and Care Governance reporting, Performance Reporting, Reporting on the Strategic Plan and Integration Joint Board documents.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The proposals are aligned to the current direction of travel and should work with or in parallel to current activity.

6 GOVERNANCE IMPLICATIONS

6.1 Financial Impact

None anticipated at present.

6.2 Staff Governance

None anticipated at present.

6.3 Clinical Governance

Potential for change or increase in reporting requirement.

7. EQUALITY & DIVERSITY IMPLICATIONS

None anticipated.

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

None.

9. RISK ASSESSMENT

No additional requirement for risk assessment.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

There has been no consultation undertaken with this report.

11. CONCLUSIONS

It is recommended that the Integration Joint Board note the final report and its proposals.

DIRECTIONS

Directions required to Council, NHS Board or both.	**Directions to:**	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

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Ministerial Strategic Group for Health and Community Care

Review of Progress with Integration of Health and Social Care

Final Report

February 2019

REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE

Introduction

Since 2016, work has been underway across Scotland to integrate health and social care services in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. By integrating the planning and provision of care, partners in the public, third and independent sectors are improving people's experience of care along with its quality and sustainability. Evidence is emerging of good progress in local systems. Audit Scotland's[1] report on integration that was published on 15 November 2018 highlights a series of challenges that nonetheless need to be addressed, in terms particularly of financial planning, governance and strategic planning arrangements and leadership capacity.

The pace and effectiveness of integration need to increase. At a health debate in the Scottish Parliament on 2 May 2018, the then Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward with the Ministerial Strategic Group for Health and Community Care, and that outputs arising from any further action stemming from such a review would be shared with the Health and Sport Committee of the Scottish Parliament.

Why has Scotland integrated health and social care?

We have integrated health and social care so that we can ensure people have access to the services and support they need, so that their care feels seamless to them, and so that they experience good outcomes and high standards of support. We are also looking to the future: integration requires services to be redesigned and improved, with a strong focus on prevention, quality and sustainability, so that we can continue to maintain our focus on reforming and improving people's experience of care. In undertaking this review we have built upon Audit Scotland's observation that integration can work within the current legislative framework, but that Integration Authorities are operating in an extremely challenging environment and there is much more to be done: our focus is on tackling the challenges rather than revisiting the statutory basis for integration.

As part of the review, it is important to acknowledge fully the key importance of staff working across the entirety of health and social care. People working in health and social care services are driving forward many improvements in the experience of care, every day and often in challenging and difficult circumstances. Without the insight, experience and dedication of the health and social care workforce we will simply not be able to deliver on out ambitions for integration. This review does not make recommendations about the health and social care workforce: that work is being undertaken through the National Workforce Plan for health and social care. We nonetheless felt it important to emphasise here the importance of our shared ambitions to develop and support the workforce for integration.

[1] Health and social care integration: update on progress

Reviewing progress with integration

As we have reviewed our progress to date, our approach has been to focus on the key questions that matter most to people who use services and the systems we have put in place in order to better support those priorities. We have asked ourselves where we are making progress and where the barriers are that may prevent professionals and staff across health and social care from using their considerable skills and resources to best effect. When the Scottish Government first consulted upon plans for integration[2], it focused on four key objectives, which remain central to our aims:

- Health and social care services should be firmly integrated around the needs of individuals, their carers and other family members
- Health and social care services should be characterised by strong and consistent clinical and care professional leadership
- The providers of services should be held to account jointly and effectively for improved delivery
- Services should be underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve, rather than the organisations through which they are delivered

The legislation for integration, the Public Bodies (Joint Working) (Scotland) Act 2014, sets out principles and outcomes, which sit at the centre of our ambitions:

Principles of integration: services should[3]:

1. Be integrated from the point of view of service-users
2. Take account of the particular needs of different service-users
3. Take account of the particular needs of service-users in different parts of the area in which the service is being provided
4. Take account of the particular characteristics and circumstances of different service-users
5. Respect the rights of service-users
6. Take account of the dignity of service-users
7. Take account of the participation by service-users in the community in which service-users live
8. Protect and improve the safety of service-users
9. Improve the quality of the service
10. Be planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
11. Best anticipate needs and prevents them arising, and
12. Makes the best use of the available facilities, people and other resources.

[2] Integration of Adult Health and Social Care in Scotland: Consultation on Proposals (May 2012)
[3] http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf

National health and wellbeing outcomes[4]

1. People are able to look after and improve their own health and wellbeing and live in good health for longer
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3. People who use health and social care services have positive experiences of those services, and have their dignity respected
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5. Health and social care services contribute to reducing health inequalities
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
7. People using health and social care services are safe from harm
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9. Resources are used effectively and efficiently in the provision of health and social care services

The purpose of this review is to help ensure we increase our pace in delivering all of these objectives.

Review process

At its meeting on 20 June 2018, the Ministerial Strategic Group agreed that the review would be taken forward via a small “leadership” group of senior officers chaired by Paul Gray (Director General Health and Social Care and Chief Executive of NHS Scotland) and Sally Loudon (Chief Executive of COSLA). A larger group of senior stakeholders has acted as a “reference” group to the leadership group.

Membership of the review leadership group is as follows:

- Paul Gray (co-chair) (Director General for Health and Social Care and Chief Executive of NHSScotland)
- Sally Loudon (co-chair) (Chief Executive of COSLA)
- Paul Hawkins (Chief Executive of NHS Fife, representing NHS Chief Executives)
- Andrew Kerr (Chief Executive of Edinburgh City Council, representing SOLACE)
- David Williams (Chief Officer of Glasgow City IJB and Chair of the Chief Officers’ network, representing IJB Chief Officers)
- Annie Gunner Logan (Chief Executive of CCPS, representing the third sector)
- Donald MacAskill (Chief Executive of Scottish Care, representing the independent sector)

[4] http://www.legislation.gov.uk/ssi/2014/343/pdfs/ssi_20140343_en.pdf

The work of the review leadership group followed this timetable:

Meeting date	Topics for discussion
24/09/18	Finance: agreeing, delegating and using integrated budgets
23/10/18	Governance and commissioning arrangements, including clinical and care governance
27/11/18	Delivery and improving outcomes including consideration of the Audit Scotland report on integration (published 15/11/18)
19/12/18	Conclusions and agreement on recommendations, to be reported to the MSG on 23/01/19

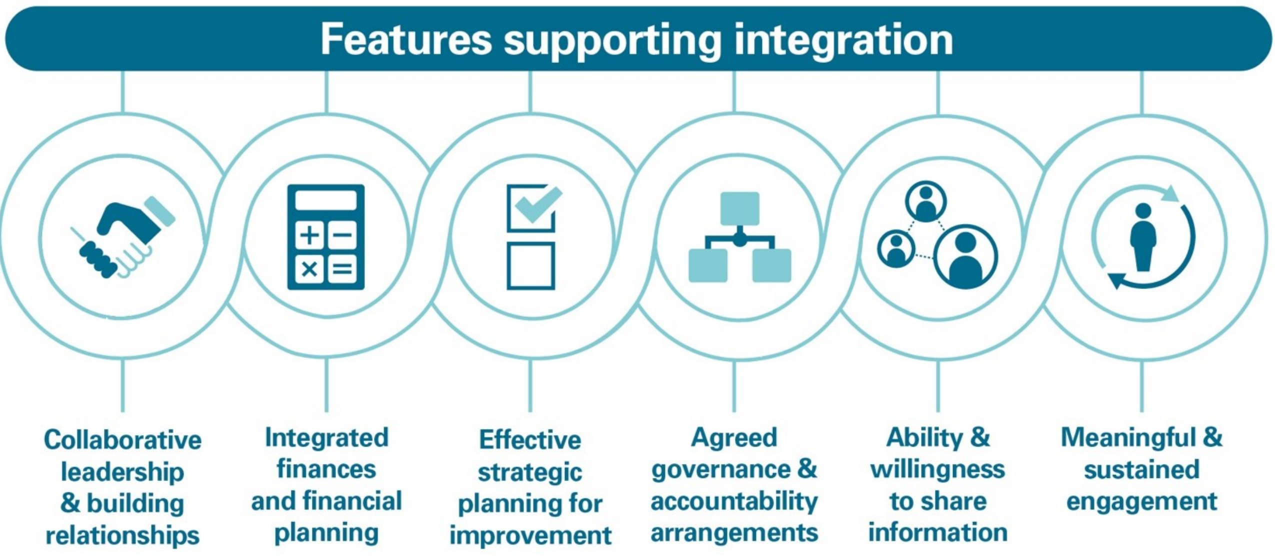
This report draws together the group's proposals for ensuring the success of integration. It builds upon the first output of our review, the joint statement issued on 26 September 2018, which is at Annex A of this report.

Integration Review Leadership Group
4 FEBRUARY 2019

Audit Scotland report

1. The group recognised that the Audit Scotland report on integration that was published in November 2018 provides important evidence for changes that are needed to deliver integration well. The group noted their agreement with Audit Scotland's recommendations. The group recommends that these recommendations should be acted upon in full by the statutory health and social care partners in Scotland. In addition, the group noted that workforce issues were not considered in any detail in the audit, but recommends that those should be a key focus for statutory and non-statutory partners taking forward integration.

2. Within a broad context of focussing on improving outcomes for people who use services and delivering sustainable, high quality services, the group noted specifically that exhibit 7 from the Audit Scotland report, reproduced below, provides a helpful framework within which to make progress. The group agreed to set out its proposals, in this report, under the headings identified in the exhibit, each of which was considered fully in turn.



3. As a group, we decided to set out "proposals" in this report rather than "recommendations" to underline that the commitments our proposals make are a shared endeavour, which we are each signed up to on a personal level as senior leaders and on behalf of our respective organisations. We have used "we" throughout the proposals set out in this document to further emphasise this.

4. In our review work, we recognised, as the Audit Scotland report does, that there is good practice developing, both in terms of how Integration Joint Boards (IJBs) are operating, and in how services are being planned and delivered to ensure better outcomes. However, this is not yet the case in all areas. We know there are challenges we must address and want to make use of good practice to drive forward change and reform to truly deliver integration for the people of Scotland.

Leadership Group Proposals

Our proposals focus on our joint and mutual responsibility to improve outcomes for people using health and social care services in Scotland. They are a reflection of our shared commitment to making integration work, set out in our joint statement from September 2018.

1. **Collaborative leadership and building relationships**

Shared and collaborative leadership must underpin and drive forward integration.

We propose that:

1. (i) **All leadership development will be focused on shared and collaborative practice.** An audit of existing national leadership programmes will be undertaken by the Scottish Government and COSLA to identify gaps and areas of synergy to support integration of health and social care. Further work will be delivered on cross-sectoral leadership development and support.
Timescale: 6 months

1. (ii) **Relationships and collaborative working between partners must improve**. Statutory partners in particular must seek to ensure an improved understanding of pressures, cultures and drivers in different parts of the system in order to promote opportunities for more open, collaborative and partnership working, as required by integration.
Timescale: 12 months

1. (iii) **Relationships and partnership working with the third and independent sectors must improve**. Each partnership will critically evaluate the effectiveness of their working arrangements and relationships with colleagues in the third and independent sectors, and take action to address any issues.
Timescale: 12 months

2. **Integrated finances and financial planning**

Money must be used to maximum benefit across health and social care. Our aim for integration has been to create a system of health and social care in Scotland in which the public pound is always used to best support the individual at the most appropriate point in the system, regardless of whether the support that is required is what we would traditionally have described as a "health" or "social care" service. Our proposals for integrated finances and financial planning focus on the practicalities of ensuring the arrangements for which we have legislated are used fully to achieve that aim, and to support the Scottish Government's Medium Term Framework for Health and Social Care[5].

We propose that:

2. (i) **Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.** In each partnership area the Chief Executive of the Health Board and the Local Authority, and the Chief Officer of the IJB, while considering the service impact of decisions, should together request consolidated advice on the financial position as it applies to their shared interests under integration from, respectively, the NHS Director of Finance, the Local Authority S95 Officer and the IJB S95 Officer.
Timescale: By 1st April 2019 and thereafter each year by end March.

2. (ii) **Delegated budgets for IJBs must be agreed timeously.** The recently published financial framework for health and social care sets out an expectation of moving away from annual budget planning processes towards more medium term arrangements. To support this requirement for planning ahead by Integration Authorities, a requirement should be placed upon statutory partners that all delegated budgets should be agreed by the Health Board, Local Authority and IJB by the end of March each year.
Timescale: By end of March 2019 and thereafter each year by end March

2. (iii) **Delegated hospital budgets and set aside requirements must be fully implemented**. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019/20. The Scottish Government Medium Term Financial Framework includes an assumption of efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. The set aside arrangements are key to delivering this commitment.
Timescale: 6 months

2. (iv) **Each IJB must develop a transparent and prudent reserves policy**. This policy will ensure that reserves are identified for a purpose and held against planned expenditure, with timescales identified for their use, or held as a general reserve as a

[5] Scottish Government Medium Term Health and Social Care Financial Framework

contingency to cushion the impact of unexpected events or emergencies. Reserves must not be built up unnecessarily.
Timescale: 3 months

2. (v) **Statutory partners must ensure appropriate support is provided to IJB S95 Officers.** This will include Health Boards and Local Authorities providing staff and resources to provide such support. Measures must be in place to ensure conflicts of interest for IJB S95 Officers are avoided – their role is to provide high quality financial support to the IJB. To ensure a consistent approach across the country, the existing statutory guidance should be amended by removing the last line in paragraph 4.3 recommendation 2, leaving the requirement for such support as follows:

> *It is recommended that the Health Board and Local Authority Directors of Finance and the Integration Joint Board financial officer establish a process of regular in-year reporting and forecasting to provide the Chief Officer with management accounts for both arms of the operational budget and for the Integration Joint Board as a whole. It is also recommended that each partnership area moves to a model where both the strategic and operational finance functions are undertaken by the IJB S95 officer: and that these functions are sufficiently resourced to provide effective financial support to the Chief Officer and the IJB.*

Timescale: 6 months

2. (vi) **IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations**. Local audits of the Health Board and Local Authority must take account of the expectation that money will be spent differently. We should be focused on outcomes, not which public body put in which pound to the pot. It is key that the resources held by IJBs lose their original identity and become a single budget on an ongoing basis. This does not take away from the need for the IJB to be accountable for these resources and their use.
Timescale: from 31st March 2019 onwards.

3. Effective strategic planning for improvement

Maximising the benefit of health and social care services, and improving people's experience of care, depends on good planning across all the services that people access, in communities and hospitals, effective scrutiny, and appropriate support for both activities.

We propose that:

3. (i) **Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.** This will include Health Boards and Local Authorities providing staff and resources to provide such support. The dual role of the Chief Officer makes it both challenging and complex, with competing demands between statutory delivery partners and the business of the IJB. Chief Officers must be recognised as pivotal in providing the leadership needed to make a success of integration and should be recruited, valued and accorded due status by statutory partners in order that they are able to properly fulfil this "mission critical" role. Consideration must be made of the capacity and capability of Chief Officers and their senior teams to support the partnership's range of responsibilities.
Timescale: 12 months

3. (ii) **Improved strategic inspection of health and social care is developed to better reflect integration**. As part of this work, the Care Inspectorate and Healthcare Improvement Scotland will ensure that:

- As well as scrutinising strategic planning and commissioning processes, strategic inspections are fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people.
- Joint strategic inspections examine the performance of the whole partnership – the Health Board, Local Authority and IJB, and the contribution of non-statutory partners – to integrated arrangements, individually and as a partnership.
- There is a more balanced focus across health and social care ensured in strategic inspections.

Timescale: 6 months

3. (iii) **National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work**. These bodies include Healthcare Improvement Scotland, the Care Inspectorate, the Improvement Service and NHS National Services Scotland. Improvement support will be more streamlined, better targeted and focused on assisting partnerships to implement our proposals. This will include consideration of the models for delivery of improvement support at a national and local level and a requirement to better meet the needs of integration partners.
Timescale: 3 - 6 months

3. (iv) **Improved strategic planning and commissioning arrangements must be put in place.** Partnerships should critically analyse and evaluate the effectiveness of their strategic planning and commissioning arrangements, including establishing capacity and

capability for this. Local Authorities and Health Boards will ensure support is provided for strategic planning and commissioning, including staffing and resourcing for the partnership, recognising this as a key responsibility of Integration Authorities.
Timescale: 12 months

3. (v) **Improved capacity for strategic commissioning of delegated hospital services must be in place.** As implementation of proposal 2 (iii) takes place, a necessary step in achieving full delegation of the delegated hospital budget and set aside arrangements will be the development of strategic commissioning for this purpose. This will focus on planning delegated hospital capacity requirements and will require close working with the acute sector and other partnership areas using the same hospitals. This should evolve from existing capacity and plans for those services.
Timescale: 12 months

4. Governance and accountability arrangements

Governance and accountability must be clear and commonly understood for integrated services.

We propose that:

4. (i) **The understanding of accountabilities and responsibilities between statutory partners must improve**. The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB as a statutory public body. Such decisions do not require ratification by the Health Board or the Local Authority, both of which are represented on the IJB. Statutory partners should ensure duplication is avoided and arrangements previously in place for making decisions are reviewed to ensure there is clarity about the decision making responsibilities of the IJB and that decisions are made where responsibility resides. Existing committees and groups should be refocused to share information and support the IJB.
Timescale: 6 months

4. (ii) **Accountability processes across statutory partners will be streamlined.** Current arrangements for each statutory partner should be scoped and opportunities identified for better alignment, with a focus on better supporting integration and transparent public reporting. This will also ensure that different rules are not being applied to different parts of the system particularly in circumstances of shared accountability.
Timescale: 12 months

4. (iii) **IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.** There are well-functioning IJBs that have adopted an open and inclusive approach to decision making and which have gone beyond statutory requirements in terms of memberships to include representatives of key partners in integration, including the independent and housing sectors. This will assist in improving the effectiveness and inclusivity of decision making and establish IJBs as discrete and distinctive statutory bodies acting decisively to improve outcomes for their populations.
Timescale: 12 months

4. (iv) **Clear directions must be provided by IJBs to Health Boards and Local Authorities.** Revised statutory guidance will be developed on the use of directions in relation to strategic commissioning, emphasising that directions are issued at the end of a process of decision making that has involved partners. Directions must be recognised as a key means of clarifying responsibilities and accountabilities between statutory partners, and for ensuring delivery in line with decisions.
Timescale: 6 months

4. (v) **Effective, coherent and joined up clinical and care governance arrangements must be in place.** Revised statutory guidance will be developed based on wide ranging consultations with local partnerships, identifying good practice and involving all sectors.

The key role of clinical and professional leadership in supporting the IJB to make decisions that are safe and in accordance with required standards and law must be understood, co-ordinated and utilised fully.
Timescale: 6 months

5. Ability and willingness to share information

Understanding where progress and problems are arising is key to implementing learning and delivering better care in different settings.

We propose that:

5. (i) **IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data**. Chief Officers will work together to consider, individually and as a group, whether their IJBs' annual reports can be further developed to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure that, as a minimum, all statutorily required information is reported upon.
Timescale: By publication of next round of annual reports in July 2019

5. (ii) **Identifying and implementing good practice will be systematically undertaken by all partnerships.** Chief Officers will develop IJBs' annual reports to enable partnerships to identify, share and use examples of good practice, and lessons learned from things that have not worked. Inspection findings and reports from strategic inspections and service inspections should also provide a clear means of identifying and sharing good practice, based on implementation of the framework outlined below at 5 (iii) and the national health and social care standards.
Timescale: 6 - 12 months

5. (iii) **A framework for community based health and social care integrated services will be developed**. The framework will be key in identifying and promoting best practice in local systems to clearly illustrate what good looks like in community settings, which is firmly focused on improving outcomes for people. This work will be led by Scottish Government and COSLA, involving Chief Officers and other key partnership staff to inform the framework.
Timescale: 6 months

6. Meaningful and sustained engagement

Integration is all about people: improving the experience of care for people using services, and the experience of people who provide care. Meaningful and sustained engagement has a central role to play in ensuring that the planning and delivery of services is centred on people.

We propose that:

6. (i) **Effective approaches for community engagement and participation must be put in place for integration.** This is critically important to our shared responsibility for ensuring services are fit for purpose, fit for the future, and support better outcomes for people using services, carers and local communities. Revised statutory guidance will be developed by the Scottish Government and COSLA on local community engagement and participation based on existing good practice, to apply across health and social care bodies. Meaningful engagement is central to achieving the scale of change and reform required, and is an ongoing process that is not undertaken only when service change is proposed.
Timescale: 6 months

6. (ii) **Improved understanding of effective working relationships with carers, people using services and local communities is required.** Each partnership should critically evaluate the effectiveness of their working arrangements and relationships with people using services, carers and local communities. A focus on continuously improving and learning from best practice will be adopted in order to maximise meaningful and sustained engagement.
Timescale: 12 months

6. (iii) **We will support carers and representatives of people using services better to enable their full involvement in integration**. Carers and representatives of people using health and social care services will be supported by partnerships to enable meaningful engagement with their constituencies. This will support their input to Integration Joint Boards, strategic planning groups and locality arrangements for integration. This would include, for example, receipt of IJB papers with enough time to engage other carers and people using services in responding to issues raised. It would also include paying reasonable expenses for attending meetings.
Timescale: 6 -12 months

In support of these proposals we will:

- Provide support with implementation;
- Prepare guidance and involve partners in the preparation of these;
- Assist with the identification and implementation of good practice;
- Monitor and evaluate progress in achieving proposals;
- Make the necessary links to other parts of the system, such as workforce planning;
- Continue to provide leadership to making progress with integration;
- Report regularly on progress with implementation to the Ministerial Group for Health and Community care.

In support of these proposals we expect:

- Every Health Board, Local Authority and IJB will evaluate their current position in relation to this report and the Audit Scotland report, and take action to make progress using the support on offer.

- Partnerships to initiate or continue the necessary "tough conversations" to make integration work and to be clear about the risks being taken, and ensure mitigation of these is in place.

- Partnerships to be innovative in progressing integration.

Annex A – Joint Statement

Cabinet Secretary for Health and Sport
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NHS Board Chairs
Local Authority Leaders
Integration Joint Board Chairs and Vice Chairs
NHS Board Chief Executives
Local Authority Chief Executives
Integration Joint Board Chief Officers
Chief Executive, SCVO
Chief Executive, Health and Social Care Alliance
Chief Executive, CCPS
Chief Executive, Scottish Care

26 September 2018

Dear colleagues

The Scottish Government, NHS Scotland and COSLA share responsibility for ensuring the successful integration of Scotland's health and social care services. We are therefore delighted to send to you today a joint statement, attached to this letter, setting out our shared commitment to integration as leaders in the public sector.

This statement is the first output from our review of integration, which is now underway via the Ministerial Strategic Group for Health and Community Care. It frames our joint ambitions for integration and sets the context for recommendations that will follow from the review.

We look forward to continuing to work with you all to deliver integration, and, through it, better care for people using health and social care services in Scotland.

JEANE FREEMAN	**COUNCILLOR ALISON EVISON**
Cabinet Secretary for Health and Sport	**COSLA President**

DELIVERING INTEGRATION

We need to step up the pace of integrating health and social care. Truly integrated services, focused on the needs of citizens – individuals, carers and families, and on the health and wellbeing of local communities – require our leadership and personal commitment. We need to act together and in our individual roles to accelerate progress.

There are challenges that we must address. We will work together, and with our local populations as well as partners in the third and independent sectors, to understand public expectations and better meet needs for health and social care, which go hand-in-hand with improvements in life expectancy and the availability of new medicines and technologies. We are already making progress. We recognise that we are jointly responsible for tackling these challenges and that we need to adapt, compromise and support one another to deliver integration for the people of Scotland.

The Public Bodies (Joint Working) Act 2014 puts in place governance and financial arrangements, and a set of outcomes, for us to work within to achieve integration. We share a duty to empower Integration Authorities, to hold ourselves and one another to account in order to make integration work. We will learn from one another and adopt good practice. We will also work collaboratively and in partnership beyond the statutory sector to deliver improvements.

We commit to delivering together because that is the right way to deliver better services for our citizens.

CABINET SECRETARY FOR HEALTH AND SPORT

COSLA PRESIDENT

DIRECTOR GENERAL, SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATES AND CHIEF EXECUTIVE, NHSSCOTLAND

CHIEF EXECUTIVE, COSLA

CHAIR, SOLACE 26 SEPTEMBER 2018

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Integrated Joint Board **Agenda item: 5.3 (i)**

Date of Meeting: **27 March 2019**

Title of Report: **Budget Monitoring as at 31 January 2019**

Presented by: **Kirsty Flanagan, Interim Chief Financial Officer**

The Quality and Finance Programme Board is asked to:

- Consider the forecast outturn position for 2018-19 is a forecast overspend of £3.929m as at 31 January 2019. This is an improvement of £0.469m on the position reported as at the 31 December 2018.
- Note that the forecast overspend is likely to increase by £1.2m in relation to the dispute with Greater Glasgow and Clyde SLA.
- Note that NHS Highland have confirmed that the brokerage from Scottish Government will cover the 2018-19 Health overspend and this will not require to be repaid.

1. EXECUTIVE SUMMARY

1.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 31 January 2019.

1.2 There is a year to date underspend of £0.145m as at 31 January 2019. This consists of an overspend of £1.145m within Health delivered services offset by a year to date underspend of £1.290m within Social Work.

1.3 The forecast outturn position for 2018-19 is a forecast overspend of £3.929m. I am pleased to report that this is an improvement of £0.469m on the position reported as at the end of December 2018.

1.4 The most significant issue affecting the forecast outturn position for Health is the SLA for Greater Glasgow and Clyde. Due to the short time between now and the financial year end to resolve this issue it is more than likely that the estimated overspend will increase by £1.2m. The accounting guidance advises that balances that cannot be resolved can be shown as a debtor or creditor in both parties accounts. This recognition in the year end position is not take as acceptance of the charge nor agreement to pay.

1.5 NHS Highland have confirmed that the brokerage from Scottish Government will cover the 2018-19 Health overspend and this will not require to be

repaid. The 2018-19 Social Work overspend will require to be repaid to Argyll and Bute Council and following the final outturn position, negotiation will require to take place with Argyll and Bute Council as to the pay-back arrangements.

1.6 The Strategic Leadership Team continue to meet daily (on a rota basis) to gain grip and control of the financial position and it is hoped the financial position will continue to improve over the remaining months of this financial year.

2. INTRODUCTION

2.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 31 January 2019. Information is provided on both the year to date position and the forecast outturn position and is summarised at a service/activity level.

3. DETAIL OF REPORT

3.1 Year to Date Reporting within Partner Organisations

3.1.1 In terms of the year to date position, it should be noted that on an overall Health and Social Care Partnership basis, it can be difficult to fully interpret how the year to date figures link to the forecast outturn position.

3.1.2 Health undertake high level monthly accrual accounting which means that expenditure and income adjustments are made at the end of each month to align expenditure and income to the correct month. As a result you should see a correlation in their year to date position and their forecast outturn position.

3.1.3 The Council don't undertake monthly accrual accounting but they do profile their budgets across the months when they expect the expenditure and income to happen, however, there may be a mis-match between year to date actuals and year to date budgets due to timing differences as to when invoices are actually paid. The Council will look to improve on the monthly profiles within 2019-20 in order that the year to date and the forecast outturn are more in line.

3.1.4 Monitoring information is provided and is split across Health and Social Work which allows the differences in monthly accounting treatment to be more visible. It would be the intention to move to align the accounting treatment, however, we have to accept that the Health and Social Care Partnership finances are recorded across two different organisations with differing financial reporting procedures.

3.2 Year to Date Position as at 31 January 2019

3.2.1 There is a year to date underspend of £0.145m as at 31 January 2019. This consists of an overspend of £1.145m within Health delivered services offset by a year to date underspend of £1.290m within Social Work. Further information is provided within Appendix 1.

3.2.2 Within Health delivered services the overspend is mainly linked to savings not being achieved in addition to increased costs for oncology drugs, pharmacy costs, patient referrals, and agency/locum staff. The overspend has been offset to an extent by vacancy savings and also slippage on budget reserves which includes one-off in year allocations.

3.2.3 Within Social Work the variances are mainly as a result of profiling issues and there are delays on receipt and payment of supplier invoices particularly within older person's services. There are also underspends due to lower than budgeted demand for care home and care at home services, vacancy savings, underspends in resource centres and higher than budget receipts from client charges.

3.3 Forecast Outturn Position as at 31 January 2019

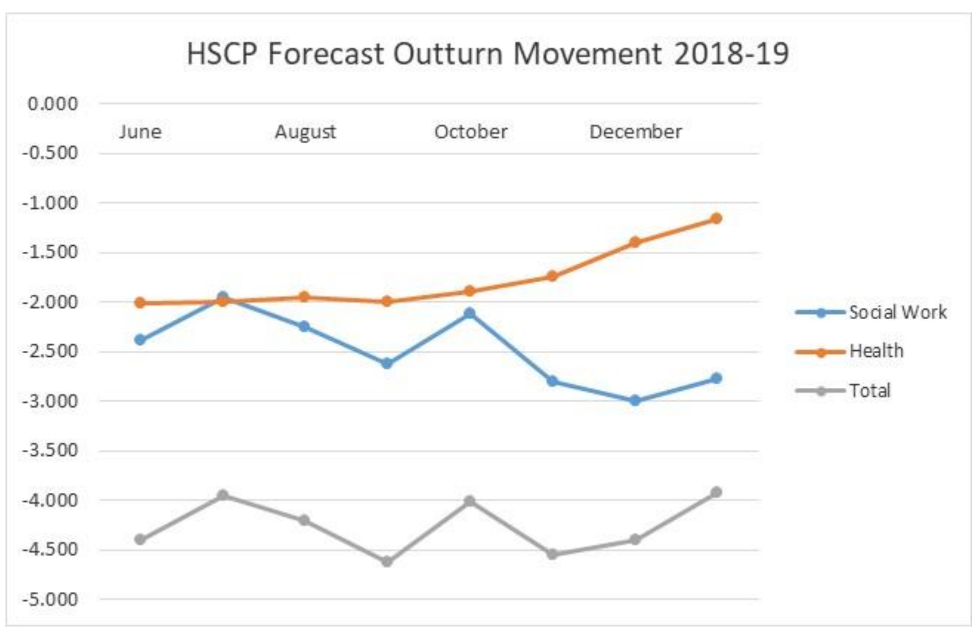
3.3.1 The forecast outturn position for 2018-19 is a forecast overspend of £3.929m. I am pleased to report that this is an improvement of £0.469m on the position reported as at 31 December 2018. Further information is provided within Appendix 2.

3.3.2 Within Health delivered services the forecast overspend is £1.156m. This is linked to the year to date overspend due to the accrual accounting. The overspend is mainly in relation to savings not being achieved in addition to increased costs for oncology drugs, pharmacy costs, patient referrals, and agency/locum staff. The overspend has been offset to an extent by vacancy savings and also slippage on budget reserves which includes one-off in year allocations.

3.3.3 The most significant issue affecting the forecast outturn position for Health is the SLA with Greater Glasgow and Clyde. At the IJB in November a decision was made to reject the increase and the forecast outturn reflects this position. If this position is not accepted by Greater Glasgow and Clyde then the outturn will increase by £1.2m. The guidance relating to outstanding balances within NHSS bodies states that "All NHSS bodies must agree the intra NHSS debtor and creditor balances in order that indebtedness between NHSS bodies can be eliminated on consolidation". In relation to disputes it further states that "Health bodies should resolve any disputes or disagreements on balances by the year end. For balances that cannot be resolved within this timescale the charging body is entitled to show the full amount of any disputed charge and the body being charged must also show this amount provided that the transactions meet the criteria outlined below. This is not to be taken as acceptance of the charge nor agreement to pay". It is therefore, more than likely that the estimated overspend will increase by £1.2m.

3.3.4 Within Social Work the forecast overspend is £2.773m. There has been higher demand than budgeted for supporting living and care home services within learning and physical disability and children's external placements as well as planned savings options within these services not being delivered in full. There are underspends within older people care home placements, investment fund, foster care services and supporting young people leaving care that help to reduce the overspend.

3.3.5 The chart below shows the forecast outturn movement during 2018-19.



3.3.6 NHS Highland have confirmed that the brokerage from Scottish Government will cover the 2018-19 Health overspend and this will not require to be repaid. The 2018-19 Social Work overspend will require to be repaid to Argyll and Bute Council and following the final outturn position, negotiation will require to take place with Argyll and Bute Council as to the pay-back arrangements.

3.4 Comparison to Previous Month

3.4.1 For Health delivered services, the overall movement in the year to date position was a slight deterioration of £0.027m. In January, cost pressures and unachieved savings targets were largely offset by vacancies, budget underspends and general improvement through grip and control measures. This has given confidence that the position is unlikely to deteriorate over the remaining two months of the financial year. Accordingly, the health forecast year end outturn has improved from a £1.400m overspend, down to a forecast overspend of £1.156m. With further effort being applied to increase grip and control, it should be possible to improve the financial position still further over the remaining two months of the year.

3.4.2 For Social Work services the movement is a reduction of £0.377m in the year to date position but this is distorted by the profiling of efficiency savings and third party payments budgets as well as delayed submission and/or processing of payments to external care providers. The forecast outturn has improved by £0.226m due to a number of improvements across the service, the most significant of which arise in older people home care, social work area administration teams, children's houses and the central strategic administrative support team. These improvements are driven by a combination of turnover in service use and additional certainty around staffing and other spending as we get towards the end of the financial year.

This certainty is enhanced by the grip and control measures which have been introduced by senior management and which are expected to assist in continuing to reduce the forecast overspend further.

4. RELEVANT DATA AND INDICATORS

4.1 Information is derived from the financial systems of NHS Highland and Argyll and Bute Council.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The Integrated Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure the financial decisions are in line with priorities and promote quality service delivery. This needs to be considered when options are developed to balance the budget.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – The forecast outturn position for 2018-19 is a forecast overspend of £3.929m as at 31 January 2019 with the potential to increase by £1.2m in relation to the Greater Glasgow and Clyde SLA. Financial balance will not be achieved in 2018-19.

6.2 Staff Governance – None directly from this report but there is a strong link between HR and delivering financial balance.

6.3 Clinical Governance - None

7. EQUALITY AND DIVERSITY IMPLICATIONS

7.1 None directly from this report but any proposals to address the estimated budget gap will need to consider equalities.

8. RISK ASSESSMENT

8.1 The forecast outturn position takes into consideration financial risks. Further information is provided on financial risks within a separate report. Operational and clinical risks will be taken into account as part of the implementation of the financial recovery plan.

9. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

9.1 None directly from this report but any proposals to address the estimated budget gap will need to take into consideration local stakeholder and community engagement.

10. CONCLUSIONS

10.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 31 January 2019. The forecast outturn position for 2018-19 is a forecast overspend of £3.929m. This is an improvement of £0.469m on the position reported as at 31 December 2018.

The year-end position is more than likely to increase by £1.2m due to the Greater Glasgow and Clyde SLA.

10.2 The Strategic Leadership Team are now meeting on a daily basis to gain grip and control of the financial position and it is hoped the financial position will continue to improve over the remaining months of this financial year.

11. DIRECTIONS

Directions required to Council, NHS Board or both.	**Directions to:**	tick
	No Directions required	√
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

APPENDICES:

Appendix 1 – Year to Date Position as at 31 January 2019
Appendix 2 – Forecast Outturn for 2018-19 as at 31 January 2019

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP **APPENDIX 1**

REVENUE BUDGET MONITORING SUMMARY - AS AT 31 JANUARY 2019

YEAR TO DATE POSITION

Reporting Criteria: +/- £50k or +/- 10%

For information:
The Council don't do monthly based accrual accounting, whereas Health do.
On the Council side, there may be a mistmatch between year to date actual and budgets, due to timing differences as to when invoices are paid.
Health do monthly based accrual accounting, therefore, you should see a correlation in their year to date position and the year end outturn position.

Service	YTD Actual £000	YTD Budget £000	YTD Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	(11,100)	(12,624)	(1,524)	13.73%	The YTD variance arises mainly due to an overspend on central repairs costs and a profiling issue in relation to the income budget and unidentified savings.
Service Development	287	296	9	3.14%	Outwith reporting criteria.
Looked After Children	5,956	5,725	(231)	(3.88%)	The YTD variance arises due to higher than budgeted demand for external residential placements for children and young people.
Child Protection	2,415	2,575	160	6.63%	The YTD variance arises mainly due to budget profiling issues and delays in staff recruitment.
Children with a Disability	584	592	8	1.37%	Outwith reporting criteria.
Criminal Justice	47	77	30	63.83%	The YTD variance reflects various over and underspends across the service. The main underspend arises from staffing vacancies.
Children and Families Central Management Costs	1,772	1,942	170	9.59%	The YTD variance arises mainly due to an underspend on staffing due to vacant posts, premises costs due to the profiling of rent payments and slippage arising from the delay in the introduction of new overnight working arrangements in the children's homes and hostels.
Older People	27,266	29,330	2,064	7.57%	The YTD underspend arises due to a combination of lower than budgeted demand for care home and home care services, delayed receipt/processing of supplier invoices and the over-recovery of income in fees and charges as well as profiling of internal transfer income.
Physical Disability	2,074	1,636	(438)	(21.12%)	The YTD overspend reflects higher than budgeted demand for supported living services and slippage on the delivery of associated savings.
Learning Disability	12,004	12,554	550	4.58%	The YTD underspend arises due to a combination of staffing and supplies underspends in the resource centres, higher than budgeted receipts from client charges and delayed receipt/processing/payment of supplier invoices and the profiling of the YTD budget for supported living services.

Mental Health	1,947	2,395	448	23.01%	The YTD underspend arises mainly due to budget profiling issues in the Addiction, Choose Life, supported living and residential placement budgets where the YTD budget and YTD actual are out of sync and staffing underspends in addiction services.
Adult Services Central Management Costs	390	434	44	11.28%	The YTD variance arises mainly as a result of profiling issues in relation to payments to third parties.
COUNCIL SERVICES TOTAL	**43,642**	**44,932**	**1,290**	**2.87%**	
HEALTH SERVICES:					
Adult Services - West	44,296	42,072	(2,224)	(5.02%)	Savings not being achieved and several budget overspends, including; Psychiatric medical services - locums, LIH Day Bed Unit - oncology drugs, Mull Medical Group - locums, LIH wards - agency nurses, LIH Laboratory - agency staffing and non pay costs, Lochgilphead Medical Practice - prescribing, Kintyre Medical Group - locums and non pay costs
Adult Services - East	24,170	23,733	(437)	(1.81%)	Savings not being achieved and budget overspends on GP prescribing; Millig Practice, Helensburgh & McLachlan Practice, Helensburgh
Children & Families Services	5,172	5,545	373	7.21%	Mainly due to vacancies
Commissioned Services - NHS GG&C	52,379	51,159	(1,220)	(2.33%)	Savings not being achieved and increased charges for; oncology drugs and pharmacy homecare
Commissioned Services - Other	3,444	3,045	(399)	(11.59%)	Increased referrals to Huntercombe and the Priory and a high cost patient admission to the Walton Centre, Liverpool
General Medical Services	13,776	13,757	(19)	(0.14%)	Outwith reporting criteria.
Community and Salaried Dental Services	2,961	3,257	296	10.00%	Mainly due to vacancies
Other Primary Care Services	7,442	7,442	0	0.00%	Outwith reporting criteria.
Public Health	1,488	1,671	183	12.30%	Slippage on in year allocations
Management and Corporate Services	3,768	4,074	306	8.12%	Mainly due to vacancies
Health Board Provided Services	1,732	1,732	0	0.00%	Outwith reporting criteria.
Depreciation	2,038	2,102	64	3.14%	Capital underinvestment
Estates	4,555	4,245	(310)	(6.81%)	Savings not being achieved and Argyll & Bute Hospital - rates
Budget Reserves	0	2,242	2,242	0.00%	Slippage and uncommitted budget reserves
HEALTH SERVICES TOTAL	**167,221**	**166,076**	**(1,145)**	**(0.69%)**	
GRAND TOTAL	**210,863**	**211,008**	**145**	**0.07%**	

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP **APPENDIX 2**

REVENUE BUDGET MONITORING SUMMARY - AS AT 31 JANUARY 2019
FORECAST OUTTURN POSITION
Reporting Criteria: +/- £50k or +/- 10%

Service	Annual Budget £000	Forecast Outturn £000	Forecast Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	(11,954)	(10,819)	(1,135)	9.50%	The forecast variance is a combination of the unidentified savings total and estimated slippage on identified efficiency savings partially offset by estimated additional vacancy savings, slippage on the Community Services Investment Fund expenditure and the recognition that additional funding provided for superannuation costs related to auto-enrolment are unlikely to be required.
Service Development	383	376	7	1.83%	Outwith reporting criteria.
Looked After Children	6,863	7,400	(537)	(7.83%)	Overspend arises mainly due to the high cost of meeting demand for expensive external care home placements and estimated slippage on efficiency savings designed to reduce this cost. This is currently partially offset by forecast underspends on the foster care and supporting young people leaving care budgets.
Child Protection	3,283	3,242	41	1.25%	Outwith reporting criteria.
Children with a Disability	858	896	(38)	(4.43%)	Outwith reporting criteria.
Criminal Justice	100	(5)	105	105.00%	Underspend arises mainly due to vacant posts and estimated lower than budgeted spend on external services. The overall forecast is negative as the forecast spend is currently less than the specific grant payment for the year.
Children and Families Central Management Costs	2,437	2,388	49	2.01%	Overspend arises due to slippage on the delivery of savings partially offset by savings accruing from the delay in implementing new overnight staffing arrangements in the children houses and hostels, travel costs and from an accrual from 2017/18 which is no longer required.
Older People	34,944	34,192	752	2.15%	Underspend arises mainly due to lower than budgeted demand for care home placements and homecare and lower than budgeted spend on progressive care.
Physical Disability	1,936	2,671	(735)	(37.97%)	Overspend arises mainly due to higher than budgeted demand as well as slippage on the delivery of efficiency savings for supported living services, higher demand for residential care placements and the purchase of equipment by the Integrated Equipment Store.

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP **APPENDIX 2**

REVENUE BUDGET MONITORING SUMMARY - AS AT 31 JANUARY 2019

FORECAST OUTTURN POSITION

Reporting Criteria: +/- £50k or +/- 10%

Service	Annual Budget £000	Forecast Outturn £000	Forecast Variance £000	% Variance	Explanation
Learning Disability	14,170	15,588	(1,418)	(10.01%)	Overspend arises due to a combination of higher than budgeted demand for supported living and care home services and estimated slippage on savings developed to reduce both of these commitments partially offset by underspends in assessment and care management and respite.
Mental Health	2,701	2,530	171	6.33%	Underspend reflects current known demand for supported living services and residential placements and staffing underspends on the addiction and area community support teams.
Adult Services Central Management Costs	495	530	(35)	(7.07%)	Outwith reporting criteria.
COUNCIL SERVICES TOTAL	**56,216**	**58,989**	**(2,773)**	**(4.93%)**	

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP **APPENDIX 2**

REVENUE BUDGET MONITORING SUMMARY - AS AT 31 JANUARY 2019

FORECAST OUTTURN POSITION

Reporting Criteria: +/- £50k or +/- 10%

Service	Annual Budget £000	Forecast Outturn £000	Forecast Variance £000	% Variance	Explanation
HEALTH SERVICES:					
Adult Services - West	50,495	53,088	(2,593)	(5.14%)	Savings not being achieved and several budget overspends, including; Psychiatric medical services - locums, LIH Day Bed Unit - oncology drugs, Mull Medical Group - locums, LIH wards - agency nurses, LIH Laboratory - agency staffing and non pay costs, Lochgilphead Medical Practice - prescribing, Kintyre Medical Group - locums and non pay costs
Adult Services - East	28,472	28,954	(482)	(1.69%)	Savings not being achieved and budget overspends on GP prescribing; Millig Practice, Helensburgh & McLachlan Practice, Helensburgh
Children & Families Services	6,647	6,197	450	6.77%	Mainly due to vacancies
Commissioned Services - NHS GG&C	61,388	62,688	(1,300)	(2.12%)	Savings not being achieved and increased charges for; oncology drugs and pharmacy homecare
Commissioned Services - Other	3,654	4,129	(475)	(13.00%)	Increased referrals to Huntercombe and the Priory and a high cost patient admission to the Walton Centre, Liverpool
General Medical Services	16,583	16,613	(30)	(0.18%)	Outwith reporting criteria.
Community and Salaried Dental Services	3,923	3,563	360	9.18%	Mainly due to vacancies
Other Primary Care Services	8,844	8,844	0	0.00%	Outwith reporting criteria.
Public Health	2,002	1,797	205	10.24%	Slippage on in year allocations
Management and Corporate Services	5,096	4,717	379	7.44%	Mainly due to vacancies
Health Board Provided Services	2,079	2,079	0	0.00%	Outwith reporting criteria.
Depreciation	2,523	2,443	80	3.17%	Capital underinvestment
Estates	5,097	5,447	(350)	(6.87%)	Savings not being achieved and Argyll & Bute Hospital - rates
Budget Reserves	2,691	91	2,600	96.62%	Slippage and uncommitted budget reserves
HEALTH SERVICES TOTAL	**199,494**	**200,650**	**(1,156)**	**(0.58%)**	
GRAND TOTAL	**255,710**	**259,639**	**(3,929)**	**(1.54%)**	

Integration Joint Board **Agenda item: 5.3 (ii)**

Date of Meeting: **27 March 2019**

Title of Report: **Quality and Finance Plan 2017-19 - Update**

Presented by: **Kirsty Flanagan, Interim Chief Financial Officer**

The Integration Joint Board is asked to:

- Consider the progress with the Quality and Finance Plan as at 28 February 2019.

1. EXECUTIVE SUMMARY

1.1 This report provides an update on progress with the Quality and Finance Plan revised by the Board at its meeting on 30 January 2019. The savings options remaining on the existing plan were those deemed to be deliverable.

1.2 Of the remaining 63 savings options, 61 are either delivered or on track to be delivered and 2 are not achievable in full. There is an over recovery of savings over target of £0.100m in 2018-19 and £0.030m in 2019-20 and an under recovery estimated in 2020-21 of £0.038m. The over and under recovery in 2019-20 and 2020-21 has been reflected in the budget outlook report.

2. INTRODUCTION

2.1 This report provides an update on progress with the Quality and Finance Plan revised by the Board at its meeting on 30 January 2019.

3. DETAIL OF REPORT

3.1 A report was presented to the Integrated Joint Board on 30 January 2019 to advise of the progress with the Quality and Finance Plan. Savings options were categorised into delivered, on track to be delivered, delayed, being developed shortfall and not achievable in full.

3.2 The Board agreed that the saving options categorised as not achievable in full be removed and/or reduced to the level of revised profile to "reset" the plan and provide clarity on what the real budget gap is without these savings. There were further savings that were categorised as being developed with a shortfall and these have also been reduced to the revised profile and if

additional savings are achievable, these will be included as new savings in the future. This left only the deliverable savings on the plan.

3.3 The revised plan and profile of the savings is noted in the table below. Monitoring of this plan will continue throughout 2019-20 and will be reported to the Board.

	2018-19 £000	**2019-20 £000**	**2020-21 £000**
Revised Plan	3,782	6,222	6,437

3.4 The table below outlines the progress as at 28 February 2019. Of the 63 savings options, 61 are either delivered or on track to be delivered and 2 are not achievable in full. There is an over recovery of savings over target of £0.100m in 2018-19 and £0.030m in 2019-20 and an under recovery estimated in 2020-21 of £0.038m. The over and under recovery in 2019-20 and 2020-21 has been reflected in the budget outlook report. Further detail is included within Appendix 1.

Category	**No of Options**	**2018-19 £000**	**2019-20 £000**	**2020-21 £000**
Delivered	21	1,071	1,002	1,002
On Track to be Delivered	40	2,662	5,101	5,248
Delayed	0	0	0	0
Not Achievable in Full	2	149	149	149
Total	**63**	**3,882**	**6,252**	**6,399**
Revised Target		3,782	6,222	6,437
Over / (Under) Recovery		**100**	**30**	**(38)**

3.5 The two savings that have been categorised as “not achievable in full” are noted below:

- EFF26 Mull Medical Group – not achievable until implementation of the new GP model for Mull
- CORP1 Co-Location – on further review, the scale of saving was lower than originally anticipated.

4. RELEVANT DATA AND INDICATORS

4.1 There are no specific indicators identified in relation to the savings options.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The Integrated Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure the financial decisions are in line with priorities and promote quality service delivery. This needs to be considered when options are developed to balance the budget.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – There is a significant shortfall in previously agreed savings options and alternative options are included in a separate report to balance the budget.

6.2 Staff Governance – None directly from this report but there is a strong link between HR and delivering financial balance.

6.3 Clinical Governance - None

7. EQUALITY AND DIVERSITY IMPLICATIONS

7.1 None directly from this report but any new proposals to address the estimated budget gap will need to consider equalities.

8. RISK ASSESSMENT

8.1 There is a risk that the savings are not delivered in line with the revised target agreed by the Board.

9. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

9.1 None directly from this report but any new proposals to address the estimated budget gap will need to take into consideration local stakeholder and community engagement.

10. CONCLUSIONS

10.1 A detailed report on the Quality and Finance Plan was presented to the Board on 30 January 2019 and the plan was reset and only deliverable savings remained on the existing plan.

10.2 This report outlines the progress of the Quality and Finance Plan as at 28 February 2019. Of the 63 savings options, 61 are either delivered or on track to be delivered and 2 are not achievable in full. There is over recovery of savings over target of £0.100m in 2018-19 and £0.030m in 2019-20 and an under recovery estimated in 2020-21 of £0.038m.

10.3 The over and under recovery in 2019-20 and 2020-21 has been reflected in the budget outlook report.

11. DIRECTIONS

Directions required to Council, NHS Board or both.	**Directions to:**	tick
	No Directions required	√
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

APPENDICES:

Appendix 1 – Quality and Finance Plan Summary of Position as at 28 February 2019

COMBINED QUALITY AND FINANCE PLAN FROM 2018-19 - REVISED 30/01/2019 **APPENDIX 1**
SUMMARY OF POSITION - AS AT END OF FEBRUARY 2019

				REVISED TARGETS AGREED BY IJB ON 30/01/2019 - BUILT INTO OUTLOOK				UPDATE AS AT END OF FEBRUARY 2019			
Health or Social Work	**Status**	**No of Options**	**Status Graphic**	**Target 2018-19 £000**	**Target 2019-20 £000**	**Target 2020-21 £001**	**Target 2021-22 £002**	**Revised Profile 2018-19 £000**	**Revised Profile 2019-20 £000**	**Revised Profile 2020-21 £000**	**Revised Profile 2021-22 £000**
Health	Delivered	13		531	531	531	531	568	568	568	568
Health	On Track to be Delivered	18		1,296	1,686	1,802	1,802	1,359	1,754	1,802	1,802
Health	Delayed	0		0	0	0	0	0	0	0	0
Health	Being Developed - Shortfall	0		0	0	0	0	0	0	0	0
Health	Not Achievable in Full	2		149	224	224	224	149	149	149	149
Health Sub-Total		33		1,976	2,441	2,557	2,557	2,076	2,471	2,519	2,519
Social Work	Delivered	8		503	434	434	434	503	434	434	434
Social Work	On Track to be Delivered	22		1,303	3,347	3,446	3,446	1,303	3,347	3,446	3,446
Social Work	Delayed	0		0	0	0	0	0	0	0	0
Social Work	Being Developed - Shortfall	0		0	0	0	0	0	0	0	0
Social Work	Not Achievable in Full	0		0	0	0	0	0	0	0	0
Social Work Sub-Total		30		1,806	3,781	3,880	3,880	1,806	3,781	3,880	3,880
TOTAL		63		3,782	6,222	6,437	6,437	3,882	6,252	6,399	6,399

COMBINED QUALITY AND FINANCE PLAN FROM 2018-19 - REVISED 30/01/2019
DETAILED POSITION - AS AT END OF FEBRUARY 2019

APPENDIX 1

						REVISED TARGET AS AGREED BY IJB ON 30/01/2019 - REFLECTED IN BUDGET GAP				UPDATE FOR IJB 27/03/2019						
Old Ref	**New Ref**	**Description**	**Detail**	**Owner**	**Delivery Lead**	**2018-19 £000**	**2019-20 £000**	**2020-21 £000**	**2021-22 £000**	**Status**	**Status Graphic**	**Revised Profile 2018-19 £000**	**Revised Profile 2019-20 £000**	**Revised Profile 2020-21 £000**	**Revised Profile 2021-22 £000**	**Explanation**
1	1819-1	Prescribing	Targeted focus on safe, effective, appropriate cost effective prescribing, as well as reducing waste. Argyll and Bute Medicines Management Group re-established to take forward actions.	Fiona Thomson	Fiona Thomson	700	700	700	700	On Track to be Delivered		700	700	700	700	
3	1819-2	Further Savings from closure of Argyll and Bute Hospital	Transfer of inpatient mental health services from Argyll and Bute Hospital to MACHICC.	Lorraine Paterson	Lorraine Paterson	32	32	32	32	Delivered		32	32	32	32	
10	1819-3	NHS GG&C contract / services	Participate in a review of the costing and activity model to review tariff and activity levels. Take action to reduce admission rates and speed discharge up to local services and reduce outpatient follow up appointments.	Stephen Whiston	Stephen Whiston	66	66	66	66	Delivered		66	66	66	66	
13	1819-4	Closure West House		Lorraine Paterson	Lorraine Paterson	50	170	170	170	On Track to be Delivered		50	170	170	170	
14	1819-5	Closure AROS	As per paper to IJB in November 2017, any shortfall in delivery of this saving will be added to corporate support services savings target	George Morrison	SIO To be allocated	0	40	68	68	On Track to be Delivered		0	40	68	68	
27	1819-6	Kintyre Patient Transport	Provide appropriate services locally to reduce travel and technology to reduce travel requirement.	Lorraine Paterson	Donald Watt	12	12	12	12	On Track to be Delivered		12	12	12	12	
56	1819-7	Thomson Court		Phil Cummins	Jane Williams	0	10	10	10	On Track to be Delivered		0	10	10	10	
62/63	1819-8	Assessment and Care Management	Reduce cost of financial assessments.	Lorraine Paterson	Morven Gemmill	0	42	42	42	On Track to be Delivered		0	42	42	42	
EFF3	1819-9	Budget Reserves		George Morrison	George Morrison	100	100	100	100	Delivered		100	100	100	100	
EFF9	1819-10	Medical Physics Department	Review of supplies budget to make best use of resources.	George Morrison	George Morrison	0	22	22	22	On Track to be Delivered		0	22	22	22	
EFF19	1819-11	Energy Costs		Lorraine Paterson	David Ross	10	10	10	10	Delivered		10	10	10	10	
EFF14	1819-12	HEI Budget - reduction on basis that requirement will reduce in line with beds		Liz Higgins	Liz Higgins	50	50	50	50	Delivered		50	50	50	50	
EFF26	1819-13	Mull Medical Group - reduction in use of GP locums		Lorraine Paterson	Morven Gemmill	0	50	50	50	Not Achievable in Full		0	0	0	0	Not achievable until implementation of the new GP model for Mull
CF01	1819-14	Redesign of Internal and External Residential Care Service	Minimise the use of external placements, increase the capacity of our residential units by adding satellite flats and developing a core and cluster model. Develop social landlord scheme to support 16+ young people moving from foster care or residential care. Further review and where possible bring back all 16+ year olds to local area.	Alex Taylor	Alex Taylor	100	100	100	100	On Track to be Delivered		100	100	100	100	

COMBINED QUALITY AND FINANCE PLAN FROM 2018-19 - REVISED 30/01/2019
DETAILED POSITION - AS AT END OF FEBRUARY 2019

APPENDIX 1

Old Ref	New Ref	Description	Detail	Owner	Delivery Lead	REVISED TARGET AS AGREED BY IJB ON 30/01/2019 - REFLECTED IN BUDGET GAP				UPDATE FOR IJB 27/03/2019						
						2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	Status	Status Graphic	Revised Profile 2018-19 £000	Revised Profile 2019-20 £000	Revised Profile 2020-21 £000	Revised Profile 2021-22 £000	Explanation
CF02	1819-15	Redesign staffing structure across Children and Families service to cope with duty under CYP Act and government initiatives within NHS.	Scoping of children and Families staffing requirements as case load increases due to the requirements of the Children and Young People (Scotland) Act the service will be looking after children for longer. For the next 8 years there will be a steady increase only levelling out in 2026. Incrementally the service will require 5 additional social workers. Health visiting pathway requires additional Health Visitors, additional services for children in distress are required. Requirement to scope and cost a new staffing structure through consultation with staff and those who use the service, we will develop a programme board and look at front line staff and management structure to further develop integrated teams. Reviewing workloads and supporting third tier sector to undertake social care tasks.	Alex Taylor	Alex Taylor	0	100	100	100	On Track to be Delivered	✓	0	100	100	100	
CF02	1819-16	Redesign staffing structure across Children and Families service to cope with duty under CYP Act and government initiatives within NHS.	Scoping of children and Families staffing requirements as case load increases due to the requirements of the Children and Young People (Scotland) Act the service will be looking after children for longer. For the next 8 years there will be a steady increase only levelling out in 2026. Incrementally the service will require 5 additional social workers. Health visiting pathway requires additional Health Visitors, additional services for children in distress are required. Requirement to scope and cost a new staffing structure through consultation with staff and those who use the service, we will develop a programme board and look at front line staff and management structure to further develop integrated teams. Reviewing workloads and supporting third tier sector to undertake social care tasks.	Alex Taylor	Alex Taylor	50	50	50	50	On Track to be Delivered	✓	50	50	50	50	
CF03	1819-17	School Hostels - Explore the opportunities to maximise hostel income.	May be opportunities to actively market accommodation over holiday periods and use annexe accommodation to attract locums at a reduced cost. Although we have an income budget that we currently do not achieve we would hope to over recover income.	Alex Taylor	Mark Lines / Pamela Hoey	5	10	10	10	On Track to be Delivered	✓	5	10	10	10	
AC03 & AC04	1819-18	Review provision of HSCP operated care homes, in line with Care Inspectorate standards and emerging new models of enhanced community care.	Establish a Care Home Strategy for Argyll and Bute. Using demograpgic data, establish the projected need and identify future provision requirements.	Linda Currie	John Dreghorn	0	0	99	99	On Track to be Delivered	✓	0	0	99	99	
AC05, AC06 & AC07	1819-19	Review of Learning Disablities Services across Argyll and Bute . To include health, social care, day services, sleepovers, resettlement and adult autism services. The outcome will be an A&B LD strategy with associated streamlined services.	Establish a service transformation project board with asssociated SLWG'S. Service Improvement officer allocated to this project.	Phil Cummins	Phil Cummins	546	1,183	1,183	1,183	On Track to be Delivered	✓	546	1,183	1,183	1,183	

COMBINED QUALITY AND FINANCE PLAN FROM 2018-19 - REVISED 30/01/2019
DETAILED POSITION - AS AT END OF FEBRUARY 2019

						REVISED TARGET AS AGREED BY IJB ON 30/01/2019 - REFLECTED IN BUDGET GAP				UPDATE FOR IJB 27/03/2019						
Old Ref	**New Ref**	**Description**	**Detail**	**Owner**	**Delivery Lead**	**2018-19 £000**	**2019-20 £000**	**2020-21 £000**	**2021-22 £000**	**Status**	**Status Graphic**	**Revised Profile 2018-19 £000**	**Revised Profile 2019-20 £000**	**Revised Profile 2020-21 £000**	**Revised Profile 2021-22 £000**	**Explanation**
AC05, AC06 & AC08	1819-20	Review of Learning Disablities Services across Argyll and Bute . To include health, social care, day services, sleepovers, resettlement and adult autism services. The outcome will be an A&B LD strategy with associated streamlined services.	Establish a service transformation project board with asssociated SLWG'S. Service Improvement officer allocated to this project.	Phil Cummins	Jim Littlejohn	25	25	25	25	On Track to be Delivered		25	25	25	25	
AC09	1819-21	Redesign the provision of sleepovers provided by the HSCP.	Shift to new model of care using telecare/overnight response teams. Work with care providers to redesign unavoidable sleepover provision and look for opportunities to share provision across multiple service users. Part of this saving links in with the re-design of Learning Disability services.	Phil Cummins	Locality Managers	20	200	200	200	On Track to be Delivered		20	200	200	200	
AC11 & AC12	1819-22	Investment in 'Neighbourhood Team' approach to delivery of care at home for the communities across Argyll and Bute. Putting service users at the heart of service design.	More responsive and person centred approach to delivery, better meeting needs. A best practice model, which is truly person centred, maintains independence and recognises dignity alongside independence, and improved outcomes.	Lorraine Paterson	Morven Gemmill	0	250	250	250	On Track to be Delivered		0	250	250	250	
AC16	1819-23	Continue with the review and redesign in-patient ward in Cowal Community Hospital currently reviewing the acute observation beds, short term assessment beds, delayed discharges, prevention of admissions and A&E breeches. The review will include considering enhanced community care to prevent admissions.	Continue the current review and consider how we deliver community services in Cowal to provide 24/7 response to support patients at home.	Phil Cummins	Jane Williams	15	15	15	15	Delivered		15	15	15	15	
AC20	1819-24	Seek to ensure care at home services offer flexibility and choice and are person centred and fit for purpose. Current in-house services are restricted and review would enable options to be explored with external providers to improve West Argyll service.	Neighbourhood teams with external providers give flexibility and should be considered within options following period of market testing. Would require input from procurement and commissioning staff to expand and improve the current care at home service.	Lorraine Paterson	Morven Gemmill	160	160	160	160	Delivered		160	160	160	160	
AC25	1819-25	In older people day resource centres improve and address issues of high levels of management structure to integrate and consolidate services within realistic opening hours based on client demand.	Review the management at HSCP operated day services. Consider a reduction in opening hours of adult day services. Evidence indicates shorter opening hours would be appropriate and acceptable in day services. Moreover, there is a high management resource which is capable of rationalisation. Engagement and consultation with service users and with staff to align needs and demands.	Lorraine Paterson	Morvern Gemmill	106	212	212	212	On Track to be Delivered		106	212	212	212	
AC21	1819-26	Improve community based support and services for dementia to achieve shift in balance of care and respond to need and demand in person centred service.	Implement full review and scoped options for community models which meet user demand, support carers and person centred otucomes. Appraise neighbourhood model and scope options which shift balance of care.	Phil Cummins	Nicki Gillespie	25	50	50	50	On Track to be Delivered		25	50	50	50	
AC23	1819-27	Steps to ensure and maintain patient and community safety will be taken by redesignating and maintaining a secure locked environment for those with the most fragile mental health requiring extra care. This is based on the needs of service users, and experience from current Intensive Patient Care Unit.	Actions required pertain to legislation relevant to service delivery, which will be strictly followed. Work with staff to make changes to overall establishment and working practices and to agreee robust admission criteria. Some work with GG&C should needs arise for additional services.	Phil Cummins	Donald Watt	0	100	100	100	On Track to be Delivered		0	100	100	100	

COMBINED QUALITY AND FINANCE PLAN FROM 2018-19 - REVISED 30/01/2019
DETAILED POSITION - AS AT END OF FEBRUARY 2019

APPENDIX 1

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Old Ref	**New Ref**	**Description**	**Detail**	**Owner**	**Delivery Lead**	**2018-19 £000**	**2019-20 £000**	**2020-21 £000**	**2021-22 £000**	**Status**	**Status Graphic**	**Revised Profile 2018-19 £000**	**Revised Profile 2019-20 £000**	**Revised Profile 2020-21 £000**	**Revised Profile 2021-22 £000**	**Explanation**
AC24	1819-28	Further enhancement to community based care to ensure those with mental health issues have the same opportunities and choices. To include consideration of a step up / step down model for Lochgilphead and area service users.	Adopt community focussed approach, and use technology when possible, to review use of Ross Crescent to make this appropriate for a modernised mental health service. Ensuring patient choice and views are at the centre of service provision, with independence encouraged and supported.	Phil Cummins	Donald Watt	50	50	50	50	Delivered		50	50	50	50	
CORP1	1819-29	Front line health and social care staff working together in same locations, and move corporate and support staff.	Co-locate staff into unused space in our hospitals, close the corporate support HQ building in Lochgilphead, move to other sites in Lochgilphead including council offices. Savings expected to be achieved from a range of departmental budgets including; finance, planning, IT, HR, pharmacy management, medical management, lead nurse and estates.	SLT	Lead HoS and SIO Resource pending allocation	149	174	174	174	Not Achievable in Full		149	149	149	149	No additional saving anticipated in 2019-20.
CORP2	1819-30	Integrate health and social work administration, implement digital technology and centralise appointment systems.	Follow on from co-location CORP 1, a targeted piece of work would commence in 2017-18 to extend the review of social work administration and medical record keeping. The implementation of electronic solutions to improve efficiency and a move to electronic medical records would be required.	Sandy Wilkie	Locality Managers	100	100	100	100	On Track to be Delivered		100	100	100	100	
CORP2	1819-31	Integrate health and social work administration, implement digital technology and centralise appointment systems.	Follow on from co-location CORP 1, a targeted piece of work would commence in 2017-18 to extend the review of social work administration and medical record keeping. The implementation of electronic solutions to improve efficiency and a move to electronic medical records would be required.	Stephen Whiston	Stephen Morrow	0	125	125	125	On Track to be Delivered		0	125	125	125	
CORP6	1819-32	Catering and Cleaning and other Ancillary Services	Benchmarking review of NHS Catering and Domestic service productivity and cost to NHS Highland and Scotland targets	Stephen Whiston	Jayne Jones	83	112	200	200	On Track to be Delivered		151	180	200	200	Further savings achieved that brings the profile of savings forward.
CORP6	1819-33	Catering and Cleaning and other Ancillary Services	Reduction in buildings occupied and opportunities to work with our partner organisations, take opportunities to reduce costs for catering and domestic services. Significant opportunities to share services and reduce costs.	Stephen Whiston	Stephen Whiston	0	100	100	100	On Track to be Delivered		0	100	100	100	
CORP10	1819-34	Alcohol and Drugs Partnership	The ADP will look to review and reduce costs being incurred in delivering alcohol brief interventions, supporting the voluntary sector and the ABAT statutory service sector. The reduction in 17-18 equates to 8% of the total budget for ADP.	Sandra Cairney	Sandra Cairney	50	50	50	50	Delivered		50	50	50	50	

COMBINED QUALITY AND FINANCE PLAN FROM 2018-19 - REVISED 30/01/2019
DETAILED POSITION - AS AT END OF FEBRUARY 2019

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CF1819(1)	1819-35	Reduce external placements by 2 in addition to current Q&F Plan 2017 18.	Extend reach and intensity of the current service design 2017 / 18. Extend Fostering Service to prevent any further external placements and where possible to return externally placed children.	Alex Taylor	Alex Taylor	162	162	162	162	On Track to be Delivered		162	162	162	162	
CF1819(2)	1819-36	External Placements - re-negotiate splitting costs with Education 50/50.	The apportionment of costs is presently approximately Social Work 66% and Education 33%. This is hard to justify on the basis of cost. Many local authorities apportion costs on a 50/50 basis.	Alex Taylor	Alex Taylor	0	150	150	150	On Track to be Delivered		0	150	150	150	
CF1819(3)	1819-37	Investing in Alternative to Care services - Introduce the Core + Cluster Hubs.	This is already a service redesign within the 2017 / 18 Quality and Finance Plan. A business case is being prepared to pilot the model at East King Street.	Alex Taylor	Mandy Sheridan	0	50	50	50	On Track to be Delivered		0	50	50	50	
CF1819(4)	1819-38	School hostels - review of catering and domestic staffing.	Saving to be achieved by review of catering and domestic supply contracts and review of staffing rotas.	Alex Taylor	Mark Lines / Pamela Hoey	38	50	50	50	On Track to be Delivered		38	50	50	50	
CF1819(5)	1819-39	Maternity Services - savings from Locality Patients Travel Services in Adult Services (West).	Scanning Services provided in Oban and Campbelltown Hospitals. Also 'Attend Anywhere' arrangements currently being piloted in Oban allowing patients on Islay and Tree to attend appointments locally.	Alex Taylor	Alex Taylor	18	18	18	18	On Track to be Delivered		18	18	18	18	
CF1819(6)	1819-40	Ensure all grant added third sector bodies operate within their assigned grant allocation.	Where this is not the case give notice and pay agreed grant / contract level. Where appropriate put in place contigency plans.	Alex Taylor	Brian Reid	0	23	23	23	On Track to be Delivered		0	23	23	23	
CF1819(7)	1819-41	Criminal Justice - manage service within Scottish Government grant allocation (£1.059M).	Savings cannot be taken until the service redesign has been completed in June 2018. Specific savings have not been identified yet and will require a lead in time.	Alex Taylor	Shona Williams	20	20	20	20	On Track to be Delivered		20	20	20	20	
AC1819(3)	1819-42	Contract management to reduce payments to commissioned service providers. Reductions have already been agreed with commissioned providers.	Review service provision. Consult with agencies. Adjust funding levels. These reductions have already been negotiated and agreed with commissioned providers. Reduction includes previously agreed reductions to housing support services, efficiencies following the transfer of	Phil Cummins	Commissioning	170	170	170	170	On Track to be Delivered		170	170	170	170	
AC1819(4)	1819-43	Delay introduction of SLW rate for sleepovers until March 2019.	Policy decision on implementation date for the uplift of the commissioned provider rate to the end of March 2019. This would remove a cost pressure from the 2018-19 budget. SG requirement to implement during 2018-19.	Phil Cummins	Commissioning / David Forshaw	176	0	0	0	Delivered		176	0	0	0	
AC1819(5)	1819-44	Review hours worked by Advanced Nurse Practitioners - Oban	Reconfigure work pattern of ANPs in Oban to nights and weekends for Out of Hours. Days would be covered by senior charge nurse, junior doctors and local managers.	Lorraine Paterson	Morven Gemmill	36	50	50	50	On Track to be Delivered		36	50	50	50	

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AC1819(6)	1819-45	Review care management arrangements across Argyll and Bute to ensure consistency of approach to service delivery and support, minimum intervention, application of the Priority of Need Framework and service reviews. This proposal would include the creation of a temporary team of care managers to independently review all current homecare services across the HSCP. Additionally, the review team would look to support service users to access services from the third sector and other agencies in order to reduce reliance upon the HSCP's resources.	Consult upon, develop and agree a set of standard principles, processes and procedures to be applied by all care managers in the HSCP. Prepare a registry of alternative service provision which care managers and service users can access to access support. Recruit the temporary independent reviewing team from within our existing pool of care managers. Consult with care managers on the role and remit of the reviewing team and task the team with reviewing all existing homecare service provision, including services delivered via direct payment.	Lorraine Paterson	Morven Gemmill	107	214	214	214	Delivered		107	214	214	214	
AC1819(7)	1819-46	Adopt a single Community Team approach to undertaking assessment and care management activity in order to remove duplication and reduce the amount of staff and service users time involved.	Develop the community team model, alongside Single Point of Aceess for Referrals (SPAR), this is being rolled out across Argyll and Bute. Consult with staff. Implement the model in pilot sight and assess the benefits before expanding/revising the approach.	Lorraine Paterson	Morven Gemmill	0	120	120	120	On Track to be Delivered		0	120	120	120	
AC1819(8)	1819-47	The withdrawal of the provision of lunch club and meals on wheels services. Service users would be signposted to alternative suppliers including local cafes, clubs and restaurants and frozen meal providers.	Consultation would be required with service users, families and communities. The saving value reflects a lead in time for consultation which would allow the service users' needs will be assessed and they will either be signposted to alternative providers or will continue to receive a meals on wheels service albeit most likely at a higher charge to ensure that the service is fully self-funding.	Lorraine Paterson	Locality Managers	23	44	44	44	On Track to be Delivered		23	44	44	44	
AC1819(12)	1819-48	Value Management Structure for AHPs	Establishment of value management meetings on quarterly basis for all out-patient basd AHP professions	Linda Currie	Linda Currie	20	20	20	20	On Track to be Delivered		20	20	20	20	
AC1819(13)	1819-49	Change the means test used to calculate the amount service users pay in charges towards services delivered in the community, including day services, homecare, housing support, sleepovers and waking nights. The changes would involve increasing the weekly maximum charge cap from £100 to £125 per week and increasing the amount of service users' disposable income taken into account in the calculation of their charges.	Consultation with service users to explain the changes, how they will be affected and why the changes are being made. Seek approval from the IJB to submit a request to change the Non-Residential Care Charging Scheme to the Council for approval - note the formal change is reserved to the Council as it is outside the scope of integration.	Phil Cummins	Jim Littlejohn / David Forshaw	113	226	226	226	On Track to be Delivered		113	226	226	226	
CORP1819(1)	1819-50	Reduce value of SLA agreement with NHS Greater Glasgow & Clyde (NHSGG&C) to provide hospital services outside Argyll and Bute.	Invest in community services and IT to reduce delayed discharges and patients length of stay in NHS GG&C hospitals, and commission NHSGG&C to reduce return appointments and follow up rates. Activity targets to be agreed based on national target for Scotland to free up 400,000 occupied bed days.	Stephen Whiston	Stephen Whiston	108	108	108	108	Delivered		145	145	145	145	
CORP1819(2)	1819-51	Corporate Support Services - further reduction to corporate services including Finance, HR, IT, Estates, Communications, Planning.	Further saving in addition to previously approved savings from corporate support services, on the expectation that following co-location and development of systems that further efficiencies can be obtained from corporate support services.			13	13	13	13	On Track to be Delivered		13	13	13	13	
CORP1819(3)	1819-52	Reduction to Performance Team	AFC Band 5 Medical Records Advisor post not replaced, post is currently vacant.	Stephen Whiston	Dougie Hunter	26	26	26	26	Delivered		26	26	26	26	

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CORP1819(6)	1819-53	Vehicle Fleet Services	Explore opportunities for the centralisation of shared fleet service, look to share vehicles with partners, and a review of the provision of services. Not replace AFC Band 6 Support Services Manager following retirement. Redesign duty primarily fleet management and Refuse contracts within planning team- by June 2018	Stephen Whiston	Stephen Whiston	27	67	67	67	On Track to be Delivered		27	67	67	67	
CORP1819(8)	1819-54	Locality efficiency target - 1% savings target applied across all services supplies and services and travel budgets.	Apply efficiency target reduction to all relevant budgets across all services, budgets to be reduced from the start of the financial year. Services will require to review and right-size spending plans in line with this, reducing discretionary spend on supplies and services and reducing travel and subsistence	Lorraine Paterson & Phil Cummins	Lorraine Paterson & Phil Cummins	119	119	119	119	On Track to be Delivered		119	119	119	119	
LN(1)	1819-55	Lead Nurse - Reduce travel and subsistence budgets across all elements of service	Introduce system to scrutinise and manage travel requests. Restrict travel outside Argyll and Bute area.	Liz Higgins	Liz Higgins	18	18	18	18	On Track to be Delivered		13	18	18	18	
LN(2)	1819-56	Lead Nurse - Reduced admin support for infection control team	Infection control team to continue to undertake own admin, supported when required by Lead Nurse PA.	Liz Higgins	Liz Higgins	5	5	5	5	Delivered		5	5	5	5	
PH(1)	1819-57	Public Health - HIRS allocation to Inverness £15k	Ceasing of provision of health promotion leaflets. Affected parties have already been notified.	Sandra Cairney	Sandra Cairney	16	16	16	16	Delivered		16	16	16	16	
	1819-58	SMIG Budgets - 61 - 16/17 - Mid Argyll		Lorraine Paterson	Locality Managers	11	11	11	11	Delivered		11	11	11	11	
	1819-59	SMIG Budgets - 61 - 16/17 - Kintyre		Lorraine Paterson	Locality Managers	6	6	6	6	Delivered		6	6	6	6	
	1819-60	SMIG Budgets - 61 - 16/17 - Lorn		Lorraine Paterson	Locality Managers	9	9	9	9	Delivered		9	9	9	9	
	1819-61	SMIG Budgets - 61 - 16/17 - Bute		Phil Cummins	Locality Managers	14	14	14	14	Delivered		14	14	14	14	
	1819-62	SMIG Budgets - 61 - 16/17 - Cowal		Phil Cummins	Locality Managers	20	20	20	20	Delivered		20	20	20	20	
	1819-63	IT services - productivity gains, telephony cost reduction		Stephen Whiston	Stephen Morrow	3	3	3	3	Delivered		3	3	3	3	
						3,782	**6,222**	**6,437**	**6,437**			**3,882**	**6,252**	**6,399**	**6,399**	

Integration Joint Board **Agenda item: 5.3 (iii)**

Date of Meeting: **27 March 2019**

Title of Report: **Budget Outlook 2019-20 to 2021-22**

Presented by: **Kirsty Flanagan, Interim Chief Financial Officer**

The Integration Joint Board is asked to:

- Consider the current estimated budget outlook position for the period 2019-20 to 2021-22 and note that there is a separate report on the agenda detailing savings options to deliver a balanced budget in 2019-20.

1. EXECUTIVE SUMMARY

1.1 This report provides an update to the budget outlook 2019-20 to 2021-22, reported to the Integrated Joint Board on 30 January 2019.

1.2 The estimated funding from NHS has been updated to reflect an updated base uplift figure and also to remove the pay award funding and also the new medicines funding as we have now had confirmation that this is already included within the base funding and there is no additional allocation. The funding (and base budget) has also been adjusted to reflect the Resource Transfer income that is directly routed through to Social Work. Funding is also estimated to cover the cost of the increase in NHS employer pension contributions that will take effect from 1 April 2019.

1.3 The funding from the Council has now been approved and is in line with what was previously anticipated for 2019-20 with a small adjustment to reflect an additional £0.005m in respect of Sensory Impairment and also an accounting adjustment for fleet capital charges. The funding for the introduction of Free Personal Care for people under 65 (Frank’s Law) has now been confirmed as well as further additional funding for the Carer’s Act and this has been included.

1.4 The Council, at its meeting on 21 February 2019, agreed to defer payback of the 2017-18 overspend by one year and repayments are now due over 2019-20 to 2021-22.

1.5 The base budget for 2019-20 is the budget approved in 2018-19 adjusted as required. There are three adjustments to the base budget:

- Additional cost of the 2018-19 pay award for council staff.

- Adjustment in respect of the fleet capital charges change of accounting treatment.
- Uplift on the resource transfer funding.

1.6 The changes to the employee costs are summarised as follows:
- Increase as a result of the pay award – pay awards have now been agreed for both NHS and Council staff up to and including 2020-21.
- Increase as a result of incremental progression.
- Increase to NHS employer pension contributions that will take effect from 1 April 2019 – it is anticipated that this will be fully funded.

1.7 A review of the non-pay inflation assumptions has been undertaken by the Senior Leadership Team during February and four assumptions have been updated. This has decreased the non-pay inflation estimate to £2.959m in 2019-20 (previously was £3.186m).

1.8 As with non-pay inflation, a review of the cost and demand pressure assumptions has been undertaken by the Senior Leadership Team during February and a number of assumptions updated in addition to adding seven new cost pressures that have emerged. The cost and demand pressures estimate was previously £4.883m in 2019-20 and this has increased to £5.592m, however, two new pressures in respect of NHS pensions and Frank's Law have matching funding increases. The new cost pressures are:
- £0.073m for increased cardiac and cardiology activity at the Golden Jubilee National Hospital.
- £0.120m for increase cardiac and cardiology activity in NHS Lothian.
- £0.450m in relation to demand for oncology drugs. It is assumed that the demand will be £0.450m each year over the next three years within the mid-range scenario.
- £0.060m in relation to Clinical Waste Disposal.
- £2.300m in relation to the pass through costs for the NHS employer pensions increase – this should be fully funded by the Government.
- £0.446m in relation to the implementation of free personal care for under 65s (Frank's Law). This cost pressure matches the additional funding distributed.
- £0.090m from 2020-21 in relation to Bute Dialysis.

1.9 The Board agreed to remove a number of the savings options from the existing Quality and Finance Plan at their meeting on 30 January 2019, which effectively "reset" the plan to provide clarity on what the real budget gap was without the savings categorised us undeliverable. The outlook reflects this decision. The Quality and Finance Plan will continue to be monitored on a monthly basis and as at the end of February 2019, there are additional savings of £0.030m reported in 2019-20 with a reduction to the savings in 2020-21 and 2021-22 of £0.038m. Further information is contained within the Quality and Finance Plan monitoring report.

1.10 Within the last budget outlook report it was estimated that there was a recurring underspend of £0.699m in relation to the £1.551m investment plan previously agreed. The Senior Leadership Team has further reviewed the investment plan and savings of £0.736m can now be achieved from 2019-20.

1.11 In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period 2019-20 to 2021-22 is £21.077m with a gap of £6.794m in 2019-20.

1.12 The budget gap over 2020-21 and 2021-22 across each scenario is summarised in the table below.

Budget Gap	**2020-21 £000**	**2021-22 £000**	**Total £000**
Best Case	3,017	3,580	**6,597**
Mid-Range	6,985	7,298	**14,283**
Worst Case	10,209	10,054	**20,263**

1.13 There is a separate paper on the agenda in respect of the savings options to balance the budget in 2019-20.

2. INTRODUCTION

2.1 This report provides an update to the budget outlook 2019-20 to 2021-22, reported to the Integrated Joint Board on 30 January 2019. For 2020-21 and 2021-22 the outlook is based on three different scenarios, best case, worst case and mid-range.

2.2 Due to the significant financial challenges currently facing the Board and the need to repay the amount of the Social Work overspend in 2017-18 and 2018-19 back to the Council, the Senior Leadership Team have spent time challenging whether the inflation and cost and demand pressures are necessary for 2019-20 and removed them where possible.

3. DETAIL OF REPORT

3.1 Funding Estimates

3.1.1 My previous report advised of estimated funding from NHS in relation to the pay award and also new medicines. I have now received further clarification from NHS Highland and the pay award funding of £1.588m related to 2018-19 and the 2.5% uplift figure has been amended and also includes the funding for the pay award. The funding for new medicines, £0.821m, whilst continuing into 2019-20 is not additional to what was already included within the baseline figure.

3.1.2 In the previous outlook the funding from NHS that is directly routed to Social Work in respect of resource transfer was not included as either funding or expenditure. This has now been added into the outlook on both sides.

3.1.3 An NHS Circular from the Scottish Public Pensions Agency was issued on 7 February 2019, followed up by a letter from the Scottish Government on 12 February 2019 in respect of the changes to employer pension contributions. UK Treasury has confirmed that the planned increase (from 14.9% to 20.9%) to public service pension schemes' employer contribution rates will go ahead from 1 April 2019. The UK Government has committed to provide funding to fully cover the increased pension costs for the NHS

and the final funding arrangements are expected to be confirmed at the UK Spring Statement on 13 March 2019. The additional cost is estimated to be approximately £2.7m of direct payroll costs and a further £2.3m of pass through costs for SLAs with other Health Boards and contracts with GP practices. Additional funding of £5.0m has been assumed, however, there is a risk that the funding passed through to Health Boards and onto Health and Social Care Partnerships is not sufficient to fully meet the cost.

3.1.4 The table below outlines the updated estimated funding from NHS Highland over the next three years within the mid-range scenario.

	2019-20 £000	2020-21 £000	2021-22 £000
Baseline funding	196,261	196,261	196,261
Baseline funding uplift	4,276	6,906	9,575
NRAC Parity	520	520	520
Resource Transfer baseline	11,274	11,274	11,274
Resource Transfer uplift	282	455	631
Funding for Pensions	5,000	5,000	5,000
Total Funding NHS	**217,613**	**220,416**	**223,261**

3.1.5 The funding from the Council for 2019-20 has now been confirmed along with indicative funding for 2020-21 and 2021-22. The changes to the previously estimated funding for 2019-20 are as follows:

- There is additional funding of £0.005m in relation to Sensory Impairment that the Council.
- There is a change in accounting treatment in respect of fleet capital charges and the funding has been reduced by £0.189m in respect of this, however, the base expenditure budget for Social Work will also reduce to reflect the lower charge.

3.1.6 It should be noted that the Council were advised via a letter from the Cabinet Secretary for Finance, Economy and Fair Work that increased flexibility was introduced in respect of the funding local authorities could allocate to Integration Authorities in order to help local authorities manage their own budgets. The 2019-20 allocation could have been reduced by 2.2% compared to 2018-19, however, the additional £160m funding must still be passed on. The Council have not reduced the allocation within 2019-20, however, they have applied a 1% budgetary reduction in 2020-21 and 2021-22.

3.1.7 The Council, at its meeting on 21 February 2019, agreed to defer payback of the 2017-18 overspend by one year and repayments are now due over 2019-20 to 2021-22.

3.1.8 When the previous outlook report was presented at the last IJB meeting, the additional £160m Scotland wide funding for Integration Authorities had not been fully distributed. £108m for Health and Social Care Partnership and £10m for Carer's Act had been distributed and was included in the estimated funding from the Council. The Local Government Finance Order was published on 7 March 2018 and it includes the allocation to Councils for Free Personal Care for people under 65 (Frank's Law) £0.437m and a further

distribution in relation to the extension to the Carer's Act £0.009m. Both of these changes have been updated within the cost pressures section.

3.1.9 The only remaining element of the £160m funding still to be distributed is in relation to school counsellors and the Scottish Government have confirmed that there is no requirement for the money be passed to the IJB and then back again to Councils to deliver this commitment.

3.1.10 The table below outlines the funding from Argyll and Bute Council in 2019-20 and the indicative funding over the next two years.

	2019-20 £000	2020-21 £000	2021-22 £000
Baseline funding	56,389	56,389	56,389
Fleet capital charges	(189)	(189)	(189)
HSCP Funding as per Finance Circular (share of £108m)	1,980	1,980	1,980
Carer's Act Funding as per Finance Circular (share of £10m)	183	183	183
Additional Franks Law Funding (share of £29.5m) as per Finance Order	437	437	437
Additional Carer's Act Funding £0.5m) as per Finance Order	9	9	9
Sensory Impairment	5	5	5
1% Budgetary Reduction		(584)	(1,162)
Total Funding Council	**58,814**	**58,230**	**57,652**
Less 2017-18 overspend payment	(100)	(300)	(755)
Net Payment from Council	**58,714**	**57,930**	**56,897**

3.1.11 The table below summarises the total estimated funding over the next three years within the mid-range scenario.

	2019-20 £000	2020-21 £000	2021-22 £000
Funding NHS	217,613	220,416	223,261
Funding A&B Council	58,714	57,930	56,897
Total Funding	**276,327**	**278,346**	**280,158**

3.2 Base Budget

3.2.1 The base budget is the approved budget from 2018-19 adjusted as required. There are three adjustments to the base budget:

- Increase to the base to reflect the additional cost of the 2018-19 pay award (agreed at 3.5% for 2018-19) over and above what was budgeted - £0.169m.
- Adjustment in respect of the fleet capital charges change of accounting treatment. £0.189m has been removed from the base budget which matches the amount reduced within the funding calculation.

- Uplift on the resource transfer funding as noted in the funding section. This uplift has been taken into consideration and netted off when calculating the cost and demand pressures related to the uplift in the Scottish Living Wage.

3.2.2 The table below summarises the base budget in the mid-range scenario.

	2019-20 £000	**2020-21 £000**	**2021-22 £000**
Base Budget NHS	196,261	196,261	196,261
Base Budget Council	56,389	56,389	56,389
Base Budget Resource Transfer	11,274	11,274	11,274
Pay Award	169	169	169
Fleet Capital Charges	(189)	(189)	(189)
Resource Transfer uplift	282	455	631
Base Budget	**264,186**	**264,359**	**264,535**

3.3 Employee Cost Increases

3.3.1 The changes to the employee costs are noted in the paragraphs that follow.

3.3.2 For Health staff, a 3 year pay deal has already been agreed for 2018-19 to 2020-21 at 3% each year. For 2021-22, it has been assumed that the 3% will continue within the best case and mid-range scenarios, with a 3.5% increase in the worst case scenario. The cost had previously been calculated as £1.800m for 2019-20 and this has been reviewed and specifically funded budgets have been excluded reducing the estimated cost to £1.750m.

3.3.3 For Social Work staff, an agreement has been reached on the pay award and the increase in 2019-20 and 2020-21 is 3%. For 2021-22, the best case scenario assumes the public sector pay commitment which averages around 2.6%, the worst case scenario assumes a 3.5% increase (similar to the 2018-19 offer) and the mid-range scenario assumes a 3% increase.

3.3.4 There are also additional costs in relation to incremental drift and an estimate has been built into all three scenarios. The estimate for Health staff for 2019-20 has been further viewed and reduced by £0.100m to £0.200m.

3.3.5 There is an increase in respect of NHS employer pension contributions that will take effect from 1 April 2019. The additional cost is estimated to be approximately £2.7m of direct payroll costs and a further £2.3m of pass through costs for SLAs with other Health Boards and contracts with GP practices. The direct employee cost increase has been included within this section and the pass through increases have been included within the cost pressures and demand pressures section.

3.3.6 The increases to the employee budgets estimated over the next three years within the mid-range scenario are summarised in the table below.

	2019-20 £000	2020-21 £000	2021-22 £000
Health pay award	1,750	3,553	5,408
Health pay increments	200	406	618
Social Work pay award	962	1,953	2,973
Social Work pay increments	91	185	281
Pensions Increase	2,700	2,700	2,700
Total Employee Cost Changes	**5,703**	**8,797**	**11,980**

3.4 Non-pay Inflation

3.4.1 A review of the non-pay inflation assumptions, previously reported to the IJB on 30 January 2019, has been undertaken by the Senior Leadership Team during February and four assumptions have been updated.

3.4.2 Inflation was built in for prescribing between a range of 2% and 4% with a mid-range of 3%. The inflation has now been costed at £0.500m within the mid-range scenario each year (which equates to just under 3%).

3.4.3 Inflation was built in for hospital drugs between a range of 3% and 7% with a mid-range of 5%. After reviewing this assumption it has been reduced to a range of between 2% and 4% with a mid-range of 3%. This reduces the inflation assumption in the mid-range scenario by £0.050m in 2019-20.

3.4.4 The inflation for the Greater Glasgow and Clyde SLA had been based on the revised charge from Greater Glasgow and Clyde that is currently under dispute. The inflation has now been reduced to reflect the uplift on the Argyll and Bute offer.

3.4.5 Retail Price Index inflation, amounting to £0.039m in 2019-20, was built in for a range of costs including the IJB annual audit fee from Audit Scotland as well as care and support costs for carers. After a review of the base budget, these costs can be absorbed within existing resources for 2019-20 only.

3.4.6 The table below summaries the updated non-pay inflation estimated over the next three years within the mid-range scenario. Further information is included within Appendix 2.

	2019-20 £000	2020-21 £000	2021-22 £000
Health:			
Prescribing	500	1,000	1,500
Hospital Drugs	75	152	232
Main GG&C SLA	1,307	2,647	4,019
Other SLAs	275	557	846
Energy Costs	75	153	234
Social Work:			
Catering Purchases	18	36	54
National Care Home Contract	5	10	15
NHS Staffing Recharges	57	114	171

Purchase and Maintenance of Equipment	7	14	21
RPI Essential increases	0	39	78
Scottish Living Wage	640	1,679	2,604
Total Non-Pay Inflation	**2,959**	**6,401**	**9,774**

3.5 Cost and Demand Pressures

3.5.1 As with non-pay inflation, a review of the cost and demand pressure assumptions, previously reported to the IJB on 30 January 2019, has been undertaken by the Senior Leadership Team during February and a number of assumptions updated as noted in the following paragraphs.

3.5.2 LIH – Laboratory – this cost pressure was previously included at £0.100m but after review, has been reduced to £0.075m.

3.5.3 Oncology Drugs GG&C and LIH – these pressures do not need to be stepped up by the same increase in 2020-21 and 2021-22. The amounts are to correct the base budget for oncology drugs as 2018-19 is currently overspent. There is a new cost pressure included for the increased demand in oncology drugs.

3.5.4 Prescribing Demand Growth – this has been removed as it is no longer required and the total cost for prescribing is included within the non-pay inflation assumption.

3.5.5 Health Visitors re-grading – this was assumed to be fully funded, however, I have been in touch with NHS Highland and they have advised that there is no additional funding for this.

3.5.6 GP Out of Hours - the pressure was based on the impact of GPs opting out of hours on Jura, Mull, Coll and Colonsay. After further review, only Jura will have an impact in 2019-20 with possibly Coll and Colonsay in 2020-21 and Mull in 2021-22.

3.5.7 Greater Glasgow and Clyde SLA pressures – due to the ongoing dispute with Greater Glasgow and Clyde the cost pressures in relation to the SLA have been removed. There remains a risk that additional costs will be required in 2019-20 but we are unable to quantify at this stage.

3.5.8 Rothesay Mortuary Upgrade – cost will be met from the existing locality budget.

3.5.9 Adult Care Growth – the growth for 2019-20 has been removed as the service intend to absorb within current resources by changing the assessment and service provision processes.

3.5.10 National Care Home contract – after review, the pressure for 2019-20 can be absorbed within current resources for 2019-20 only.

3.5.11 Continuing Care of Looked After Children – the service are currently looking at alternative models of service to drive down average cost per child and it is felt that the pressure in 2019-20 can be removed.

3.5.12 Implementation of Carer's Act – this cost pressure has increased by £0.009m in line with the additional funding that was announced in the Local Government Finance Order on 7 March 2019.

3.5.13 There are seven new cost and demand pressures identified as follows:

- £0.073m for increased cardiac and cardiology activity at the Golden Jubilee National Hospital.
- £0.120m for increase cardiac and cardiology activity in NHS Lothian.
- £0.450m in relation to demand for oncology drugs. It is assumed that the demand will be £0.450m each year over the next three years within the mid-range scenario.
- £0.060m in relation to Clinical Waste Disposal.
- £2.300m in relation to the pass through costs for the NHS employer pensions increase – this should be fully funded by the Government.
- £0.437m in relation to the implementation of free personal care for under 65s (Frank's Law). This cost pressure matches the additional funding distributed.
- £0.090m from 2020-21 in relation to Bute Dialysis.

3.5.14 The table below summaries the updated cost and demand pressures estimated over the next three years within the mid-range scenario. Further information is included within Appendix 3.

	2019-20 £000	**2020-21 £000**	**2021-22 £000**
Health:			
LIH Laboratory	75	75	75
Pharmacy Homecare Services (Chrohn's Disease)	100	200	300
Oncology Drugs – GG&C	250	250	250
Oncology Drugs – LIH	350	350	350
Health Visitors Re-grading	100	100	100
Out of Hours GPs	100	300	500
GG&C Pharmacy SLA	100	103	106
Car-T Cell national development	207	207	207
Other NSD developments	50	100	150
PACS refresh – LIH	102	102	102
CAMHS development in Cowal and Bute	77	77	77
Freestyle Libre (Diabetes)	100	100	100
Golden Jubilee Hospital – increased cardiac activity	73	73	73
NHS Lothian – increased cardiac activity	120	120	120
Oncology Drugs demand	450	900	1,350
Clinical Waste Disposal	60	60	60
NHS pensions increase – pass through to other Health Boards and GPs (estimated to be fully funded)	2,300	2,300	2,300

Bute Dialysis	0	90	90
Social Work:			
Older People Growth	0	320	645
Care Services for Younger Adults	178	359	537
Sleepovers Night Rates	171	171	171
National Care Home Contract	0	311	634
Continuing Care of Looked After Children	0	237	486
Carer's Act	183	230	534
Carer's Act – reduce to cap funding – see note below in para 3.5.3 be.	0	(47)	(351)
Carer's Act – additional funding	9	9	9
Free Personal Care for under 65s (capped at funding)	437	437	437
Allowance for Unknown Cost and Demand Pressures	0	500	1,000
Total Cost and Demand Pressures	**5,592**	**8,034**	**10,412**

3.6 Quality and Finance Plan

3.6.1 The changes "resetting" the Quality and Finance Plan approved by the Board on 30 January 2019 and are summarised in the table below.

	2019-20 £000	2020-21 £000	2021-22 £000
Increase in savings between 2018-19 and 2019-20	(517)	(517)	(517)
Reduce/remove savings categorised as not achievable in full	4,014	3,898	3,898
Delayed Savings	99	0	0
Savings still being developed – if additional savings are identified this amount will be reduced	1,136	1,136	1,136
Remaining Unidentified savings	715	715	715
Savings Adjustment	**5,447**	**5,232**	**5,232**

3.6.2 The Quality and Finance Plan will continue to be monitored on a monthly basis and as at the end of February 2019, there are additional savings of £0.030m reported in 2019-20 with a reduction to the savings in 2020-21 and 2021-22 of £0.038m. Further information is contained within the Quality and Finance Plan monitoring report.

3.7 Investment Plan

3.7.1 Within the last budget outlook report it was estimated that there was a recurring underspend of £0.699m in relation to the £1.551m investment plan previously agreed. The Senior Leadership Team has further reviewed the

investment plan and savings of £0.736m can now be achieved from 2019-20.

3.8 Updated Budget Outlook

3.8.1 The updated budget outlook for the mid-range scenario, taking into consideration all the factors noted within this report, is summarised in the table below.

	2019-20 £000	2020-21 £000	2021-22 £000
Base Budget	264,186	264,359	264,535
Employee Cost Changes	5,703	8,797	11,980
Non-Pay Inflation	2,959	6,401	9,774
Cost and Demand Pressures	5,592	8,034	10,412
Adjustment to Q&F Plan	5,447	5,232	5,232
Q&F Plan February monitoring	(30)	38	38
Investment Plan stopped	(736)	(736)	(736)
Total Estimated Expenditure	**283,121**	**292,125**	**301,235**
Estimated Funding	276,327	278,346	280,158
Estimated Budget Surplus /(Gap) Cumulative	**(6,794)**	**(13,779)**	**(21,077)**
Estimated Budget Surplus / (Gap) In Year	**(6,794)**	**(6,985)**	**(7,298)**

3.8.2 In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period 2019-20 to 2021-22 is £21.077m with a gap of £6.794m in 2019-20.

3.8.3 The budget gap over 2020-21 and 2021-22 across each scenario is summarised in the table below.

Budget Gap	2020-21 £000	2021-22 £000	Total £000
Best Case	3,017	3,580	**6,597**
Mid-Range	6,985	7,298	**14,283**
Worst Case	10,209	10,054	**20,263**

3.8.4 The changes from the previous budget outlook reported to the Board on 30 January 2019 are summarised in the table below. I have excluded the changes in respect of Resource Transfer, NHS Teachers Pensions, Frank's Law and additional Carer's Act funding as all of these have no bottom line impact as both funding and expenditure have increased at the same level.

	2019-20 £000	2020-21 £000	2021-22 £000
Previous Reported Budget Gap (mid-range)	**(6,572)**	**(11,569)**	**(16,819)**
Change to NHS Funding	(2,608)	(4,199)	(5,790)
Change to Council Funding	(284)	(1,068)	(2,101)
Change to Base Budget	189	189	189

Reduction to Employee Cost Assumptions	150	304	463
Reduction to Non-Pay Inflation Assumptions	227	437	671
Reduction in Cost and Demand Pressures	2,037	2,128	2,311
Change to Quality and Finance Plan	30	(38)	(38)
Increase in Investment Plan Savings	37	37	37
Revised Budget Gap (mid-range)	**(6,794)**	**(13,779)**	**(21,077)**

3.9 Savings Options to Balance the Budget

3.9.1 There is a separate paper on the agenda in respect of the savings options to balance the budget.

4. RELEVANT DATA AND INDICATORS

4.1 The budget outlook is based on a number of assumptions, using a best, worse and mid-range scenario. These assumptions will be regularly reviewed and updated as appropriate.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The Integrated Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure the financial decisions are in line with priorities and promote quality service delivery. This needs to be considered when options are developed to balance the budget.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – There is a significant budget gap for future years that requires to be addressed.

6.2 Staff Governance – None directly from this report but there is a strong link between HR and delivering financial balance.

6.3 Clinical Governance - None

7. EQUALITY AND DIVERSITY IMPLICATIONS

7.1 None directly from this report but any proposals to address the estimated budget gap will need to consider equalities.

8. RISK ASSESSMENT

8.1 There is a risk that sufficient proposals are not approved in order to balance the budget in 2019-20. Any proposals will need to consider risk.

9. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

9.1 None directly from this report but any proposals to address the estimated budget gap will need to take into consideration local stakeholder and community engagement.

10. CONCLUSIONS

10.1 In the mid-range scenario, the Health and Social Care Partnership budget gap estimated over the three year period 2019-20 to 2021-22 is £21.077m with a gap of £6.794m in 2019-20.

11. DIRECTIONS

Directions required to Council, NHS Board or both.	**Directions to:**	tick
	No Directions required	√
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

APPENDICES:

Appendix 1 – Budget Outlook Best, Worst and Mid-Range Scenarios
Appendix 2 – Non-Pay Inflation
Appendix 3 – Cost and Demand Pressures

BUDGET OUTLOOK 2019-20 TO 2021-22 **APPENDIX 1**
INTEGRATED JOINT BOARD - 27 MARCH 2019

	Draft	Best Case Scenario		Mid-Range Scenario		Worst Case Scenario	
	2019-20	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22
	£000	£000	£000	£000	£000	£000	£000
Base Budget:							
Base Budget	263,924	263,924	263,924	263,924	263,924	263,924	263,924
Base Budget Adjustments	262	551	847	435	611	378	495
Revised Base Budget	**264,186**	**264,475**	**264,771**	**264,359**	**264,535**	**264,302**	**264,419**
Employee Cost Changes:							
Pay Award	2,712	5,506	8,381	5,506	8,381	5,506	8,381
Pay Increments	291	591	899	591	899	591	899
NHS Pensions Increase (direct pay)	2,700	2,700	2,700	2,700	2,700	2,700	2,700
Total Employee Cost Changes	**5,703**	**8,797**	**11,980**	**8,797**	**11,980**	**8,797**	**11,980**
Non-Pay Inflation:							
Health:							
Prescribing	500	800	1,200	1,000	1,500	1,200	1,800
Hospital Drugs	75	127	182	152	232	178	292
Main GG&C SLA	1,307	2,433	3,630	2,647	4,019	2,996	4,826
Other SLAs (GPs, GG&C, other HBs, service inputs)	275	501	741	557	846	613	980
Energy	75	134	199	153	234	174	286
Social Work:							
Catering Purchases	18	36	54	36	54	36	54
National Care Home Contract	5	8	11	10	15	13	21
NHS Staffing Recharges	57	114	171	114	171	114	171
Purchase and Maintenance of Equipment	7	12	17	14	21	15	23
General RPI Increases	0	31	62	39	78	46	92
Scottish Living Wage	640	1,679	2,604	1,679	2,604	1,679	2,604
Total Non-Pay Inflation	**2,959**	**5,875**	**8,871**	**6,401**	**9,774**	**7,064**	**11,149**
Cost and Demand Pressures:							
Health:							
LIH Laboratory	75	75	75	75	75	75	75
Pharmacy Homecare Services (Crohn's Disease)	100	200	300	200	300	200	300
Oncology Drugs - GG&C	250	250	250	250	250	250	250
Oncology Drugs - LIH	350	350	350	350	350	350	350
Health Visitors Re-grading	100	100	100	100	100	100	100
Out of Hours - GPs option out of hours	100	100	100	300	500	500	500
GG&C Pharmacy SLA	100	103	106	103	106	103	106
Car-T Cell national development	207	207	207	207	207	207	207
Other NSD developments	50	100	150	100	150	100	150
PACS refresh	102	102	102	102	102	102	102
CAMHS development in Cowal and Bute	77	77	77	77	77	77	77
Freestyle Libre (Diabetes)	100	100	100	100	100	100	100

BUDGET OUTLOOK 2019-20 TO 2021-22 **APPENDIX 1**

INTEGRATED JOINT BOARD - 27 MARCH 2019

	Draft	Best Case Scenario		Mid-Range Scenario		Worst Case Scenario	
	2019-20	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22
	£000	£000	£000	£000	£000	£000	£000
Golden Jubilee - increased cardiac activity	73	73	73	73	73	73	73
NHS Lothian - increased cardiac activity	120	120	120	120	120	120	120
Oncology Drugs Demand	450	800	1,150	900	1,350	1,000	1,550
Clinical Waste Disposal	60	60	60	60	60	60	60
NHS Pensions Increase - third party	2,300	2,300	2,300	2,300	2,300	2,300	2,300
Bute Dialysis	0	90	90	90	90	90	90
Council:							
Older People Growth	0	0	0	320	645	641	1,302
Care Services for Younger Adults	178	0	0	359	537	723	1,079
Sleepovers Night Rates	171	171	171	171	171	171	171
National Care Home Contract	0	231	469	311	634	392	804
Continuing Care of Looked After Children	0	116	235	237	486	364	756
Carer's Act - SHOULD BE FULLY FUNDED	192	239	543	239	543	239	543
Carer's Act - Cap cost pressure at 2018-19 funding levels	0	(47)	(351)	(47)	(351)	(47)	(351)
Free Personal Care for Under 65s (Frank's Law)	437	437	437	437	437	437	437
Allowance for Unknown Cost and Demand Pressures	0	0	0	500	1,000	1,000	2,000
Total Cost and Demand Pressures	**5,592**	**6,354**	**7,214**	**8,034**	**10,412**	**9,727**	**13,251**
Release Budget from Investment Fund	**(736)**	**(736)**	**(736)**	**(736)**	**(736)**	**(736)**	**(736)**
Existing Quality and Finance Plan Savings:							
Adjustment to Plan Agreed IJB 30/01/2019	5,447	5,232	5,232	5,232	5,232	5,232	5,232
Further update as at 28/02/2019	(30)	38	38	38	38	38	38
Adjustment to Quality and Finance Plan	**5,417**	**5,270**	**5,270**	**5,270**	**5,270**	**5,270**	**5,270**
Total Estimated Expenditure	**283,121**	**290,035**	**297,370**	**292,125**	**301,235**	**294,424**	**305,333**
Funding:							
NHS	217,613	222,285	227,073	220,416	223,261	219,482	221,370
Council	58,714	57,939	56,906	57,930	56,897	57,939	56,906
Total Funding	**276,327**	**280,224**	**283,979**	**278,346**	**280,158**	**277,421**	**278,276**
Budget Surplus / (Gap) Cumulative	**(6,794)**	**(9,811)**	**(13,391)**	**(13,779)**	**(21,077)**	**(17,003)**	**(27,057)**
Budget Surplus / (Gap) In Year	**(6,794)**	**(3,017)**	**(3,580)**	**(6,985)**	**(7,298)**	**(10,209)**	**(10,054)**

Partner Bodies Split:							
Health	(5,443)	(5,377)	(5,412)	(8,194)	(10,967)	(10,273)	(14,795)
Social Work	(1,351)	(4,434)	(7,979)	(5,585)	(10,110)	(6,730)	(12,262)
Budget Surplus / (Gap) Cumulative	**(6,794)**	**(9,811)**	**(13,391)**	**(13,779)**	**(21,077)**	**(17,003)**	**(27,057)**
Budget Surplus / (Gap) In Year	**(6,794)**	**(3,017)**	**(3,580)**	**(6,985)**	**(7,298)**	**(10,209)**	**(10,054)**

HEALTH AND SOCIAL CARE PARTNERSHIP **APPENDIX 2**

NON-PAY INFLATION FOR BUDGET OUTLOOK 27 MARCH 2019

		Draft	**Best Case**		**Mid Range**		**Worst Case**	
Health or Social Work	**Inflation Assumption**	**2019-20 £000**	**2020-21 £000**	**2021-22 £000**	**2020-21 £000**	**2021-22 £000**	**2020-21 £000**	**2021-22 £000**
Health	Prescribing - estimated cost growth between £400k and £600k per annum, mid-range £500k.	500	800	1,200	1,000	1,500	1,200	1,800
Health	Hospital Drugs - estimated cost growth between 3%-7%, mid-range 5%	75	127	182	152	232	178	192
Health	Main GG&C SLA - information regarding SG uplifts for 2019-20 indicate that 2.5% uplift is likely. Best Case assumes 2%, worst case 3%, mid range 2.5%.	1,307	2,433	3,630	2,647	4,019	2,996	4,826
Health	Other SLAs (GPs, GG&C, other HBs, service inputs) - information regarding SG uplifts for 2019/20 indicate that 2.5% uplift is likely. Best Case assumes 2%, worst case 3%, mid range 2.5%.	275	501	741	557	846	613	980
Health	Energy - estimated cost growth 4%, reference to RPI for energy costs. Best Case 3%, worst case 5%, mid-range 4%.	75	134	199	153	234	174	286
Social Work	Catering Purchases - reflects the expected increase in the unavoidable food costs associated with the provision of meals at the partnership's care homes, children's houses, hostels and progressive care centres.	18	36	54	36	54	36	54
Social Work	National Care Home Contract - reflects the estimated impact on the cost of replacement care arising from the annual review of the rates set out in the National Care Home Contract.	5	8	11	10	15	13	21
Social Work	NHS Staffing Recharges - reflects the estimated impact on Social Work of increased charges for services provided by NHS staff arising from annual pay increments and inflation.	57	114	171	114	171	114	171
Social Work	Purchase and Maintenance of Equipment - reflects the estimated impact of inflation on the purchase and maintenance costs of aids and equipment provided by the Integrated Equipment Store to support discharge from hospital and help people continue to live at home for longer.	7	12	17	14	21	15	23
Social Work	General RPI Increases - reflects the estimated impact of inflation on a range of unavoidable costs including the IJB annual audit fee from Audit Scotland as well on care and support costs for carers. The 2019-20 inflation will be absorbed within current resources.	0	31	62	39	78	46	92

HEALTH AND SOCIAL CARE PARTNERSHIP **APPENDIX 2**

NON-PAY INFLATION FOR BUDGET OUTLOOK 27 MARCH 2019

		Draft	Best Case		Mid Range		Worst Case	
Health or Social Work	**Inflation Assumption**	**2019-20 £000**	**2020-21 £000**	**2021-22 £000**	**2020-21 £000**	**2021-22 £000**	**2020-21 £000**	**2021-22 £000**
Social Work	Scottish Living Wage - reflects the estimated cost of maintaining the IJB's commitment that all adult social care staff employed by external providers or service users are paid at least the Scottish Living Wage. The estimate takes account of annual inflationary uplifts in the funding provided by the Scottish Government, routed via NHS Highland, to fund the national commitment to the Scottish Living Wage.	640	1,679	2,604	1,679	2,604	1,679	2,604
TOTAL NON-PAY INFLATION		**2,959**	**5,875**	**8,871**	**6,401**	**9,774**	**7,064**	**11,049**

HEALTH AND SOCIAL CARE PARTNERSHIP **APPENDIX 3**

COST AND DEMAND PRESSURES FOR BUDGET OUTLOOK 27 MARCH 2019

			Draft	**Best Case**		**Mid-Range**		**Worst Case**	
Health or Social Work	**Service**	**Cost/Demand Pressure**	**2019-20 £000**	**2020-21 £000**	**2021-22 £000**	**2020-21 £000**	**2021-22 £000**	**2020-21 £000**	**2021-22 £000**
Health	Adult Services	Lorne and the Isles Hospital (LIH) Laboratory: increased running costs due to changes to necessary enhancements to clinical quality control and the outcomes of recent clinical audit inspection to meet accreditation.	75	75	75	75	75	75	75
Health	GGC Homecare Pharmacy Services	Pharmacy Homecare Services (Chrohn's disease): Scottish Medicine Consortium have approved new drug treatments which are prescribed by hospital consultants for dermatology and Crohn's patients. This has lead to increased numbers of patients receiving ongoing treatments. Historical analysis of patient numbers and treatments indicates an increasing demand in future years.	100	200	300	200	300	200	300
Health	Oncology Drugs GGC	Oncology Drugs GG&C: Scottish Medicine Consortium are approving new oncology drugs many of which are for end of life or orphan drug use. This has increased the scope of patients who qualify for oncology treatment. In addition, a number of drugs are now being approved for multiple cancers which again increases treatment options. There is currently a cost pressure due to both significant activity and cost increases in 2018-19.	250	250	250	250	250	250	250
Health	Adult Services	Oncology Drugs LIH: Scottish Medicine Consortium are approving new oncology drugs many of which are for end of life or orphan drug use. This has increased the scope of patients who qualify for oncology treatment. In addition, a number of drugs are now being approved for multiple cancers which again increases treatment options. There is currently a cost pressure due to both significant activity and cost increases in 2018-19.	350	350	350	350	350	350	350
Health	Childrens and Families	Health Visitors Regrading -The Children and YP Scotland Act (2014) states the Named Person should be in a 'promoted' post.	100	100	100	100	100	100	100
Health	Adult Services	Out of Hours GP: Impact of GPs opting out of "Out of Hours" service. Mull £200k, Coll, Colonsay and Jura £100k each. Best case based on no additional cost, mid-range based on Jura in 2019-20, Coll and Colonsay in 2020-21 and Mull in 2021-22. Worst case is based on Jura in 2019-20 and Coll, Colonsay and Mull in 2020-21.	100	100	100	300	500	500	500
Health	Pharmacy Management	GG&C Pharmacy SLA will be extended to cover ambient transfer of drugs to A&B hospitals, a requirement to ensure the safe transport of drugs.	100	103	106	103	106	103	106
Health	All Services	Car-T Cell national development - this is a national service development. Car-T Cell Therapy is an immunotherapy treatment for cancer. Contributions are based on NRAC shares.	207	207	207	207	207	207	207

HEALTH AND SOCIAL CARE PARTNERSHIP **APPENDIX 3**

COST AND DEMAND PRESSURES FOR BUDGET OUTLOOK 27 MARCH 2019

			Draft	Best Case		Mid-Range		Worst Case	
Health or Social Work	**Service**	**Cost/Demand Pressure**	**2019-20 £000**	**2020-21 £000**	**2021-22 £000**	**2020-21 £000**	**2021-22 £000**	**2020-21 £000**	**2021-22 £000**
Health	All Services	Other NSD developments - NHS Board Chief Executives Group approve a number of services to be provided on a national basis each year. Contributions are based on NRAC shares.	50	100	150	100	150	100	150
Health	Corporate Services	PACS refresh - LIH - National upgrade to radiology system.	102	102	102	102	102	102	102
Health	Childrens and Families	Tier 3 CAMHS development in Cowal and Bute approved at SLT October 2018	77	77	77	77	77	77	77
Health	Prescribing	Freestyle Libre sensors for type 1 diabetics. Protocol in place to ensure appropriate prescribing. Current cost pressure in 18/19.	100	100	100	100	100	100	100
Health	Commissioned Services	Golden Jubilee National Hospital - increased activity for emergency care, bypass surgery and lung cancer surgery	73	73	73	73	73	73	73
Health	Commissioned Services	NHS Lothian - TAVI development in prior year has led to increase in referrals & those not suitable for TAVI are being offered alternative cardiac surgery within Lothian service	120	120	120	120	120	120	120
Health	Services commissioned from GG&C and Adult Services West (LIH)	Oncology drugs demand, assumed to be between £350k and £550k, mid-range £450k - SMC new drug approvals for treatment of a range of cancers including urological, haematological, breast & lung	450	800	1,150	900	1,350	1,000	1,550
Health	Adult Services	Clinical Waste Disposal - additional costs of national contingency arrangements following collapse of Healthcare Environmental Services	60	60	60	60	60	60	60
Health	All Services	UK Treasury has confirmed that the planned increase (from 14.9% to 20.9%) to public service pension schemes employer contirbution rates will go ahead from 1 April 2019. This pressure relates to the additional costs that are passed over to other Health Boards and also contracts with GP practices. It is anticipated this is will be fully funded.	2,300	2,300	2,300	2,300	2,300	2,300	2,300
Health	All Services	Plans are being developed for a renal dialysis unit on Bute. This will save patients travelling to Greenock three times a week for dialysis. Start up costs will be met from charitable donations and fundraising. Recurring costs of £90k per annum will require to be met by the HSCP. The planned start date is later in financial year 2019-20 and a cost pressure has been included from 2020-21 onwards.	0	90	90	90	90	90	90

HEALTH AND SOCIAL CARE PARTNERSHIP **APPENDIX 3**

COST AND DEMAND PRESSURES FOR BUDGET OUTLOOK 27 MARCH 2019

Health or Social Work	Service	Cost/Demand Pressure	Draft	Best Case		Mid-Range		Worst Case	
			2019-20 £000	2020-21 £000	2021-22 £000	2020-21 £000	2021-22 £000	2020-21 £000	2021-22 £000
Social Work	Adult Care	The number of older people is increasing and older people are living longer with significant health and support needs and significant expectations of the support they are entitled to receive. Demand pressure estimates 3% growth in homecare and care home placements, this increase is supported by the growth in clients and care requirements over a number of years although in some areas the service capacity is being fully utilised and service expansion is proving difficult. The best case recognises the current capacity limits, the mid-range reflects 1.5% growth and the worst case reflects 3% growth. For 2019-20 the growth has been removed as the service intend to absorb within current resources by changing the assessment and service provision processes.	0	0	0	320	645	641	1,302
Social Work	Adult Care	There has been continuing increase in demand for care and support services for profoundly disabled younger adults (ie under 65) whose parents have historically provided care but are no longer able to. The best case assumes new demand will be met from attrition or reductions in existing services, the mid-range reflects demand of 1.5% and the worst case reflects demand of 3%.	178	0	0	359	537	723	1,079
Social Work	Adult Services	Reflects the cost of bringing sleepovers for commissioned social care providers into line with the Scottish Living Wage (SLW) by 2019-20. There may be some reduction in the best case scenario if the number of sleepovers can be reduced, this will be kept under review. Note: after the switch to a SLW based rate, year on year increases will be included within the annual non-pay inflation estimate.	171	171	171	171	171	171	171
Social Work	Adult Services	National Care Home Contract: Contract rates are negotiated on an annual basis with representatives of the Scottish care home sector by Scotland Excel. The best case scenario figures provided are based on an annual increase of 3% (in-line with the 2019/20 increase in the Scottish Living Wage rounded to the nearest whole number), the mid range reflects an increase of 4% and the worst case 5%. For 2019-20, the pressure will be abosrbed within the current underspend in this area.	0	231	469	311	634	392	804

HEALTH AND SOCIAL CARE PARTNERSHIP **APPENDIX 3**

COST AND DEMAND PRESSURES FOR BUDGET OUTLOOK 27 MARCH 2019

			Draft	Best Case		Mid-Range		Worst Case	
Health or Social Work	**Service**	**Cost/Demand Pressure**	**2019-20 £000**	**2020-21 £000**	**2021-22 £000**	**2020-21 £000**	**2021-22 £000**	**2020-21 £000**	**2021-22 £000**
Social Work	Children and Families	Continuing Care of Looked After Children: Part 11 of the Children and Young People (Scotland) Act 2014 introduced new provisions requiring Social Work to continue to provide accommodation for Looked After and Accommodated Children (LAAC) born after 1 April 1999 from their 16th birthday until they reach 21 years if the child chooses to remain in their current or equivalent alternative accommodation. Based on the expenditure trend over the period 2014/15 to 2018/19. the average annual increase in spending is 5%. The best case reflects an increase of 2.5%, the mid range 5% and the worst case 7.5%. For 2019-20, teh Services is looking at alternative models of service to drive down average cost per child and the pressure has been removed for this year.	0	116	235	237	486	364	756
Social Work	Adult Services	Carer's Act: Carers Act commenced on 1 April 2018. Funding allocated as part of the £66m social care funding, the cost pressure represents the share of funding in relation to the Carers Act and this funding will be the basis of the agreement of the eligibility criteria. There are concerns re the Scottish Government fully funding the commitment and implications of the Act and there is no funding allocation for replacement care, costs will be closely monitored during 2018-19.	183	230	534	230	534	230	534
Social Work	Adult Services	Carer's Act: As above but represents the additional funding allocated at the Finance Order	9	9	9	9	9	9	9
Social Work	Adult Servies	Carer's Act: Cap cost pressure to the level of funding in 2019-20 until confirmation of future years funding is known.	0	(47)	(351)	(47)	(351)	(47)	(351)
Social Work	Adult Services	Implementation of Free Personal Care for Under 65s (Frank's Law) - the pressure matches the funding confirmed for 2019-20.	437	437	437	437	437	437	437
Both	All Services	Provision for Unknown Cost and Demand Pressures	0	0	0	500	1,000	1,000	2,000
TOTAL COST AND DEMAND PRESSURES			**5,592**	**6,354**	**7,214**	**8,034**	**10,412**	**9,727**	**13,251**

Integration Joint Board **Agenda item: 5.3 (iv)**

Date of Meeting: **27 March 2019**

Title of Report: **Budget Proposals 2019-20**

Presented by: **Kirsty Flanagan, Interim Chief Financial Officer**

The Integration Joint Board is asked to:

- Note and endorse the management/operational savings amounting to £5.058m in 2019-20 rising to £6.078m by 2021-22.
- Approve the policy savings amounting to £1.736m in 2019-20 rising to £1.934m by 2021-22.
- Note that in endorsing the management/operational savings and approving the policy savings this will deliver a balanced budget in 2019-20. The Chief Officer should proceed to accept the funding from NHS Highland and Argyll and Bute Council and issue formal Directions delegating resources back to the Partners.
- Note and endorse that further development work should be undertaken on the review areas noted within paragraph 3.3.3.
- Note the high level timetable for the budget preparation 2020-21.

1. EXECUTIVE SUMMARY

1.1 This report presents savings proposals identified by the Strategic Leadership Team in order to deliver a balanced budget in 2019-20.

1.2 There is a separate report on the agenda that details the budget outlook over the period 2019-20 to 2021-22. The budget gap in 2019-20 amounts to £6.794m.

1.3 Savings proposals have been classified into management/operational savings and policy savings. There are £5.058m of management/operational savings and £1.736m of policy savings. It should be noted that all savings proposals are in line with the strategic objectives of the Health and Social Care Partnership.

1.4 There is still a significant estimated budget gap over the next two years and work will need to commence immediately on identifying savings proposals

to balance the budget in 2020-21. A high level timetable for the budget process 2020-21 is noted in the report.

1.5 The Senior Leadership Team have identified four areas for review, as noted in paragraph 3.3.3 that should deliver some savings in future years and the Board are asked to endorse development of these review areas.

2. INTRODUCTION

2.1 This report presents savings proposals identified by the Strategic Leadership Team in order to deliver a balanced budget in 2019-20.

3. DETAIL OF REPORT

3.1 Budget Outlook 2019-20 to 2021-22

3.1.1 There is a separate report on the agenda that details the budget outlook over the period 2019-20 to 2021-22. The budget gap in 2019-20 amounts to £6.794m.

3.1.2 The budget outlook, for future years, has been prepared using three different scenarios, best case, worst case and mid-range. The budget gap over 2020-21 and 2021-22 across each scenario is summarised in the table below.

Budget Gap	**2020-21 £000**	**2021-22 £000**	**Total £000**
Best Case	3,017	3,580	**6,597**
Mid-Range	6,985	7,298	**14,283**
Worst Case	10,209	10,054	**20,263**

3.2 Savings Proposals

3.2.1 The Senior Leadership Team have been working over the last few months to identify savings to deliver a balanced budget in 2019-20. It should be noted that all savings proposals are in line with the strategic objectives of the Health and Social Care Partnership.

3.2.2 Savings proposals have been classified into management/operational savings (where there are no policy implications and will not result in any redundancies) and policy savings, where there are either policy or staffing implications. A summary of the savings identified are noted in the table below with further high level detail contained within Appendix 1 and 2. There are also detailed templates for the policy proposals included within Appendix 2.

	2019-20 £000	**2020-21 £000**	**2021-22 £000**
Management/Operational Savings	5,058	5,558	6,078
Policy Savings	1,736	1,934	1,934
Total Savings	**6,794**	**7,492**	**8,012**

3.2.3 The Board is asking to note and endorse the management/operational savings and approve the policy savings. Whilst there will be some service impact in delivering the policy savings proposals as well as a reduction of at least 15.6FTE posts (many of which are vacant), the Board has a responsibility to balance the budget.

3.2.4 Officers will ensure that all the savings proposals will not be discriminatory and will promote equality and this will be supported by the use of Equality Impact Assessments where required.

3.3 Budget Timetable for 2020-21 and Future Savings

3.3.1 If all the savings included within this report are accepted, the estimated budget gap in future years, within the mid-range scenario, is summarised in the table below.

	2019-20 £000	**2020-21 £000**	**2021-22 £000**
Estimated Budget Gap prior to savings	6,794	13,779	21,077
Savings Proposals	(6,794)	(7,492)	(8,012)
Revised Budget Gap (Cumulative)	**0**	**6,287**	**13,065**
Revised Budget Gap (In-Year)	**0**	**6,287**	**6,778**

3.3.2 There is still a significant estimated budget gap over the next two years and work will need to commence immediately on identifying savings proposals to balance the budget in 2020-21. In addition to the budget gap noted above, the Health and Social Care Partnership will be overspent at the end of 2018-19 and although NHS Highland have confirmed that the Health overspend is covered by the Scottish Government brokerage, the Social Work overspend will need to be repaid to the Council and the pay-back arrangements will need to be negotiated.

3.3.3 Whilst considering savings proposals to balance the budget in 2019-20, the Senior Leadership Team have identified four areas for review that should deliver some savings in future years. The Board are asked to endorse development of these review areas and note that further detail will be brought back to the Board later in the year to approve any proposals identified by the reviews. The four areas of review are as follows:

- Potential for cost reduction in co-location General Practitioner services including hospital out of hours and rural out of hours services. This service would commence scoping on approval reviewing service delivery across Argyll and Bute with the realisation of any potential service savings in 2020-21.
- The proposal is to decommission dementia inpatient services and reinvest in community services in line with government policy. There is also reduced demand for inpatient dementia services and increasing pressure on community dementia teams.
- Review of Radiography service to establish if 24/7 provision is necessary. Radiography was previously reviewed in 2014 with the selected option being implemented. There is a desire to review the

service again by both clinical and professional service leads based on evidenced need.
- Continued Review of Community Hospitals. Review to be undertaken with parallel challenges in terms of workforce resource, provision of health care services in a rural environment and the development of integrated services delivered from the hospital premises.

3.3.4 The proposed high level timetable for the budget process in 2020-21 is noted below.

Date	Event	Purpose/Agenda
7 August 2019	IJB	Updated Budget Outlook report extended to 2022-23.
August	Q&F Programme Board	Early identification of possible future savings proposals for discussion.
2 October 2019	IJB	Updated Budget Outlook report.
October	Q&F Programme Board	Consideration of saving proposals for 2020-21 budget.
Early November 2019	Additional IJB Development Session	Consideration of saving proposals for 2020-21 budget.
27 November 2019	IJB	Updated Budget Outlook report. Report on savings proposals being considered as part of 2020-21 budget. Budget Consultation approach agreed.
December/January	Budget Consultation	Seek views from the public on budget proposals.
w/c 16 December 2019 (estimated)	Scottish Budget Draft Announcement – NHS and Local Government Funding	Will inform budget outlook (but funding won’t be confirmed until Feb/March)
29 January 2020	IJB	Updated Budget Outlook report (reflecting most up to date settlement positions)
February 2020	Q&F Programme Board	Feedback on Budget Consultation Consideration of further savings proposals (if necessary) following latest budget outlook report and budget gap position.

20 February 2020	Argyll and Bute Council budget meeting	Will set the Council's contribution to the HSCP for 2020-21.
25 March 2020	IJB	Set Budget for 2020-21.

4. RELEVANT DATA AND INDICATORS

4.1 As noted within Section 3 and Appendices 1 and 2.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The Integrated Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure the financial decisions are in line with priorities and promote quality service delivery.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – The Board should seek to agree a balance budget and the proposals presented within this report balance the budget for 2019-20. There remains significant estimated budget gaps in future years that will require to be addressed.

6.2 Staff Governance – The appropriate HR processes of NHS Highland and Argyll and Bute Council will require to be followed where staff are impacted by any savings proposals.

6.3 Clinical Governance - None

7. EQUALITY AND DIVERSITY IMPLICATIONS

7.1 Equality Impact Assessments will be carried out where required.

8. RISK ASSESSMENT

8.1 There is a risk that sufficient proposals are not approved in order to balance the budget in 2019-20. There is a separate report on the agenda in relation to financial risks.

9. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

9.1 Where required local stakeholder and community engagement will be carried out as appropriate.

10. CONCLUSIONS

10.1 The budget gap in 2019-20 amounts to £6.794m for the Health and Social Care Partnership. The Senior Leadership Team have identified savings to deliver a balanced budget in 2019-20. There are management/operational savings of £5.058m and policy savings of £1.736m.

10.2 There is still a significant estimated budget gap over the next two years and work will need to commence immediately on identifying savings proposals to balance the budget in 2020-21. A high level timetable for the budget

process 2020-21 is noted in the report. The Senior Leadership Team have identified four areas for review that should deliver some savings in future years and the Board are asked to endorse development of these review areas.

11. DIRECTIONS

Directions required to Council, NHS Board or both.	**Directions to:**	tick
	No Directions required	
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	√

APPENDICES:

Appendix 1 – Efficiency Savings Proposals.
Appendix 2 – Policy Savings Proposals (attached) including detailed templates on each proposal (to follow)

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP
MANAGEMENT/OPERATIONAL SAVINGS 2019-20 TO 2021-22

APPENDIX 1

Reference	Saving Type	Partner Organisation	Lead Officer	Service Area	Description of Saving	CUMULATIVE SAVING PROFILE					
						2019-20 Budget Saving £000	2019-20 FTE Reduction	2020-21 Budget Saving £000	2020-21 FTE Reduction	2021-22 Budget Saving £000	2021-22 FTE Reduction
1920-0	Management / Operational	Health	George Morrison	Adult Services	Right-size the complex care packages budget via NHS Highland.	400	0.0	400	0.0	400	0.0
1920-1	Management / Operational	Health	Stephen Whiston	Planning and Performance	Provision of drugs for Hepatitis C (GGC) - reduction in the price of this type of medication.	40	0.0	40	0.0	40	0.0
1920-2	Management / Operational	Health	Stephen Whiston	Planning and Performance	Maximising income charges levied to other Boards for services.	100	0.0	100	0.0	100	0.0
1920-3	Management / Operational	Health	Sandra Cairney	Public Health	Reduce Health Promotion Discretionary Budget.	100	0.0	100	0.0	100	0.0
1920-4	Management / Operational	Health	Stephen Whiston	Adult Services	Review of Service Contracts within Adult Services (Health)	100	0.0	100	0.0	100	0.0
1920-5	Management / Operational	Health	George Morrison	Adult Services	Reduce flight costs for patients attending appointments - direct booking arrangements.	100	0.0	100	0.0	100	0.0
1920-6	Management / Operational	Health	George Morrison	Adult Services	Reduction to the budget for ferry tickets for both staff and patients due to more efficient purchasing and control arrangements.	25	0.0	25	0.0	25	0.0
1920-7	Management / Operational	Health	George Morrison	Adult Services	Reduction to the budget for accommodation and subsistence costs for staff due to more efficient purchasing and control arrangements.	50	0.0	50	0.0	50	0.0
1920-8	Management / Operational	Health	Dr Rebecca Helliwell	Adult Services	Ongoing review GP Prescribing practice - reduce volume and price.	500	0.0	1,000	0.0	1,500	0.0
1920-9	Management / Operational	Health	George Morrison	Service Wide	Increase workforce vacancy savings. Will capture the savings arising from vacant posts during the interval between the post being vacated and the new member of staff commencing work.	750	0.0	750	0.0	750	0.0

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP
MANAGEMENT/OPERATIONAL SAVINGS 2019-20 TO 2021-22

APPENDIX 1

Reference	Saving Type	Partner Organisation	Lead Officer	Service Area	Description of Saving	CUMULATIVE SAVING PROFILE					
						2019-20 Budget Saving £000	2019-20 FTE Reduction	2020-21 Budget Saving £000	2020-21 FTE Reduction	2021-22 Budget Saving £000	2021-22 FTE Reduction
1920-10	Management / Operational	Social Work	David Forshaw	Service Wide	Increase workforce vacancy savings. Will capture the savings arising from vacant posts during the interval between the post being vacated and the new member of staff commencing work.	155	0.0	155	0.0	155	0.0
1920-11	Management / Operational	Health	George Morrison	Adult Services	Recognition of slippage on Scottish Government in-year allocations and budget reserves for developments. The value of this saving will be reviewed as part of the 2020-21 budget.	1,000	0.0	1,000	0.0	1,000	0.0
1920-12	Management / Operational	Health	George Morrison	Service Wide	Removal of re-provision reserve that is no longer required.	500	0.0	500	0.0	500	0.0
1920-13	Management / Operational	Social Work	David Forshaw	Adult Services	Right-size budget for external care home placements – in line with spend.	400	0.0	400	0.0	400	0.0
1920-14	Management / Operational	Social Work	David Forshaw	Adult Services	Right-size charging order income.	120	0.0	120	0.0	120	0.0
1920-15	Management / Operational	Social Work	Alex Taylor	Children and Families	Right-size some C&F budgets and tightening of controls in relation to Children's Resource Panels.	100	0.0	100	0.0	100	0.0
1920-16	Management / Operational	Social Work	Alex Taylor	Children and Families	Redesign review of Criminal Justice service to become self funding.	20	0.0	20	0.0	40	0.0
1920-17	Management / Operational	Health	Lorraine Paterson	Adult Services	Remove/reduce agency staff on Knapdale Ward in MACHICC. This is part of the overall review to modernise Dementia Care provision and re-allocating the resource to community based services.	115	0.0	115	0.0	115	0.0

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP
MANAGEMENT/OPERATIONAL SAVINGS 2019-20 TO 2021-22

APPENDIX 1

Reference	Saving Type	Partner Organisation	Lead Officer	Service Area	Description of Saving	CUMULATIVE SAVING PROFILE					
						2019-20 Budget Saving £000	2019-20 FTE Reduction	2020-21 Budget Saving £000	2020-21 FTE Reduction	2021-22 Budget Saving £000	2021-22 FTE Reduction
1920-18	Management / Operational	Social Work	David Forshaw	Adult Services	Right-size non-residential income budget.	160	0.0	160	0.0	160	0.0
1920-19	Management / Operational	Social Work	David Forshaw	Adult Services	Right-size budget for external care home placements (mental health) – in line with spend.	154	0.0	154	0.0	154	0.0
1920-20	Management / Operational	Social Work	David Forshaw	Adult Services	Recovery of unused funds from clients who receive Direct Payments.	40	0.0	40	0.0	40	0.0
1920-21	Management / Operational	Social Work	David Forshaw	Adult Services	Right-size income budget for clients in residential homes.	29	0.0	29	0.0	29	0.0
1920-22	Management / Operational	Health	Dr Rebecca Helliwell	Adult Services	Reconfiguration of staffing in Dunoon Medical Services to avoid dependence on agency staff.	100	0.0	100	0.0	100	0.0
						5,058	**0.0**	**5,558**	**0.0**	**6,078**	**0.0**

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP
POLICY SAVINGS 2019-20 TO 2021-22

APPENDIX 2

Reference	Saving Type	Partner Organisation	Lead Officer	Service Area	Description of Saving	CUMULATIVE SAVING PROFILE					
						2019-20 Budget Saving £000	2019-20 FTE Reduction	2020-21 Budget Saving £000	2020-21 FTE Reduction	2021-22 Budget Saving £000	2021-22 FTE Reduction
1920-30	Policy	Health	Sandra Cairney	Adult Services	Alcohol and Drugs Partnership Funding Review	138	0.0	138	0.0	138	0.0
1920-31	Policy	Health	Stephen Whiston	Adult Services	Review of Service Level Agreements with Greater Glasgow and Clyde (GGC)	345	0.0	345	0.0	345	0.0
1920-32	Policy	Health	Joanna MacDonald	tbc	Review of management structure	200	tbc	333	tbc	333	tbc
1920-33	Policy	Social Work	Joanna MacDonald	tbc	Review of management structure	102	tbc	167	tbc	167	tbc
1920-34	Policy	Health	Phil Cummins/Lorraine Paterson	Service Wide	Review of the funding provided from the Integrated Care Fund (ICF) - 12.5% reduction	100	0.0	100	0.0	100	0.0
1920-35	Policy	Health	Elizabeth Higgins	Adult Services	Review of Community Hospitals. Review to be undertaken with parallel challenges in terms of workforce resource, provision of health care services in a rural environment and the development of integrated services delivered from the hospital premises.	150	4.0	150	4.0	150	4.0
1920-36	Policy	Health	Donald Watt	Adult Services	Reduction to the Mental Health Service Redesign Bridging Funding budget.	300	0.0	300	0.0	300	0.0
1920-37	Policy	Social Work	Donald Watt	Adult Services	Close the dementia day service based at Ardfenaig Bungalow, Ardrishaig. This is part of the overall review to modernise Dementia Care provision.	71	1.5	71	1.5	71	1.5
1920-38	Policy	Health	Lorraine Paterson	Adult Services	Review of staffing levels across the Lorn and Islands Hospital.	280	8.6	280	8.6	280	8.6
1920-39	Policy	Health	Phil Cummins	Learning Disability	Review of staffing levels removing posts that are currently vacant.	50	1.5	50	1.5	50	1.5
						1,736	**15.6**	**1,934**	**15.6**	**1,934**	**15.6**

ARGYLL AND BUTE HSCP

BUDGET PROCESS 2019/20 – SAVINGS PROPOSALS

Service Area:	**Adult Services**	**Savings Ref.**	**1920-30**
Head of Service:	Sandra Cairney		
Responsible Officer:	Sandra Cairney		

Description of Savings Proposal:
Alcohol and Drugs Partnership Funding Review

Impact on Service Delivery:
Funding has changed and there is no requirement for the HSCP to continue to subsidise this are of work. There is no anticipated impact on service delivery.

Actions Required to Deliver on Savings:

Additional Scottish Government Funding for Alcohol and drugs there is no longer any requirement for the Argyll & Bute Health & Social Care Partnership to subsidise ADP activity. This has elicited a proposed saving of £138K.

The review was presented at the 28 November IJB meeting agenda item 5.5c available at the link below.

https://www.argyll-bute.gov.uk/sites/default/files/ab_hscp_ijb_-_28-11-18.pdf p83-p88

The paper outlines the proposal for an allocation from the Programme for Government funding with Argyll & Bute being allocated £315,091.

The Argyll & Bute IJB and the Alcohol & Drugs Partnership are required by the Scottish Government to present a Plan which ensures the development and delivery of services to meet the national priorities set out in the funding letters of May and August.

Impact on Staff:

None anticipated

Implications/Risks:

None anticipated

Current Budget: £315,091

Savings:

Saving	**2019-20 £000**	**2019-20 FTE**	**2020-21 £000**	**2020-21 FTE**	**2021-22 £000**	**2021-22 FTE**
	138	0	138	0	138	0
Total	**138**	**0**	**138**	**0**	**138**	**0**

CONFIDENTIAL

ARGYLL AND BUTE HSCP

BUDGET PROCESS 2019/20 – SAVINGS PROPOSALS

Service Area:	**Adult Services**	**Savings Ref.**	**1920-31**
Head of Service:	Stephen Whiston		
Responsible Officer:	Stephen Whiston		

Description of Savings Proposal:
Review of Service Level Agreements with Greater Glasgow & Clyde (GGC).

In addition to the main GGC SLA for key service delivery, the Argyll & Bute Health & Social Care Partnership has numerous SLA's in specialist service areas with a total value of £5.4m.

The review is to ensure we are getting best value for money and identify if there are opportunities to provide certain services locally potentially reducing cost.

This includes strengthening the contract and business management process.

Impact on Service Delivery:

The review presents an opportunity to assess consistency of service delivery across Argyll & Bute and horizon scan for the challenges and opportunities that are forthcoming.

In terms of service delivery there will be no immediate impact. There will be a requirement in certain contracts to examine options for in-house service capability/capacity or development of capability or in a more specific approach to compare deliverables from an SLA.

Performance monitoring would require to be developed around further contracts or in-house delivery.

Actions Required to Deliver on Savings:

Review and disinvest (if advantageous) in current SLA arrangement with GGC, serving the required notice for changes and/or alternative service models offering better value for money.

Examples of such may include delivering services locally/in house and extending the VC "Near Me" for outpatient appointments.

Further, we will seek to reduce staff travel costs and review non clinical costs such as laundry.

We will increase focus and contract management, performance monitoring and service/cost improvement support from NHS Highland PMO and Argyll and Bute council contract team.

It may require a 'spend to save' in order to develop specialist & enhanced community resources on a local basis, improving efficiency, resulting in savings being achieved overall.

Impact on Staff:

We will need a service delivery action plan which will identify potential changes in patient/client pathways and service models

Increased opportunity for professional development.

Implications/Risks:

Access to expertise, contract notice period delays, delivery capacity and capability, increasing the pace of IT and “”Near Me” roll out with NHSGG&C

Current Budget: £5.4m

Savings:

Saving	2019-20 £000	2019-20 FTE	2020-21 £000	2020-21 FTE	2021-22 £000	2021-22 FTE
	345	0	345	0	345	0
Total	**345**	**0**	**345**	**0**	**345**	**0**

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BUDGET PROCESS 2019/20 – SAVINGS PROPOSALS

Service Area:	**Review of Management Structure**	**Savings Ref.**	**1920-32 & 1920-33**
Head of Service:	Joanna MacDonald		
Responsible Officer:	Joanna MacDonald		

Description of Savings Proposal:
Review of Management Structure Health and Social Work.

Impact on Service Delivery:

Review of the structure will seek to meet the regulatory, strategic and functional requirements of the Argyll & Bute Health and Social Care Partnership. It is anticipated there will be further emphasis on collaborative working, joint strategic and financial planning and a resolution on some of the operational aspects of integrated working.

The 'Grip and Control' initiative has highlighted the opportunity for further integration of practice.

Actions Required to Deliver on Savings:

Identify delivery requirement
Review management structures using accepted protocols and processes.
Realign management responsibility to ensure all regulated and corporate activity is being undertaken and there are appropriate levels of accountability and governance
All staff communication strategy
Support staff through the change process
Ensure that new roles are embedded and performance monitored to ensure effectiveness

Impact on Staff:
Roles may change or staff are displaced.
Opportunity for professional development

Implications/Risks:
Potential loss of expertise
Impact on staff morale
Succession planning

Current Budget: £2.9m

Savings:

Saving	2019-20 £000	2019-20 FTE	2020-21 £000	2020-21 FTE	2021-22 £000	2021-22 FTE
	302	tbc	500	tbc	500	
Total	**200**		**333**		**333**	

ARGYLL AND BUTE HSCP

BUDGET PROCESS 2019/20 – SAVINGS PROPOSALS

Service Area:	**Adult Services**	**Savings Ref.**	**1920-34**
Head of Service:	Phil Cummins/Lorraine Paterson		
Responsible Officer:	Locality Managers		

Description of Savings Proposal:

The suggested saving indicates an approximate 12.5% reduction to each locality held budget in the Integrated Care Fund (ICF). This fund is managed locally by the locality manager and was consolidated within the last financial year into the mainstream budget.

Impact on Service Delivery:

The ICF was originally introduced to help support different community initiatives promoted by the respective Locality Planning Groups on the understanding that funding would be short term whilst projects sought / identified alternative funding streams longer term. Where there are any variations other funding sources should be explored to help mitigate gaps and support capacity building activity.

The fund was previously administered as a grant agreement and has subsequently moved towards a more robust commissioning process.

Actions Required to Deliver on Savings:

- Collate all current awards and identify activity.
- Review of activity will be undertaken based on local need and the value provided by the funded services and also the preventative nature of services.
- Contract management and monitoring will be undertaken consistent with Argyll and Bute Health and Social Care Partnership's Strategic Plan's Objectives and National Health and Wellbeing Outcomes.
- Locality managers will work together and where required identify any additional capacity building opportunities for organisations to access further funding sources.

Impact on Staff:

To be scoped, nothing highlighted at present.

Implications/Risks:

Potential reduction of funding to non-core services or in contrast savings targeted not fully achievable as some contracts have already gone out to tender or been agreed on a rolling period.

Current Budget: £800,000

Savings:

Saving	2019-20 £000	2019-20 FTE	2020-21 £000	2020-21 FTE	2021-22 £000	2021-22 FTE
	100	0	100	0	100	0
Total	**100**	**0**	**100**	**0**	**100**	**0**

ARGYLL AND BUTE HSCP

BUDGET PROCESS 2019/20 – SAVINGS PROPOSALS

Service Area:	Adult Services	**Savings Ref.**	**1920-35**
Head of Service:	Phil Cummins		
Responsible Officer:	Elizabeth Higgins		

Description of Savings Proposal:
Savings forecast through the reviewed service specification in line with the national policy to shift the balance of care. Work is progressing with stakeholders to test changes and their impact on the wider service provision including the community teams.

Impact on Service Delivery:

A Quality Impact Assessment (QIA) will be undertaken as part of reviewing service specifications for the Community Hospitals. Significant scoping work has already been undertaken through the transformational review on acute and community services and will progress in line with the Argyll & Bute Health and Social Care Engagement Strategy.

Actions Required to Deliver on Savings:

- The service specification for Community Hospitals requires to be developed and this is planned with stakeholder groups.
- Some key areas of work have been identified for further development including considering a different bed configuration to enable greater flexibility in the use of beds,
- Development of a discharge to assess process is being undertaken to support the bed reductions and ensure early hospital discharge. This links to the development of the community team.
- The information on the impact of any service change will form the baseline for a detailed action plan and specification for each site.

Impact on Staff:

Reduced requirement for the use of bank and agency and revised rostering.
Opportunity for professional development.

Implications/Risks:

Potential changes to client pathways.
Potential spend to save if upskilling of staff is required.

Current Budget: £4,909,100

Savings:

Saving	**2019-20 £000**	**2019-20 FTE**	**2020-21 £000**	**2020-21 FTE**	**2021-22 £000**	**2021-22 FTE**
	150	4.0	150	4.0	150	4.0
Total	**150**	**4.0**	150	4.0	150	4.0

ARGYLL AND BUTE HSCP

BUDGET PROCESS 2019/20 – SAVINGS PROPOSALS

Service Area:	**Policy**	**Savings Ref.**	**1920-36**
Head of Service:	Lorraine Paterson		
Responsible Officer:	Donald Watt		

Description of Savings Proposal:

The Mental Health Bridging Funding has been in place to support the transition from the previous hospital to the new community hospital and community based care.

The budget is currently £400k per annum and the proposal is to seek a reduction to an allocation of £100k.

There is a proposed saving of 300k, retaining 100k to finalise relocation of staff.

Impact on Service Delivery:

The Mid Argyll Hospital was approved as the final mental health provision.

There are further works required to create suitable accommodation for staff as part of the end of this project. Some upgrade works are required the Comraich Centre (Old Succoth) to ensure the accommodation is fit for purpose. This will also support the requirement to accommodate staff as part of the closure of the Aros complex.

Actions Required to Deliver on Savings:
Implement plan as part of relocation for settlement of outstanding staff.

Impact on Staff:

Requirement for a well communicated relocation of staff to all stakeholders including staff and communities.

Implications/Risks:

Comraich Centre currently requires upgrade and maintenance works to maintain it as a permanent or semi-permanent accommodation.

Maintaining staff morale during a period of change.

Current Budget: £400,000

Savings:

Saving	2019-20 £000	2019-20 FTE	2020-21 £000	2020-21 FTE	2021-22 £000	2021-22 FTE
	300	0	300	0	300	0
Total	**300**	**0**	**300**	**0**	**300**	**0**

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BUDGET PROCESS 2019/20 – SAVINGS PROPOSALS

Service Area:	Dementia Day services	**Savings Ref.**	**1920-37**
Head of Service:	Lorraine Paterson		
Responsible Officer:	Donald Watt		

Description of Savings Proposal:
Dementia Day services, review of day service provision from Ardfenaig Bungalow

Impact on Service Delivery:

Dementia services in Argyll & Bute are currently under review with a view to employing updated practice. The day service is not currently being used.

It is envisaged that Dementia day care is required as part of the wider service provision and will feature in a wider Dementia services review in 2019-20.

Actions Required to Deliver on Savings:

Mental Health & Dementia group to progress review of service provision in Argyll & Bute.

Impact on Staff:

The service is not currently operating and the posts attached are vacant.
Potential for professional development in the community based health and social care pending identified service need.

Implications/Risks:

Provision of older people's day care will be considered within a different model seeking opportunities to work with the independent and third sector services.

Development of further services would be undertaken in line with our current engagement strategy.

Current Budget: £71,000

Savings:

Saving	2019-20 £000	2019-20 FTE	2020-21 £000	2020-21 FTE	2021-22 £000	2021-22 FTE
Dementia Day care	71	1.5	71	1.5	71	1.5
Total	**71**	**1.5**	**71**	**1.5**	**71**	**1.5**

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BUDGET PROCESS 2019/20 – SAVINGS PROPOSALS

Service Area:	Adult Services	**Savings Ref.**	**1920-38**
Head of Service:	Lorraine Paterson		
Responsible Officer:	George Morrison/Morven Gemmill		

Description of Savings Proposal:
Lorn and Islands Hospital Review of Staffing Levels

Impact on Service Delivery:
Minimal due to small percentage reduction proposed.
All identified posts will be subject to a Quality Impact Assessment prior to final decision to ensure continued safe delivery of services.

Actions Required to Deliver on Savings:

A savings target of £280k has been set for a staffing review in Lorn & Islands Hospital. This is a general savings target which does not relate specifically to any one staff group. At present, the staffing budget for Lorn & Islands Hospital is £11.7m with a staffing establishment of 255.33 whole time equivalent (WTE).

The £280k savings target is equivalent to a 2.4% reduction in the Hospital staffing budget.

Actions:
All current vacancies will be reviewed and be subject to QIA, and removed if appropriate.
All future vacancies will be reviewed and subject to QIA, prior to advertisement or removal.
Rotas may require altering to accommodate staff adjustments.
Rostering policy to be adhered to.

Impact on Staff:

Minimal as target will be achieved through vacancies as they arise.
Minimal work adjustment to accommodate reduced staffing levels.

Implications/Risks:

The number of vacancies in the financial year does not meet the financial target.

Current Budget: £11.8m

Savings:

Saving	**2019-20 £000**	**2019-20 FTE**	**2020-21 £000**	**2020-21 FTE**	**2021-22 £000**	**2021-22 FTE**
LIH Staffing Review	280	8.6	280	8.6	280	8.6
Total	**200**	**8.6**	**200**	**8.6**	**200**	**8.6**

ARGYLL AND BUTE HSCP

BUDGET PROCESS 2019/20 – SAVINGS PROPOSALS

Service Area:	**Learning Disability**	**Savings Ref.**	**1920-39**

Head of Service:	Phil Cummins
Responsible Officer:	Nicola Gillespie

Description of Savings Proposal:

Review of staffing levels and non-pay costs removing posts that are currently vacant through current workforce monitoring and any non-essential spend. In terms of posts identified these will be subject to a Quality Impact Assessment prior to any future savings and efficiencies be realised.

Impact on Service Delivery:

No change where there is a recurring underspend and /or vacancy.

Actions Required to Deliver on Savings:

Removal of long standing vacant posts not currently being back filled with alternative staffing. All current vacancies will be reviewed and be subject to QIA, and removed if appropriate.
Review of non-pay to be undertaken.

Impact on Staff:

Minimal impact to staffing anticipated.

Implications/Risks:

Potential reduction to staffing may lead to waiting time pressures, however this should minimised through future workforce profiling and service redesign.

Not all current vacancies will necessarily be able to contribute to savings target and savings target may not be achieved in full.

Unexpected fluctuations in non-pays, such as increased fuel prices may impact adversely on savings targets.

Current Budget: £491K – 2019-20

Savings:

Saving	2019-20 £000	2019-20 FTE	2020-21 £000	2020-21 FTE	2021-22 £000	2021-22 FTE
	50	0.5	50	0.5	50	0.5
Total	**50**	**0.5**	**50**	**0.5**	**50**	**0.5**

Integration Joint Board **Agenda item: 5.3 (v)**

Date of Meeting: **27 March 2019**

Title of Report: **Financial Risks 2019-20**

Presented by: **Kirsty Flanagan, Interim Chief Financial Officer**

The Integration Joint Board is asked to:

- Consider the financial risks identified for the Health and Social Care Partnership.
- Note that financial risks will be reviewed and monitored on a two monthly basis and reported to the Board.

1. EXECUTIVE SUMMARY

1.1 This report introduces a process of identifying and reporting financial risks to the Board on a regular basis. No budget is without an element of risk and it is important to keep the Board informed of the financial risks.

1.2 Each risk has been classified as to its likelihood and also has been quantified within a financial range. Each risk also notes any current mitigations in place to keep the risk from being realised.

1.3 There are 34 risks identified in total with 26 classified as possible and 8 classified as likely. Only three risks have been quantified as being over £500,000.

1.4 Financial risks will be reviewed and monitored on a two monthly basis and will be reported to the Board as part of the pack of financial reports.

2. INTRODUCTION

2.1 This report introduces a process of identifying and reporting financial risks to the Board on a regular basis.

3. DETAIL OF REPORT

3.1 No budget is without an element of risk as a budget is an estimate of income and expenditure at a given point in time and there is the potential that some of the assumptions built into the budget are different to what the actual

position turns out to be. It is important to keep the Board informed of the financial risks.

3.2 For each risk, the likelihood has been assessed based on what is a relatively standard risk matrix:
1 – Remote
2 – Unlikely
3 – Possible
4 – Likely
5 – Almost Certain

3.3 It is difficult to accurately quantify each financial risk, so they have been grouped into ranges as follows:
Less than £100,000
Between £100,000 and £300,000
Between £300,000 and £500,000
Between £500,000 and £1.5m.

3.4 Alongside each risk identified there are a note of any current mitigations that are in place to keep the risk from being realised. There are some risks where monitoring can take place but it is difficult to mitigate the risk due to Scottish Government policy directions and the introduction of new drugs.

3.5 The UK withdrawal from the European Union could lead to additional financial risks, however, at the current time it is not possible to quantify what these may be. We will continue to monitor developments.

3.6 The individual financial risks are detailed in Appendix 1 and are summarised in the table below.

Likelihood/Range	**Possible**	**Likely**	**Total**
<£100k	8	7	**15**
£100k - £300k	11	0	**11**
£300k - £500k	4	1	**5**
£500k - £1.5m	3	0	**3**
Total	**26**	**8**	**34**

3.7 There are 34 risks identified in total with 26 classified as possible and 8 classified as likely. Only three risks have been quantified as being over £500,000 and they have been classed as possible. There are 8 likely risks and although likely, 7 of these risks have been quantified as under £100,000.

3.8 Financial risks will be reviewed and monitored on a two monthly basis and will be reported to the Board as part of the pack of financial reports.

4. RELEVANT DATA AND INDICATORS

4.1 Financial risks have been identified based on previous and current year cost pressures and those areas of the budget where spending is more volatile. Financial risks have been classified as to their likelihood and an estimate o of the potential financial impact.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 Financial risks are identified based on delivery of service to meet the strategic priorities.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – Each financial risks has been assessed as to its estimated financial impact.

6.2 Staff Governance – None.

6.3 Clinical Governance – None.

7. EQUALITY AND DIVERSITY IMPLICATIONS

7.1 None directly from this report.

8. RISK ASSESSMENT

8.1 Risks are detailed within the report.

9. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

9.1 None directly from this report.

10. CONCLUSIONS

10.1 This report summarises the key financial risks facing the Health and Social Care Partnership. There are 34 risks identified in total with 26 classified as possible and 8 classified as likely. Only three risks have been quantified as being over £500,000.

11. DIRECTIONS

Directions required to Council, NHS Board or both.	**Directions to:**	tick
	No Directions required	√
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

APPENDICES:

Appendix 1 – Financial Risks 2019-20

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP - FINANCIAL RISKS

INTEGRATED JOINT BOARD - 27 MARCH 2019

				2019-20	
HEALTH OR SOCIAL WORK	**SERVICE AREA**	**DESCRIPTION OF RISK**	**CURRENT MITIGATIONS**	**LIKELIHOOD**	**FINANCIAL IMPACT £000**
Health	Adult Services	Continued use of agency medical staff in psychiatry	Continuation of attempts to recruit permanent staff. Where this is not possible then the service will be required to contain locum costs within budget but it has to be appreciated that this might not always be possible if it affects service delivery.	3	500-1500
Health	Adult Services	Continued use of locum GPs on Mull	HSCP has advertised to recruit to a single island wide practice.	3	300-500
Health	Adult Services	Continued use of agency nursing staff in Lorn & Islands Hospital	Continuation of attempts to minimise the use of agency staff.	3	100-300
Health	Adult Services	Overspending on GP prescribing budgets for several potential reasons causing short supply of drugs resulting in price increases	Prescribing advisors advise GPs on good prescribing practice to contain costs.	3	100-300
Health	Adult Services	Potential for consultant vacancies at Lorn & Islands Hospital resulting in increased use of locums	Most consultant roles are currently filled by employed staff and there would be an attempt to recurit to vacnacies rather than use locums.	3	100-300
Health	Adult Services	Continued use of locum GPs in Kintyre Medical Group	An alternative plan to avoid reliance on locums is being discussed.	4	<100
Health	Adult Services	Continued use of agency staff in Lorn & Islands Hospital Laboratory	Continuation of attempts to recruit permanent staff. Where this is not possible then the service will be required to contain locum costs within budget but it has to be appreciated that this might not always be possible if it affects service delivery.	4	<100
Health	Adult Services	GPs on Coll and Colonsay opting out of providing out of hours services	GPs on these islands are currently providing out of hours services.	3	<100
Health	Adult Services	Continuation of excess nurse staffing in Rothesay Victoria Hospital	As part of grip and control, regular review of workforce undertaken by the Strategic Leadership Team to minimise excess staffing and use of locums.	4	<100

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP - FINANCIAL RISKS
INTEGRATED JOINT BOARD - 27 MARCH 2019

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	2019-20 LIKELIHOOD	2019-20 FINANCIAL IMPACT £000
Health	Adult Services	Continued reliance on locum medical staff to cover shifts on the Oban out of hours rota	As part of grip and control, regular review of workforce undertaken by the Strategic Leadership Team to minimise excess staffing and use of locums.	4	<100
Health	Adult Services	Continuation of excess community nurse staffing on Mull	As part of grip and control, regular review of workforce undertaken by the Strategic Leadership Team to minimise excess staffing and use of locums.	4	<100
Health	Commissioned Services - NHS GG&C	NHS GG&C seeking to correct historic undercharging on the main patients' services SLA	Currently challenged GG&C requested payment and meetings are due to take place in respect of this.	3	500-1500
Health	Commissioned Services - NHS GG&C	New cystic fibrosis drugs are introduced.	This will be monitored but it is an area where there is limited control.	4	300-500
Health	Commissioned Services - NHS GG&C	Potential for further growth in the cost of oncology drugs beyond provision in the budget	A cost pressure has been build into the 2019-20 budget for the overspend currently in 2018-19 and also for future demand. This should assist in minimising this risk, however, it is a risk that there is limited control over.	3	100-300
Health	Commissioned Services - NHS GG&C	Potential for further growth in the cost of pharmacy homecare services	The Lead Pharmacist will undertake an annual review of pharmacy costs to help to mitigate this risk.	3	100-300
Health	Commissioned Services - NHS GG&C	Potential for growth in the number of high cost individual patient treatments	This will be monitored but it is an area where there is limited control.	3	100-300
Health	Commissioned Services - Other	Continued high level of patient referrals to Huntercombe and the Priory	Development of local CAMHS service.	3	300-500
Health	Commissioned Services - Other	Potential for growth in the number of high cost individual patient treatments	This will be monitored but it is an area where there is limited control.	3	100-300

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP - FINANCIAL RISKS
INTEGRATED JOINT BOARD - 27 MARCH 2019

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	2019-20 LIKELIHOOD	2019-20 FINANCIAL IMPACT £000
Health	General Medical Services	Potential for high cost of reimbursements to GP practices for maternity and sickness absence cover	This will be monitored but it is an area where there is limited control.	3	<100
Health	Management and Corporate Services	Potential for the cost of migration to Windows 10 and Office 365 exceeding budgetary provision	Head of IT is developing an implementation plan	3	<100
Health	Estates	Continuation of unfunded rates charge for Argyll & Bute Hospital if the property isn't cleared and empty property relief can't be obtained	Planned closure of Argyll & Bute Hospital (apart from the former Succoth Ward) is progressing.	3	<100
Health	Service wide	Funding for NHS pensions is less than the cost.	No mitigations currently in place, await the announcement on the funding and whether this will be sufficient to cover the cost.	3	<100
Council	Chief Officer	Increased building maintenance and repairs costs arising as the buildings we use get older and their condition deteriorates.	Regular monitoring of the fabric of the buildings and assessment for asset sustainability works funded via the capital budget. Reduction in the number of buildings in use through the co-location of staff into fewer buildings.	3	<100
Council	Service Development	Potential increase in the cost of the social work management information system arising from changes in the contractual/fees arrangements between the supplier (OLM) and the HSCP.	A review of the functionality used by the HSCP is underway to identify opportunities for reducing the annual system cost as well as negotiations with the provider to avoid/reduce the impact of any change in the fees for the system.	4	<100
Council	Looked After Children	Potential increase in the number of children and young people who need to be taken into care and supported/accommodated by the HSCP.	Practitioners are working hard to avoid admissions to care and the service is developing lower cost models of support for young people who become looked after.	3	500-1500

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP - FINANCIAL RISKS
INTEGRATED JOINT BOARD - 27 MARCH 2019

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	2019-20	
				LIKELIHOOD	FINANCIAL IMPACT £000
Council	Children with a Disability	Potential increase in the number of children and young people requiring support/families requiring support as well as the potential for increased levels of support required by existing service users.	The weekly Children's Resource Panel is scrutinising requests for service. Consideration is being given to how SDS and other service models could be developed to provide support in the future.	3	100-300
Council	All Social Work	Difficulties in recruiting and retaining qualified staff as well as increased demand/complexity in terms of the services required which result in the use of locum/supplemental staffing.	Work is ongoing with HR and the Communications team to look at how we can encourage people to come and work in Argyll and Bute. Work is also underway in relation to growing our own through staff training.	3	300-500
Council	Adult Services	The annual inflationary/SLW uplift in the rates paid to external providers to deliver services is greater than budgeted for due to increased service usage and/or higher requests from providers.	Engage with providers to ensure services are lean and the service requests from the HSCP are sensible and can be delivered efficiently. Keep track of the changes in inflation, NLW, SLW and other factors which will impact on the providers to ensure that the budgeted provision is realistic.	3	300-500
Council	Older People	Potential requirement to increase the number of staff working overnight in our older people care homes to ensure that all of the residents can be safely evacuated from buildings in the event of a fire.	Working closely with the fire brigade to ensure arrangements are fit for purpose. Review of the equipment available in the homes to assist staff to evacuate residents.	3	<100
Council	Older People	Potential increase in the number of older people requiring support.	Regular review of services and tracking of changes in service demand.	3	100-300
Council	Physical Disability	Increased demand for service, both for new clients and from increases in the needs of existing service users exceeds the demand pressure built into the budget.	Regular review of services and tracking of changes in service demand.	3	100-300

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP - FINANCIAL RISKS
INTEGRATED JOINT BOARD - 27 MARCH 2019

HEALTH OR SOCIAL WORK	SERVICE AREA	DESCRIPTION OF RISK	CURRENT MITIGATIONS	2019-20	
				LIKELIHOOD	FINANCIAL IMPACT £000
Council	Learning Disability	Increased demand for service, both for new clients and from increases in the needs of existing service users exceeds the demand pressure built into the budget.	Regular review of services and tracking of changes in service demand.	3	100-300
Council	Learning Disability	Potential requirement to address property maintenance issues at a leased property in Helensburgh.	Assess the HSCP's liability under the lease and assess the likey cost of the works as well as determine how the building will be used in the future if the lease is retained.	4	<100
Council	Mental Health	Changes in service assessment practice which reclassifies non-personal care as personal removing the ability to charge for services.	Ensure that assessment practice is correct and that service classification is consistent with the nature of the services provided.	3	<100

Integration Joint Board **Agenda item: 5.3 (vi)**

Date of Meeting: **27 March 2019**

Title of Report: **Greater Glasgow and Clyde SLA**

Presented by: **George Morrison, Head of Finance (Health)**

The Integration Joint Board is asked to:

- Note the position regarding negotiations with NHS Greater Glasgow & Clyde in relation to the 2018/19 Patients' Services Service Level Agreement value.

1. EXECUTIVE SUMMARY

1.1 NHS Highland has a Service Level Agreement (SLA) with NHS Greater Glasgow & Clyde (GG&C) for services provided to Argyll & Bute residents in GG&C hospitals. An annual payment is made in respect of this SLA.

1.2 The SLA value for 2018/19 is in dispute. NHS Highland has offered £53.1m. NHS GG&C are seeking payment of £54.3m. Negotiations are ongoing to attempt to resolve this matter.

2. INTRODUCTION

2.1 NHS Boards receive funding to provide healthcare to their resident populations. It follows that when residents travel outwith their own Board area to receive services, then payment is required to be made in respect of services provided.

2.2 In Argyll & Bute, many residents travel to hospitals in NHS Greater Glasgow & Clyde for out-patient, day case and in-patient services. These services are contained within a single, large value, SLA which is intended to cover the cost of all services provided to Argyll & Bute patients over the course of a financial year.

2.3 Historically, the value of the SLA has been based on an analysis of costed activity undertaken by NHS Greater Glasgow & Clyde. The model used for calculation of the SLA value is commonly known as the West of Scotland cross boundary flow model due to the large inflow of patients to GG&C from several neighbouring Health Boards.

3. DETAIL OF REPORT

3.1 The annual value of the SLA has been successfully agreed for over a decade, usually following a period of negotiation but always without the need for arbitration. However in 2018/19, an impasse has been reached with NHS Greater Glasgow & Clyde seeking payment of a higher value than that willing to be agreed to by NHS Highland. NHS Highland's offer is £53.1m and NHS GG&C are seeking payment of £54.3m. There is, therefore, an unresolved dispute over £1.2m.

3.2 The annual value of the SLA has historically been calculated using the previous year's agreed value as the baseline with an incremental increase applied to take account of; pay awards, inflation, changes in patient activity levels, SG waiting times funding and any other agreed variations. Recently, perhaps in response to the increasing financial challenge being experienced across the public sector, NHS GG&C has raised two issues of perceived historic undercharging within the SLA. The first relates to acute hospital services provided in Clyde hospitals (Royal Alexandra Hospital, Inverclyde Royal Hospital and Vale of Leven Hospital), and the second relates to mental health services (acute psychiatry and dementia) provided mainly to the population of Helensburgh & Lomond locality where there is an established patient pathway into GG&C for these services.

3.3 The dispute in respect of acute services relates to a £1.3m adjustment embedded within the SLA value more than a decade ago to reflect the lower cost of services provided in Clyde hospitals in comparison to Glasgow hospitals. NHS GG&C now claim that the adjustment, known as the "Clyde Effect" abatement, is no longer valid as Clyde hospitals are now more expensive than Glasgow hospitals. Limited evidence has been presented in support of this claim.

3.4 The dispute in respect of mental health services relates to the fact that for more than a decade the charge for these services was estimated by GG&C, rather than properly counted and calculated. In 2017/18, the estimated value, within the agreed SLA, was £0.5m. For 2018/19, GG&C is proposing a charge of £2.0m based on actual counted and costed activity over the last three years. This is a substantial increase of £1.5m.

3.5 These two disputed amounts total £2.8m. However, taking some other activity changes into account that work in Argyll & Bute's favour, the net disputed amount is £2.5m. GG&C are not pursuing settlement of this amount in full in 2018/19. Instead, they are proposing to collect half of it, £1.2m, in 2018/19, with the other half added to the 2019/20 SLA value. It is important to appreciate that the dispute this year relates to only half of the fully disputed amount and that GG&C are actually pursuing settlement of a larger sum over a two year period.

3.6 Negotiations have taken place with both Scottish Government and NHS Greater Glasgow & Clyde to attempt to resolve this matter. However, to date, the matter remains unresolved.

3.7 In terms of accounting, if the matter remains unresolved at the end of the financial year, NHS Highland will be required to accrue the disputed amount.

The actual wording from the NHS Annual Accounts Manual states that, “Health bodies should resolve any disputes or disagreements on balances by the year end. Failure to agree balances within this limit should be notified to the SGHSCD as soon as possible. For balances that cannot be resolved within this timescale the charging body is entitled to show the full amount of any disputed charge and the body being charged must also show this amount. This is not to be taken as acceptance of the charge nor agreement to pay." The final sentence is particularly interesting. The rule exists because at year end, individual Health Board’s accounts are consolidated into an account for the Scottish Health Service and clearly Boards indebtedness to each other must be netted off within this consolidation.

4. RELEVANT DATA AND INDICATORS

4.1 All contained within section 3 above.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 Payment to NHS Greater Glasgow and Clyde supports their delivery of hospital services to Argyll & Bute residents.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – Argyll & Bute HSCP/NHS Highland has a budget to support our offered payment of £53.1m. Any payment in excess of this amount will create a budget overspend in 2018/19 and will adversely affect our year end outturn position. It could also have implications for the financial position in future years.

6.2 Staff Governance – None.

6.3 Clinical Governance – None.

7. EQUALITY AND DIVERSITY IMPLICATIONS

7.1 None.

8. RISK ASSESSMENT

8.1 None.

9. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

9.1 None.

10. CONCLUSIONS

10.1 The resolution of this outstanding issue is very important. The payment to NHS Greater Glasgow & Clyde affects the amount of money available to provide services within Argyll & Bute. Any increase in the payment will result in less money being available for the delivery of other services in Argyll & Bute.

10.2 An alternative outcome could be that if we are required to pay more to NHS Greater Glasgow & Clyde, then we may have to consider restricting access to services provided by them to contain costs within budget. There is considerable financial and service risk associated with this issue and officers will continue to strive for a favourable resolution.

11. DIRECTIONS

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<tr><td rowspan="5">Directions required to Council, NHS Board or both.</td><td>Directions to:</td><td>tick</td></tr>
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QUALITY & FINANCE PROGRAMME BOARD

MINUTES OF MEETING Held on Wednesday 20 February 2019 at 2.00pm, Room J05/J07, MAHICC, Lochgilphead

Members present: Joanna MacDonald, Chief Officer (Chair)
Kirsty Flanagan, Interim Chief Financial Officer (ABC Head of Strategic Finance)
Robin Creelman, IJB Board Chair
Heather Grier, IJB Board Member
Councillor Kieron Green, IJB Vice Chairperson
Charlotte Craig, Business Improvement Manager
Linda Currie, Lead AHP
Elizabeth Higgins, Lead Nurse
Phil Cummins, Interim Head of Adult Care East
Alex Taylor, Head of Children and Families and Criminal Justice
Kevin McIntosh, Staff Representative Council (UNISON)
Fiona Broderick, Staff Representative
Councillor Gary Mulvaney, IJB Board Member – (via VC audio)
Sarah Compton-Bishop – (via VC audio)
George Morrison Head of Finance, Health
David Forshaw, Principal Accountant, Social Work

		Action by
1.	**Welcome and Apologies** Chair opened with welcome & introductions. The chair welcomed a continuance of an open discussion. **Apologies:** Lorraine Paterson, Head of Adult Services West.	
2.	**Draft Meeting Note of 20 February 2019** Minutes agreed and note for the paper on co-location.	

		Action by
3.	**Budget Monitoring** Improvement in position by 0.469m still in a position of forecast £3.929m overspend. Report provides narrative similar to previous report and some additional narrative on current position as at 31 January 2019. GM added position on health side has flattened but continue to review to seek improvement. In addition there is the continuing risk of 1.2 million with Greater Glasgow and Clyde based on the ongoing issue with the main Glasgow SLA. JM identified that NHS Highland as the contract holder will progress a meeting with planning and performance with GG&C within the next two weeks. DF indicated improvement in social care. Identified year to date position as a concern with profile of savings being reviewed and revised. Highlighted invoice processing as an area of work for attention in forthcoming year. January figures going to the IJB, this is reflected in the presented papers presented with February position being updated verbally. Kirsty identified that FTE staffing impact had not been input to the proposal. Action to get clarity on SG brokerage and whether it included A&B It was iterated that technically the SLA is with NHS Highland and as such they act on the IJB's behalf although JM will continue to have supporting dialogue with Alison Taylor from Scottish Government. KF identified that she and Dave Garden (NHS Finance) would require to ensure consensus of approach for sign off by the Section 95 Officer on any decisions around the budget/annual accounts.	**JM** **DF** **JM/GM** **JM** **KF/DG**
4.	**Budget Outlook** KF leading, draft of the report going to the board with the draft budget. Few changes on pay award paragraph 3.1.1 not anticipating anything additional.	

		Action by
	Discussion in relation to the detailed content of the paper is noted in this section. Previous budget identified funding for new medicines, £821,000 was additional, this is not the case and it is included in the baseline. Identified that paper will change based on Council approved budget. There is an assumption made at this stage that budget will not be reduced based on letter from Derek McKay introducing flexibility on the allocation to the Health & Social Care Partnership. KF indicated that pay and non-pay inflation combined for presentation purposes. Also that Scottish Living Wage calculation will slightly reduce. There may changes to cost and demand pressures and seeking to more narrative around this. KF will recommend to the council to defer repayment of overspend for a year and has taken this as an action. HG highlighted that going forward with savings she was seeking to understand how we can achieve the required saving per month and what does this look like. KF requested to reflect on the best case scenario for the IJB presentation of papers in this context. DF indicated policy savings supporting shift in the balance of care to community based services. RC reflected on acute services and any potential increase in demand and consideration given to this. KF indicated Scottish Government highlighted intention to do a 3 year budget for the year 2020 onwards which would provide greater opportunity for planning. SW highlighted investment plan savings, and requirement to validate that. GM avoidable costs of Laboratory. Reflected that the management of the service had not been consistent and would benefit from an improvement plan. Increased activity with Golden Jubilee and Lothian for service provision.	**KF**

		Action by
	HG service – could this stop or what is the required need? Microbiology is undertaken in Inverness. Lead nurse advocated on retention of the lab around clinical risk. Identified tests to Glasgow and tests to Oban. Specialist test for Glasgow. Understand what it is doing first (RC). Could capacity be increased? Recognition of growth and cost and comparable costs with Glasgow SLA. Bute Mortuary upgrade was discussed in term of its fit with revenue/capital. Capital programme administered by the NHS board. Approved based on the works being undertaken as revenue. **Action: Future paper to the IJB board for capital spend from both partners.** **Action: Two requests, can it be paid for by Capital and are the works underway.** Asbestos removal Cowal community hospital, seen separately from the re-wiring. **Action: requested that this is followed up to establish requirement.** Cardiac work elective surgical work TAVI. Activity growth continues, this activity is through GP referral. This area was discussed but not action identified at present. RC identified the requirement for detailed SLA. KF identified requirement to model projections for increase as part of SLA's ongoing.	**GM** **GM/DR** **GM/DR** **GM/DR**
5.	**Draft Savings Ideas 2019-20** Identified £4.7m savings, efficiency and policy savings highlighted in the Combined list of savings paper. Outstanding 2.2 million of savings which will be the most difficult element of savings. KF invited the board to respond. Those which can't be implemented by 1 April have staffing or scoping implications. Some of the wording required to be	**KF**

		Action by
	resolved prior to submission to the IJB. RC required assurance for the IJB on achievability of savings options. GM identified that they were achievable. The review of savings opportunities has exposed costs pressures within the system which have been hidden. Year on year underspend has masked this previously. DF recognised where savings are already and have been identified. Identified weaknesses in that information coming back was RAG status and requested monitoring was changed implementing what is required, is it done? Who is doing it? Realistic timescales and transparent view of the work required going forward. Senior officers were directed to apply significant rigour to ensure items are really achievable. **Action review monitoring of plan** RC looking for the transformative in the Quality. Important to maintain the distinction. JM welcomed the session from Scottish Government and Brian Steven who highlighted the requirement to understand the current business prior to transformation. Basis for the plan. Highlighted that plan is conservative in first instance. HG expressed positive response and confidence in delivery seeking to review progress ongoing. HG highlighted difference in recurring savings. Updated report to board on savings progression. 4.7 million in recurring savings. GM indicated vacancy savings not about removing posts. Long term vacant posts wording around this to be reviewed. DF established practice of monthly review of vacant posts through the budget and remove the funds where underspent as part of current procedure. Updated papers brought back to the development session 14th March.	**SLT** **KF** **KF**
6.	**Locality Integrated Care Fund** In year allocated funds. Devolved to the localities as to how they meet local need. GM paper details how the money is being spent. Predominantly 3rd sector. Each locality gets NRAC share of funding HG declared interest as part of the Strachur hub. Highlights the funds allocated to provider.	

		Action by
	£1.8 million, £800,000 to all localities ongoing. PC raised the issue of contracting in localities and possibility of better contracting/commissioning. Groups reapply annually. SCB highlighted that increased further transparency on application process and fund allocation. GM provided historical background on the fund. HG identified that commissioning and procurement involved previously. Recognition of the requirement for this support. If the intention is seed funding then evaluate and disinvest as they become sustainable. RC highlight participatory budgeting opportunity and this was discussed around the Local Authority experience and cost effectiveness for small funding amounts. DF further highlighted some good practice and CKG highlighted available council platform availability of structure to do so if appropriate. RC should have distinction between mainstream business. Development session 14th March extended to Staffside/Union.	
	Date of Next Meeting – 19 March 2019	

Integration Joint Board **Agenda item: 5.4**

Date of Meeting: **27 March 2019**

Title of Report: **Financial Quarter 3 - Performance Exception Report**

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

The Integration Joint Board is asked to:

- Note overall scorecard performance for the FQ2 reporting period
- Consider and Note the HSCP performance against National Health and Well Being Outcome Indicators: 6,7 & 8 and the Ministerial Steering Group measures of integration for the HSCP
- Note the Head of Services performance commentary with regard to local actions to address exceptions against indicators 6,7 & 8
- Note the recent decision by the Senior Leadership Team to agree the MSG Performance Framework targets for 2019/20 and this will be presented to the IJB at its next meeting with reporting to commence in FQ3

1. EXECUTIVE SUMMARY

For Financial Quarter 2 (FQ2) there is a reduction in overall performance when compared to the previous quarter. Measures reported on track for Financial Quarter 1 (FQ1) were (38) compared to (34) reported on track for FQ2. For the second quarter the overall IJB scorecard performance is reporting an overall trend of red

Performance exceptions across Health & Wellbeing Outcome Indicators (**6,7,& 8**)- notes 64% (7 out of 11) measures reported as off-track

With regards to the FQ2 performance for the Ministerial Steering Group (MSG) measures; Unplanned Admission is reporting 4.9% off target, Unplanned Bed Days is reporting 8.6% off target, Accident & Emergency Attendance is reporting 5.1% off target and Delayed Discharges reporting 42.5% off target.

Areas of improved performance for FQ2 are an increase in the percentage of adults supported at home who reported feeling safe, the percentage of adults who reported feeling safe at assessment, the percentage of children on the Child Protection Register (CPR) with a current risk assessment and percentage of staff who would recommend their workplace as a good place to work

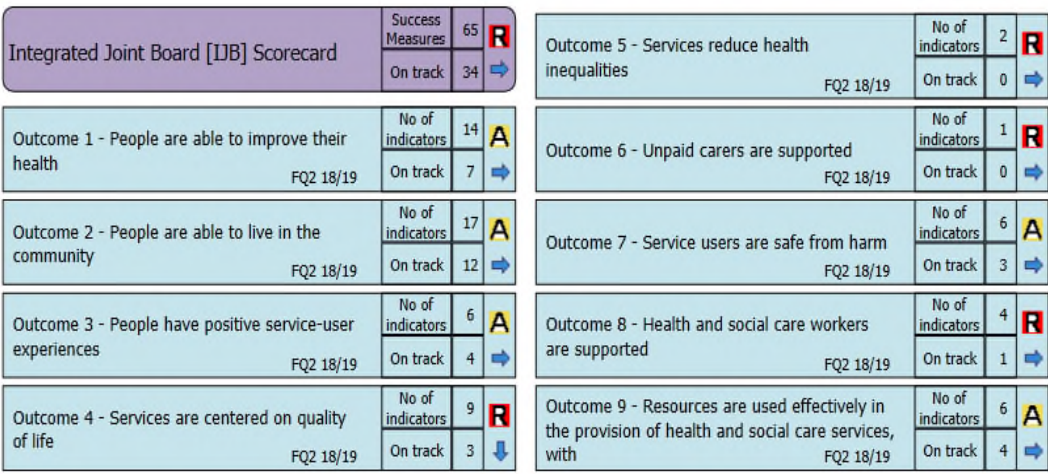
2. INTRODUCTION

The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. These suites of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals. Currently there are 9 key National Health and Wellbeing Outcomes (NHWBOI's) and 23 sub-indicators and additional measures which form the foundation of the reporting requirement for the HSCP.

3. RELEVANT DATA AND INDICATORS

3.1 Overall Scorecard Performance for FQ2

Compared to FQ1 there is a reduction in overall performance with FQ1 (38) measures reported as on-track against FQ2 which notes (34) on-track. For the second quarter the overall IJB scorecard performance is reporting a trend of red



Key areas of improved reported performance for 6, 7 & 8 are:

- Percentage of adults supported at home who agree they felt safe- national biannual measure
- Percentage of Adult Care users reporting they feel safe at assessment
- Percentage of Children on Child Protection Register with a current Risk Assessment
- Percentage of staff who say they would recommend their workplace as a good place to work

(**Appendix 1** gives the detail of each of the 65 measures and their associated performance for FQ2)

As requested by the Integration Joint Board (IJB) **Appendix 2** identifies the most recent SOURCE performance data with regards to Argyll & Bute HSCP, benchmarked partnership performance against comparable IJBS for the 9 HWBOI's and their 23 sub-indicators.

3.2 Exceptions Performance Report for Outcome Indicators 6, 7 & 8

The table below summarises the exception report for the 7 performance measures across indicators 6, 7 and 8 which are off track, including performance against the previous quarter and Head of Service Performance Narrative identifying actions to improve.

	Performance Indicator & Source Definitions	Target	Actual (FQ2)	Benchmark Performance Against Previous Quarter (FQ1)	Head of Service Actions to Improve Performance
6	Percentage of carers who feel supported to continue in their caring role ***As this is a biennial (every two years) measure, it may need to be reported in the measurement year and the year after however the Guidance states: "While national user feedback will only be available every 2 years, it is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often."***	37%	33%	33%	Lorraine Paterson (Please note that there will be additional reported Carers measures included within the new IJB Scorecard (Mar 2019) and as such this should give a more accurate overview of local Carers activity and support) **Actions to Improve Performance:** The implementation of the Argyll and Bute HSCP Carers Strategy will see an improved focus on carers assessments and availability for support. Scottish Government funding has been made available to support this work, available from 1st April 2019. Proposed additional carers measures will include: 1.Number of carers (split by locality) 2. Number of carers split between adult and young carers 3. Number of carers offered an assessment 4. Number of carers who had an assessment
7	Percentage of Children on Child Protection Register with no Change of Social Worker ***Percentage of children on the Child Protection Register at end of quarter who have had no change of Social Worker from date of registration.*** ***Improved outcomes for children on the CPR have been shown to be related to stability of relationship with social worker.***	80%	57%	60%	Alex Taylor **Actions to Improve Performance:** Every effort is made to maintain the continuity of the child's social worker in Child Protection and Looked After cases. However, this is not always possible when staff leave the service, transfer to other services or are on long term sick leave. An overarching service review of the management and staffing structure will address the

	Performance Indicator & Source Definitions	Target	Actual (FQ2)	Benchmark Performance Against Previous Quarter (FQ1)	Head of Service Actions to Improve Performance
					resilience, sustainability and stability of front services.
7	Percentage of Children on Child Protection Register with a completed Child Protection Plan ***The percentage of children on the Child Protection Register (CPR) with a completed Child Protection Plan (CP)***	100%	95%	100%	Alex Taylor **Actions to Improve Performance:** This is monitored on a weekly basis by the Head of Service and the Locality Managers at which point prompt corrective action is taken if performance falls below 100%. A reduction in performance with regards to the Helensburgh & Lomond locality directly affected the overall target of 100% for this quarter. Corrective action has been taken and the overall performance trend for FQ3 suggests at this stage that 100% performance will be recovered.
7	Percentage of Child Protection investigations with Inter Agency Referral Tripartite Discussion(IRTD) within 24 hours ***The percentage of Child Protection (CP) investigations where there is an inter-agency planning meeting (Initial Referral Tripartite Discussion - IRTD) within 24 hours***	95%	87%	64%	Alex Taylor **Actions to Improve Performance:** This indictor is monitored closely by the Head of Service and the Child Protection Committee. Weekend referrals and complex investigations can lead to delays in completing an IRTD. In this event a Safe Plan is agreed between partners to ensure the safety of the child / children.
8	Percentage of PRDs completed (HR2 - PRDs A&B Council) ***Percentage of PRDS completed across Adult Care, Children & families and Planning & Performance***	90%	45%	41%	Alex Taylor **Actions to Improve Performance:** Historically the PRDs for Children and Families staff are completed during FQ4.
8	Social Work staff attendance ***Full Time Equivalent Days(FTE) lost across Adult Care, & Children & Families Services***	3.8 Days	5.4 Days	5.4 days	Phil Cummings **Actions to Improve Performance:** Staff and managers continue to ensure robust use of return to work and absence management policies across the HSCP. Work is ongoing to combine the attendance reporting across the HSCP with regards to joint NHS and LA attendance rates for FQ3. This will give a more comprehensive overview with new targets and baseline performance data.

Performance Indicator & Source Definitions		Target	Actual (FQ2)	Benchmark Performance Against Previous Quarter (FQ1)	Head of Service Actions to Improve Performance
8	Percentage of NHS sickness absence days ***NHS Highland Balanced Scorecard***	4%	5.67%	4.89%	Lorraine Paterson **Actions to Improve Performance:** Increased focus on the application of the relevant policies to support staff at work and allocation of appropriate leave. Implement formal recording of RTWI for NHS staff. The move to the electronic ESS system will support this improvement work.

(Please note that a period of 4/5 months data lag is in place with regards to reporting of FQ2 data **Appendix 3** identifies the latest availability of data and it completeness at the time of this report. Longest data delays are due to data processing and validation from sources outside the HSCP Performance and Information Team.)

3.3 MSG Measures Performance Reporting FQ2 (19/20)

The Ministerial Steering Group (MSG) performance measures have been developed in addition to the National HWBOI's. The function of these performance measures is to examine macro performance activity trends relating to improved outcomes through the integration of service delivery across the HSCP. The data below notes the Argyll & Bute and Greater Glasgow & Clyde split with regards to the performance total against our four agreed target areas with MSG.

Quarterly overall MSG performance for FQ2 notes:

- Unplanned Admissions: 4.9% off target
- Unplanned Bed Days: 8.6% off target
- A&E Attendance: 5.1% off target
- Delayed Discharges: 42.5% off target

MSG Indicator	Objective	Target Q2 18/19	Actual Q2 18/19	A&B Actual	A&B Target	GG&C Actual	GG&C Target	Variance & Performance Analysis for FQ2
Unplanned Admissions	Expected FY 2018/19 target 8332 - based on 5% reduction in overall total compared to FY17/18	4151	4358	2072	*2017*	2917	*2134*	Quarterly performance is 4.9% off target. 53% (2917) unplanned admissions reported in Greater Glasgow and Clyde health board hospitals, and 2.04% (89) unplanned admissions in other health board hospitals
Unplanned Bed Days	Expected FY 2018/19							Quarterly performance is 8.6% off target

	target 56687 - based on 0.6% reduction in overall total compared to FY17/18	28335	30788	14865	*14196*	15601	*14139*	53% (15601) unplanned bed days reported in Greater Glasgow and Clyde health board hospitals, and 1.04% (322) unplanned admission bed days in other health board hospitals
A& E Attendance	Expected FY 2018/19 target 16194 - based on sustained levels in overall total compared to FY17/18 **	8098	8509	3305	*3466*	4808	*4632*	Quarterly performance is 5.1% off target 57% (4808) A&E attendances reported in Greater Glasgow and Clyde health board hospitals, and 4.7% (396) A&E attendances reported in other health board hospitals
MSG Indicator	**Objective**	**Target Q2 18/19**	**Actual Q2 18/19**	**A&B Actual**	**A&B Target**	**GG&C Actual**	**GG&C Target**	**Variance & Performance Analysis for FQ2**
Delayed Discharge Bed Days Occupied	Expected FY 2018/19 target 7037 - based on 10% reduction in overall total compared to FY 17/18	3520	5015	4099	*2890*	916	*630*	Quarterly performance is 42.5% off target 81.7% (4099) Delayed Discharge bed days occupied reported in Argyll and Bute (NHS Highland) health board hospitals

** Please note that ISD only count the attendances at Lorn & Islands Hospital for this data set as a consultant led unit.

The Senior Leadership Team have recently agreed the new Ministerial Steering Group (MSG) performance framework for 2019/20 and as such this will be presented to the Integration Joint Board at its next meeting and reported from Financial Quarter 3 (FQ3) onwards with an update on performance targets and baselines as appropriate.

4. GOVERNANCE IMPLICATIONS

4.1 Financial Impact

There are a number of National Health & Wellbeing Outcome Indicators (NHWBOI's) which support the quality and financial performance of the HSCP including productivity, value for money and efficiency.

4.2 Staff Governance

A number of the National Health & Wellbeing Outcome Indicators (NHWBOI's) indicators under outcomes 9 are pertinent for staff governance purposes

4.3 Clinical Governance

A number of the National Health & Wellbeing Outcome Indicators (NHWBOI's) support the assurance of health and care governance and should be considered alongside that report.

5. EQUALITY & DIVERSITY IMPLICATIONS

The National Health & Wellbeing Outcome Indicators (NHWBOI's) help provide an indication on progress in addressing health inequalities.

6. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

None.

7. RISK ASSESSMENT

None.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None.

9. CONCLUSIONS

It is recommended that the Integration Joint Board/committee:

Note overall scorecard performance for the FQ2 reporting period with regards to the National Health and Well Being Outcome Indicators: 6,7 & 8 and the Ministerial Steering Group measures of integration for the HSCP.

10. DIRECTIONS

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REPORT AUTHOR AND CONTACT

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Appendix 1- IJB Performance Scorecard (FQ2 18/19)

Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer				
Measure	**RAG**	**Target**	**Actual**	**Lead Manager**
% of adults able to look after their health very well or quite well	GG	93.0 %	93.0 %	Lorraine Paterson
Rate of emergency admissions per 100,000 population for adults	R	12,256	12,617	Lorraine Paterson
Rate of premature mortality per 100,000 population	G	425.0	380.0	Lorraine Paterson
AC1 - % of Older People receiving Care in the Community	R	86.0 %	76.1 %	Phil Cummins
AC15 - No waiting more than 12 weeks for homecare service after assessment authorised	G	6	6	Phil Cummins
A&B - % of Learning Disability Service Users with a PCP	R	90 %	87 %	Phil Cummins
CA15B - % Looked After & Accommodated Children in Family Placements	G	75 %	77 %	Alex Taylor
CA17 - No of External Looked After & Accommodated Children	G	10	8	Alex Taylor
No of alcohol brief interventions in line with SIGN 74 guidelines	R	511	18	Lorraine Paterson
NHS-H7 - Proportion of new-born children breastfed	R	33.3 %	31.9 %	Alex Taylor
No of ongoing waits >4 weeks for the 8 key diagnostic tests	R	0	95	Lorraine Paterson
% of MMR1 uptake rates at 5 years old	G	95.0 %	96.9 %	Alex Taylor
% <18 type 1 Diabetics with an insulin pump	G	25 %	44 %	Alex Taylor
% >18 type 1 Diabetics with an insulin pump	R	12 %	7 %	Lorraine Paterson

Outcome 2 - People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community				
Measure	**RAG**	**Target**	**Actual**	**Lead Manager**
A&B - Number of people 65+ receiving homecare - Quarterly Stats	G	1,180	1,255	Phil Cummins
% of adults supported at home who agree they are supported to live as independently	R	81.0 %	79.0 %	Phil Cummins
% of adults supported at home who agree they had a say in how their support was provided	G	76.0 %	76.0 %	Phil Cummins
Emergency Admissions bed day rate	G	121,516	107,548	Lorraine Paterson
Proportion of last 6 months of life spent at home or in a community setting	G	88.0 %	90.0 %	Phil Cummins
% of adults with intensive needs receiving care at home	G	61.0 %	67.0 %	Phil Cummins
AC14 - Total No. of Enhanced Telecare Packages	G	500	936	Stephen Whiston
AC2 - % of Mental Health Clients receiving Care in the Community	R	98 %	97.6 %	Phil Cummins
AC21 <=3 weeks wait between Substance Misuse referral & 1st treatment	G	90.0 %	91.7 %	Lorraine Paterson
AC5 - Total No of Delayed Discharge Clients from A&B	R	12	25	Phil Cummins
CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS	G	90 %	92 %	Alex Taylor

% of patients wait no longer than 4 hours in A&E	G	95.0 %	98.6 %	Lorraine Paterson
% of patients who wait no longer than 18 weeks for Psychological therapies	G	90 %	94 %	Lorraine Paterson
No of days people spend in hospital when ready to be discharged, per 1,000 population	G	772 Days	634 Days	Phil Cummins
% of health & care resource spend on hospital stays, patient admitted in an emergency	G	24.0 %	22.0 %	Phil Cummins
Readmission to hospital within 28 days per 1,000 admissions	G	101	87	Phil Cummins
Falls rate per 1,000 population aged 65+	R	22	26	Lorraine Paterson

Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

Measure	RAG	Target	Actual	Lead Manager
% of adults receiving any care or support who rate it as excellent or good	G	80.0 %	80.0 %	Lorraine Paterson
% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	R	74.0 %	72.0 %	Lorraine Paterson
% of people with positive experience of their GP practice	G	83.0 %	85.0 %	Lorraine Paterson
AC16 - No of abbreviated customer service questionnaire sent to AC users- bi-monthly	G	5	12	Phil Cummins
No of patients with early diagnosis & management of dementia	R	890	793	Lorraine Paterson
% of SW care services graded 'good' '4' or better in Care Inspectorate inspections	G	83 %	86 %	Alex Taylor

Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Measure	RAG	Target	Actual	Lead Manager
% of adults supported at home who agree their support had impact improving/maintaining quality of life	R	80.0 %	74.0 %	Phil Cummins
AC11 - Average working days between Referral & Initial AP Case Conference	R	15 Days	31 Days	Phil Cummins
CA72 - % LAAC >1yr with a plan for permanence	R	81 %	77 %	Alex Taylor
CA34 - % of Care Leavers with a Pathway Plan	G	74 %	84 %	Alex Taylor
No of outpatient ongoing waits >12 weeks	R	0	397	Lorraine Paterson
% of outpatients on the waiting lists with medical unavailability	G	0.1 %	0.0 %	Lorraine Paterson
% of outpatients on the waiting lists with social unavailability	G	4.0 %	1.2 %	Lorraine Paterson
% of patients on the admissions waiting lists with medical unavailability	R	2.0 %	2.2 %	Lorraine Paterson
% of patients on the admissions waiting lists with social unavailability	G	15.7 %	14.2 %	Lorraine Paterson

Outcome 5 - Health and social care services contribute to reducing health inequalities

Measure	RAG	Target	Actual	Lead Manager
No of treatment time guarantee completed waits >12 weeks	R	0	2	Lorraine Paterson
No of treatment time guarantee ongoing waits >12 weeks	R	0	7	Lorraine Paterson

Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being				
Measure	**RAG**	**Target**	**Actual**	**Lead Manager**
% of carers who feel supported to continue in their caring role	R	37.0 %	33.0 %	Lorraine Paterson
Outcome 7 - People using health and social care services are safe from harm				
Measure	**RAG**	**Target**	**Actual**	**Lead Manager**
% of adults supported at home who agree they felt safe	G	83.0 %	83.0 %	Lorraine Paterson
AC17 - % of AC users reporting they feel safe at assessment	G	70 %	81 %	Phil Cummins
CP15 - % of Children on Child Protection Register with no Change of Social Worker	R	80 %	57 %	Alex Taylor
CP7 - % of Children on Child Protection Register with a current Risk Assessment	G	100 %	100 %	Mark Lines
CP16 - % of Children on Child Protection Register with a completed CP plan	R	100 %	95 %	Alex Taylor
CP17 - % of CP investigations with IRTD within 24 hours	R	95 %	87 %	Alex Taylor
Outcome 8 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide				
Measure	**RAG**	**Target**	**Actual**	**Lead Manager**
Health & Social Care Partnership % of PRDs completed	R	90 %	45 %	Alex Taylor
Social Work staff attendance	R	3.8 Days	5.4 Days	Phil Cummins
% of NHS sickness absence	R	4.00 %	5.67 %	Lorraine Paterson
% of staff who say they would recommend their workplace as a good place to work	G	67.0 %	71%	Lorraine Paterson
Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services				
Measure	**RAG**	**Target**	**Actual**	**Lead Manager**
CJ61 - % Criminal Justice Social Work Reports submitted to Court on time	G	92 %	97 %	Alex Taylor
CJ63 - % Community Payback Orders cases seen without delay - 5 days	G	80.0 %	83.0 %	Alex Taylor
CJ65 - Average hrs per week taken to complete Community Payback Order Unpaid Work/CS Orders	G	6.0 Hours	6.7 Hours	Alex Taylor
SCRA43 - % of Scottish Children's Reported Administration reports submitted on time	R	75 %	71 %	Alex Taylor
% of Scottish Morbidity Record 01 returns received	G	95.0 %	98.0 %	Lorraine Paterson
% of new outpatient appointments Did Not Attend rates	R	6.9 %	9.2 %	Phil Cummins

Appendix 2- A&B HSCP Benchmark HWBOI Performance

The table below identifies the most recent SOURCE performance data with regards to Argyll & Bute HSCP, benchmarked partnership* performance, and the Scotland-wide performance against the 9 HWBOI's and their 23 sub-indicators.

Indicator	Title	Argyll & Bute	Angus	East Lothian	Highland	Midlothian	Moray	Scot Borders	Stirling	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	93%	95%	94%	94%	92%	93%	94%	94%	**93%**
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	79%	76%	71%	86%	86%	83%	83%	84%	**81%**
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76%	71%	68%	79%	80%	75%	74%	73%	**76%**
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	72%	71%	66%	76%	71%	73%	75%	76%	**74%**
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	80%	77%	75%	83%	71%	80%	83%	79%	**80%**
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	85%	78%	80%	87%	76%	80%	88%	86%	**83%**
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	74%	77%	75%	86%	73%	79%	80%	81%	**80%**
NI - 8	Total combined % carers who feel supported to continue in their caring role	33%	34%	36%	38%	32%	39%	36%	38%	**37%**
NI - 9	Percentage of adults supported at home who agreed they felt safe	83%	80%	81%	84%	79%	84%	86%	88%	**83%**

Indicator	Title	Argyll & Bute	Angus	East Lothian	Highland	Midlothian	Moray	Scot Borders	Stirling	Scotland
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	***NA***
NI - 11	Premature mortality rate per 100,000 persons	380	384	372	373	389	372	324	360	**425**
NI - 12	Emergency admission rate (per 100,000 population)	12,617	11,061	10,310	10,632	11,535	9,197	12,360	10,045	**12,256**
NI - 13	Emergency bed day rate (per 100,000 population)	108,848	111,971	119,497	105,551	122,408	94,835	134,644	106,374	**122,595**
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	87	103	105	107	114	83	104	102	**102**
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90%	90%	86%	90%	87%	90%	87%	87%	**88%**
NI - 16	Falls rate per 1,000 population aged 65+	26	21	19	15	20	15	22	20	**22**
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	77%	84%	85%	86%	89%	85%	81%	95%	**85%**
NI - 18	Percentage of adults with intensive care needs receiving care at home	67%	51%	64%	50%	70%	65%	62%	66%	**61%**
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	625	419	775	1,300	1,422	936	855	566	**762**
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23%	28%	24%	21%	25%	22%	23%	21%	**24%**
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	***NA***
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	***NA***
NI - 23	Expenditure on end of life care, cost in last 6 months per death	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	***NA***

*Improvement Service Benchmarking Family Groupings for Children, Social Work and Housing Indicators

Appendix 3- Data Lag & Latest Data Availability

IJB Reporting Dates	Data Lag	FQ Reports	Latest Data Availability & Completeness
Wednesday 27th March 2019	4/5 months – please note that the bulk of the data lag is due to National Data Validation required from the National Information Services Division , this is out-with the control of the team	FQ2 (July- Sep 17/18)	FQ3 (Oct- Dec) – 60% completeness across the 9 HWBOI's
Wednesday 29th May 2019	4/5 months	FQ3 (Oct – Dec 17/18)	
Wednesday 7th August 2019	4/5 months	FQ4 (Jan – Mar 18/19)	

Integration Joint Board **Agenda item: 5.5**

Date of Meeting: **27 March 2019**

Title of Report: **Staff Governance Report**

Presented by: **Jane Fowler, Head of Improvement and HR**
Charlie Gibson, Acting Head of People and Change

The Integration Joint Board is asked to:

- Note the content of the report
- Comment on the structure and content of the report

1. EXECUTIVE SUMMARY

This report provides information to the IJB on the HSCP workforce. It meets the statutory requirements for NHS Staff Governance reporting. The format of the report is being changed and improved on an iterative basis to provide more and better integrated workforce information across the two employers for IJB members.

Highlights are:

- Focus on Recruitment
- Focus on Attendance

2. INTRODUCTION

The IJB has been receiving regular workforce information reports since its inception. This report presents information for FQ3 and sets out the proposed direction of travel in reporting on employee information to support strategic decision making by the IJB. This report includes updates on:

- Recruitment & Redeployment activity
- Statutory & Mandatory Training
- Workforce Performance Trends.
- iMatter Update
- Staff Wellbeing Survey
- Workforce Planning
- Other Issues

The figures represent data for Quarter 3 (Oct-Dec 2018).

3. DETAIL OF REPORT

3.1 RECRUITMENT & REDEPLOYMENT

3.1.1 **Local Recruitment**

Focus by the HSCP is currently firmly on the Grip and Control approach to scrutinising spend in all areas and on all aspects of the HSCP's business. Workforce Monitoring is a key part of this with weekly Grip and Control meetings taking place to review a range of workforce measures.

3.1.2 One of the areas highlighted is the challenge of recruiting to particular posts. Where these are essential and cannot be left vacant, the Partnership has in some cases had to use agency staff. This is more costly than employing staff directly and so is a focus for attention specifically over the next 4 weeks initially, but will remain a long term action.

3.1.3 Argyll and Bute Council has been transforming its approach to recruitment, recognising the issues facing our area in terms of attracting new recruits. The Council has moved to promoting posts solely online and is carrying out survey work UK wide to determine peoples' knowledge of Argyll and Bute and their willingness to relocate here to work. This intelligence allows us to target promotional recruitment posts to areas where we know people are susceptible to relocating. This approach has been in place for over 18 months now and has significantly reduced job advertisement costs and as well as increasing our reach for potential recruits.

3.1.4 The underlying principle is that people who are convinced that Argyll and Bute is a good place to move to and live in will then consider a career here. We find it very difficult to compete with the central belt on career and salary alone.

3.1.5 Linked to this and recognising our strategic, partnership approach to grow the population and the economy, the Council's Communications Team has developed a new website www.abplace2b.scot and is promoting use of the hashtag #abplace2b. The hashtag is designed for use by the public, partners and businesses to link all social media posts promoting Argyll and Bute as a great place to live, learn, work and do business. It links directly to our Community Plan. The website contains information about Living, Working and Learning in Argyll and Bute. It is a very new site and there is an ongoing plan of activity to increase engaging content on the site. The HSCP are now using the hashtag #abplace2b on their social media posts about recruitment and the link to the website is being used, for example, on the advert for the Head of Finance and Transformation.

3.1.6 The Chief Officer has initiated a 'Big Bang' recruitment project for the HSCP to target professions/jobs that are hard to fill. This will be based around raising awareness of the specific profession/post, linked to promoting the area as a great place to live and work through abplace2b.

3.1.7 The Council's Communications Team is currently promoting a campaign about caring as a profession which recognises the difficulties in recruiting and retaining home carers. It is interactive and encourages people to respond to questions about home care, generating interest in the service, the people delivering and receiving care and the training that is available for people who choose it as a career. The campaign is using #proudtocare along with #abplace2b. This campaign will be used as the model for the other careers in the 'Big Bang' recruitment drive.

3.2 National Recruitment

3.2.1 Both employers are linked in to separate mandatory, national recruitment systems. MyJobScotland is the vehicle for all Scottish Council jobs and a new national NHS recruitment system "Job Train" is to be implemented by NHS this year, with NHS Highland in the 2nd tranche for implementation in the summer.

3.2.2 The focus for the partnership is in making best use of these national systems to ensure that all contextual information is shared across both sites and that it reflects abplace2b to promote the area. It is also important that these systems provide the partnership with intelligence to inform promotion and targeting of recruitment.

3.3 Redeployment

3.3.1 The two NHS redeployment registers, which identify employees who are displaced, remain static over the 3rd quarter despite all approved vacancies being scrutinised for potential opportunities. Most of those on the primary register are in funded temporary positions and the redesign process requires completion before permanent opportunities are realised.

3.3.2 **NHS Redeployment Register**

NHS Employees	**Oct**	**Nov**	**Dec**
A&B Adult Services – East (Primary)	9	9	9
A&B Adult Services – East (Secondary)	9	9	9
A&B Adult Services – West (Primary)	17	19	19
A&B Adult Services – West (Secondary)	20	20	20
A&B Children & Families (Primary)	0	0	0
A&B Children & Families (Secondary)	0	0	0
Corporate Services (Primary)	3	3	3
Corporate Services (Secondary)	0	0	0
Total Primary	**29**	**31**	**31**
Total Secondary	**29**	**29**	**29**

3.3.2 A 2 day Highland Quality Approach Kaizen is scheduled in the 4th quarter to review and improve how redeployment is progressed to facilitate a reduction not only on timescales but also to improve staff experience and finding them suitable alternative employment on a permanent basis.

3.3.3 The Council's redeployment register is dynamic as it is made up of employees who are currently at risk of redundancy as a result of service redesign. There were no employees seeking redeployment in FQ3. The period that the employee is on redeployment is a fixed number of weeks, informed by the individual's notice period. The Council approved its budget on 21 February 2019 which has resulted in a number of posts at risk of redundancy in services other than the HSCP. Any Council vacancies arising in the HSCP that are a match in terms of skills and grade for an employee at risk of redundancy will be used in the first instance for a redeployment trial. The Council remains fully committed to retaining employees who are at risk of redundancy by seeking all opportunities for redeployment and supporting them through retraining and skills development.

3.3.4 **Redeployment Across Employers**

An area for further investigation and action is the option to redeploy across employers. Whilst there is no national guidance on this and the Redundancy Modification Order, which would enable transfer of entitlements and service for redundancy purposes, does not apply, this is an important area for the partnership in terms of resource management and the effective use of staff.

Updates on this will be included in future workforce reports.

3.4 HSCP VACANCIES ADVERTISED

3.4.1 Information on advertised vacancies is collated differently at present, but this will be improved in future reports.

Vacancies advertised in FQ3 are set out below.

3.4.2 **Council Vacancies**

	October		**November**		**December**	
	External	Internal	External	Internal	External	Internal
Totals	50	93	56	50	57	101
	143		**106**		**158**	

3.4.3 **NHS Vacancies**

	October		November		December	
	New	Re-Ad	New	Re-Ad	New	Re-Ad
Adult Services EAST	8	3	2	2	0	3
Adult Services WEST	18	7	6	7	0	11
Children & Families	1	1	0	1	0	2
Corporate Services	5	2	0	1	0	1
Totals	**32**	**13**	**8**	**11**	**0**	**17**
	45		**19**		**17**	

3.5 STATUTORY & MANDATORY TRAINING

3.5.1 A range of training opportunities are offered to staff. Some of these are directly required for registration purposes, others are related to PRDs or to mandatory training requirements, such as equalities or GDPR, or specific to role training.

3.5.2 The following training was completed within Q3 of FY 18/19, and gives a total of **123** courses completed by staff. This excludes completion of e-learning, of which there are over 200 courses available on LEON.

Numbers of Council Employees Completed Training Required by Role or PRD/Council						
	October 2018		November 2018		December 2018	
	Role	PRD/ Council	Role	PRD/ Council	Role	PRD/ Council
Adult Care West	15	6	61	5	1	-
Adult Care East	22	3	3	-	-	-
Children and Families and CJ	1	2	-	3	-	-
Strategic Planning and Performance	1	-	-	-	-	-
TOTAL	39	11	64	8	1	
	Role			Council/PRD		
Q3 TOTAL (123)	**104**			**19**		

3.5.3 An NHS StatMan Improvement Group has started with representation from the HSCP. This group is focusing on a range of working aiming to improve compliance with training as well as the induction process. There is an expectation that StatMan compliance is a regular agenda item at

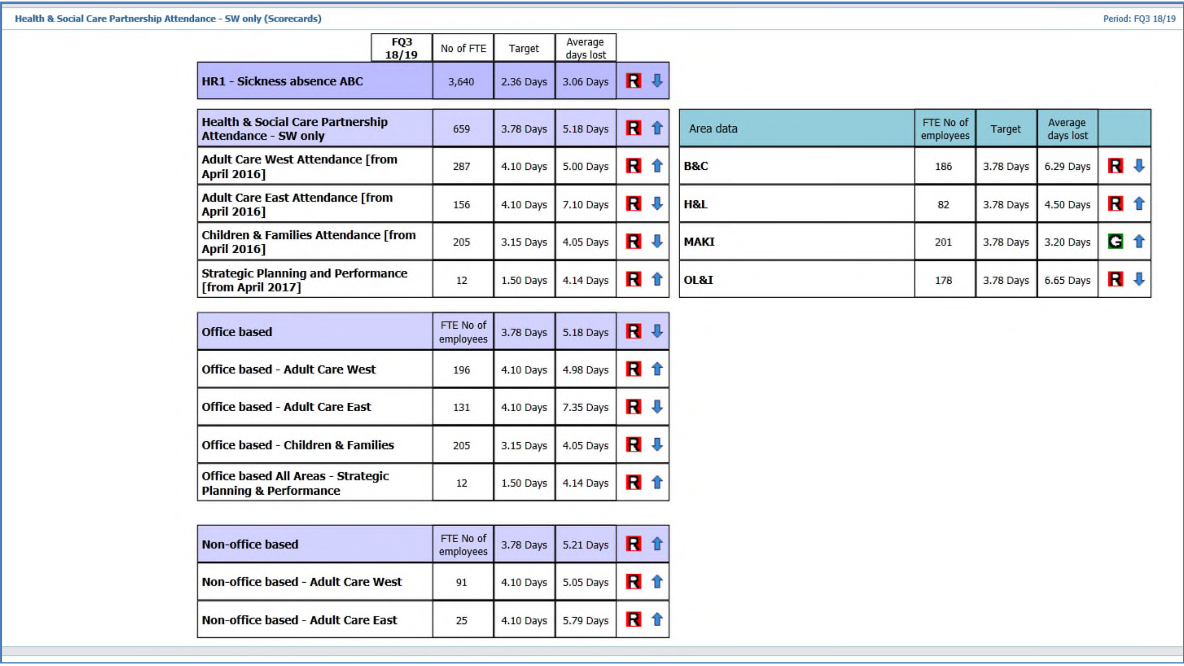
meetings and wall walks. Compliance data will be included in the next quarter's report.

3.6 WORKFORCE PERFORMANCE TRENDS – Managing Attendance

3.6.1 As has been reported previously to the Board, both employers have different requirements in reporting absence. The Council reports on Working Days Lost and the NHS on % absence rates. It is anticipated that the partnership will work towards getting the raw data from NHS Highland and consolidating it with Council data to present a more integrated reporting framework for the IJB, including trend data. This is not yet in place, so this section continues to report in two ways. The approaches to managing absence, however, are being developed and improved across the two HR teams.

3.6.2 Absence rates continue to be high across the partnership amongst Council social care employees as we can see from the Table below for FQ3. The Council has seen an increase in absence across the organisation and has fallen in its performance ranking in the Local Government Benchmarking Framework for 2017/18 (latest reporting period).

3.6.3 **Absence rates for Council employees FQ3 2018-19**



Health & Social Care Partnership Attendance - SW only (Scorecards) Period: FQ3 18/19

FQ3 18/19	No of FTE	Target	Average days lost	
HR1 - Sickness absence ABC	3,640	2.36 Days	3.06 Days	R ↓
Health & Social Care Partnership Attendance - SW only	659	3.78 Days	5.18 Days	R ↑
Adult Care West Attendance [from April 2016]	287	4.10 Days	5.00 Days	R ↑
Adult Care East Attendance [from April 2016]	156	4.10 Days	7.10 Days	R ↓
Children & Families Attendance [from April 2016]	205	3.15 Days	4.05 Days	R ↓
Strategic Planning and Performance [from April 2017]	12	1.50 Days	4.14 Days	R ↑

Area data	FTE No of employees	Target	Average days lost	
B&C	186	3.78 Days	6.29 Days	R ↓
H&L	82	3.78 Days	4.50 Days	R ↑
MAKI	201	3.78 Days	3.20 Days	G ↑
OL&I	178	3.78 Days	6.65 Days	R ↓

Office based	FTE No of employees	3.78 Days	5.18 Days	R ↓
Office based - Adult Care West	196	4.10 Days	4.98 Days	R ↑
Office based - Adult Care East	131	4.10 Days	7.35 Days	R ↓
Office based - Children & Families	205	3.15 Days	4.05 Days	R ↓
Office based All Areas - Strategic Planning & Performance	12	1.50 Days	4.14 Days	R ↑

Non-office based	FTE No of employees	3.78 Days	5.21 Days	R ↑
Non-office based - Adult Care West	91	4.10 Days	5.05 Days	R ↑
Non-office based - Adult Care East	25	4.10 Days	5.79 Days	R ↑

3.6.4 The average total days lost across all Local Government Employee groups in the Council for FQ3 is 3.06 days against a target of 2.36 days. The table above shows that all service areas are above target for FQ3. We expect a spike in this quarter due to seasonal infections, but there are particularly high levels of absence in Adult Care East and in Bute and Cowal.

3.6.5 For NHS staff, the level of sickness absence has been fairly static and sits around 1% above NHS Highland overall level.

NHS Employees	% Oct	% Nov	% Dec
A&B Adult Services – East	5.13	4.81	5.96
A&B Adult Services – West	6.19	5.41	5.17
A&B Children & Families	3.04	4.85	5.42
Central Services	6.88	8.02	6.95
Corporate Services	4.50	2.80	2.46
Totals			
Argyll & Bute	**5.78**	**5.61**	**5.64**
NHS Highland	**5.07**	**5.02**	**4.74**

3.6.6 Tackling absence is an ongoing challenge for the organisation, as the cost of lost productivity has an impact on service delivery. As part of Strategic Leadership Team's Grip & Control initiative weekly recording, returns and monitoring of RTWs and Absence Reviews will be in place by end of March 2019. There will also be a strategic level oversight of all long term absence and the support put in place by HR and OHS to assist management in their responsibilities for managing absence. Examples of current support includes "How to manage absence guide" available on the NHS intranet. The roll out of Eess and SSTS has been scheduled now for August this year and will address the gap of gathering absence intervention data on the NHS side. The Council already has comprehensive guidance available for managers online and automated alert systems and live information available giving details of all 'trigger' absences, their duration and the reasons for absence. The availability of information is not having the impact intended, so a series of new strategies are being considered to support managers to tackle absence.

3.6.7 Triggers for Council staff are 3 or more absences in a 12 month period (short term) and 10 or more days (long term). Triggers for NHS employees are 4 episodes of absence or more than 8 days in a rolling 12 months (Short Term) or 4 weeks (Long Term).

3.6.8 Stress related absence continues to be the most frequent reason for absence. The next report to the IJB will provide more detailed analysis on the reasons for absence.

3.6.9 Both employers actively use Occupational Health Professionals to support management of absence. This includes automatic referral to OHP for any employee who has a stress related absence. Counselling services are also available to staff, free and confidential. Again employees reporting stress related absence are given details of the Counselling service automatically and encouraged to make use of it.

3.6.10 Stress Risk Assessments are another tool that is available for use to address stress in the workplace before the employee becomes unwell and cannot attend work.

3.6.11 Awareness raising sessions on stress have been well attended and we are expanding training for Mental Health First Aiders, which has been identified as best practice.

3.6.12 The figures for the cost of absence are not currently available in a consistent format across employers, but it is anticipated that this will be available for the next report.

3.7 Return to Work Interviews

3.7.1 Below are the completion rates for Return to Work Interviews (RTWI) across the partnership for Council staff. This information is not yet available for NHS staff, but is an area of work that the teams are working to put in place. The target is 100% completion within 3 days of the employee returning to work. This interview may be conducted by phone or face to face. Evidence from HR professional research shows that the sooner the interview takes place after the absence, the greater the benefit gained for both manager and employee and the greater the impact on future absence levels. HR can offer support to managers who wish to build their confidence in the RTWI procedure if this is a barrier to carrying them out.

The RTWI is logged on the Council's MyView system and HR are aware of some difficulties that managers have had in uploading these reports. We are actively working on improving the ease of recording. This will continue to be monitored as an important tool in managing absence.

	October 2018		**November 2018**		**December 2018**	
	% RTWI Complete	**Average time taken to complete (days)**	**% RTWI Complete**	**Average time taken to complete (days)**	**% RTWI Complete**	**Average time taken to complete (days)**
Adult Care West	36%	5	22%	5	18%	3
Adult Care East	33%	8	30%	3	38%	7
Children and Families and CJ	14%	5	24%	6	24%	3
Strategic Planning and Performance	0%	-	0%	-	0%	-
TOTAL	**21%**	**6**	**19%**	**5**	**20%**	**4**

3.8 Contractual Arrangements - Fixed Term/Temporary Contracts/Secondments

3.8.1 There continues to be approximately 10% of all employees in temporary or fixed term posts. This can be as a result of temporary cover for absence or other leave such as maternity/paternity or can be as part of a

management approach to minimising the impact of service redesign. The number of fixed term contracts have significantly increased as a result of current redesign work. This is not ideal and brings its own challenges but this is deemed best practice given the financial challenges the IJB face in the short to medium term. As redesign of services are completed then the number of staff on FTCs will reduce. It is important to recognise the importance of ongoing communication with staff in temporary posts regarding future planning, as uncertainty can lead to unnecessary stress and the potential for absence.

Employees on T/FT contracts	**October 2018**	**November 2018**	**December 2018**
Adult Care West (ABC)	42	44	44
Adult Care West (NHS)	12	24	18
Adult Care East (ABC)	24	33	34
Adult Care East (NHS)	12	19	22
Children and Families and CJ (ABC)	30	30	27
Children and Families and CJ (NHS)	4	4	5
Strategic Planning and Performance (ABC)	0	0	0
Corporate Services (NHS)	**5**	**7**	**8**
OVERALL TOTAL	**129**	**161**	**158**

3.9 Employee Relations Cases

3.9.1 Argyll & Bute HSCP is committed to managing employees with fairness and consistency. If a concern arises in relation to an employee’s conduct, the approach is a preference to deal with this through informal action initially. However, where such informal action is inappropriate or does not lead to the required improvement, managers will normally undertake an investigation under the terms of the appropriate Disciplinary Procedures, the outcome of which may be formal disciplinary action up to and including dismissal.

3.9.2 The HSCP recognises most employees work within the relevant employer policies and procedures for most / all of their employment and do not set out to contravene these deliberately. We also recognise jobs are important to people and that employees do not jeopardise these lightly, either intentionally or inadvertently. Everyone involved in these procedures, therefore, whatever their role, is expected to follow these procedures with consideration, co-operation and the highest degree of confidentiality, and to ensure matters are progressed as quickly as possible to reach an appropriate resolution.

In the Council, the Employee Relations Team carries out all disciplinary investigations, but managers are responsible for investigating grievances. This has resulted in a significant improvement in the time to reach a conclusion.

3.9.3 The number of ongoing ER cases in the NHS has dropped as a result of cases concluding. Timescales are still in need of improvement and discussions are to take place with all parties i.e. Management, TUs and HR with a view to significantly improve the time taken to complete cases.

	October 2018		November 2018		December 2018	
	Disc	**Grievance**	**Disc**	**Grievances**	**Disc**	**Grievances**
Adult Care W (ABC)	0	0	0	1	0	1
Adult Care W (NHS)	7	4	5	4	5	4
Adult Care E (ABC)	0	1	0	0	0	0
Adult Care E (NHS)	2	0	2	1	2	1
C&F & CJ (ABC)	3	0	1	1	1	1
C&F & CJ (NHS)	0	0	0	0	0	0
Strat P&P (ABC)	0	0	0	0	0	0
Corporate (NHS)	0	0	0	0	0	0
Total	**12**	**5**	**8**	**7**	**8**	**7**

3.10 Performance Management (PDPs/eKSF/PRDs)

The annual PRD/PDP process is currently underway with completion dates targeting the end of March. The next Workforce report will contain updated information on completion rates.

3.11 iMATTER Update

iMatter is a continuous improvement tool designed with staff in NHS Scotland to help individuals, teams and Boards understand and improve staff experience. Since 2017 all HSCP staff (Council and NHS) have participated in the annual iMatter survey.
Managers and Team Leads have been offered support and guidance to managers to assist them to acknowledge staff participation and engagement with the iMatter process and to create action plans. Feedback from staff suggests that staff engagement would increase with iMatter if staff saw actions arising from it.

The HSCP as part of NHS Highland is included in an external evaluation exercise on the impact of iMatter. There needs to be an increase in confidence and participation in this annual national process as a feedback and action planning resource for continuous improvement, and to improve staff experience and engagement.

3.12 STAFF HEALTH & WELLBEING

Following the Q4 Staff health and wellbeing Survey across the HSCP, the results (18% response rate) were analysed with support from Health Improvement colleagues. The staff health and wellbeing group have been looking at the results of the 64 questions on a wide range of subjects including working practices, policies and lifestyle, and these are helping to inform priorities to focus on. In September, a paper went to the Senior Leadership Team (SLT) highlighting initial results and recommendations, including that the group continue to meet on an ongoing basis. A second paper is due to go to the SLT with recommendations based on the results including the views and contributions of more staff.

One of the initial recommendations was to arrange workshops focusing on resilience and stress. Sessions were held in Dunoon, Lochgilphead and Oban in November with nearly 60 staff attending and further dates are being arranged for Cambeltown, Helensburgh, Islay and Bute. One of the exercises undertaken by staff attending the workshops is to write down what the HSCP could do to help build employee resilience. The themes from these comments are being used to inform the recommendations.
The results are displayed using the four headings below which emerged as themes. The draft Health and Wellbeing recommendations were developed by the group based on the survey results plus other information such as iMatter results. These are arranged under the four headings and the finalised recommendations will inform the Action plan, some are short, medium and long term:

- Flourish and move more
- Connections –communication and social
- Healthy Workplace
- Support – targeted interventions

There are two elements to the approach of Promoting Attendance/Maximising Attendance: Improving the application of the relevant policies and a preventative approach to improving staff health and wellbeing. There are benefits of improving the health and wellbeing of staff to the organisations, employee and service users. Both are needed to improve attendance at work and reduce sickness absence.

3.13 WORKFORCE PLANNING

The first HSCP Workforce Plan for 2018/19 was developed iteratively, focusing primarily on Adult Services. The final version was approved at the August IJB.

The Plan includes actions to improve the process of workforce planning as well as actions to bridge the gap. Service specific integrated workforce plans will need to be developed as service redesigns are progressed for the six areas reporting to the Transformation Board. The

next annual Workforce Plan for 2019/20 will need to complement this and include information about all services and encompass more detail about the role of the third-sector, voluntary organisations, community networks and other commissioned providers who support the HSCP. This will align with the HSCPs refreshed 3 year Strategic plan for 2019 to 2022.

The initial Board set up to develop the plan met for the last time in August and it was agreed to review the group/ToR as the 18/19 plan had been developed and approved at the IJB in August. A first meeting was held in October to consider this and how best to monitor the action plan and develop the next iteration of the plan. December's meeting was cancelled due to illness, and consideration needs to be given as to how best to take this forward. In the meantime the Action plan was discussed at the A&B Partnership Forum in November and it was agreed this would be reviewed and updated and go to SLT. Meanwhile there are ongoing developments at national level which inform the development of the next plan. The National Health and Social Care Integrated Workforce Plan is due to be published.

3.14 OTHER ISSUES

The main focus of the HSCP at present is transformational change and budget grip and control. This has an impact on staff and can cause uncertainty. However strong leadership and a positive approach to managing change can reduce the uncertainty and support employees in the HSCP to embrace change as an improvement. This will be a focus for the SLT and for Organisational Development throughout 2019/20.

4. RELEVANT DATA AND INDICATORS

All relevant data and indicators is included in the detailed narrative above.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Delivering the IJB's strategic priorities is dependent on the effective performance of the workforce. The staff governance paper should provide the IJB with assurance that the HSCP management team is ensuring that employees are supported to perform to the best of their ability. This means having the right people in the right place at the right time with the right skills and at the right cost. People governance is as important to delivering the strategic priorities as is financial prudence.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

None from this paper.

6.2 Staff Governance

The report meets the requirements for staff governance reporting.

6.3 Clinical Governance

None

7. Equality & Diversity Implications

These issues are picked up within the NHS People & Change and Council HR &
OD teams as appropriate when policies and strategies are developed. An EQIA is also completed as standard practice within the Transforming Together projects.

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

None.

9. RISK ASSESSMENT

Risk assessment will be addressed at individual project level. There are HR issues highlighted in the A&B HSCP Strategic Risk Register.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None

11. CONCLUSIONS

It is recommended that the Integration Joint Board note that:

- Management of the employee resource of the partnership is essential to effective delivery of services.
- The reporting information for the IJB is being improved incrementally to enable effective scrutiny of employee management and development.

12. DIRECTIONS

Directions required to Council, NHS Board or both.	**Directions to:**	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

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Integration Joint Board **Agenda item: 5.6**

Date of Meeting: **27 March 2019**

Title of Report: **Workforce Plan and Workforce Planning Update Report**

Presented by: **Charlie Gibson, Acting Head of People and Change**
Jane Fowler, Head of Improvement and HR

The Integration Joint Board is asked to:

- Note the update on improving workforce planning and that this direction of travel is intended to support the next iteration of the HSCP workforce plan
- Note the national developments on workforce planning and the integrated Health and Social Care workforce plan and the implications

1. EXECUTIVE SUMMARY

1.1 IJB members received the first iteration of the HSCP Workforce plan in August 2018. In autumn it was agreed the next iteration of the workforce plan would follow the strategic plan. Effective workforce planning is complex and the future will be at national, regional, board, HSCP and local level with recommendations for improving workforce planning at all levels in Parts 1, 2 and 3 of the National Workforce plans. There are ongoing developments at national level which inform the next workforce plan so postponing the Workforce Plan until publication of the National Health and Social Care Integrated Workforce Plan and associated guidance will allow officers to fully take this into account and will prevent unnecessary duplication of work. Meanwhile processes around workforce planning are being progressed including an improved governance arrangement.

2. INTRODUCTION

2.1 This report gives an update around workforce planning and relevant information as to why the recommendation is to plan the next iteration of the Workforce plan in the context of emerging timeframes and guidance in the draft National Health and Social Care Integrated Workforce Plan.

3. DETAIL OF REPORT

3.1 Our workforce is vital to support the HSCP to deliver our vision and the HSCP need to support staff as we transform together the way we deliver our services for the future. We need to attract and retain our workforce and invest in training and development, and involve our workforce in shaping how our future services look. The 2018/2019 workforce plan

reflects our current 3 year strategic planning cycle and focuses on Adult Services, the largest area of staff within the HSCP who are direct employees of Argyll and Bute Council and NHS Highland.

3.2 The next Workforce Plan needs to include appropriate information about other HSCP services; Children & Families, Mental Health, Learning Disabilities, Sexual Health, Public Health, Dental and Corporate services. There also needs to be more about the role of the third-sector, voluntary organisations, community networks and other commissioned providers who support the HSCP achieve our Vision and key Objectives. The detail needs to be included in service specific integrated workforce plans as part of the transformation work for adult and corporate services.

3.3 Governance of the workforce planning process will be improved by a governance group being re-established and other actions in the action plan being progressed over appropriate timescales. As part of this workforce planning conversations will be held in May with relevant managers and transformation programme leads, with support from Council and NHS HR/OD staff. The focus will be workforce requirements for the next 3 years, aligned with the strategic plan. Draft national guidance suggests that NHS Boards and IJBs (through HSCPs) should develop three year Workforce Plans, with the first of these covering the period up to and including financial year 2021/22. This should be published on the organisation's website and submitted to the Scottish Government by 30th September 2019.

3.4 The draft guidance also suggests that NHS Boards and IJBs will complete an annual Workforce Planning Reporting Template to the Scottish Government by 30th September of each year (excluding year of plan publication). NHS Boards submit annual workforce projections and this will continue with a projections template issued for completion and submission by NHS Boards by 30th June 2019. This helps to establish a national picture of likely trends across staff groups and projections are used to inform future student intake requirements for undergraduate courses.

3.5 The draft guidance also includes that key stakeholders representing Primary Care and Third and Independent partners are included at local and service level.

3.6 Based on draft national guidance the 3 year workforce plan for the HSCP should be ready for the IJB on 7th August 2019.

4. RELEVANT DATA AND INDICATORS

None for this report

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 Delivering the IJB's strategic priorities is dependent on the effective performance of the workforce. There are a range of national, regional, local and service workforce challenges, and draft national guidance for each, workforce planning is more critical for success than ever before, it is also dynamic, evolving and success depends on being integrated with

financial and service planning. The IJB needs assurances that the HSCP management team is ensuring that employees are supported to perform to the best of their ability. This means having the right people in the right place at the right time with the right skills and at the right cost. People governance is as important to delivering the strategic priorities as is financial prudence.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

No impact from this paper

6.2 Staff Governance

Reporting on employee data complies with staff governance arrangements

6.3 Clinical Governance

None

7. EQUALITY & DIVERSITY IMPLICATIONS

None

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

None

9. RISK ASSESSMENT

None

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

N/A

11. CONCLUSIONS

This work will improve the process of workforce planning in the long term for the HSCP. It is recommended that the Integration Joint Board/committee:

- Note the update on improving workforce planning and that this direction of travel is intended to support the next iteration of the HSCP workforce plan
- Note the national developments on workforce planning and the integrated Health and Social Care workforce plan and the implications

12. DIRECTIONS

Directions required to Council, NHS Board or both.	**Directions to:**	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

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Integration Joint Board **Agenda item: 5.7**

Date of Meeting: **27 March 2019**

Title of Report: **Progressing Values & Culture**

Presented by: **Sandy Wilkie, Head of People & Change**

The Integration Joint Board is asked to:

- Note that we are now ready to implement our CIRCLE Shared Values framework.
- Approve the approach proposed to CIRCLE spread & embedding.
- Support work to measure & develop our HSCP using the CVA instrument.

1. EXECUTIVE SUMMARY

1.1 Our HSCP Shared Values & Practices Framework (CIRCLE) was previously approved by the IJB. Work to spread & embed our new Values has been delayed until now. This paper presents a strategic way forward in terms of Values implementation and Culture measurement & development.

2. INTRODUCTION

2.1 Our CIRCLE Shared Values framework was developed in spring 2018 and approved for implementation by the IJB on 1st August 2018. The work was subsequently delayed by staff illness.

2.2 However the importance of our Values work was reinforced when the Scottish Government showed interest in our Argyll & Bute HSCP work with CIRCLE at a national health & social care integration event in December 2018. The Chief Officer is supportive of us moving forward and using our Values to help underpin organisational & service change.

2.3 This paper sets out a way forward in terms of us advancing values & culture work within Argyll & Bute HSCP.

3. THE VALUE OF VALUES

3.1 A values-based approach has been used successfully within a number of healthcare organisations. Northumbria Healthcare NHS Foundation Trust, one of the highest performing Trusts within NHS England, have implemented 5 Values and use them for values-based recruitment and leadership development[1].

3.2 Bolton NHS Foundation Trust adopted a new values framework ('VOICE') in 2016 to help support their continued recovery from financial turnaround and enhance staff pride in the organisation[2]. This work won them a national Lotus award in 2017 for developing a positive workplace culture. Other organisations including SCOPE, HM Courts & Tribunal Service and Tarmac have endorsed a values-led approach in recent case studies[3].

3.3 Values have a direct impact on both leadership style and workplace culture; both of these determine the nature of the staff experience, which in turn can influence the experience of our service users. Leadership, culture and staff experience can have an influence on organisational performance. While a high quality of patient/client experience, together with clear signalling of unique values, can enhance the reputation of the organisation and make it easier to attract & retain staff.

3.4 The potential benefit of this work for Argyll & Bute HSCP is around developing a positive workplace culture that supports our staff at a time of financial challenge and change. Doing the 'hard stuff' effectively requires attention to the 'soft stuff' too[4]. Fully embedded Values with

[1] https://www.northumbria.nhs.uk/about-us/our-people/caring-for-our-patients/our-values/
[2] http://www.boltonft.nhs.uk/about-us/trust-values/
[3] Presentations at the Evolution of Work Conference, London, September 2018.
[4] https://hbr.org/2018/10/3-steps-for-engaging-health-care-providers-in-organizational-change

related work on enhancing culture will help sustain improvements in our performance.

3.5 Within A&B HSCP, CIRCLE has been designed to ensure we have coverage at Levels 2-7 of the Barrett Model; a good spread of espoused values across the model is recommended to support organisational performance.

Seven Levels of Organisational Consciousness

		Positive Focus/ Excessive Focus
Service	7	**Service to Humanity and the Planet** Social Responsibility, Future Generations, Long-Term Perspective, Ethics, Compassion, Humility.
Making a Difference	6	**Strategic Alliances and Partnerships** Environmental Awareness, Community Involvement, Employee Fulfilment, Coaching/Mentoring.
Internal Cohesion	5	**Building Internal Community** Shared Vision and Values, Commitment, Integrity, Trust, Passion, Creativity, Openness, Transparency.
Transformation	4	**Continuous Renewal and Learning** Accountability, Adaptability, Empowerment, Teamwork, Goals Orientation, Personal Growth.
Self-esteem	3	**High Performance** Systems, Processes, Quality, Best Practices, Pride in Performance. Bureaucracy, Complacency.
Relationship	2	**Harmonious Relationships** Loyalty, Open Communication, Customer Satisfaction, Friendship. Manipulation, Blame.
Survival	1	**Financial Stability** Shareholder Value, Organisational Growth, Employee Health, Safety. Control, Corruption, Greed.

COMPASSION

LEADERSHIP

INTEGRITY

CONT. LEARNING

EXCELLENCE

RESPECT

3.6 Shared Values can be the glue that supports integration of health & social care staff under a Corporate Body model. As well as helping to foster a shared identity for Argyll & Bute HSCP, they also provide a compass that will guide decision-making and leadership as we move forward with new models of care.

4. SPREADING ‘CIRCLE’

4.1 A draft implementation plan was provided in the August 2018 IJB paper. Our CIRCLE values have been communicated and we can easily add them to the NHS and Council Intranet; values leaflets have been prepared for internal distribution (Appendix 1) for those staff without regular online access. A values-based Objective for use on TURAS by all NHS managers & staff was cascaded in September 2018 to ensure CIRCLE was embedded within review conversations. Work was also undertaken by People & Change to develop values-based questions for recruitment purposes; these are ready to be disseminated.

4.2 We now need to enhance awareness of ‘CIRCLE’ through locality-based workshops for Locality Managers, Local Area Managers and Team Leaders. This will equip them to have conversations around our Values across all of our teams & services within the next 2-3 months.

4.3 We need to provide a simple diagram to demonstrate how CIRCLE includes some common elements to both the 4 NHSH Values and the new 4C’s list developed by A&B Council. This will demonstrate clear

linkages but also the unique combination of Shared Values that reflects our A&B HSCP context. Finally our CIRCLE framework can usefully inform any future refresh of values in North Highland; and could contribute to help meet some of the actions arising from the recent Sturrock Review.

5. EMBEDDING OUR VALUES

5.1 Spreading awareness is the starting point to fully embedding Shared Values across our people processes.

5.2 A short session for IJB and SLT members is recommended so we fully understand the CIRCLE framework and start to role-model our Values & Practices. This will be form part of the next IJB development session on 29 May 2019.

5.3 Values-based interviewing needs to be implemented for all roles. Having been added into the NHS TURAS process, we need to ensure that CIRCLE is also embedded within the revised Council PDR process so that all our social work & social care staff have the opportunity to reflect against our values-based Practices. Six of our HSCP Annual Awards should be specifically linked to each of our 6 Shared Values, so that we are rewarding staff who demonstrate them in practice.

5.4 We can develop a values-based decision making guide as a checklist for the IJB and SLT when choices are to be made around budgets & services. Finally, we can develop a guide to values-based leadership. This will ensure that our CIRCLE Values are a golden thread that runs through all aspects of leadership behaviours and teamwork within the HSCP.

5.5 Experience in other organisations demonstrates that full embedding takes 2-3 years, particularly when there is a dispersed workforce. We should target October 2019 for early embedding, with a review undertaken after the results of the CVA cultural survey (see below) are available to identify further embedding work.

6. MEASURING CULTURE

6.1 An early measure of ‘spread’ could be undertaken in September 2019 using a short pulse survey that probes staff awareness & understanding of CIRCLE. But investing in the spread & embedding of Values needs to be linked to medium-team monitoring and development of our HSCP Culture. Launching Values alone will not guarantee a change of behaviours; we need to bring about sustained culture shift.

6.2 We need to measure workplace culture so we can design interventions to enhance it; and we need to be able to demonstrate a positive shift over time. Staff engagement with the iMatter survey and action planning process fell across A&B HSCP in 2018. This implies a combination of staff apathy and a lack of follow-through by managers from 2017. A

‘deep dive’ culture assessment will quantify the precise issues in terms of current workplace culture experienced by teams across the HSCP.

6.3 Culture is notoriously difficult to measure through traditional survey approaches. But the Barrett Model comes with a Cultural Values Assessment (CVA) tool that is based on values. Participants are invited to assess the current culture experienced by them and the desired culture they would like to see within the organisation. The responses gathered map directly into the 7 levels of the Barrett Model (see Appendix 2).

6.4 A full CVA survey across Argyll & Bute HSCP in October 2019 would give us invaluable data on the challenges of creating a shared culture across 2 employers.

6.5 A baseline cost of £6k for CVA administration by Barrett would be involved. A CVA survey can only be run by someone licensed to use the Barrett tools. However, the use of Barrett-accredited expertise within the HSCP would enable us to do the CVA survey set-up, analysis and cultural map construction in-house, thus saving us a potential additional consultancy fee of £5-7k.

6.6 Cultural mapping within Argyll & Bute HSCP would be an innovative approach that could be adopted for use by other HSCPs grappling with the challenges of health & social care integration.

7. DEVELOPING OUR CULTURE

7.1 An HSCP cultural map would give us insights on how to spread local best practice but also tackle local limiting workplace cultures through supportive OD interventions. Cultural work would run parallel with service change to improve our workplace experience for staff.

7.2 Once CIRCLE is fully adopted by the IJB and SLT, we will be clearer that decisions taken around financial challenges and service change will be aligned, not only to our Strategic Plan, but to our Values & Practices.

7.3 We also need to know that an improving workplace culture is having a beneficial impact on staff morale, the staff experience and the corresponding service user experience. Future iMatter results could be compared with the culture map derived from the CVA; and both sets or results could be correlated with available data on our patient/client experience across acute and community settings. This will allow us to identify any potential causality and highlight further opportunities for improvement. Ultimately the service users will benefit from a healthier workplace culture across the HSCP.

7.4 Repeat CVA surveys every 2 years would enable us to track the benefits of our new Shared Values and the subtle shifts of the HSCP organisational culture towards the higher levels of the Barrett Model. It would also enable us to assess the effectiveness of integration.

8. CONTRIBUTION TO STRATEGIC PRIORITIES

8.1 This paper proposes the embedding of CIRCLE - and linked work to measure and positively influence the workplace culture within the HSCP. This will provide a shared identity, support integration and the delivery of our strategic priorities.

8.2 Our values-based approach could also usefully inform wider work within the NHS Highland University Board to create a positive workplace culture.

9. GOVERNANCE IMPLICATIONS

9.1 Financial Impact

The Values spread/embed and CVA interpretation are internal activities that incur no additional cost. The administration of the CVA survey will require a £6k payment to Barrett for survey administration and production of the CVA data.

9.2 Staff Governance

New Shared Values & Practices would be supportive of other Staff Governance initiatives.

9.3 Clinical Governance

An enhanced workplace culture and staff experience would have a beneficial impact on our service user experience.

10. EQUALITY & DIVERSITY IMPLICATIONS

Positive as CIRCLE includes **'Respect'** and **'Integrity'**. Our Shared Values & Practices apply to all HSCP staff employed by NHS Highland and A&B Council.

11. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Not applicable for Values spread & embedding. A GDPR compliance statement will be agreed with Barrett to cover online responses to the CVA Culture Survey.

12. RISK ASSESSMENT

Risks are considered low. This piece of work will help enhance our workplace culture.

13. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The views of staff and third-sector stakeholders were used to help us shape the CIRCLE framework. Although our Shared Values are primarily for internal use, our behaviours will be visible to service users; they need to be consistent.

14. CONCLUSIONS

It is recommended that the Integration Joint Board :

- We proceed to spread the CIRCLE Values & Practices from April-June 2019, including a development session for the SLT/IJB in May.
- We carry out internal work to embed CIRCLE throughout our people processes and in visible IJB/SLT behaviours by October 2019
- We measure the spread of our Values (September 2019) and analyse the current culture within the HSCP using the Barrett CVA tool (October 2019)
- Work is undertaken internally to build cultural maps for the HSCP by December 2019.
- We complete follow-on work to correlate staff experience / culture to patient experience and design supportive interventions
- We commit to the principle of follow-up CVA surveys, from October 2021, to measure culture change through time

15. DIRECTIONS

Directions required to Council, NHS Board or both.	**Directions to:**	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

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Appendix 1 – CIRCLE Values & Practices leaflet

Our Story

Health & Social Care has a long history within Argyll & Bute and continues to develop.

Around 3,000 to 2,500 BC, the late-Neolithic people who carved the rocks at Achnabreck would have used herbal remedies to treat wounds; extended families would have lived in groups to nuture the young and provide care for the elderly. The knowledge of medicine and social care progressed at a slow pace. The passing of the 1857 Lunacy Act (Scotland) led to the opening of the first District Asylum at Argyll & Bute Hospital, Lochgilphead, in 1863; a model for subsequent similar buildings across Scotland. Small hospitals followed later at Braeholm (Helensburgh), Campbeltown Cottage Hospital and the County Hospital in Oban which opened in 1909 as a sanatorium. Argyll & Clyde Health Board existed until 2006 when the Argyll & Bute portion became part of NHS Highland.

Our Health & Social Care Partnership came into being in April 2016, designed to support the integration of healthcare and social work services provided by NHS Highland and Argyll & Bute Council. Today we meet the needs of around 80,000 people within the region, with services delivered across four localities. 2,000 NHS staff work increasingly closely with 900 Council social work & care staff to deliver care as close to home settings as possible.

Our new Shared Values, CIRCLE, supports our aspirations to achieve our Vision: 'to deliver services that help people in Argyll and Bute to live longer, healthier, happier and independent lives'. They describe how we will interact with the people that work for us and the people we provide care for. There are many challenges as we transform our services to ensure they are person-centred and sustainable, but we have confidence in the future of our Partnership and the services we provide. We have extremely committed & caring staff and they will strive to deliver on our Vision while demonstrating our 6 Values in practice.

Let's be proud of what we can achieve for our communities.

Enquiries

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Shared Values and Practices

Compassion
Integrity
Respect
Continuous Learning
Leadership
Excellence

Compassion

We use a person-centred approach in all our interactions with people that we care for and people that we work with.

- I will be aware of our HSCP strategies and give them meaning within work
- I will take responsibility and encourage others to take ownership, work with their strengths and develop long-term thinking
- I will strive to work in collaboration across the HSCP

Integrity

We demonstrate consistency, honesty and clarity in all our actions and communications, speaking up and learning from any mistakes.

- I will take time to understand individual circumstances, demonstrate kindness and trust
- I will take responsibility for my actions and welcome feedback from others
- I will encourage my colleagues to be open, honest and professional in their interactions with others

Respect

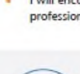
We actively listen, recognise individuality and demonstrate positive communication and behaviours in our workplaces.

- I will treat all people that we care for and people that we work with fairness, dignity and respect
- I will listen and seek to understand
- I will demonstrate positive behaviours to my colleagues and the public

Continuous learning

We continuously improve standards of health and social care, learning from each other to benefit people and communities.

- I will be open to learning new ways of doing things that will improve care and support
- I will seek opportunities to develop new knowledge & skills
- I will develop ideas and apply my learning to help continuously improve our ways of working



Leadership

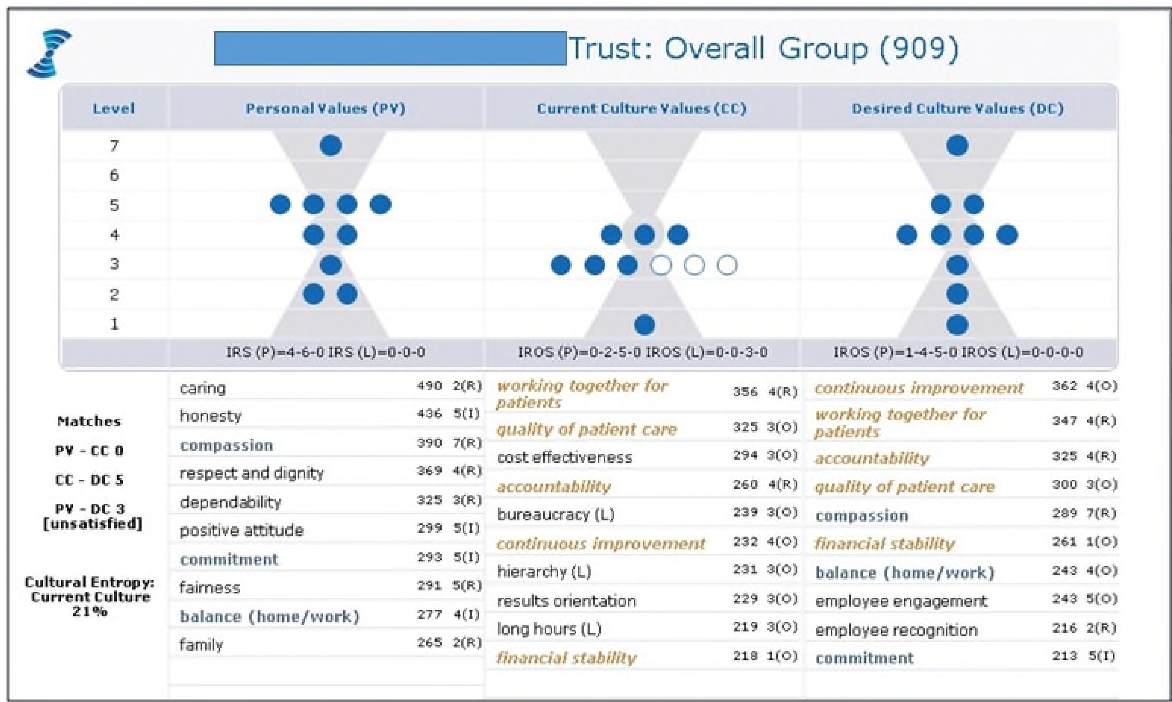
We lead by example, develop a vision of our future and strive to make a positive difference to our staff and our communities.

- I will be aware of our HSCP strategies and give them meaning within work
- I will take responsibility and encourage others to take ownership, work with their strengths and develop long-term thinking
- I will strive to work in collaboration across the HSCP

Excellence

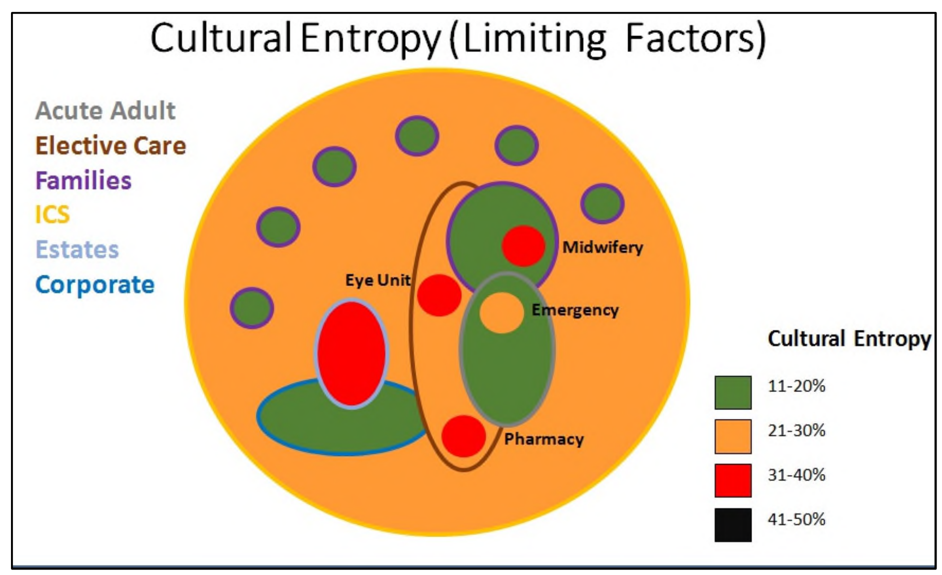
We put quality and safety at the heart of all our services and how they are delivered.

- I will strive to ensure a high level of safety & quality within my work
- I will continuously seek to improve standards of care & service
- I will encourage others to continuously improve the experience for the people we care for and the people we work with



In the above CVA profile, the organisation can be seen operating predominately at Level 3 (targets, processes, performance) - with three Limiting Factors (**L**) hindering the culture. Employees wish to retain the current focus on patients but want to see a shift to Level 4 (Improvement, Innovation) and Level 5 (Cohesion, Internal Community). Data insights like this can be gained from the CVA at Organisational/Service/Department level.

Exploratory work at Bolton NHS FT (2017) led to the development of a Cultural Map using the CVA data. This made it visually easier for the senior team to understand areas of good practice; but also areas where the current culture was hindering progress and potential themes that could be used to stimulate change:



Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item: 6**

Date of Meeting: **27 March 2019**

Title of Report: **Multi-Agency Public Protection Arrangements (MAPPA)**

Presented by: **Alex Taylor, Chief Social Work Officer and Head of Service, Children & Families**

The Integration Joint Board is asked to:

- Note the continued work of MAPPA within Argyll and Bute.
- Note a meeting is scheduled with MAPPA representative on 9 April to discuss appropriate NHS Highland representation to effectively support the challenges in this area of work.

1. EXECUTIVE SUMMARY

1.1 This report provides an overview of current Multi Agency Public Protection Arrangements in Argyll and Bute, the duties of partner agencies and the priorities and challenges for this area of work.

2. INTRODUCTION

2.1 The primary purpose of MAPPA is to maintain public protection and the reduction of serious harm. The protection of children, adults at risk and other members of the public are paramount. MAPPA is a model of organising and co-ordinating information and creating and reviewing risk management plans of individuals subject to the Sex Offender Notification Requirements (SONR) and mentally disordered offenders (restricted patients).

3. DETAIL

3.1 Legislation defines responsible authorities and those with a duty to co-operate (DTC). In Argyll and Bute the responsible authorities tasked with

the responsibility for assessment and management of offenders who are subject to MAPPA are:

- Police Service of Scotland
- Argyll & Bute Council
- Greater Glasgow and Clyde Health Board and NHS Highland (for Restricted Patients)
- Scottish Prison Service (SPS)

Duty to co-operate authorities are required to accept, provide and share appropriate information to support the risk management planning of offenders, and include:

- Scottish Children's Reporter Administration
- Electronic Monitoring Providers i.e. G4S
- Health Services/NHS
- Social Rented Landlords
- Department of Work and Pensions

There are 3 levels of risk management within MAPPA.

Level 1: routine risk management – where the risks can be managed by a single agency or multi-agency but do not require the attendance or commitment of resources at a senior level.

Level 2: multi-agency risk management – where the risks require multi-agency involvement and management oversight, along with the resource input of senior management.

Level 3: Multi Agency Public Protection Panels (MAPPP) – For the critical few where the risk presented can only be managed by a plan which requires close co-operation at a senior level. This would be due to the complexity of the case and/or because of the unusual resource commitments required. It can also be where there are high levels of media scrutiny and/or public interest in the management of the case.

4. RELEVANT DATA AND INDICATORS

4.1 Within Argyll and Bute at the present time, there are 67 MAPPA managed cases. 25 are subject to statutory supervision and the lead authority for these cases is Criminal Justice Social Work. Of these we currently have 15 Level 1 cases, 9 level 2 cases and 1 level 3 case. The remaining 42 MAPPA cases are subject to Sex Offender Notification requirements only and are managed by Police Scotland. Of these, 40 are level 1 cases and 2 are level 2 cases. There continues to be no category 3 offenders or restricted patients subject to MAPPA within Argyll and Bute, however this is likely to change in the near future.

4.2 These figures indicate that within North Strathclyde MAPPA region, Argyll and Bute are managing 12.6% of Level 1 cases, 27.5% of Level 2 cases and 20% of Level 3 cases. While the overall number of cases

being managed by MAPPA during the period since April 2018 has remained relatively constant there has been a reduction in the number of cases being managed at Level 2 (-20%).

	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	SO	C3	RP	SO	C3	RP	SO	C3	RP	SO	C3	RP
Offenders being managed as Level 1's throughout the period.	59	-	-	57	-	-	55	-	-			
Offenders being managed as Level 2's throughout the period	19	0	0	10	0	0	11	0	0			
Offenders being managed as Level 3's throughout the period	2	0	0	1	0	0	1	0	0			
Total Number of MAPPA offenders being managed by Local Authority (snapshot as of end of quarter)	64	0	0	68	0	0	67	0	0			
Total Number of CJSW Lead Cases*	20	0	0	27	0	0	25	0	0			
Number of Police Lead Cases *	44	0	0	41	0	0	42	0	0			
Total number of Level 2 MAPPA meetings	23	0	0	12	0	0	15	0	0			
Total number of Level 3 MAPPA meetings	3	0	0	0	0	0	2	0	0			

5. CONTRIBUTION TO STRATEGIC PRIORITIES

MAPPA contributes to public protection within Argyll and Bute.

6. GOVERNANCE IMPLICATIONS

6.1 Financial impact

None.

6.2 Staff Governance

None.

6.3 Clinical Governance

None.

7. EQUALITY AND DIVERSITY IMPLICATIONS

None.

8. RISK ASSESSMENT

The challenges in providing health representation within MAPPA are being actively addressed to continue to support the commitment and excellent partnership working between partnership agencies.

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None.

10. CONCLUSION

MAPPA continues to provide a high level of scrutiny and endorsement of risk assessment and management plans for sexual and violent offenders living within the communities of Argyll and Bute.

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Integration Joint Board **Agenda item: 7**

Date of Meeting: **27 March 2019**

Title of Report **Draft Communication Framework**

Presented by: **Sandra Cairney, Associate Director of Public Health**
David Ritchie, Communications Manager

The Integrated Joint Board is asked to:

- approve the Communication Framework

1. EXECUTIVE SUMMARY

The attached Communication Framework sets out how Argyll and Bute Health & Social Care Partnership (HSCP) communicates with staff, partners, people who experience health and social care services and the wider public.

2. INTRODUCTION

The Communication Framework outlines how the HSCP communicates timely, relevant and accurate information about a range of current issues and services. This involves maintaining a strong and consistent identity for the HSCP; articulating the organisation's policies, decisions and procedures where appropriate; engaging and motivating the workforce and building trust with the public, staff, service users and partners.

3. DETAIL OF REPORT

3.1 The framework focuses on communication principles; communication channels; the audiences; key messages; and roles and responsibilities.

3.2 The document also provides a template which will form the basis of an emerging Annual Communication Plan with a few illustrative examples of communications activity.

3.3 A communication performance framework is in development. This will be presented to the IJB at a later date in support of the Annual Communication Plan.

4. RELEVANT DATA AND INDICATORS

A communication performance framework is in development which will provide evidence of the impact of communications activity.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Effective communication is fundamental to all strategic and service planning.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

There are no financial implications identified in the report.

6.2 Staff Governance

The Communication Framework will form part of staff governance activity.

6.3 Clinical Governance

There are no clinical governance implications identified in the report.

7. EQUALITY & DIVERSITY IMPLICATIONS

Equality and diversity will be evaluated in terms of the reach of communications activity.

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

None.

9. RISK ASSESSMENT

The Communication Framework mitigates the risk of the IJB not meeting the requirements of the *'IJB Visible Changes Argyll & Bute IJB Improvement Plan'* which outlined the need to develop an improved approach to communication and engagement.

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The Communication Framework enables the IJB to be clear with stakeholders about the expected standards for internal and external communications.

11. CONCLUSIONS

The Scottish Government's Communications Plan for 2017/18 emphasises the importance of internal and external communications and advises that internally effective communications: "*contributes to organisational transformation"* and externally: *"it helps build trust, shift attitudes and change behaviour."*
The attached Communication Framework builds on the HSCP's Engagement Framework which was approved by the Integration Joint Board in June 2018. Both documents together support the IJB in meeting the Scottish Government's

requirements set out in the *'IJB Visible Changes Argyll & Bute IJB Improvement Plan'*, identifying improvement activity in relation to organisational communications.

12. DIRECTIONS

Directions required to Council, NHS Board or both.	**Directions to:**	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

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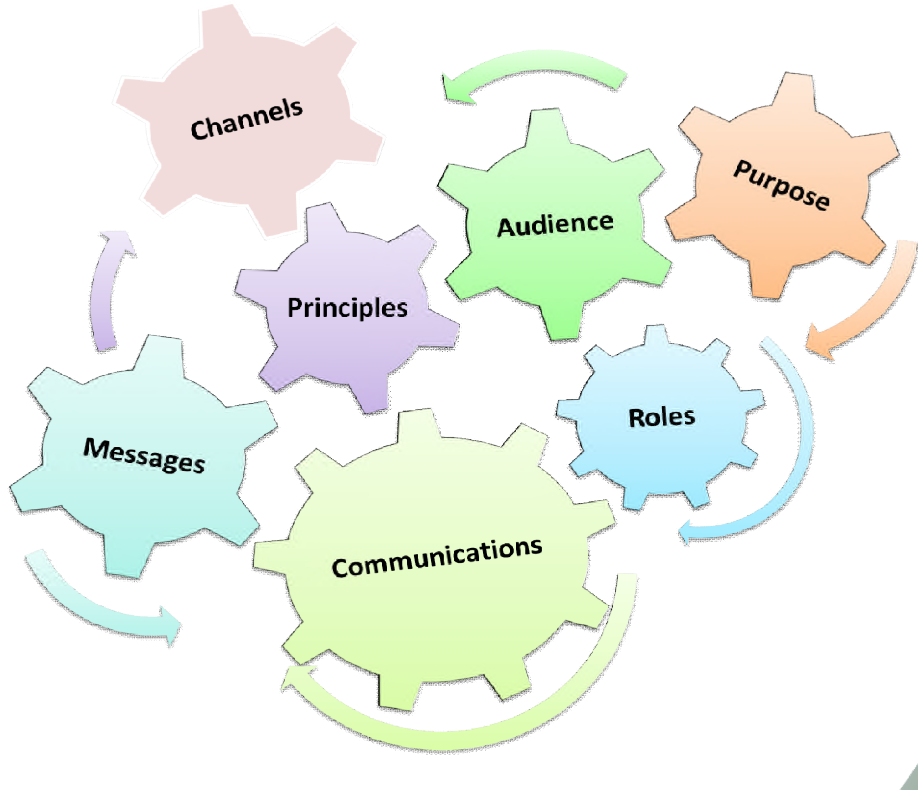
A&B HSCP | Transforming Together

Argyll & Bute Health & Social Care Partnership

Communication Framework



DRAFT March 2019

1. COMMUNICATION FRAMEWORK AT A GLANCE

SERVICE USERS - CARERS- COMMUNITIES - PARTNERS - WORKFORCE - IJB

COMMUNICATION CHANNELS

LADDER OF PARTICIPATION/ENGAGEMENT

Level				
Empower	IJB decisions & Strategic Plans	Board member development	Service User & Carer Reps Support	Senior Leadership Team
Collaborate	Community Planning Board planning	IJB Governance Groups	Extended Senior Management Team	HSCP policy & protocol development
Involve	Community Planning activities	Staff team meetings	Community & ‘interest groups’ engagement	Service development & redesigns
Consult	Community & Stakeholder consultations	Population surveys & needs assessments	Service feedback & Complaints	Service provider forums
Inform	IJB Board Papers	Staff briefings, newsletters,	Service information literature	Press articles

2. INTRODUCTION

An effective approach to communications is to anticipate what information needs to be communicated to specific audiences; being clear about the purpose of the message; identifying who is best placed and has the authority to communicate this information; and how it should be disseminated (channels).

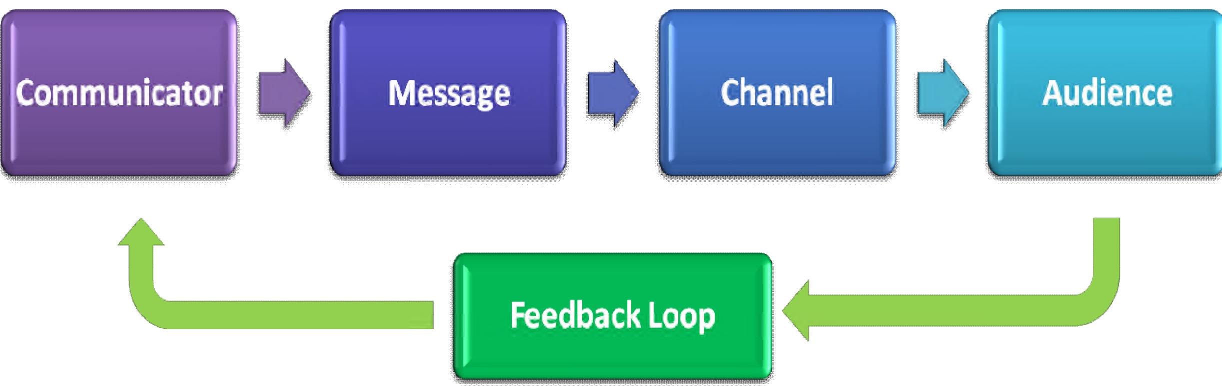
This Communications Framework sets out how Argyll & Bute Health & Social Care Partnership (HSCP) communicates with staff, partners, people who experience health and social care services and the wider public.

It also outlines how the HSCP communicates timely, relevant and accurate information about a range of current issues and services. This involves maintaining a strong and consistent identity for the HSCP; articulating the organisation's policies, decisions and procedures where appropriate; engaging and motivating the workforce and building trust with the public, staff, service users and partners.

The Framework also builds on the HSCP's Engagement Framework which was approved by the Integration Joint Board in June 2018.

Lastly, it is important to highlight that this Framework outlines a wide range of the communications activity carried out by HSCP representatives and it is therefore not solely focussed on the work of the communications team.

Fig 1. Communication Model



3. COMMUNICATION PRINCIPLES

The Scottish Government's Communications Plan for 2017/18 emphasises the importance of internal and external communications and advises that internally effective communications: "*contributes to organisational transformation"* and externally: *"it helps build trust, shift attitudes and change behaviour."*

Key principles that guide HSCP communications activity are about being:

- honest, open and accurate;
- clear, simple and user-friendly; and
- timely, current and relevant.

4. COMMUNICATION CHANNELS

The HSCP utilises a wide range of communication channels in order to meet the needs of different target audiences and to ensure that the relevant message is disseminated as widely as possible. Detailed below are some of the main channels.

4.1 Web pages

Having an HSCP web presence means that stakeholders, including the public, can access a range of relevant information quickly and at any time or day of the week. The HSCP has a number of web pages which are hosted on the NHS Highland and Argyll and Bute Council websites.

These web pages, which are administered by the Communications Team contain a range of information such as details of the IJB Board including its membership, decisions, reports and governance arrangements.

There is also information on the Senior Leadership Team of the HSCP, details of many of the health and social care services operated by the HSCP as well as a range of public health messages. For more information please visit the web pages at **www.tinyurl.com/l6zyjgy**.

4.2 Surveys & Consultations

The HSCP undertakes surveys and consultations as and when required to obtain views and feedback on issues that will help inform strategy, plans and service developments/reviews.

The HSCP Communications Team provides support to staff in relation to their design and content.

4.3 General Media Enquiries

The HSCP welcomes media enquiries and these are received from a variety of sources including print, broadcast and online media.

The HSCP Communications Team is the first point of access for enquiries and they will prepare a response in discussion with the relevant manager. Any response will be provided to the media either from an HSCP spokesperson or a named HSCP individual where appropriate.

It is also important that the Communications Team deals with journalists confidently and helpfully and ensures that there is a timely and effective response to enquiries. The Team will also ensure that any inaccuracies in the press enquiry are clarified and strongly rebutted by the HSCP if necessary. This is essential for reputational reasons and is a key element in the communications function of the organisation.

HSCP staff/senior managers will on occasion also receive media enquiries and they are aware that these should be redirected to the Communications Team for a response.

4.4 Media Articles

Proactive media releases and features are also routinely issued to the local press. These include information about the role and remit of HSCP staff, achievements, public health messages and details of particular engagement activities that seek public involvement.

This proactive approach provides journalists with a ready-made article, and also creates an opportunity to communicate key messages such as the HSCP's strategic aims and objectives.

4.5 Digital Media

The HSCP has developed a significant digital media footprint including Facebook, Twitter, Instagram and Youtube pages. This has proved to be an effective method of communicating with the public and staff and has increased the visibility of the organisation within local communities.

Digital media has also provided the HSCP with a range of additional communication channels to engage with our citizens in a speedy and timely manner. A number of HSCP localities and services are using social media to communicate with the public and communities which has proved to be a positive development.

Social media also provides an opportunity for HSCP messages to be shared and distributed widely by partners, the general public and staff through their own social media networks.

It is key that the HSCP message lends itself to this sharing of information. The HSCP has also started using trackable hashtags such as **#abhscp** to direct the social media community to relevant newsfeeds.

4.6 Internal Communications

Good and effective internal communications help staff to feel valued for what they do and can encourage staff to be ambassador for the HSCP. This is especially relevant within a remote and rural area such as Argyll and Bute where the vast majority of staff also live within the HSCP's boundaries.

Internal communications is 'everyone's business' and a wide range of methods are utilised including:

- Chief Officer Team Briefing
- Departmental/HSCP newsletters
- CEO/CO Weekly Letter
- HSCP email cascade system
- NHS Highland all user email
- Council Newsflash (all user email)
- Intranet
- Staff briefings / Team meetings

5. AUDIENCES

It is important to determine the audience to ensure that the content of communication is tailored and targeted accordingly. The list below details the main stakeholders that the HSCP communicates with on a regular basis. This is not an exhaustive list and the target audience is reviewed on an issue by issue basis.

- Staff (NHS & Council)
- Integration Joint Board members
- Elected members (councillors, MPs, MSPs)
- Service users, patients, carers and the wider public
- Scottish Government

- The media
- Community Planning Partners
- Locality Planning Groups
- Third Sector
- Independent Sector

6. KEY MESSAGES

6a. About the Health & Social Care Partnership			Method of communication
Purpose of the Integration Joint Board	IJB/HSCP Identity	IJB/HSCP Governance arrangements	▪ HSCP website ▪ Local Press ▪ Public Board meetings ▪ Board member learning ▪ Governance groups ▪ Staff team meetings

Communicating key messages about how the HSCP relates not only to Board members but also to a wide range of stakeholders who may have an interest in the legislative context through which health and social care services are planned, delivered and monitored. This includes how the Board is constituted, how it makes decisions and the required governance arrangements.

The Integration Joint Board convenes meetings in public whereby any member of the public [all stakeholders] can attend to observe proceedings. Board meeting dates and times are available on the HSCP website and papers are published on the website a week in advance of meetings.

Board members are expected to participate in learning and development opportunities to increase their knowledge and understanding of the planning, delivery and performance of health and social care services and the context in which these are operating.

Alongside the organisational vision, values and practices, the HSCP has agreed a visual corporate brand as one aspect of communicating both internally and externally. The HSCP logo will be visible on all reports, service information, correspondence, press articles and other communication channels as defined in the HSCP Branding Guide.

A range of staff, service and financial governance groups engage a wide range of practitioners and professional advisors. These groups provide rigorous and transparent controls and assurance mechanisms relating to stewardship of public funds, service quality standards and risk managements arrangements. The outputs from these meetings are recording and are publically available through the HSCP Board papers.

6b. Organisational Vision, Values & Practices			Method of communication
Developing & sharing the HSCP Vision	Promoting Values and Practices	Embedding and promoting a positive workplace	▪ Strategic Plan Consultation ▪ Staff workshops ▪ Team discussions ▪ Individual appraisal conversations

The first Strategic Plan to be produced by the HSCP provided a three year vision for integrated health and social care services '*The people of Argyll and Bute lead long, healthy and independent lives supported by health and social care services when they need them*'.

This vision was developed through a range of workshops and survey processes involving staff, service users, carers and the wider public. The vision for the organisation remains the same and is articulating in the second Strategic Plan (April 2019- March 2022).

The HSCP has developed a set of values & practices, our 'CIRCLE' framework, to underpin the vision. This encapsulates 6 Shared Values and provides examples of associated individual/team practices that will ensure they are demonstrated to colleagues, service users and stakeholders.

Compassion-Integrity-Respect-Continuous learning-Leadership-Excellence

The next stage is to incorporate these values & practices into all people processes and everyday behaviour to deliver a consistent and positive workplace culture through the organization that is measurable. A positive staff experience will in turn enhance patient experience.

6c. Strategic Service Planning			Method of communication
Influencing and Shaping Strategic Priorities	Listening and responding to the needs of localities	Continuing engagement with NHS GG&C, Primary Care Contractors, Independent Care Sector, Third Sector	▪ Strategic Planning Group ▪ Locality Planning Groups ▪ GP Cluster Groups ▪ Transformation Board ▪ Primary Care Improvement Steering Group ▪ West of Scotland Regional Health and Social Care Planning Group

The HSCP embraces the opportunity for robust dialogue regarding strategic planning with a wide range of stakeholders.

The HSCP works as part of the West of Scotland regional planning organisation to plan and deliver new models of care and effective regional services for cancer, heart disease and forensic mental health. These achievements have demonstrated that it is possible to overcome challenges and deliver safer, higher quality services. It is the collective ambition of the West of Scotland Boards to improve the health and care of the 2.7 million people who live within their communities.

We will do this by providing care to and with individuals and their carers that foster independence; are sustainable; and are safe, effective, equitable and proportionate to their needs planned as part of an improved health and care system in the West of Scotland.

The HSCP Strategic Planning Group (SPG) provides the Chief Officer with the opportunity to communicate on a regular basis with HSCP managers and wider stakeholders, including Primary Care, housing, third sector, independent sector share, service users and carers. The purpose of this group is to influence and shape the Strategic Plan, providing views on proposed strategic priorities and the approach to progressing these.

HSCP Locality Planning Groups are partnerships between statutory, voluntary and community organisations. They were established to enable regular communication between the HSCP and stakeholders to develop co-productive approaches to joint service planning, taking account of the different needs of people within each of the four localities in Argyll and Bute.

Effective communication and dialogue with Primary Care contractors is essential to the effective development and delivery of the priorities within the Strategic Plan. GP Cluster groups and the Primary Care Modernisation Group Project Team provide the opportunity for discussion and the sharing of ideas to inform service improvement.

The Primary Care Modernisation Group Project Team includes GP Sub Committee representation. The current Clinical Leadership structure is being developed and it is hoped that future opportunities for discussion between the Associate Medical Director, GP Clinical Leads and GP Sub Committee Representatives will be established.

6d. Delivering Quality Services			**Method of communication**
Professional Practice networks	Registration and Inspection	Engaging local provider organisations	▪ National and regional professional networks ▪ Regulatory srutiny reports ▪ Provider forums ▪ Clinical & Care Governance Accountability walls ▪ NHS Highland Quality Assurance?

Managers and staff have opportunities to share evidence about best practice, new policy and research through internal, regional and national professional practice networks. These include Nursing, Midwifery and Allied Health Professions (NMAHP) group for Nurses, Midwives and AHPs, Quality Care in Hospitals and Quality Care in Community Meeting.

Our relationships with regulatory bodies such as the Scottish Social Services Council (SSSC), the Nursing & Midwifery Council (NMC) and Care Inspectorate provide us with opportunities for ongoing dialogue about practice and service standards. The external scrutiny provided by the Care Inspectorate and Healthcare Improvement Scotland enables further avenues to convey and publicise learning from practice.

Independent sector partners are supported to exchange information about practice and service delivery challenges and solutions through their representation on the IJB and appropriate operational planning workstreams. In relation to the Care at Home and Care Home sector, the HSCP provides funding to support the Scottish Care Local Integration Leads to host Care Home network meetings and represent the sector around the HSCP table.

6e. Performance & Improvement			**Method of communication**
Progress against strategic priorities	Publicising Service activity information	Sharing Benchmark performance with others	▪ Annual Performance Report ▪ HSCP quarterly performance reports ▪ National benchmarking networks

Measuring performance plays a very important part in translating the HSCP strategy into results and, when internally and externally reported, provides accountability to service users, stakeholders, staff and Board members.

The HSCP has established mechanisms to effectively communicate performance in a timely manner to those who can help shape priorities, to the relevant decision-makers and to those impacted by health and social care services.

The HSCP reports performance relating to the delivery of the functions and strategic priorities for which it is responsible. These reports describe progress against the National Health and Wellbeing Outcomes as well as sharing information relating to Best Value and finance. These reports are presented for approval to the HSCP Board meetings, which are open to the public, as well as being available on the HSCP website.

Performance feedback is designed into practice whereby, individuals, teams and managers understand how their specific service is performing against service targets and what action is required to improve performance. Service indicators and targets are reported to the HSCP Board through the Quarterly Performance Reports.

These reports assist the Board in understanding and interpreting the data to enable robust scrutiny of performance. The data focus on national and local key performance indicators for health and social care which, in turn, inform service planning and improvement. These performance reports are available through the Board papers on the HSCP website.

The HSCP benefits from learning, sharing and exchanging ideas with a range of organisations across Scotland through formal links and National Benchmarking reports, for example ISD, Public Health. This allows the HSCP to better understand its current performance levels; build an understanding of where and why performance varies; and identifies and share good practice with colleagues across Scotland

6f. Engaging the Public, Service Users & Carers			Method of communication
Informing people	Listening and learning from people	Involving people	▪ HSCP website/digital media ▪ Representatives on strategic planning groups ▪ Community Networks & Conversation Cafes ▪ Strategic Engagement Advisory Group ▪ Monitoring patient experience/Patient Opinion

The HSCP uses digital media to communicate a range of messages to communities across Argyll and Bute.

The HSCP Facebook and Twitter channels inform people about job opportunities; health improvement and self management advice and support; local events; services developments; performance highlights; and stories from staff and our communities.

All these channels are updated on a daily basis. Staff are also supported to develop and update locality Facebook pages to provide a more localised social media presence relevant to local communities.

In addition to the above mechanisms, the HSCP has formal and systematic processes for receiving, listening to, learning from and responding to compliments; complaints; service feedback; general enquiries; and media interest. Furthermore, anyone who has questions about their care can contact the feedback team at **argyllandbutehscp.feedback@nhs.net.**

The HSCP Engagement Framework (February 2019) sets out the intentions of the HSCP to work with people in Argyll & Bute who have an interest in health and social care and provides a comprehensive overview of how engagement will be approached.

It describes a number of processes and complimentary documents that support the delivery and monitoring of engagement activity and can be used by HSCP staff, partners, communities and wider stakeholders alike.

Following participatory evaluations of planning and engagement arrangements, the HSCP has developed revised models which will replace nine Locality Planning Groups with four and replacing Health & Care Fora with Community Conversation Cafes across eight communities.

In addition, there are eight Health & Wellbeing Networks that provide a forum for people to build capacity in local communities and to identify and put in place local initiatives to enable people to lead healthier lives. The intention is to provide a consistent approach, clearly setting out what and why engagement and planning activities will take place, who should be involved and what processes will be adopted.

6g. Engaging Health & Social Care Staff			Method of communication
Staff Governance arrangements	Individual and team feedback	Celebrating success	▪ Digital media/ Internet/Intranet/Email ▪ Team meetings/Team Brief ▪ Workshops/ training events ▪ Face to face meetings ▪ Staff Noticeboards ▪ Newsletters/Posters ▪ Press articles ▪ Staff Awards ▪ iMatter Staff Experience tool ▪ Adhoc surveys and focus groups ▪ Staff Goverance Reports

Staff/employees are vital parts of the communication process, both in terms of keeping them informed and seeking their views. Involving them in decisions, listening to their opinions and providing timely information will help them to feel like a valued and important part of any organisation. Communication plays a part in effective staff engagement and building a positive staff experience.

Communication to, with and between staff takes a number of different forms including team meetings; extended senior management meetings; staff briefings; and working groups to progress service development.

It is recognised that staff, through their recognised trade unions, professional organisations, and management are major stakeholders within A&B Health and Social Care Partnership. A local Partnership Forum provides a framework for partnership working between the HSCP, the trade unions and professional organisations

recognised within the Health Board, and the Council. The purpose is to secure the best possible co-operation and agreement on matters of mutual concern, and which will promote the best interests of the HSCP and its staff. The minutes of the local Partnership Forum are included within HSCP Board papers which are published on the HSCP website.

Both health and social care staff are invited to participate in iMatters. This national NHS Scotland tool is designed to help individuals and teams and Boards to understand and improve staff experience of working within the organisation. Feedback from respondents describes the extent to which employees feel motivated, supported and cared for at work. Each health and social care team receive the data that shows how their individual team works, what it means to be in their team. The team leader then supports them to identify, prioritise and determine improvement actions.

Staff are encouraged and supported to share their individual and team's views, stories, challenges and successes. This is primarily but not exclusively shared through a range of internal and external digital media channels, enabling staff to showcase and promote the work of their service

The HSCP recognises staff through a local annual Staff Awards celebration. This acknowledges where staff make an exceptional contribution over and beyond what is ordinarily expected of their role. These celebrations are communicated through the HSCP website, Team Brief, social media and articles to the local media.

6h. Working with Partners			Method of communication
Council and Health Board Interface	Community Planning arrangements	Third Sector Interface arrangement	▪ Argyll & Bute Council Corporate Management Team meetings ▪ NHS Highland system planning groups ▪ Community Planning Partnership meetings ▪ Third Sector Networks

Effective communications with the Council and NHS Highland is essential as under the direction of the HSCP Board, these public bodies remain responsible for the operational delivery of health and social care services and for employing health and social care staff.

The HSCP Chief Officer is a corporate director of and is accountable to the chief executives of both organisations for these functions. Examples of communication channels include:

- Chief Officer integral member of A&B Council and NHS Corporate Management Teams.
- A&B Council and Health Board system wide planning groups for example Emergency Planning, Health Protection; Public Protection.
- A&B Council and NHSH shared corporate resource for example, Communications; Finance; HR.
- Publication of IJB documents on NHS and Council Websites

Communication relating to joint strategic planning is located within A&B Community Planning Partnership arrangements. The HSCP is a statutory partner on the

Community Planning Board and contributes to the development and delivery of the Local Outcome Improvement Plans (LOIPs).

The HSCP is one of a range of partners who leads and approves joint plans and participates in associated internal and external communication and dissemination of these and associated locality plans. These are made available on the Council website and submitted to the Scottish Government.

Communications with the third sector are managed primarily but not exclusively through the A&B Third Sector Interface (TSI) in relation to strategic planning. The Third Sector Interface supports the HSCP in securing voluntary sector representation on planning groups and works with the HSCP in organising and facilitating community engagement activities relating to health and social care priorities. The TSI also communicates health and social care information, provided by the HSCP, via their comprehensive membership. The HSCP recognises and engages a number of other key voluntary sector partners including with the purpose of influencing, complementing and enhancing public sector services.

7. ROLES AND RESPONSIBILITIES

7.1 Integration Joint Board Members

It is the role of board members to be the 'face' of the HSCP and to actively promote and to drive forward the delivery of the Strategic Plan. There is an established media protocol which was approved by the Integration Joint Board in June 2016 which outlines that Board members should direct any media enquiries to the HSCP communications team. However, if the need arises that a Board member is required to respond directly, then they will receive advice and support from the Communications Team.

7.2 Senior Leadership Team

The Senior Leadership Team (SLT) has a key role in developing and overseeing the implementation of a comprehensive Communication Framework and associated Communication Plan. The Team are responsible for clearly communicating both operational and IJB decisions and the strategic thinking behind them. Furthermore, the SLT will work with the Communications Team to respond to reactive and planning proactive communication opportunities.

7.3 Health and Social Care Staff

The HSCP's Communications Team is the key contact between the partnership and the media and if the media directly approaches an individual member of staff they should refer enquiries to the Communications Team for appropriate action.

All HSCP staff are ambassadors for the Partnership and have a role to play in upholding its reputation. They should be aware of this in both their personal and professional interactions including on social media.

Staff should at all times comply with their employing organisational policies and protocols.

7.4 HSCP Communications Team

The Communications Team is responsible for supporting the Integration Joint Board, Senior Leadership Team and HSCP staff, ensuring the methods of communication adopted are appropriate, relevant and timely.

The HSCP Communications Team is a specialist resource that is the first point of contact for all media enquiries and for staff in relation to advice on communications issues.

The Team has a role in supporting and up-skilling staff to develop local proactive communication approaches including the use of a local social media presence in many of the localities.

Communications Team Contact details:

David Ritchie, Communications Manager, davidritchie@nhs.net, 01436 655040

Elaine Booth, Communications Officer, elaine.booth3@nhs.net, 01436 635080

8. MONITORING COMMUNICATIONS

The evaluation of the communications activity carried out by the HSCP is an essential element in ensuring that the HSCP continues to meet the needs of the public, staff, service users and partners from a communications perspective.

Communication will be proactively identified and captured in an Annual Communications Plan (section 9) which will be supported by a performance framework that will set out a number of communications standards to monitor progress. Where applicable this will include quantitative and qualitative improvement goals.

9. COMMUNICATIONS PLAN

The following template will form the basis of an emerging Annual Communication Plan with a few illustrative examples included.

KEY MESSAGES : About the Health & Social Care Partnership				
WHAT	**WHY**	**HOW**	**WHEN**	**WHO**
▪ Chief Officer Report	Highlights report by the Chief Officer to IJB members	Written and/or verb report	Bimonthly IJB meeting	Joanna Macdonald
▪				

KEY MESSAGES : Organisational Vision & Values				
WHAT	**WHY**	**HOW**	**WHEN**	**WHO**
▪ HSCP Values and Practices Framework (CIRCLE)	Will make a significant contribution towards integrated team working and improving employee engagement	Focus groups with staff and presentation to IJB	Jan - Mar18 Presented to IJB in Aug 18	Charlie Gibson
▪				

KEY MESSAGES : Strategic Service Planning				
WHAT	**WHY**	**HOW**	**WHEN**	**WHO**
▪ Draft Strategic Plan consultation	Ensure public and stakeholders can shape the development of the HSCP Strategic Plan	Press releases, social media, website, staff sessions, direct communications to stakeholders	Oct 2018 - Dec 2018	Laureen McElroy
▪				

KEY MESSAGES : Delivering Quality Services				
WHAT	**WHY**	**HOW**	**WHEN**	**WHO**
▪ Clinical Governance Committee minutes	Provides assurance that robust clinical governance controls and management systems are in place	Publically available as part of IJB meeting papers	Bimonthly IJB meeting	Liz Higgins
▪				

KEY MESSAGES : Performance & Improvement				
WHAT	**WHY**	**HOW**	**WHEN**	**WHO**
▪ Quarterly Performance Reports	Outlines the HSCP's performance against the national health and wellbeing outcomes	Written performance reports	Quarterly IJB meetings	Stephen Whiston
▪				

KEY MESSAGES : Involving the Public, Service Users and Carers				
WHAT	**WHY**	**HOW**	**WHEN**	**WHO**
▪ HSCP Activity Infographic	To raise public awareness of some of the key activity data for the organisation.	Cascaded to staff Published on intranet Widely promoted on social media	Monthly	David Ritchie
▪ Disseminating public information at a local level.	To keep people up to date with local health and social care issues and national health and	Information screens in Campbeltown Hospital and Health Centre. Three	Feb/March 2019	

	wellbeing messages.	screens located in the out-patients waiting room, A&E and the GP waiting area.		
▪				

KEY MESSAGES : Engaging Health & Social Care Staff				
WHAT	**WHY**	**HOW**	**WHEN**	**WHO**
▪ Chief Officer Team Briefing	To ensure there is regular communication from the Chief Officer to staff	Email cascade Posted on intranet	Weekly	Joanna Macdonald
▪				

KEY MESSAGES : Working with Partners				
WHAT	**WHY**	**HOW**	**WHEN**	**WHO**
▪ Community Planning Partnership	Ensure the sharing of good practice across the CPP and deliver outcomes within the single outcome agreement	Regular meetings	Monthly	Chief Officer
▪				

Integration Joint Board **Agenda item: 8**

Date of Meeting: **27 March 2019**

Title of Report: **Chief Officer Report**

Presented by: **Joanna Macdonald, Chief Officer**

The Integration Joint Board is asked to:

- Note the following report from the Chief Officer

1 It's OK to Ask

1.1 Staff and GPs from Mid Argyll Hospital and Community Care Centre recently had a display in the foyer of the hospital to raise the profile of Realistic Medicine to members of the public.

1.2 The aim was to highlight to the public that when using healthcare services they should feel empowered to discuss their treatment fully with healthcare professionals. This should allow patients to participate more in decisions in partnership with their healthcare professional and to understand more about their options.

2 #CareForMeToo Campaign

2.1 The HSCP participated in Young Carer's Awareness Day on 31 January 2019 which focussed on raising awareness of mental health challenges and promoting the #CareForMeToo campaign.

2.2 Young Carer's Awareness Day is a national day to acknowledge the young carers in UK who provide care and support to loved ones and friends and it also calls for more awareness of the challenges faced by young people with caring responsibilities to be recognised.

3 Midwifery Training Partnership

3.1 Feature on the HSCP working in Partnership with the University of Highlands and Islands to help train post graduate registered nurses in completion of the new Shortened Midwifery Programme.

4 Argyll and Bute Carers Conference 15th March 2019

4.1 Argyll and Bute Carers Conference on the 15th March will officially launch the newly developed Carers Strategy. The one-day event is being held in the Inveraray Hotel and will bring together carers, representatives from the Health and Social Care Partnership(HSCP), carer centres and other organisations working together to improve the daily lives of young and adult carers. Key speakers will be sharing their expertise and experience on a wide range of support and services available to unpaid carers across Argyll and Bute.

4.2 The Carers Strategy has been designed to improve outcomes for all carers supporting both mental and physical health of adult and young carers. It has been designed to ensure that carers are supported in order to reduce any negative impact their caring role has on their own personal lives.

5 Argyll and Bute Adverse Childhood Experience conference success

5.1 Adverse Childhood Experiences (ACEs) can be categorised into three groups; Abuse, Neglect and Household Dysfunction. Evidence highlights that people who experience four or more ACEs are four times more likely to smoke, drink heavily, and experience depression. They are 12 times more likely an increased risk of suicide and 32 times more likely an increased risk of sexually transmitted infections. However, the negative outcome associated with ACEs are not inevitable.

5.2 ACEs are a public health issue and can be mitigated by a variety of means such as focusing upon changing our language from "What’s wrong with you?" to "What’s happened to you?" and "Who is there for you?" Ensuring people have access to appropriate trauma aware services and support is also beneficial.

6 Argyll and Bute Alcohol Awareness Month March 2019

6.1 The month of March Argyll and Bute Health and Social Care Partnership (HSCP) and the **Alcohol and Drug Partnership** (ADP) worked together to raise awareness of potential benefits of people making a small reduction in their regular consumption of alcohol.

6.2 Trained Health and Social Care (HSC) staff will be raising people’s awareness around alcohol and the benefits of making small changes to their drinking behaviour through the delivery of Alcohol Screening and Brief Interventions (ABIs).

7 Updated HIV training for Rothesay and Helensburgh

7.1 Argyll and Bute Health and Social Care Partnership (HSCP) and Waverley Care are working in partnership to support people living with or at risk of Human Immunodeficiency Virus (HIV).

7.2 The HSCP and Waverley Care are both committed to addressing the needs of people living with or affected by HIV. Waverley Care has delivered HIV prevention and support services in communities across Argyll and Bute since 2010. Increasing general awareness about HIV is a vital part of this work.

8 Mental Health Facebook Page Launched

8.1 The HSCP has launched a Mental Health Facebook page **@mentalhealthargyllandbute** to publicise health and wellbeing information, tips and advice along with signposting to digital resources for people and their carers. It will be used as a platform to reach more people in our rural communities and will be helpful in sharing awareness of mental health problems and reducing stigma.

8.2 The page is overseen by HSCP staff and only provides health and wellbeing information that is trusted and readily available on the NHS inform website and national mental health organisations and partners. This means that people accessing the service can be assured of the accuracy of the information they view.

9 Screening Engagement Practitioner Appointed

9.1 Heather McAdam has been newly appointed as the HSCP's Screening Engagement Practitioner and will be responsible for delivering knowledge and awareness of available NHS Screening Programmes.

9.2 Heather is also responsible for community engagement activities and scoping new opportunities to increase awareness through delivery of training workshops and presentations. She will work closely with local community groups, HSCP colleagues and partners to help build stronger community screening awareness networks.

10 Type 2 diabetes survey

10.1 The HSCP was awarded £22,500 in October 2018 to investigate how to support people living with type 2 diabetes and to prevent more people from getting this condition. The funding is part of a national healthy weight strategy launched by the Scottish Government in 2018.

10.2 It is being used to investigate what people living in Argyll and Bute think needs to happen to reduce their risks of getting type 2 diabetes and, if they already have a diagnosis, what could be done to help them manage their symptoms better.

11 Bespoke Health Programme Aimed at S3 Pupils

11.1 The HSCP's Health Improvement Team are working in partnership with the Third Sector, Education, Health and social care colleagues and a

range of other organisations to deliver a bespoke health programme aimed at S3 pupils. The programme was initially piloted in 2017, after professionals and young people identified the issues they felt affected Argyll and Bute's young people.

11. 2 The multi-faceted programme includes; teacher lesson plans, group workshops, pupil booklets, a powerful drama which tours Argyll and Bute and a Q&A session with local service providers giving pupils the opportunity to address a range of topics affecting young people. This included smoking, relationships, sexuality, sexually explicit material, mental health and alcohol.

12 Attend Anywhere

12.2 The Argyll & Bute Technology Enabled Care team are working on the Attend Anywhere project with NHS GGC (called Near Me in Highland) and have successfully implemented the service for Obstetrics in Oban. As shown in the video link below this reduces the amount of traveling for women and has reduced the amount of visits carried out by the Consultant in Oban from weekly to fortnightly.

12.3 Feedback so far has been very positive with patients and consultants. Consultants have also been able to increase their capacity in areas such as theatre through efficient patient appointment scheduling.

12.4 It will follow that this will be progressively implemented across a wide range of specialties in the near future.

You tube https://youtu.be/_bCLZY2wZgs

Vimeo https://vimeo.com/321555422/e0bf3efc7e

13. DIRECTIONS

	Directions to:	tick
Directions required to Council, NHS Board or both.	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

Author Name: Joanna MacDonald, Chief Officer
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Integration Joint Board **Agenda item: 9**

Date of Meeting: **27 March 2019**

Title of Report: **Transition of Chair and Vice-Chair of the Integration Joint Board**

Presented by: **Joanna MacDonald, Chief Officer**

The Integration Joint Board is asked to:

- Note the transition to a new Chair and Vice Chair of the Integration Joint Board in accordance with the Integration Scheme and the Public Bodies (Joint Working)(Integration Joint Boards)(Scotland) Order 2014.

1 EXECUTIVE SUMMARY

1.1 The tenure of the current IJB Chair is due to cease on the 31 March 2019. It was proposed that the Council's nominated IJB Chair, Councillor Kieron Green and NHS Highland's nominated Vice Chair, Sarah Compton-Bishop take up their new role roles at the end of March.

1.2 The IJB Standards Officer, Douglas Hendry confirmed at the Integration Joint Board, 30 January 2019, that if each constituent body was in agreement with this then there no conflict in the Scheme of Integration or IJB's Standing Orders that would prevent this from occurring.

1.3 Formal notification has been given by each constituent body of their agreement in proceeding as described.

2 INTRODUCTION

The current IJB Chair, Robin Creelman will complete his tenure on 31 March 2019. The current Vice Chair and Council Nominated Chair, Councillor Kieron Green, will take up the office of Chair for the two year period from 1 April 2019 to 31 March 2021. NHS Highland appointee Sarah Compton-Bishop will take up the position of Vice Chair on 1 April 2019 to 31 March 2021.

3 DETAIL OF REPORT

3.1 Article 4 of the Order provides for the Chair to be appointed by the NHS Board or the Council from among the voting members by the NHS Board

and the Council. The Vice Chair is appointed by the constituent authority who did not appoint the Chair.

3.2 The NHS Board and the Council have a responsibility for the appointment of the Chair and Vice Chair on an alternating basis.

3.3 The NHS Board or the Council may change the person appointed by them as Chair or Vice Chair during an appointing period.

4 RELEVANT DATA AND INDICATORS

There are no relevant data or indicators.

5 CONTRIBUTION TO STRATEGIC PRIORITIES

The Chair and Vice Chair provide key governance roles in supporting the delivery of the strategic priorities**.**

6 GOVERNANCE IMPLICATIONS

6.1 **Financial Impact**
There are no financial implications from the consideration of this report.

6.1 **Staff Governance**
There are no issues of clinical governance from the consideration of this report.

6.2 **Clinical Governance**
There are no issues of clinical governance from the consideration of this report.

7 EQUALITY & DIVERSITY IMPLICATIONS

There are no implications of equality and diversity from the consideration of this report.

8 GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

There are no implications of GDPR from the consideration of this report.

9 RISK ASSESSMENT

There are no risk implications from the consideration of this report.

10 PUBLIC & USER INVOLVEMENT & ENGAGEMENT

There has been no public consultation on the contents of this report.

11 CONCLUSIONS

The Integration Joint Board are asked to note that the current IJB Chair Robin Creelman will complete his tenure on 31 March 2019. The current Vice Chair and Council Nominated Chair Councillor Kieron Green will take up the office of chair for the two year period from 1 April 2019 to 31 March 2021. NHS Highland nominee Sarah Compton-Bishop will take up the position of Vice Chair on 1 April 2019 to 31 March 2021.

8 DIRECTIONS

Directions required to Council, NHS Board or both.	**Directions to:**	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

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