DRAFT MINUTE OF
ARGYLL & BUTE HEALTH & SOCIAL CARE PARTNERSHIP (HSCP)
INTEGRATION JOINT BOARD
Wednesday 31 January, 1.30pm
Council Chamber, Kilmory, Lochgilphead

Present:

Robin Creelman	NHS Highland Non-Executive Board Member (Chair)
Councillor Kieron Green	Argyll & Bute Council (Vice Chair)
Christina West	Chief Officer, Argyll & Bute HSCP
David Alston	NHS Highland Chair
Dr Michael Hall	Associate Medical Director
Liz Higgins	Lead Nurse, Argyll & Bute HSCP
Alex Taylor	Head of Children and Families & Criminal Justice
Caroline Whyte	Chief Financial Officer, Argyll & Bute HSCP
Denis McGlennon	Independent Sector Representative
Linda Currie	AHP Lead
Fiona Thomson	Lead Pharmacist
Dr Peter Thorpe	Secondary Care Adviser, Argyll & Bute HSCP
Maggie McCowan	Public Representative
Heather Grier	Unpaid Carer Representative
Catriona Spink	Unpaid Carer Representative
Dawn McDonald (VC)	Staff Representative (Health)
Alison McGrory	Health Improvement Principal
Katrina Sayer	Third Sector Representative
Sarah Crompton-Bishop	NHS Highland Non-Executive Board Member
Gaener Rodger	NHS Highland Non-Executive Board Member
Councillor Alistair Redman	Argyll & Bute Council

In Attendance:

Lorraine Paterson	Head of Adult Services (West)
Jim Littlejohn	Head of Adult Services (East)
Stephen Whiston	Head of Strategic Planning & Performance - Argyll & Bute HSCP
Hugo Van-Woerden (VC)	Director of Public Health, NHS Highland
John Brown (VC)	Chair, NHS Greater Glasgow & Clyde
Susan Walsh (VC)	NHS Healthcare Improvement Scotland
David Ritchie	Communications Manager, Argyll & Bute HSCP
Sheena Clark	PA to Chief Officer (Minutes)

Apologies:

Elizabeth Rhodick	Public Representative
Councillor Jim Anderson	Argyll & Bute Council
Councillor Iain Paterson	Argyll & Bute Council

ITEM	DETAIL	ACTION
1	**WELCOME**	
	The Chair welcomed everyone to the meeting and introductions were made around the table.	

2	**APOLOGIES**	
	Apologies were noted.	
3	**DECLARATIONS OF INTEREST**	
	There were no declarations of interest.	
4	**MID ARGYLL COMMUNITY TEAM – RAPID PROCESS IMPROVEMENT WORKSHOP (RPIW) REPORT OUT**	
	The Mid Argyll Community team reported out on their 1 week Rapid Process Improvement Workshop (PRIW) which took place in December 2017. The Team consists of Social Work, District Nurses, Occupational Therapy and Physiotherapy. Referrals for ongoing social care were progressed through Social Work, with assessments documented on a Universal Adult Assessment (UAA). Different prioritisation of need frameworks were used by different professionals. Ongoing case management and care co-ordination impacted on the capacity of the team to complete UAAs in a timely manner resulting in a process from the point of referral to the approval of the care plan, taking 64 days. The RPIW aimed to reduce the time of the process and develop an integrated approach to the community team triage process. Over the course of the week the team identified 33 improvement ideas aimed at reducing waste, duplication and placing the individual requiring care at the centre of their process. The team also developed a new understanding of one another's roles and a shared vision for their integrated service. The Chair thanked the team for attending the meeting and congratulated them on the outcomes from their RPIW. The Chair thanked the team for attending the meeting and congratulated them on the outcomes from their RPIW.	
5	**APPROVAL OF MINUTE OF INTEGRATION JOINT BOARD 27 SEPTEMBER 2017 AND ACTION PLAN**	
	The draft Minute was noted as an accurate record. There were no matters arising. Action Log Updates : 1 Homecare – IJB Development Session Topic – agreed with Procurement Team. 2 Criminal Justice – IJB Development Session topic. 3 Significant Adverse Events Reviews – report to next meeting. 4 Finance Report to include trajectory of projected overspend – complete. 5 Alcohol Brief Interventions – ongoing. 6 Waiting Times Funding – Chief Officer has written to NHS Highland Board, acknowledgement received and a meeting is to be arranged with the IJB Chair and Chief Officer to meet with the NHS Highland Chair and Chief Executive. IJB Chair asked that the Chief Officer requests a formal response to the letter re. waiting times funding.	**CW**

	7 Carers Eligibility Criteria – March agenda. 8 HSCP Climate Change Report – complete.	**LC**
6	**BUSINESS**	
6.1	**Delivering the New 2018 General Medical Services (GMS) Contract in Scotland**	
	The Associate Medical Director presented the paper, outlining the content of the new 2018 GMS Contract in Scotland which was accepted on behalf of the profession by the Scottish General Practices Committee on 18 January. He advised on the requirement for Argyll & Bute HSCP to develop a Primary Care Improvement Plan by 1 July 2018 for approval by the HSCP Strategic Management Team prior to submission to Scottish Government. The Plan will be presented to the IJB in August. The HSCP will have responsibility for commissioning primary care services which integrate with locality services and are responsive to local needs and work with GP Clusters. The legal responsibility for the GMS Contract sits with the NHS Highland Board. The changes envisaged in the new contract with implementation of the priority developments, changes to the role of GPs, training and role of Practice staff, premises, quality planning, improvement and assurance arrangements are significant and will require coordination across the Argyll and Bute HSCP area in order to be efficient and effective. A Primary Care Modernisation group has been established in the HSCP to progress the work outlined in the report. Communication and engagement will be progressed to inform Argyll & Bute residents on the implications of the new contract on service delivery. The Integration Joint Board : • *Noted the paper.* • *Noted that following a ballot of GPs and GP trainees that the full Scottish General Practices Committee (SGPC) on 18 January 2018 decided the contract should be accepted on behalf of the profession.* • *Instructed the Chief Officer to progress the necessary actions within Argyll & Bute to develop the Primary Care Improvement Plan as set out in section 13, to be approved by the SMT in July and presented to the IJB on the 1August 2018.*	**CW**
6.2	**Staff Governance**	
	The Head of Planning & Performance gave a summary of the report which set out performance data and current key issues for staff governance in the HSCP. Areas are being addressed to : • Support staff in their work and development	

	• Assess workforce performance and identity issues. • Establish staff partnership and trade union relationship and operation. • Ensure compliance with terms and conditions and employing policies. • Adopt best practice from both employers (NHS Highland and Argyll & Bute Council). • Identify service change implications for the workforce and compliance with the above. Due to technical issues there is currently an impact on accurate reporting of Return to Work interviews which is reflected in the report. It was requested that the next report to the IJB included : • Details of the trend in the number of fixed term contracts for both NHS Highland and Argyll & Bute Council. • Information of the Whistleblowing Policy for both NHS Highland and Argyll & Bute Council and data on reported incidences. • Workforce Planning update. *The Integration Joint Board :* • *Noted the content of this quarterly report on the staff governance performance in the HSCP.* • *Accepted the recommendation to move to a quarterly Staff Governance Report from March 2018.*	**SW/SWi**
6.3	**Finance**	
	The reports were presented by the Chief Financial Officer. <u>Budget Monitoring</u> – the report detailed the financial position of the Integrated Budget as at December 2017. The forecast year-end outturn position is a projected overspend of £2.9m. The starting point for the year was an outstanding budget gap of £2m, with the intention of managing this through a reduction in the SLA for acute health services negotiated with NHS Greater Glasgow and Clyde and with the remaining balance being delivered through in-year efficiency savings. The overall deterioration to the position is due to ongoing overspends for locums/ agency staff, continuation of overspends in social care and the expectation that not all of the service changes in the Quality and Finance (Q&F) Plan will be delivered. There has been improvement since the financial recovery plan was implemented. Progress with financial recovery is being impacted by demand for new services, continued service delivery pressures and delays with the delivery of recurring savings in the Quality and Finance Plan. It is unlikely at this late stage in the financial year that financial balance will be achieved at the year-end, efforts will	

	continue to contain the overspend as far as possible to limit the impact on funding partners and on the budget gap for the IJB in future years. There is an agreed project management process in place and the Q&F Plan Programme Board has been established to focus efforts on ensuring the service changes are delivered as any delays or non-delivery of savings will result in short term actions to deliver financial balance. In addition to the projected overspend position there are significant financial risks in terms of service delivery for 2017-18 and there are mitigating actions in place to reduce or minimise these, these risks should continue to be closely monitored together with the delivery of the Q&F Plan. *The Integration Joint Board* : • *Noted the overall Integrated Budget Monitoring report December 2017 period, including:* *- Integrated Budget Monitoring Summary* *- Quality and Finance Plan Progress* *- Financial Risks* *- Reserves* • *Noted that as at the December period there is a projected year-end overspend of £2.9m primarily in relation to the outstanding budget gap at the start of the year, the expected deliverability of the Quality and Finance Plan, the cost of medical locums and continuing overspends from demand for social care services.* • *Noted the financial progress with the delivery of the Quality and Finance Plan and the overall forecast shortfall in delivery of savings.* • *Noted the progress with the implementation of the financial recovery plan and the trajectory of improvement required to deliver financial balance for the 2017-18 financial year. It is unlikely that financial balance will be achieved and efforts continue to be focussed on reducing the overspend as far as possible to limit the impact on funding partners and the budget gap in future years.* <u>Budget Outlook 2018/19</u> - financial assumptions for 2018-19 have been updated based on the current information available for the expected funding, cost and demand pressures, inflationary cost increases and the previously agreed savings. These have been incorporated into an updated budget outlook position and further detail of these financial assumptions are included in this report. There is an intention to further develop the current Quality and Finance Plan to incorporate additional service changes required to deliver financial balance and to approve a one year budget in March 2018 which will take the HSCP to the end of the current Strategic Plan period. This would also be in line with the expectation that the Council and Health Board will both make one year allocations of funding for 2018-19.	

	The IJB discussed the challenges of aligning the Financial Plan with the NHS Highland and Council Plans and suggested that a longer term financial plan should be considered. The Chief Financial Officer noted the comments. *The Integration Joint Board :* • *Noted the indicative budget outlook and resulting estimated budget gap for 2018-19 of £10.1m, this position has changed from the previously estimated £11.4m budget gap.* • *Noted the significant impact of the 2017-18 financial position and the delays in progressing service changes in the Quality and Finance Plan in the current year.* • *Noted the challenge for 2018-19 in delivering the scale of service redesign which would require to be delivered through the Q&F Plan.* • *Noted the requirement for the IJB to approve a balanced Integrated Budget by March 2018 and the work ongoing to deliver on this requirement.*	
6.4	**Clinical & Care Governance (C&CG)**	
	The Lead Nurse reported on the challenges of aligning the Clinical & Care Governance Report to the IJB due to the scheduling of C&CG Committee meetings which inform the report. She highlighted the proposal to amend the terms of reference for the C&CG Committee and move to quarterly reporting to the IJB. This will improve the quality and timing of the information to the IJB and ensure that the C&CG Committee meets its responsibilities to the Board as laid out in the terms of reference. *The Integration Joint Board:* • *Agreed the proposal to remove Clinical & Care Governance Report as a standing agenda item for every IJB, noting that exceptions will be reported as required.* • *Agreed the proposed schedule for 2018 Clinical & Care Governance Committee quarterly reports to the IJB.*	
6.5	**Performance Report**	
	The Head of Planning & Performance informed the IJB that the national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. Currently there are 9 key National Health and Wellbeing Outcomes and 23 sub-indicators. In total there are 102 scorecard success measures and of these 57 are currently reported as being on track For Outcome 7 there are 12 measures with 8 on track and 4 off track For Outcome 8 there are 5 measures with 1 on track, 1 off track and 3 requiring updating. It is planned that the performance report will incorporate carers centres information, once validated.	**SW/LC**

	Performance reporting will be a topic for a future IJB Development Session *The Integration Joint Board :* • *Noted the HSCP performance against National Health and Well Being Outcomes: 7 & 8 for FQ3 17/18.* • *Noted the actions identified to address deficiencies in performance as detailed in the exception reports.* • *Noted the performance against MSG Integration Authorities Performance Indicators for the period to October and December 2017.*	**SW**
6.6	**Revision to the Integration Scheme – Carers Act**	
	Argyll & Bute's Integration Scheme has been revised as required by the Scottish Government, in accordance with the regulations to meet the requirements of The Carers (Scotland) Act 2016. The revised Integration Scheme will be agreed with the NHS Highland Board and the Argyll & Bute Council before submission to the Scottish Government by 2 March 2018. It will be laid before Parliament awaiting ministerial approval. A new Carers Strategy for Argyll & Bute is being prepared to reflect the changes enshrined in the Carers (Scotland) Act 2016. *The Integration Joint Board :* • *Noted revisions to the Integration Scheme* • *Agreed the revised Integration Scheme for submission to the Scottish Government by 2nd March 2018* • *Remitted to the Chief Officer authority to seek agreement from NHS Highland Board and Argyll & Bute Council*	**CW**
6.7	**Chief Officer Report**	
	The Chief Officer summarised the report, highlighting : Argyll & Bute – Winter Planning. In particular it is recognised that the last few months have been especially challenging for staff as they have had to deal with a wide range of winter pressures. The Chair noted the IJB's acknowledgement of the hard work and dedication of all community and hospital staff in continuing to deliver a high standard of health and social care during this challenging winter period. Accident & Emergency Targets – A&E Department of Lorn & Islands hospital exceeded the Scottish Government's waiting time targets. Inpatient Mental Health Facilities –the new facility was officially opened on 8 December following the relocation of services to the refurbished facility on the lower ground floor in Mid Argyll Community Hospital & Integrated Care Centre.	

	The Integration Joint Board noted the report.	
	Date of Next Meeting: Wednesday 28 March 2018, 1.30pm, Council Chambers, Kilmory, Lochgilphead	

ACTION LOG – INTEGRATION JOINT BOARD 31-01-18

	ACTION	LEAD	TIMESCALE	STATUS
1	Development Session on Homecare to be arranged.	A MacColl-Smith	Early 2018	
2	Criminal Justice as a Development Session topic.	A Taylor	Early 2018	
3	Significant Adverse Event Reviews – quarterly figures to be included in Clinical & Care Governance Report.	E Higgins	March 2018	
4	Carers Eligibility Criteria – further report to IJB in March 2018	L Currie	March 2018	
5	Chief Officer to request a formal written response from NHS Highland to the letter re. waiting times funding	C West	February 18	
6	Chief Officer to progress the necessary actions within Argyll & Bute to develop the Primary Care Improvement Plan as set out in section 13, to be approved by the SMT in July and presented to the IJB on the 1 August 2018.	C West	1 July 2018	Ongoing
7	Information to be included in the next Staff Governance Report to the IJB : - Trend in the number of fixed term contracts for both NHS Highland and Argyll & Bute Council employees working in the HSCP. -Information on the Whistleblowing Policy for both NHS Highland and Argyll & Bute Council and data on reported incidences. -Workforce Planning update.	S Whiston	31 March 18	
8	Inclusion of quarterly Carers Centres data in future Performance Report.	S Whiston/ L Currie		

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.1

Date of Meeting: 28th March 2018

Title of Report: Clinical & Care Governance

Presented by: Elizabeth Higgins, Lead Nurse

The Integration Joint Board is asked to:

- **Note the number and progress of Significant Adverse Event Reviews in the HSCP**
- **Note the requirement to implement Duty of Candour procedures from 1st April 2018 and the current Argyll & Bute HSCP position.**

1. EXECUTIVE SUMMARY

Argyll & Bute HSCP aims to provide high quality care that is safe, effective and person-centred. It is recognised however that working in such complex systems, adverse events can occur that do or could have, a major effect on the people involved. Each of these events should be regarded as an opportunity to learn and to improve in order to increase the safety of our healthcare systems for everyone.

This report outlines the current and well recognised Significant Adverse Event Reviews process and introduces and outlines the Duty of Candour process which will be introduced to health and social care settings from 1st April 2018

2. INTRODUCTION

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

3. DETAIL OF REPORT

3.1 Significant Adverse Event Reviews (SAERs)

A Significant Adverse Event is an event that fulfils at least one of the following:

- An event which caused or had the potential to cause serious harm to an individual or a group of individuals (patients and staff).

- An unusual or unexpected clinical or non-clinical event with or without an adverse outcome that has potential for significant learning.
- An event that may cause reputational damage to the organisation/undermines public confidence in the organisation to deliver safe services.

The following events shall all be considered as potential SAERs and assessed against the criteria outlined above.

1) All Datix adverse events risk rated as Major or Extreme (consequence) on Datix Incident form 2 (DIF2)
2) Event of concern brought to the attention of the operational unit management team including but not exclusively: - SPSP Global Trigger Tool Adverse Incidents, Death identified at mortality reviews with adverse features
3) Any suicide
4) Serious complaints that are categorised as high or very high
5) Unexpected deaths, including maternal deaths, work related deaths
6) Significant near misses
7) Major incidents
8) Externally reported adverse events

The table below summarises HSCP SAER activity / status at 20 February 2018. SAERS are overseen by the HSCP SAER Scrutiny Group.

Type of Event	**Number: Waiting further information to inform decision on level of review**	**Number: Investigation in progress**	**Number: Draft SAER Report being prepared**	**Number: SAER Reports Awaiting Ratification**	**Number: SAER Reports ratified to date in Q4**
Complaint: Care and treatment	0	1	0	0	0
Care and treatment	1	0	0	0	1
Unexpected Death	0	0	1	0	0
Suicide / Probable suicide of person who had contact with mental health services within 12 months before their death	0	1	1	0	0
Failure to follow procedure	1	0	0	0	1
Mental Health – patient transfer	1	0	0	0	0
Totals	**3**	**2**	**2**	**0**	**2**

- Learning summaries are generated for all SAERs and widely disseminated to support shared learning
- Continuous improvements are made in relation to SAER processes
- Current development /improvement work for adverse events includes:
  - A focus on suicide reviews, to make further improvements particularly in relation to family engagement and support and staff support.
  - Development of a review and audit programme based on SAERs in mental health to check that actions identified through SAERs have been embedded.
  - Development of a flowchart to communicate review processes for a range of adverse events including Social Work adverse events

3.2 Organisational Duty of Candour

Background

The Duty of Candour provisions in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act were given Royal Assent on April 6, 2016 http://www.legislation.gov.uk/asp/2016/14/pdfs/asp_20160014_en.pdf. The implementation date for the Duty of Candour provisions to come into effect is 01 April 2018. The Act introduces a statutory organisational duty of candour on health care and social work services. The Duty of Candour does not replace the existing arrangements for reporting certain types of events which are already embedded in legislative requirements.

The overall purpose of the Duty is to ensure that organisations are open, honest and supportive when there is an unexpected incident resulting in harm or death, as defined by the Act. This duty requires organisations to follow a duty of candour procedure which will include notifying the person affected, apologising and offering a meeting to give an account of what happened. The procedure will also require the organisation to review each incident and offer support to those affected (people who deliver and receive care). The purpose is to promote consistency across service providers where there has been an incident that has resulted in unintended or unexpected harm that is not related to the course of the condition for which the person is receiving care

The Responsible Person

The new Duty applies to organisations and not individuals. It is placed upon heath, care and social work organisations. The 'responsible person' is defined within the Act. The Health Board and local authority is defined as a 'responsible person', in addition organisations who have entered into a contract with the Health Board to provide a health service as well as other organisations who provide care or social work services are defined as responsible persons.

The 'responsible person' has responsibility for:

- Carrying out the procedure
- Undertaking any training required by regulations
- Providing training, supervision and support to any person carrying out any part of the procedure as required by regulations
- Reporting annually on the duty

Key Principles of the Duty of Candour

The principles of candour already inform the approach that is taken in Argyll and Bute and are embedded in our Significant Adverse Event Review processes. The professional duty currently applies to many health and social care professionals across Scotland as this is a part of the requirements of their practice by their professional regulators.

- Providing health and social care services is associated with risk and there are unintended or unexpected events resulting in death or harm from time to time.
- When this happens, people want to be told honestly what happened, what will be done in response, and to know how actions will be taken to stop this happening again to someone else in the future.
- There is a need to improve the focus on support, training and transparent disclosure of learning to influence improvement and support the development of a learning culture across services.
- Candour is one of a series of actions that should form part of organisational focus and commitment to learning and improvement.
- Transparency, especially following unexpected harm incidents is increasingly considered necessary to improving the quality of health and social care.
- Being candid promotes accountability for safer systems, better engages staff in improvement efforts, and engenders greater trust in patients and service users.

Incidents which will activate the Duty of Candour

From 1 April 2018, the Duty of Candour procedure must be carried out by the responsible person as soon as practicable after becoming aware that an individual who has received a health, social care or social work service has been the subject of an unintended or unexpected incident that is not related to the course of the condition for which the person is receiving care and which has resulted in the following:

- death of a person
- a permanent lessening of bodily, sensory, motor, physiologic or intellectual functions
- an increase in the person's treatment
- changes to the structure of the person's body
- the shortening of the life expectancy of the person
- an impairment of the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days
- the person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days
- the person requiring treatment by a registered health profession in order to prevent (i) the death of a person, or (ii) any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above

Activating the Procedure

The key stages of the procedure will include the following:

1. Notification of the person affected (or family/relative where appropriate)
2. Providing an apology

3. Carrying out a review into the circumstances leading to the incident
4. Offering and arranging a meeting with the person affected and/or their family, where appropriate
5. Providing the person affected with an account of the incident and information about further steps taken
6. Providing information about support to persons affected by the incident (both those who deliver and receive care and support services).
7. Publication of an organisational annual report on when the duty has been applied, including the number of incidents, how the organisation has implemented the duty and what learning and improvements have been put in place.

Please note: stages 1 to 5 above form part of current adverse event management processes.

Current National Position

The details of these procedures are set out in Regulations: http://www.legislation.gov.uk/ssi/2018/57/made/data.pdf which will be legally binding. Notification was received on 14 February 2018 that the Regulations were laid before the Scottish Parliament for approval.

Following approval of the Regulations, Guidance will be issued to support implementation of the Duty of Candour and will outline supportive information on how the Act is applied in practice. It will address how the Duty can be integrated with existing processes for responses to complaints, adverse event and incident reporting — emphasising the requirements for support, training and identification of learning and improvement actions.

An e-learning module is available on LearnPro (under NES).

Fact sheets and an e-learning module for those who do not have access to LearnPro are available at: http://www.knowledge.scot.nhs.uk/making-a-difference/resources.aspx

A dedicated Twitter page is available, @candourdutyscot

There is a dedicated webpage about Duty of Candour and Frequently Asked Questions at http://www.gov.scot/Topics/Health/Policy/Duty-of-Candour/FAQ

Questions relating to the Duty of candour can be emailed to a team at dutyofcandour@gov.scot

Four national events are taking place across Scotland between 20 February and 21 March 2018. The focus of the events is to provide staff with the skills, knowledge and confidence to implement the model Complaints Handling Procedures for the NHS and Social Work which were introduced in April 2017. The events will also enable staff to prepare themselves and their teams for the introduction of the new Duty of Candour.

Current Argyll and Bute Position

Everyone needs to be aware of the Organisational Duty of Candour and prepare for the introduction. It is the responsibility of all staff to familiarise themselves and comply with the requirements of the Act. To this end, a number of awareness raising sessions have been delivered by Fiona Campbell, Clinical Governance Manager, and will continue to

be delivered across the Partnership. National leaflets are provided as part of the awareness sessions.

Staff have been encouraged to access national on-line resources including the e-learning module.

In advance of the Regulations being approved and Guidance being issued, plans are in development to integrate Duty of Candour into adverse events and complaints arrangements. Data collection and reporting requirements will be incorporated in Datix for health events. A proposal for recording and reporting of Social Work events is under consideration.

A web page has been developed on the NHS Highland intranet and is frequently updated.

A small number of key staff will be attending one of the national events taking place across Scotland between 20 February and 21 March 2018.

3.3 Clinical & Care Governance Committee 18th January 2018

In addition to SAER and Duty of Candour, some of the topics considered by the Clinical & Care Governance Committee include:

Care Homes:

There have been some issues relating to quality and care assurance in a number of Care Homes across Argyll & Bute. The Committee were assured that as a Partnership we were sighted on any care concerns; we were communicating with the Care Inspectorate and have comprehensive plans in place to address issues and share learning.

Complaints:

The HSCP performance in relation to achieving targets for complaint responses remains poor. The Committee explored the reasons why and possible solutions. Improvement work to be led by Fiona Campbell Clinical Governance Manager.

Maternity Service:

A paper prepared by Jaki Lambert, Consultant Lead Midwife was presented regarding the current fragility within the midwifery service in Argyll & Bute. The paper outlined the national shortage of midwives that is impacting on recruitment to vacancies in Argyll & Bute at a time when a number of midwives have reached retirement age.
This coincides with a new national strategy (of which we are one of five early implementation sites) that supports the model of care in Argyll and Bute, with continuity of care, flexibility and OOH being part of the future maternity model for Scotland.

3.4 Next IJB report will include information on:

- Infection Control year end summary
- Blood Transfusion, training and governance
- Complaints
- Health & Social Care Standards

4. CONTRIBUTION TO STRATEGIC PRIORITIES

Robust governance arrangements are key in the delivery of strategic priorities

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact
Nil

5.2 Staff Governance
It is vital that staff are kept appraised of, and are integral to, good Clinical & Care Governance. Detailed, relevant reports will assist in achieving this.

5.3 Clinical Governance
Report will aid with embedding and identifying Clinical Governance issues

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

With the approaching deadline for implementation of Duty of Candour it is essential all staff and the IJB are sighted on the process. A number of awareness raising sessions have taken place for staff and the IJB are informed by means of this paper.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

This is crucial for good Governance practice. There remains public involvement on a number of groups related to Governance.

9. CONCLUSIONS

Working within the complexities of health and social care means that adverse events can occurs. The SAER process and the introduction of Duty of Candour, allows for reflections, learning and openness and honesty.

Argyll & Bute Health & Social Care Partnership

Integrated Joint Board

Agenda item : 5.2

Date of Meeting: 28 March 2018

Title of Report: Oban Laboratory Services

Presented by: Caroline Henderson, Local Area Manager, Lorn & Islands Hospital.

The Integration Joint Board is asked to:

- **Note progress within the Oban Laboratory service.**

1. EXECUTIVE SUMMARY

The Oban Laboratory has implemented significant improvements since August 2016. Recent MHRA (Medicines & Healthcare Products regulatory agency) inspection carried out in January 2018 with positive feedback and application submitted for UKAS inspection with a pre-visit planned for June 2018.

Work is ongoing to ensure continuous improvement with the aim of obtaining UKAS ISO 15189 accreditation by the end January 2019.

2. INTRODUCTION

This report provides members of the IJB with details of the progress made within Oban Laboratory service following withdrawal of CPA accreditation in August 2016.

3. DETAIL OF REPORT

In August 2016, the Lorn & Islands Hospital Laboratory underwent a UK Accreditation Service (UKAS) ISO 15189 transition inspection and review of their current clinical Pathology Accreditation (CPA). The CPA Accreditation is no longer required by Laboratories and it is now recommended that all Laboratories obtain UKAS ISO 15189 accreditation by 2017/18. As a result of the UKAS inspection, the Laboratory CPA accreditation was suspended and the Oban Laboratory chose to voluntarily withdraw from the CPA accreditation. As a result a detailed action plan and review of the service has been undertaken by local managers and NHS Highlands Laboratories Service Manager.

As part of the review of current practice within the Oban Laboratory, a mock MHRA (Medicines & Health Care Products agency) inspection was carried out at the Local Manager's request by the Scottish Blood transfusion service.

Following this inspection some gaps were identified relating to the statutory completion of the annual blood compliance document.

Following receipt of the mock MHRA inspection report, the Associate Medical Director, Dr Mike Hall, notified the MHRA of the deficiencies that had been found and informed them of our corrective Action Plan which was submitted in November 2016.

As a result the MHRA have carried out two subsequent inspections in February 2017 and January 2018. The inspection carried out in January 2018 was very positive and the inspector stated that significant progress had been made since the last inspection in 2016. Further work continues and we anticipate a further inspection in approximately 9-12 months time to monitor the services' continuous improvement.

Due to high level of staff sickness since October 2016, which included two BMS Microbiologists, a decision was made, on clinical grounds, to send all Microbiology specimens to the QEUH Laboratory in Glasgow. This will cease at the end of March 2018 and the service will transfer to Raigmore Hospital Laboratory in line with the other two Rural General Hospitals. This will not impact on patient pathways of care and will allow the Oban Laboratory to provide the essential services of Haematology, Blood Transfusion and Biochemistry to the level of the UKAS accreditation regulatory body.

Staffing levels have been challenging within the Department for a variety of reasons eg sickness and maternity leave resulting in Locum input to support the service. A review of the current workforce is currently being undertaken and it is anticipated that Locum cover will be reduced significantly over the next 4-6 months.

A new Quality Management System has been introduced to the Oban Laboratory and is being overseen by the NHS Highland Quality Manager for Laboratories across NHS Highland. This has resulted in significant movement towards obtaining UKAS accreditation; it also allows external monitoring of the Oban Laboratory to ensure compliance with standards.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

To ensure a high quality service and efficiently and effectively manage all resources to deliver best value.

By ensuring a robust operational management system that is focussed on continuous improvement, within a clear governance and accountability framework for all Laboratories within NHS Highland.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

Over the past year there have been increased costs associated with the laboratory service as a result of the need for locum staff and the pathway for microbiology to NHS Greater Glasgow & Clyde. A reduction in costs is anticipated as a result of the workforce remit and the changed pathway for microbiology services to Raigmore Hosptial.

5.2 Staff Governance

A review of the organisational structure of Oban Laboratory has been carried out and clear reporting structures are in place in line with all other Laboratories across NHS Highland.

5.3 Clinical Governance

A robust Governance structure for Oban Laboratory is now in place in line with the rest of NHS Highland Laboratories and is overseen by a Laboratory Service Manager. Prior to 2016, this was not in place.

A Clinical Director role has not yet been identified for Oban Laboratory but the service is overseen by NHS Highland Laboratory Clinical Director and Dr David Ashburn, Medical Director at present.

6. EQUALITY & DIVERSITY IMPLICATIONS

None.

7. RISK ASSESSMENT

There would be significant clinical risk to the organisation and service if the function of the Laboratory was not to the expected standard or was unable to deliver routine Haematology, Blood Transfusion and Biochemistry analysis.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

As part of the standard work within the Laboratory service, feedback is obtained from service users as part of the Quality Management System for the Laboratory service. The findings from service user questionnaires are reviewed and actioned if required at Laboratory meetings.

9. CONCLUSIONS

The Oban Laboratory have made significant progress since August 2016, however continuous improvement is still required to ensure a safe and sustainable service.
Recent MHRA inspection of Haematology and Blood transfusion service demonstrated significant improvements and the Oban Laboratory have requested a further UKAS ISO 15189 inspection. A pre-Inspection by the UKAS team is planned for 20 – 21 June 2018, with a planned full inspection by the end of 2018/early 2019.

Microbiology services will transfer from Oban Laboratory from 1 April 2018 to Raigmore Hospital. This is in line with the other two Rural General Hospitals and will ensure a high quality service.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.3

Date of Meeting : **28 March 2018**

Title of Report : **Budget Monitoring – January 2018**

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

The Integration Joint Board is asked to :

- **Note** the overall Integrated Budget Monitoring report for the January 2018 period, including:
  - Integrated Budget Monitoring Summary
  - Quality and Finance Plan Progress
  - Financial Risks
  - Reserves
- **Note** that as at the January period there is a projected year-end overspend of £2.6m primarily in relation to the outstanding budget gap at the start of the year, the expected deliverability of the Quality and Finance Plan, the cost of medical locums and continuing overspends from demand for social care services.
- **Note** the financial progress with the delivery of the Quality and Finance Plan and the overall forecast shortfall in delivery of savings.
- **Note** the progress with the implementation of the financial recovery plan and the trajectory of improvement required to deliver financial balance for the 2017-18 financial year. Efforts continue to be focussed on reducing the overspend as far as possible to limit the impact on funding partners and the budget gap in future years.

1. EXECUTIVE SUMMARY

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

- The IJB started 2017-18 with an outstanding budget gap of £2m with the intention of managing this through a reduction in the SLA for acute health services negotiated with NHS Greater Glasgow and Clyde and with the remaining balance being delivered through in-year efficiency savings. This position has deteriorated. This is due to ongoing overspends for locums and agency staff, continuation of overspends in social care services and the expectation that not all of the service changes in the Quality and Finance Plan will be delivered.
- This report provides information on the financial position of the Integrated Budget as at the end of January 2018. The projected year-end outturn position is an overspend of £2.6m. A financial recovery plan has been in place since

September and was subsequently updated in November to include further actions to address the financial position. The financial recovery plan is not delivering the planned improvement to the financial position and it is unlikely at this stage in the financial year that financial balance can be achieved. Efforts are focussed on reducing the projected overspend as far as possible to limit the impact on the budget in future years.

- Not all savings in the Quality and Finance Plan will be achieved as planned during 2017-18, the IJB are aware some areas are high risk and there may be a significant lead-in time to deliver some of the more complex service changes. There is an agreed project management process in place and the Quality and Finance Plan Programme Board has been established to focus efforts on ensuring the service changes are delivered as any delays or non-delivery of savings will result in short term actions to deliver financial balance.
- In addition to the projected overspend position there are significant financial risks in terms of service delivery for 2017-18 and there are mitigating actions in place to reduce or minimise these, these risks should continue to be closely monitored together with the delivery of the Quality and Finance Plan.

2. INTRODUCTION

2.1 This report sets out the financial position for Integrated Services as at the end of January 2018. Budget information from both Council and Health partners has been consolidated into an Integrated Budget report for the Integration Joint Board.

3. DETAIL OF REPORT

3.1 INTEGRATED BUDGET MONITORING SUMMARY

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

3.1.2 There is an overall increase in funding of £3.438m compared to the approved budget. There is an increase in available funding from £258.885m to £262.323m, the in-year changes in funding are noted in Appendix 1. This relates to an increase in Health Funding, mainly relating to additional non-recurring funding allocations from the Scottish Government and a small net increase to Council funding which relates to the drawdown of budget from reserves.

Year to Date Position – YTD Overspend - £0.513m

3.1.3 The main areas to note from this are:

- The overall Year to Date variance is a net overspend of £0.513m. This consists of an underspend of £1.072m in Council delivered services offset by an overspend of £1.585m in Health delivered services.
- Within Health provided services the overspend is mainly in relation to the budget profile of savings for 2017-18 which have not yet been implemented and additional costs in relation to locums, the year to date position is in line with the forecast outturn position.
- Within Council delivered services the year to date overspend is mainly in relation to delays in receipt and processing of supplier payments. This

year to date underspend position is not an indication of the likely year-end outturn position, as the year to date position for the Council is reported on a cash and not accruals basis.

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

Forecast Outturn Position – Projected Overspend - £2.628m

3.1.5 The year-end forecast outturn position for the January period is a projected overspend of £2.628m. The main areas are noted below:

ADULT CARE – Projected Overspend £5.3m (Dec £5.2m)

- Anticipated shortfall of £3.5m in the delivery of Adult Care savings as part of the Quality and Finance Plan
- Budget overspends in relation to locum cover for vacancies and sickness absence, the overspend in medical locums to January is £1.4m.
- Budget overspends across localities in relation to GP prescribing totalling £0.6m, this is partly reflective of the impact of short supply of some drugs.
- Projected overspends of £1.1m for social work services including care home placements, supported living services and integrated equipment store. These are generally areas which were overspent at the 2016-17 year-end and are areas of focus for the Quality and Finance Plan for 2017-18 onwards. Significant work is required to contain the expenditure within budget before any deliverable savings can be released.

CHIEF OFFICER – Projected Overspend £0.6m (Dec £1.0m)

- £1.7m of this overspend is reflective of the outstanding budget gap for social care services at the start of 2017-18, this balance will be added to the budget gap to be addressed as part of the 2018-19 budget process.
- This has been significantly offset by the expected over-recovery of vacancy savings, funding set aside to fund cost pressures for war pensions and continuing care which have not as yet been required and slippage on investment plan funding which was paused as part of the financial recovery plan.

CHILDREN AND FAMILIES – Projected Underspend £0.3m (Dec £0.2m)

- Projected underspends in relation to fostering, kinship and supporting young people leaving care reflecting the level of demand on these budgets.
- Underspend in criminal justice services due to staff vacancies and interim management arrangements.
- These underspends in the social care budget have been mostly offset by new demand for children's residential placements and the unavoidable use of agency social work staff. The demand for

children's social care services can be volatile and a small change in demand can have a significant impact on costs.

- The remaining underspend is in relation to vacancy savings in Health delivered services.

GG&C COMMISSIONED SERVICES – Projected Underspend £0.2m (Dec £0.2m)

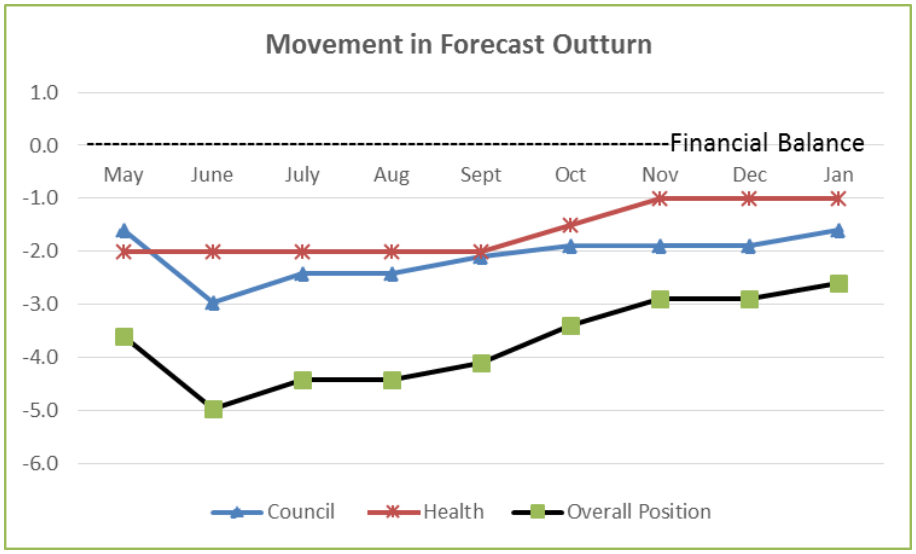
- The HSCP has been clear with NHS GG&C around commissioning intentions for acute health services and the plan to reduce delayed discharges and unscheduled care activity. Part of the financial plan at the start of the year was to reduce the SLA value with NHS GG&C, although at that time the potential savings were not able to be quantified. The SLA value for 2017-18 remains under negotiation but there is an intention to withhold the historic payment for delayed discharges and move to a current activity payment basis, this would see a potential reduction of £0.5m to the payment to NHS GG&C. This benefit is now included in the projected year-end position, although this reduction has not yet been agreed with NHS GG&C.
- There are a number of service areas which are charged on a variable activity basis where demand for services has increased, this growth in demand is partly offsetting any potential reduction in the SLA value.

BUDGET RESERVES – Projected Underspend £1.8m (Dec £1.8m)

- Represents the uncommitted element of budget reserves which can be utilised to offset the overall projected outturn position. The level of budget reserves has significantly reduced as many of the balances were removed as part of the Quality and Finance Plan for 2017-18, this estimate is based on an assessment of the likely outturn informed by financial performance in previous years. This includes funding set aside as part of the community investment plan, mental health funding, primary care transformation funding and winter pressures. It is possible that some of these allocations will require to be re-provided in 2018-19.

3.1.6 The forecast outturn position is reliant on a number of assumptions around the current and expected level of service demand and costs, this is subject to change and is reported through routine monthly monitoring, clearly the closer to the financial year-end the more accurate the projected position becomes. The position at the end of the December period was a forecast overspend of £2.9m, this has reduced to £2.6m as at January.

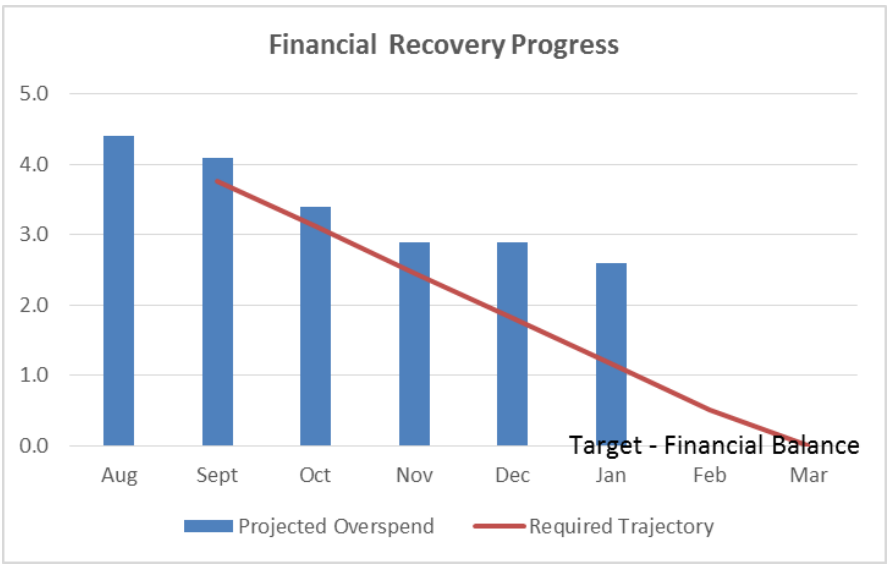
3.1.7 The chart below shows the movement in the forecast outturn position during the 2017-18 financial year:



3.1.8 A financial recovery plan has been in place since August 2017 and was subsequently updated in October to include additional actions to increase the momentum of cost reduction to deliver financial balance. The overall financial position has improved since August however the scale of the improvement would indicate that the financial recovery plan is not going to deliver the improvement required to deliver financial balance at the financial year-end.

3.1.9 The full benefit of the financial recovery plan is is not being fully recognised in the financial forecasts as the recovery plan is not delivering the full £0.7m a month improvement required whilst at the same time accommodating an increase in demand for services (eg children's residential placements), accommodating ongoing cost pressures (eg locums and agency staff) and also fully offsetting the impact of additional delays in delivering savings on the Quality and Finance Plan.

3.1.10 Progress against the required trajectory of financial improvement is illustrated in the chart below:



3.1.11 It is clear from the above that the financial position is not moving towards financial balance at the pace and momentum required to have confidence that this can be delivered by the year-end. Efforts remain focused on reducing the overspend position as far as possible and the financial recovery plan will continue to be in place until the financial year-end.

3.1.12 Any overspend in the 2017-18 financial year would require to be added to the budget gap in future years as the IJB would require to borrow funding from the Health Board and/or Council and repay this. Based on current projections this would require a further £2.6m of savings to be delivered in future years together with any new budget gap due to funding and pressures. In addition there may be project funding estimated at £0.5m which may require to be re-provided in 2018-19, ordinarily where there was an expected budget underspend this would be facilitated through the earmarking of reserves.

3.2 QUALITY AND FINANCE PLAN PROGRESS

3.2.1 Progress with the individual budget reductions outlined in the Quality and Finance Plan is detailed in Appendix 2. This notes the financial savings delivered to the January 2018 period and any estimated year-end shortfall.

3.2.2 Savings are declared where these are achieved on a recurring basis, there are a number of non-recurring savings or underspends which are partly offsetting delays in delivering recurring savings. These underspends are not declared as savings in-year and all declared savings are those which have been delivered on a recurring basis.

3.2.3 To the January period £3.9m of savings have been delivered on a recurring basis, a number of these are savings which had been carried forward from 2016-17 or are efficiency savings. This leaves total savings of £4.8m to be delivered in 2017-18, this is in addition to the £2m of unidentified savings.

3.2.4 The update on progress includes an estimate of the recurring shortfall in the delivery of savings for each individual service change, in terms of the overall position at this stage an estimate of £4.0m has been included in the forecast outturn position as the indicative level of savings forecast not to be delivered in 2017-18. The main areas where there are expected to be shortfalls or delays in savings delivered are:

- Rural Cowal Out of Hours Service (£0.3m)
- Re-design of community pathways and community hospital services to shift the balance of care as a result of reduced length of stay, reduced delayed discharges and reduced emergency admissions – Campbeltown, Mid Argyll, Cowal, Bute, Islay (£1.4m)
- Lorn and the Islands Hospital (£0.3m)
- Struan Lodge Service Re-design (£0.2m)
- Corporate and Support Staff Efficiencies (£0.2m)
- Catering and Cleaning and other Ancillary Services (£0.4m)
- Prescribing (£0.2m)

3.2.5 For 2017-18 there is a consistent project management approach in place for the monitoring of the Quality and Finance Plan, to enable progress on the delivery of the plan to be monitored both in operational and financial terms. SMT will ensure there are clear lines of responsibility for projects, that there is clear

oversight of the progress of all projects, risks and timelines are clearly identified and monitored and any deviations from plans or risks of non-delivery are identified at the earliest opportunity.

3.2.6 The Quality and Finance Plan Programme Board has now been established and includes representation from officers, IJB members and staff side. Part of their role is to monitor, challenge and support the delivery of the Quality and Finance Plan. The Board provide assurance to the IJB that appropriate challenge, support and rigour is applied to the implementation and development of the Quality and Finance Plan.

3.2.7 There is a reported forecast overspend of £2.6m as at the January 2018 period, this is partly in relation to the expected shortfall in the delivery of the Quality and Finance Plan. With the current estimate being that £4.0m of the agreed savings will not be deliverable in 2017-18 it is clear that there needs to be a focus on accelerating the pace of change to releasing recurring savings, if these were on track to be delivered as planned there would be no projected overspend.

3.3 FINANCIAL RISKS

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

3.3.2 There are 5 financial risks with a potential financial impact of £1.5m noted at the January 2018 period. These are assessed in terms of likelihood and a summary of the risks is noted in the table below:

Likelihood	Number	Potential Financial Impact £000
Almost Certain	0	0
Likely	0	0
Possible	5	1,500
Unlikely	0	0
Remote	0	0
TOTAL	**5**	**1,500**

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

3.3.4 At January the number and likelihood of risks has reduced from earlier in the financial year and the risk exposure is less significant, however this may be partly due to some previous risks having materialised and now being reported through the forecast outturn position. There remains significant exposure to

risks in relation to demand and in some service areas, for example children's services, a small increase in demand can result in a significant increase in cost.

3.4 RESERVES

3.4.1 The overall position for reserves is noted below:

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

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

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

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

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

4. CONTRIBUTION TO STRATEGIC PRIORITIES

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

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

5.1.1 As at the January 2018 monitoring period significant financial risks have been identified and services are forecasting a year-end overspend of £2.6m. The financial position has improved during the year, however indications are that the financial recovery plan is not providing sufficient momentum or assurance that the financial position can be brought back into line. Efforts remain focussed on containing and reducing the financial overspend as far as possible to limit the impact on future years.

5.2 Staff Governance

The Quality and Finance Plan includes service changes which will impact on staff roles, the IJB will comply with the appropriate staff governance standards.

5.3 Clinical Governance

None

6. EQUALITY & DIVERSITY IMPLICATIONS

Actions in the financial recovery plan may result in delays or increased waiting times for services.

7. RISK ASSESSMENT

7.1 Financial risks are monitored as part of the budget monitoring process. Operational and clinical risks will be taken into account as part of the implementation of the financial recovery plan.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

8.1 Where required as part of the delivery of the Quality and Finance Plan local stakeholder and community engagement will be carried out as appropriate in line with the re-design of service provision. The financial recovery plan requires to be implemented very quickly to ensure the financial position can be addressed, as part of this there will be engagement with individual affected service users.

9. CONCLUSIONS

9.1 This report summarises the financial position of the Integrated Budget as at January 2018. The forecast year-end outturn position is a projected overspend of £2.6m. The starting point for the year was an outstanding budget gap of £2m, therefore there has been an overall deterioration to the position. There has been improvement since the financial recovery plan was implemented, at that time there was a forecast overspend of £4.4m.

9.2 Progress with financial recovery is being impacted by demand for new services, continued service delivery pressures and delays with the delivery of recurring savings in the Quality and Finance Plan. It is unlikely at this late stage in the financial year that financial balance will be achieved at the year-end, efforts will continue to contain the overspend as far as possible to limit the impact on funding partners and on the the budget gap for the IJB in future years.

APPENDICES:

Appendix 1 – Integrated Budget Monitoring Summary – January 2018
Appendix 2 – Quality and Finance Plan Progress – January 2018
Appendix 3 – Financial Risks – January 2018
Appendix 4 – Earmarked Reserves – January 2018

INTEGRATED BUDGET MONITORING SUMMARY - JANUARY 2018

	Year to Date Position				Forecast Outturn			Previous Period (Dec)	
	YTD Actual £000	YTD Budget £000	YTD Variance £000	Variance %	Annual Budget £000	Forecast Outturn £000	Forecast Variance £000	Forecast Variance £000	Movement in month £000
Service Delegated Budgets:									
Adult Care	110,629	107,187	(3,442)	-3.2%	130,832	136,119	(5,287)	(5,190)	(97)
Alcohol and Drugs Partnership	766	845	79	9.3%	1,129	1,029	100	100	0
Chief Officer	(11,075)	(11,036)	39	-0.4%	(5,294)	(4,684)	(610)	(953)	343
Children and Families	15,115	16,110	995	6.2%	19,891	19,547	344	190	154
Community and Dental Services	3,039	3,379	340	10.1%	4,055	3,655	400	400	0
Estates	4,341	4,160	(181)	-4.4%	5,109	5,310	(201)	(213)	12
Lead Nurse	1,088	1,101	13	1.2%	1,319	1,310	9	(6)	15
Public Health	950	1,093	143	13.1%	1,321	1,121	200	152	48
Strategic Planning and Performance	2,928	2,971	43	1.4%	3,670	3,584	86	91	(5)
	127,781	125,810	(1,971)	-1.6%	162,032	166,991	(4,959)	(5,429)	470
Centrally Held Budgets:									
Budget Reserves	0	1,450	1,450	100.0%	1,837	37	1,800	1,800	0
Depreciation	2,086	2,086	0	0.0%	2,504	2,504	0	0	0
General Medical Services	13,212	13,131	(81)	-0.6%	15,862	15,962	(100)	(60)	(40)
Greater Glasgow & Clyde Commissioned Services	50,011	49,742	(269)	-0.5%	59,690	59,490	200	237	(37)
Income - Commissioning and Central	(1,070)	(1,031)	39	-3.8%	(1,237)	(1,272)	35	44	(9)
Management and Corporate Services	1,995	2,104	109	5.2%	4,722	4,549	173	219	(46)
NCL Primary Care Services	7,050	7,050	0	0.0%	8,508	8,508	0	0	0
Other Commissioned Services	2,714	2,924	210	7.2%	3,508	3,285	223	274	(51)
Resource Release	4,081	4,081	0	0.0%	4,897	4,897	0	0	0
	80,079	81,537	1,458	1.8%	100,291	97,960	2,331	2,514	(183)
Grand Total	**207,860**	**207,347**	**(513)**	**-0.2%**	**262,323**	**264,951**	**(2,628)**	**(2,915)**	**287**

Reconciliaton to Council and Health Partner Budget Allocations:

	Year to Date Position				Forecast Outturn			Previous Period	
	YTD Actual £000	YTD Budget £000	YTD Variance £000	Variance %	Annual Budget £000	Forecast Outturn £000	Forecast Variance £000	Forecast Variance £000	Movement in month £000
Argyll and Bute Council	42,302	43,374	1,072	2.5%	56,380	58,008	(1,628)	(1,915)	287
NHS Highland	165,558	163,973	(1,585)	-1.0%	205,943	206,943	(1,000)	(1,000)	0
Grand Total	**207,860**	**207,347**	**(513)**	**-0.2%**	**262,323**	**264,951**	**(2,628)**	**(2,915)**	**287**

INTEGRATION JOINT BOARD

APPENDIX 1

FUNDING RECONCILIATION - JANUARY 2018

Partner	£000	£000	£000
Argyll and Bute Council:			
Opening Funding Approved		56,360	
Annual Budget at January 2017		56,380	
Movement		**20**	
Details:			
Non-recurring drawdown of budget from Reserves			45
Violence Against Women Funding Transfer			3
Integration Services Contribution to HR and First Aid Training			(28)
			20
NHS Highland:			
Opening Funding Approved:			
Core NHS Funding	197,945		
Additional SG Funding	4,580		
Opening Funding Approved		202,525	
Annual Budget at January 2017		205,943	
Movement		**3,418**	
Details:			
Other SG funding increases/decreases			3,338
Transfer from SW to fund ICAT Team			80
			3,418

INTEGRATION JOINT BOARD **APPENDIX 2**

QUALITY AND FINANCE PLAN PROGRESS - JANUARY 2018

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to January 2018	Remaining	Estimated Shortfall	2018-19 Budget Reduction £000
CHILDREN'S SERVICES:									
CF01	Redesign of Internal and External Residential Care Service	Minimise the use of external placements, increase the capacity of our residential units by adding satellite flats and developing a core and cluster model. Develop social landlord scheme to support 16+ young people moving from foster care or residential care. Further review and where possible bring back all 16+ year olds to local area.	Apr-17	No	300	300	0	0	400
CF02	Redesign staffing structure across Children and Families service to cope with duty under CYP Act and government initiatives within NHS.	Scoping of children and Families staffing requirements as case load increases due to the requirements of the Children and Young People (Scotland) Act the service will be looking after children for longer. For the next 8 years there will be a steady increase only levelling out in 2026. Incrementally the service will require 5 additional social workers. Health visiting pathway requires additional Health Visitors, additional services for children in distress are required. Requirement to scope and cost a new staffing structure through consultation with staff and those who use the service, we will develop a programme board and look at front line staff and management structure to further develop integrated teams. Reviewing workloads and supporting third tier sector to undertake social care tasks.	Sep-17	No	100	50	50	50	200
CF03	School Hostels - Explore the opportunities to maximise hostel income.	May be opportunities to actively market accommodation over holiday periods and use annexe accommodation to attract locums at a reduced cost. Although we have an income budget that we currently do not achieve we would hope to over recover income.	Mar-18	No	0	0	0	0	10
LORN AND THE ISLANDS HOSPITAL:									
AC01	Lorn and the Islands Hospital Future Planning to improve the local services and engage specialist services appropriately to deliver best possible care.	LIH group established with representation from public, community, third and independent sector working jointly to design services that will minimise or avoid all delayed discharges, offer excellent quality local care complemented by specialist care out of area as required. Prevention of admissions to be achieved by shfiting the overall balance of care and staff to ensure anticipatory care planning in place. Working wth the LIH group to explore clinical options and offer continued, consistent appropriate hospital care. Data collection and scrutiny to inform the service design. Recruitment and retention strategies to support the service.	Dec-18	Yes, partly.	347	30	317	317	647
AC02	Further improvement and investment in the scope of OLI Community Wards to offer quality services and support on discharge and timely assessment and reablement.	Community staff further upskilled through training and understanding of scope of services. Resource to ensure that 'virtual wards' feel and give a service which is perceived as real and more effective than location based services.	Estimated April 18	No	included above	included above	included above	included above	included above
CARE HOMES:									
AC03	Putting environment, independent living and service user choice at the heart of care support by reviewing the current buildings and care service employed by Ardfenaig and Eader Glynn to deliver an improved environment, better choice and control.	Identify all options with partners to better provide support when care at home is no longer possible. Seek engagement to review all options with full regard for choices and control of people who use these services.	Anticipate Jan 19	No	0	0	0	0	53
AC04	Identified demand for greater choice of support care on Tiree, currently and for future planning. .	Island demand to be quantifiifed, and provision reviewed in line with current and emerging demands.	Jan-19	No	0	0	0	0	46

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to January 2018	Remaining	Estimated Shortfall	2018-19 Budget Reduction £000
LEARNING DISABILITY:									
AC05	Redesign of Learning Disability services including day services and support at home for adults across Argyll and Bute, the priority needs to be given to service user need and demand in each local area.	Utilise learning from Helensburgh redesign, and engage with stakeholders. Full account of service user views and the current and emerging needs, encouraging independence and shifting the balance of care.	Phased from Aug17	Yes, partly.	175	67	108	25	525
COMMUNITY MODEL OF CARE:									
AC06	Repatriate top 15 high cost young adult care placements from outwith Argyll and Bute. This includes service users who are in residential care and some who are receving specialist supported living services outwith the area.	Identify then review top 15 adults outwith the area currently and undertake review with a view to bringing their care package back to Argyll and Bute. Need to link with housing providers and social care providers to identify capacity and cost to bring adults back to shared tenancy arrangements.	Quarterly rolling reviews from April 17	No.	73	0	73	0	194
AC07	Supported living is categorised into four categories. Critical (P1) and substantial (P2) needs will be met and others will be signposted to self-help and community resources.	Review existing supported living care packages to ensure that cases meet the priority of need framework. Promote use of SDS. Introduce Area Resource Groups to scrutinise adult care supported living and delayed discharge packages.	Quarterly rolling reviews from April 17	No.	0	0	0	0	460
AC08	Review the delivery of services for older people to consider alternative ways of delivering services for older people.	Ensure all new packages adhere to Value for Money principles. Consider alternative ways to deliver support/meet the assessed outcomes of service users.	Ongoing from 16-17	Yes, partly.	200	200	0	0	200
AC09	Redesign the provision of sleepovers provided by the HSCP.	Shift to new model of care using telecare/overnight response teams. Work with care providers to redesign unavoidable sleepover provision and look for opportunities to share provision across multiple service users.	Ongoing from 16-17	Yes	200	0	200	0	200
AC11	Investment in 'Neighbourhood Team' approach to delivery of care at home for the community across Mid Argyll, Kintyre and Islay. Putting service users at the heart of service design.	More responsive and person centred approach to delivery, better meeting needs. A best practice model, which is truly person centred, maintains independence and recognises dignity alongside independence, and improved outcomes.	Oct-17	No	0	0	0	0	0
AC12	Investment in 'Neighbourhood Team' approach to delivery of care at home for the community across Oban Lorn and the Islands. Putting service users at the heart of service design.	More responsive and person centred approach to delivery, better meeting needs. A best practice model, which is truly person centred, maintains independence and recognises dignity alongside independence, and improved outcomes.	Oct-17	No	0	0	0	0	0
AC14	Modernise community hospital care in Campbeltown establishing a cross agency 'Planning for the Future' group, to actively review range of bed space uses and options. Aim to achieve community based, and community focussed hospital model linking seamlessly with enhanced community services.	Review group to identify and engage with stakeholders on best use of bed spaces to maintain a quality and responsive service 24/7 which supports patients appropriately and timeously. Improving community focus and hospital criteria aims to reduce or negate delayed discharges, improve prevention and anticipatory care planning. Potential for greater joined up working with other hospitals, and effective use of data assumed.	Apr-18	Yes, partly.	232	0	232	232	232

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to January 2018	Remaining	Estimated Shortfall	2018-19 Budget Reduction £000
AC15	Improvements to community focussed care in Mid Argyll, with focus on improving the model of delivery and service in MACHICC. Improved responsive community services able to repsond 24/7 supporting patients in their own homes. Shifting the balance of care and ensuring effective and efficient use of hospital services.	Improvements and expansion of community based services in Mid Argyll to achieve reduced or nill delayed discharges, greater prevention and anticpatory care planning to enable people to live in their own homes, or return to their own homes as quickly aspossible.	Apr-18	Yes, partly.	170	20	150	150	170
AC16	Continue with the review and redesign in-patient ward in Cowal Community Hospital currently reviewing the acute observation beds, short term assessment beds, delayed discharges, prevention of admissions and A&E breeches. The review will include considering enhanced community care to prevent admissions.	Continue the current review and consider how we deliver community services in Cowal to provide 24/7 response to support patients at home.	Sep-17	Yes, partly.	537	65	472	472	537
AC17	Continue with the review and redesign GP in-patient ward in Victoria Hospital currently reviewing the acute observation beds, short term assessment beds, delayed discharges, prevention of admissions and A&E breeches. The review will include considering enhanced community care to prevent admissions.	Redesign of community services in Bute to provide 24/7 response to support patients at home. Community and staff engagement.	Sep-17	Yes.	250	0	250	250	250
AC18	Improve and expand community based care on Islay through investment in preventative measures to address dealyed discharge and reduce admissions. Shifting the balance will include making better use of Islay Hospital and Gortanvogie Care home to meet community care demands.	Review use and need of community services on Islay to better support people to live at home with quality services. Enhancing community based care including using technology where appropriate, and consider use of alternative booking systems. Support from and engagment with both communities and staff to help shift balance.	Commencement Oct 17 - duration likely 9 - 12 months.	Yes, partly.	330	100	230	230	330
AC19	Review of AHP Out-patient service delivery	Consider increasing protocol driven review of follow-up and domicilarry visits. Use of technology like VC and Flo. Review whether AHPs could offer review instead of trips to GG&C to see consultants. Extension of roles like Orthopaedic triage and 'First Contact' input into GPs.		No	0	0	0	0	0
AC20	Seek to ensure care at home services offer flexibility and choice and are person centred and fit for purpose. Current in-house services are restricted and review would enable options to be explored with external providers to improve West Argyll service.	Neighbourhood teams with external providers give flexibility and should be considered within options following period of market testing. Would require input from procurement and commissioning staff to expand and improve the current care at home service.	Apr-18	Yes, partly.	0	0	0	0	160
AC25	In older people day resource centres improve and address issues of high levels of management structure to integrate and consolidate services within realistic opening hours based on client demand.	Review the management at HSCP operated day services. Consider a reduction in opening hours of adult day services. Evidence indicates shorter opening hours would be appropriate and acceptable in day services. Moreover, there is a high management resource which is capable of rationalisation. Engagement and consultation with service users and with staff to align needs and demands.	Oct-17	No	50	0	50	0	208

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to January 2018	Remaining	Estimated Shortfall	2018-19 Budget Reduction £000
MENTAL HEALTH SERVICES:									
AC21	Improve community based support and services for dementia to achieve shift in balance of care and respond to need and demand in person centred service.	Implement full review and scoped options for community models which meet user demand, support carers and person centred otucomes. Appraise neighbourhood model and scope options which shift balance of care.	Dec-18	No	250	200	50	50	250
AC22	Deliver improved mental health consultant support and create dedicated consultants to each locality Community Mental Health Team, and a dedicated consultant for inpatients. Better sharing of on call services, additional locality clinics and support for crisis response and places of safety.	CMHT services and patients would benefit from the redesign to support an improved model. Locality consultation and with CMHT's to support change, and achieve better outcomes.	Oct-17	No	0	0	0	0	0
AC23	Steps to ensure and maintain patient and community safety will be taken by redesignating and maintaining a secure locked environment for those with the most fragile mental health requiring extra care. This is based on the needs of service users, and experience from current Intensive Patient Care Unit.	Actions required pertain to legislation relevant to service delviery, which will be strictly followed. Work with staff to make changes to overall establishment and working practices and to agreee robust admission criteria. Some work with GG&C should needs arise for additional services.	May-17	No	100	100	0	0	200
AC24	Further enhancement to community based care to ensure those with mental health issues have the same opportunities and choices. To include consideration of a step up / step down model for Lochgilphead and area service users.	Adopt community focussed approach, and use technology when possible, to review use of Ross Crescent to make this appropriate for a modernised mental health service. Ensuring patient choice and views are at the centre of service provision, with independence encouraged and supported.	Dec-17	No	45	0	45	0	45
CORPORATE SERVICES:									
CORP1	Front line health and social care staff working together in same locations, and move corporate and support staff.	Co-locate staff into unused space in our hospitals, close the corporate support HQ building in Lochgilphead, move to other sites in Lochgilphead including council offices. Savings expected to be achieved from a range of departmental budgets including; finance, planning, IT, HR, pharmacy management, medical management, lead nurse and estates.	Apr-17	No	335	96	239	235	335
CORP2	Integrate health and social work administration, implement digital technology and centralise appointment systems.	Follow on from co-location CORP 1, a targeted piece of work would commence in 2017-18 to extend the review of social work administration and medical record keeping. The implementation of electronic solutions to improve efficiency and a move to electronic medical records would be required.	Sep-17	No	120	46	74	54	325
CORP3	Management /Professional Leadership Review	Review the overall management structure.	Apr-18	No	tbc	tbc	tbc	tbc	tbc
CORP4	Rationalisation of Estates/Property-linked to CORP's 1 and 2.	Review of current property portfolio and opportunities to rationalise this. Review the current leases in place and find alternative accommodation to reduce costs.	Sep-17	No	75	0	75	75	75
CORP5	Implement Lync/Skype for Business	Implement Skype for Business (Microsoft Lync) communications platform, this will reduce telephone and travel costs and improve communication and collaboration. Business case is due to be finalised It is required to maximise benefits in Corp 1 and Corp 2.	Apr-18	Yes	0	0	0	0	0
CORP6	Catering and Cleaning and other Ancillary Services	Reduction in buildings occupied and opportunities to work with our partner organisations, take opportunities to reduce costs for catering and domestic services. Significant opportunities to share services and reduce costs.	Sep-17	No	505	124	381	381	505

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to January 2018	Remaining	Estimated Shortfall	2018-19 Budget Reduction £000
CORP7	Vehicle Fleet Services	Explore opportunities for the centralisation of shared fleet service (as in part of NHS Grampian), look to share vehicles with partners, and a review of the provision of services.	Sep-17	No	0	0	0	0	0
CORP8	The agreement with NHS Greater Glasgow & Clyde (NHSGG&C) provides hospital services outside Argyll and Bute.	Invest in community services and IT to reduce delayed discharges and patients length of stay in NHS GG&C hospitals, and commission NHSGG&C to reduce return appointments and follow up rates. Activity targets to be agreed based on national target for Scotland to free up 400,000 occupied bed days.	Apr-17	No	tbc	tbc	tbc	0	tbc
CORP9	Capital projects - Dunoon GP practices new build, Bute Health and care campus, Care Home redesign, and new model of care relocation of Salen Surgery to Craignure & elements of CORP 4	Formal capital design projects at large and small scale, latter to be costed by March 2017 for inclusion in capital programmes for next 2 years. Large scale projects require formal processes and resource.	TBC	No	0	0	0	0	0
CORP10	Alcohol and Drugs Partnership	The ADP will look to review and reduce costs being incurred in delivering alcohol brief interventions, supporting the voluntary sector and the ABAT statutory service sector. The reduction in 17-18 equates to 8% of the total budget for ADP.	Apr-17	No	100	100	0	0	150
TOTAL					**4,494**	**1,498**	**2,996**	**2,521**	**6,707**

2016-17 QUALITY AND FINANCIAL PLAN

PREVIOUSLY APPROVED SAVINGS - STILL TO BE DELIVERED:

1	Prescribing		100	100	0	0	100
5	Redesign of the Out of Hours Service for Cowal		300	55	245	245	300
13	Closure West House	*updated to reflect actual shortfall in 2016-17 - increased by £170k	270	50	220	220	270
14	Closure AROS		150	42	108	108	150
15	Kintyre Medical Group	*updated to reflect actual shortfall in 2016-17 - increased by £50k	75	0	75	75	75
21	Review Day Hospital Services for Older People with Dementia	*updated to reflect actual shortfall in 2016-17 - increased by £25k	25	25	0	0	25
27	Kintyre Patient Transport		25	0	25	25	25
29	Mid Argyll Operational Teams Redesign	*updated to reflect actual shortfall in 2016-17 - increased by £20k	20	0	20	20	20
45	Ardlui		10	10	0	0	10
51	Supporting Young People Leaving Care		17	17	0	0	17
52	Consultation Support Forum		5	5	0	0	5
55	Struan Lodge	*updated to reflect actual shortfall in 2016-17 - increased by £175k (full year saving of £350k planned from 2018-19)	175	0	175	175	175
56	Thomson Court	*updated to reflect actual shortfall in 2016-17 - increased by £10k (full year saving of £20k planned from 2018-19)	10	0	10	0	10
59	Bowman Court Progressive Care Centre		80	80	0	0	80
61	Internal Mental Health Support Team		60	0	60	0	60
62	Assessment and Care Management		12	0	12	12	12
63	Assessment and Care Management		30	0	30	30	30
66	Supported Living Services	*updated to reflect actual shortfall in 2016-17 - increased by £100k	100	0	100	50	100
			1,464	**384**	**1,080**	**960**	**1,464**

2016-17 SAVINGS - FULL YEAR IMPACT:

55	Struan Lodge	0	0	0	0	175
56	Thomson Court	0	0	0	0	10
58	Tigh a Rhuda	22	22	0	0	22
		22	**22**	**0**	**0**	**207**

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to January 2018	Remaining	Estimated Shortfall	2018-19 Budget Reduction £000
2016-17 APPROVED SAVINGS - ADDITIONAL SAVINGS DELIVERABLE:									
1	Prescribing				700	395	305	200	1,400
3	Further Savings from closure of Argyll and Bute Hospital				282	250	32	32	282
27	Kintyre Patient Transport.				25	0	25	25	75
5	Redesign of the Out of Hours Service for Cowal				29	0	29	29	29
10	NHS GG&C contract / services				100	34	66	66	100
					1,136	**679**	**457**	**352**	**1,886**
NEW:									
EFFICIENCY SAVINGS:									
1	Commissioned Services				500	500	0	0	500
3	Budget Reserves				350	337	13	0	200
4	Equipment Depreciation				50	50	0	0	50
5	Increased patients' services income				50	50	0	0	50
6	Community Dental Services				20	20	0	0	20
7	Review of Podiatry Services Budgets				20	20	0	0	20
8	Helensburgh & Lomond Locality - local initatives, recurring underspends				20	20	0	0	20
9	Medical Physics Department - review of supplies budget to make best use of resources based on in year underspend.				45	23	22	22	45
10	Energy Costs for Health Buildings (excluding A&B Hospital & Aros)				50	10	40	0	50
11	Oban, Lorn & Isles Locality - patients' travel				40	40	0	0	40
12	Review of Radiography Services Budgets				50	32	18	3	50
13	Mental Health Bridging Funding				0	0	0	0	400
14	HEI Budget - reduction on basis that requirement will reduce in line with beds				0	0	0	0	50
15	Mid Argyll Social Work Office				10	0	10	0	10
16	Admin - travel reduction				3	3	0	0	3
17	Planning				51	51	0	0	51
18	Review MAKI management structure to ensure best use of resources.				130	0	130	130	250
19	Children and Families - Respite				10	10	0	0	10
20	Children and Families - Carers Payments				10	10	0	0	10
21	Children and Families - Children Affected by a Disability				10	10	0	0	10
22	Adult Services Fees and Charges				50	50	0	0	50
23	Children and Families - Child Trust ISAs				10	10	0	0	10
24	Adult Services Charging Order Long Term Debt Adjustment				25	25	0	0	25
25	Social Work Utility Costs				33	33	0	0	33
26	Mull Medical Group - reduction in use of GP locums				50	0	50	50	50
					1,587	**1,304**	**283**	**205**	**2,007**
GRAND TOTAL					**8,703**	**3,887**	**4,816**	**4,038**	**12,271**

* highlighted figures have been updated for actual remaining balance following 2016-17 year-end

INTEGRATION JOINT BOARD **APPENDIX 3**

FINANCIAL RISKS - JANUARY 2018

				LIKELIHOOD		
Ref	**TITLE OF RISK**	**DESCRIPTION OF RISK**	**MITIGATIONS/ACTIONS IN PLACE**	**SCORE**	**OVERALL LIKELIHOOD**	**POTENTIAL FINANCIAL IMPACT £000**
1	Commissioned Services	The volume of high cost care packages increases.	Closer scrutiny of applications for care packages.	3	Possible	250
2	Medical Locums	Need for use of locums increases in A&B Hospital, Lorn & Islands hospital and Mull GP services, and risk of new requirement in other areas.	Pursue new models of service provision with NHS Glasgow and Greater Clyde and the local teams.	3	Possible	200
3	Children and Families - Looked After Children Residential Placements	Increased demand for services, level of support or increased placement cost. High cost service where small movement in demand can significantly increase costs.	Regular client reviews to minimise duration of placements and maximise existing resources where possible.	3	Possible	250
4	Adult Care - Sustainabilty of Commissioned Service Providers	Risk of financial and operational sustainablity of care at home and care home commissioned providers, leading to additional financial support or costs of re-provision of services locally.	Commissioning team contract monitoring process and the ongoing dialogue with commissioned providers. Support with workforce and recruitment issues across Argyll and Bute, open to innovative ways to provide support and support tests of change as part of the National Care Home Contract work.	3	Possible	300
5	NHS Greater Glasgow & Clyde SLA	Charges from GG&C increase due to growth in activity levels, risk that with SLA negotiations GG&C pass on activity changes in-year and that no agreement can be reached on a reduced SLA value in light of reduced delayed discharge and unplanned admissions activity.	Management of contract and negotiations, monitoring of any cases passed onto the IJB on a cost basis, information flows in place with GG&C. Ensuring patient flow and capacity in the community supports shift in the balance of care and reduces activity in GG&C. Holding the agreement of the SLA unless in line with the commissioning intentions set out at the start of the year.	3	Possible	500

INTEGRATION JOINT BOARD **APPENDIX 4**

EARMARKED RESERVES MONITORING - JANUARY 2018

Description	Opening Balance £	Forecast Spend 2017-18 £	Forecast Spend Future Years £	Lead Officer	Progress Update
Technology Enabled Care	208,000	208,000	0	Stephen Whiston	Project is progressing. 17/18 budget is £405k which includes £208k c/f.
Mull GP transformation	65,000	65,000	0	Phil Cummins	Project is progressing for completion in 17/18.
Mastermind Project	25,000	25,000	0	Nicola Gillespie	Project is progressing, awaiting recruitment.
Everyone's Business	41,000	10,000	31,000	Gillian Davies	Project is progressing, awaiting recruitment. There could be delay in spend.
Primary Care Transformation Fund - Developing GP Clusters	18,000	18,000	0	Joyce Robinson	Project is progressing. Payments to support Cluster Groups
Primary Care Transformation Fund - Buurtzorg Model in Appin	50,000	5,000	45,000	Pamela McLeod	Delayed due to recruitment. Project Manager Post advertised.
Primary Care Transformation Fund - Urgent Care Resource Hub - Bute	44,000	44,000	0	Joyce Robinson/Liz Higgins	Project is progressing. Prescribing Link Worker advertised and associated costs. Plans being developed to spend any uncommitted balance.
TOTAL	**451,000**	**375,000**	**76,000**		

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.4

Date of Meeting: 31 March 2018

Title of Report: Equalities Outcome Framework – First Report 2016-2018

Presented by: Alison McGrory

Prepared by: Alison Hardman and Alison McGrory

The Integrated Joint Board is asked to:

- Note the fulfilment of statutory duties in relation to equality and diversity.
- Note examples of good practice in equality across the HSCP and acknowledge that this report is not a fully comprehensive account of all areas due to the vast scope of the framework.
- Support streamlining of HSCP measures in alignment with NHS Highland and Argyll and Bute Council measures. (Ensuring outcomes are measurable and evidence based to enable accurate future reporting).
- Approve the report prior to publication on the NHS Highland and Argyll and Bute Council websites, in accordance with Equality Commission requirements.

1. EXECUTIVE SUMMARY

As a public authority Argyll and Bute HSCP must:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

These three 'needs' apply to every function within the organisation – planning and delivering services, commissioning and procurement and as an employer.

There are nine protected characteristics under the Equality Act 2010, these are:

- Age
- Disability
- Gender

- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sexual orientation
- Marriage and civil partnership (this only applies to employment)

Specific duties for public authorities in Scotland also apply to help them meet the three 'needs' of the general duty above. This includes a requirement to produce a set of equality outcomes that the organisation will work towards to achieve the duties of the Equality Act 2010. These outcomes must be reported on a 2-yearly basis.

Integrated Joint Boards (IJBs) became statutory bodies in April 2016. This means they are accountable for discharging equality duties and are required to publish their own equality outcomes. This report summarises activity in relation to statutory requirements since the publication of the IJB framework in June 2016.

2. INTRODUCTION

This report looks at the first Equality Outcome Framework Measures for the period 2016-2021 with a two year period of reporting of progress (Appendix.1). Over the past few months the existing set of equality outcomes have been reviewed and assessed against current evidence, data available, alignment against priorities and the progress made. A wide range of staff, managers and partners have been consulted.

Progress has been made against a number of equality outcomes and one is now complete. Where possible evidence of progress and measures have been identified and referenced. Improvements in recording data on protected characteristics are required to enable measuring the impact this activity is having in achieving some of the equality outcomes.

The framework was published in June 2016 and can be viewed here:

http://www.nhshighland.scot.nhs.uk/Meetings/ArgyllBute/Documents/Equalities%20outcome%20framework%20.pdf

3. DETAIL OF REPORT

This report provides the IJB with:

- An update of progress against the outcomes published in 2016.
- An approach to update the equality outcomes for the next reporting period.
- Details of the next steps for publishing the report.

Progress

Progress has been made against a number of equality outcomes and where possible evidence of progress and measures have been identified and referenced. Improvements in recording data on protected characteristics are required to enable us to measure the impact that all of this activity is having in

terms of achieving some of the equality outcomes. There is a need for better data to show how people with protected characteristics fare compared to the general population. There is some data at national level, however protected characteristics of employees or patients are not routinely or consistently recorded. Some of these issues relate to national system issues but improvements could be made locally so data is available to tell us about any inequalities that exist.

These barriers are recognised elsewhere in the health and care system in Scotland, for example, in April 2015 NHS Highland Board was provided with a progress report which recommended a full review of the existing equality outcomes to assess whether they were still relevant; aligned with the Board's priorities; evidenced-based; and measurable. This found the outcomes are not always measurable and/or the data is not always available or too numerous. It is worth recognising we have finite resources to fulfil this legal reporting duty and have to be proportionate when prioritising actions.

Future reporting
It could be argued the need for IJBs to have Equality Outcome Frameworks is duplication of what already exists in the NHS and Council parent bodies. In order to work more efficiently for future reporting improvement will be achieved by joint working and the IJB's approval is sought. This will include:

- Aligning measures across the three frameworks (Council, NHS and IJB) with a view to rationalising the number of measures.
- Removal of completed measures.
- Move towards Pyramid scorecard to make reporting less onerous.

Next Steps
Once approved by the IJB, the report will be published on Council and NHS websites (required by June 2018). Future development will be taken forward via the Equalities Forum in the Council and similar structures in NHS Highland. The report will also be disseminated through HSCP structures, for example Locality Planning Groups and Operational Management Teams.

Two national development areas for equality and diversity are worthy of highlighting in order to further develop understanding of equality requirements:

- The BSL (Scotland) Act 2015 requires national bodies to publish a BSL plan by October 2017 and public authorities, including NHS boards and Councils to publish plans by October 2018. Plans must set out how authorities are improving access to information and equal opportunities for people whose first and preferred language is BSL.
- A new socio-economic duty called the Fairer Scotland Duty comes into effect in Scotland on 1 April 2018. This was included as a UK duty under the Equality Act but never actioned. This new requirement is about statutory bodies having regard for socio-economic disadvantage and planning provision accordingly. It is built on the premise that poverty is a fundamental barrier to life outcomes.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

The implementation of the Equality Framework Outcomes underpins the Vision, Mission and Values of the HSCP Strategic Plan 'Working together'. As well as ensuring The HSCP complies with its duties under the Equality Act 2010.

5. GOVERNANCE IMPLICATIONS

The governance arrangements for progress against equality outcomes are through the NHS Highland Board and Argyll and Bute Council.

5.1 Financial Impact

No direct resource requirements.

5.2 Staff Governance

No direct impact, however, as this work progresses opportunities will be sought to embed equality and diversity into clinical governance, particularly patient experience, complaints, recording of protected characteristics where relevant, and patient safety.

5.3 Clinical Governance

The equality and diversity agenda will support the HSCP in providing high quality services and patient centred care and ensuring patient safety. This work will also support the IJB in discharging its duties under the Equality Act 2010.

6. EQUALITY & DIVERSITY IMPLICATIONS

The purpose of this report is to promote equality and diversity throughout all HSCP functions, aiming to increase fairness for both patients and staff.

7. RISK ASSESSMENT

There is a legal requirement to comply with legislation and compliance under the Equality Act 2010 and non compliance will result in action being taken by the Equalities Commission.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Consultation has been undertaken to collect the data for the measures and includes data from service users. There is however scope to undertake further consultation with service users and it is hoped that seeking this data has raised the need to collect data regarding protected characteristics for future reporting.

9. CONCLUSIONS

The IJB has a legal duty to demonstrate a planned approach to reducing inequalities. Inequalities in service provision and access to services amongst people with protected characteristics are known to result in a disparity in health and wellbeing outcomes.

Equality Outcomes Framework Argyll and Bute Health and Social Care Partnership

Progress Report 2016 -18

Alison Hardman - Health Improvement Lead and Alison McGrory – Health Improvement Principal

The Equalities Outcome Framework for Argyll and Bute Health and Social Care Partnership was published in June 2016 and the full document can be viewed here - http://www.nhshighland.scot.nhs.uk/Meetings/ArgyllBute/Documents/Equalities%20outcome%20framework%20.pdf

This document provides an update on progress to March 2018 which will be published on the NHS Highland and Argyll and Bute Council websites in accordance with Equality Commission requirements.

Information is included on how the four high level themes in the Framework have been actioned. Due to the broad nature of these themes, the report gives a flavour of activity through Argyll and Bute rather than being a comprehensive list of all equality activity. These four themes are:

Theme: 1. Improve health and wellbeing outcomes for people with protected characteristics

Theme: 2. Empowering people with protected characteristics to have an influence on how services are delivered

Theme: 3. Increasing access to services for the people with protected characteristics

Theme: 4. Improving experience of services for people with protected characteristics

Argyll and Bute HSCP's Equality Outcome Framework was informed by both NHS Highland and Argyll and Bute Council's Equality Outcome Frameworks. Care was taken to avoid duplication and to ensure the high level outcomes in all three documents complemented each other. Argyll and Bute HSCP's Framework favoured an operational service delivery perspective rather than a strategic planning perspective as this had already been covered by the parent bodies. Moving forward the themes and actions will be updated in line with the content of the other documents.

Ref	High Level Outcome	Lead	Protected Characteristic	Examples of Actions	Measures	Progress	Supporting Documents	Comments
Theme: 1. Improve health and wellbeing outcomes for people with protected characteristics								
1.1	Reduce gap in life expectancy between men and women	Community	Gender	Identify activity in regards to establishing and maintaining specific health and wellbeing activity regarding the men in our communities Establish all bench mark data for on-going recording	Record number of active sheds Record number of active members of the men sheds	There are a number of men sheds in Argyll and Bute. This activity is supported in a co-productive manner to promote the benefits with the intention of motivating community champions to pursue.	Record of all activity data and contacts for all activities.	The attendance of women in the Men's sheds is changing the dynamics and taking away the original intention of the project. Each area is taking a different approach to this issue.
1.2	Improve physical health and wellbeing outcomes for people with mental health problems		Disability (Mental health)	Branching out	5 completed programmes 69 initial referrals 36 participants completed		http://scotland.forestry.gov.uk/supporting/strategy-policy-guidance/health-strategy/branching-out	Sustainability of services continues to be a problem, on-going funding applications in progress.
1.3	Improve quality of life for carers	4 Carers Centres HSCP Lead Linda Currie	Age and disability	Carer strategy to be actioned. Carers Centres to work with communities in providing a person centred approach to support and planning care. Complete Carers Support plans	Publication of strategy and eligibility criteria	Currently work and consultation using a partnership approach is being undertaken. Four carers centres are contracted across A&B working together with the HSCP regarding their development and work undertaken. The centres are provide information, advice, training, and emotional support. IJB members attended a work shop to raise awareness of carer issues and Carers presented at these. Two carer representatives	http://www.legislation.gov.uk/asp/2016/9/contents	Eligibility criteria may result in some people receiving less support but this will be fairer and ensure as many people as possible receive first level support of assessment and signposting.

Ref	High Level Outcome	Lead	Protected Characteristic	Examples of Actions	Measures	Progress	Supporting Documents	Comments
Theme: 1. Improve health and wellbeing outcomes for people with protected characteristics								
						sit on the IJB.		
1.4	Increased ability of people to self manage long term health conditions	LPG's through ICF activity, now mainstreamed	Age and disability	Activities reported on through the ICF processes within the localities and HWN and now mainstreamed	Recorded through the LPG/ICF processes and HWN	ICF projects were varied and based on local needs. Locality investment was mainstreamed in 2017-18. Some projects have been evaluated and are on-going	ICF annual reporting (now ceased).	
		Health and Wellbeing Networks	All potentially	Local network action plans include objectives on the objective – Connecting People with Support in their Community Small grant funding available to support JHIP activity.	Grant application strategic priorities	£116,000 small grant funding distributed to 117 projects, 67 of which identified health inequalities as a target in their project plan.	HWN cases studies and evaluations of individual projects/services funded. Health and Wellbeing Annual Report for 2016-17 http://healthyargyllandbute.co.uk/wp-content/uploads/2017/04/Health-and-Wellbeing-Annual-Report-2016-2017.pdf Case studies available here - http://healthyargyllandbute.co.uk/case-study/	
		Argyll and Bute Health Improveme	Age and disability	Arthritis Care in partnership with LOHO and the North Argyll Carers Centre deliver		SLA KPIs on target	Arthritis Scotland Annual Report	

Ref	High Level Outcome	Lead	Protected Characteristic	Examples of Actions	Measures	Progress	Supporting Documents	Comments
Theme: 1. Improve health and wellbeing outcomes for people with protected characteristics								
		HIT Team		self management tool kit as part of their 5 week self management programme throughout Oban The Pain Toolkit has been promoted to front line staff eg AHP and primary care staff.			Self-management report	
1.5	Reduce loneliness in at risk groups	Argyll and Bute Health Improvement Team	Various	Reach Out Pledge identifies existing and new groups that are actively seeking out to reduce loneliness	Number of pledges undertaken	7 postcard pledges 10 A4 pledges 35 e-pledges	Reach Out Annual Report	Scottish Government consultation from Jan – April 2018 on proposed new strategy for reducing loneliness. Argyll and Bute colleagues have responded to this and have planned an event for April 2018 in Inveraray.

Ref	High Level Outcome	Lead	Protected Characteristic	Actions	Measures	Progress	Supporting Documents	Comments
Theme: 2. Empowering people with protected characteristics to have an influence on how services are delivered								
2.1	People with protected characteristics will benefit from increased support within their community to improve their physical and mental health and wellbeing.	Argyll and Bute Health Improvement Team HSCP teams HWN Co-ordinators 3rd Sector and communities	All	Support health improvement projects in Argyll & Bute by providing small grants via the Health and Wellbeing Networks (most supporting people with protected characteristics). Health asset mapping to identify and log local services and activities. Physical activity position statement (support for older adults and those with LTC). Facilitate a community development approach with local groups in areas of high deprivation. Fund community activity for people with long term	Argyll & Bute Health and Wellbeing Partnership Annual Report including case studies of funded projects.		http://healthyargyllandbute.co.uk/health-and-wellbeing-partnership-annual-report/ http://scotland.forestry.gov.uk/supporting/strategy-policy-guidance/health-strategy/branching-out	

Ref	High Level Outcome	Lead	Protected Characteristic	Actions	Measures	Progress	Supporting Documents	Comments
Theme: 2. Empowering people with protected characteristics to have an influence on how services are delivered								
				conditions Active social media campaign on facebook – Healthy Argyll and Bute				
2.2	Engagement and consultation on Locality Plans to ensure they are representative of local needs and aspirations	LPG's	All	See locality action plans	Locality action plans that are implemented and monitored regularly	Locality events and consultation cafes were undertaken in 2016 All areas are working with their action plans which reflect local needs and challenges. Each LPG has a sub-group for Communication and Engagement	Minutes of meetings Reports of work undertaken	Consultation moved to 'informing' as the changes were implemented to reflect locality needs and in align with the financial plan. Recognition of the continuous cycle of engagement in line with CEL 4. Some areas have good partnership working with special interest groups eg link clubs for mental health or peer support for long term conditions but this is not comprehensive nor is the existence of such groups.
2.3	Increased promotion and uptake of self directed support (SDS)	Aileen Dominick SDS Officer HSCP Carrgomm Becs Barker	All	SDS Improvement Plan - June 2017 v2.(	Number of People using SDS; Our SDS data that we submitted to the Scottish Government last year for our social care Survey return SDS Unique Client Summary - Scottish Government Submission - 2015/16 Social Care Survey Number of SDS clients - 1305 Number of SDS1 only clients - 123 Number of SDS2 only clients - 13 Number of SDS3 only clients - 1146	Working towards – Getting it right 'with' every person. Rolling out training in September/October 2017 – to raise awareness and build capacity within the 3rd sector and communities – the training will include 3rd Sector and community representatives. Working towards improving choices and raising awareness of SDS.	http://www.sdsscotland.org.uk/scot-gov-sds-2015-16-figures-implementation-flat-lines/	

Ref	High Level Outcome	Lead	Protected Characteristic	Actions	Measures	Progress	Supporting Documents	Comments
Theme: 2. Empowering people with protected characteristics to have an influence on how services are delivered								
					Number of SDS4 (mixed SDS option) clients – 23 FOI - Number of SDS Recipients at end of financial year based on completed SDS Support Plans			

Ref	High Level Outcome	Lead	Protected Characteristic	Actions	Measures	Progress	Supporting Documents	Comments
Theme: 3. Increasing access to services for the people with protected characteristics								
3.1	Health care services delivered in a person centred and compassionate manner	Liz Higgins	All	Various work undertaken by the Caring Connections Coaches (CCC) on an individual, team and service level.		Strategic overview of CCC took place on a strategic level up to 2016-17. Over the past financial year activity has been taken forward by individual CCCs within their localities.	Caring Connection Coaches Feedback 2(	Person-centred is one of the new values for the HSCP (awaiting ratification March 2018)
3.2	Services targeted at those most in need of these services	LPG's	All	LPG action plans	Production of LPG action plans demonstrating an Equality sensitive approach	All LPG's undertaking local action plans – in various stages of development and implementation	LPG action plans	
3.3	Ensure appropriate translation services are in place	Helen Sikora NHS Highland Jane Fowler Council			Recorded usage and cost via NHS Highland	NHS Staff; 1 x telephone interpretation service through Language Line 1 x spoken language interpretation (face to face for foreign language) provided by Global Languages 1 x communication support provided by Highland Council (sign language) A&B Council support – detail required		All three services are available for NHS staff across NHS Highland including A&B. A&B council will have their own arrangements for interpretation for their own staff - so to keep things simple - if someone is employed by the council they use the council provision, if employed by the NHS they use the NHS provision
3.4	Ensure we meet the health and social care needs of new residents coming to Argyll and Bute to seek asylum and respond to humanitarian needs.	HSCP Community and local services	Race and religion/ belief		Evaluation Of The Argyll and Bute Refuc	Several families continue to live successfully on the Isle of Bute.		This action is completed

Ref	High Level Outcome	Lead	Protected Characteristic	Actions	Measures	Progress	Supporting Documents	Comments
Theme: 4. Improving experience of services for people with protected characteristics								
4.1	Review where health and social care is going well and not going well	Raymond Deans Chaplin (NHS)		Emotional Touches	Key learning points from case studies.	Completed - NHS Service by the Chaplin's. Patients who had experienced services were randomly selected to undertake the feedback of their experiences. Key points for service improvement to be identified by LPGs.	Awaiting publication	Lead chaplain and lead AHP to reflect on benefit of this model for future service improvement initiatives.
4.2	Review complaints procedures to identify if people with protected characteristics are identifying areas for improvement	Fiona Campbell NHS HSPC Clinical Governance manager Ian Jackson Social Services A&B Council HSPC		All complaints come down from Highland NHS pathway to A&B regarding services. Both NHS and Council have separate pathways and follow the National Strategy for complaints handling. IJB to have a complaints procedure regarding their work undertaken.	Monitoring of complaints received and actions taken as a result. Monitoring of handling efficiency of complaint handling	Both NHS and Council will continue to monitor their individual processes. A IJB procedure for complaint handling has been agreed	All complaints paperwork/procedures can be found on relevant NHS/Council websites.	The complaints procedure does not automatically record any protected characteristics unless the complainant specifies them.
4.3	Care Opinion		All	Promote Care Opinion via LPGs and communication and engagement groups.	Monitoring complaints on the website	On-going	https://www.careopinion.org.uk/	Available publically via the web link. Aim is to encourage sharing. This website encourages people to tell their stories and feedback. This informs staff and facilitates change. Enables services to learn from the experiences of patients. Responses and actions visible on website for general public.

Abbreviations

CCC Caring Connections Coaches
ICF Integrated Care Fund

JHIP	Joint Health Improvement Plan
HWN	Health and Wellbeing Network
LPG	Locality Planning Group

Argyll & Bute Health & Social Care Partnership

Integrated Joint Board **Agenda item : 5.5**

Date of Meeting: **28 March 2018**

Title of Report: **Carer's Act Implementation and Eligibility Criteria**

Presented by: **Linda Currie, Lead Allied Health Professional**

The Integration Joint Board is asked to:

- **Note** the progress towards readiness for the implementation of the Carer's Act on 1 April 2018.
- **Note** the consultation carried out and **agree** to adopt the proposed Argyll and Bute Eligibility Criteria to ensure fair access to carer supports in line with the intentions of the Act
- **Note** the ongoing work required during 2018-19 to ensure the consistent application of the Eligibility Criteria in Argyll and Bute and the ongoing work required with the Carer's Centres.
- **Note** the financial framework to support the Act's implementation and the potential financial risk from new demand for services.

1. EXECUTIVE SUMMARY

1.1 The purpose of this report is to provide an update on the progress towards the implementation of the Carer's Act on 1 April 2018, the consultation carried out and the proposed eligibility criteria which will be used to ensure fair access to carer support.

1.2. Guidance provided by the Scottish Government Carers Branch has been utilised in relation to the setting of an eligibility criteria highlighting the importance of preventive supports for carers at an early stage to reduce the impact of their caring role. The Act requires eligibility criteria to be in place and agreed by 1 April 2018.

1.3 Appendices 1 and 2 detail the templates that will be used as part of a carer's assessment and planning process to support the completion of an Adult Carers Support Plan or a Young Carers Statement. These assessments will be carried out by carers centre assessment staff or relevant health and social care professionals.

1.4 The proposed eligibility templates were shared with the IJB in September 2017 as part of a development session. The consultation carried out has demonstrated that the template proves a useful way of establishing impact and needs of our carers, assists with planning of their support and ensuring that the funding is directed efficiently at a preventative level and has a clearly demarcated threshold for access to statutory services.

1.5 Carers assessed at Critical/Substantial level (P1&P2) would be eligible for funded support and we would have a duty under the Act to assess, provide support and offer options under SDS legislation. Carers assessed as having 'moderate' or 'low' (P3&P4) levels of need would be referred to local Carer's Centres to receive anticipatory and preventative supports.

1.5 Additional funding has been provided by the Scottish Government for 2018-19 as part of the £66m investment in social care services. Although not ring-fenced a proportion of this funding is allocated to support the implementation of the Carer's Act. The Argyll and Bute share of this funding is £0.350m and this amount has been set aside in the 2018-19 budget for the implementation of the requirements of the Act. There is a risk that this funding will be insufficient to meet the new demand for services, this position will be closely monitored during 2018-19.

2. INTRODUCTION

2.1 Argyll and Bute Health and Social Care Partnership continue to work towards implementation of the Carers Act (2016) for the 1 April 2018. Section 21 of the Carers (Scotland) Act 2016 places a requirement on individual Local Authorities and delegated Integrated Joint Boards to set and review eligibility criteria. This report outlines the consultation carried out on the proposed eligibility criteria for carer's to access appropriate services. As part of this process we have consulted with our communities and specifically our carer population over the past months in preparation for the formal agreement in relation to the setting of the eligibility criteria in readiness for the implementation of the Carers (Scotland) Act 2016 on 1 April 2018.

3. DETAIL OF REPORT

3.1 The Carers Act has a range of new provisions to identify, assess and support carers. The definition of a carer has broadened beyond someone who carries out regular or substantial care, meaning self-identification will be relied on more in the future. The Carers Act is enshrined in a rights based approach, the right of every carer to have an Adult Carer Support Plan or Young Carer Statement which aims to support their health and wellbeing by identifying their needs to support and personal outcomes and the right to access an appropriate balance of information, advice and support to meet these needs and achieve their personal outcomes.

3.2 Section 21 of the Carers (Scotland) Act 2016 places a duty on each Local Authority to set eligibility criteria to apply in its area. Section 21(2) defines this criteria as follows: *"local eligibility criteria are the criteria by which the local authority must determine whether it is required to provide support to carers to meet carers' identified needs."* At present there is no national eligibility criteria as the Act reserves this for local decision making. Local eligibility criteria will help to prioritise support and to target resources as effectively and efficiently as possible. The local eligibility criteria should be aligned with the available resource.

3.3 Scottish Government guidance suggests the eligibility criteria should be set in a manner which targets unpaid carers needs without discrimination, determining the person's ability to maintain their own health, wellbeing, independence and social involvement as well as ascertaining an individual's wish to continue in their unpaid caring role.

3.4 As identified the national guidance and Carers (Scotland) Act 2016 challenges the local authority to determine when and what support might be needed by unpaid carers this includes replacement care and short breaks. The guidance also provides

principles underpinning effective and fair eligibility criteria. The Act does not preclude the use of different criteria for young carers but does propose the use of similar eligibility criteria to that of adult carers.

Summary of Consultation activities and feedback

3.5 Consultation has been undertaken during identification of the framework and from November 2017 to date and is currently ongoing in relation to the proposed framework for eligibility criteria to enable carers to receive preventative support and statutory services at the right time, in the right manner and at the right level.

3.6 Various forms of eligibility criteria have been considered with the Carer' Centres and in particular the Carer's Centres Assessment Officer's identifying the National Carers Organisation (NCO) proposed Eligibility Criteria being the most appropriate.

3.7 The National Carer's Organisation have confirmed that extensive testing and consultation was carried out across Scotland and with COSLA as part of the work to develop the tool-Dundee Council worked with them in the pilot stages. The Scottish Government Carers Branch also identified and promotes the use of the proposed framework in its guidance related to the setting of a local Eligibility Criterion.

3.8 From feedback received at the Carers Lead Forum's held at Edinburgh in February and additional meeting held in Perth also in February, representatives of the 32 Scottish Local Authorities identify this Eligibility Criteria is the form which the majority of areas are adopting, however questions which still remain in these areas remain complex in relation to the threshold they will be setting for carers to access statutory services.

3.9 During the consultation visits have been carried out to each of the four carer centres and as part of that a number of adult and young carers have provided feedback. Those consulted felt that template provided an effective way of improved joint working between voluntary, commissioned and statutory services. Carer centre staff felt it fitted well with the existing assessment and registration processes and would assist to identify the required level of support. This would include signposting to existing community services. Some carers see the eligibility criteria as a 'gatekeeper' to funding and are concerned about the level of ongoing funding to support the centres. They emphasised the essential lifeline the centres provide. Carers also appreciate the need to provide services based on levels of need.

3.10 Young carers support is already carried out jointly with statutory agencies and the eligibility criteria would assist in this. It would support identification of child protection issues and creation of Child's Plans.

3.11 86 responses have been received from Young Carer services and the feedback is that the young carers reported positively on the use of the templates as it seemed straight forward to use and good to be able to reference and look back on. It does not feel too intrusive but assisted to have a good conversation about the caring role and its impact. One young carer felt this seemed a better method that a 'tick box form'. Young carer staff also felt the detail of the template assisted them to have a conversation with young carers about all aspects of their life and caring role.

3.12 During the work identifying the tool and consultation our IJB Carer representatives have been involved in planning meetings, have endorsed the proposed eligibility criteria and have noted it provides a thorough evaluation of the impact of a caring role.

3.13 Since November 2017, seven area teams have been provided with a presentation. The teams have been made up of a mixture of Area Managers, Team leads, Social Workers, Nurses and Social Care Workers from a number of teams like Care and Reviewing Officers, Children and Families teams, Mental Health Teams, Social Work Teams and District Nurses. In total 56 front line staff members have viewed and provided feedback during and after the presentation. The presentation has been useful in stimulating discussions in relation to current caseloads and the way in which preventative work may have alleviated crisis interventions. The feedback includes some concerns over available funding and to the waiving of charges from Team Leads and Area Managers, also the benefits of a clearer referral pathway with better communication between front line staff and carers centres. Staff members advised the eligibility criteria will match the priority of need framework utilised by the Social Work Department therefore providing a joined up service for carers as well as giving carers a voice in the holistic approach to providing appropriate support to cared for and carers alike.

3.14 Locality planning groups have been identified as a means of communicating the eligibility criteria. Those present understood the need to have an Eligibility Criteria to promote preventative support Further communication and engagement is planned targeting more of the locality planning groups, statutory frontline services and identifying and engaging with local community groups. Learning disability, mental health teams and children and families teams will be visited and as part of launching the Act further visits to the carers centres to update on the consultation of the eligibility criteria and the draft Carers Strategy. Plans are also in place for a session in the NMAHP Professional Practice Group focussing on awareness of the eligibility criteria and the hospital discharge pilot report out.

Financial Implications

3.15 The Carers' Bill Finance Advisory Group's whose membership included COSLA and Social Work Scotland was remitted to consider the financial implications of the Carers (Scotland) Act and establish a clear understanding of the key financial costs and risks associated with implementing the Bill and to ensure that these risks are understood, shared and mitigated as far as possible.

3.16 The financial memorandum set out the total Scottish Government funding for implementation of the Carers Act. It is estimated that funding will reach £90m by year 5 from implementation on 1 April 2018. There are some concerns around the assumptions in the financial memorandum, including non-provision for waiving of charges or replacement care costs and also the assumption that demand will build up evenly across the 5 years. There is clearly a financial risk that the demand is greater in the earlier years. The funding for 2018-19 is £19.4m and this is included in the £66m of additional funding for local government to address demand and pressures for social work services. The Argyll and Bute share of this funding is £0.350m and this amount has been set aside in the budget for 2018-19 to fund the requirements of the Act.

3.17 It has recently been agreed to establish a new Finance Group to take forward the outstanding issues in relation to financing of the Act where the key concerns. The new group will focus on establishing and collecting monitoring data, the identification and monitoring of key financial risks and the formal process for addressing any significant financial gaps arising from the implementation of the Act. The IJB Chief Finance Officers Group now have representation on this group and Argyll and Bute will contribute to this co-ordinated approach.

3.18 The additional funding incorporates the previously allocated Carers Information Strategy funding historically routed through health of £0.090m, this will require to be funded from the £0.350m. The impact of the waiving of charges and increased demand on both centres and social work is unknown at this time but will be evaluated and closely monitored throughout 2018-19 together with the impact of the eligibility criteria on all services.

3.19 The remaining additional funding of £0.260m will be used to provide replacement and respite care, to allow for a funding increase to the Carer's centres and to allow for innovative solutions at the preventative levels as well as supporting respite and care at home services.

3.20 The partnership currently provide £0.600m to the Carers Centres across Argyll and Bute. Plans around use of funding for 2018-19 include providing stability to the Carers Centres over current funding levels and additional resource to be provided to increase services for young carers. The remaining funding will be allocated to fund increased demand on carer centres, respite and replacement care, conference costs, administration of the Carers Forum and implementation officer support. In addition resource will be earmarked to support innovative pilots across all agencies to further enhance the preventative work in supporting carers.

3.21 During 2018-19 the impact of the eligibility criteria and demand will be monitored very closely to enable the partnership to move to three year contracts with the Carers centres from 2019. At this point all partnership funding for the centres will be pulled together to fund adult and young carer services and contracts. There will be an expectation that the funding provided by the HSCP is utilised by centres to provide the statutory services detailed in the contract as part of delivering on the statutory requirements of the Carers Act. Centres have the ability to attract additional funding streams which can be directed for additional and innovative support and respite activities.

3.22 The planning group is currently writing a specification for future Carers Services contracts which will be managed under normal Procurement and Commissioning processes. There will also be a phased implementation process in line with the financial projections to increase activity year on year. The Carers Act Planning Group will provide further feedback to the IJB later in 2018.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

4.1 Robust support to carers is a fundamental aspect of our strategic vision and priorities. By supporting carers we will help to maintain people within their own homes living as independently as possible. Supporting carers is a key strategic priority of the HSCP and the implementation of the Carers Act will allow us to support more carers in Argyll and Bute.

4.2 The eligibility criteria is fundamental to managing the demand on services, both statutory and third sector and ensuring we maximise the value of the funding at both preventative levels and to those at higher levels of needs.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

5.1.1 Additional funding has been allocated to assist with the implementation of the Carer's Act, there are concerns locally and nationally around the financial assumptions made to determine the funding allocation. The funding was based on projections on

increased demand and costs, close monitoring of the position for 2018-19 will allow the partnership to assess the full financial impact of implementation.

5.1.2 The locally agreed Eligibility Criteria should be aligned to the available resource and further work may be required to ensure the resource is being targeted at the correct level of support to ensure the partnership can fund statutory service requirements whilst also supporting the development of preventative services.

5.2 Staff Governance

5.2.1 The intention is that the majority of carer's services will be supported by our existing carer's centres and third sector with a focus on prevention and innovative respite models to avoid the progression towards formal services like care at home. In line with this most of the staff providing these services will be third sector and those contracts will be managed by our procurement and commissioning team with close collaborative working across the partnership through our recently formed multi-agency Carers forum.

5.2.2 A programme of training is underway with health and social work staff around enhancing our inclusion of carers in hospital discharge and to build a greater understanding of the carer role.

5.3 Clinical and Care Governance

Contracts for Carers Centres will be monitored through normal contract monitoring processes. The HSCP performance management team and centres are currently completing a baseline Carers Census, a collection of data around current services and demands. This is reported directly to the Carers Branch at the Scottish Government. Following on from this a regular data collection system will be established to assist in monitoring demand, activity, quality and outcomes around support for Carers. This will facilitate a more detailed report to the IJB in the future.

6. EQUALITY & DIVERSITY IMPLICATIONS

An impact assessment will be carried out around any changes to current services or future planning of services. During planning the intention is to increase engagement with remote and rural carers and work towards identifying unknown carers. Some of this work is already underway by outreach workers within the centres.

9. CONCLUSIONS

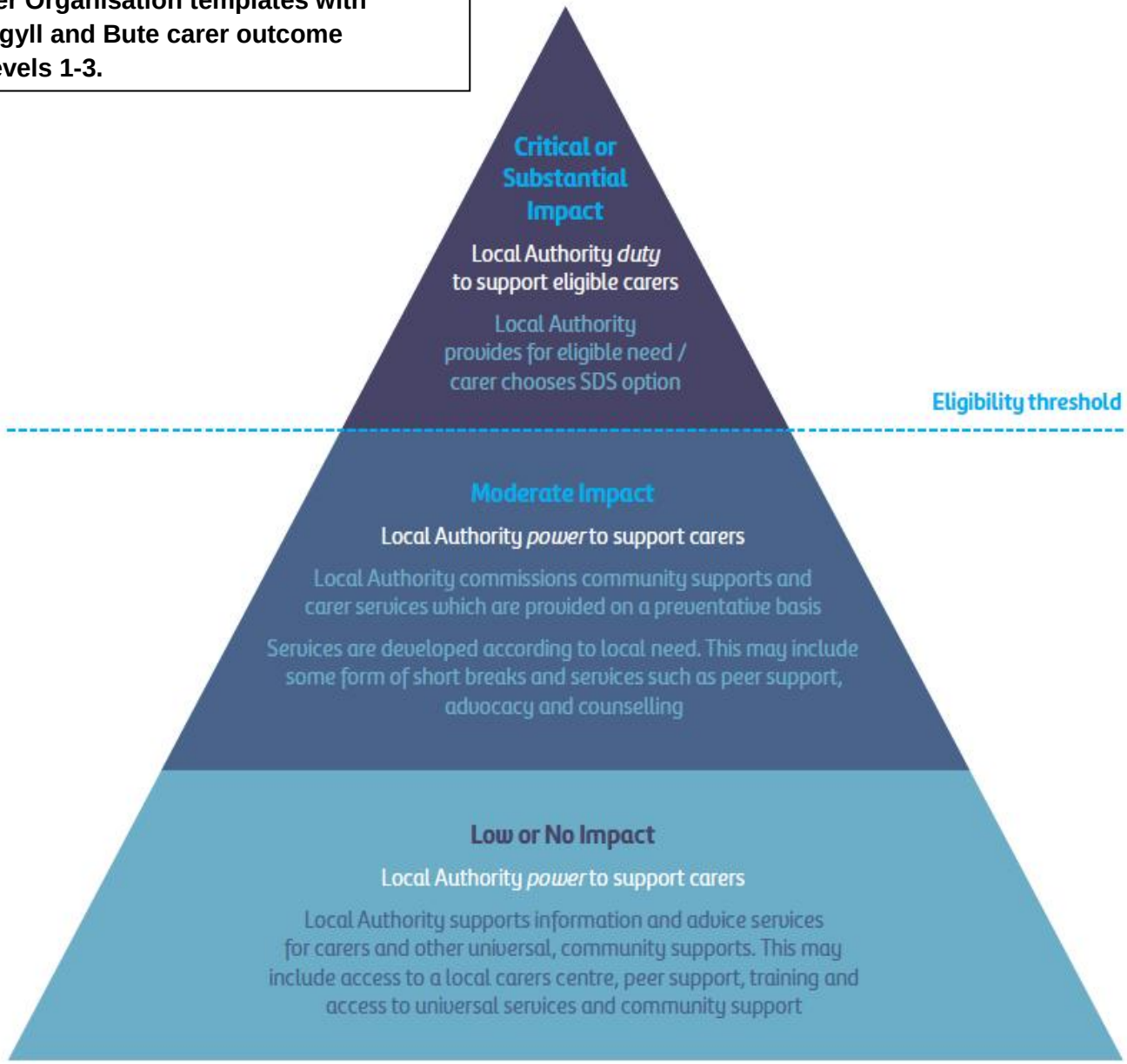
9.1 The Carer's Act will commence from 1 April 2018 and prior to this the IJB has to set local eligibility criteria for the provision of services, consultation has identified support for the proposed eligibility criteria.

9.2 The IJB are asked to formally support roll-out and use of the proposed eligibility criteria to establish it's suitability with widespread use and taking cognisance of the ongoing discussions about waiving of charges, replacement care and the potential increase in demand for services.

9.3 Close evaluation in terms of service delivery and financial impact will be carried out during 2018-19 with a view to ensuring the eligibility criteria is aligned to the available resource and to ensure the ongoing work of the Carers centres is aligned to the requirements of the Act. The Carers Act Planning Group will provide further feedback to the IJB later in 2018.

Appendix I

National Carer Organisation templates with additional Argyll and Bute carer outcome priorities – levels 1-3.



1) Carer's outcomes require (high level/specialist) intervention from statutory agencies in addition to other supports.
(Duty to provide services)

2) Carer's outcomes can be met primarily by the third sector and mainstream support with targeted funding from statutory agencies to improve/maintain care situation and prevent carer breakdown.
(Power to provide services)

3) Carer's outcomes can be met with universal support by the third sector and mainstream services and minimal resources from statutory agencies.
(Power to provide services)

Table of Indicators

National Carer Organisation table of indicators with cross reference to A&B prioritisation of need framework and carer priorities.

	Prioritisation of need P3 and P4 (level 2&3)			P1&2 (level 1)	
	Caring has no impact NO RISK	**Caring has low impact LOW RISK**	**Caring has moderate impact MODERATE RISK**	**Caring has substantial impact SUBSTANTIAL RISK**	**Caring has critical impact CRITICAL RISK**
Health & Wellbeing	Carer in good health. Carer has good emotional wellbeing.	Carer's health beginning to be affected. Caring role beginning to have an impact on emotional wellbeing.	Carer's health at risk without intervention. Some impact on carer's emotional wellbeing.	Carer has health need that requires attention. Significant impact on carer's emotional wellbeing.	Carer's health is breaking/has broken down. Carer's emotional wellbeing is breaking/ has broken down.
Relationships	Carer has a good relationship with the person they care for and is able to maintain relationships with other key people in their life.	Carer has some concerns about their relationship with the person they care for and/or their ability to maintain relationships with other key people in their life.	Carer has identified issues with their relationship with the person they care for that need to be addressed and/or they find it difficult to maintain relationships with other key people in their life.	The carer's relationship with the person they care for is in danger of breaking down and/or they no longer are able to maintain relationships with other key people in their life.	The carer's relationship with the person they care for has broken down and their caring role is no longer sustainable and/or they have lost touch with other key people in their life.
Living Environment	Carer's living environment is suitable posing no risk to the physical health and safety of the carer and cared for person.	Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer and cared for person in the longer term.	Carer's living environment is unsuitable but poses no immediate risk.	Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the carer and/or cared for person.	Carer's living environment is unsuitable and there are immediate and critical risks to the health and safety of the carer and/or cared for person.

Employment & Training	Carer has no difficulty in managing caring and employment and/or education. Carer does not want to be in paid work or education.	Carer has some difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the long term. Carer is not in paid work or education but would like to be in the long term.	Carer has difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the medium term. Carer is not in paid work or education but would like to be in the medium term.	Carer has significantly difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the short term. Carer is not in paid work or education but would like to be soon.	Carer has significant difficulty managing caring and employment and/or education and there is an imminent risk of giving up work or education. Carer is not in paid work or education but would like to be now.
Finance	Caring is not causing financial hardship e.g. carer can afford housing cost and utilities.	Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities.	Caring is causing some detrimental impact on finances e.g. difficulty meeting either housing costs OR utilities.	Caring is having a significant impact on finances e.g. difficulty meeting housing costs AND utilities.	Caring is causing severe financial hardship e.g. carer cannot afford household essential sand utilities, not meeting housing payments.
Life balance	Carer has regular opportunities to achieve the balance they want in their life. They have a broad choice of breaks and activities which promote physical, mental, emotional wellbeing.	Carer has some opportunities to achieve the balance they want in their life. They have access to a choice of breaks and activities which promote physical, mental, emotional wellbeing.	Due to their caring role, the carer has limited opportunities to achieve the balance they want in their life. They have access to a few breaks and activities which promote physical, mental, emotional wellbeing.	Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life. They have little access to breaks and activities which promote physical, mental, emotional wellbeing.	Due to their caring role, the carer has no opportunities to achieve the balance they want in their life. They have no access to breaks and activities which promote physical, mental, emotional wellbeing.
Future Planning	Carer is confident about planning for the future and has no concerns about managing caring.	Carer is largely confident about planning for the future but has minor concerns about managing caring.	Carer is not confident about planning for the future and has some concerns about managing caring.	Carer is anxious about planning for the future and has significant concerns about managing caring.	Carer is very anxious about planning for the future and has severe concerns about managing caring.

NB: **I**n determining a carer's eligibility for funded services, it is important to recognise that indicators will not always exist in isolation from one another. It is appropriate and desirable that indicators should be explored in relation to one another, as there may be a 'multiplier' effect when two or more indicators overlap or interact. For example, it would be appropriate to discuss the impact of insufficient household income in relation to the effect financial hardship can have on the emotional health and wellbeing of a carer. Similarly, some indicators may be overarching, such as the ability to have a life alongside caring, which may be affected by the cumulative impact of the caring role in several areas of a carer's life.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.6

Date of Meeting : 28 March 2018

Title of Report : Strategic Risk Register

Presented by : Caroline Whyte, Chief Financial Officer

The Integration Joint Board is asked to :

- **Note** the current version of the Strategic Risk Register for the Argyll and Bute Health and Social Care Partnership

1. EXECUTIVE SUMMARY

1.1 The purpose of this report is to provide the IJB with an update on the Strategic Risk Register (SRR), the SRR is required to be reported to the IJB every six months for oversight. The last time the IJB was presented with the SRR was in September 2017. The SRR has been developed to ensure compliance with best practice in terms of risk management and the risk tolerance has been incorporated for individual risks in line with the risk appetite approved by the IJB in September 2017.

1.2 The current Strategic Risk Register is attached as Appendix 1. There are 17 risks noted on the Strategic Risk Register, a number of these are graded as high risk. SMT and risk owners have reviewed the SRR and a small number of updates have been made, specifically in relation to current and planned mitigations. There are a significant number of controls in place to mitigate risks and further actions have been identified where there is a requirement to reduce risks further in line with the risk tolerance or risk appetite of the IJB.

2. INTRODUCTION

2.1 The Argyll and Bute Health and Social Care Partnership's Risk Management Strategy and associated Guidance outlines the requirement to present the Strategic Risk Register to the IJB on a six monthly basis. This update follows on from the review of the Strategic Risk Register in September 2017.

3. DETAIL OF REPORT

3.1 Strategic risks represent the most significant risks that may impact on the IJB's ability to deliver on its strategic objectives. The Strategic Risk Register is updated on an ongoing basis and is formally reviewed twice yearly. The current Strategic Risk Register is included as Appendix 1.

3.2 There are 17 risks detailed on the Strategic Risk Register, these are summarised below:

Risk Ref	Risk	Residual Risk
SR01	Financial Sustainability	15 - HIGH
SR02	Delivery of Strategic Objectives	16 - HIGH
SR03	Demographic Change	12 – HIGH
SR04	Governance and Leadership	9 – MEDIUM
SR05	Partnership Working	9 – MEDIUM
SR06	Infrastructure and Assets	9 – MEDIUM
SR07	Sustainability of Commissioned Service Providers	16 - HIGH
SR08	Equalities	9 – MEDIUM
SR09	Scottish Government Policies	15 – HIGH
SR10	Workforce Recruitment and Retention	20 – VERY HIGH
SR11	Communications and Engagement with Communities	12 – HIGH
SR12	Workforce Shift	12 – HIGH
SR13	Service Delivery	9 – MEDIUM
SR14	Safety of Services	8 – MEDIUM
SR15	Waiting Times	16 – HIGH
SR16	Support Services	12 – HIGH
SR17	New General Medical Services Contract	12 - HIGH

3.3 A number of the strategic risks are inextricably linked and there may be current or future mitigating actions or controls which are targeted to address more than one risk area. Similarly the risk rating of risks may be reliant on the risk rating of others, an example being the interdependence of SR10 Workforce Recruitment and Retention and SR07 Sustainability of Commissioned Service Providers.

3.4 The risk appetite is now reflected on the Strategic Risk Register, this is reflective of the risk appetite for each of the five categories of risk, as agreed by the IJB in September 2017. The approved risk appetite is noted below:

Category	Risk Appetite
Reputational	Cautious - Open
Political	Open
Financial	Cautious – Open
Compliance/Regulatory	Minimalist – Cautious
Operational	Open

3.5 The agreement of risk appetite is useful for officers to inform further targeted work to provide assurance around the level of risk and the controls and mitigations in place. This allows a risk tolerance to be established for each of the risk areas and allows risk owners to establish if new control measures are required to reduce risks to an acceptable or tolerable level. With finite

resources available to address risk a proportionate approach is required to manage risks to an acceptable level and to target efforts to the most appropriate areas.

3.6 The Risk Management Strategy and Guidance describes the approach to risk management across the different levels of the organisation. In addition to the Strategic Risk Register there are risk registers held at operational service level and for the service re-design projects as part of the project management approach. Arrangements are in place for the recording and updating of risks at all levels and where appropriate for the escalation of any operational risks to the Strategic Risk Register.

3.7 The risk management arrangements for the IJB have been subject to review by the IJB Internal Auditors as part of the internal audit plan for 2017-18, the report detailing the outcome of this review will be presented to the Audit Committee on 29 March. Any potential changes to the risk management arrangements as a result will be brought to the IJB for approval.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

The individual Strategic Risks are mapped to the strategic objectives. The management of these risks to an acceptable or tolerable level will be critical to the successful delivery of the Strategic Plan.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

None, but effective risk managements assists with effective governance and stewardship of HSCP resources.

5.2 Staff Governance

None

5.3 Clinical Governance

Risk management is an integral part of clinical governance and it is essential that the IJB has assurance that risks are identified and managed appropriately to ensure the safe and sustainable delivery of services.

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

The risk management approach is crucial to ensuring the IJB are able to meet strategic objectives.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None

9. CONCLUSIONS

9.1 The Strategic Risk Register is a live document which will be maintained and presented to the IJB on a six monthly basis. This report provides an update on the current SRR and provides assurance that Strategic Risks continue to be actively managed and monitored.

APPENDICES:

Appendix 1 – Strategic Risk Register

ARGYLL AND BUTE INTEGRATION JOINT BOARD
STRATEGIC RISK REGISTER - MARCH 2018

APPENDIX 1

			Gross Risk				Residual Risk					
Risk Reference	**Description of Risk**	**Link to Strategic Objectives**	**Likelihood**	**Impact**	**Risk Rating/Score**	**Mitigations/Control Measures**	**Likelihood**	**Impact**	**Risk Rating/Score**	**Risk Tolerance/Appetite**	**Proposed New Control Measures**	**Risk Owner(s)**
SSR01	**Financial Sustainability** - financial failure from demand for services outstripping the available budget, as a result of the level of delegated resource to the IJB from partners not being sufficient to deliver on strategic objectives. Overall risk of budget not being aligned to delivering financial balance whilst delivering on strategic outcomes. This may lead to an inability to deliver on the Strategic Plan, with a reduction in performance, progress not being made with national targets, reputational damage to the IJB and partner bodies and the requirement to implement service changes that are not line with the strategic objectives.	B, E, F, J	4 - Likely	5 - Extreme	20 - VERY HIGH	○The Integration Scheme outlines the approach to financial management. ○Financial information is reported regularly to the SMT and IJB for both the current year financial position and the budget outlook for future years. This includes clearly demonstrating the level of delegated resource from the partners and impact on the IJB of their financial planning decisions. ○Two year approach to budget planning for 2017-18 and 2018-19 in line with the remaining period of the Strategic Plan. ○Integrated whole system approach to budget planning. ○Agreed approach in place for the development and implementation of the Quality and Finance Plan, including a consistent project management approach to monitor and record progress. ○Targeted community investment plan in place to lever service changes. ○ Quality and Finance Plan Programme Board	3 - Possible	5 - Extreme	15 - HIGH	OPEN/CAUTIOUS	○Implementation of financial recovery plan to ensure financial balance is achieved ○Embed approach to Transformational service redesign. ○ Action plan following Internal Audit on approach to service redesign. ○Development of an approach to longer term financial planning ○3 year financial plan developed to sit alongside next iteration of Strategic Plan (2019-20 to 2021-22)	Chief Financial Officer
SSR02	**Delivery of Strategic Objectives** - failure to deliver on strategic outcomes and priorities in the Strategic Plan and the targets and expectations from the Scottish Government. This would be as a result of a lack of resources to deliver the transformational service change and the inability to convince the workforce and communities of the need for change. This would lead to reputational damage and the increased fragility of health and social care services. The pace of change to re-design services will not keep up with the demographic pressures of an ageing population and the progress with the shift from institutional and acute care will impact on resources available for re-designed services.	A, B, C, D, E, F, G, H, I, J, K	4 - Likely	4 - Major	16 - HIGH	○Locality Planning Groups with agreed terms of reference, locality plans presented to Strategic Planning Group ○Quality and Finance Plan developed with Locality Planning Groups and is aligned to Strategic Plan and direction, service changes are measured against priorities and areas of focus ○Regular performance reporting to the IJB, including progress against Health and Wellbeing indicators and MSG targets ○Communcations and engagement strategy and resource ○Published Annual Performance Report ○IJB structure and committees ○SMT reporting structure and links with partner organsations, including Chief Officer representation on partner senior management teams ○Engagement with staff partnership to convince workforce of need for change	4 - Likely	4 - Major	16 - HIGH	OPEN	○Develop clearer links between performance and financial information. ○Further develop performance reporting in line with SG and IJB requirements ○Clearly articulate the impact on Quality and Performance in service redesign plans.	Chief Officer

			Gross Risk				Residual Risk					
Risk Reference	**Description of Risk**	**Link to Strategic Objectives**	**Likelihood**	**Impact**	**Risk Rating/Score**	**Mitigations/Control Measures**	**Likelihood**	**Impact**	**Risk Rating/Score**	**Risk Tolerance/Appetite**	**Proposed New Control Measures**	**Risk Owner(s)**
SSR03	**Demographic Changes** - failure to implement strategies and actions to address future demographic challenges of declining population with a reduced working age population and an increase in the proportion of older people. This would be as a result of the failure to identify and forecast the impact on services and the planning for service changes in the future in line with this, including shifting the balance of care and implementing new neighbourhood models of care. The population decline will reduce resources available alongside increased demand for services from an increasing older population, this could lead to service failure.	B, E, G, H, I	4 - Likely	4 - Major	16 - HIGH	○Strategic Plan and role of Strategic Planning Group ○Incorporation of demographic forecasts into Strategic Planning and Locality Planning ○Locality Planning Groups to inform service re-designs in each locality in line with needs of the population ○Demand pressures for services incorporated into budget process ○National awareness of demographic changes been driver for change in the way services are delivered ○Ongoing engagement with Community Planning Partners	3 - Possible	4 - Major	12 - HIGH	**OPEN**	○Build on capacity for self-management and prevention work ○Include planning for future workforce demograhic changes in overall Workforce Plan	Head of Strategic Planning
SSR04	**Governance and Leadership -** IJB arrangements are not conducive to effective working and lead to poor decision making and lack of strategic direction. This could lead to lack of confidence in the ability of the IJB and reputational damage.	J	3 - Possible	4 - Major	12 - HIGH	○Appropriate arrangements in place for representation on the IJB. ○Programme of development sessions for IJB members. ○Integration Scheme, Strategic Plan, Standing Orders and Code of Conduct. ○Committee structure below IJB, including Audit Committee, Clinical and Care Governance Committee, Strategic Planning Group and Quality and Finance Plan Programme Board. ○Integrated management structure ○Internal Audit review of governance arrangements. ○External Audit role	3 - Possible	3 - Moderate	9 - MEDIUM	**CAUTIOUS/OPEN**	○Post-integration review of management structure as part of the Quality and Finance Plan ○Review of Standing Orders for IJB ○Review of Integration Scheme	Chief Officer
SSR05	**Partnership Working** - inadequate partnership arrangements with all partners including the Council and Health Board and commissioned service providers including NHS GG&C for actute services, the third sector and other commissioned providers. This would be as a result of lack of clarity around roles and responsibilites and the ability of the IJB to articulate commissioning intentions for all services. This may lead to duplication of effort, poor relationships and the inability to effectively negotiate the IJB's position. The partnership may be viewed as failing or not achieving objectives, leading to reputational damage and loss of confidence in IJB and all partners.	G, H	4 - Likely	4 - Major	16 - HIGH	○Integration Scheme outlining roles and responsibilities ○Independent scrutiny arrangements in place and work of internal audit, including assurance mapping. ○Representation on IJB from both partner bodies. ○Clear channels of communication and information sharing protocols in place ○Chief Officer member of both Council and Health Board Senior Management Teams and has overall strategic and operational responsibilty for service delivery ○Directions are issued to partners in line with strategic direction and operational delivery of services. ○Strategic Planning work with Commissioned Service providers to be clear around the IJB requirements and commissioning intentions ○Third Sector representation on the IJB	3 - Possible	3 - Moderate	9 - MEDIUM	**OPEN**	○Ongoing work required with NHS GG&C to agree financial impact of IJB commissioning intentions	Chief Officer

			Gross Risk				Residual Risk					
Risk Reference	**Description of Risk**	**Link to Strategic Objectives**	**Likelihood**	**Impact**	**Risk Rating/Score**	**Mitigations/Control Measures**	**Likelihood**	**Impact**	**Risk Rating/Score**	**Risk Tolerance/Appetite**	**Proposed New Control Measures**	**Risk Owner(s)**
SSR06	**Infrastructure and Assets** - assets remain under the ownership of the Council and Health Board, there is a risk that these do not meet the current and future requirements and are not being used or managed efficiently and effectively. The IJB do not have full control/flexibility over assets. This may result in assets not being aligned to or supporting the IJB's strategic outcomes and do not aid effective service delivery.	E, J	4 - Likely	3 - Moderate	16 - HIGH	○Engagement with asset management and capital planning processes and arrangements of the Council and Health Board. ○Ensure changes to service delivery are communicated to partners to allow informed decisions around asset investment/disinvestment. ○Explore different ways of accessing assets for the IJB to have a joined up approach to service delivery.	3 - Possible	3 - Moderate	9 - MEDIUM	OPEN		Chief Officer
SSR07	**Sustainability of commissioned service providers** - financial and operational sustainability of care at home and care home commissioned service providers as a result of financial and workforce pressures. Market failure would lead to distruption of service, the implementation of contingency plans, increased costs and an adverse impact on individuals and their families. Would also impact on the ability of the IJB to deliver on the planned shift in the balance of care.	B, D, E, H	5 - Almost Certain	5 - Extreme	25 - VERY HIGH	○Commissioning team supplier relationship and market management, including contract management and review processes ○Additional funding for providers to facilitate the implementation of the Living Wage and Fair Work Practices ○Engagement with national work supporting the retention of the National Care Home Contract ○Work with providers to implement new patching model for care at home to allow efficiency of service provision ○Engagement with national workforce planning and local training providers around promotion of the caring profession	4 - Likely	4 - Major	16 - HIGH	OPEN	○Contingency planning in localities	Heads of Adult Care
SSR08	**Equalities** - service are not delivered in a way that addresses inequalities. The result being service users put at unnecessary risk of harm and people with poorer life chances may have their health and wellbeing impacted. Groups with protected characteristics may be perceived to be impacted unfairly.	A	4 - Likely	3 - Moderate	12 - HIGH	○Equalities Outcomes Framework in place ○Equalities impact considered as part of IJB decision making ○Equality Impact Assessment will be carried out for all service changes on the Quality and Finance Plan, with agreed process to revert back to IJB. ○Communication with service users as part of implementaton of service change. ○Adjustments to implementation plans are actioned where appropriate to mitigate any potential negative impact. ○Service changes are not implemented where this would constitute unlawful discrimination.	3 - Possible	3 - Moderate	9 - MEDIUM	MINIMALIST/CAUTIOUS		Chief Officer
SSR09	**Scottish Government Policies** - risk of further leglislative, policy developments or change which impacts on the IJBs ability to deliver on the Strategic Plan, examples include Continuing Care, the Living Wage, the Carers Act and other future policy developments. The impact being the inability to deliver on these alongside the Strategic Plan and objectives and the impact of additional unfunded cost pressures.	B, C, D, E, F, I, J	5 - Almost Certain	4 - Major	20 - VERY HIGH	○Horizon scanning for policy developments through partners and SMT network groups ○Regular liason with senior officers in the Scottish Government ○Respond to Scottish Government information requests on impact of future policies ○Early impact assessement locally for national policies, including any impact in budget outlook ○Implement and adopt innovative ways of implementing policies ○Role of Elected Members and IJB members to influence Scottish Government decision making through political routes	4 - Likely	3 - Moderate	15 - HIGH	OPEN		Chief Officer

			Gross Risk				Residual Risk					
Risk Reference	**Description of Risk**	**Link to Strategic Objectives**	**Likelihood**	**Impact**	**Risk Rating/Score**	**Mitigations/Control Measures**	**Likelihood**	**Impact**	**Risk Rating/Score**	**Risk Tolerance/Appetite**	**Proposed New Control Measures**	**Risk Owner(s)**
SSR10	**Workforce Recruitment and Retention** - inability to recruit and retain the required workforce because of national workforce challenges and local challenges particularly in remote and rural areas and for clinical specialties. This leads to increased costs from reliance on medical locums and agency staff, not only for the IJB but also for commissioned service providers. Service users needs may not be met if workforce is not in place.	B, C, E, H, I, J	5 - Almost Certain	5 - Extreme	25 - VERY HIGH	○Workforce planning in localities ○Locality Planning Groups developing workforce plans ○Development and roll out of community team standards ○Contingency plans for clinical posts to reduce reliance on medical locums ○Service re-designs to plan for changes to services in line with workforce capacity ○Support commissioned service providers with recruitment and retention, for example supporting implementation of Living Wage	4 - Likely	5 - Extreme	20 - VERY HIGH	OPEN	○Develop overall Workforce Plan to support Strategic Plan ○Roll out of iHub work in Oban to other localities ○Explore further opportunities for Growing our Own	Head of Strategic Planning
SSR11	**Communications and Engagement with Communities** - risk of inadequate arrangements in place to communicate with wider communities and partners as a result of gaps between the IJB requirements and strategic direction and the expectation of service need from communities. Resulting in failure to gain community support for service changes and ineffective partnership working with communities.	B, E, F, J, K	5 - Almost Certain	4 - Major	20 - VERY HIGH	○Communication and Engagement Strategy ○Openness and transparency of publicly available information ○Public consultation for development of Strategic Plan ○Communications events and information widely available to engage stakeholders in conversations about service changes and the need for change. ○Engagement with policians to ensure the Argyll and Bute position is shared and understood. ○Locality Planning Groups and other forums are used to communicate with communities and explore new ways of getting the IJB message across. ○Communication plans developed as part of implementation of service changes	4 - Likely	3 - Moderate	12 - HIGH	CAUTIOUS/OPEN	○Support local ownership of communications and engagement ○Continue roll out of social media use at a local level ○Ongoing review of Communications and Engagement Strategy	Head of Strategic Planning
SSR12	**Workforce Shift -** risk that there is not appropriate engagement with staff groups, particularly over the need for service changes and the requirement to work in a different way. There may be professional concerns about inter-disciplinary working and cultural barriers will prevent effective integration. This would result in poor morale and the failure to gain staff support for the workforce shift and culture change required. Resistance from the staff group would in turn limit the flexibility required to deploy the workforce in line with changed models of care, full integration will not be achieved and teams will be disjointed. Ultimately impacting on the service provided to communities.	B, E, F, J, K	4 - Likely	4 - Major	16 - HIGH	○Joint Partnership Forum and Staffside Liason facilitate communications and information flow between management to staff side and Trade Unions ○Communications plan for each service change project, including staff as stakeholders ○Support from staffside partnership to support staff with new ways of working with an integrated partnership approach. ○Compliance with terms and conditions of employment for both staff groups ○Individual staff development plans and training programmes ○Workforce Planning ○Staff surveys used to inform targeted improvement work with individual teams	4 - Likely	3 - Moderate	12 - HIGH	OPEN	○Strengthen communication and cascade of information from SMT on direction of travel ○Development of community teams in localities	Chief Officer

			Gross Risk				Residual Risk					
Risk Reference	**Description of Risk**	**Link to Strategic Objectives**	**Likelihood**	**Impact**	**Risk Rating/Score**	**Mitigations/Control Measures**	**Likelihood**	**Impact**	**Risk Rating/Score**	**Risk Tolerance/Appetite**	**Proposed New Control Measures**	**Risk Owner(s)**
SSR13	**Service Delivery** - ineffective leadership and management of services and resources as a result of insufficient progress towards operational integration being made. Services are unable to deliver on the day to day service delivery together with the agreed performance levels and improvements required from the integration of services. This would leave the IJB unable to achieve continuous improvement and to improve the effectiveness and efficiency of service delivery.	B, C, D, E, J	4 - Likely	4 - Major	16 - HIGH	○Clinical and Care Governance Framework and Committee in place to ensure ongoing quality of existing services ○Investment in Community Services and Project Management capacity ○Professional representation at SMT and the IJB ○Role of Chief Social Work Officer ○A number of service changes on the Quality and Finance Plan are to move towards a more integrated way of working, to capitalise on efficiencies. ○Performance management framework and service delivery plans will ensure a focus on improvement and achievement of strategic objectives.	3 - Possible	3 - Moderate	9 - MEDIUM	OPEN	○Ongoing roll out of Highland Quality Approach across the organisation	Chief Officer
SSR14	**Safety of Services -** inability to maintain the safety of services due to demographic changes, financial pressures, the ability to recruit to clinical posts and the changes to the workforce profile. This may result in harm to service users or patients, the failure to provide appropriate care and reputational damage to the IJB and partners.	A, B, H, J	4 - Likely	5 - Extreme	20 - VERY HIGH	○Clinical and Care Governance Committee ○Risk Management Strategy and operational risk management arrangements ○Clinical and professional leadership ○Triggers for service re-designs including ensuring clinical safety is not compromised ○Prioritisation of need frameworks in place to determine need for access to services ○Develop and implement contingency arrrangements for localities and services	2 - Unlikely	4 - Major	8 - MEDIUM	MINIMALIST/CAUTIOUS		Lead Nurse/Chief Social Work Officer
SSR15	**Waiting Times** - increase to waiting times for treatment in specialities in NHS GG&C and outreach clinics in Argyll and Bute. This may be due to the operation of clinics no longer being affordable or sustainable and the impact of SLA negotiations with NHS GG&C. This would result in a poor level of service for patients, the potential to have to travel further for appointments, the inability to meet waiting time targets and is not in line with the anticipatory and preventative approach to care.	A, B, H, I	4 - Likely	4 - Major	16 - HIGH	○Continued engagement with NHS GG&C to agree a strategic jointly planned approach to outreach services ○Monitoring and reporting of waiting times ○Secure funding to address waiting times pressures ○Develop new delivery models such as specialist nurses, tele-consultation and direct or follow up referral to primary care or AHP professionals ○Offer alternative sites to patients	4 - Likely	4 - Major	16 - HIGH	OPEN		Heads of Service

			Gross Risk				Residual Risk					
Risk Reference	**Description of Risk**	**Link to Strategic Objectives**	**Likelihood**	**Impact**	**Risk Rating/Score**	**Mitigations/Control Measures**	**Likelihood**	**Impact**	**Risk Rating/Score**	**Risk Tolerance/Appetite**	**Proposed New Control Measures**	**Risk Owner(s)**
SSR16	**Support Services -** risk that support services do not adequately support integrated front line service delivery. Inability to integrate support services which are not fully delegated to the IJB, including IT, HR, Finance, Governance, Communications, Improvement & Performance, Procurement and Commissioning, Legal Services etc. Continued reliance on two systems, processes and approaches may lead to confusion and ongoing inefficiency. Risk that partners will not support any changes to current arrangements.	J	4 - Likely	4 - Major	16 - HIGH	○Range of system workarounds in place to ensure business as usual ○Co-location of staff underway in some locations ○Quality and Finance Plan includes plans to integrate some corporate and support staff and a review of administrative services across Health and Social Care ○Plans to integrate some IT systems and to faciliate access to systems	4 - Likely	3 - Moderate	12 - HIGH	OPEN	○Plans to integrate some IT systems and to faciliate access to systems ○Development of corporate services agreement with partners	Heads of Service
SSR17	**New General Medical Services Contract -** risk that the HSCP are not in a position to appropriately support the implementation of the new GP contract as a result of the availability of funding and capacity for the HSCP to deliver services transferred from GPs. Higher risk of implementation specifically across remote and rural areas.	A, B, C, D, E, F, G, H, I, J, K	4 - Likely	4 - Major	16 - HIGH	○Ongoing colloboration between the HSCP and Primary Care to support practices ○Established Primary Care Modernisation Group, which includes GP representation ○Regular updates on progress to SMT and the IJB	3 - Possible	4 - Major	12 - HIGH	OPEN	○Developing a Primary Care Improvement Plan (by July 2018)	Associate Medical Director

Strategic Objectives:

A	We will work to reduce health inequalities.
B	We will plan and provide health and social care services in ways that keep people safe and protect them from harm.
C	We will ensure children have the best possible start in life and plan services in a person-centred way that benefits the person receiving the service, so that they have a positive experience – right service, right place, and right time.
D	We will plan for and deliver services in person-centred ways that enable and support people to look after and improve their own health and wellbeing.
E	We will prioritise community based services, with a focus on anticipatory care and prevention to reduce preventable hospital admission or long term stay in a care setting.
F	We will deliver services that are integrated from the perspective of the person receiving them and represent best value with a strong focus on the wellbeing of unpaid carers.
G	We will establish "Locality Planning, Owning, Delivery" operational and management arrangements to respond to local needs.
H	We will strengthen and develop our partnership with specialist health services with NHSGG&C and Community Planning Partners as well as with the Third and Independent sectors.
I	We will sustain, refocus and develop our partnership workforce on anticipatory care and prevention.
J	We will put in place a strategic and operational management system that is focused on continuous improvement, within a clear governance and accountability framework.
K	We will underpin our arrangements by putting in place a clear, communication and engagement arrangements involving our staff, users, the public and stakeholders.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item : 5.7**

Date of Meeting : 28 March 2018

Title of Report : Staff Governance Report

Prepared by : Sandy Wilkie, Head of HR (HSCP) & Jane Fowler, Head of Improvement & HR (A&B Council)

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

The Integration Joint Board is asked to :

Note the content of this quarterly report on the staff governance performance in the HSCP.

1. EXECUTIVE SUMMARY

This paper sets out performance data and current key issues for staff governance in the Health & Social Care Partnership. As the IJB is aware the HSCP does not employ staff, this remains the statutory responsibility of Argyll and Bute Council and NHS Highland respectively.

The elements detailed in this paper provide the IJB with information on the staff governance issues which the HSCP and its respective employer bodies are addressing to:

- Support staff in their work and development.
- Assess workforce performance and identify issues
- Establish staff partnership and trade union relationship and operation
- Ensure compliance with terms and condition and employing policies
- Adopt best practice from both employers
- Identify service change implications for the workforce and compliance with the above.

2. INTRODUCTION

This report provides an overview of the staff governance issues identified above as raised and discussed at the Senior Management Team and Joint Partnership Forum. This report will be presented to the IJB on a quarterly basis. This report includes updates on:

- Values refresh within HSCP
- iMatter Wave 2
- Workforce Planning
- LearnPro CBS rollout
- Using social media for Recruitment
- Career Paths for Young People
- Whistleblowing
- Update on Integrated HR issues
- Organisation Change & Service Redesign issues
- Recruitment & Redeployment activity
- Statutory & Mandatory Training
- Workforce performance trends; attendance management, costs of sickness absence, fixed-term contracts, turnover, employee relations, performance management.for Quarter 3
- Work planned over the next 3 months

The figures represent complete data for Quarter 3 (Oct-Dec 2017).

3. VALUES REFRESH WITHIN HSCP

Our HSCP Strategic Plan 2016-19 makes reference to 6 Shared HSCP Values: *Caring, Compassionate, Integrity, Respectful, Person-Centred* and *Engaged*. However current awareness of these values is low and they have not been embedded into any of our people processes. They also don't articulate much about the future.

Work has begun on a refresh of our Shared Values using the Barratt Model; this provides a standard vocabulary of values, represented across 7 levels.

Focus groups have been held with staff in Islay, Lochgilphead & Oban so far, this work will continue over the next few weeks. A revised draft set of Shared Values will be considered by SMT in May 2018, prior to developing a set of behaviours to support them.

We will bring the proposed Values & Behaviours back to the IJB for approval in August, prior to embedding them in Recruitment, Induction and Performance Management conversations. They will provide a clear statement of the values we expect all staff to hold and the positive behaviours we wish to see demonstrated within all HSCP workplaces.

The Barrett Model has an associated cultural audit tool, a values-based Cultural Values Assessment (CVA). Consideration will be given to using this across the HSCP later in 2018 to help with integration.

4. iMATTER WAVE 2

iMatter is a continuous improvement tool designed with staff in NHS Scotland to help individuals, teams and Boards understand and improve staff experience. In 2017 all HSCP staff (Council and NHS) were asked to participate in the iMatter survey, a 61% response rate was achieved; 114 teams received their own report. By the end of November 34% action plans were completed

The SGHD took a snapshot across Scotland in November 2017 to input into the National Health and Social Care Staff Experience Report 2017 which was published on 2nd March 2018. The 2017 iMatter questionnaire response rate for all of NHS Highland was 58%; preparation is now underway for the 2018 iMatter questionnaire. Key timescales will be as follows:

- **Communication and Preparation** (March-April 2018)
- **Team Confirmation Stage** (Monday 30th April to Friday 25th May 2018)
- **Reports** (issued Monday 2nd July)
- **Action Plans** (deadline - Friday 21st September)

Our aim is to lift local participation to 65% and to move closer to 50% of teams with completed action plans.

5. WORKFORCE PLANNING

Work continues on the development of our first HSCP Workforce Plan. A draft will be completed by end-March for further consultation with our Localities and through our Partnership Forum.

Our first Workforce Plan is focusing largely on Adult Services and will be addressing a timeframe of 2018-22, taking in 1 year and 4 year projections in line with our Strategic Planning cyle. A final version will be tabled at the IJB meeting on 30th May 2018.

6. LEARNPRO CBS ROLLOUT

An NHS Highland Internal Audit report (April 2017) recommended the implementation of a central training system to record statutory & mandatory training records. LearnPro was selected as the preferred system and we are now in the process of rolling out the LearnPro Course Booking System across NHS teams within Argyll & Bute.

Training sessions have been arranged locally during this month and we are in the process of asking our internal trainers to switch to LearnPro to encourage staff to register on the system. In the medium & longer term, this changeover will enable us to report more accurately on statutory and mandatory training compliance.

7. USING SOCIAL MEDIA FOR RECRUITMENT

Our new HSCP Communications Officer has started to promote NHS vacancies on social media, primarily on the Argyll & Bute HSCP facebook page. Although early days, we are starting to see a reduction in the number of posts having to be re-advertised each week for some disciplines. There is now a live HSCP Twitter account which was launched on 23rd February 2018, an instagram account is due to be launched by the end of March 2018 and later this year a LinkedIn account will be created.

The Communications Officer is working with employment services and recruiting departments to undertake specific campaigns currently for AHP's and a Mental Health SCN post. There is also due to be a campaign targeting nursing students during March 2018 involving specific universities and a further campaign in April 2018 for experienced AHP, Nursing and Midwifery posts.

We will be looking to evaluate the effectiveness of social media as an additional recruitment source over the coming months.

8. CAREER PATHS FOR YOUNG PEOPLE

We have challenges in attracting experienced staff across a range of health & social care professions to come and work in Argyll & Bute. This means we need to start looking at alternative ways to build our HSCP workforce. Young people in our communities are a potential source of entry-level talent.

Building on the Council's successful 'Growing Our Own' initiative, we have been in discussions about how to develop shared Modern Apprentice placements across both health and social work/care services. Our first HSCP Workforce Plan will help us understand the initial demand in terms of numbers and a further update will be provided in the Q4 Staff Governance Report (May 2018).

9. WHISTLEBLOWING POLICIES

The IJB meeting in January 2018 requesting further information on whistleblowing.

NHS Highland have a Whistleblowing Policy which builds on the associated NHS Scotland Whistleblowing PIN. Agreed in partnership, it details a 3 step process for employees to raise any concerns regarding malpractice, errors or patient safety. In line with the Speak Up Guardian principles (Francis, 2016) NHS Highland also has Non-Executive Whistleblowing Champion on the Board. Advice to staff is also available via the confidential NHS Scotland Confidential Alert Line **0800 008 6112.**

The new Duty of Candour Procedure, covered in the Clinical Governance Report to this IJB meeting, also has relevance to this issue.

Within A&B Council, Whistleblowing is covered by the Public Interest Disclosure Policy (Appendix 2, Annex2, to the Financial and Security Regulations). This lays down expectations around openness and accountability. Disclosures can be made to the Executive Director of Customer Services and will be investigated. The results of any investigation undertaken will be reported to the Audit Committee. Elected members would not automatically be notified of investigations, unless the scope of the investigation involved a member; in this case, the outcome would be brought before full Council.

As far as we can ascertain, no concerns have been raised under either policy across the HSCP within the last 12 months.

10. UPDATE ON INTEGRATED HR ISSUES

The Staff Liaison Group and Organisational Change Group are operating to ensure consistent application of NHS & Council organisational change and redesign policies. We have active staff-side involvement on both groups.

The Council HR team has continued with its re-organisation. The new HR & OD structure will be effective from 1st April 2018, although many of the changes have already been implemented. The new HSCP HR structure will be in place by the same date, with this team being renamed People & Change. The aim of these changes are to ensure we have sufficient alignment and resilience to support service changes across the HSCP.

Plans for the move of some of the NHS HR staff from Aros to Kilmory are making good progress, with completion likely to by the end of June 2018.

11. ORGANISATIONAL CHANGE & SERVICE REDESIGN ISSUES

Work is underway to confirm the new structure for the integrated Performance Team and the mainstreaming of the Technology Enabled Care (TEC) project.

Proposals for the new community teams models will be brought forward at a later date once the proposed HSCP Transformation Board has been established to provide strategic guidance on all of our major change programmes.

12. RECRUITMENT & DEPLOYMENT ACTIVITY

NHS Vacancies

Posts Advertised

	Oct		Nov		Dec	
	New	**Re-Ad**	**New**	**Re-Ad**	**New**	**Re-Ad**
A&B Adult Services – East	10	4	11	5	2	3
A&B Adult Services – West	11	7	23	22	1	8
A&B Children & Families	3	4	7	10	0	2
Corporate Services	2	3	3	2	0	1
Totals	**26**	**18**	**44**	**39**	**3**	**14**
	44		**83**		**17**	

Vacancies progressing through Recruitment Process (after closing date, vacancies that are undergoing short-listing and interviews etc)

Snapshot taken at end of each month	**Oct**	**Nov**	**Dec**
A&B Adult Services – East Total	11	9	16
A&B Adult Services – West Total	23	17	36
A&B Children & Families Total	5	7	12
Corporate Services Total	15	14	9
Totals	**54**	**47**	**73**

Council Vacancies

For the month of **October** 2017, there were **4** internal job adverts within HSCP Social work, and **12** external job adverts.

For the month of **November** 2017, there were **7** internal job adverts within HSCP Social work, and **8** external job adverts.

For the month of **December** 2017, there were **14** internal job adverts within HSCP Social work, and **3** external job adverts.

There are now 30 staff on the NHS primary redeployment register (a reduction of 1) and 26 on the secondary register (no change from Sept 2017).

No Social Work staff are currently on the redeployment register.

13. STATUTORY & MANDATORY TRAINING

The recording of Statutory & Mandatory Training for NHS staff is being migrated from locally held spreadsheets & lists to the LearnPro system. Many of these local records are incomplete. We will have a more complete picture of compliance later in 2018.

On the Council side, the following information is available:

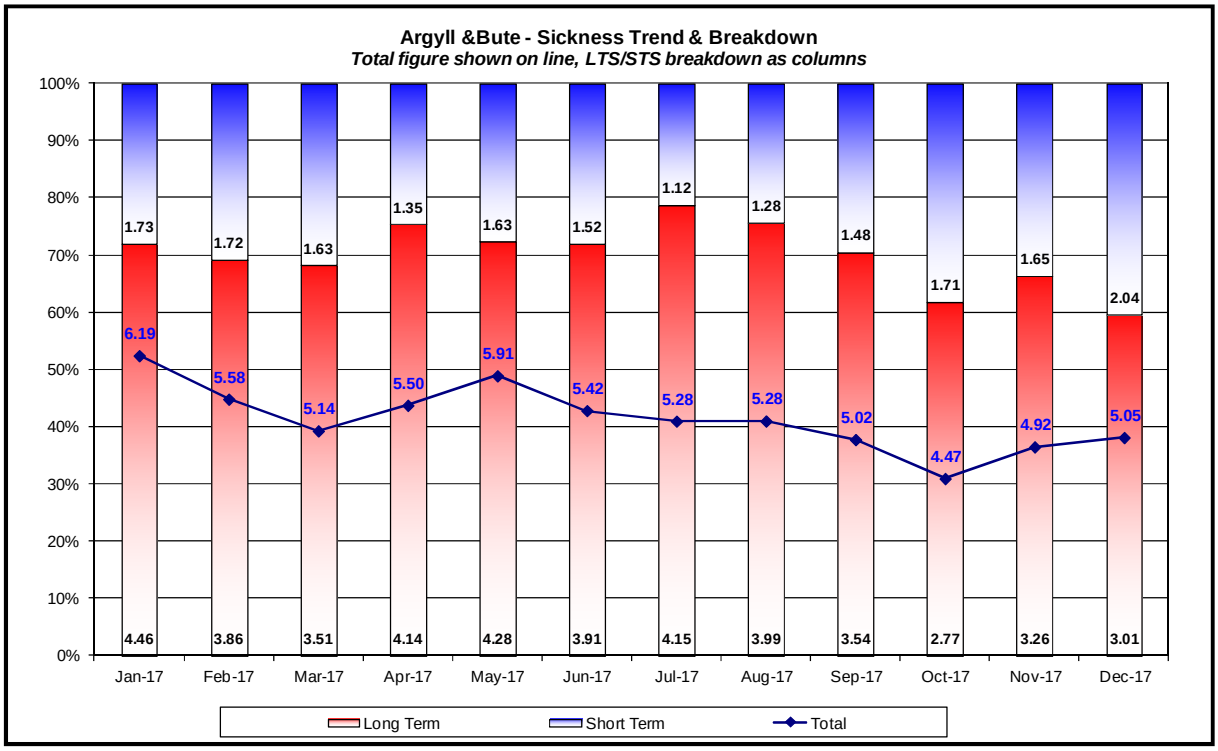
Numbers of Council Employees Completed Training during Q3	Training Required for Role	Training required by Council/PRD
Adult Care West	38	8
Adult Care East	22	10
Children And Families	-	5

Strategic Planning And Performance	-	1
TOTAL	60	24

14. WORKFORCE PERFORMANCE TRENDS

14.1 Attendance Management

Most NHS Management Units remain above the national target of 4%. Sickness absence reduced to a yearly low of 4.47% in October 2017 before rising slightly as we headed towards winter.



The Council measures sickness absence as working days lost as per the required SPI for local government. The average number of working days lost per FTE Council employee working within the Partnership is **4.42** against a target of **3.78**.

The percentage of Return to Work Interviews completed in Q3 remains below the Council's target of 100% and a number of RTWIs are taking more than 3 days to complete.

December 2017	% RTWI Completed	Average time taken to complete (days)
Adult West	25%	18
Adult East	10%	2
Children and Families	40%	4
Strategic Planning and Performance	n/a	n/a
GRAND TOTAL	**25%**	**8**

HSCP participated in a Council-led Staff Health & Well-Being Survey during February 2018 and the results of this will be reported on in May.

14.2 Fixed Term contracts

NHS employees

There are 36 staff currently on fixed term contracts (an increase of 3).

Adult Care West	**15**
Adult Care East	**11**
Corporate	**9**
Children & Families	**1**
TOTAL	**36**

The trend over the last 12 months has seen this number remain consistently within the range of 32-38 staff.

Council employees

Adult Care West	**33**
Adult Care East	**25**
Children and Families	**20**
Strategic Planning & Perf	**1**
TOTAL	**79**

The trend since January 2017 has seen these numbers range between 98 and 117, so the figures for December 2017 are something of a decrease.

These figures represent **1.69%** (NHS) and **6.76%** (Council) of total contracts.

14.3 Turnover

Monthly turnover for our NHS staff across October, November and 2017 was 0.84%, 0.90% and 0.64% respectively. Our Annual Turnover for this quarter (Q2) was **10.32%**, down slightly from 10.59% in Q2.

The Stability Factor for our NHS staff, the number of staff in post 12 months ago who are still in post, improved slightly from 88.85% (Q2) to **88.92%**.

14.4 Employee Relations Cases

NHS

December 2017	Grievances Live	Conduct Live	Capability Live	B&H Live
Adult West	2	3	1	0
Adult East	0	0	1	1
Children & Families	0	0	0	0
Corporate	0	0	0	0
Total	**2**	**3**	**2**	**1**

Council

December 2017	Disciplinaries Live	Grievances Live
Adult West	1	0
Adult East	0	1
Children & Families	2	0
Strategic Planning and Performance	0	0
Total	**3**	**1**

14.5 Performance Management (PDPs/eKSF)

NHS

	Posts	No Review	Started	Not Signed	Complete	%
A&B HSCP	2085	1547	202	47	580	**27.82**

The eKSF system closed down on 31st January 2018 and all future Performance Review information will be managed through the TURAS system which launches in April 2018.

Council

	Target by % for completed PRDs by end Q3	% of actual PRDs completed by end Q3
Adult East	90%	39%
Adult West	90%	54%
Children & Families	90%	77%
Strategic Planning and Performance	90%	80%
Total % Overall	90%	58%

15. PLANS FOR NEXT 3 MONTHS

- The Scottish Government publish their Staff Experience Report 2017 this month; a summary of the key themes will be included in our next Staff Governance Report (May 2018)
- We will have results of the Staff Health & Wellbeing Survey soon, which will be reviewed by the Partnership Forum SLWG to identify a range of responses
- The second wave of iMatter launches in May 2018, so we will be undertaking some preparatory communication to all HSCP staff
- Work on the refresh of our HSCP Shared Values continues
- It is hoped to have completed the co-location of the HSCP People & Change team and the Council HR & OD team by June 2018

16. CONTRIBUTION TO STRATEGIC PRIORITIES

The staff governance paper sets out the issues relating to staff that support or have an effect on the delivery of the HSCP strategic priorities.

17. GOVERNANCE IMPLICATIONS

17.1 Financial Impact – N/A

17.2 Staff Governance – this is the staff governance report.

17.3 Clinical Governance – N/A

18. EQUALITY & DIVERSITY IMPLICATIONS

These issues are picked up within the NHS and Council HR departments as appropriate when policies and strategies are developed.

19. RISK ASSESSMENT

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

20. PUBLIC & USER INVOLVEMENT & ENGAGEMENT – N/A

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.8

Date of Meeting: 28 March 2018

Title of Report: MSG INTEGRATION PERFORMANCE TARGETS 2018/19

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

The Integration Joint Board |(IJB) is asked to:

- Recognise the ongoing development and importance of the MSG outcome measures with regards to tracking performance under integration and its alignment with the HSCPs 6 areas of focus
- Approve locality reporting responsibility with regards to the MSG performance targets and the objectives and action to achieve deliver
- Acknowledge the use of Pyramid performance tool to support locality performance monitoring and management

1. Background

In order to fully understand and develop a view of how partnerships are progressing under integration the Ministerial Strategic Group for Health and Community Care (MSG) has asked partnerships to prepare trajectories with regards their individual performance against the identified six outcome measures:

The MSG identified four key objectives with regards to the nature of the required reports and the development of specific guidance to ensure consistency of reporting required on a regular basis from HSCP's.

These four objectives are identified below:

- Quarterly data on the six indicators reflecting the contribution of primary and social care.
- For 2018/19 the development of the MSG performance reporting will require to be reported at locality level ensuring alignment with the HSCP 6 key focus areas
- During 18/19 it is expected that the HSCP begin to explore emerging themes across data trends to focus service objectives
- The MSG will ask HSCP's to present their data to them as a group and it is expected that partnerships will be able to show progress and analysis of their continued integration journey

2. MSG Performance Measures

The purpose of this report is to seek IJB approval with regard to local target setting across the 8 locality areas aggregated to HSCP level for submisson to the MSG. The six MSG

measures are identified below:

1. **Number of emergency admissions into Acute (SMR01) specialties.**

2. **Number of unscheduled hospital bed days, with separate objectives for Acute (SMR01), Geriatric Long Stay (SMR01E) and Mental Health (SMR04) specialties.**

3. **Number of A&E attendances and the percentage of patients seen within 4 hours**.

4. **Number of delayed discharge bed days. An objective can be provided to cover all reasons for delay or separate objectives for each reason type i.e. Health and Social Care, Patient/Carer/Family-related, Code 9.**

5. Percentage of last 6 months of life spent in the community.

6. Percentage of population residing in non-hospital setting for all adults and 75+. A suggested further breakdown would be: care home, at home (supported) and at home (unsupported).

(Please note that measures 5 & 6 are still under development with regards to locality reporting – ISD LIST are working with the Performance & Information team to develop data to support reporting. As such this report will primarily focus on measures 1-4)

3. MSG Quarterly National Reporting Target Template

The undernoted template details the performance targets which will be submitted to the MSG group. The following sections detail " How objectives will be achieved" from the information provided by Heads of Service under Domains 1-4 at locality level.

Argyll and Bute HSCP	Baseline 2015/16 (FY)	Actual 2016/17 (FY)	Objective	Target 2017/18 (FY)	Projection 2017/18 (FY) (based on Apr- Dec 17)	Target 2018/19 (FY)
Unplanned admissions	**8638**	**8698**	2017/18 change: Expected target 8256 based on 5% reduction in overall total compared to FY 2016/17 2018/19 change: 5 % reduction in overall total compared to 2017/18 projection	**8256**	***8766***	***8332***
Unplanned bed days	**65849**	**65601**	2017/18 change: Expected target 65353 based on 0.4% reduction in overall total compared to FY 2016/17 2018/19 change: 0.4% reduction in overall total compared to 2017/18 projection	**65353**	***56910***	***56687***
A&E attendances*	**15113**	**16079**	2017/18 change: Expected target 16079 based on sustained levels in overall total compared to FY 2016/17 2018/19 change: Maintain current overall total compared to 2017/18 projection	**16079**	**16194**	***16194***
Delayed discharge bed days	**8956**	**6757**	2017/18 change: Expected target 6403 based on 10% reduction in overall total compared to FY 2016/17 2018/19 change: 10% reduction in overall total compared to 2017/18 projection	**6403**	**7817**	***7037***

Argyll and	Baseline	Actual	Objective	Target	Projection 2017/18 (FY)	Target 2018/19 (FY)
Last 6 months of life	2016/17 change: Percentage of time spent in community in L6M increased from 89.4% in 2015/16 to 89.9% in 2016/17.		2017/18 change: Expected total to be maintained at 2016/17 % levels			**Remain at existing levels of performance**
Balance of Care			Proportion of people (all ages) living at home has gradually increased from 97.8% in 2013/14 to 97.9% in 2015/16. For the same time period for 75+, there has been an increase from 82.8% to 84.1%) 2017/18 change: Expected % to increase to 98.0% total against 2015/16 % levels. For 75+ increase to 85.0%			**Remain at existing levels of performance**

*Note: *A&E attendances totals only cover consultant led units i.e. LIH Oban and A&E hospitals in NHS GGC*.

4. MSG Domain 1 - Unplanned Admissions Performance Target (Source: SMR01, ISD- Monthly Report)

SG 1.1 Total number of admissions - The number of unplanned admissions for Argyll and Bute residents, which includes those admitted to Greater Glasgow & Clyde hospitals, increased slightly across the baseline period 2015/16 (8638) and 2016/17 (8698), with a reported projected 2017/18 total of 8766 based on April 17 - December 17 activity.

A target for 2018/19 of 8332 has been set and is based on a 5% reduction against the 2017/18 projection.

How objectives will be achieved

- Development of community teams with advanced nurse practitioners to focus on assessment at home and increased anticipatory care planning. Ensure access to community teams is through a single point of contact.

- Deliver short term assessment at A&E, with safe and supported return to home when appropriate.

- Falls Lead, LIST and National Program Manager to develop a quality dashboard of falls data for each locality. Data will have both outcomes and process measures and will be used to increase understanding of how we are intervening to reduce falls risk for individuals and our communities and to drive improvement. Testing will begin shortly working with service planning quality improvement team to identify in each locality where people who fall are presenting to services and what interventions they are currently having.

- Support more people to use technology to help them better manage long term conditions. Increased use of basic and enhanced Telecare and Telehealth home pods with overnight responder service in place.

- Development of action plan from Potentially Preventable Admissions (PPA) report produced by Local Information Services Team, working with localities to look at avoidable pathways to admissions to care.

4.1 Locality Performance Targets (Source: SMR01, ISD- Monthly Report)

Monthly performance at locality level has been monitored throughout 2017/18 against a cumulative target set per locality based on Argyll and Bute overall total and baseline % activity at each locality. The monthly number of Unplanned Admissions is reflected in the MSG Domain locality performance area of Pyramid showing both all unplanned admissions by the patient's locality, with those admitted to GG&C hospitals from that locality also reported separately.

2017/18 Projections for number of emergency admissions for each locality are shown below and reflect activity in both Argyll and Bute and GG&C hospitals. 2018/19 targets for each locality are shown as below.

Number of emergency admissions	Bute	Cowal	Helensburgh and Lomond	Islay, Jura & Colonsay	Kintyre	Mid Argyll	Mull, Iona, Coll & Tiree	Oban and Lorn	Total
NHSGG&C	309	1064	2154	88	256	262	115	259	4507
A&B HSCP	357	584	52	181	558	745	244	1538	4259
Total	666	1648	2206	269	814	1007	359	1797	8766
Target 2018/19	**633**	**1566**	**2096**	**256**	**774**	**957**	**342**	**1708**	**8332**

Source: SMR01, ISD, Extract Date 08/03/2018

5. MSG Domain 2 - Unplanned Bed Days Performance Target (Source: SMR01, ISD- Monthly Report)

Total Number of Beds Days – Acute Specialties - The number of bed days for acute specialties for Argyll and Bute residents, which includes those admitted to Greater Glasgow & Clyde hospitals, fell across 2015/16 (65,849) and 2016/17 (65,601), with a reported projected 2017/18 total of 56,910 based on April - December 17 activity.

A target for 2018/19 of 56,687 has been set and is based on a 0.4% reduction against the 2017/18 projection.

How objectives will be achieved

- Apply standard work to the admission to discharge pathway to ensure timely process.
- Apply Estimated Date of Discharge, and the principle of discharge planning from the point of admission.
- Embed the Daily Dynamic Discharge approach across all hospitals.
- Facilitate Community pull through by community participation at daily huddles.
- Consider discharge to assess for identified persons.
- Facilitate safe weekend discharges.
- Wider promotion of Power of Attorney.

5.1 MSG Domain 2 - Unplanned Bed Days Locality Performance Targets

Monthly performance at locality level has been monitored throughout 2017/18 against a cumulative target set per locality based on Argyll and Bute overall total and baseline % activity at each locality.

The number of unplanned bed days is reflected in the MSG Domain locality performance area of Pyramid, showing both all unplanned bed days by the patient's locality, split between Argyll and Bute and NHS GG&C hospitals.

2017/18 Projections for number of unplanned bed days for each locality are shown below and reflect activity in both Argyll and Bute and GG&C hospitals. 2018/19 targets for each locality are shown as below.

Number of unplanned bed days	Bute	Cowal	Helensburgh and Lomond	Islay, Jura & Colonsay	Kintyre	Mid Argyll	Mull, Iona, Coll & Tiree	Oban and Lorn	Total
NHSGG&C	2109	7677	12437	496	2131	1847	552	1139	28388
A&B HSCP	2481	3986	215	878	4318	4834	1893	9917	28522
Total	4590	11663	12652	1374	6449	6681	2445	11056	56910
Target 2018/19	**4572**	**11617**	**12602**	**1369**	**6424**	**6655**	**2436**	**11012**	**56687**

Source: SMR01, ISD, Extract Date 08/03/2018

5.2 MSG Domain 2 – Unplanned Bed Days (Mental Health) (Source: SMR04 ISD- Monthly Report)

MSG 2.2 Total Number of Beds Days – Mental Health Specialties - The number of bed days for Mental Health specialties for Argyll and Bute residents, which includes those admitted to Greater Glasgow & Clyde hospitals, reduced slightly across the baseline period 2015/16 (13381) and 2016/17 (12445), with a reported projected 2017/18 total of 12520 based on April – December 17 quarterly activity.

The 2018/19 target of 12,520 is based on maintaining 2017/18 projected levels.

6. MSG Domain 3 - A&E Performance (Source: A&E Datamart, ISD-Monthly Report)

MSG 3.1 - Number of Attendances - The number of reported attendances for Argyll and Bute residents, which includes those admitted to Greater Glasgow & Clyde hospitals, increased across 2015/16 (15113) and 2016/17 (16079), with a reported projected 2017/18 total of 16,194 based on April 17- December 17 activity.

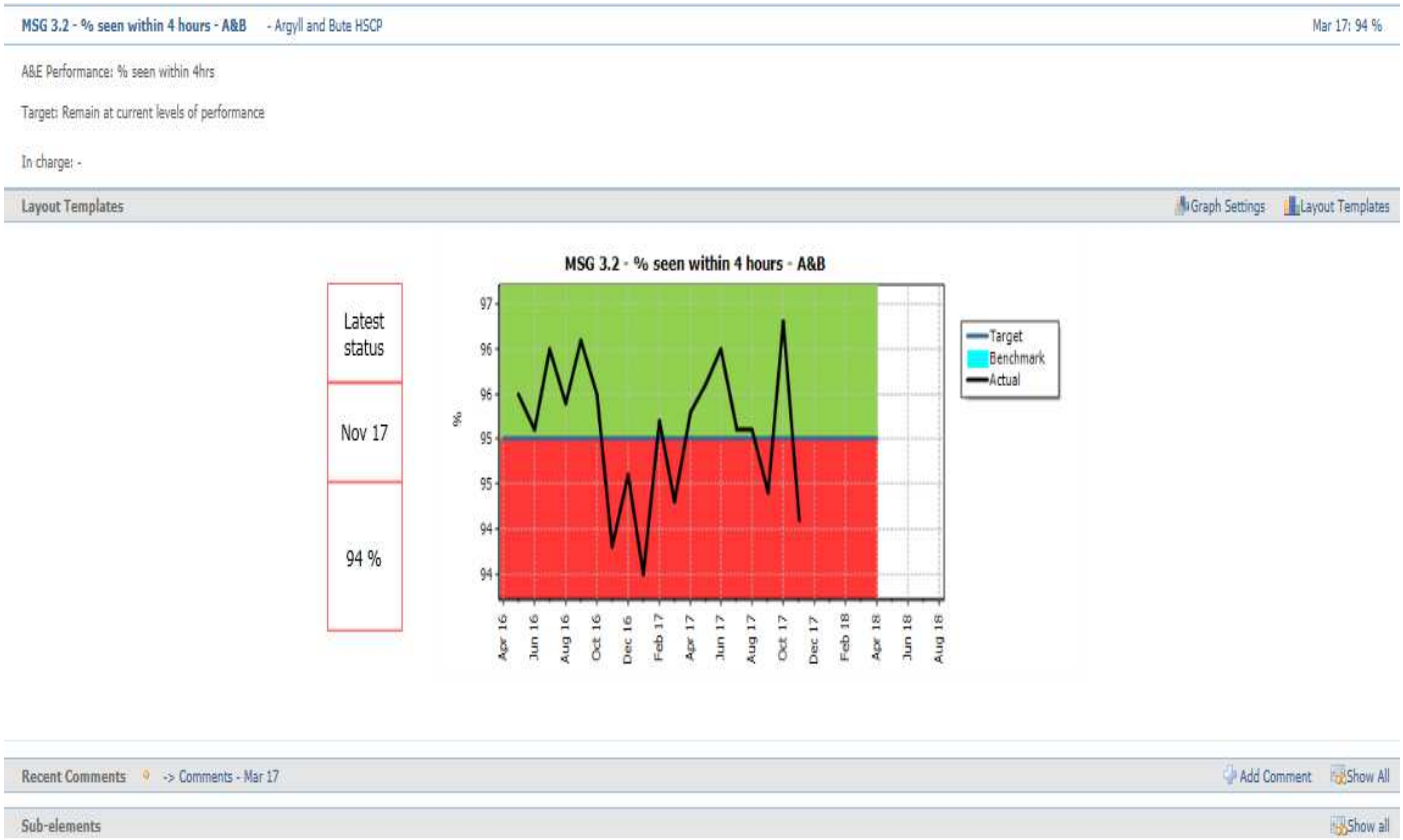
The 2018/19 target of 16,194 is based on retaining current levels against the 2017/18 projection.

A&E attendances	Bute	Cowal	Helensburgh and Lomond	Islay, Jura & Colonsay	Kintyre	Mid Argyll	Mull, Iona, Coll & Tiree	Oban and Lorn	Total
NHSGG&C	417	1039	6560	117	238	400	128	364	9263
A&B HSCP	59	159	297	46	119	377	310	5564	6931
Total	476	1198	6857	163	357	777	438	5928	16194
Target 2018/19	**476**	**1198**	**6857**	**163**	**357**	**777**	**438**	**5928**	**16194**

Source: A&E datamart, ISD Extract Date 08/03/2018

Please note this data set only reports A&E activity at consultant led hospitals in Oban and NHSGG&C

% A&E seen within 4 hours - The % of patients seen within 4 hours in LIH in Argyll and Bute increased slightly across the baseline period 2015/16 (94.3%) and 2016/17 (95.0%), with 95% target achieved 6/12 months during 2015/16 and 8/12 months in 2016/17. The reported projected 2017/18 total of 95.2% is based on April 17- Nov 17 activity and 6/8 months achieving the 95% target or better



6.1 Community hospital A&E Activity and % Seen within 4 hours waiting times targets

Number of Attendances - The number of reported attendances for Argyll and Bute residents attending A&E/casualty units in our community hospitals), projected 2017/18 total of 25,906 based on April 17- December 17 activity.

The 2018/19 target of 25,906 will be based on retaining current levels against the 2017/18 projection

A&E attendances at A&B HSCP submitting aggregate data	Bute	Cowal	Islay, Jura & Colonsay	Kintyre	Mid Argyll	Mull, Iona, Coll & Tiree	Total
Total	4416	8076	1389	5944	4468	1613	25906
Target 2018/19	**4416**	**8076**	**1389**	**5944**	**4468**	**1613**	**25906**

Note this is not included in the MSG submission as it does not meet the A&E definition requirement which is for consultant led units.

The last 3 month A&E 4 hour waiting time's performance of our community hospitals is detailed below

% Seen within 4 hours activity	Oct-17	Nov-17	Dec-17
CAMPBELTOWN HOSPITAL	99.5	98.9	99.1
COWAL COMMUNITY HOSPITAL	99.5	99.7	98.9
ISLAY HOSPITAL	100.0	100.0	99.1
MID-ARGYLL COMMUNITY HOSPITAL AND INTEGRATED CARE CENTRE	98.6	95.8	97.7
MULL AND IONA COMMUNITY HOSPITAL	100.0	100.0	93.7
VICTORIA HOSPITAL	98.6	98.7	98.6

How objectives will be achieved/sustained

- Further scrutiny of reason for delay.
- Implement short term assessment facilities to enable safe and supported return to home from A&E when appropriate.
- OT/Physio response to A&E.
- Improve access to timely investigations.
- Improve flow and facilitation of discharges to ensure timely bed availability when required.
- Continued working with SAS to ensure timely response to transfers.
- Improved response and support for acute mental health presentations at A&E.

Monthly performance at locality level has been monitored throughout 2017/18 against a cumulative target set per locality based on Argyll and Bute overall total and baseline % activity at each locality.

A&E attendances are reflected in the MSG Domain locality performance area of Pyramid, showing both all A&E attendances by the patient's locality, with those admitted to GG&C hospitals from that locality also reported separately.

Aggregated A&E performance management activity in community hospitals across Argyll and Bute is being developed once data sources can be validated and will then be included in pyramid.

7. MSG Domain 4 – Delayed Discharges Performance and Locality Targets (Source: Delayed Discharges, ISD-Monthly Report)

MSG 4. - Total number of bed days occupied - The number of reported Bed Days Occupied as a result of a delay in hospital for Argyll and Bute residents, which includes those delayed in Greater Glasgow & Clyde hospitals.

The total number of those fell across 2015/16 (8956) and 2016/17 (6757), with a reported projected 2017/18 total of 7817 based on April 17- December 17 activity. The 2018/19 target of 7037 is based on 10% reduction against the 2017/18 projection.

In terms of GGC activity 2017/18 currently sees a projected increase from 1019 in 16/17 to 1264 for 2017/18.

How objectives will be achieved

- Support more people in their own homes by further developing the Community Care Teams, Virtual Ward (community ward model), Single point of access, Lead professional and UAA to provide high quality care to more people in their own homes.
- Enhancement of community nurse support for ACPs where patients identified as at risk of admission (SPARRA).
- Proactive increase number of people applying for guardianship or power of attorney early. Anticipate 30% reduction in Delayed Discharge linked to AWI/ guardianship applications.
- Application of EDD, daily dynamic discharge planning and community pull through.
- Development of focused reablement/intermediate care in the community.
- Consider discharge to assess for appropriate persons.
- Ensure the provision of timely, quality care at home.
- Ensure the timely provision of equipment in the community.
- Work with third sector organizations to support people living at home.
- Review care home provision across A&B to ensure appropriate numbers and levels of care beds required.

7.1 MSG Domain 4 – Delayed Discharges Locality Targets

Monthly performance at locality level has been monitored throughout 2017/18 against a cumulative target set per locality based on Argyll and Bute overall total and baseline % activity at each locality. Delayed Discharges Bed Days are reflected in the MSG Domain locality performance area of Pyramid, showing both all DD Bed Days by the patient's locality, with those DD Bed Days lost in GG&C hospitals from that locality also reported separately.

2017/18 Projections for number of Delayed Discharge Bed Days for each locality are shown below and reflect activity in both Argyll and Bute and GG&C hospitals.

2018/19 targets for each locality are shown as below, with monthly performance monitored against annual Target, this will :

4. Delayed Discharges Bed Days	Bute	Cowal	Helensburgh and Lomond	Islay, Jura & Colonsay	Kintyre	Mid Argyll	Mull, Iona, Coll & Tiree	Oban and Lorn	Total
NHSGG&C	15	453	770	0	0	18	0	8	1264
A&B HSCP	93	952	6	0	974	422	324	3782	6553
Total	108	1405	776	0	974	440	324	3790	7817
2018/19 Target	**97**	**1265**	**698**	**0**	**877**	**396**	**292**	**3412**	**7037**

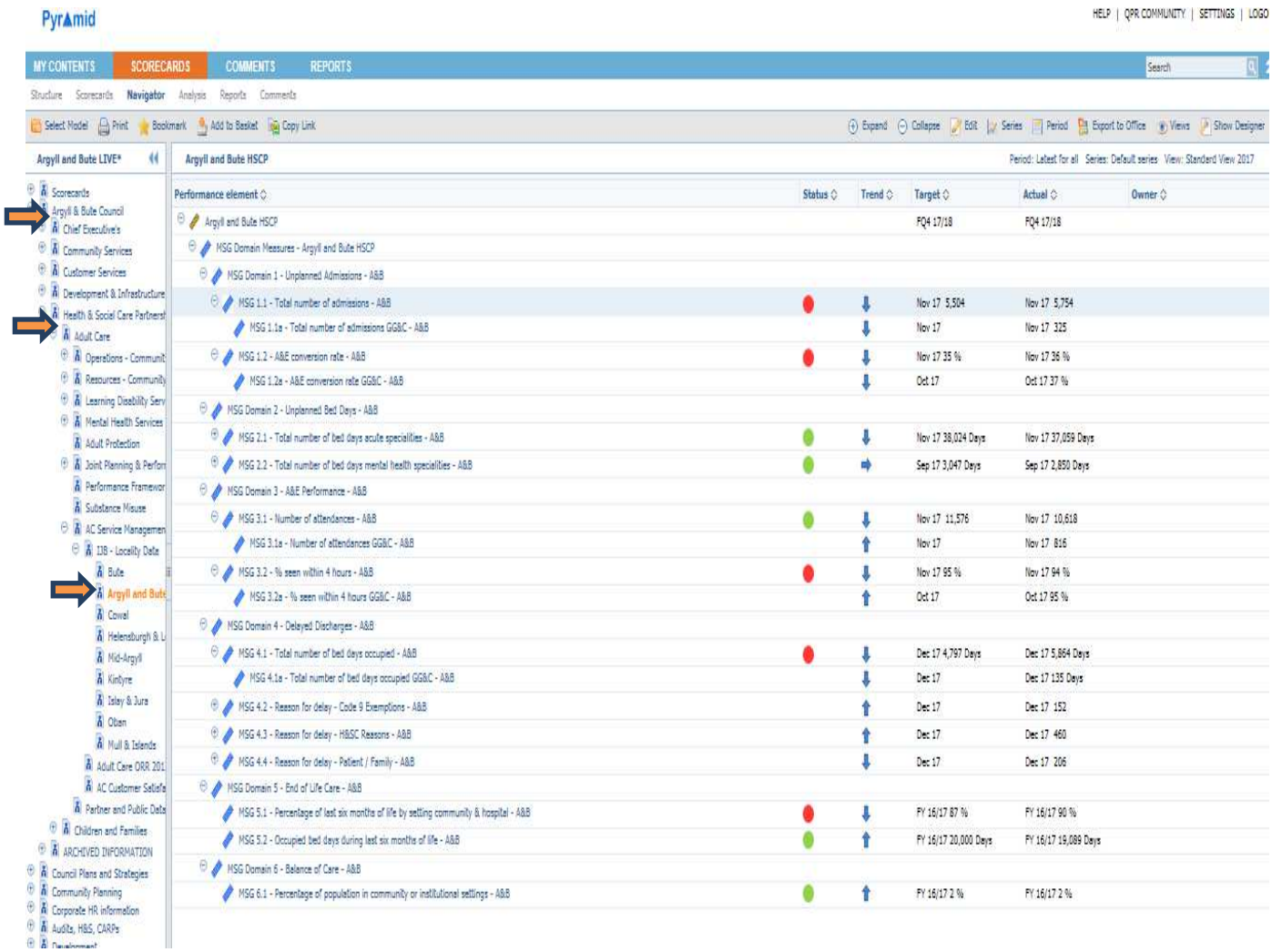
Source: Edison DD datamart, BOXI Extract Date 08/03/2018

8. MSG Objectives- Context/Benchmarking

The MSG will ask HSCP's to present their data to them as a group and it is expected that partnerships will be able to show progress and analysis of their continued integration journey. For members' reference in Appendix 2 are some graphs benchmarking Argyll and Bute HSCP MSG domain performance against other partnerships.

9. MSG Domain Reporting on Pyramid (HSCP Performance Management System)

The screen snap shot below identifies the MSG Performance Measures which are now available to the HSCP management team on the Pyramid performance management system. As indicated above subject to validation the measures have been broken down to locality level to enable local ownership of performance to support locality services improvement both within Argyll and Bute HSCP sites and relevant activity in NHSGG&C. Additional support on Pyramid access, navigation and performance measures is available via pyramid@argyll-bute.gov.uk



10. Governance Implications

The development of the MSG reporting framework will change the performance governance framework represented in the PPMF for 2018/19

10.1 Contribution to IJB Objectives

The MSG performance measures align with the HSCPs Strategic Plan objectives and six areas of focus and enhance/compliment the HSCPs performance with regards to the Health and Wellbeing Outcome Indicators.

10.2 Financial

The development of the MSG performance profile aligns with the financial objectives of the HSCP to shift the balance of care and resource from acute to community service and support achievement of the HSCPs commissioning intentions with NHSGG&C.

10.3 Staff Governance

The development of the MSG performance profile has no direct staff governance implications for the HSCP

10.4 Planning for Fairness:

Not Applicable

10.5 Risk

Failure to report MSG performance would mean that the HSCP are not able to fulfil their national reporting requirements with regards to the Scottish Government

10.6 Clinical and Care Governance

Not directly Applicable

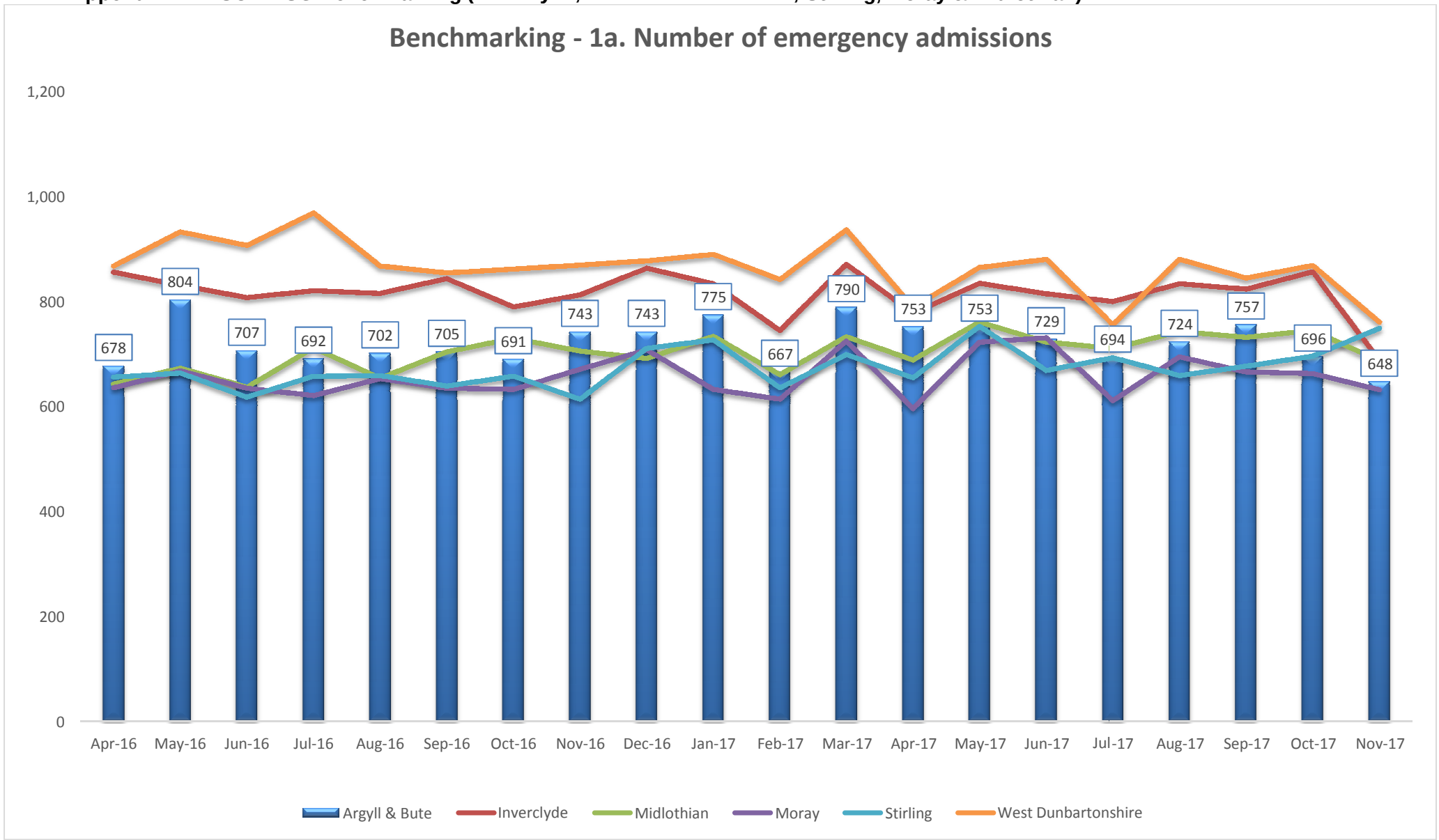
10.7 Public Engagement and Communication

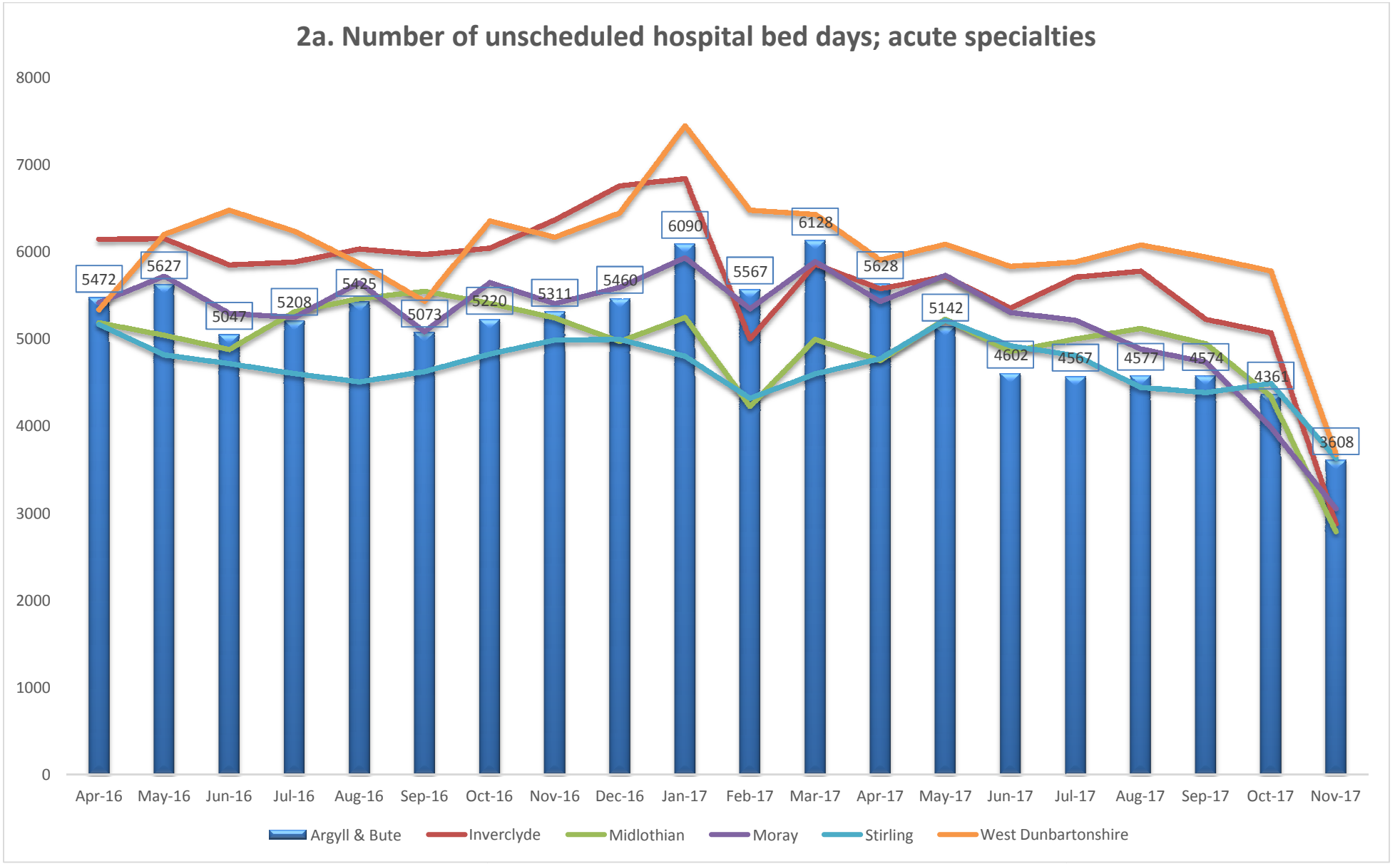
The development and local understanding of performance under integration is data which localities will want to communicate their performance to staff and the public. Local support from the Public Engagement Team will be made available to support this over 18/19

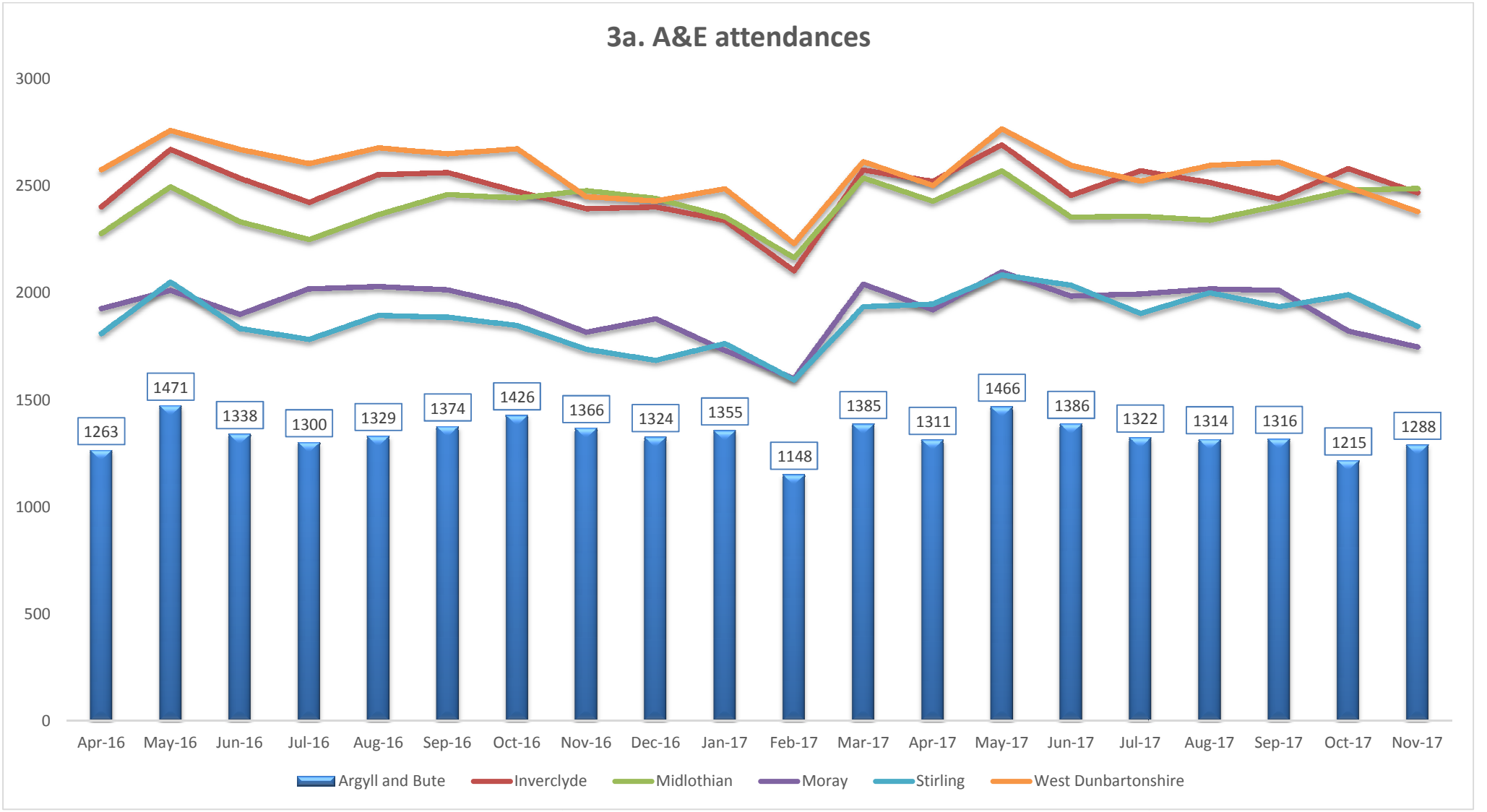
Appendix 1 – Locality/OMT Analytical Support

Locality	HSCP Performance & Information Team	E-mail
Bute	Allan Adam	Allan.Adam@argyll-bute.gov.uk
Cowal	Allan Adam	Allan.Adam@argyll-bute.gov.uk
Helensburgh & Lomond	Gwen Devine	gwen.devine@nhs.net
Islay	Fiona Coffield	fiona.coffield@nhs.net
Kintyre	Fiona Coffield	fiona.coffield@nhs.net
Mid Argyll	Linda Gillen	lindagillen@nhs.net
Oban	Linda Gillen	lindagillen@nhs.net
Mull	Gwen Devine	gwen.devine@nhs.net
HSCP Pyramid Support	Lorraine Todd	Lorraine.Todd@argyll-bute.gov.uk
East OMT	Allan Adam	Allan.Adam@argyll-bute.gov.uk
West OMT	Linda Gillen	lindagillen@nhs.net
Childrens & Families OMT	Fiona Coffield	fiona.coffield@nhs.net

Appendix 2 HSCP MSG Benchmarking (Inverclyde, West Dunbartonshire, Stirling, Moray & Midlothian)




2a. Number of unscheduled hospital bed days; acute specialties
8000
7000
6000
5000
4000
3000
2000
1000
0
5472
5627
5047
5208
5425
5073
5220
5311
5460
6090
5567
6128
5628
5142
4602
4567
4577
4574
4361
3608
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Argyll & Bute
Inverclyde
Midlothian
Moray
Stirling
West Dunbartonshire


3a. A&E attendances
3000
2500
2000
1500
1000
500
0
1263
1471
1338
1300
1329
1374
1426
1366
1324
1355
1148
1385
1311
1466
1386
1322
1314
1316
1215
1288
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
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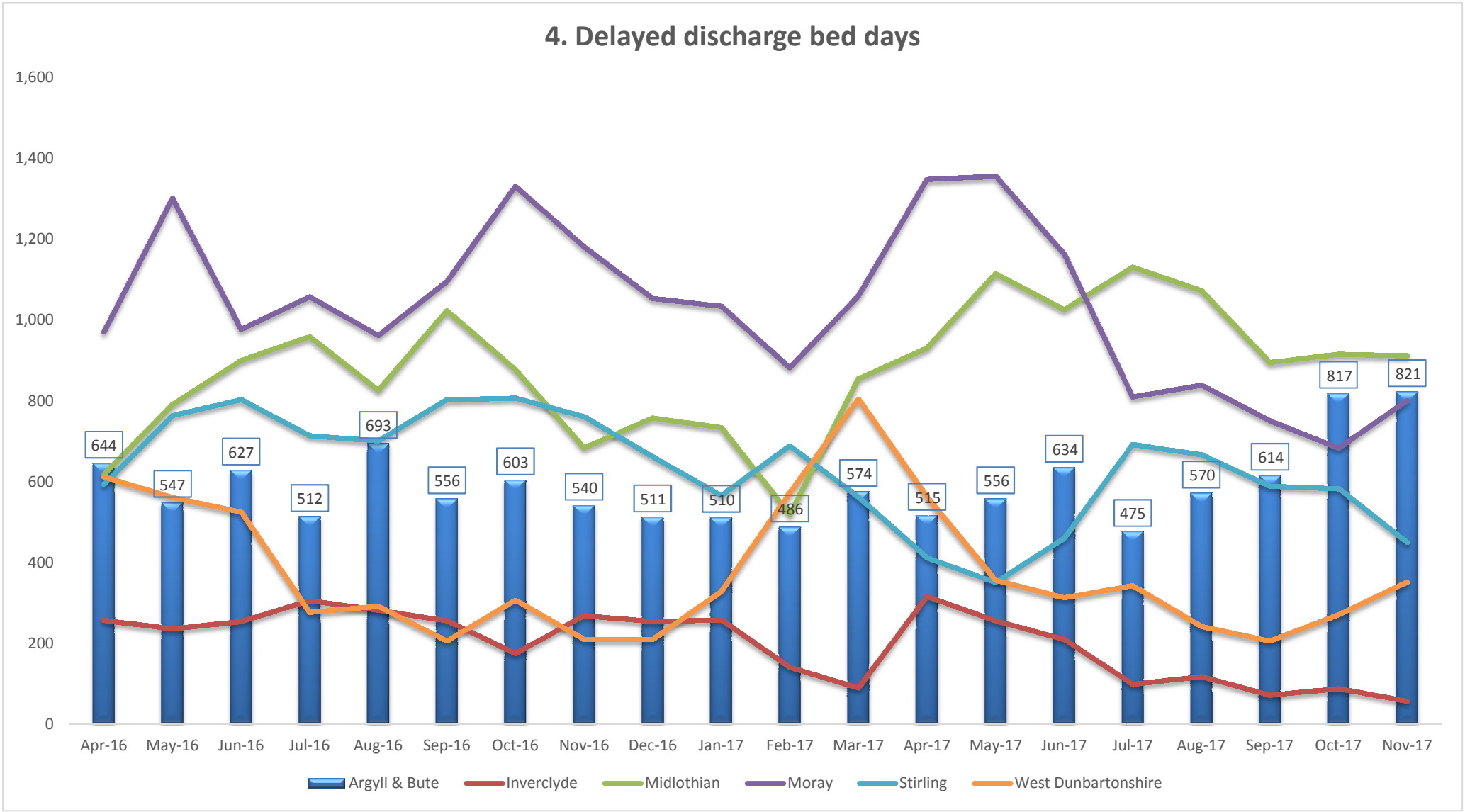
Nov-17
Argyll and Bute
Inverclyde
Midlothian
Moray
Stirling
West Dunbartonshire


4. Delayed discharge bed days
1,600
1,400
1,200
1,000
800
600
400
200
0
644
547
627
512
693
556
603
540
511
510
486
574
515
556
634
475
570
614
817
821
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Argyll & Bute
Inverclyde
Midlothian
Moray
Stirling
West Dunbartonshire

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.10

Date of Meeting: **28th March 2018**

Title of Report: **Chief Officer Report**

Presented by: **Christina West**

The Integration Joint Board is asked to :

Note the following report from the Chief Officer

Appointment to Public Health

Sandra Cairney has been appointed as Associate Director of Public Health for Argyll and Bute HSCP and took up her post on 19th March 2018. Sandra has a long history in Public Health and most recently worked for East Dunbartonshire HSCP as Head of Strategy, Planning and Health Improvement.

Sandra's first Public Health post was in Wales as a Local Public Health Director within Torfaen Health Board then as Public Health Director for two health boards in North Wales before returning to Scotland in 2008.

Health and Social Care Features in the Helensburgh Advertiser

The HSCP communications team has been working with the Helensburgh Advertiser to develop a series of regular articles highlighting the good work carried out by staff and local teams in the Helensburgh & Lomond locality. The first article will be published in the paper on the 22nd March.

HSCP Digital Media Update

HSCP Facebook page (www.facebook.com/abhscp) - the page is going from strength to strength and now has over 1,000 followers

HSCP Twitter page (@abhscp) – the page went live on the 23rd February and already has 299 followers

Oban News and Entertainment (ONE) Magazine

The HSCP has been working closely with the ONE magazine to highlight a series of public health messages including the Reach Out campaign, Sepsis Campaign, No Smoking Day and Prostate Cancer awareness.

The ONE magazine is a weekly publication produced by Oban Cinema and the HSCP will be taking the opportunity to continue to work with them over the coming months.

Community Casualty Unit Performances

A rolling series of media features are currently being published to highlight the excellent performances of the various Community Casualty Units across the HSCP.

The figures for the month of January highlighted that all of the Units exceeded the 95% target of patients being admitted, discharged or treated within 4 hours. The following is a breakdown for each hospital:

Campbeltown Hospital – 97%
Cowal Community Hospital – 99.8%
Islay Hospital – 100%
Mid Argyll Hospital – 96%
Mull & Iona Community Hospital – 100%
Victoria Hospital – 96%

Please note that information on Lorn & Islands Hospital was published in the Chief Officer's report for the IJB meeting on the 31st January.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.11

Date of Meeting : **28 March 2018**

Title of Report : **Budget 2018-19 – Proposed Quality and Finance Plan**

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

The Integration Joint Board is asked to :

- **Note** the overall budget position and estimated remaining budget gap for 2018-19 of £5.3m, this position reflects the offers of funding from both NHS Highland and Argyll and Bute Council and assumes a three year re-payment for any 2017-18 budget overspend is approved by both partners.
- **Approve** the proposed additions to the previously approved Quality and Finance Plan, delivering additional savings of £3.4m in 2018-19, these relate to new service delivery changes that require IJB approval.
- **Approve** the recommended changes to savings targets in the previously approved Quality and Finance Plan for 2017-19.
- **Note** the previously agreed and continuing principles for monitoring and implementation of the Quality and Finance Plan service changes.
- **Note** the overall assessment that the level of resources delegated to the IJB, together with the existing savings requirement, are not sufficient to deliver on the previously agreed Strategic Plan objectives and planned outcomes.
- **Note** the remaining budget gap of £1.9m for 2018-19 and the separate report outlining potential further service changes to address this remaining budget gap, these service changes would not be in line with the Strategic Plan objectives and priorities of the partnership.
- **Approve** the transfer of £0.011m of funding back to Argyll and Bute Council, in relation to funding allocated in error for British Sign Language.
- **Approve** the continued support of the investment plan to provide targeted support to lever the service re-design changes.
- **Note** the financial risks associated with the overall budget position for 2018-19.
- **Note** that financial offers from the partners cannot be formally accepted at this stage and will be dependent on the IJB accepting savings required to deliver a balanced budget.
- **Note** the indicative budget outlook for 2019-20 to 2021-22 and that a financial plan to address this position will be developed alongside the next iteration of the Strategic Plan.

1. EXECUTIVE SUMMARY

1.1 The Integration Joint Board is facing a very challenging financial position for 2018-19. There is a remaining budget gap of £5.3m which requires to be addressed to produce a balanced budget. There is no statutory requirement for the IJB to approve a balanced budget prior to the start of the financial year, however in not doing so there is a greater risk of financial sustainability and the ability to deliver services from within the delegated budget would be seriously compromised. This not only poses the IJB with a financial risk but also ultimately the funding partners, i.e. Argyll and Bute Council and NHS Highland, as the Scheme of Integration outlines the risk sharing arrangements should the partnership not achieve financial balance at the year-end.

1.2 There has been a degree of uncertainty around the financial offers from the Health Board and Council and the budget position is now based on the funding offers for 2018-19. The timing of having financial allocations agreed for the IJB makes it difficult for financial planning and identifying the final budget gap, hence the position has been relatively fluid over the planning period. The Scottish Government did not stipulate the minimum level of delegated resources to be transferred to IJBs by Councils or Health Boards for 2018-19 and the funding allocations are wholly based on decision making by the funding partners.

1.3 There are a number of previously approved savings on the Quality and Finance Plan for 2017-19 which remain to be delivered and with the exception of recommended reductions to savings specifically outlined in the report all other savings on the plan are expected to remain to be delivered in full. There are £7.7m of previously approved savings planned to be delivered in 2018-19, these are in addition to the requirement to identify £5.3m of new savings, resulting in an overall requirement to deliver £13m of budget reductions in 2018-19. This is a particularly challenging savings requirement to be delivered in one financial year particularly given the progress and challenges with delivering the scale of savings required over the first two years of integration.

1.4 Services have developed further service change proposals in line with the remaining budget gap and further service changes totalling £3.4m have been identified. These service changes have been assessed as being in line with delivering on the Strategic Plan and outcomes and are therefore recommended for approval by the IJB.

1.5 The IJB has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and there is also a requirement to plan for service delivery each year from within the available resource. For 2018-19 the remaining budget gap cannot be addressed in full with the proposed service changes which are in line with the delivery of the Strategic Plan and objectives and there is a remaining budget gap of £1.9m. To address this remaining budget gap and balance the budget for 2018-19 service changes require to be implemented which are not in line with the delivery of the Strategic Plan and associated objectives and outcomes. The Integration Scheme does not detail the course of action to be taken if the overall assessment is that integration services cannot be delivered in line with the Strategic Plan from within the available funding.

1.6 A separate report is presented to the IJB in private session detailing the further potential service changes which may be implemented in 2018-19 to deliver financial balance. These will pose the IJB with very difficult decisions to make with conflicting priorities in relation to maintaining the quality of care, meeting performance targets and expectations and delivering financial balance. This report will be presented in private session to the IJB as it contains information relating to employees which cannot be shared in public session prior to employee consultation.

1.7 There is a financial risk to the IJB and the Council and Health Board funding partners as a result of any shortfall in identified savings. This risk will be greater if the Board do not approve the proposed service changes which are assess as being in line with the Strategic Plan.

1.8 The IJB will require to issue formal Directions to delegate resources back to the Council and Health Board for 2018-19, these will require to be caveated following the agreed financial position and any potential further work or action required to achieve financial balance. Financial offers from the partners cannot be formally accepted at this stage and will only be accepted when the IJB has developed and approved a financial plan which delivers a balanced budget.

1.9 There are significant cost and demand pressures due to the nature of services delivered and this is likely to be a continuing trend in future years with an ongoing requirement to address a funding gap. The changes required to service delivery are significant and the transformational change can only be delivered if services have the appropriate time to plan and implement savings. The estimated budget gap across the three years of the next Strategic Planning period, i.e. from 2019-20 to 2021-22 is a cumulative budget gap of £25m. A financial plan will be developed alongside the next iteration of the Strategic Plan to align the outcomes to the available resources.

2. INTRODUCTION

2.1 The Integration Joint Board is required to allocate the delegated resources it receives from the Health Board and Council in line with the delivery of the Strategic Plan. The budget outlook for 2018-19 has been updated in line with the funding offers from the partners and service changes have been identified to deliver further savings to address the budget gap.

2.2 The updated budget position for 2018-19 is set out in the report. There are significant cost and demand pressures which when compared to changes in funding give rise to the overall budget gap. The previously approved Quality and Finance Plan for 2017-19 was always noted to be subject to further update and review as the full budget gap was not addressed in either financial year. The Quality and Finance Plan has been reviewed and further service change proposals have been developed which require approval by the IJB.

3. DETAIL OF REPORT

3.1 BASELINE BUDGET 2017-18

3.1.1 The starting point for developing the budget for 2018-19 is to use the 2017-18 budget allocation as a baseline position.

3.1.2 The base budget for 2017-18 is outlined in the table below:

	2017-18			2018-19
Partner	**Approved Budget £m**	**Reported Position £m**	**Difference £m**	**Baseline Budget £m**
Health	202.525	205.943	3.418	**203.194**
Council	56.360	56.380	0.020	**56.360**
Partnership Total	**258.885**	**262.323**	**3.438**	**259.554**

3.1.3 The difference in the overall funding between the approved and reported position for 2017-18 is mainly due to the allocation of additional non-recurring budgets or funding during the year, therefore the starting point should be the original approved baseline budget for 2017-18.

3.1.4 The approved budget for 2017-18 has been updated for Health funded services following the approval of the budget by the IJB, the changes being the baseline of funding for ADP and forensic services and further recurring baseline funding allocations during 2017-18. This updated baseline budget should be used as the baseline budget for 2018-19.

3.2 FUNDING

3.2.1 The Scottish Government issued letters to both Councils and Health Boards with funding for one year only for 2018-19. Contrary to previous years there is no minimum level of funding stipulated to be passed over to Integration Authorities. Therefore partner funding allocations to the IJB will be solely determined my local decision making in line with service delivery priorities.

3.2.2 The Council approved their budget on 22 February 2018 which included a decision around the delegated budget for the IJB. The NHS Highland budget offer to the IJB will be presented to their Board on 27 March 2018 for approval, the estimated funding outlined in this paper mirrors the recommendations made by the Health Board Director of Finance. We now have some certainty around the funding available from both partner organisations which allows the IJB to finalise the remaining budget gap for 2018-19.

Health Funding

3.2.3 The table below outlines the estimated funding available from NHS Highland:

Health	**2018-19 £m**
Baseline Funding	172.955
Annual allocations	21.731
Non Discretionary Primary Care Services	8.508
Total 2017-18 Baseline Funding	**203.194**
NRAC Share Adjustment (from 29.27% to 28.87%)	(0.600)
NRAC Parity Funding	0.695
1.5% Uplift	2.594
Pay Award	0.806
Total Health Funding	**206.689**

3.2.4 There was an adjustment to reduce the Argyll and Bute share of NHS Highland funding by £0.6m in 2017-18 with a further £0.6m reduction planned in 2018-19, £1.2m in total. Argyll and Bute has historically been allocated an NRAC (National Resource Allocation Committee) share of the totality of NHS Highland baseline funding and an adjustment has been made to the funding for Argyll and Bute on an annual basis to account for this. The NRAC share for Argyll and Bute reduced from 29.27% to 28.87% in 2017-18, mainly as a result of the reducing population in Argyll and Bute and the increasing population in the rest of the NHS Highland area. The planning assumption from the Health Board was that this reduction of £1.2m would be phased over a 2 year period. This is a reasonable approach, as historically the NRAC share has been an acceptable basis for the allocation of funds to Argyll and Bute. There is an expectation that there will not be any further adjustment to the NRAC share until 2020-21 at the earliest, as the Scottish Government issued a 3 year NRAC settlement.

3.2.5 NHS Highland has been allocated £3.1m of funding from the Scottish Government in respect of a movement to NRAC parity, given the reduction in relation to the overall NRAC share adjustment applied to Argyll and Bute, a share of this NRAC parity funding equating to £0.695m is planned to pass through to Argyll and Bute.

3.2.6 The Scottish Government funding allocation to Health Boards confirms there will be a 1.5% uplift to baseline funding in 2018-19, this uplift is applied to the baseline budget for Argyll and Bute.

3.2.7 The Scottish Government set out their pay policy for public sector workers, being a 3% pay increase for those earning £36.5k or less and a cap of 2% on the increase in the pay bill for those earning more than £36.5k, with those paid more than £80k being capped at a pay award of £1.6k. Agreement will be subject to recommendations of independent pay review bodies. This results in a significant increase in pay inflation costs. In England the UK Government is committed to funding this cost for Agenda for Change staff, therefore additional funding is expected to be passed through to the Scottish Government in-year to fund the cost in excess of the previous 1% pay award cap for Agenda for Change staff. The additional funding of £0.806m is assumed to be the Argyll

and Bute share of this additional funding, this has not yet been confirmed but is the planning assumption as advised by the Scottish Government.

3.2.8 There are number of annual allocations, including non-recurring in-year allocations. The funding for 2018-19 onwards has not been confirmed at this stage, however these funds are targeted for specific issues and there would be an expectation that any changes in the level of funding would result in an offsetting increase or decrease to service budgets. An updated position on the allocation from these funds and any implications will be presented to the IJB as part of the in-year budget monitoring. The funding in relation to Non-Discretionary Primary Care Services reflects a reimbursement of costs, rather than funding to be allocated to services, any change in this value would have no impact to the bottom line position.

3.2.9 For 2018-19 there is no additional funding routed via Health Boards for social care, with additional funding being allocated directly to local government, however the funding allocated in previous years remains in NHS baseline budgets and is required to continue to be transferred to Integration Authorities. This funding now forms part of the baseline funding from NHS Highland.

3.2.10 The Health offer of funding is provisional until NHS Highland approve the funding offer to the IJB on 27 March 2018, however the funding allocation is based on the long standing historic funding arrangements in place for Argyll and Bute and there is no indication that these arrangements will be changed.

Council Funding

3.2.11 The Council approved their budget for 2018-19 on 22 February 2018 and a formal offer of funding has been received in line with this. The table below outlines the funding available from Argyll and Bute Council:

Council	**2018-19**	
	£m	**£m**
2017-18 Funding		56.360
Adjustments – budget papers:		
Remove 2017-18 One-off funding	(2.137)	
Share of £66m Social Care Funding	1.217	
British Sign Language Funding	0.011	
Pensions Auto Enrolment	0.105	
Additional Funding – Council Budget Motion	0.844	
Total Approved Council Funding		**56.400**
Remove – BSL Funding allocated in error		(0.011)
Total Baselined Council Funding		**56.389**

3.2.12 When the Council budget for 2017-18 was approved in February 2017 there was recognition of the challenges faced by the IJB in meeting the cost and demand pressures in the short term and the Council decision at that time was to allocate additional one-off funding to the IJB of £2.137m. This was funded from the £2.361m additional funding the Council received from the Local Government finance settlement in February 2017. This one-off funding was not

added to the baseline funding allocation to the IJB as it was intended to assist the financial position in 2017-18 only.

3.2.13 The Local Government Finance Settlement for 2018-19 includes an additional £66 million in respect of the below:

"*to support additional expenditure by local government on social care in recognition of a range of pressures they and integration authorities are facing, including support for the implementation of the Carers (Scotland) Act 2016, maintaining our joint commitment to the Living Wage (including our agreement to now extend it to cover sleepovers following the further work we have undertaken) and an increase in the Free Personal and Nursing Care payments. This funding is provided directly to local authorities and is in addition to the £355 million baselined provision transferred from NHS Boards to Integration Authorities. I will look to local authorities to continue to prioritise their financial support for social care."*

The Argyll and Bute share of this is £1.217m and is outlined in the funding table. The associated cost of fulfilling the commitments against the funding are included in the IJB budget as cost pressures.

3.2.14 The funding of £0.011m for British Sign Language represents additional funding allocated in the Local Government finance settlement for a corporate responsibility which sits with the Council, this was allocated in error in the Council budget to the IJB and the Council have requested that this funding is returned. It is recommended that the funding is passed back to the Council together with the service delivery requirements associated with the funding.

3.2.15 Additional funding of £0.105m is included to fund the increased pension costs of auto-enrolment, this funding is offset by a new cost pressure of the same value in relation to the increase in pension costs as a result of more staff being enrolled in the pension scheme.

3.2.16 The Council Leader's budget motion allocated additional funding of £0.844m to the IJB for 2018-19 as a contribution to cost pressures. The total funding for 2018-19 represents the new baseline budget for social care services.

3.2.17 The overall increase funding available is summarised in the table below:

All Funding	**2017-18 £m**	**2018-19 £m**	**Increase £m**
Health	203.194	206.689	3.495
Council	56.360	56.389	0.029
Total Funding	**259.554**	**263.078**	**3.524**

3.3 COST AND DEMAND PRESSURES

3.3.1 Cost and demand pressures in relation to both health and social care services are expected to outstrip any available funding uplifts and will have a significant contribution to the overall budget gap. There are new cost and demand pressures totalling £4.205m in 2018-19. These are detailed in Appendix 1. The main pressures are in relation to:

- Healthcare Packages £0.4m
- Prescribing Growth £0.2m
- Technology Enabled Care £0.2m
- GG&C Commissioned Services £0.5m
- Demand for older people social care services £0.7m
- Younger Adults Supported Living Servicecs £0.3m
- Carers Act £0.4m
- National Care Home Contract £0.3m

3.3.2 In addition to new pressures of £4.205m the 2017-18 approved cost pressures have been reviewed and there are £0.662m of pressures which can be removed from the budget, leaving the requirement to fund net pressures of £3.543m.

3.3.3 A number of cost pressures are offset by proposed savings in the Quality and Finance Plan, therefore any non-acceptance of cost or demand pressures may have an impact on the savings deliverability. For example there is a cost pressure in relation to prescribing, this has been included in the budget outlook for transparency as there will be estimated growth in prescribing demand, however the expectation is that this demand increase will be accommodated from savings in prescribing.

3.3.4 Cost and demand pressures are one of the main contributing factors to the overall financial gap, as such the IJB should scrutinise these suitably to ensure that these are valid and necessary in terms of delivering the outcomes in the Strategic Plan. The cost and demand pressures have been subject to ongoing review and scrutiny by the Strategic Management Team, the pressures included are deemed to be unavoidable and therefore require to be provided for in the budget.

3.4 INFLATION

3.4.1 Inflation is only applied to service budgets where it is deemed to be unavoidable, therefore there are no general inflationary increases for costs applied to any service budgets. The required inflationary increases to the baseline budget are noted below:

Inflation	**£m**
Pay Inflation	2.420
Prescribing - cost growth 3%	0.579
Hospital Medication - cost growth 3%	0.075
GG&C SLA – 1.5% baseline uplift	0.825
Other Health SLAs - 2.0% uplift	0.220
Health - Energy Cost Increases 2%	0.038
Scottish Living Wage Increase	0.960
Other Social Care Increases	0.044
TOTAL	**5.161**

3.4.2 The pay inflation increase reflects the cost of implementing the Scottish Government pay policy for public sector workers across all staff groups, i.e. Health and Social Care staff. There is an estimate of £0.8m of additional funding to be allocated from the Health Board for Agenda for Change staff and this is included in the funding. Agreement will be subject to recommendations of independent pay review bodies, however at this stage it is prudent to assume that a similar pay agreement will be sought for local government. This change in pay policy significantly increases the cost of pay inflation which was £1.085m in 2017-18 based on a 1% pay award for all staff groups.

3.4.3 The NHS GG&C uplift has been estimated at 1.5%, in line with previous years the baseline NHS uplift is assumed to be passed through as an inflationary increase to the SLA baseline. The value of payment for the SLA for 2017-18 remains under negotiation with NHS GG&C, as there is an intention to enforce the commissioning intentions set out to NHS GG&C at the start of the year and to remove an element of the payment in relation to performance in delayed discharges and unplanned admissions. Commissioning intentions will also be explicit for 2018-19 and there is an expectation that savings will be released from the SLA as a result. These are incorporated within the Quality and Finance Plan. The NHS GG&C SLA represents a financial risk for 2018-19 in terms of the negotiations to finalise the payment, the potential for additional charges which may offset any benefit from reduced activity levels and the actions required locally to reduce patient activity in GG&C. At this stage the impact of the 1.5% inflationary cost increase is included in the budget outlook.

3.4.4 The increase in the Scottish Living Wage represents the inflationary increase to support commissioned social care providers to continue to fulfil the obligation to pay adult social care staff at the Scottish Living Wage rate which will increase to £8.75 from May 2018.

3.4.5 In terms of the social care pressures which are required to be funded from the share of £66m of additional funding allocated to Local Government, a summary of the funding and associated costs is noted in the table below:

	£m
Scottish Living Wage	0.960
Sleepovers to Scottish Living Wage Rate	0.182
Carer's Act	0.350
National Care Home Contract (Living Wage element)	0.195
Total Estimated Cost	**1.687**
Additional Funding	(1.217)
Shortfall	**0.470**

It is clear that the share of £66m of additional Scottish Government funding is not sufficient to offset the full cost of the commitments intended to be met from this resource.

3.5 IMPACT OF 2017-18 BUDGET POSITION

Projected Outturn Position

3.5.1 The financial position for 2017-18 is outlined in the January budget monitoring report which is also presented to the IJB. The financial position for 2017-18 impacts on the budget for future years as there are implications from not delivering previously approved recurring savings, the projected outturn position for the current year and the requirement to re-instate project funding.

3.5.2 There has been an overspend position forecast throughout 2017-18 and a financial recovery plan has been in place, the projected overspend position has reduced to a projected overspend of £2.628m at January 2018. However at this late stage in the financial year it is unlikely that financial balance will be achieved for 2017-18 and efforts are now focussed on reducing the year-end overspend as far as possible to reduce the impact on future years. The Scheme of Integration outlines the below:

"where recovery plans are unsuccessful and an overspend occurs at the financial year end, and there are insufficient reserves to meet the overspend, then the Parties will be required to make additional payments to Argyll and Bute Integrated Joint Board…..Any additional payments by the Council and NHS Highland will then be deducted from future years funding/payments".

3.5.3 The Integration Scheme does not stipulate the timing of the repayment of any overspend. Both partners, the Health Board and Council have been requested to support a 3 year re-payment period, i.e. in equal instalments from 2018-19 to 2020-21, to limit the impact of a repayment in 2018-19 in full. NHS Highland have agreed to a 3 year re-payment arrangement. Indications from Argyll and Bute Council are that this would be supported in principle by officers but will require formal approval from Elected Members, this will be requested at the Council's Policy and Resources Committee on 17 May 2018. For planning purposes for the IJB it is assumed that the approval for a 3 year re-payment will be agreed by both partners. Based on the current projected outturn this would require a total of £0.876m to be repaid each year for 3 years from 2018-19 and this should be included in the budget outlook.

3.5.4 As part of the financial recovery plan it was agreed to review spending plans against non-recurring funding allocations with a view to removing uncommitted elements to bring the 2017-18 position back into balance. As a result of this there were underspends in relation to project funding which have not been fully committed. This funding is estimated to total £0.5m and will require to be re-provided in 2018-19, any re-provisions will be capped at this level. This includes funds specifically provided by the Scottish Government for projects and programmes and there is an expectation that the funds would be utilised as allocated, regardless of the timing of the expenditure. The re-provisions will include Technology Enabled Care, Primary Care Development Funding, Mental Health Funding and Waiting Times funding.

Previously Approved Quality and Finance Plan 2017-19

3.5.5 The Quality and Finance Plan was approved for 2017-19 in May 2017 and at that time there was a shortfall in identified recurring savings of £1.982m for 2017-18. Additional savings were intended to be identified during 2017-18, as recurring savings have not yet been identified this shortfall will require to be addressed as part of the 2018-19 budget.

3.5.6 The previously approved savings are planned to increase in value between 2017-18 and 2018-19 due to implementation timescales, resulting in an increase in savings of £3.568m. This increase in value to previously approved savings is also expected to be delivered during 2018-19.

3.5.7 As part of the further development of the Quality and Finance Plan a review has been undertaken by services to ensure the previously approved savings on the plan remain to be deliverable and there are two areas where there is a requirement to review the current savings on the plan, these are noted below:

- Prescribing – savings totalling £1.5m were approved to be delivered across the two years (17-18 £0.8m and 18-19 £0.7m), these savings were predicated on the savings being identified from prescribing to offset the cost of demand and cost growth. During 2017-18 there is an estimated shortfall of £0.2m in the savings delivered mainly due to short supply issues and increased costs of some drugs. A detailed exercise has been undertaken to develop a savings plan for 2018-19 which includes savings from generic drugs, an improvement to drug shortages and a number of specific targeted actions to reduce prescribing costs. These savings will not address the £0.2m shortfall in 2017-18 and it is recommended that to have an achievable savings target for prescribing in 2018-19 that £0.2m of unachieved savings are removed from the Quality and Finance Plan.
- Struan Lodge – a full year saving totalling £0.350m is included on the Quality and Finance Plan assumed to be delivered in full in 2018-19, representing the saving from the closure of residential care at Struan Lodge. A decision was taken by the IJB to pause the closure pending further work by the Adult Care service. The IJB has yet to decide on the ongoing future of residential care at Struan Lodge. In assessing the deliverability of savings for 2018-19, as this stage with a decision pending on whether the closure is to proceed it is prudent to assume that the full saving cannot be delivered in 2018-19, therefore the planned savings target should be reduced by £0.175m to reflect this. This position will require to be updated further following a decision by the IJB.

3.5.8 Appendix 2 details the previously approved Quality and Finance Plan 2017-19 noting the budget reductions, progress with delivering savings and the remaining balance to be delivered in 2018-19.

3.5.9 The impact of the 2017-18 financial position and the previously approved Quality and Finance plan on the 2018-19 budget position is summarised in the table below:

	£m	£m
Projected Overspend 2017-18 – 1st year repayment	0.876	
Reinstate Project Funding	0.500	
Total Impact of 2017-18 Outturn		**1.376**
Q&F Plan – Remaining Budget Gap 2017-18	1.982	
Q&F Plan – Increase in Savings 2018-19	(3.568)	
Q&F Plan – Savings to be Reduced	0.375	
Total Impact of Approved Q&F Plan 2017-19		**(1.211)**

3.6 BUDGET GAP 2018-19

3.6.1 The Integration Joint Board has a responsibility to set a balanced budget and to delegate resources back to the Council and Health for the delivery of services in line with the Strategic Plan. The funding and cost estimates are prepared for each partner separately but these should be viewed by the Integration Joint Board as contributing to one Integrated Budget with one bottom line position. It will not necessarily be the case that the same level of resource will be delegated back to each of the partners and the development of the Quality and Finance Plan and the service changes included in that will determine the split of resources.

3.6.2 The Integrated Budget summary is noted below, together with the resulting overall budget gap for 2018-19:

	2018-19 £m
Baseline Budget	259.554
Cost and Demand Pressures	3.543
Inflation	5.161
Total Expenditure	268.258
Total Funding	(263.078)
2018-19 In-Year Budget Gap	**5.180**
Projected Outturn 2017-18	1.376
Quality and Finance Plan 2017-19	(1.211)
REMAINING BUDGET GAP	**5.345**

3.6.3 The remaining integrated budget gap for 2018-19 is £5.3m, this position assumes a three year re-payment arrangement is agreed by the Council, if this is not agreed this would add £1.1m to the budget gap. Otherwise, the budget gap position is near finalised, the only other potential changes to the position would be a change to the year-end outturn position for 2017-18 or other small changes to estimates. It not expected that any of these would be material and the IJB should plan on the basis of £5.3m of additional savings required in addition to those already contained in the approved Quality and Finance Plan for 2017-19.

3.6.4 The budget outlook for 2018-19 was previously reported to the IJB and the position has changed considerably over the planning period, in January the remaining gap was estimated to be £10.1m. This is mainly as a result of uncertainties around funding, the Scottish Government intention was for funding to be confirmed to IJBs in time to allow for plans to be developed. It is clear that there is a significant impact to the IJB in terms of planning as a result of not having clarity around funding, whilst the financial position has improved it is clear that being the last to be notified of funding allocations has an impact on the reliability of planning assumptions and the timing for the IJB to approve the budget.

3.6.5 It is important that the Integration Joint Board view the budget gap as one bottom line position in terms of taking an integrated approach to plans to balance the budget. However it is also important to understand the implications of the financial settlements of both the Health and the Council partners in terms of the respective budget gap proposed to be transferred to the Integration Joint Board. In addition the Integration Scheme sets out that where a budget overspend occurs at the year-end, and there are insufficient reserves to meet the overspend, then the Parties (the Council and Health Board) will be required to make additional payments to the IJB. Therefore the remaining budget gap for 2018-19 and the scale of additional savings required clearly poses a financial risk to the partner bodies.

3.6.6 The table below details the budget gap outlined above split between Health and Council delivered services:

	Health £m	**Council £m**	**Total £m**
Baseline Budget	203.194	56.360	259.554
Cost and Demand Pressures	1.760	1.783	3.543
Inflation	3.237	1.924	5.161
Total Expenditure	208.191	60.067	268.258
Total Funding	(206.689)	(56.389)	(263.078)
2018-19 In-Year Budget Gap	**1.502**	**3.678**	**5.180**
Projected Outturn 2017-18	0.833	0.543	1.376
Quality and Finance Plan 2017-19	(0.997)	(0.214)	(1.211)
Remaining Budget Gap	**1.338**	**4.007**	**5.345**
% of Baseline Budget (in-year budget gap)	0.7%	6.5%	2.0%

3.6.7 This illustrates the financial risk to each of the partners individually if an assumption was made that the same level of funding was to be allocated back to each partner, this is not necessarily a planning assumption that the IJB would make but does currently represent the financial risk to each partner. This is also reflective of the previously agreed savings and he services these are planned to be delivered from, i.e. the majority of the £2m of unidentified savings in 2017-18 were attributed to social care services, this is reflective of the direction of travel of the Strategic Plan and the priorities of the IJB.

3.7 QUALITY AND FINANCE PLAN - UPDATE

3.7.1 The Quality and Finance Plan for 2017-19 was approved in May 2017 and was always noted to be subject to further review as the budget gap was not fully addressed in either financial year. There were significant savings approved by the IJB. There has been a significant risk with the delivery of the level of savings in the Quality and Finance Plan and the routine budget monitoring reports have been highlighting a projected shortfall in the delivery of savings. An assessment has been carried out for each of the savings included on the plan and it is estimated that there will be shortfall in the delivery of recurring savings already approved for 2017-18, £8.7m of savings were planned to be delivered and it is estimated there will be a year-end shortfall of £4.5m. Unless highlighted separately there is an assumption that all savings previously approved on the plan will remain on the plan to be delivered in 2018-19.

3.7.2 The table below summarises the value of savings on the current Quality and Finance Plan 2017-19 and the overall estimated savings requirement to be delivered in 2018-19:

	£m	**£m**
2017-19 Savings Approved (cumulative)	12.271	
Estimated Recurring Savings Delivered 2017-18	(4.214)	
Previously Approved Savings to be Delivered		**8.057**
Adjustments to Previously Agreed Savings:		
Prescribing	(0.200)	
Struan Lodge	(0.175)	(0.375)
Previously Approved Savings to be Delivered		**7.682**
2018-19 Remaining Budget Gap		**5.345**
Quality and Finance Plan Savings Requirement		**13.027**

3.7.3 The approach has not changed in that the Plan requires to address one bottom line, with no assumption that the same level of funding will be delegated back to partners for the delivery of Health and Social Care services and service changes are developed in line with the delivery of the Strategic Plan outcomes and objectives.

3.7.4 Services have developed further areas of service change to deliver on the strategic objectives and the required savings to deliver a balanced integrated budget for 2018-19. The proposed further changes to be added to the Quality and Finance Plan are included in Appendix 3. These service changes have been assessed as being in line with the Strategic Plan to deliver on the desired outcomes from Health and Social Care Integration. These proposed savings total £3.416m and therefore do not fully address the remaining budget gap.

3.7.5 The Scheme of Integration states that:

"Each year the Chief Financial Officer and Chief Officer of Argyll and Bute Integration Board should prepare a draft budget for Argyll and Bute Integration Joint Board, based on the Strategic Plan"

3.7.6 It is the assessment of the Strategic Management Team that the additional service changes outlined Appendix 3, which are recommended for approval to be incorporated into the Quality and Finance Plan, are in line with the delivery of the Strategic Plan objectives. The requirement to deliver further savings in addition to this may impact on the delivery and safety of services and on the ability of the IJB to meet strategic objectives and national improvement targets.

3.7.7 The Scheme of Integration also states that:

"The draft annual budget should be prepared to take account of the matters set out above and uses the previous year payment as a baseline that will be adjusted to take account of" ……. "Budget savings required to ensure budgeted expenditure is in line with funding available including an assessment of the impact and risks associated with these savings"

3.7.8 The Integration Scheme does not stipulate the arrangements, course of action or implications of not being able to identify savings to achieve a balanced budget position in line with the delivery of the Strategic Plan objectives. A separate report is presented to the IJB detailing the further potential service changes which may be implemented in 2018-19 to deliver financial balance, these will pose the IJB with very difficult decisions to make with conflicting priorities in relation to maintaining the quality of care, meeting performance targets and expectations and delivering financial balance. This report will be presented in private session to the IJB as it contains information relating to employees which cannot be shared in public session prior to employee consultation.

3.7.9 The total new savings identified for the Quality and Finance Plan compared to the remaining budget gap for 2018-19 is noted in the table below:

	Total £m		**Health £m**	**Council £m**
2018-19 Remaining Budget Gap	5.345		1.338	4.007
Proposed New Savings	(3.416)		(2.018)	(1.398)
Updated Remaining Budget Gap	**1.929**		**(0.680)**	**2.609**

3.7.10 If the proposed additions to the Quality and Finance Plan are approved by the IJB, there will remain unidentified savings of £1.9m for 2018-19. There is no statutory requirement for the IJB to approve a balanced budget prior to the new financial year, however in terms of good financial management, financial sustainability and financial risk exposure for both the IJB and the two partners, i.e. the Council and Health Board it would be preferable to have a plan in place to deliver financial balance going into 2018-19.

3.7.11 Despite the budget gap not being addressed in full it is recommended at this stage that the proposed additions to the Quality and Finance Plan contained within Appendix 3 are approved and that the further proposals which are not in line with the delivery of the Strategic Plan and objectives but would achieve financial balance are considered separately by the IJB.

3.7.12 A number of the proposed additions to the plan may have implications for employees and there may be a risk of redundancy. At this stage potential severance costs can not be estimated and therefore no provision has been made for these costs. This poses a financial risk in terms of delivery of the

expected savings and may have an impact on the financial position during 2018-19. The Council have been approached re the funding arrangement for redundancy and are yet to agree an approach to funding and any repayment arrangement.

3.7.13 The remaining budget gap and unidentified savings pose a significant financial risk for the partner bodies, i.e. the Health Board and Council, as any overspend from integration services will require to be funded by additional payments from the partners in the short term. It is clear from the table above and given the risk sharing arrangements as set out in the Integration Scheme that Argyll and Bute Council would be liable for the residual financial risk.

3.7.14 The IJB are not in a position to formally accept or approve the funding offers from the Council and Health Board until it is clear whether additional savings can be delivered to produce a balanced budget position. The IJB require to consider whether the level of funding is adequate to deliver the delegated services in line with the objectives in the Strategic Plan and whether this level of savings is achievable. There is a shortfall of £1.9m in resource to deliver on Strategic Plan objectives and the IJB need to determine if financial balance will be prioritised over the delivery of the agreed Strategic Plan.

3.7.15 The Quality and Finance Plan 2017-19 document will be updated following the IJB meeting to incorporate all approved savings, this will be distributed following the meeting and published online.

3.7.16 Directions will require to be formally issued to the Council and Health Board following the budget decisions made by the IJB, to formally advise on the level of delegated budget for service delivery, these will be issued following the decision making by the IJB.

3.8 QUALITY AND FINANCE PLAN – MONITORING AND IMPLEMENTATION

3.8.1 A monitoring process was put in place when the Quality and Finance Plan 2017-19 was approved by the IJB last year. This process will continue to be in place to enable progress on the delivery of the plan to be monitored both in operational and financial terms. Reports will be made to the IJB on a regular basis through the financial monitoring report and the Quality and Finance Plan Programme Board also monitor progress. This provides an assurance to the IJB over the progress with delivering savings and ultimately delivering services within the overall level of resources available.

3.8.2 Some areas on the proposed Quality and Finance Plan will require to be subject to more detailed reviews before the detail of service changes can be set out fully. The outcome of any reviews will be brought back to the IJB for further consideration of recommendations and fit with strategic priorities.

3.8.3 The Integration Joint Board also has assurance from the Strategic Management Team that a process is in place to ensure that issues are brought back to the IJB for approval, if they are not in line with the safeguarding principles set out below:

- Safe Service – where any service change will compromise the requirement to provide safe services eg. safety and care of patients

- Sustainable Service – where a change will negatively impact on the sustainability of services or will implement a model which is viewed as having risks in terms of sustainability in the future eg. inability to recruit to posts, adverse impact on budget
- Equality Impact Assessment Outcome – where based on assessment the recommendation is to stop or to continue with justification
- Value for Money – where a change is not perceived as providing value for money from the finite resources we have available
- Community Engagement – where through engagement with communities it is identified that the service redesign is not appropriate or fit for purpose
- Redundancy Implications – where there is a requirement to make staff redundant to implement service change

3.8.4 These safeguarding principles will continue to be in place for all of the existing and proposed new service changes which have been assessed as being in line with the delivery of the Strategic Plan. It is the role of the management team to implement the strategic direction approved by the Integration Joint Board. In the event that any of the principles set out above are not met the Strategic Management Team will request approval from the Board at the earliest opportunity before proceeding.

3.9 INVESTMENT PLAN

3.9.1 In order to lever the change and deliver the service re-designs included in the Quality and Finance Plan it has been acknowledged that additional investment is required to build on project management capacity and to invest in the delivery of community based services to facilitate the shift in the balance of care. An investment plan was in place for 2017-18, however some of the investment was delayed initially due to recruitment delays and as part of the financial recovery plan any remaining uncommitted investment was paused. This has undoubtedly impacted on the level of recurring savings delivered in 2017-18.

3.9.2 The existing plan has been reviewed and reprioritised by services, the proposed investment plan for 2018-19 is included in Appendix 4. A total investment fund of £1.5m has been identified to invest in levering the change and the delivery of the service changes in the Quality and Finance Plan. This is in addition to the central and locality allocations of the Integrated Care Fund. The IJB has an ambitious Strategic Plan which will require the transformation of health and social care services across Argyll and Bute to deliver on a number of national and local outcomes and service improvements, all at the same time as the requirement to deliver significant financial savings. It is crucial that this fund is protected and diverted to this investment to lever the change to ensure that the savings in the Quality and Finance Plan can be delivered.

3.10 RESERVES

3.10.1 A Reserves Policy has been approved by the IJB. The position for reserves should be considered during the budget setting and year-end processes. During the budget setting process it is important to consider the adequacy of the reserves available to the IJB.

3.10.2 The overall position for IJB reserves is summarised in the table below:

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

3.10.3 The current forecast outturn position for 2017-18 is a projected overspend therefore it is not anticipated that there will be additional reserves at the 2017-18 year-end. Likewise as there are only £0.028m of unallocated reserves there are minimal reserves available to offset any potential year-end overspend or to contribute to the budget position in 2018-19.

3.10.4 It is important for the longer term financial sustainability of both the IJB and the parent bodies that sufficient usable reserves are held to manage unanticipated pressures from year to year. The Reserves Policy suggests a prudent level of general reserve be set at 2% of the IJB net revenue budget, this would equate to around £5m. Whilst this level of free general reserve would allow the IJB a degree of flexibility and assurance this must be proportionate and take cognisance of the level of savings required to be delivered. Given the unprecedented financial climate in which the IJB are facing this should be kept under review and the proposed 2% should be viewed as an optimum and aspirational level of reserves to be built up over time, recognising the tensions between prudent financial planning and budgetary constraints. Therefore there is no recommendation as part of the budget to plan for a surplus to be credited to reserves and similarly the IJB has no reserves to access to assist with the budget for 2018-19.

3.11 FUTURE YEARS BUDGET OUTLOOK

3.11.1 The table below highlights an estimate of the overall financial position and budget gap for the next three years:

	2019-20 £m	**2020-21 £m**	**2021-22 £m**
Baseline Budget	263.1	264.0	264.9
Cost and Demand Pressures	3.6	3.4	3.4
Inflation	5.2	5.2	5.2
Total Expenditure	271.9	272.6	273.5
Total Funding	(264.0)	(264.9)	(265.9)
Estimated Budget Gap	**7.9**	**7.6**	**7.5**
Repayment of 2017-18 Overspend	0.9	0.9	0
Updated Budget Gap	**8.8**	**8.5**	**7.5**
Cumulative Budget Gap	**8.8**	**17.3**	**24.8**

3.11.2 For 2019-20 to 2021-22 this is a very high level estimate based on estimated funding available from partners and the level of cost and demand pressures in future years. There is a continuing picture of a budget gap and this will remain the case if cost and demand pressures continue to outstrip the funding available. Many of the pressures are based on historic service demand increases, for example for care home placements and care at home services

and expectations of ongoing cost increases for example for staff pay awards and living wage costs.

3.11.3 The forecast budget gap position should be noted by the Board at this stage. The three year position aligns with the next Strategic Planning period. The Strategic Planning Group will be developing and consulting on the next iteration of the Strategic Plan in the coming year and a financial plan will be developed to sit alongside this to ensure that the aspirations and outcomes of the next Strategic Plan are aligned with the estimated available resources.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

4.1 The Integration Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure the financial decisions are in line with priorities and promote quality service delivery. There is also a requirement to plan for service delivery each year in line with the available resource. For 2018-19 the remaining budget gap cannot be addressed in full with the proposed service changes which are in line with the delivery of the Strategic Plan and objectives. The proposed additions to the Quality and Finance Plan detailed in this report have been developed in line with delivering the strategic objectives.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

5.1.1 In terms of good financial management and sustainability the Board should seek to set a balanced budget. The proposed additions to the Quality and Finance Plan for 2018-19 as set out in this report have been developed with a view to delivering additional savings in line with the delivery of the Strategic Plan. If these savings are accepted there will remain a shortfall of £1.9m for 2018-19. A separate report is to be considered in private session which outlines further service changes which potentially could be implemented if the IJB decide to prioritise financial balance over the delivery of the Strategic Plan. There are significant financial risks for the IJB and funding partners as a result of the remaining budget gap and also around the overall deliverability of the Quality and Finance Plan in light of the scale and pace of change required, with an expected overall savings requirement of £13m next financial year.

5.2 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 service changes proposed in the Quality and Finance Plan.

5.3 Clinical Governance

None

6. EQUALITY & DIVERSITY IMPLICATIONS

Equality Impact Assessments will be carried out where required.

7. RISK ASSESSMENT

Financial risks are noted in the report and risks for service changes are noted on the Quality and Finance Plan appendices.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

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

9. CONCLUSIONS

9.1 The report outlines the remaining budget gap for Integrated Services for 2018-19, and the additional savings requirement to be delivered through the Quality and Finance Plan. The Quality and Finance Plan 2017-19 was always subject to review as the budget gap was not fully addressed for either year. The 2017-18 financial position, with savings not being delivered in full and other cost and demand pressures resulting in a projected overspend position, is placing additional pressure on the budget position for 2018-19 and future years. The remaining budget gap for 2018-19 is £5.3m and savings totalling £3.4m have been identified which are in line with the delivery of the Strategic Plan.

9.2 The Integration Joint Board should view the contributions from partners as one Integrated Budget with flexibility to distribute as required to ensure priorities in the Strategic Plan are met. The Health and Council positions are noted separately in the report for transparency to allow the IJB to assess the respective funding gap being passed to the IJB from each of the partners and to highlight the financial risk to each of the remaining budget gap.

9.3 2018-19 will be a particularly challenging financial year, not only has it not been possible to identify the full savings required to plan for a balanced budget in line with the delivery of the Strategic Plan, but there are also significant previously approved savings on the Plan which will require to be delivered in 2018-19. There is a financial risk in that not all savings have been identified and also the delays that have been experienced in the last two years in delivering the level of recurring savings required. The risk of delivery will be reduced by continued support for the investment plan to ensure the appropriate level of project management support and investment in community services is in place to lever the change. The monitoring of the delivery of the approved Quality and Finance Plan will be ongoing to ensure there is a focus on achieving the planned savings.

9.4 If the proposed new service changes are approved by the IJB the updated Quality and Finance Plan for 2018-19 will include savings totalling £11.1m, however there would remain a shortfall of £1.9m in identified savings to fully address the budget gap. A separate report is presented to the IJB which identifies further savings which are not in line with the delivery of the Strategic Plan which would allow the IJB to set a balanced budget for 2018-19.

9.5 The future outlook for the Integrated budget is one of a continuing funding gap, mainly due to funding being outweighed by increased costs due to demand and inflationary cost increases. The scale and pace of savings delivery poses the IJB with a particular challenge in terms of delivering the transformational change required to services while continuing to meet emerging service delivery pressures. A three year financial plan will be developed alongside the next iteration of the Strategic Plan.

APPENDICES:

Appendix 1 – Cost and Demand Pressures
Appendix 2 – Previously Approved Quality and Finance Plan 2017-2019
Appendix 3 – Further Savings in Line with Strategic Plan Objectives
Appendix 4 – Investment Plan

COST AND DEMAND PRESSURES

No	Cost/Demand Pressure	Description	2018-19 £000
NEW Cost and Demand Pressures:			
1	Growth in Demand for Services for Older People	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.	714
2	Growth in Demand for Replacement Care for Younger Adults	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. Based on trend of growth from 2013-14 to 2016-17, overall increase of 13% across 3 years, 3% demand increase assumed.	321
3	Prescribing	Demand growth at 1%, assume this will be met from savings in precribing of at least this value, savings have been included in the Quality and Financial Plan.	193
4	Commissioned Services/Care Packages	New and existing health care packages. Provision of £200k for potential new packages and £250k for an existing unfunded package.	450
5	Carer's Act	Carers Act will commence 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.	350
6	Sleepovers - Children's Services	Additional cost to bring sleepover rates in school hostels into line with National Living Wage.	96
7	Provision of new service in Kintyre	Establish a new adult care service at Lorn Campbell Court in Kintyre. Additional cost pressure in 2018-19 represents the full estimated cost now been included in the budget, equating to a full year cost pressure of £400k.	30
8	GG&C Microbiology Service	Represents the cost of the transfer of the Microbiology service from Lorn and the Isles Hospital to GG&C.	110
9	GG&C SLA	Additions to the GG&C SLA including pharmacy homecare, laboratory services and radiology services. Services are paid for on a cost and volume basis and increased costs reflect growth in services provided.	392
10	Diabetic Retinopathy Screening	Service development to faciliate follow-up investigations.	26
11	Cowal and Bute Tier 4 CAMHS	GG&C development with referrals from Cowal and Bute.	50
12	CHAS	National service development funded by topslice of Health Board funding.	106
13	Carers Administration of Medicines	Investment required in health services to support GPs, pharmacies, commissioned providers and internal homecare staff to safely administer medicines to clients.	106
14	Technology Enabled Care	Ongoing project to support TEC, last year of funding in 2017-18, cost pressure is the estimated cost of continuing with the project and the support for technology enabled care.	174
15	Tiree GP Out of Hours	Negotiations ongoing with GPs to continue to provide OOH service, estimated financial impact of opting out or additional financial support required to continue.	100
16	AROS Relocation	Agreed at IJB in November 2017 to fund replacement accommodation costs for one-year only, thereafter to be funded from corporate efficiency savings.	30
17	Consultants discretionary points	Based on 2016-17 cost growth	16
18	NSD Service Developments	Funding for these services is top-sliced from Health Board allocations during the financial year. The cost pressure allows for new developments in 2018-19. Estimate based on previous years costs.	50
19	Statutory Training	Investment required in statutory and mandatory Violence and Agression Training, to facilitate the recruitment of dedicated trainers to ensure continued roll out of training.	54
20	Dental Service	Public Dental Service, outcome of independent review recommending strong clinical leadership is required, this would allow the recruitment to an Assistant Clinical Director post.	105
21	Corporate Support	Additional support for Chief Officer and Governance arrangements, integration had led to an increase in strategic corporate demands from both the Chief Officer and also in terms of the additional governance requirements and statutory duties.	130
22	Sleepovers - commissioned services	Reflects the cost of bringing sleepovers for commissioned social care providers into line with the Scottish Living Wage during 2018-19, the Scottish Government have advised that this will be a requirement during 2018-19. There is potential to delay implementation until March 2019, however there would be a risk to this approach as many providers of sleepovers are national providers who would seek a national agreement for pay parity across areas.	182
23	National Care Home Contract	Agreement has been reached on the retention of the National Care Home Contract for the purchase of adult social care residential and nursing care placements, this includes the agreement of the Cost of Care Calculator which underpins the rate. The cost increase for 2018-19 represents a 3.39% increase to the COSLA agreed rates.	264
24	Pharmacy Management	Cold chain advice from Inverness. SLA set up 2017, between North Highland and Argyll and Bute, for Highland to provide cold chain (compromised vaccine) advice to Argyll and Bute to comply with current legislation.	6
25	LIH ECG Service	Additional 0.6 physiology post to reduce locum costs.	30
26	Methadone	Increased dispensing. 10% uplift applied to Methadone supervision fees by North Highland.	15
27	Pensions Autoenrolment	Increase in pension costs for social care staff as a result of pensions auto-enrolment, this cost pressure is offset by funding of the same value detailed in the Council's funding settlement for the IJB.	105
Total NEW Cost and Demand Pressures			**4,205**
Adjustment to Previously Approved Cost and Demand Pressures:			
28	New Medicines Funding	There was a cost pressure of £700k included in the 2017-18 budget as previously costs were accommodated by Scottish Government non-recurring funding, no funding was expected in 2017-18 but some funding was allocated and this is expected to be recurring into 2018-19, therefore the cost pressure can be partly removed.	(383)
29	Criminal Justice Services	New model of providing service on cessation of the Criminal Justice Partnership resulted in additional costs. This additional funding requirement is reduced for 2018-19 as additional funding is to be provided to bring funding allocations into line across Scotland	(50)
30	Auchinlee Care Home	Estimated cost of additional financial support for Auchinlee Care Home, agreed by the Integration Joint Board on 29 March 2017. This is was a one year only cost pressure which can be removed for 2018-19.	(229)
Total Net Cost and Demand Pressures			**3,543**

QUALITY AND FINANCE PLAN - PREVIOUSLY APPROVED 2017-19

Ref	Description	Detail	Key Date	2017-18 Budget Reduction £000	Achieved to January 2018	Remaining		Estimated Shortfall	2018-19 Budget Reduction £000	2018-19 Still to be Delivered
CHILDREN'S SERVICES:										
CF01	Redesign of Internal and External Residential Care Service	Minimise the use of external placements, increase the capacity of our residential units by adding satellite flats and developing a core and cluster model. Develop social landlord scheme to support 16+ young people moving from foster care or residential care. Further review and where possible bring back all 16+ year olds to local area.	Apr-17	300	300	0		0	400	100
CF02	Redesign staffing structure across Children and Families service to cope with duty under CYP Act and government initiatives within NHS.	Scoping of children and Families staffing requirements as case load increases due to the requirements of the Children and Young People (Scotland) Act the service will be looking after children for longer. For the next 8 years there will be a steady increase only levelling out in 2026. Incrementally the service will require 5 additional social workers. Health visiting pathway requires additional Health Visitors, additional services for children in distress are required. Requirement to scope and cost a new staffing structure through consultation with staff and those who use the service, we will develop a programme board and look at front line staff and management structure to further develop integrated teams. Reviewing workloads and supporting third tier sector to undertake social care tasks.	Sep-17	100	50	50		50	200	150
CF03	School Hostels - Explore the opportunities to maximise hostel income.	May be opportunities to actively market accommodation over holiday periods and use annexe accommodation to attract locums at a reduced cost. Although we have an income budget that we currently do not achieve we would hope to over recover income.	Mar-18	0	0	0		0	10	10
LORN AND THE ISLANDS HOSPITAL:										
AC01 & AC02	Lorn and the Islands Hospital Future Planning to improve the local services and engage specialist services appropriately to deliver best possible care.	LIH group established with representation from public, community, third and independent sector working jointly to design services that will minimise or avoid all delayed discharges, offer excellent quality local care complemented by specialist care out of area as required. Prevention of admissions to be achieved by shfiting the overall balance of care and staff to ensure anticipatory care planning in place. Working wth the LIH group to explore clinical options and offer continued, consistent appropriate hospital care. Data collection and scrutiny to inform the service design. Recruitment and retention strategies to support the service.	Dec-18	347	30	317		317	647	617
CARE HOMES:										
AC03 & AC04	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.	Anticipate Jan 19	0	0	0		0	99	99
LEARNING DISABILITY:										
AC05, AC06 & AC07	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.	Phased from Aug17	348	67	281		231	1,279	1,162

QUALITY AND FINANCE PLAN - PREVIOUSLY APPROVED 2017-19

Ref	Description	Detail	Key Date	2017-18 Budget Reduction £000	Achieved to January 2018	Remaining		Estimated Shortfall	2018-19 Budget Reduction £000	2018-19 Still to be Delivered
COMMUNITY MODEL OF CARE:										
AC09	Redesign the provision of sleepovers provided by the HSCP.	Shift to new model of care using telecare/overnight response teams. Work with care providers to redesign unavoidable sleepover provision and look for opportunities to share provision across multiple service users. Part of this saving links in with the re-design of Learning Disability services.	Ongoing from 16-17	200	0	200		200	200	200
AC11 & AC12	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.	Oct-17	150	0	150		150	270	270
AC14 - AC18	Review and redesign of acute services across Argyll and Bute in line with national drivers for actute care, to include all community hospitals. This would result in an equity of approach across Argyll and Bute acute services with an appropriate number of beds in each area based on community needs.	Establish a service transformation project board with associated SLWGs. Acute services will meet the HSCP strategic objectives regarding reduction in emergency admission, prevention of delayed discharges and reduced length of stay. Quality care focussed on patient pathways. This is dependant on appropriate community services in place to meet demand and increased partnership working with third and independant sectors and housing to develop services in the community.	Apr-18	1,519	185	1,334		1,334	1,519	1,334
AC19	Review of AHP Out-patient service delivery	Consider increasing protocol driven review of follow-up and domicilarry visits. Use of technology like VC and Flo. Review whether AHPs could offer review instead of trips to GG&C to see consultants. Extension of roles like Orthopaedic triage and 'First Contact' input into GPs.		0	0	0		0	0	0
AC20	Seek to ensure care at home services offer flexibility and choice and are person centred and fit for purpose. Current in-house services are restricted and review would enable options to be explored with external providers to improve West Argyll service.	Neighbourhood teams with external providers give flexibility and should be considered within options following period of market testing. Would require input from procurement and commissioning staff to expand and improve the current care at home service.	Apr-18	0	0	0		0	160	160
AC25	In older people day resource centres improve and address issues of high levels of management structure to integrate and consolidate services within realistic opening hours based on client demand.	Review the management at HSCP operated day services. Consider a reduction in opening hours of adult day services. Evidence indicates shorter opening hours would be appropriate and acceptable in day services. Moreover, there is a high management resource which is capable of rationalisation. Engagement and consultation with service users and with staff to align needs and demands.	Oct-17	50	0	50		50	208	208
MENTAL HEALTH SERVICES:										
AC21	Improve community based support and services for dementia to achieve shift in balance of care and respond to need and demand in person centred service.	Implement full review and scoped options for community models which meet user demand, support carers and person centred otucomes. Appraise neighbourhood model and scope options which shift balance of care.	Dec-18	250	200	50		50	250	50

QUALITY AND FINANCE PLAN - PREVIOUSLY APPROVED 2017-19

Ref	Description	Detail	Key Date	2017-18 Budget Reduction £000	Achieved to January 2018	Remaining	Estimated Shortfall	2018-19 Budget Reduction £000	2018-19 Still to be Delivered
AC22	Deliver improved mental health consultant support and create dedicated consultants to each locality Community Mental Health Team, and a dedicated consultant for inpatients. Better sharing of on call services, additional locality clinics and support for crisis response and places of safety.	CMHT services and patients would benefit from the redesign to support an improved model. Locality consultation and with CMHT's to support change, and achieve better outcomes.	Oct-17	0	0	0	0	0	0
AC23	Steps to ensure and maintain patient and community safety will be taken by redesignating and maintaining a secure locked environment for those with the most fragile mental health requiring extra care. This is based on the needs of service users, and experience from current Intensive Patient Care Unit.	Actions required pertain to legislation relevant to service delviery, which will be strictly followed. Work with staff to make changes to overall establishment and working practices and to agreee robust admission criteria. Some work with GG&C should needs arise for additional services.	May-17	100	100	0	0	200	100
AC24	Further enhancement to community based care to ensure those with mental health issues have the same opportunities and choices. To include consideration of a step up / step down model for Lochgilphead and area service users.	Adopt community focussed approach, and use technology when possible, to review use of Ross Crescent to make this appropriate for a modernised mental health service. Ensuring patient choice and views are at the centre of service provision, with independence encouraged and supported.	Dec-17	45	0	45	45	45	45
CORPORATE SERVICES:									
CORP1	Front line health and social care staff working together in same locations, and move corporate and support staff.	Co-locate staff into unused space in our hospitals, close the corporate support HQ building in Lochgilphead, move to other sites in Lochgilphead including council offices. Savings expected to be achieved from a range of departmental budgets including; finance, planning, IT, HR, pharmacy management, medical management, lead nurse and estates.	Apr-17	335	96	239	235	335	235
CORP2	Integrate health and social work administration, implement digital technology and centralise appointment systems.	Follow on from co-location CORP 1, a targeted piece of work would commence in 2017-18 to extend the review of social work administration and medical record keeping. The implementation of electronic solutions to improve efficiency and a move to electronic medical records would be required.	Sep-17	120	46	74	54	325	259
CORP3	Management /Professional Leadership Review	Review the overall management structure.	Apr-18	0	0	0	tbc	tbc	tbc
CORP4	Rationalisation of Estates/Property-linked to CORP's 1 and 2.	Review of current property portfolio and opportunities to rationalise this. Review the current leases in place and find alternative accommodation to reduce costs.	Sep-17	75	0	75	75	75	75
CORP5	Implement Lync/Skype for Business	Implement Skype for Business (Microsoft Lync) communications platform, this will reduce telephone and travel costs and improve communication and collaboration. Business case is due to be finalised It is required to maximise benefits in Corp 1 and Corp 2.	Apr-18	0	0	0	0	0	0
CORP6	Catering and Cleaning and other Ancillary Services	Reduction in buildings occupied and opportunities to work with our partner organisations, take opportunities to reduce costs for catering and domestic services. Significant opportunities to share services and reduce costs.	Sep-17	505	124	381	381	505	381

QUALITY AND FINANCE PLAN - PREVIOUSLY APPROVED 2017-19

Ref	Description	Detail	Key Date	2017-18 Budget Reduction £000	Achieved to January 2018	Remaining		Estimated Shortfall	2018-19 Budget Reduction £000	2018-19 Still to be Delivered
CORP9	Capital projects - Dunoon GP practices new build, Bute Health and care campus, Care Home redesign, and new model of care relocation of Salen Surgery to Craignure & elements of CORP 4	Formal capital design projects at large and small scale, latter to be costed by March 2017 for inclusion in capital programmes for next 2 years. Large scale projects require formal processes and resource.	TBC	0	0	0		0	0	0
CORP10	Alcohol and Drugs Partnership	The ADP will look to review and reduce costs being incurred in delivering alcohol brief interventions, supporting the voluntary sector and the ABAT statutory service sector. The reduction in 17-18 equates to 8% of the total budget for ADP.	Apr-17	100	100	0		0	150	50
TOTAL				**4,744**	**1,498**	**3,246**		**3,172**	**7,077**	**5,505**
2016-17 QUALITY AND FINANCIAL PLAN										
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.		800	495	305		200	1,500	900
3	Further Savings from closure of Argyll and Bute Hospital	Transfer of inpatient mental health services from Argyll and Bute Hospital to MACHICC.		282	250	32		32	282	32
5	Redesign of the Out of Hours Service for Cowal	Carry out review of service delivery model and implement service re-design.		329	55	274		274	329	274
10	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		100	34	66		66	100	66
13	Closure West House			270	50	220		220	270	220
14	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		150	42	108		108	150	108
15	Kintyre Medical Group	No final agreement reached.		75	0	75		75	75	75
27	Kintyre Patient Transport	Provide appropriate services locally to reduce travel and technology to reduce travel requirement.		50	0	50		50	100	100
55	Struan Lodge	Closure of Struan Lodge overnight residential care, decision taken to pause but no IJB decision as yet on whether closure is to proceed.		175	0	175		175	350	350
56	Thomson Court			10	10	0		0	20	10
62/63	Assessment and Care Management	Reduce cost of financial assessments.		42	0	42		42	42	42
EFF3	Budget Reserves			350	337	13		0	200	-150
EFF9	Medical Physics Department	Rview of supplies budget to make best use of resources.		45	23	22		22	45	22
EFF12	Review of Radiography Services Budgets			50	32	18		3	50	3
EFF13	Mental Health Bridging Funding			0	0	0		0	400	400
EFF14	HEI Budget - reduction on basis that requirement will reduce in line with beds			0	0	0		0	50	50
EFF26	Mull Medical Group - reduction in use of GP locums			50	0	50		50	50	50
TOTAL				**8,703**	**3,887**	**4,816**		**4,489**	**12,271**	**8,057**

* Detail has been removed for savings estimated to be delivered in full

Proposed Amendments: Prescribing **(200)**

Struan Lodge **(175)**

REVISED TOTAL REMAINING SAVINGS TO BE DELIVERED **7,682**

QUALITY AND FINANCE PLAN 2018-19
FURTHER SAVINGS IN LINE WITH STRATEGIC PLAN OBJECTIVES

Ref	Description	Actions Required	Positive Impact on Quality and Outcomes and Fit with Strategic Priorities	Risks and Other Impact	Impact on Statutory Requirements, Third Sector/Partnerships, External Funding/Income and Assets	Key Date	Potential HR Implications	2018-19 Budget Reduction £000	Full Year Budget Reduction £000
CHILDREN AND FAMILIES SERVICE:									
CF1819(1)	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.	This model supports the best outcomes for children and the HSPC strategy. It is generally best for children and young people to be cared for in Argyll and Bute. Consultation confirms that this is what our children and young people want. When placed externally children and young people can lose contact with their families and their communities. Children and young people then settle, put down roots and do not want to return to Argyll and Bute. In addition to the cost of the placements there is now the future cost associated with Continuing Care under the provisions of the C&YP(S) Act 2014.	Service and Financial Risk. Cannot predict future demand for external placements. The marginal gains come with a higher risk of non-achievement. Whilst the number of external placements is low (12) they are both high cost and high risk. There also remains the risk that future demand could outstrip our redesign work. The fact remains the more children and young people we support and care for within Argyll and Bute using HSCP resources the better use we will be making of all the available resources.	We have a statutory duty to accommodate children and young people when they cannot be cared for by their birth parents for whatever reason CA(S) Act 1995, CH(S) Act 2011 and C&YP(S) Act 2014.	Ongoing. The "gearing up" of the service redesign may set the completion date back. The completion date is presently March 2018.	Staff will require further training and improved support.	273	364
CF1819(2)	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.	There would be no impact.	High Risk of Non-Delivery. The sum saved will be recovered by the Council by adjusting the funding allocation to the HSCP. May impact on our relationship with Education Service.	None.	Apr-18	None.	150	150
CF1819(3)	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.	This is most effective way of introducing service improvements. Significant progress has been made in keeping children and young people in Argyll and Bute through early intervention models and should be celebrated. The extension of a robust Alternative to Care service would reduce the overall numbers of children having to be accommodated in local authority provision. Local services at the point of need and the ability to deliver positive care planning in a timeous way will increase the overall quality of the product provided to children and families across Argyll. The extension of a Core and Cluster model enhances this situation further by extending provision for short term levels of intervention for those children and YP who may require an immediate place of safety or refuge while family plans are quickly designed to ensure safe, positive returns to family living.	Financial Risk. This approach cannot deliver the scale of savings being sought within 2018 /19. This model will provides the stuture and working arrangements to keep future children out of care and when in care in Argyll and Bute.	This approach is consistent with good practice, best outcomes and intentions within most recent legislation C&YP(S) Act 2014).	Oct 2018. Phased introduction which will build over the years to come.	The Service Review and re-design will identify the skill mix and team structure to progress this.	50	50
CF1819(4)	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.	Increased efficiency.	Quality of Service Risk. Any staff changes will have to be achieved within Care Inspectorate required staffing levels. The school roles are set to increase over the next 5 years and this may erode the savings as hostel occupancy increases.	The Care Inspectorate monitor these services very carefully and will look for a negative impact on quality.	Jun-18	Anticipated any staffing changes to be delivered through staff turnover mitigating need for redundancy.	50	50
CF1819(5)	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.	Reduces cost of patients travelling by air and car to Glasgow hospitals. Considerable reduction in costs associated with Islay patients in particular. Current year measurable reduction in costs of £18k.	Low Risk. Attend Anywhere initiative will have to secure support beyond pilot timeline. Model can extend to adult services consultant specialties and achieve even greater impact on Patient Travel costs for Adult - West if initiative continues.	Midwives have duty to attend planned birth ,in direct opposition to new maternity strategy (Best Start 2017)regarding maternity care, Highland is early adopter along with Clyde.	Apr-18	None.	18	18
CF1819(6)	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.	Securing best value.	High Service, Political and Reputational Risk. These services are largely run by volunteers and in many respects represent good value for money. Previous attempts to restructure payments have led to local and national media campaign and the Council has agreed additional funding. Without this additional funding the services may terminate with a high risk of reputational damage to the HSCP.	Many of these grant aided bodies povide services under Sec 23 of the C(S) Act 1995.	Apr-18	None.	23	23
CF1819(7)	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.	Spending aligned with grant allocation. Due to the rural and dispersed nature of the service costs are high and the achievement of spend within the grant level will impact on services.	High Service, Political and Reputational Risk. This approach requires careful planning and managemnt otherwise court reports may not being completed on time, High Risk Sex Offender's may not being managed appropriately. There remains a financial risk as the savings can only be achieved if the service planning and management are in place.	Chief Officer, CSWO and managers at risk of being in contempt of court if the service fails to fulfil its statutory duties. This is highly unlikely given the level of reduction proposed.	Apr-18	The Service Review and re-design will identify the skill mix and team structure to progress this.	20	20

QUALITY AND FINANCE PLAN 2018-19
FURTHER SAVINGS IN LINE WITH STRATEGIC PLAN OBJECTIVES

Ref	Description	Actions Required	Positive Impact on Quality and Outcomes and Fit with Strategic Priorities	Risks and Other Impact	Impact on Statutory Requirements, Third Sector/Partnerships, External Funding/Income and Assets	Key Date	Potential HR Implications	2018-19 Budget Reduction £000	Full Year Budget Reduction £000
ADULT CARE:									
AC1819(1)	Review all of the HSCP's learning disability resource centres and the Enable day service funded by the HSCP. The key aim is to redesign, improve services and widen access to community resources for people with a learning disability. This will involve the Health and Social Care Partnership (HSCP) and Third Sector Partners establishing a robust joint strategic framework for Learning Disability Services across Argyll and Bute, that will then inform and shape a local delivery plan across Argyll and Bute. It is anticipated that there will be potential to reconfigure (reshape, reduce or end) some in-house services with a view to moving towards a more personalised or community hub orientated approach/model of care. . £1m of the existing funding would be used to meet the cost of alternative provision for service users whose level of need is equivalent to P1 or P2 on the HSCP Priority of Need Framework. Replacement services will be person centred and will maximise the choice for service users through the use of a Self-Directed Support approach and the use of personal budgets. (Expansion of previously agreed saving. Cost of service is £2.4m, previously approved saving of £0.5m)	Develop an overarching Argyll and Bute HSCP Strategic Framework consistent with addressing the National Keys To Life Strategy and health and well-being outcomes associated with the wider Health and Social Care Integration locally. Consultation would be required with service users, families, communities and the staff involved. The saving value reflects a lead in time for consultation and planning of 6 months during which time the service users' needs will be assessed and they will either be signposted to alternative providers or will receive revised service packages which deliver their assessed outcomes. A similar approach will be adopted for young people and adults who need support to live independently, find employment and develop social networks, joint working with Third Sector Partners and the application of an asset based approach will widen access to community resources and reduce reliance on traditional services. Individualised care supports with improved management of budgets and greater choice in accessing personal independent choice with improved empowerment and services.	This option aims to move away from the traditional institutional model of support delivery to one which provides a person centred care package which affords the service user and their families increased choice through the use of a self-directed support model. The aim is to realise the vision, address the recommendations and implement the National Strategy Keys to Life and the priorities therein. This proposal will help to accelerate and sustain the necessary progress towards achieving good outcomes. The Keys To Life Strategic theme 'break stereotypes' incorporates a range of recommendations including objectives to develop a range of partership initiatives that foster culture shift, reduce discrimination and promote positive values and attitudes. The overall impact of this proposal will be positive for people with a learning disability as it seeks to address a wide range of service improvements and initiatives. To be truly accepted in society means being treated equally and fairly.	Likely to be a negative reaction to the closure of the day centres irrespective of the overall objective of the option. There will be a reduction in the number of staff required to deliver the new services.	No impact on statutory services as residents would continue to be looked after. The proposed model adheres to government policy by using the self-directed support approach to delivering choice and service flexibility.	Sep-18	Potential for staff redundancy. The current service establishment is 56 FTE posts, some fulfilled by contracted hours and some casual posts.	165	855
AC1819(2)	Close Knapdale ward and create a 4 bedded assessment unit within Succoth ward for people with challenging behaviour associated with a dementia diagnosis. Transfer resource of £450k to establish a community dementia response and care service.	Discussion with MWC regarding potential sharing of area. Staff redeployment and training. Potential capital work. Admission and discharge criteria established. Community response and care service established.	Improved quality of care for people living with dementia. Aligned to the Strategic priorites and the Dementia Strategy. Investment in community based services to enable dementia assessment.	Risks associated with the mix of dementia care and adult MH care. Public perception of safe care for dementia in communities.	AWI requirements. Possible expansion of work with Alzheimers Scotland and other third sector organisations.	Sep-18	Redployment of Knapdale staff.12.65 wte RMN's/14.70 HCA's and associated support staff.	300	580
AC1819(3)	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 services between providers and the combining of contracts.	Allows the HSCP to align funding to strategic objectives.	Limited impact, reductions to contract values have been negotiated with service providers.	Reduced funding for commissioned service providers.	Apr-18	None	202	212
AC1819(4)	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.	Would link in with the intention to reduce the number of sleepovers.	Additional funding provided as part of the £66m for social care providers to uplift rate to the SLW.	National providers may look to realign sleepover rates across the country to ensure staff paid equitably across localities.	Apr-18	None	182	182
AC1819(5)	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.	More efficient use of staff and financial resources.	Medical and junior doctor staff resistance due to additional workload. Junior doctor rotas developed with ANP presence in situ.	None	tbc	Service change accomodated within current vacant posts. Requirement for Organisational Change process.	130	130
AC1819(6)	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.	Care managers and service users will be encouraged to think about how their outcomes are met, fully utilising the options available to them under self-directed support and maximising the use of third sector and other providers who could take some of the pressure off the HSCP. Will ensure that the HSCP's resources are targeted at those service users with the highest levels of need. Will remove the variation in application of the priority of need framework and levels of support currently delivered in different parts of Argyll and Bute.	Negative reaction from care managers who may be concerned that their professional ability and opinion is being questioned. Reaction of service users and families where a reviewing officer recommends that a service user's service is reduced or the delivery/support model is changed.	Positive as initiative should ensure that: - individuals receive just the right amount of support and/or service at the earliest opportunity, without creating unnecssary dependency; - resources are deployed appropriately and flexibly to respond to population demand and local need -duplication is reduced to maximise resource use and support best value - simple and efficient access to services provided.	Reviews to be completed by 30 September 2018.	Reviewing team to be formed from within existing staffing. No replacement staff should be required as the review workload will transfer to the reviewing team	107	214
AC1819(7)	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.	Reduces duplication, waste and variation. Free up resource - time and funds - for front line service delivery. Improves the service user experience.	Negative reaction from staff.	None	Pilot team to be operational by 30 September 2018.	Overall reduction to community teams across localities, will be managed on locality basis, potential for current and future vacant posts to mitigate against redundancy. Potential requirement for Organiational Change process.	30	120
AC1819(8)	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.	This option will focus the use of HSCP resources on the delivery of critical services, will encourage service users to participate in their local community and will support local businesses. This would also support the ongoing review of catering services by reducing the level of catering activity. Where service users reside in remote rural or island communities where there is no access to alternative provision, meals on wheels will continue to be provided but service charges will be adjusted to ensure the full recovery of the service's costs.	There is no risk to service users anticipated. Some service users may however see their charges for services increase where there is still a requirement to provide meals on a full cost recovery basis.	None	Service users transferred to new service arrangements by 30 September 2018.	None	33	44

QUALITY AND FINANCE PLAN 2018-19
FURTHER SAVINGS IN LINE WITH STRATEGIC PLAN OBJECTIVES

Ref	Description	Actions Required	Positive Impact on Quality and Outcomes and Fit with Strategic Priorities	Risks and Other Impact	Impact on Statutory Requirements, Third Sector/Partnerships, External Funding/Income and Assets	Key Date	Potential HR Implications	2018-19 Budget Reduction £000	Full Year Budget Reduction £000
AC1819(9)	Closure of HSCP's older people day centres (Struan Lodge and Lynnside) and the Crossreach day service funded by the HSCP and move to a personalised HUB approach. £300k of the existing funding would be used to meet the cost of alternative provision for service users whose level of need is equivalent to P1 or P2 on the HSCP Priority of Need Framework. Replacement services will be person centred and will maximise the choice for service users through the use of a self-directed support approach and the use of personal budgets. (Expansion of previously approved saving. Cost of service is £0.6m, previously approved saving of £0.2m)	Consultation would be required with service users, families, communities and the staff involved. The saving value reflects a lead in time for consultation and planning of 6 months during which time the service users' needs will be assessed and they will either be signposted to alternative providers or will receive revised service packages which deliver their assessed outcomes.	This option aims to move away from the traditional institutional model of support delivery to one which provides a person centred care package which affords the service user and their families increased choice through the use of a self-directed support model.	Likely to be a negative reaction to the closure of the day centres irrespective of the overall objective of the option. There will be a reduction in the number of staff required to deliver the new services.	No impact on statutory services as residents would continue to be looked after. The proposed model adheres to government policy by using the self-directed support approach to delivering choice and service flexibility.	Service users transfer to new service arrangements by 30 September 2018.	Potential for staff redundancy. The current service establishment is 14 FTE posts, some fulfilled by contracted hours and some casual posts.	0	100
AC1819(10)	Where possible, outsource the internal homecare services which currently deliver homecare in Mid Argyll, Kintyre, Islay, Colonsay, Mull, Iona, Tiree and Coll to private and/or third sector service providers. (expansion of previously agreed saving)	Statutory consultation with staff and service users. Market test and commissioning process to be completed with potential bidders. Assessment of most sustainable service delivery option in each locality to be carried out.	This option will reduce the hourly cost of delivering homecare services across the West of Argyll and Bute. The day-to-day management of staffing allocation, training and attendance management will transfer to the contractors freeing up management and administrative time and resource to focus on other strategic objectives/enable related savings.	Reaction of service users and their families to changes in their service provision. Interest in the service areas from external partners. Risk of the ability to contract out the services for the remote and rural areas, including the islands (Colonsay, Tiree and Coll). Services would only be outsourced where the assessment is that this is financially and operationally safe and sustainable.	No impact on statutory duties. Expansion of joint working with external partners. Continued work and support for our commissioned care providers.	Service users transferred to new service arrangements by 30 September 2018.	Existing staff expected to TUPE to new service providers. The current service establishment is 96FTE posts, some filled by contracted hours and some casual posts.	0	121
AC1819(11)	Develop a new policy for the delivery of sleepover services, where potentially sleepovers are limited to delivery in core and cluster or shared tenancies only. The use of technology to be offered as an alternative to sleepover services.	Identify affected services. Identify housing opportunities for core and cluster models. Consult with service users and carers. Draft new policy for approval and implementation.	More efficient delivery of service. Avoids creating single person "care homes". Frees up funds and capacity for high needs clients. Cost of sleepovers is £1.4m per year, currently supporting 67 clients.	Negative feedback from service users and public.	None	Apr-19	None	0	tbc
AC1819(12)	Value Management Structure for AHPs	Establishment of value management meetings on quarterly basis for all out-patient basd AHP professions	This structure will allow for close scrutiny of KPI, demand and workforce issues, budget and development areas for each profession across A&B instead of some services being driven only in localities. The aim is to increase productivity and maximise the use of established resources. The other focus of the meeting is to align services to preventative and anticipatory care with a wider ambitition of reducing demand in the future.	This structure will reduce risks of service delivery by allowing for closer professional and management joint working.	None	Apr-18	None	40	40
AC1819(13)	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.	No specific positive impact, represents an increase on the client contribution to care and mostly results in an inflationary cost increase to charges being passed to clients. (Review of other Council charging policies. From 32 Councils 8 have a maximum charge ranging from £28 to £487 per week and 20 have confirmed they have no cap. There is also a wide range of disposable income taken into account when charging for services ranging from between 50% and 100%).	Some service users may wish to cancel services to avoid charges, exposing themselves to a dangerous level of risk. We already have a process and measures in place under the current scheme to address this issue should it arise.	Income expected to increase.	New charging arrangements in place by Sept 2018.	None	113	226
AC1819(14)	Review the contracts with third sector providers with a view to reducing funding, where appropriate. Look for innovation and efficiencies from this sector providers.	Review service provision and alignment with service priorities and strategic alignment. Work with agencies and providers to assess future service requirements. Agree future funding requirements.	Allows the HSCP to align funding to strategic objectives. Reduction in commissioning could enable resources to be released and re-prioritised, reviewing current commissioned services against an outcomes orientated framework may release savings and efficiencies.	Ability of third sector to deliver services and fit with other savings if expectation is to maximise the opportunities to signpost service users to alternative service providers.	Potentially reduced funding for third sector providers, however this would be focussed on looking for innovative ways to ensure resources are delivering planned and expected outcomes.	Review to be carried out during 2018-19.	None	0	tbc

QUALITY AND FINANCE PLAN 2018-19
FURTHER SAVINGS IN LINE WITH STRATEGIC PLAN OBJECTIVES

Ref	Description	Actions Required	Positive Impact on Quality and Outcomes and Fit with Strategic Priorities	Risks and Other Impact	Impact on Statutory Requirements, Third Sector/Partnerships, External Funding/Income and Assets	Key Date	Potential HR Implications	2018-19 Budget Reduction £000	Full Year Budget Reduction £000
CORPORATE AND OTHER SERVICES:									
CORP1819(1)	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.	Front line services will benefit by only providing acute services in hospital and enhancing services in communities by facilitating rapid assessment and support and discharge to community/home with support. Any reduction in the agreement with GG& C would build capacity for community and care sector to expand to meet workload, and reduce beds in local hospitals.	Timescale for deliverability started 1 April 2017 and rolls forward to 2018/19 - GG&C position changed dispute reduction in contract and will recharge us for extra activity. There may be other demand and cost pressures from acute services. We recognise a potential difficulty by NHSGG&C to change to meet our commissioning intentions. Ability of our local teams to support shift in activity	Enhanced commissioning of care services and associated services e.g. IES, Telecare require additional investment and building capacity.	Apr-18	None	1,200	1,200
CORP1819(2)	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.	Removing duplication, waste and variation. Supporting front line HSCP managers and staff to deliver front line services through the improved provision of corporate support services.	Risk of non-delivery, not all support services are delegated to the HSCP, would require Health Board and/or Council approval to progress plans. Ambitious target which is achievable if integrated systems and processes are developed during 2018-19.	None	Apr-19	To be determined, planned overall reduction.	50	300
CORP1819(3)	Reduction to Performance Team	AFC Band 5 Medical Records Advisor post not replaced, post is currently vacant.	More efficient use of resources.	None	None	Apr-18	None, removal of vacant post	26	26
CORP1819(4)	Replace MIDIS System	Replace with Carefirst system for all users, resulting in a saving from the licence fee. Programme of training and roll out to users.	More efficient use of resources, alignment of IT systems across Health and Social Work.	Challenge to transfer circa 500 users, significant change in challenging time frame. May be further costs to facilitate Carefirst migration to Eclipse (mobile application)	None	Sep-18	None	22	43
CORP1819(5)	Rationalise GP practice Servers	Action by centralising in Hub in locality or via cloud. Trials to be undertaken on Mull, Islay and Kintyre- could be applied to whole mainland HSCP- business case to be developed in 2018. IT Infrastructure enhancement complete by April 2018. Capital investment in central servers- June/July 18 (Figure TBC estimated £25K per merger (£75K). Islay first, Mull TBC, Kintyre by Nov 2018)	Supports practice merger and enhances productivity of e-health team and support roll out of new GP contract.	IT solution / infrastructure has in past been prone to issues due to rurality. Scepticism from GPs over robustness of service- loss of records could impact on service provision. Business case savings to scale of investment required may not be viable.	New GP contract funding directed toward IT could support this.	July 18 through to Nov 18	None	36	36
CORP1819(6)	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	More efficient fleet service, better aligned to service requirements. Improve asset management of fleet and enhance quality of service and information to operational managers. Application of telematics has been shown to reduce fuel costs if systematically applied. Reduction in management costs. Implement new FMS and telematics- will automate fleet management process, freeing up time.	Different governance arrangements with partners and loss of locality direct responsibility. May not be any significant savings could take 12 months to identify . Loss of expertise and knowledge.	Potential better fleet management to offer use of vehicles and assets to wider partnership and 3rd sector suppliers reducing cost across care commissioning contracts etc. Will take at last 12 months to scope out.	Jun-18	Update existing Job Descriptions within Planning team.	27	32
CORP1819(7)	Switch from local to centralised printers for NHS Services.	Scope out number of NHS printers and remove and replace with central printers, facilitate use of lap tops etc. Move to paperless working. Establish on line booking systems, small test of change pilots and roll out.	More efficient use of resources.	On line booking and systems require significant cultural change and user education.	None	Mar-19	None	tbc	tbc
CORP1819(8)	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.	More efficient use of resources.	Risk that efficiency cannot be delivered in all service areas, mitigated by service managers managing this from within overall budget allocations.	None	Apr-18	None	130	130
LN(1)	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.	More efficient use of resources, reduced time lost through travel.	Practitioner become isolated Restrictions on how they carry out their role. Teams are an A&B wide service and will not be as visible to the wholepartnership as previoulsy.		Apr-18	None	18	18
LN(2)	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.	More efficient use of resources.	None	None	Apr-18	None	5	5
PH(1)	Public Health - HIRS allocation to Inverness £15k	Ceasing of provision of health promotion leaflets. Affected parties have already been notified.	None, direction of travel adopting modern channels of communicating with clients, patients and communities.	People who order leaflets and resources have been notified. This is a quality issue as well as a financial issue as there are good sources of information online that front line staff can signpost people to. Health Visitors highlight concerns due to the amount of printed material in the HV pathway.	None	Apr-18	None	16	16
GRAND TOTAL								**3,416**	**5,305**

QUALITY AND FINANCIAL PLAN 2017-18 TO 2018-19 **APPENDIX 4**

INVESTMENT PLAN

Theme	Investment Details	2018-19 £000
Implement New Community Based Models	Develop capacity Neighbourhood/Community Team models	832
	Helensburgh and Lomond Anticipatory/Emergency Nurses	
	Reablement update for providers	
	Investment in Early Intervention	
	Capacity for investment in IES, Housing, Training for Clinical Leads/Managers and IT/Technology	
Co-location of Teams	Co-location of staff in Cowal and Bute	260
	Co-location of staff in Kintyre	
	Co-location of staff in Islay	
	Co-location of staff in Lochgilphead	
Communications and Engagement	Communications	102
	Public Involvement Manager	
	Planning Support	
Project Management	Adult Service Redesigns	357
	Catering and Cleaning Services	
	Medical Records and centralised booking	
	Administration Services	
	Childrens Services Redesigns	
	HR Support - organisational change	
		1,551

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