



**DRAFT MINUTE OF
ARGYLL & BUTE HEALTH & SOCIAL CARE PARTNERSHIP
INTEGRATION JOINT BOARD
Wednesday 1 August 2018
Council Chambers, Kilmory, Lochgilphead**



Present:

Councillor Kieron Green	Argyll & Bute Council (Vice Chair)
Christina West	Chief Officer, A&B HSCP
David Alston	NHS Highland Chair
Alex Taylor	Head of Children and Families & Criminal Justice & Chief Social Work Officer, A&B HSCP
Lesley MacLeod	Interim Chief Financial Officer, A&B HSCP
Fiona Thomson	Lead Pharmacist, A&B HSCP
Dr Angus MacTaggart	GP Representative, A&B HSCP
Dr Peter Thorpe	Secondary Care Adviser, A&B HSCP
Sandra Cairney	Associate Director for Public Health, A&B HSCP
Heather Grier	Unpaid Carer Representative
Elizabeth Rhodick	Public Representative
Kirsteen Murray	CEO, Third Sector Interface
Fiona Broderick	Staff Representative, A&B HSCP
Sarah Compton-Bishop	NHS Highland Non-Executive Board Member (VC)
Gaener Rodger	NHS Highland Non-Executive Board Member
Councillor Aileen Morton	Argyll & Bute Council
Councillor Gary Mulvaney	Argyll & Bute Council
Councillor Sandy Taylor	Argyll & Bute Council

In Attendance:

Lorraine Paterson	Head of Adult Services, A&B HSCP
Phil Cummins	Head of Adult Services, A&B HSCP
Kristin Gillies	Senior Service Planning Manager, A&B HSCP
Douglas Hunter	Senior Performance & Improvement Manager, A&B HSCP
David Ritchie	Communications Manager, A&B HSCP
Sandy Wilkie	Head of People & Change, A&B HSCP
Hilary Brown	Associate Lead Nurse, A&B HSCP
Fiona Campbell	Clinical Governance Manager, A&B HSCP – item 5.4 only
Sheena Clark	PA to Chief Officer, A&B HSCP (Minutes)

Apologies:

Robin Creelman	NHS Highland Non-Executive Board Member (Chair)
Stephen Whiston	Head of Strategic Planning & Performance, A&B HSCP
Elizabeth Higgins	Lead Nurse, A&B HSCP
Linda Currie	Lead AHP, A&B HSCP
Denis McGlennon	Independent Sector Representative
Maggie McCowan	Public Representative
Catriona Spink	Unpaid Carer Representative

ITEM	DETAIL	ACTION
1	WELCOME	
	The Chair welcomed everyone to the meeting.	
2	APOLOGIES	
	Apologies were noted.	
3	DECLARATIONS OF INTEREST	
	Heather Grier advised that she is chairperson of the Strachur Hub Committee and the chairperson of the Strachur Medical Practice - Patient Participation Group.	
4	APPROVAL OF MINUTE OF INTEGRATION JOINT BOARD (IJB) 30 May 2018 AND ACTION PLAN	
	Kirsteen Murray asked that "Interface" is added to her title. With this amendment, the Minutes were agreed as accurate. The update on the action plan was noted.	
5	BUSINESS	
5.1	Visible Changes – Argyll & Bute Improvement Plan	
	<p>The Chief Officer presented the paper and the updated improvement plan which is informed by the comments and feedback at the IJB development session in May and outlines the need for an approach of mutuality between the IJB, Council and Health Board in the development of strategy and policy for successful change to be achieved.</p> <p>The plan also captures the offer of support from Health Improvement Scotland, the Improvement Service and the Integration Scheme of the Scottish Government.</p> <p>A monitoring framework will be developed, with a RAG status for ease of reference.</p> <p>The IJB discussed progressing the branding of the Health & Social Care Partnership and asked that a process paper detailing the options is brought to the September meeting. In the interim a draft paper will be circulated to the IJB for comments.</p> <p><i>The IJB :</i></p> <ul style="list-style-type: none"> • <i>Approved the revised IJB improvement plan, which has been informed and developed following discussions at the development session on the 30th May.</i> • <i>Instructed the Chief Officer to provide an update on progress as a standing agenda item.</i> • <i>Requested a paper on HSCP branding is brought to the September meeting.</i> 	<p>S Cairney</p> <p>C/Officer</p> <p>S Cairney</p>

5.2	HSCP Management Structure	
	<p>The Chief Officer presented the follow-up to the report presented to the IJB in May and further considered to reflect discussions. The report provides further clarity in relation to the Heads of Service for Adult Care and the Chief Financial Officer posts and the proposed changes to the structure.</p> <p>The issues with the current structure were outlined which have impacted specifically on the effective leadership and management of change across the service.</p> <p>A concern was raised around the potential risk to the new Chief Officer of the proposed changes. The Chief Officer expressed the view there is a significant risk to the HSCP, the transformation agenda and governance in not having a robust new management structure in place. The proposed changes will address a number of issues and ensure capacity for leadership and change, and will improve communication across a service which has become fragmented.</p> <p>The IJB considered the recommendation to realign the grade and role of the Chief Financial Officer position to that of a Chief Officer (Head of Service) under both pay and grading structures. The proposal is in recognition of the demands and complexity of integration and the responsibility and expectations of the role in working with partners in identifying new ways of working and providing specialist financial support and advice. There is a cost pressure regarding the post, under both the NHS and Council terms and conditions. This would range between £7k and £22k, dependent on whether the post holder was employed by the NHS or Council.</p> <p>The staffside representative for Health reported staffside members' concerns regarding the financial cost pressure in relation to the Chief Financial Officer post.</p> <p><i>The IJB :</i></p> <ul style="list-style-type: none"> • <i>Approved the proposed HSCP Strategic Leadership Team Structure, specifically the changes to the Heads of Service for Adult Services and the Chief Financial Officer positions.</i> • <i>Approved a cost pressure of between £7k and £22k to address the grading in-equity of the CFO role.</i> • <i>Noted that appropriate staff consultation will be carried out and the required processes will be followed through the Staff Liaison and Organisational Change Groups.</i> • <i>Noted staffside concerns regarding the cost pressure associated with the CFO post.</i> 	
5.3	Draft Primary Care Improvement Plan	
	<p>The draft Primary Care Improvement Plan (PCIP) was presented to the IJB.</p> <p>The Memorandum of Understanding sets out the agreed approach to</p>	

support the implementation of the General Medical Services (GMS) Contract in Scotland from April 2018 and provides a basis for HSCPs to develop the PCIP as part of their Statutory Strategic Responsibilities.

The introductory plan meets national and pan-Argyll outcomes and sets how the HSCP plan to implement the new GMS Contract. The 3 year implementation plan is a live document and has been developed in collaboration with local GP Clinical leads and representatives from NHS Highland GP Sub Committee. Following initial temporary rejection by the Local Medical Committee (LMC) of both the North Highland PCIP and the Argyll & Bute PCIP, there has been further feedback from the LMC/GP Sub-Committee Argyll & Bute Representative :

- there are no major revisions required in the Argyll and Bute PCIP.
- further work is required regarding more detailed costings but this should not delay commencing implementing the plan.
- agreed dialogue with the GP Sub will continue as implementation of the plan proceeds
- specific feedback to the LMC from Argyll and Bute GPs has been noted.

Quality and safety assurances will be built into the Plan, overseen by the Implementation Steering Group which will report to the Service Transformation Board. Internal assurance systems will report to the IJB and nationally to Scottish Government.

Data sets will be recorded, internally reviewed and monitored at national level.

Financial and clinical risk monitoring reports and the outcomes for service users will be presented to the IJB bi-annually, with clear recommendations and early processes set out to address any identified issues.

**S Whiston/
J Robinson**

An HSCP engagement process with communities will be progressed which will set out the implications of the changes resulting from the implementation of the GMS Contract and the impact on rural areas. An Argyll & Bute GP representative sits on the Steering Group tasked with considering the recommendations from rural practices impacted by the PCIP and the sustainability of small GP practices.

The IJB :

- *noted the draft Primary Care Improvement Plan (PCIP) and approved its submission to the Scottish Government.*
- *agreed the monitoring process and bi-annual reporting to the IJB on any financial impacts and outcomes for service users.*

5.4	Clinical & Care Governance	
	<p><u>Blood Transfusion Report</u></p> <p>The Clinical Governance Manager presented the report. Blood Transfusion requires robust Clinical Governance arrangements to ensure patient safety. The paper outlined the key arrangements in place in Argyll & Bute, utilising the Argyll & Bute Hospital Transfusion Committee Terms of Reference to provide a summary of key activity.</p> <p>The 2017/18 Blood Transfusion annual report is awaited and together with a proposed self assessment will be used to develop an improvement plan as indicated.</p> <p>The plan will be overseen by the Argyll & Bute Hospital Transfusion Committee and progress will be reported to the A&B Clinical & Care Governance Committee.</p> <p><i>The IJB noted the clinical governance arrangements and actions in relation to Blood Transfusion.</i></p> <p><u>Inpatient Falls</u></p> <p>The report was summarised by the Associate Lead Nurse, setting out the quality improvement work being undertaken to reduce falls in Ward B, Lorn & Islands Hospital, Oban and the Acute Ward, Campbeltown Community Hospital.</p> <p><i>The IJB noted :</i></p> <ul style="list-style-type: none"> • <i>ongoing improvement work to reduce falls in Argyll & Bute (A&B) Scottish Patient Safety Programme (SPSP) test wards.</i> • <i>that focussed work is in place to maintain and improve performance across Argyll & Bute.</i> • <i>that monitoring will be in place with run charts for each ward area and the overall Argyll & Bute run chart for inpatient falls as a standing item at the Quality, Professional and Practice Standards Meeting.</i> 	
5.5	HSCP Performance Report	
	<p>The report presented by the Senior Performance & Improvement Manager outlined the performance for Outcome 1, People are able to improve their health and Outcome 2, People are able to live in the community.</p> <p>The IJB discussed several points of concern in relation to the reporting format and presentation of the data, and agreed :</p> <ul style="list-style-type: none"> • IJB access to Pyramid to be progressed. • Presentation of the data to be reviewed to ensure a meaningful format to assist understanding of the data being reported. • Appropriate use and inputting to Pyramid to be reviewed. • Clarity on the actions being taken to address the deficiencies 	

	<p>in performance to be detailed in future reports.</p> <ul style="list-style-type: none"> • Performance Report and Pyramid System to be a future IJB Development Session topic. <p>The Clinical Care & Governance Manager advised that the data reported for Complaints performance required to be reviewed.</p> <p>The Senior Performance & Improvement Manager noted the comments and concerns and which will be progressed in discussion with the Head of Strategic Planning and Performance.</p> <p><i>The IJB noted :</i></p> <ul style="list-style-type: none"> • <i>the HSCP performance against National Health and Well Being Outcome Indicators, FQ4 2017/2018. Outcome 1 showed 8 indicators are on track and 6 indicators reported as off track. Outcome 2 showed 12 indicators are currently on track with 6 indicators reported as off track.</i> • <i>unplanned admissions and delayed discharges are a pressure on the Partnership.</i> • <i>the actions identified to address deficiencies in performance as detailed in the exception reports.</i> 	<p>D Hunter/ F Campbell</p> <p>D Hunter/ S Whiston</p>
5.6	HSCP Annual Performance Report	
	<p>The Senior Service Planning Manager presented the report and noted the comments from the IJB relating to standardisation of formatting, typographical errors and concerns regarding background colouring within the report.</p> <p>The IJB requested :</p> <ul style="list-style-type: none"> • an overview of the outcomes of inspections reporting should be included in the report. • an earlier draft of future annual reports should be sent to the IJB for review and feedback. • future annual reports are taken to an IJB Development Session. <p><i>Noting that the report will be reviewed and amended to take into account the above comments, the IJB endorsed and approved the HSCP Annual Performance Report 2017/2018 for publication.</i></p>	
5.7	Finance	
	<p><u>Budget Monitoring Report</u></p> <p>The Interim Chief Financial Officer provided an overview of the financial position, advising that the year-end forecast outturn is currently the revised figure of £4.0m overspent. Finance Teams will undertake budget challenge sessions with budget managers to clarify the financial challenges and provide a scrutiny of the figures being presented.</p> <p>The budget gap has reduced to £1.6m as a result of the agreement</p>	

to delay repayment of 2017/18 overspends by NHS Highland and Argyll & Bute Council. It has not been possible to identify further savings in the timescale required which would be in line with the Strategic Plan and deliverable in the 2018/19 financial year. The IJB asked that the approach to financial recovery is noted as approved at the May meeting rather than proposed.

The IJB requested that future finance reports incorporate details of the identified savings and recurrent savings being recorded and a more detailed trajectory. An early indication of discussions with NHS Greater Glasgow & Clyde in relation to Service Level Agreement charges will be reported to the IJB.

The Quality & Finance Programme Board will have oversight of the recurring financial savings, with the assurance process being formalised by the IJB.

The IJB noted :

- *Funding offers from NHS Highland and Argyll & Bute Council have yet to be accepted for 2018/19.*
- *Budgets have been set based on the funding offers made.*
- *Planned expenditure exceeds the funding offers by £12.2m.*
- *A savings plan of £10.6m is in place and is being risk assessed, however schemes for the balance of £1.6m remain to be confirmed.*
- *There is concern around the pace of delivery of the savings programme and focus of the organisation.*
- *The year-end forecast outturn is currently a £4.0m overspend. This is not acceptable and all efforts must be focused on significantly improving this forecast position.*

Budget Approach 2019-20 Onwards

The Interim Chief Financial Officer presented the paper, advising that a very high level estimate budget gap is based on estimated funding available from partners and the level of cost and demand pressures in future years. The two scenarios detailed are the estimated best and worst case forecasts.

The development of a 3 year financial plan will be in line with the next Strategic Plan period and the draft timetable will take into account key requirements as detailed in the paper.

Service change proposals are to be developed, driven and based on an assets based approach for each individual locality, and will be presented to the Quality & Finance Programme Board in October. A report outlining the communications plan and budget consultation approach will be presented to the IJB in September.

The IJB noted :

- *the estimated budget gap for the three years from 2019-20 to*

S Cairney

	<p>2021-22 is in the range of between £19m and £24m (approx £6m to £8m each year)</p> <ul style="list-style-type: none"> the agreed timetable for the development of further service change proposals to work towards the agreement of a balanced budget for the IJB by March 2019. <p><u>IJB Audit Committee Terms of Reference</u></p> <p>The Chief Officer advised that the Terms of Reference were updated following a request from the IJB Audit Committee to incorporate feedback from the internal audit carried out in relation to risk management and allow members to nominate deputies to ensure future meetings are not rescheduled or cancelled due to availability.</p> <p><i>The IJB approved the recommended changes to the Audit Committee Terms of Reference which have been recommended by the Audit Committee.</i></p>	
5.8	Strategic Plan (April 2019-March 2022 – Stakeholder Engagement)	
	<p>The Associate Director of Public Health provided a summary of the Strategic Plan engagement approach, which has been informed by the involvement of services users, carers and the Scottish Health Council. Engagement with the Argyll & Bute Community Councils has raised the capacity to progress a staged approach which will result in proportionate engagement being built into the Strategic Plan development; subsequent service development/redesign and service change implementation.</p> <p><i>The IJB noted the progress of engagement to inform the development of the Strategic Plan.</i></p>	
5.9	Engagement Framework – Progress Update	
	<p>The report by the Associate Director for Public Health informed the IJB that the actions progressed are intended to respond to the themes outlined in the 'Visible Changes – Argyll & Bute IJB Improvement Plan.</p> <p><i>The IJB noted the progress over a three month period in support of the implementation of the HSCP Engagement Framework and the 'Visible Changes Argyll & Bute IJB Improvement Plan'.</i></p>	
5.10	HR	
	<p>The Head of People & Change presented the reports.</p> <p><u>Staff Governance</u></p> <p>The report detailed performance data and current issues re. staff governance in the HSCP and discussed at the Strategic Leadership Team and Joint Partnership Forum.</p> <p><i>The IJB noted the content of the quarterly report on staff governance</i></p>	

	<p><i>performance in the HSCP.</i></p> <p><u>HSCP Workforce Plan</u></p> <p>The plan reflects the HSCP's 3 year strategic planning cycle, focussing on adult services. Specific plans will need to be developed as service redesigns are progressed as part of the 'Transforming Together' programme during 2018/19.</p> <p>The IJB highlighted that specific data was omitted from the plan. In addition narrative on particular pages had a Highland focus which required to be amended. Overall it was recommended that the Workforce Plan required more context in future iterations to the IJB.</p> <p><i>The IJB approved the first Argyll & Bute Health and Social Care Partnership Workforce Plan - 2018/19, noting that this is the first iteration and an updated plan will be brought back to the IJB.</i></p> <p><u>Values & Practices Framework</u></p> <p>Subsequent to a review of the HSCP Shared Values and staff consultation, a Values and Practices Framework has been developed to raise awareness of values across the organisation as defined in the 3 year Strategic Plan 2016-19.</p> <p>Following feedback from the IJB, accessibility to the framework and the background colouring with text will be reviewed prior to roll-out of the framework.</p> <p>The IJB agreed the suggestion to present the framework at a future development session.</p> <p>A report on mapping of the values and how they link with the Visible Changes Improvement Plan will be presented to the IJB in early 2019.</p> <p><i>The IJB approved the new Values & Practices Framework (CIRCLE) and approved its implementation across the HSCP.</i></p>	<p>S Wilkie</p> <p>S Wilkie</p> <p>S Wilkie</p> <p>S Wilkie</p>
<p>5.11</p>	<p>Chief Officer Report</p> <p>The Chief Officer highlighted :</p> <p>Elaine Mead, NHS Highland Chief Executive is stepping down at the end of 2018. The Chief Officer expressed her thanks to Elaine for her guidance and support, particularly in relation to integration of health and social care, and wished her well for the future.</p> <p>A Joint Inspection of Children's Services will take place in the Autumn, with Inspectors spending two separate weeks on site, weeks commencing 10 September and 22 October.</p> <p>The distribution of the West of Scotland Regional Health & Social</p>	

	<p>Care Delivery Plan discussion document to IJBs, Health Boards and the associated Stakeholder engagement, due to take place July-September, has been paused. This is to provide an opportunity for the new Cabinet Secretary for Health to review and be fully briefed on the work to date at both National and Regional level in Scotland.</p> <p><i>The IJB noted the report.</i></p>	
5.12	<p>Noting Papers</p> <ul style="list-style-type: none"> • Draft Quality & Finance Programme Board Minutes – 20/6/18 • Draft IJB Audit Committee Meeting Minutes – 26/6/18 • Draft Clinical & Care Governance Minutes – 21/6/18 <p><i>The IJB noted the draft Minutes.</i></p>	
	<p>The Chair expressed his thanks on behalf of the IJB to the Chief Officer who is stepping down from her post at end September, noting her commitment and contribution to progressing Health & Social Care Integration in Argyll & Bute.</p>	
	<p>Date of Next Meeting: Wednesday 26 September 2018, 1.30pm Council Chambers, Kilmory, Lochgilphead</p>	

ACTION LOG – INTEGRATION JOINT BOARD 1-8-18

	ACTION	LEAD	TIMESCALE	STATUS
1	Development Session on Homecare to be arranged.	A MacColl-Smith	2018	Being progressed with Commissioning
2	Strategic Risk Register topic for Development Session.	Chief Financial Officer	To be advised.	Progressing with internal auditors to agree a date.
3	Review of carer's centres to ensure the criteria of the Carer's Act is being managed.	Linda Currie, Heather Grier Catriona Spink	Ongoing	Data collection from centres will be collated on the template due to be issued from Scottish Government.
4	Update Visible Changes IJB Draft Implementation Plan	Chief Officer	Ongoing	Standing agenda item
5	Complaints Report	E Higgins	Future report to the IJB to include trends and graphs, benchmarking against other peer partnerships	
6	Report on eKSFs & PRDs to IJB	S Wilkie	September 18	
7	Updated HSCP Workforce Plan	S Wilkie	January 2019	
8	Visible Changes Improvement Plan – report on mapping of values and link to Visible Changes Improvement Plan.	S Wilkie	Early 2019	

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Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.1

Date of Meeting : 26 September 2018

Title of Report : Visible Changes Argyll & Bute IJB Improvement Plan

Presented by: Joanna MacDonald, Chief Officer

The Integration Joint Board is asked to :

- **Note** the progress made across the range of actions contained within the IJB Visible Changes Improvement Plan
- **Approve** the briefer RAG rated table be brought to future IJB meetings, as the monitoring framework which will enable a high level status of actions contained within the Improvement Plan to be monitored.
- **Approve** detailed reporting across 1-2 of the aims within the Improvement Plan at each IJB meeting, with the monitoring framework providing the high level overview of progress across the totality of the plan

1. EXECUTIVE SUMMARY

The Visible Changes IJB Improvement Plan was developed in response to a range of feedback and issues experienced by the IJB at the beginning of the year, including staff, community and political feedback in relation to service change and transformation across health and social care services within Argyll & Bute Health and Social Care Partnership.

The Improvement Plan, was approved by the IJB on 1st August, with a request that an update on progress be brought to every IJB meeting, through a standing agenda item. Appendix 1 provides an update on progress. Appendix 2 is presented for IJB approval as the monitoring framework which will enable a high level status of actions contained within the Improvement Plan to be monitored. If approved, this would be supported by a more detailed narrative in the covering paper to ensure the IJB have a full understanding of any additional information provided. The Board are also asked to approve detailed reporting across 1-2 aims within the Improvement Plan at each meeting, with the monitoring framework providing the high level overview of progress across the totality of the plan.

2. INTRODUCTION

The IJB have responsibility for assuring high quality, safe and sustainable models of care delivery within the available resources. In response to feedback received about the approach taken thus far to identifying and implementing areas for service change, the improvement plan details a range of improvement work and support from partners required to implement visible changes to local arrangements.

3. DETAIL OF REPORT

The IJB Improvement Plan identifies improvement activity required across all levels of the Health and Social Care Partnership, to deliver visible changes in the transformation of health and social care services within Argyll and Bute.

The Improvement Plan has been informed by discussions of the IJB at the development session on 30th May 2018, where Board members had the opportunity to consider the need for and content of the draft plan and make the required changes. The revised Improvement Plan was approved by the IJB at it's meeting on 1st August.

Appendix 1 provides an update on progress since the last IJB meeting. Appendix 2 contains an abbreviated RAG rated table to allow the IJB to monitor high level progress across the range of actions within the improvement plan and is presented for the IJB to consider for future updates. If approved, this would be supported by a more detailed narrative in the covering paper to ensure the IJB have a full understanding of any additional information or actions being undertaken to address the aim. The Board are also asked to approve that the detailed reporting is focussed across only 1-2 aims within the Improvement Plan at each meeting. This will enable the IJB to spend more time on a detailed discussion and deep dive into the specific actions being undertaken and a greater understanding of any particular challenges or delays in progressing actions. The monitoring framework would always be available to provide the high level overview of progress across the totality of the plan.

Progress has been made across the range of actions contained within the Improvement Plan, with significant progress across aim 3 which is focussed on communication and engagement. In appendix 3 an engagement timeline augments the information provided within the plan.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

The IJB improvement plan seeks to ensure effective governance, leadership and communication arrangements are in place across the Health and Social Care Partnership, acknowledging that these will positively impact on the delivery of the strategic objectives of the Partnership.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

As the IJB Improvement Plan is implemented, financial implications associated with specific actions will require to be identified.

5.2 Staff Governance

The IJB Improvement Plan acknowledges the requirement for effective collective leadership and opportunities for staff engagement to inform and influence the approach to service change and transformation locally.

5.3 Clinical Governance

All areas for improvement which positively impact on the organisation's culture and leadership behaviours have the potential to positively impact on the care delivery experience of people across Argyll and Bute.

6. EQUALITY & DIVERSITY IMPLICATIONS

No issues identified.

7. RISK ASSESSMENT

The IJB Improvement Plan has been developed to address a range of feedback and issues experienced by the IJB, which have negatively impacted on the reputation of the IJB to deliver the required service change and transformation across health and social care services across Argyll and Bute.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

There are specific actions identified within the IJB Improvement Plan which seek to achieve improved service user, staff and partner involvement and engagement.

9. CONCLUSIONS

The Improvement Plan, was approved by the IJB on 1st August, with a request that an update on progress be brought to every IJB meeting, through a standing agenda item.

The IJB are asked to note the progress made across the range of actions contained within the IJB Visible Changes Improvement Plan and approve the monitoring framework included within Appendix 2, which will enable a high level status of actions contained within the Improvement Plan to be monitored. If

approved, the monitoring framework would be supported by a more detailed narrative in the covering paper. The Board are also asked to approve detailed reporting across only 1-2 aims at each meeting, to enable a more detailed examination of the actions and issues impacting on progress, with the monitoring framework providing the high level overview of progress across the totality of the plan.

	Actions Required	Lead/Timeframe	Partner Support Required	Progress
1	Aim: Ensure the areas of service change aimed at delivering the objectives of the IJB Strategic Plan are understood by the partner organisations, NHS Highland and Argyll and Bute Council, and that support is aligned to priority areas with the aim of achieving shared success.			
1a	Collaborative Leadership meetings to be convened to include CEO NHS Highland, CEO Argyll & Bute Council, Leader of Council, Chair of NHS Highland, Chair and vice-Chair of IJB and CO of IJB (plus others as required) - to focus on support for the IJB to progress the required service changes, develop an understanding of shared duties, powers, responsibility and risk in relation to delegated functions, ensuring open lines of communication and dialogue.	Chief Executives of NHS Highland and Argyll & Bute Council (CEOs) , Chief Officer of IJB (CO)	Support from Health Board and Local Authority senior leaders to establish meetings, with a focus on supporting service change.	COMPLETED: Progress: meeting held 16 th May and calendar of quarterly meetings now finalised.
1b	Corporate Service redesign and realignment to reduce duplication, bureaucracy, increase productivity, co-locate partner staff, focus on sustainability of services locally and reduce costs- finance, HR, communications and engagement, IT/telephony, governance and committee support.	CEOs, CO Argyll & Bute Council and HSCP Transformation Boards established October 2018 for scoping to be	Support from Health Board and Local Authority to scope potential areas of redesign and realignment of corporate services across organisations.	Progress: work progressing across catering and co-location Joint meeting between Council and HSCP Senior Management Teams held on 18th June to identify further opportunities. Joint meeting of Transformation Boards

		concluded- Head of Strategic Planning and Exec Director for Customer Services		to be progressed to scope the areas within corporate services with the potential for shared quick wins
1c	Integration Scheme review- links to arrangements for risk sharing, corporate service support, governance arrangements.	Short Life Working Group (SLWG) to be established to lead work. Feb 2019- review process to be completed- CO to advise IJB of outcome.	SG Integration team support to facilitate/ support review process. SG to feedback re integration scheme review processes currently being undertaken and whether any further review of principles underpinning integration schemes planned.	Progress: Paper to IJB- end May 2018 outlining process and timeline. SLWG to be chaired by the Council's Exec Director for Customer Services.
1d	Scope, facilitate and support a review of IT systems and processes, identifying potential capital investment for integrated IT systems.	Head of Strategic Planning, Head of Customer and Support Services, CO. Once scope agreed, agree timeframe to complete review and identify potential areas for integrated IT systems.	IT colleagues across Health Board, Local Authority and HSCP to agree the scope and undertake a review, linking to priority areas of HSCP Transforming Together Programme and national eHealth strategic priorities.	Skype for Business integrated Comms business case in development – potential pilot site of LIH, Oban.

1e	Explore the potential to develop an approach, principles and mechanism which support the transition of the workforce into new roles required to deliver new service models, taking account of the two differing sets of terms and conditions.	CEOs, CO, CFOs, Head of People and Change – Oct 2018	HR and Finance colleagues from Health Board and Local Authority to participate in SLWG, acknowledging final decision making sits with two employers. Opportunities and barriers identified by SLWG to be fed into groups supporting national health and social care workforce planning agenda.	Progress: SLWG chaired by NHS Deputy Director of HR 28 th August- high level discussion re key principles.
1f	Asset mapping across localities, including looking at capacity to facilitate a move to co-location and reduced asset footprint across Health and Social Care Services. Would include an agreed approach to funding any developments, risk sharing, impact on wider asset base etc.	Heads of Service and Head of Strategic Planning with support from Procurement and Commissioning March 2019 to complete review of asset mapping	Health Board, Local Authority and HSCP officers to review previous asset mapping undertaken as part of CPP work plan, identifying opportunities to further reduce footprint.	Council commissioning team to support review process
2	Aim: The IJB to undertake self evaluation activity aimed at identifying areas to inform a programme of improvement work which will assure effective governance and leadership to transform health and social care services in Argyll and Bute.			
2a	Initial induction of new IJB members.	CO- May 2018		Progress: completed 15 th May
2b	Development session with all IJB	CO- May 2018		Progress: IJB development session on

	members to discuss and inform Visible Changes IJB draft improvement plan and identify next steps			30 th May to further develop draft improvement plan and agree priority areas for development and monitoring arrangements. Updated Improvement Plan approved by IJB August 1st
2c	Development Programme for IJB to be created, informed by a self evaluation process. Topics to include: governance, role on Board, decision making during times of change, measuring success.	CO, Head of People and Change - August 2018	Areas which would benefit from facilitation/input from Local Government Improvement Service and Integration Team of SG to be discussed and agreed by IJB.	Improvement Service attended IJB 1 st August for awareness session re self assessment process. Questionnaire distributed to IJB for completion by 24th August. Action planning meeting on 4th October to identify priority areas for improvement. Development Programme for 2018/19 will be structured by end-October 2018.
2d	Review frequency and format of meetings between members of the IJB and Chair and vice Chair, to ensure maximum opportunity for all members to contribute advice, scrutiny and influence decision making of IJB meetings	CO, Chair and vice-Chair- July/Aug 2018		Dates being identified for a Senior Members/Officers Group (SMOG) to enable early discussion between the IJB and members of SLT re policy development
2e	Shadowing opportunities for IJB Chair, vice Chair and CO to benchmark and learn from other Partnerships. Shadowing opportunities for all IJB	CO, Chair and vice-Chair July/Aug 2018	Integration team of SG to identify Partnerships facing similar challenges to maximise potential for shared learning	CO discussing arrangements with SG Integration Team

	members to be explored both within and out with Argyll & Bute			
2f	Induction and support programme to be developed and/or revised for service user and carer reps on statutory groups (IJB, Strategic Planning Group, Locality Planning Groups)	Engagement Team June 2018		Induction materials in development for representatives on the IJB, Strategic Planning Group and locality planning groups. Final Induction pack will be presented at the November IJB
2g	As part of development programme, invitations to be extended to colleagues from other areas to come and share areas of good practice re service change and redesign with Argyll & Bute IJB – to be incorporated into IJB development plan	CO, Chair and vice Chair- ongoing		Programme to be developed
2h	Support IJB members to develop their knowledge and understanding of services, to enable members to operate strategically and undertake an ambassadorial role, through visits to localities and service areas	CO and IJB members- Oct 2018		IJB Development Programme to be informed by priority areas identified through Improvement Service self assessment process.
2i	Regular meetings between senior officers and IJB members to take place to inform development of and presentation of information required to inform IJB decision making.	CO, Chair and vice Chair- Aug 2018		Dates being identified for a Senior Members/Officers Group (SMOG) to enable early discussion between the IJB and members of SLT re policy development.

2j	Seminar/ Development sessions to be organised prior to significant areas of work, with opportunities for informal networking of IJB members optimised	CO- Sept/Oct 2018		In development
3	Aim: Review and refocus communication and engagement strategy to improve understanding by communities and all staff of the case for change across health and social care services and provide opportunities for community feedback to influence the change.			
3a	<p>Revised communications and engagement plan to be developed based on Transforming Together message- considering method, best practice, audience, case for change, process for addressing differences of view, support from Scottish Health Council.</p> <p>The need for proactive communications and engagement with communities, which reframes the implications of service change locally and provides information about the range of positive achievements.</p>	Head of Service Strategic Planning and Associate Director of Public Health	<p>The approach and areas for redesign and change will require joint support and leadership across the Health Board, Council and IJB to ensure consistent messaging and collective responsibility.</p> <p>Identify opportunities for SG to communicate policy messages re integration and service change alongside HSCP staff.</p>	<p>Progress: Engagement Strategy paper to IJB 30th May 2018- approved. Update to IJB 1st August.</p> <p>SG Integration Team to attend IJB. Date still to be identified as Sept IJB clashes with MSG</p>
3b	Information regarding the service areas within the Transforming Together programme of work, to be shared with all staff and communities and linked to the review of the Strategic Plan and budget consultation process as part of the	Head of Service Strategic Planning, Associate Director of Public Health, Chief Financial Officer - June- Oct 2018		<p>See Appendix 3: Engagement Timeline. Strategic Plan Consultation process is currently underway involving a wide range of health and social care staff and community/partner forums.</p> <p>Presentations have been delivered and</p>

	revised Communication and Engagement Strategy.			<p>a questionnaire is capturing feedback.</p> <p>Stage 1 is focussing on informing and Consulting on the Strategic Plan</p> <ul style="list-style-type: none"> - Informing people about what the HSCP is going to do - Inviting comments on the key service change areas that are required - Inviting suggestions around what we need to do to make sure we involve people as we make these changes- - Use the information gathered in this stage to inform what we do next"
3c	Support for Locality Planning Groups-based on workshop held March 2018 and feedback received re clarity of role and support required	Head of Service Strategic Planning and Associate Director of Public Health- end June 2018	SG identify and share areas of good practice from other Partnerships which can be included within the action plan recently agreed by Strategic Planning Group	<p>Progress: draft action plan considered by Strategic Planning Group at March meeting, to be further developed with LPG Chairs</p> <p>Key areas of service change presented to Strategic Planning Group at July meeting- members invited to complete feedback questionnaire/survey monkey.</p> <p>A participatory workshop is being planned to evaluate the effectiveness of LPGs. It is anticipated that options appraisal methodology will be utilised to inform and strengthen arrangements. The findings of the workshop and resulting recommendations will be</p>

				presented at the November IJB. Re -launch in Aug. This is to run side by side with HSCP comms & engagement strategy launch in early Sept.
3d	Proactive communication across all stakeholders to be enhanced, with clear and unambiguous messages needed following IJB decision making at meetings	Associate Director of Public Health- Aug 2018		<p>Engagement Framework approved at IJB in May 2018, outlining strategic approach to engagement.</p> <p>An over-arching Comms & Engagement Groups involving representatives from comms & engagements groups and the Scottish Health Council advised on the approach to the Strategic Plan consultation. The resulting presentation and questionnaire are currently being utilised, inviting feedback on HSCP priorities for service change.</p> <p>A Communication Framework is in development outlining the aims, methods and audiences. The Framework will complement the Engagement Framework and be supported through an annual delivery plan.</p> <p>Partners have agreed to be members of a HSCP Strategic Engagement Advisory Group (TSI, IJB User/Carer Rep, Scottish Health Council, HSCP Planning Officer, Public Engagement officer, Health Improvement Officer.</p>

				<p>This Group will be chaired by the Assoc. Director of Public Health). This group will advise on the the HSCP strategic approach to service user, carer and partner engagement. The first meeting will be held in September at which members will advice on:</p> <ul style="list-style-type: none"> - the development of functions, structure and governance arrangement for future engagement - the development of support arrangements for service user, carer and third sector reps on statutory groups - Establishing an engagement quality assurance assessment framework
3e	<p>Focussed work with clinicians and social work professionals so that they can explain proposed service changes to patients and service users, providing assurance re safety of service, thereby building confidence and understanding in the public re the need for the changes.</p>	<p>Heads of Service and Associate Director of Public Health. June- Sept 2018</p>		<p>Staff comms and engagement learning sessions being delivered across localities. This programme will be revised to take account of new approach to engagement outlined in the Engagement Framework.</p> <p>Staff side and People & Change have taken part in engagement sessions for health and social care staff between July and September 2018.</p> <p>This will be their opportunity to participate in discussion and provide</p>

				<p>feedback about strategic service changes and identifying their contribution to making it happen. The dates, times and venues are being organised.</p> <p>Developing processes through which LMs and LAMs can facilitate engagement with their teams and capture any comments/views to inform the review of the Strategic Plan.</p>
3f	Locality based work with all staff groups which clarifies the governance and decision making processes, securing commitment to service change and positive communication with the public	Heads of Service and Head of People and Change- Aug- Sept 2018		This work will commence once Public Health and People & Change have agreed an engagement approach for staff and staff-side representatives- revised timeframe- October
3g	Proactive messaging from the IJB to address any perceived division between health and council staff groups within the HSCP	Associate Director of Public Health and Head of People and Change. Aug-Sept 2018		<p>A new (more informal) newsletter has been developed and the first edition has been distributed to HSCP staff.</p> <p>A pilot (Dunoon) is underway inviting staff to feedback on what and how they would like to be engaged.</p>
4	Aim: Ensure consistent communication of the case for change across the HSCP and leadership capacity aligned to priority areas for change.			
4a	Strategic Management Team structure to be strengthened through a review process, with changes implemented to	CO, Head of People and Change.		Management Structure changes approved IJB 1st Aug

	ensure alignment with Transforming Together work plan.			Job Descriptions undergoing revision and evaluation process- anticipate advertising vacancies early October
4b	<p>Project Managers and Executive Sponsors to be aligned to priority areas of Transforming Together programme of work- leading to development of Strategy/Policy documents which will underpin the changes going forward:</p> <p>Transformation programme manager capacity and support may be available from the Improvement Service.</p>	<p>CO, Heads of Service- end June 2018</p> <p>CO- to explore by end June 2018</p>	<p>Integration team of SG provide advice re contacts to share examples of good practice related to the Transforming Together programme of work.</p>	<p>Project Managers in post, Executive Sponsors identified, Transformation Board established and links with other areas being made.</p> <p>Strategy Document outlining key principles of each area of service change to IJB in Sept- timescale revised to November</p> <p>HIS support for developing alternative housing and care models progressing</p> <p>Improvement Service issued self assessment survey- deadline for completion 24th August. Action planning meeting 4th Oct</p>
4c	<p>Finance Team to be realigned/reorganised to focus on supporting service to deliver on priority areas.</p> <p>Prioritise internal benchmarking analysis of areas/trends in pay and non-pay expenditure for SMT to support focussed performance management.</p>	<p>Chief Finance Officer, CO, with support from Health Board and Council- July 2018</p>	<p>Support from Health Board and Local Authority required to progress alignment of the finance teams and integrated financial reporting, acknowledging the requirement for two sets of reporting to continue.</p> <p>Integration Team of SG to facilitate work with CFOs,</p>	<p>Management structure paper approved at IJB 1st August. Potential for shared management arrangements for CFO over finance teams to be explored</p> <p>Links with 4d below</p>

			including Argyll and Bute, to identify the potential to realise shift in resource from large acute settings to local community settings.	
4d	<p>Continue to focus on delivering Commissioning Intentions notified to NHS GG&C, with resulting reduction in value of Service Level Agreement (SLA)- over 2 years equates to £2.5m.</p> <p>Re-negotiate terms of SLA to reflect IJB requirements and ensure timely agreement of payment value.</p>	Head of Service Strategic Planning, Chief Finance Officer	<p>Support from Integration Team of SG to review the costing model utilised between NHS Board responsible for delivery of acute services and Board of patient's residence.</p> <p>Support to include review of how the costing model influences commissioning intentions and resulting resource release.</p>	<p>Meeting between CO and GG&C colleagues being arranged to assert impact of commissioning intentions to value of SLA.</p> <p>Cross boundary flow model shared with SG colleagues with a view to getting a perspective on the adequacy of the model to facilitate the realisation of delivering the HSCPs commissioning intentions.</p>
4e	Focus of all managers in HSCP on budget, delivering the financial recovery plan and driving forward the required service changes which will enable services to operate within budget while addressing increasing demand		<p>Support from NHS and Council finance teams required to support local managers and teams- to monitor progress and identify variance from plans.</p> <p>Close scrutiny and monitoring of the trajectory of savings to allow corrective action to be taken.</p>	<p>Range of sessions facilitated by locality and service based managers across the HSCP undertaken to focus efforts and ensure consistency of approach.</p> <p>Budget challenge process completed.</p> <p>Integrated financial reporting project plan to be taken forward, including integrated reporting, training needs</p>

				<p>assessment, budget manager support and training sessions, promotion of approach to integrated management of budget. Trajectory re required reduction in monthly spend identified by managers, to monitor progress.</p> <p>Managers have led sessions with local teams – consistent messages developed as part of comms and engagement approach.</p>
5	Aim: To develop a shared culture and identity across the HSCP, underpinned by a model of collective leadership.			
5a	<p>Enhanced leadership visibility to be achieved through SLT programme of ongoing staff engagement across localities, with clear processes identified for responding to staff feedback.</p> <p>To be further cascaded by local managers engaging with their teams</p>	<p>CO and Head of People and Change- outline programme to be developed by end June 2018.</p>		<p>Progress: Start the Year sessions undertaken April/May.</p> <p>Feedback from sessions to be issued in September with a structured approach to increased SLT visibility & engagement.</p>
5b	<p>SLT to identify different ways of working to ensure effective delivery of Transforming Together programme.</p>	<p>CO- May 2018</p>		<p>COMPLETED:</p> <p>Progress: 18th May session with Harvey MacMillan Associates</p> <p>Range of actions identified including: establishing an adult services</p>

				management team across Argyll and Bute, team development to be facilitated through action learning.
5c	Develop programme of two way communication with managers across the organisation with regular meetings focussed on change and continued development of effective collective leadership across the organisation.	Heads of Service, Lead Nurse, Head of People and Change- June 2018	Organisational development resource from Health Board and Local Authority to support programme development.	Session with LMs and LAMs undertaken 29 th June to explore benefits, issues, gaps within current structures. Feedback will inform proposed management redesign, communication structures and any future development programme by Oct 2018.
5d	Refresh shared values of the HSCP and embed within recruitment, induction and performance management processes of the organisation.	Head of People and Change- August 2018		Refreshed values and behaviours framework developed with stakeholder group- approved by IJB on 1 st August. Team-based rollout to commence in MAKI (Sept) and extended to other Localities/Services incrementally. To be incorporated into recruitment, appraisal and recognition processes by October.
5e	HSCP branding to facilitate staff having shared sense of identity and belonging, linked to refreshed HSCP shared values	Assoc Director of Public Health – Sept/Oct 2018	Branding and identity development will require support from Health Board and Council.	Information on options to September 26 th IJB development session to enable input from members.
6	Aim: to provide an opportunity for local MSPs and MPs to be regularly briefed about areas of service change and factors impacting on care delivery across Argyll and Bute, along with issues highlighted to them by constituents			

6a	Regular formal communication and briefings with A&B political representatives by CO, Chair and vice-Chair on IJB and Partnership issues and political expectations.	CO-June onwards	Integration Team of SG to provide initial support for meetings with MSPs - held in Edinburgh to facilitate attendance	CO to discuss arrangements with SG Integration Team

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IJB Visible Changes Improvement Plan
Appendix 2

	Actions Required	Lead	Timeframe	Partner Support Required	Progress	Status
1	Aim: Ensure the areas of service change aimed at delivering the objectives of the IJB Strategic Plan are understood by the partner organisations, NHS Highland and Argyll and Bute Council, and that support is aligned to priority areas with the aim of achieving shared success.					
1a	Collaborative Leadership meetings held regularly	CEOs of NHS Highland and Argyll & Bute Council, CO of IJB	Ongoing	Health Board and Local Authority senior leadership, with a focus on supporting service change.	COMPLETED. Meeting held 16.5.18 and calendar of quarterly meetings now finalised.	Green
1b	Corporate Service redesign and realignment	Head of Strategic Planning and Exec Director for Customer Services	October 2018 for scoping to be concluded	Support from Health Board and Local Authority to scope potential areas of redesign and realignment of corporate services across organisations.	Local Authority and HSCP Transformation Boards established: work progressing across catering and co-location, further opportunities to be identified	Amber
1c	Integration Scheme review	Short Life Working Group (SLWG) to be established to lead work.	Feb 2019- review process to be completed	SG Integration team support to facilitate/ support review process.	SLWG to be chaired by the Council's Exec Director for Customer Services.	Amber
1d	Scope, facilitate and support a review of IT systems and processes	Head of Strategic Planning, Head of Customer and Support Services, CO.	Once scope agreed, timeframe to be agreed	IT colleagues across Health Board, Local Authority and HSCP to agree the scope and undertake a review	Skype for Business integrated comms business case in development - potential pilot site LIH, Oban	Amber
1e	Workforce transition process (new roles required to deliver new service models)	Head of People People and Change	Oct-18	HR and Finance colleagues from Health Board and Local Authority Issues identified by SLWG to be fed into groups supporting national health and social care workforce planning	Meeting held 28th August chaired by NHS Deputy Director of HR- high level discussion re key principles	Amber
1f	Asset mapping across localities	Heads of Service and Head of Strategic Planning	March 2019 to complete review of asset mapping	Health Board, Local Authority and HSCP officers to review previous asset mapping undertaken as part of CPP work plan, identifying opportunities to further reduce footprint.	Council commissioning team to support review process	Amber
2	Aim: The IJB to undertake self evaluation activity aimed at identifying areas to inform a programme of improvement work which will assure effective governance and leadership to transform health and social care services in Argyll and Bute.					
2a	Initial induction of new IJB members.	CO	May-18		COMPLETED: 15.5.18	Green
2b	Development session with IJB to discuss and inform Visible Changes IJB draft improvement plan and identify next steps	CO	May-18		COMPLETED : Updated Improvement Plan to IJB 1.8.18	Green
2c	Development Programme for IJB, informed by a self evaluation process to be developed	CO, Head of People and Change	August 2018	Areas which would benefit from input from Local Government Improvement Service and Integration Team of SG to be discussed and agreed by IJB.	Improvement Service self assessment questionnaire distributed. Action planning 4.10.18. Development Programme by end Oct.	Green
2d	Review frequency and format of meetings between members of the IJB and Chair and vice Chair	CO, Chair and vice-Chair	July/Aug 2018		Dates being identified for a Senior Members/Officers Group (SMOG) to enable early discussion between the IJB and members of SLT re policy development	Green
2e	Shadowing opportunities for all IJB members including IJB Chair, vice Chair, CO	CO, Chair and vice-Chair	July/Aug 2018	Integration team of SG to identify Partnerships facing similar challenges to maximise potential for shared learning	CO discussing arrangements with SG Integration Team	Amber

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	Actions Required	Lead	Timeframe	Partner Support Required	Progress	Status
2f	Induction and support programme for service user and carer reps on statutory groups to be developed (IJB, Strategic Planning Group, Locality Planning Groups)	Engagement Team	Jun-18		Induction materials in development Final Induction pack will be presented at the November IJB	
2g	As part of IJB development programme, invitations to be extended to colleagues from other areas to come and share areas of good practice	CO, Chair and vice Chair	Nov-18		Programme to be developed	
2h	Support IJB members to operate strategically and undertake an ambassadorial role	CO	Oct 2018		IJB Development Programme to be informed by self assessment process	
2i	Regular meetings between senior officers and IJB to ensure appropriate information available to inform IJB decision making.	CO, Chair and vice Chair	Aug-18		Dates being identified for a Senior Members/Officers Group meetings	Green
2j	Seminar/ Development sessions to be organised prior to significant areas of work, with opportunities for informal networking of IJB members optimised	CO	Sept/Oct 2018		In development	Green
3	Aim: Review and refocus communication and engagement strategy to improve understanding by communities and all staff of the case for change across health and social care services and provide opportunities for community feedback to influence the change.					
3a	Revised communications and engagement plan to be developed based on Transforming Together message	Head of Service Strategic Planning and Associate Director of Public Health		Joint support and leadership across the Health Board, Council and IJB to ensure consistent messaging and collective responsibility.	COMPLETED: Engagement Strategy paper approved at IJB 30.5.18. Update to IJB 1.8.18.	
	Proactive communications and engagement with communities, which describes case for change and positive achievements			Support from SG to communicate policy messages re integration and service change alongside HSCP staff.	SG Integration Team to attend IJB. Date still to be identified	
3b	Information re Transforming Together programme to be shared with all staff and communities, linked to the review of the Strategic Plan and budget consultation process	Head of Service Strategic Planning, Associate Director of Public Health, Chief Financial Officer	June- Oct 2018		Engagement Strategy approved IJB 30.5.18 Update paper re engagement plan IJB 1.8.18 Engagement Timeline developed. Strategic Plan Consultation process underway involving wide range of stakeholders. Presentations delivered and questionnaire capturing feedback. Stage 1 focussing on Informing and Consulting on the Strategic Plan.	
3c	Support for Locality Planning Groups	Head of Service Strategic Planning and Associate Director of Public Health	end Jun 2018	SG identify and share areas of good practice from other Partnerships	Participatory workshop planned to evaluate the effectiveness of LPGs. Option appraisal methodology to be utilised to inform and strengthen arrangements. Findings and recommendations to November IJB.	Amber
					Engagement Framework approved at IJB in May 2018 Over-arching Comms & Engagement Group (reps from comms & engagements groups and the Scottish Health Council) advised on the approach to the Strategic Plan consultation.	

IJB Visible Changes Improvement Plan

Appendix 2

	Actions Required	Lead	Timeframe	Partner Support Required	Progress	Status
3d	Proactive communication across all stakeholders following IJB decision making at meetings	Associate Director of Public Health	Aug 2018		A Communication Framework in development. The Framework will complement the Engagement Framework and be supported through an annual delivery plan. Partners have agreed to be members of a HSCP Strategic Engagement Advisory Group. This group will advise on the the HSCP strategic approach to service user, carer and partner engagement. First meeting to be held in September.	Yellow
3e	Focussed work with clinicians and social work staff so that they can engage effectively with communities re the case for change	Heads of Service and Associate Director of Public Health.	Sep-18		Staff side and People & Change involved in engagement sessions for staff July- September 2018. Staff comms and engagement learning sessions being delivered across localities. LMs and LAMs currently facilitating engagement with their teams and capturing comments/views to inform the next Strategic Plan.	
3f	Locality based work with all staff groups which clarifies the governance and decision making processes	Heads of Service and Head of People and Change-	Aug- Sept 2018		Work to commence October	Red
3g	Proactive messaging from the IJB to address any perceived division between health and council staff groups within the HSCP	Associate Director of Public Health and Head of People and Change.	Aug-Sept 2018		A new newsletter has been developed, first edition distributed in August. Pilot underway, inviting staff to feedback on what and how they would like to be engaged.	Amber
4 Aim: Ensure consistent communication of the case for change across the HSCP and leadership capacity aligned to priority areas for change.						
4a	Strategic Management Team structure to be strengthened	Head of People and Change.	Sept/Oct 2018		Management Structure changes approved IJB 1.8.18 Job Descriptions undergoing revision and evaluation process- anticipate advertising vacancies early October	Green
4b	Exec Sponsors for worstreams within Transforming Together programme to develop Strategy/Policy documents which will underpin the changes going forward Support from the Improvement Service and HIS to enhance capacity and capability.	Head of Strategic Planning, Assoc Director of Public Health	Oct 2018	Integration team of SG provide contacts to share examples of good practice	Project Managers in post, Executive Sponsors identified, Transformation Board established Strategy Document outlining key principles of each area of service change to IJB in November HIS support for developing alternative housing models progressing Improvement Service issued self assessment survey. Action planning meeting 4.10.18	

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Appendix 2

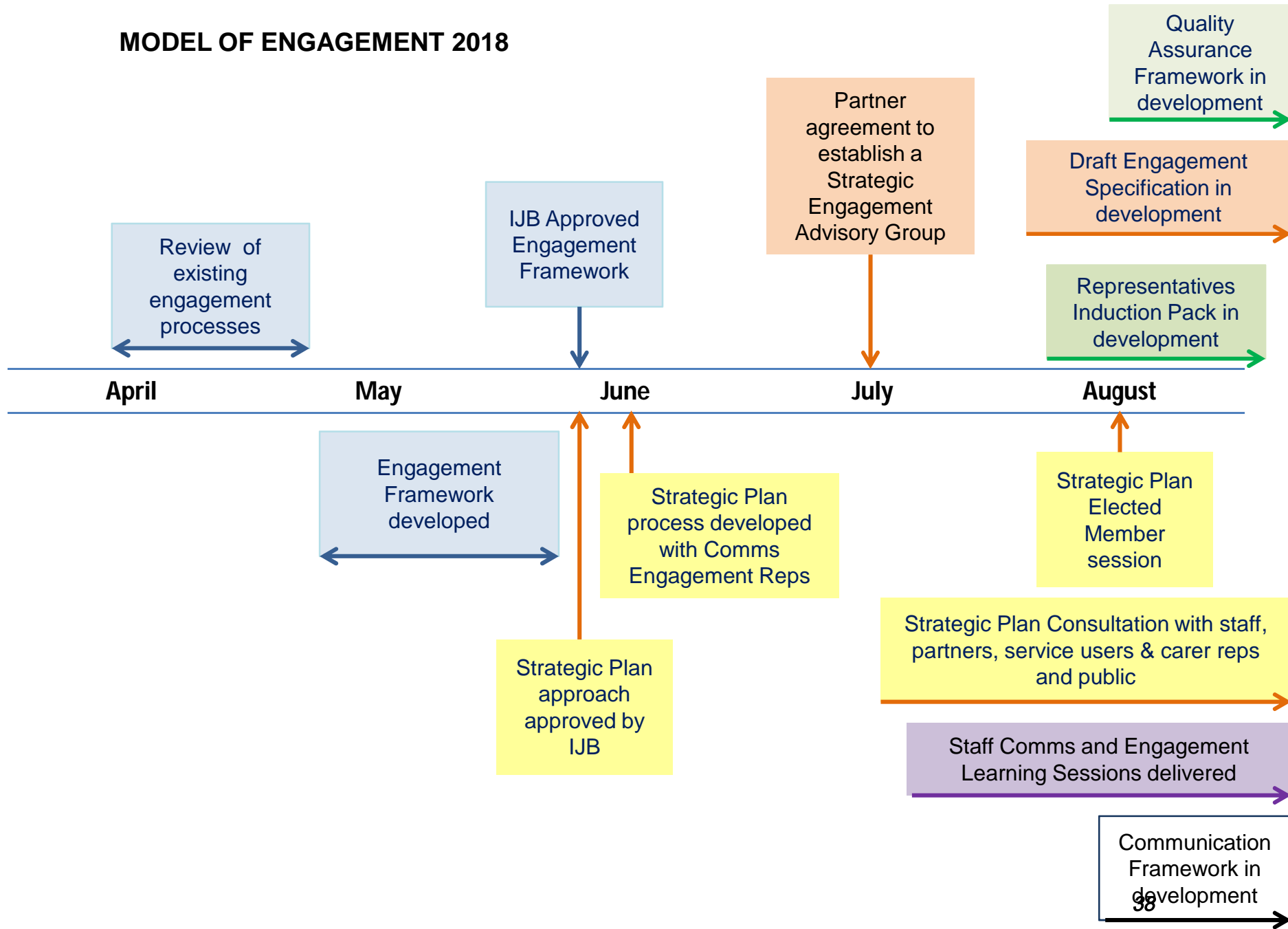
Actions Required	Lead	Timeframe	Partner Support Required	Progress	Status
4c	Chief Finance Officer	Jul-18	Support from Health Board and Local Authority to progress alignment of the finance teams and integrated financial reporting	Management structure paper approved at IJB 1.8.18. Potential for shared management arrangements over finance teams to be explored	Red
			Integration Team of SG to facilitate work with CFOs, including Argyll and Bute, to identify the potential to realise shift in resource from large acute settings to local community settings	Links with 4d below	
4d	Head of Service Strategic Planning, Chief Finance Officer		Support from Integration Team of SG to review the costing model between NHS Board delivering services and Board of patient's residence.	Meeting between CO and GG&C colleagues being arranged to assert impact of commissioning intentions to value of SLA.	Red
			Review of how costing model influences commissioning intentions and resulting resource release.	Cross boundary flow model shared with SG colleagues	
4e	Chief Finance officer	Jun-18	Support from NHS and Council finance teams -to monitor progress and identify variance from plans.	Sessions held across the HSCP to focus efforts and ensure consistency of approach.	Red
				Budget challenge process completed.	
			Close scrutiny and monitoring of trajectory of savings to allow corrective action to be taken.	Integrated financial reporting project plan to be taken forward, with trajectory re monthly reduction in spend identified Managers have led sessions with local teams with consistent messages	
5 Aim: To develop a shared culture and identity across the HSCP, underpinned by a model of collective leadership.					
5a	Head of People and Change-	June 2018.		Start the Year sessions undertaken April/May. Feedback to be issued with structured approach to increasing visibility and engagement of SLT	Red
				To be further cascaded by local managers engaging with their teams	
5b	CO	May-18		COMPLETED. Range of actions identified including: establishing an adult services management team across Argyll and Bute, team development to be facilitated through action	Green
5c	Heads of Service, Lead Nurse, Head of People and Change	Jun-18	Organisational development resource from Health Board and Local Authority to support programme development.	Session with LMs and LAMs held June. Feedback will inform proposed management redesign, communication structures and any future development programme by Oct 2018.	Red
5d	Head of People and Change	Aug-18		Refreshed values and behaviour framework approved by IJB 1.8.18 Incremental team based roll out. To be incorporated into recruitment, appraisal processes by Oct.	Amber
5e	Assoc Director of Public Health	Sept/Oct 2018	Branding and identity development will require support from Health Board and Council.	Information on options to IJB Development session 26.9.18	Green

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	Actions Required	Lead	Timeframe	Partner Support Required	Progress	Status
6	Aim: to provide an opportunity for local MSPs and MPs to be regularly briefed about areas of service change and factors impacting on care delivery across Argyll and Bute, along with issues highlighted to them by constituents					
6a	Regular formal communication and briefings with A&B political representatives by CO, Chair and vice-Chair	CO	June onwards	Integration Team of SG to provide initial support for meetings with MSPs - held in Edinburgh to facilitate attendance	CO to discuss arrangements with SG Integration Team.	Red

MODEL OF ENGAGEMENT 2018





Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.2

Date of Meeting : 26 September 2018

Title of Report: 2017/18 Annual Review of the Children and Young People's Services Plan 2017 – 2020

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

The Integration Joint Board is asked to :

- Note that both NHS Highland and Argyll and Bute Council are jointly and equally responsible for children's services planning
- Approve Argyll and Bute's Children and Young People's Services Plan 2017-2020 Year 1 review for the period 2017/18
- Approve the Children and Young People's Services Plan Year 1 review for submission to Scottish Government as per the legislative requirement

1. EXECUTIVE SUMMARY

- 1.1 The Children and Young People's Service Plan 2017-2020 was approved at the Integrated Joint Board and Community Services Committee in September 2017 <https://www.argyll-bute.gov.uk/sites/default/files/cyspsm.pdf>.
- 1.2 There is a requirement in Part 3 of the Children and Young People (Scotland) Act 2014 to review the report annually and report on the performance and progress to date in delivering the outcomes set out in the plan.
- 1.3 This review considers updates on 2017/18 progress, provides information on developments that have taken place since the plan was published and sets out key plans in the year ahead.

2. INTRODUCTION

This is the first annual review of the Children and Young People's Service Plan 2017-2020

<https://www.argyll-bute.gov.uk/sites/default/files/cyspsm.pdf>. In this review we will report on our performance and progress to date in delivering the outcomes we set out to achieve

The review will consider:

- Updates on 2017/18 progress
- Provide information on developments that have taken place since the plan was published
- Set out key plans for the year ahead

3. DETAIL OF REPORT

The Children and Young People's Service Plan (CYPSP) approved in November 2017 by Council and the Integrated Joint Board is set within the context of seven strategic priorities for early intervention and support, mental health and well-being, child protection, corporate parenting, children and young people's voice, substance misuse and leadership and communication. The priorities are aligned to the eight well-being indicators of Safe, Healthy Achieving, Nurtured, Active, Respected Responsible and Included (commonly referred to as SHANARRI).

- 3.1 Overall we have made good progress in achieving a number of outcomes which have supported the delivery of the plan. The following successes are highlighted.

Early Intervention and Support

By using the model for improvement we have been testing the use of interventions and assessment tools aimed at supporting children to reach their developmental milestones at 13 – 15 months and 27 – 30 months

Mental health and well-being

A redesign of Child and Adolescent Mental Health Services (CAMHs) including the deployment of additional staffing will ensure a robust pathway is available to all young people in secondary school. This work is already progressing

Children and Young People's Voice

The development of a GIRFEC infomercials by young people for use in schools to promote understanding of the Named Person role and the well-being indicators

Child Protection

Using the improvement methodology we have been testing methods to ensure multi-agency chronologies are in place for children/ young people following an initial referral tripartite discussion where the decision is to progress to child protection procedures

Corporate Parenting

In the last year 100% of young people leaving care were offered appropriate housing

Substance Misuse

In 2017 a health drama which included information on smoking was successfully piloted and delivered to 820 S3 pupils across Argyll and Bute

Leadership and Communication

Re-established Executive Groups and Practitioner Forums for staff to work together across all agencies

- 3.2 The full report and update of performance indicators and reporting templates is recorded in PYRAMID and appended to this report at appendix 1.
- 3.3 A Primary school (P6) and Secondary (S3) well-being survey is planned in year 2 (2018-19) of the CYPSP. This will ensure children and young people are consistently able to express their views regarding services across Argyll and Bute. This will align with the national SALSUS study which is scheduled for the same time.
- 3.4 Four annual audits of our child's planning process have been undertaken to date, the audit of individual children's plans highlight the following strengths and pressures:

Strengths

- Improvement in the overall accuracy of core details
- Child's Planning meetings routinely taking place
- Improvement was noted in the quality of assessments
- Staff are adhering to timescales and planning more accurately

Pressures

- Children, Young People and Parents views need to be evident and recorded in the Child's Plan
- The Child's Planning process needs to be more routinely informed by a range of appropriate assessments
- Children's Plans needs to clearly and consistently identify who is responsible for taking forward actions
- The overall quality of analysis needs to improve

- 3.5 Audits enable managers and practitioners to better ascertain the level of service quality and take appropriate continuous improvement action to ensure that service quality is improved.
- 3.6 Consequently a programme of quality improvement tests and a schedule of training has been introduced by the multi-agency Getting it Right for Every Child (GIRFEC) Advisors group to address some of the pressures

identified. Progress will continue to be reported in year two of the review of the Children and Young People Service Plan.

4. WHAT HAS CHANGED SINCE WE DEVELOPED THE CYPSP?

- 4.1 When we developed the plan we identified information about the needs of children and young people in Argyll and Bute. The plan contained key actions for all agencies across the Community Planning Partnership (CPP).
- 4.2 The CYPSP was the catalyst for re-invigorating our Executive Groups and Practitioner Forums in each locality. The role and function of these groups is to ensure that there is consistency of delivery of the plan and sharing of best practice across all of Argyll and Bute. The Executive Groups and Practitioner Forums meet in each locality and the Chairs of the Executive Groups are members of the of the Policy, Quality Assurance group which has responsibility for overseeing the delivery of key actions and objectives set out in the CYPSP. The group meets quarterly and is a subsidiary of Argyll and Bute's Children Strategic Group.
- 4.3 Argyll and Bute CPP have produced an Anti-Poverty Strategy which recognises the particular challenges facing care experienced children and young people. It uses some of the actions from the CYPSP, in its own Action Plan, as part of a wider ranging strategy. For example: children and young people understand their rights as laid out in the United Nations Convention on the Rights of the Child (UNCRC); develop use of Rights Respecting Schools programme; young people are safe and can access appropriate accommodation on leaving care; Increased availability of specialist housing provision for young people who are looked after.
- 4.4 Permanence is a priority for Argyll and Bute CPP and we have worked with in partnership with CELCIS to improve our performance and long term outcomes for our children and young people. Having successfully produced Permanency Procedures and an improvement plan that introduced a Permanency Tracker and tracker monitoring meetings. We are delighted that we have now moved onto the next phase of our improvement journey and participating in the PACE (Permanence and Care Excellence) programme with CELCIS.
- 4.5 Argyll and Bute CPP have recently completed the UNICEF Gold achieving sustainability assessment. The draft report is very positive with the recommendation to the Designation Committee that Argyll and Bute is awarded the Gold assessment. Achieving sustainability with UNICEF re-enforces the breastfeeding message and supports moving forward towards breast feeding communities.

- 4.6 Commencing in May 2016 we have been incrementally implementing the Universal Health Visiting Pathway. Health visitors are working hard to ensure children receive their developmental reviews at each stage and adopting the quality improvement methodology approach to test methods to support children to reach their development milestones at key stages.

Logic modelling in year 2 will help define the strategic and operational performance indicators; this will facilitate the move towards a more outcome focused Children and Young People's Service Plan.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

There are no additional resource implications with the delivery of the plan.

5.2 Staff Governance

None at this time.

5.3 Clinical Governance

The Council and NHS Highland are required to report on the progress of the Children and Young People's Services plan as directed within the Children and Young People (Scotland) Act 2014, set out within the supporting Statutory Guidance published in December 2016.

6. EQUALITY & DIVERSITY IMPLICATIONS

The Children and Young People's Services Plan identifies how health and social care services contribute to reducing inequalities, including health and education inequality.

7. RISK ASSESSMENT

There are potential reputational implications for the Health and Social Care Partnership should they fail to deliver the full legislative requirements set out within the Children and Young People (Scotland) Act 2014, Statutory Guidance of December 2016.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The Children and Young People's Services Plan informs our young people, parents, carers, volunteers and practitioners of the outcomes and actions that all partner agencies have committed to deliver in order to ensure that children and young people living in Argyll and Bute get the possible start in life.

9. CONCLUSIONS

The year 1 review of the CYPSP has highlighted areas of good practice and those where further work should be targeted, these include:

- Multi agency working is well embedded across Argyll and Bute CPP
- Work is required to adopt the quality improvement methodology to ensure long term sustainable changes are embedded in practice
- Further developing the Joint Needs assessment will strengthen and build on the existing good work in conjunction with a Children and Young People survey.

Appendix 1 details performance against the indicators and actions identified in the plan. Work is already underway to ensure we meet the targets in year 2.

The evaluation of year 1 of the plan has identified:

- The need to separate strategic and operational performance indicators.
- The need to align all self-evaluation activity involving children and young people services under the CYPSP to provide more consistency when identifying multiagency and single agency performance measures.

NEXT STEPS

Logic modelling in year 2 will help define the strategic and operational performance indicators; this will facilitate the move towards a more outcome focused Children and Young People's Service Plan.

Appendices

Appendix 1: Children and Young Peoples Services Plan Year 1 Performance Report

Patricia Renfrew
Consultant Nurse children and Families
29th August 2018

Children and Young People's Services' Plan 2017-20 Performance Report Year 1				
Performance Indicators	Status	2017/18 Target	2017/18 Actual	Comments
1. Strategic Priority - Early Intervention and Support				
1_1 Percentage of women with continuity of planned antenatal care packages in place	GREEN	50.00	50.00	This has been achieved by identifying a named midwife for each woman and putting in place a "buddy" midwife system.
1_2 Percentage of pregnant women whose Carbon Monoxide levels have reduced by 10 days post-natal	GREEN	3.00	3.00	Midwives are adopting the quality improvement methodology. This will be tested in one area in Argyll and Bute and then scaled up.
1_3 Percentage of smoke free homes by 10 days post-natal		50.00	Data will be available from PDSA tests in Yr 2	Midwives are adopting the quality improvement methodology. This will be tested in one area in Argyll and Bute and then scaled up.
1_4 Percentage of children exclusively breastfed at 6-8 weeks	GREEN	28.00	31.90	a range of interventions have been put in place to support and increase breast feeding rates such as introducing infant feeding problem solving clinics in Cowal, introduction of infant feeding support workers in 2 areas Cowal and Oban
1_5 Percentage of children registered with a dentist at by 2 years	GREEN	52.00	52.00	Health visitors and oral health staff promote dental registration at every contact
1_6 Percentage of education staff trained on 'good to go' healthy eating programme	GREEN	20.00	20.00	15 schools have delivered the programme in yr1. Plans to scale up in yr 2 and feedback is provided on the programme to the paediatric dietician
1_7 Percentage of schools delivering the 'good to go' programme	RED	40.00	20.00	15 schools have delivered the programme in yr1. Plans to scale up in yr 2 and feedback is provided on the programme to the paediatric dietician
1_8 Percentage of children reaching their developmental milestones by 13 – 15 months	GREEN	85.00	88.00	88% reflects the uptake of reviews, rather than the percentage of children reaching their developmental milestone. Health visitors are routinely carrying out reviews using the ASQ developmental assessment tool in line with the Universal Health Visiting Pathway, the performance measure will be reviewed in year 2

1_9 Percentage of children reaching their developmental milestones by 27 – 30 months	GREEN	85.00	95.00	95% reflects the uptake of reviews, rather than the percentage of children reaching their developmental milestone. Health visitors are routinely carrying out reviews using the ASQ developmental assessment tool in line with the Universal Health Visiting Pathway the performance measure will be reviewed in year 2
1_10 Percentage of children reaching their developmental milestones on P1 entry	RED	85.00	78.00 mid point data	Developmental milestone data is currently being collated and will be analysed over the next few weeks. Updated figures should be complete and shared by the end of September 2018.
2. Strategic Priority - Mental Health and Wellbeing				
2_1 Percentage of 'Connected Baby' modules on attachment accessed by staff through CPD		60.00	67%	New staffmembers working in children's services are encouraged to access the module to increase awareness of attachment
2_2 Percentage of new mothers breastfeeding at birth	GREEN	45.00	67.20	All women have a conversation with their midwives about the benefits of skin to skin contact. This facilitates an increase in initiating breastfeeding at birth
2_3 Percentage of parents attending Psychology or Parenting Programmes [POPP]	GREEN	12.00	12.00	Staff continue to promote Incredible Years and Triple P parenting sessions in localities
2_4 Percentage of children and young people waiting less than 18 weeks to access a Primary Mental Health Worker	RED	90.00	82.00	The capacity Primary Mental Health Worker team has been increased by 2 FTE across all of Argyll and Bute in 2018
2_5 Percentage of children and young people waiting less than 18 weeks to access Child and Adolescent Mental Health Services (CAMHS)	RED	90.00	80.00	The capacity of the team will increase in 2018 with the introduction of two new posts
2_6 Percentage of young carers with a Child's Plan identifying the need for support		50.00	data unavailable	Not many young carers meet the criteria for opening a child's plan and this measure will be reviewed for year 2
2_7 Percentage of eligible families accessing Healthy Start	RED	65.00	64.90	Work is progressing across the partnership to promote the scheme and increase uptake of Healthy Start
3. Strategic Priority - Children and Young People's Voices				
3_1 Percentage of Children and Young people			Data will be available	

3_1 Percentage of children and young people who complete the Health and Well-being survey	GREEN	0.00	Data will be available from PDSA tests in Yr 2	Survey will be introduced in year 2 2018/19
3_2 Percentage of children and young people's views expressed in the GIRFEC child's planning process		35.00	Data will be available from PDSA tests in Yr 2	Various methods of gathering the views of children and young people have been explored (taking into consideration age and stage) and will be developed as a "test of change" in yr 2
3_3 Percentage of families views expressed in the GIRFEC child's planning process	RED	60.00	20.00	A test of change has commenced with the development of "What Matters To Me" form and this will support increasing performance
3_4 Percentage of children and young people involved in the child protection process that are supported to express their views		40.00	85%	Viewpoint has collated data with regard to the 8 well-being indicators of safe, healthy, achieving, nurtured, active, respected, responsible and included. the sample covers YP aged 8 - 17. Due to the low number of completed questionnaires (18) the percentage may be unrepresentative, a larger number of responses would provide more accurate figures and
3_5 Percentage of children and young people involved in LAAC processes that are supported to express their views		40.00	85%	Viewpoint has collated data with regard to the 8 well-being indicators categories of safe, healthy, achieving, nurtured, active, respected, responsible and included. Figures provide an overall average of LAAC YP aged 8 - 17, of this 93% of YP are very positive that they feel safe and settled
3_6 Percentage of children and young people involved in Children's Hearings processes that are supported to express their views		10.00	Due to small number of forms routinely returned this measure requires to be reviewed	All children above the age of six years are sent a copy of the "All about me form" with the notification for any hearing. There were only 8 forms returned over the year but do not have information
4. Strategic Priority - Child Protection				
4_1 Percentage of pre-birth antenatal planning meetings for vulnerable women arranged by 28 weeks gestation	GREEN	85.00	85.00	Midwives and social workers are following the pre-birth pathway to ensure antenatal planning meetings are in place for vulnerable women by 28 weeks gestation.
4_2 Percentage of Initial Tripartite Investigations (IRTDS) evaluated as good or above	RED	45.00	36.40	In FQ1 22 CP1s were audited, 8 were graded good or above
4_3 Percentage of multi-agency chronologies initiated at the start of child protection investigations	GREEN	20.00	61.00	During 2017/18 there were 105 multi agency chronologies initiated at the start of child protection investigations
5. Strategic Priority - Corporate Parenting				

5_1 Percentage of LAC Children and Young People attaining accredited qualifications	GREEN	60.00	80.00	In 2016/17 80% of LAC one or more qualifications at SCQF level 3 or better
5_2 Percentage of Child's Plans evaluated as good or above		50.00	Waiting on 2017/18 audit results	Various tests of change are being developed to ascertain if there are improvements in the writing of child's plans in particular assessment analysis and outcomes
5_3 Percentage of young people leaving care with appropriate housing	GREEN	80.00	100.00	In the year 17/18 100% of young people leaving care were offered appropriate housing
5_4 Percentage of LAC children and young people waiting less than 18 weeks to access a Primary Mental Health Worker	GREEN	40.00	70.00	Primary Mental Health workers where possible prioritise looked after children
5_5 Percentage of LAC children and young people waiting less than 18 weeks to access Child and Adolescent Mental Health Services [CAMHS]	GREEN	60.00	70.00	Primary Mental Health workers where possible prioritise looked after children
5_6 Percentage of LAC children and young people waiting less than 6 months after admission to care with a plan for permanence in	RED	50.00	45.00	Measures are in place through CELCIS PACE programme to improve the timescales to secure permanence for LAC children
6. Strategic Priority - Substance Misuse				
6_1 Percentage of secondary schools delivering drugs awareness programmes in partnership with the Alcohol and Drugs Partnership ADP		40.00	60.00	6 of our secondary schools are delivering drugs awareness programmes with the support of the ADP
6_2 Percentage of 15 year olds who report they usually drink at least once a week	GREEN	16.00	16.00	Information obtained from SALSUS survey
6_3 Percentage of 15 year olds who report they are regular smokers at least once a week	GREEN	13.00	13.00	Information obtained from SALSUS survey
6_4 Percentage of 15 year olds who report they usually take drugs at least once a week	GREEN	3.00	3.00	Information obtained from SALSUS survey
7. Strategic Priority - Leadership and Communication				

7_1 Percentage of professionals that understand the mechanism and structures that allow them to influence strategic planning	GREEN	0.00	Data will be available in Yr 2	This indicator is linked to the re-establishment of our practitioner forums. The inaugural meetings of the newly established forums were unfortunately delayed due to the winter weather which made travel impossible.
7_2 Percentage of children and young people who have had the opportunity to express their view of the services they use	GREEN	0.00	Data will be available in Yr 2	This will be captured in the well-being survey which is programmed for Yr 2 2018/19
7_3 Percentage of children and young people [CYP] with access to the CYP executive summary	GREEN	0.00	Data will be available in Yr 2	The executive summary for C&YP will include the high level findings of the well-being survey scheduled for 2018/19
7_4 Percentage of the leadership and communication Quality Indicators which are	GREEN	0.00	Data will be available in Yr 2	This will follow the inspection of Childrens Services

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Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda Item : 5.3(a)

Date of Meeting : 26 September 2018

Title of Report : Audited Annual Accounts 2017-18

Presented by : Lesley Macleod, Interim Chief Financial Officer

The Integration Joint Board is asked to:

Note that Audit Scotland have completed their audit of the annual accounts for 2017-18 and have issued an unqualified independent auditor's report.

Approve the Audited Annual Accounts for 2017-18 to be signed for issue.

1. EXECUTIVE SUMMARY

The Integration Joint Board were required to produce a set of annual accounts for 2017-18. These accounts were produced within the statutory timescale and have been subject to independent audit by the Integration Joint Board's external auditors, Audit Scotland. The audit process has been completed and Audit Scotland have issued an unqualified independent auditors report.

2. INTRODUCTION

The Integration Joint Board are required to produce a set of annual accounts for 2017-18. The unaudited accounts were approved by the Audit Committee on 26 June 2018 for submission for external audit, the audit process is complete and the final audited accounts require to be approved by the Integration Joint Board prior to 30 September 2018.

3. DETAIL OF REPORT

- 3.1 The Integration Joint Board is subject to the audit and accounts provisions of a body under section 106 of the Local Authority Government (Scotland) Act 1973. This requires annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations. The requirements are proportionate to the number of transactions of the Integration Joint Board whilst complying with the requirement for transparency and true and fair reporting in the public sector.

- 3.2 The audited annual accounts have been prepared in accordance with the Code of Practice on Accounting for Local Authorities in the United Kingdom 2017-18. Additional guidance has been issued by the Scottish Government Integrated Resources Advisory Group (IRAG) and CIPFA LASAAC and this guidance has been followed to produce the unaudited accounts. In addition support was provided by CIPFA to ensure a consistency of approach across Integration Joint Boards.
- 3.3 The annual accounts have been subject to independent audit by Audit Scotland and there were some minor changes required to the accounts as a result of this. The changes were mainly presentational and to provide additional information or clarification, there were no changes required to any of the financial information in the accounts.
- 3.4 The Audited Annual Accounts for 2017-18 are included as Appendix 1, these incorporate the independent auditors report. Audit Scotland are able to conclude that the Integration Joint Board's accounts present a true and fair view of the IJB. There is a separate item on the agenda for the External Audit Annual Audit Report for 2017-18.
- 3.5 The Integration Joint Board are required to formally approve the Audited Annual Accounts prior to 30 September 2018, the IJB Audit Committee considered the Audited Annual Accounts at their meeting on 11 September 2018 and approved them to be put forward to the IJB with a recommendation to sign and authorise the accounts for issue.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

The annual accounts are a key statutory reporting requirement and can be a useful way to join up financial and service delivery performance information in a readily available public document.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

The Integration Joint Board are required to consider and approve the Audited Annual Accounts for 2017-18 by 30 September 2018.

5.2 Staff Governance – None.

5.3 Clinical Governance – None.

6. EQUALITY & DIVERSITY IMPLICATIONS – None.

7. RISK ASSESSMENT – None.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The unaudited annual accounts were advertised and made publicly available for inspection, the audited accounts will require to be published by 30 September 2018. There were no objections noted from the public inspection.

9. CONCLUSIONS

The Audited Annual Accounts for 2017-18 require to be approved by the IJB by 30 September 2018, these were submitted to Audit Scotland, the IJB external auditors, and an unqualified independent auditor's report has been issued. There were a small number of changes required to the accounts as part of the audit process, but these were in the main presentational to provide additional narrative and information, there were no changes required to the financial information.

APPENDICES:

Appendix 1 – Audited Annual Accounts 2017-18

Appendix2 – Independent Auditors Report 2017-18

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ARGYLL AND BUTE INTEGRATION JOINT BOARD



AUDITED ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018



**ARGYLL AND BUTE INTEGRATION JOINT BOARD
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ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

1. INTRODUCTION

The Management Commentary outlines the key messages in relation to the Integration Joint Board's financial planning and performance for the year 2017-18 and how this has supported delivery of the Integration Joint Board's strategic priorities. This commentary also looks forward, outlining the future financial plans for the organisation and the challenges and risks faced in meeting the health and social care needs of the population of Argyll and Bute.

2. ARGYLL AND BUTE – THE AREA

Argyll and Bute is home to 88,166 people and covers an area of 691,000 hectares, making it the third sparsest local authority area in Scotland. In addition Argyll and Bute has 23 inhabited islands with around 17% of the population living on islands. Argyll and Bute provides a number of opportunities for those who live and work here, however we also face a number of significant challenges. The geography of scattered communities in remote and rural areas and islands presents a challenge in delivering services from the finite resources available. In Argyll and Bute a relatively small number of service users account for much of the activity and resource consumption in the health and social care system, with 50% of the resource spent on 2% of the population. Across Scotland 4% of all service users account for 50% of the total expenditure on health services, so this is consistent with the national picture.

The most dominant challenges of the area are the constraints of public sector finances and the changing demographics. It is estimated that between 2010 and 2035 the population of Argyll and Bute will decrease by 7% overall. The number of working age adults will decrease by 14%, whilst the number of people aged 75+ will increase by 74%. In terms of Children's services, 19% of children in Argyll and Bute are living in poverty and while the number of looked after and accommodated children remains relatively stable, the complexity of issues that young people and children face has intensified.

The Integration Joint Board's Strategic Plan seeks to reduce the health inequalities in Argyll and Bute and focuses on improving the efficiency and quality of services being provided, putting people at the heart of the process by focusing on the outcomes they want, to achieve the joint vision for the future whereby *"people in Argyll and Bute will live longer, healthier, independent lives"*.

3. THE INTEGRATION JOINT BOARD

The Argyll and Bute Integration Joint Board was established as a body corporate by order of Scottish Ministers on 27 June 2015. The partnership between Argyll and Bute Council and NHS Highland has been established in accordance with the provisions of the Public Bodies (Joint Working)(Scotland) Act 2014 and associated Regulations. The Integration Joint Board has responsibility for all health and social care functions relating to adults and children and oversees the Strategic Planning and budgeting of these, together with corresponding service delivery for the residents of Argyll and Bute.

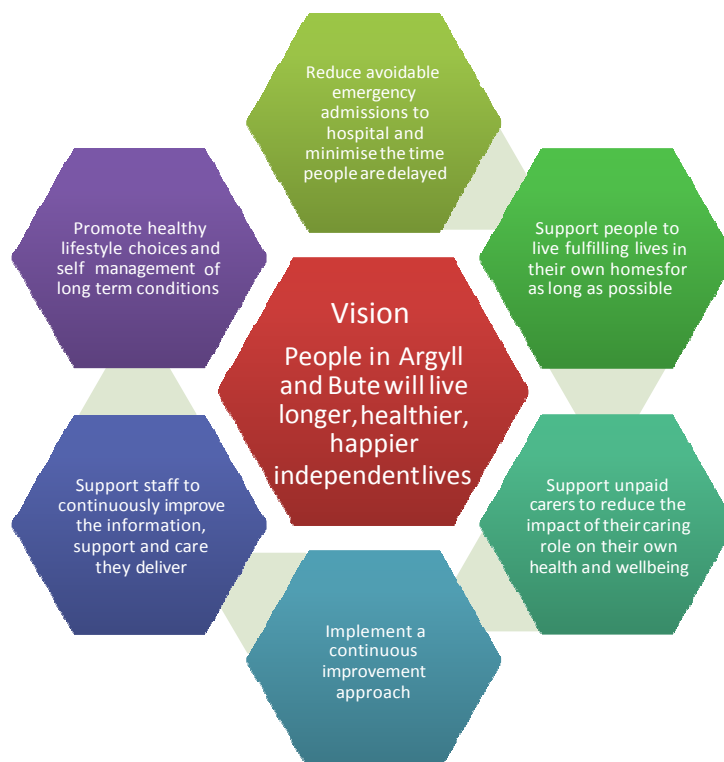
ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

The Integration Joint Board comprises eight voting members with four Elected Members nominated by Argyll and Bute Council and four Board members of NHS Highland. In addition there are a number of non-voting appointees representing other sectors and stakeholder groups, such as the Third Sector, Independent Sector, Patients and Service Users, Carers and Staff.

There are minimum requirements for the services delegated to Integration Joint Boards, which are broadly adult social care services, adult community health services and a proportion of adult acute services. The Integration Scheme specifies the services delegated to the Integration Joint Board, in Argyll and Bute all health and social care services have been included in the delegations to the IJB, including all children’s services and all acute hospital services. This leaves the Argyll and Bute Integration Joint Board with full responsibility and resources for the whole of the care pathway and in a unique position to influence and take decisions based on a whole system approach, but this also exposes the IJB to all risks for service delivery.

The Integration Joint Board and its Chief Officer have responsibility for the planning, resourcing and operational delivery of all integrated health and social care services within Argyll and Bute. The management of Integrated Services is led by the Chief Officer. The Integration Joint Board outlines in the Strategic Plan how it will effectively use allocated resources to deliver on the National Health and Wellbeing Outcomes prescribed by Scottish Ministers in regulations under section 5(1) of the Act. The Integration Joint Board was delegated resources and responsibility for service delivery from 1 April 2016.

The three year Strategic Plan for 2016-17 to 2018-19 outlines the six strategic areas of focus:



ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

There is an overarching focus on efficiently and effectively managing all resources to deliver Best Value.

4. OPERATIONAL PERFORMANCE

Health and Social Care Partnerships are required to measure performance against nine National Health and Wellbeing Outcomes and there are 23 required sub-indicators which sit below these outcomes to demonstrate the performance of the Partnership. These outcomes provide a strategic framework for the planning and delivery of health and social care services. The outcomes focus on improving how services are provided, as well as the difference that integrated health and social care services should make to individuals.

The Integration Joint Board can supplement the required 23 performance measures with additional locally determined measures to effectively report on the performance of the organisation, there are a total of 102 monitored success measures. The Planning and Performance Management Framework focusses on delivering on the health and wellbeing outcomes and improving local performance at all levels in the organisation including Locality Planning Group delivery plans, service plans and individual staff development plans. Locality Planning arrangements are being embedded to ensure joint strategic planning that is effectively and demonstrably informed by, and responsive to, local priorities and needs.

Performance is reviewed by the Strategic Management Team and a performance report is presented at each meeting of the Integration Joint Board with a scorecard which displays the performance against target for each of the outcomes and success measures. The scorecard below provides a snapshot of the overall performance as at the end of March 2018:

Integrated Joint Board [IJB] Scorecard		Success Measures	102
		On track	64
Outcome 1 - People are able to improve their health	FQ4 17/18	No of indicators	14
		On track	8
Outcome 2 - People are able to live in the community	FQ4 17/18	No of indicators	18 A
		On track	12 →
Outcome 3 - People have positive service-user experiences	FQ4 17/18	No of indicators	11 A
		On track	9 →
Outcome 4 - Services are centered on quality of life	FQ4 17/18	No of indicators	15 A
		On track	10 →
Outcome 5 - Services reduce health inequalities	FQ4 17/18	No of indicators	5 A
		On track	3 →
Outcome 6 - Unpaid carers are supported	FQ4 17/18	No of indicators	1 R
		On track	0 ↓
Outcome 7 - Service users are safe from harm	FQ4 17/18	No of indicators	12 A
		On track	8 →
Outcome 8 - Health and social care workers are supported	FQ4 17/18	No of indicators	5 R
		On track	1 →
Outcome 9 - Resources are used effectively in the provision of health and social care services, with	FQ4 17/18	No of indicators	12 A
		On track	8 →
Customer Services	FQ4 17/18	No of indicators	9
		On track	5

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

The scorecard illustrates that of the 102 success measures 64 were reported as being on target at the end of the year.

Some areas where performance has exceeded target performance levels during 2017-18 are:

- Continued to increase the use of telecare and telehealth packages for adults and older people, we are also actively encouraging the use of specialist equipment, this will ensure we are equipped to ensure people can remain in their own homes for as long as possible.
- 97.3% of patients waited no longer than four hours in A&E, with patients either discharged or admitted within this time.
- An overall reduction in the number of A&E attendances and a continued steady reduction in the emergency admissions bed day rate.
- Increased the number of patients waiting less than 3 weeks between Substance Misuse referral and first treatment.
- Increased number of social work care services graded 'good' or better in Care Inspectorate inspections.
- Performance meeting or exceeding target levels for proportion of adults receiving care or support and rating this as excellent or good, adults supported at home who agree they had a say in how their care was provided and the proportion of patients that have a good experience of their GP practice.

The Integration Joint Board has made some progress during the year, however it is clear that the challenges around workforce (recruitment and retention), service demand pressures and the pace of transformational change required is not happening fast enough to ensure target performance is achieved or improved in all areas.

There are notable areas where performance has fallen during 2017-18, these include the number of emergency admissions where significant increases have been experienced due to the prolonged winter conditions, four week target breaches with peaks across the year attributed to vacancies in specialist roles and the number of outpatient waits over 12 weeks mirroring national issues with waiting times for certain specialities due to demand and consultant availability. There has also been an increase in the number of bed days spent in hospital when patients are ready to be discharged, increasing our reliance on institutional based acute health services, this is reflective of not having the capacity required for support in the community in some of our remote and rural communities.

Aligned to the Health and Wellbeing Outcomes the main areas for improvement are:

- Outcome 1 – reduce the number of emergency admissions, increase breastfeeding uptake, improve waiting times for key diagnostic tests and expand capacity in care at home services for older people.
- Outcome 2 – facilitate rapid discharge from hospital, improve waiting times for Child Adolescent Mental Health Services and continue to expand falls prevention work.
- Outcome 3 – continue to improve early diagnosis and management of dementia.
- Outcome 4 – reduce waiting times for treatment for specialities.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

- Outcome 6 – increase the percentage of carers who feel supported.
- Outcome 7 – increase the percentage of children with no change of social worker.
- Outcome 8 – improve staff attendance levels and the completion rate of performance development and review plans.
- Outcome 9 – reduce time taken to complete reports to Scottish Children’s Reporter Administration and reduce Did Not Attend rates for outpatient appointments.
- Customer Services – improve response times for Children and Families complaints.

Further information on the performance in the first two years of integration is contained in the Annual Performance Report published in July 2018.

5. FINANCIAL PERFORMANCE 2017-18

Annual Accounts

The Annual Accounts set out the financial statements for the Integration Joint Board for the year ended 31 March 2018. The main purpose is to demonstrate stewardship of public funds that have been entrusted to the Integration Joint Board for the delivery of the Strategic Plan. The requirements governing the format and content of the Annual Accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code), the Annual Accounts for 2017-18 have been prepared in accordance with this code.

Financial Plan

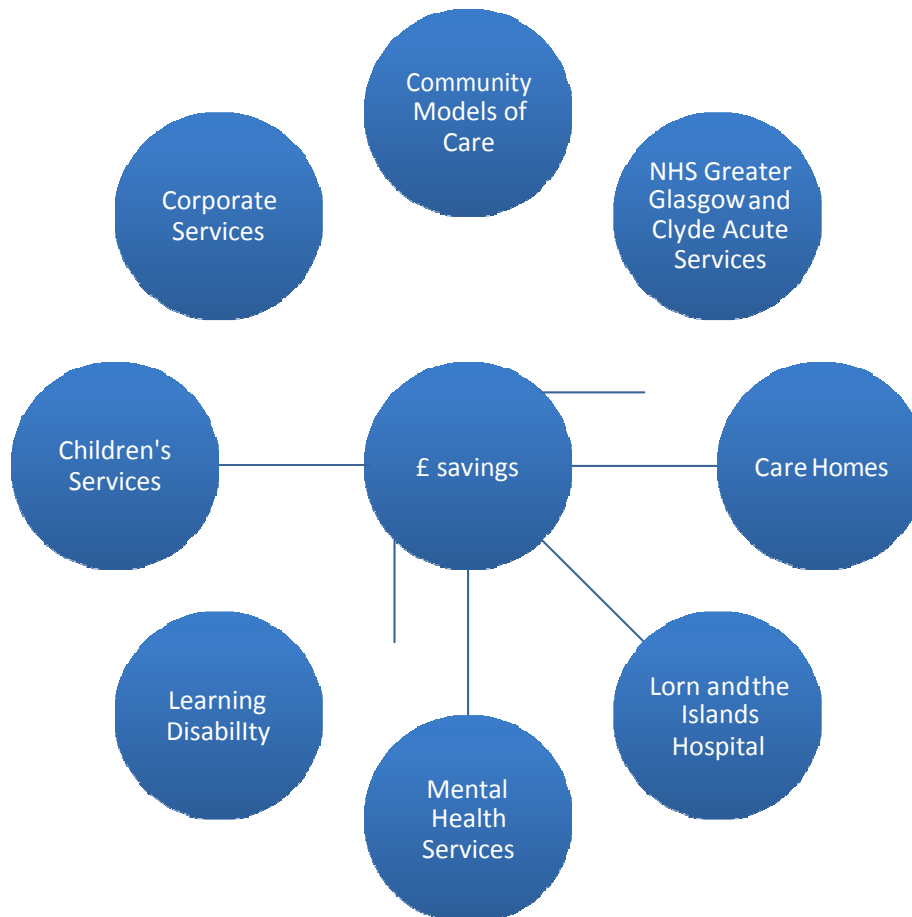
Strong financial planning and management needs to underpin everything we do to ensure that our limited resources are targeted to maximise the contribution to our objectives. In 2017-18 the partnership did not identify specific service changes to fully balance the budget, but did identify a number of service changes to work towards a balanced position and to contribute to the delivery of our strategic objectives.

The funding available to Argyll and Bute Integration Joint Board is dependent on the funding available to Argyll and Bute Council and NHS Highland and the corporate priorities of both. Resource for the delivery of health and social care services in Argyll and Bute is delegated to the Integration Joint Board by both partners. In 2016-17 the Scottish Government created a new Scotland-wide £250m Integration Fund to support the integration of health and social care services to ensure improved outcomes, half of this funding was directed to deliver on the requirement to pay all social care workers the Scottish Living Wage from 1 October 2016 and the other half was allocated to support growth and demand in the provision of social care services. In 2017-18 further funding was allocated to partnerships totalling £107m to support the full year impact of the Living Wage uplift, preparations for the Carer’s Act and war pensions. For 2017-18 £100m of the additional funding was re-directed from the NHS baseline funding uplift and therefore was not a real funding increase for the IJB. This Integration Funding has been protected in NHS baseline budgets with a direction given to NHS Boards to continue to transfer this resource to Integration Authorities.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

In 2017-18 the Scottish Government stipulated the minimum level of resource to be passed to Integration Authorities, Health Boards were instructed to maintain budget allocations to at least 2016-17 cash levels plus the share of £107m as an additional allocation. Councils were permitted to adjust their allocations to IJBs by up to their share of £80m below the level of budget agreed for 2016-17, the Scottish Government stipulated this share for each IJB. For 2017-18 both the NHS Highland and Argyll and Bute Council funding allocations met the Scottish Government requirements.

A two year Quality and Finance Plan for 2017-18 to 2018-19 was approved by the IJB, outlining the service changes required to deliver on the Strategic Plan outcomes and the savings required to address the budget gap. The development of the Quality and Finance Plan started in October 2016 when Locality Planning Groups identified priority areas for service change, the areas of focus identified as part of this process are illustrated below:



ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

The Integration Joint Board approved the budget for 2017-18 in May 2017. At that time a two year Quality and Finance Plan for 2017-18 and 2018-19 was approved outlining service changes planned to deliver £12.3m of savings over the two financial years. The identified savings were not sufficient to plan for financial balance and there remained a shortfall of £2m for 2017-18 and £4.1m for 2018-19. Therefore there was always an expectation that further service changes would require to be identified to bridge the remaining budget gap.

The remaining budget gap of £2m in 2017-18 was proposed to be managed through in-year financial recovery, specifically by:

- Ongoing negotiations with NHS Greater Glasgow and Clyde Health Board to agree the SLA value for Acute Health Services, to reflect commissioning intentions of the HSCP and a plan to achieve financial savings from a reduction in activity; and
- Ongoing efficiency savings to be managed by services in-year, with services being supported to deploy tight financial management controls and to identify opportunities on an ongoing basis to bridge the remaining budget gap.

The Quality and Finance Plan was always noted to remain under development and review with further service changes required to be identified for 2018-19.

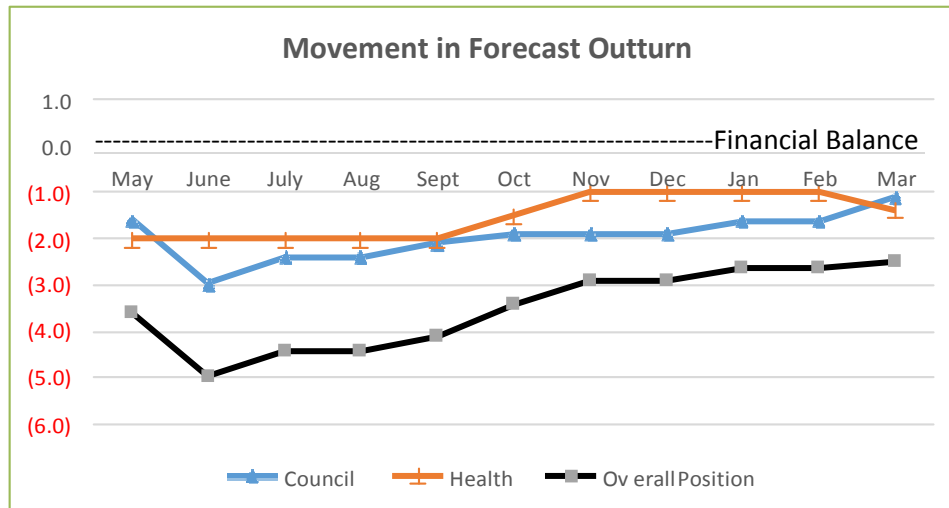
Financial Outturn

Financial management and performance was regularly reported to the Integration Joint Board during the financial year, this included an integrated approach to budget monitoring and included reporting progress with delivery of the Quality and Finance Plan and the monitoring of financial risks and reserves.

There were significant financial challenges during the year due to increasing demand for social care services, the cost of medical locums and the scale and pace of service change required to deliver the planned savings. Throughout the financial year there was a projected overspend position, in July 2017 this was estimated to be £4.4m, as a consequence a financial recovery plan was put into place to support the delivery of services from within the delegated budget. The financial recovery plan and progress was monitored throughout the financial year and further actions were added to the plan.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

The overall movement in the projected outturn is illustrated below:



The overall financial performance against budget for financial year 2017-18 was an overall overspend of £2.528m, with an overspend of £1.373m in health services and an overspend of £1.155m in social care services.

The Integration Joint Board failed to deliver services from within the delegated budget and it was recognised by the Board prior to the year-end that it was unlikely that financial balance would be achieved. The year-end overspend is mainly as a result of the following:

- Unidentified savings of £2m at the start of the year, for which no recurring saving were identified in-year to offset;
- Delay in delivering recurring savings included in the Quality and Finance Plan, a shortfall of £4.5m;
- Ongoing service pressures and budget overspends in areas which have historically been pressure areas, including medical agency and locum costs, GP prescribing costs, high cost care packages and demand for social care services; and
- The full benefit of the financial recovery plan not being fully recognised in the financial outturn as services pressures and demands for services partly offset any benefits.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

The table below summarises the financial performance for 2017-18:

	Actual £000	Budget £000	Variance (Adv)/Fav £000
Service Delegated Budgets:			
Adult Care	136,025	130,904	(5,121)
Alcohol and Drugs Partnership	1,028	1,129	101
Chief Officer	695	(164)	(859)
Children and Families	19,112	19,866	754
Community and Dental Services	3,652	4,055	403
Estates	5,352	5,109	(243)
Lead Nurse	1,293	1,319	26
Public Health	1,114	1,321	207
Strategic Planning and Performance	3,493	3,710	217
	171,764	167,249	(4,515)
Centrally Held Budgets:			
Budget Reserves	0	1,888	1,888
Depreciation	2,502	2,504	2
General Medical Services	16,010	15,887	(123)
Greater Glasgow & Clyde Commissioned Services	59,972	59,788	(184)
Income - Commissioning and Central Management and Corporate Services	(1,268)	(1,237)	31
NCL Primary Care Services	8,254	8,254	0
Other Commissioned Services	3,300	3,508	208
	93,303	95,290	1,987
TOTAL NET EXPENDITURE	265,067	262,539	(2,528)
Argyll and Bute Council	68,995	67,840	(1,155)
NHS Highland	196,072	194,699	(1,373)
Grand Total	265,067	262,539	(2,528)

The main service areas contributing to the overall position are noted below:

- Adult Care - £5.1m overspend. This is mainly due to savings agreed as part of the Quality and Finance Plan not being delivered in-year, an overspend in medical locum costs and agency staff costs, and an overspend in Supported Living services due to demand for services.
- Chief Officer - £0.9m overspend. This overspend was in relation to the outstanding budget gap for social care services at the start of the year, partly offset by the over-recovery of vacancy savings, funding set aside for cost pressures which did not arise and the non-committal of funding for the Community Investment Plan, these funds were not fully committed in 2017-18 as part of the financial recovery plan.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

- Children and Families - £0.8m underspend. This underspend relates to additional vacancy savings, an underspend in Fostering and Kinship Services reflecting the level of demand for services and an underspend in the Criminal Justice partnership reflecting vacancies and interim management arrangements. The overall underspend in Children and Families services is non-recurring.
- Centrally Held Budgets - £2.0m underspend. This underspend was mainly due to project funding not being delegated to services during the year, this included underspends in funding for the community investment plan, mental health funding, primary care transformation funding and winter pressures funding. As part of the financial recovery plan project funds were to remain uncommitted to assist with achieving financial balance, recognising that some of the funding has conditions attached and will require to be re-provided.
- A number of smaller underspends across other service areas related to the expenditure restrictions as part of the financial recovery plan, including management and corporate services, community and dental services, public health, strategic planning and performance and commissioned services.

As per the Integration Scheme any overspend is required to be funded from additional payments in-year by the IJB partners, i.e. Argyll and Bute Council and NHS Highland. The Council and Health Board have allocated additional funding to the IJB in line with the overspend position for Health and Social Care Services. This additional payment impacts on the future financial position of the IJB as this will be required to be repaid in future years through a reduction in funding.

The Quality and Finance Plan included service changes required to deliver £8.7m of savings in 2017-18, at the year-end £4.2m of these savings were delivered on a recurring basis, with a shortfall of £4.5m. The main areas of delay being acute hospital services, out of hours services, corporate and support staff efficiencies, prescribing and learning disability services. A number of the savings which have been delayed have been on the savings plan for the last two years and they remain high risk in terms of deliverability. All of the undelivered savings with the exception of the prescribing shortfall and Struan Lodge remain on the plan to be delivered during 2018-19.

The adverse outturn position for 2017-18 stresses the importance of a focus on increasing the pace of delivery of the service changes outlined in the Quality and Finance Plan as this will have the greatest impact on the delivery of financial balance and on the ongoing financial sustainability of the partnership.

It is fortunate that there were uncommitted budgets particularly in relation to project funding which could be re-directed, lower demand in some services areas and a recovery plan and restrictions on expenditure which all partly offset the financial overspend position and limited this at the year-end. However the non-delivery of planned savings requires an unplanned approach to financial recovery to reduce expenditure, this approach is not sustainable and can have an adverse impact across all service areas.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

Financial Statements

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices. There are no statutory or presentational adjustments which affect the application of the funding received from partners, therefore the movement in the General Fund balance is solely due to the transactions shown in the Comprehensive Income and Expenditure statement.

Reconciliation of Comprehensive Income and Expenditure Statement to Financial Outturn:

The table below reconciles the deficit on the provision of services of £0.375m as noted in the Comprehensive Income and Expenditure Statement to the financial outturn position of £2.528m (overspend):

	£000	£000
Deficit on Provision of Services		375
Remove Statutory Adjustments	0	
Movement in General Fund Balance		375
Other Movements:		
Earmarked Reserves released to services during 2017-18	(375)	
Additional Funding Provided by NHS Highland	1,373	
Additional Funding Provided by Argyll and Bute Council	1,155	
Financial Outturn (Overspend)		2,528

Movement in Reserves Statement

This statement shows the movement in year on the Integration Joint Board's Reserves. The Integration Joint Board has one reserve, a General Fund reserve, this is a resource backed reserve which can be used to fund expenditure.

The balance on the General Fund reserve has decreased by £0.375m, there was a balance of £0.479m held at 1 April 2017 and the closing balance at 31 March 2018 is £0.104m. This reduction represents the amount of the earmarked balance used during 2017-18.

A Reserves Policy was approved by the Integration Joint Board in March 2017. This outlines that the balance of reserves will normally comprise of three elements one of which is the earmarking of funds set aside for a specific purpose agreed by the Integration Joint Board. The IJB had an adverse year-end outturn position therefore there was no additional contribution to reserves during 2017-18 and the movement in the reserves balance is in relation to previous earmarked balances. Further detail is provided in note 8 to the financial statements.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

The overall position for reserves is noted below:

	Earmarked Reserves £000	Unallocated Reserves £000	Total £000
Opening Balance at 1 April 2017	451	28	479
Movement 2017-18	(375)	-	(375)
Closing Balance at 31 March 2018	76	28	104

The Integration Joint Board Reserves Policy suggests a prudent level of General Fund reserve to be set at 2% of the IJB net revenue budget, this would equate to around £5m. Whilst this level of reserve would allow 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 economic climate in which the Integration Joint Board are operating this is viewed as an aspirational level of reserves to be built up over time, recognising the tensions between prudent financial planning and budgetary constraints.

Balance Sheet

The Balance Sheet shows the value of the Integration Joint Board's assets and liabilities as at the 31 March 2018. The Integration Joint Board does not hold fixed assets as these remain with the partner bodies. There are explanatory notes which accompany the Balance Sheet, the balances are:

- Short Term Debtors of £0.104m, relates to the 2016-17 budget underspend in health services and recognises the amount owed to the Integration Joint Board by NHS Highland.

The net worth of the Integration Joint Board as at 31 March 2018 is £0.104m, this is supported by the General Fund reserve.

There are no provisions recognised on the Balance Sheet. There were no new provisions made during 2017-18 on behalf of the Integration Joint Board. There are historic provision balances and contingent liabilities relating to services provided prior to 1 April 2016, these will be recognised as required in the partner Annual Accounts. There would be further consideration of funding requirements for the Integration Joint Board where the historic funding of these financial provisions are insufficient and may affect the Integration Joint Board funding arrangements.

**ARGYLL AND BUTE INTEGRATION JOINT BOARD
Management Commentary**

6. FINANCIAL OUTLOOK, RISKS AND PLANS FOR THE FUTURE

Budget 2018-19

The 2018-19 financial year is the last year of the current three year Strategic Plan. The IJB has a responsibility to make decisions to direct service delivery in a way which ensures services can be delivered within the finite financial resources available. The Quality and Finance Plan for 2017-18 and 2018-19 was always noted to be subject to further development as the budget gap was never fully addressed. The IJB was presented with the budget for 2018-19 for approval in March 2018, at that time there was a requirement to identify and approve additional savings of £5.3m to agree a balanced budget.

The IJB was presented with a number of service changes assessed as being in line with the delivery of the Strategic Plan, these were recommended for approval by the IJB. In addition, to allow the IJB to set a balanced budget, a number of service changes assessed as not being in line with the Strategic Plan objectives and outcomes were presented for consideration. The IJB was required to consider the prioritisation of maintaining quality of care, meeting performance targets and expectations and delivering financial balance. At the budget meeting the IJB did not prioritise financial balance over the quality and performance standards of services and therefore did not approve service changes to balance the budget for 2018-19.

An overview of the in-year budget gap for 2018-19 is noted in the table below:

	Council £000	Health £000	Total £000
Cost and Demand Pressures	1,783	1,760	3,543
Inflation	1,924	3,237	5,161
Total Cost Increase/Pressures	3,707	4,997	8,704
Funding Increase	(29)	(3,495)	(3,524)
2018-19 In-year budget gap	3,678	1,502	5,180
2018-19 Total Funding	56,389	206,689	263,078
Budget Gap %age	6.5%	0.7%	2%

The IJB take an integrated approach to planning for resource deployment and view the budget gap as one bottom line, with no assumption that the same level of resource will be delegated back to each funding partner. The split of the budget gap and funding implications from each partner is noted for transparency and also to quantify the financial risk for each partner of the budget gap.

Pressures continue on public sector expenditure at a national level with significant real term reductions in government funding, this is in addition to the increasing cost and demand pressures in the delivery of health and social care services. This presents the Integration Joint Board with an unprecedented challenge in planning and implementing service changes to deliver financial balance.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

There remains a budget gap of £1.8m for 2018-19 for which no service changes have been identified to address. The IJB agreed in May 2018 to manage this shortfall through financial recovery plans, which will be monitored closely throughout the year by the Strategic Management Team, the Quality and Finance Plan Programme Board and the IJB. This approach will allow efforts to be focussed on the delivery of the approved Quality and Finance Plan which contains £10.4m of savings to be delivered.

There are a number of individual areas of focus to address the remaining budget gap in the short term, these include:

- Financial Recovery Plan – the plan which was in place during 2017-18 has been updated and will be implemented from the start of the year, this includes actions in relation to reviewing expenditure, controls and authorisation escalation and workforce costs.
- Budget Challenge Process – forensic review of budgets and commitments, the aim being to ensure that all existing budget allocations are being utilised in line with service objectives, to identify uncommitted budgets and to work with budget holders to re-align spending plans to the available budget.
- Monitoring of Costs – develop a framework to report on a regular basis to SMT and the Quality and Finance Programme Board on areas of high cost to ensure appropriate oversight is brought to the trajectory of expenditure to ensure corrective action can be taken, areas of focus will include agency and locum costs, social care costs in different settings, high cost client packages of care and prescribing.

The remaining budget gap represents 0.7% of the overall Integrated Budget, whilst this may not appear to be a significant gap, this position sits alongside the requirement to deliver £10.4m of approved savings, some of which are high risk in terms of deliverability. There will be an element of ongoing efficiencies and delays in spend for services and projects, however as was experienced in 2017-18 new service demands and pressures may offset the financial benefits.

There is a significant financial risk associated with the 2018-19 budget, the remaining budget gap and the scale of savings planned to be delivered in the timescale required results in a high risk to delivering financial balance for the partnership.

Quality and Finance Plan 2018-19

The Quality and Finance Plan articulates the service changes that have been approved by the IJB, there are £10.4m of savings planned to be delivered in 2018-19. The delivery of the Quality and Finance Plan should remain the focus of the partnership as this will have the greatest impact on the delivery of financial balance and the ongoing sustainability of services. A copy of the Quality and Finance Plan can be found here: <https://bit.ly/2JQFr8d>

There were significant shortfalls in delivering the service changes included in the Quality and Finance Plan both in 2016-17 and 2017-18, and this highlights the significant challenge in delivering savings in future years. However lessons have been learned and the approach to implementation will be adapted for future years.

**ARGYLL AND BUTE INTEGRATION JOINT BOARD
Management Commentary**

A refreshed approach to implementation for 2018-19 includes a focus on the following:



The successful delivery of the Quality and Finance Plan will require all of these elements to be in place. Strong financial leadership will be required to ensure that spend is contained within the budget available. The financial position for 2018-19 will require to be closely monitored, including progress with the delivery of the Quality and Finance Plan and the forecast year-end position. This will allow the IJB to take further actions as required to plan for financial balance, therefore limiting the financial risk of further additional funding from the Council and/or Health Board and reducing the impact on the budget in future years.

Future Years – 2019-20 Onwards

The Integration Joint Board is funded through delegations of funding from NHS Highland and Argyll and Bute Council. Partner contributions are contingent on the respective financial planning and budget setting processes of the Council and Health Board and the financial settlements they receive from the Scottish Government. There is uncertainty around funding available from 2019-20 onwards as both partners have provided one year offers of funding for 2018-19 and the impact of the Scottish Government budget allocations and local spending decisions are not yet known.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

The table below outlines the Integration Joint Board's estimated budget position and the resulting budget gap across the three years from 2019-20:

	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	7.7	7.6
Repayment of 2017-18 Overspend	0.1	0.3	0.8
Updated Budget Gap	8.0	8.0	8.4
Cumulative Budget Gap	8.0	16.0	24.4

There are significant cost and demand pressures across health and social care services and these are expected to outstrip any available funding uplifts and have a significant contribution to the overall budget gap. Many pressures in relation to Health and Social Care services are based on trends of continuing service demand increases. The main pressures relate to demographic and volume pressures including amongst others healthcare packages, growth in prescribing, growth in adult social care services, younger adult supported living services and continuing care for children. There are also significant costs for the implementation of the Living Wage, pay inflation costs for HSCP employees and inflationary increases for commissioned services.

Staff costs account for a significant proportion of the budget. We need to reduce our budget but also need to retain the staff skills and experience we have and implement service changes through workforce flexibility to deliver services in a different way. A detailed workforce plan is being developed, this will describe the future workforce requirements and how these will support the delivery of the Strategic Plan. This will include training and recruitment and will be aligned to the shift of the workforce from institutional to community based settings.

The Integration Joint Board in common with most other Public Sector bodies is facing a period of significant financial challenge, with cost and demand pressures expected to outstrip any funding uplifts. Many of the financial challenges the Argyll and Bute Integration Joint Board face lie in the geography and demography of the area. Services are provided in remote and rural areas, where local services are limited and there is a requirement to travel considerable distances for treatment and support. The population is living longer, but declining in numbers, which means there is greater demand for services, with a reduced budget to provide them.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

The three year estimated budget 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 are aligned with the available resources.

Scottish Government Expectations:

The Scottish Government has outlined expectations from the integration of services which include:

- Commitment to shift the balance of care, so that by 2021-22 more than half of the NHS front line spending will be in Community Health Services;
- Invest in prevention and early intervention, particularly in early years, with the expectation that work will continue to deliver 500 more health visitors by 2018;
- Produce plans to minimise waste, reduce variation and duplication;
- Reduce medical and nursing agency and locum expenditure as part of a national drive to reduce spend by at least 25% in-year;
- Reduce unplanned admissions, occupied bed days for unscheduled care and delayed discharges therefore releasing resources from acute hospital services ;
- Shift the balance of spend from institutional to community services.

Health and Social Care Partnerships are required to measure performance against nine National Health and Wellbeing Outcomes and the 23 sub indicators which sit below these to demonstrate the performance of the Partnership. In addition to these the Scottish Government will track:

1. Unplanned admissions.
2. Occupied bed days for unscheduled care.
3. A&E performance.
4. Delayed discharges.
5. End of life care.
6. The balance of spend across institutional and community services .

There is a focus on the integration of services to deliver real change to the way services are being delivered, with a realism that continuing to deliver services in the same way is no longer sustainable and changes need to be made in the way services are provided and accessed.

There is an expectation that as functions, strategies, services and the workforce are reviewed and integrated within Argyll and Bute that the current pattern of spend will change and there will be a shift in the balance of care from institutional to community settings. The integration of health and social care provides a unique opportunity to change the way services are delivered, it is an opportunity to put people at the heart of the process, focusing on the outcomes they want by operating as a single health and social care team at locality level.

**ARGYLL AND BUTE INTEGRATION JOINT BOARD
Management Commentary**

The fundamental transformational change required is facilitating the shift of services and resources to services which prioritise anticipatory care, preventative measures and the maintenance of health and wellbeing. This means spending less money on acute care, disinvesting and transferring this resource to prevention and anticipatory care services in the community.

Financial Risks and Challenges:

The most significant financial risks and challenges facing the IJB over the medium term are:

- The remaining budget gap where further opportunities for savings require to be identified;
- Evidence base and communications and engagement is insufficient to convince communities of the case for change in the required timescale;
- Delays in the delivery of the programme of service redesign resulting in the inefficient use of resources, lack of sustainability, provision of poor quality services and a failure to meet the partnership shared vision and outcomes;
- The ability to release resource from acute and institutional services to allow investment and growth in community based services;
- The increased demand for services alongside reducing resources ;
- The wider public sector financial environment, which continues to be challenging;
- The impact of demographic changes;
- The fragility of residential care home and care at home services due to financial sustainability and workforce pressures;
- Recruitment and workforce challenges, both internally for the Health and Social Care Partnership and externally for our commissioned care providers;
- Reliance on medical locums and agency staff to maintain service provision in areas with particular recruitment difficulties;
- The impact of the Living Wage and other nationally agreed policies which have financial consequences to deliver.

The financial position presents us with a number of challenges, however it is clear that the financial deficit will need to be recovered over the medium term to deliver financial sustainability for the partnership. The focus remains very much on the delivery of the Quality and Finance Plan to achieve both financial and service sustainability.

The Integration Joint Board through the Strategic Plan outlines the belief that together we can transform health and social care services to achieve the joint vision for the future “to lead long, healthy, independent lives”. Moving into 2018-19, we are working proactively to address the financial challenges, while at the same time, providing high-quality and sustainable health and social care services for the communities in Argyll and Bute.

Robin Creelman
Chair
Date:

Christina West
Chief Officer
Date:

Lesley MacLeod
Chief Finance Officer
Date:

ARGYLL AND BUTE INTEGRATION JOINT BOARD Statement of Responsibilities

THE INTEGRATION JOINT BOARD'S RESPONSIBILITIES:

The Integration Joint Board is required:

- to ensure the Annual Accounts are prepared in accordance with the legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government Act 2003);
- to make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board had responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this organisation, that officer is the Chief Financial Officer;
- to manage its affairs to secure economic, efficient and effective use of its resources and safeguard its assets; and
- to approve the Annual Accounts for signature.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Statement of Responsibilities

THE CHIEF FINANCIAL OFFICER'S RESPONSIBILITIES:

The Chief Financial Officer is responsible for the preparation of the Integration Joint Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the annual accounts the Chief Financial Officer is responsible for:

- selecting suitable accounting policies and applying them consistently;
- making judgements and estimates that are reasonable and prudent;
- complying with legislation;
- complying with the Local Authority Code of Practice (in so far as it is compatible with legislation).

The Chief Financial Officer is also required to:

- keep proper accounting records which are up to date; and
- Taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the Argyll and Bute Integration Joint Board as at 31 March 2018, and its income and expenditure for the year then ended.

Robin Creelman
Chair
Date:

Lesley MacLeod
Chief Finance Officer
Date:

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

SCOPE OF RESPONSIBILITY

The Integration Joint Board is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for and used economically, efficiently and effectively. The Integration Joint Board also aims to foster a culture of continuous improvement in the delivery of services and to make arrangements to secure Best Value.

In discharging these responsibilities, the Integration Joint Board has put in place arrangements for governance of its affairs which includes a system of internal control. The system is based on an ongoing process designed to identify, prioritise and manage the risks facing the organisation. The system aims to manage risks efficiently, effectively and economically to achieve the organisation's policies, aims and objectives. As such it can therefore only provide reasonable and not absolute assurance of effectiveness.

In addition the Integration Joint Board has a reliance on the NHS Highland and Argyll and Bute Council systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the Integration Joint Board.

GOVERNANCE FRAMEWORK

The Argyll and Bute Integration Joint Board has been established as a separate legal entity from either Argyll and Bute Council and NHS Highland, with a separate board of governance. The Integration Joint Board comprises eight voting members with four Elected Members nominated by Argyll and Bute Council and four Board members of NHS Highland. In addition there are a number of non-voting appointees representing other sectors and stakeholder groups, such as the Third Sector, Independent Sector, Patients and Service Users, Carers and Staff. The arrangements for the operation, remit and governance of the Integration Joint Board are set out in the Integration Scheme which has been prepared and approved by Argyll and Bute Council and NHS Highland.

The Integration Joint Board, via a process of delegation from the Health Board and Local Authority as outlined in the Integration Scheme has responsibility for the planning, resourcing and operational delivery of all integrated health and social care services within Argyll and Bute.

The funding available to Argyll and Bute Integration Joint Board is dependent on the funding available to Argyll and Bute Council and NHS Highland and the corporate priorities of both. The Integration Joint Board is therefore reliant on both partners for the resources to deliver health and social care services. The approval of the Integration Joint Board's Quality and Finance Plan outlining the service changes required to deliver financial balance is therefore contingent on the timeframe of the financial offers from the partners.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

The main features of the governance framework in place during 2017-18 were:

- The Integration Scheme which outlines the scope and functions of services that are delegated, the clinical and care governance, financial and operational management arrangements.
- The overarching strategic vision, mission and values of the Integration Joint Board are set out in the Strategic Plan and Strategic Objectives are aligned to deliver on the National Outcomes for Adults, Older People and Children.
- Effective joint working with Health and Council partners to ensure delivery of the Strategic Objectives, through information sharing and clear lines of responsibility, with an agreed Integration Sharing Protocol in place.
- Members of the Integration Joint Board subscribe to and comply with the Standing Orders and Code of Conduct and the appointed Standards Officer is responsible for advising and guiding members of the Board on issues of conduct and propriety. A register of interests is in place for all Board members and senior officers.
- Arrangements are in place to ensure Board members and officers are supported by appropriate training and development, with an induction provided for all new members. Performance Development and Review schemes are in place for all staff, the aim of which is to focus on their individual performance and development and contribution towards meeting service objectives.
- The Integration Joint Board operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within Standing Orders, the Integration Scheme, Financial Regulations and Standing Financial Instructions; these are subject to regular review.
- There are eight established Locality Planning Groups, these provide a mechanism for local leadership of service planning and a way for localities to influence how resources are spent in their area and allow them to contribute to the delivery of the Strategic Plan.
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Audit Scotland, Inspectorates and the Internal Audit service.
- The decision making structure whereby the committees of the Integration Joint Board have Terms of Reference agreed by the Integration Joint Board, these include the Clinical and Care Governance Committee, Audit Committee, Quality and Finance Plan Programme Board, Strategic Planning Group and Locality Planning Groups.
- The work and outputs from committees is reported to the Integration Joint Board, for example the minutes of meetings and highlight reports for Clinical and Care Governance and Staff Governance.
- The Planning and Performance Management Framework focusses on embedding a performance management culture throughout the organisation, regular reporting to the Board takes place with a performance scorecard being presented on a regular basis, the Integration Joint Board will also publish a further Annual Performance Report following the second year of integration.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

- Reliance on the procedures, processes, policies and operational systems of Argyll and Bute Council and NHS Highland where these are operationally delegated. The Integration Joint Board key governance documents are subject to periodic review with assigned lead officers and approval routes.
- The legislative framework requires the Chief Officer to be a single point of overall strategic and operational advice to the Integration Joint Board and to be a member of the Senior Management Teams of Argyll and Bute Council and NHS Highland.

THE SYSTEM OF INTERNAL FINANCIAL CONTROL

The governance framework described operates on the foundation of internal controls. The system of internal financial control is based on a framework of regular management and financial information, financial regulations, administrative procedures, management supervision and a system of delegation and accountability. Development and maintenance of the system is undertaken by managers within the Integration Joint Board. During 2017-18 this included the following:

- Financial Regulations and guidance relating to financial processes and procedures.
- Formalised budget setting process, which includes the updating of the budget outlook and a process for development of the Quality and Finance Plan.
- Regular review of periodic and annual financial reports that indicate financial performance against forecasts.
- Setting targets to measure financial and other performance.
- Formal project management disciplines.
- The establishment of a Quality and Finance Plan Programme Board to provide further scrutiny of the financial position and progress with service redesign.
- An effective Internal Audit function.

The system of internal financial control can provide only reasonable and not absolute assurance and is designed to manage risk to a reasonable level. Responsibility for maintaining and operating an effective system of internal financial control rests with the Chief Financial Officer. The Integration Joint Board's financial management arrangements conform to the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2010)'.

The substantive Chief Financial Officer, Caroline Whyte left post on 16th July 2018 and an interim CFO, Lesley Macleod, came into the role on 16th July 2018. The Chief Officer, Christina West, is due to leave the post at the end of September 2018. A process to appoint a successor concluded on the 5th September 2018 with the appointment of Joanna Macdonald as Chief Officer.

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Annual Governance Statement**

UPDATE ON GOVERNANCE ISSUES PREVIOUSLY REPORTED

The 2016-17 Annual Governance Statement identified a number of areas for further development. An update on progress with each area is provided below:

Planned Action	Progress Update
A detailed workforce plan will be developed demonstrating how this supports the Strategic Plan, this will also link to support activities such as training and recruitment and align to the shift of the workforce from institutional to community based settings.	The workforce plan was presented to and approved by the IJB in August 2018, this plan will primarily focus on Adult Services, the next iteration of the Plan in 2019 will incorporate all other HSCP services and also the third and independent sectors.
A local code of governance will be developed which will describe and define the main features of governance for the Integration Joint Board, in practice currently there are a number of local codes or documents.	This work has been delayed pending the review of the requirement for dedicated governance support for the IJB.
An action plan to improve integrated budget monitoring will be presented to the IJB Audit Committee in June 2017.	Action plan was presented to the Audit Committee as planned, while some actions have been taken forward there have been some delays with progressing integrated reporting, this action plan will continue to be progressed.
Risk management will be subject to an Internal Audit review and improvements during 2017-18. There is a planned development session with the Integration Joint Board, one of the outputs being the development of an agreed risk appetite. These actions will ensure risk management is embedded in the culture of the organisation.	Actions carried out as planned, risk management audit feedback was generally positive and will inform the next review of the Risk Management Strategy which is due to be carried out in August 2018.
Formalise the approach to sharing information across the IJB Audit Committee and the Argyll and Bute Council and NHS Highland Audit Committees to better co-ordinate assurance activity between the partners.	There have been changes in membership of the Audit Committees of the Council and the IJB. The IJB Audit Committee now includes membership from both the Argyll and Bute Council and NHS Highland Audit Committees.
Continuing development of performance management and performance scrutiny aligned with the Strategic Plan primary objectives and revised National Health and Wellbeing Outcome indicators.	The frequency of performance information reporting to the IJB was reviewed during 2017-18, in addition information has been adapted to include performance information for MSG indicators to enable the IJB to set targets.

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Further develop the capacity and capability of Locality Planning Groups to ensure members have the support and capability to use and interpret data to facilitate the implementation of Strategic Plan objectives at locality level.	Work is ongoing to develop support for LPGs. A joint LPG chairs and co-chairs workshop with the Strategic Planning Group was held in March 2018, an action plan has been developed following this and a follow up event is being planned.
Roll out of communications and engagement toolkit to localities to ensure they are appropriately supported to facilitate the requirement to support the extensive programme of service re-design over the next two years, this is accompanied by additional investment in dedicated communications resource in 2017-18.	Communication and engagement guides are available online and the communications and engagement team are providing ongoing support for roll out of a training programme across localities.
Further work on assurance mapping to ensure coverage for the second and third lines of defence on the move to the “business as usual” stage of the organisation.	This work has been delayed pending the review of the requirement for dedicated governance support for the IJB.

INTERNAL AUDIT

The Integration Joint Board are required to put in place adequate and proportionate internal audit arrangements to provide independent assurance on risk management, corporate governance and the system of internal control. External Audit place reliance on the work of Internal Audit.

The Integration Joint Board complies with “The Role of the Head of Internal Audit in Public Organisations” (CIPFA) and operates in accordance with “Public Sector Internal Audit Standards ” (CIPFA). The Chief Internal Auditor reports directly to the IJB Audit Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair of the IJB Audit Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment, and is approved by the IJB Audit Committee.

The role of the IJB Audit Committee is to provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and annual governance processes. Membership of the IJB Audit Committee includes six members of the Integration Joint Board and professional advisors. The Audit Plan was agreed at the Audit Committee meeting in June 2017. The risk based audits carried out during 2017-18 included:

- Project Management and Service Re-design
- Risk Management

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These audits built on the internal audit activity carried out during 2016-17 which included:

- Corporate Governance
- Financial Monitoring and Performance Management
- Engagement with Locality Planning Groups

The IJB Audit Committee receive an update on progress with individual recommendations and management actions at each meeting.

Internal Audit delivered a risk management development session to IJB members in August 2017. The purpose of the session was to improve awareness of risk management for Board members, to further develop the Strategic Risk Register and also to determine the risk appetite of the Board. The interactive session was well received by the Board and following this the updated Strategic Risk Register and risk appetite were approved by the Board. The Risk Management Strategy will be reviewed during 2018 and a further risk management development session with the Board will be planned.

The Chief Internal Auditor provides the Audit Committee with an annual report on internal audit activity for the Integration Joint Board. The annual report includes an independent opinion on the adequacy and effectiveness of the systems of governance and internal control. The report for 2017-18 concludes that the Integration Joint Board has a framework of controls in place that provide reasonable assurance regarding the organisation's governance framework, internal controls, effective and efficient achievement of objectives and the management of key risks.

REVIEW OF EFFECTIVENESS

The Integration Joint Board places reliance on the procedures, processes, policies and operational systems of Argyll and Bute Council and NHS Highland. The Integration Joint Board operates within an established procedural framework and the partner organisations provide assurance over the effectiveness of their systems of internal control.

The Integration Joint Board has responsibility for conducting, at least annually, a review of the effectiveness of the governance arrangements including the system of internal financial control. This is informed by:

- The work of officers within the Integration Joint Board.
- The work of Internal Audit as described above.
- The work of External Audit.
- External review and inspection reports.
- The compliance with statutory guidance issued for the integration of services.
- Recommendations from the Audit Committee.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

Internal Audit carried out a formal review on the Corporate Governance late in 2016. The audit highlighted the following areas of good practice:

- The roles and responsibilities of the Integration Joint Board are defined through appropriate documentation and training;
- There is a comprehensive training and development programme for the Board, reflecting members specific post requirements, roles and responsibilities;
- The Strategic Management Team can demonstrate the commitment to supporting members in delivering the best possible service;
- A reporting framework is in place which covers both financial and clinical reporting;
- Representatives from Argyll and Bute Council and NHS Highland contribute to the reporting framework and are represented on the IJB in line with national guidance;
- Committees have been delegated responsibility for providing assurance in relation to the governance work of the IJB;
- The Planning and Performance Management Framework is outlined in the Argyll and Bute Health and Social Care Partnership Strategic Plan 2016-17 to 2018-19. Performance against the National Health and Wellbeing outcomes is reported on regularly to the IJB;
- The IJB has identified eight localities and is actively engaging external stakeholders in the provision of service planning and delivery.

FURTHER ACTIONS

The review of governance and internal control has identified the following actions for 2018-19 that will assist with the further strengthening of the corporate governance arrangements:

- Argyll and Bute Council have requested a review of the Integration Scheme with a particular focus on risk sharing arrangements, this review will be led by Argyll and Bute Council in partnership with NHS Highland.
- 2018-19 will be the final year of the current Strategic Planning period and the IJB are required to consult and engage on the next three year Strategic Plan, this will require to be agreed by Argyll and Bute Council and NHS Highland.
- Development programme for IJB members to be established, informed by a self-evaluation process, this will be supported by the Local Government Improvement Service.
- Establish and develop the Transforming Together approach to the delivery of service change with a focus on the development of strategy and policy documents to underpin the service changes.
- Review the use of Directions to ensure decisions and delegations from the IJB are clearly communicated to partners and to ensure their use reflects best practice.
- The IJB Improvement Plan outlines a number of areas for improvement to partnership working including key partners from the HSCP, the Scottish Government, Argyll and Bute Council, NHS Highland and the IJB. Actions include for example collaborative leadership meetings, asset mapping, revised engagement strategy, support for Locality Planning Groups and HSCP branding and identity.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

CONCLUSION AND OPINION ON ASSURANCE

Significant progress has been made in the first two years of the operation of the Integration Joint Board to ensure appropriate governance and information sharing arrangements are in place, further improvement and development of governance arrangements is ongoing to safeguard the future success of the Partnership.

While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Argyll and Bute Integration Joint Board's systems of governance. There is a commitment to monitoring implementation of all actions as part of the next annual review.

Robin Creelman
Chair
Date:

Christina West
Chief Officer
Date:

Lesley MacLeod
Chief Finance Officer
Date:

ARGYLL AND BUTE INTEGRATION JOINT BOARD Remuneration Report

1. INTRODUCTION

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified Integration Joint Board members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

2. INTEGRATION JOINT BOARD

The Integration Joint Board comprises eight voting members appointed in equal numbers by the Health Board and Council. The partners appoint a Chair and Vice Chair in accordance with the Integration Scheme and the Public Bodies (Joint Working) (Integration Joint Boards)(Scotland) Order 2014. Article 4 of the Order provides for the Chair to be appointed by NHS Highland or Argyll and Bute Council from among the voting members nominated by NHS Highland and the Council. The Vice Chair is appointed by the constituent authority who did not appoint the Chair.

The NHS Board and the Council have responsibility for these appointments on an alternating basis and the NHS Board and the Council may change the person appointed by them as Chair or Vice Chair during an appointing period.

The Integration Scheme between the Council and the NHS Board sets out the arrangements for the appointment of the Chair and Vice Chair of the Integration Joint Board. The first Chair of the Board was a member appointed on the nomination of Argyll and Bute Council. Accordingly the Vice Chair was a member nominated by the NHS Highland. The parties agreed that the Chair of Argyll and Bute Integration Joint Board would pass to NHS Highland at the time of Local Government Elections in May 2017, the term of office for the Chair and Vice Chair will be a period of two years.

On 31 March 2018 the voting members of the Integration Joint Board were as follows:

Member	Appointed by	Role
Robin Creelman	NHS Highland	Voting Member (Chair)
David Alston	NHS Highland	Voting Member
Sarah Compton-Bishop	NHS Highland	Voting Member
Gaener Rodger	NHS Highland	Voting Member
Kieron Green	Argyll and Bute Council	Voting Member (Vice Chair)
Jim Anderson	Argyll and Bute Council	Voting Member
Iain Shonny Paterson	Argyll and Bute Council	Voting Member
Alistair Redman	Argyll and Bute Council	Voting Member

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In addition there are professional advisors and stakeholder members who are non-voting members of the Integration Joint Board.

The Integration Joint Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the Integration Joint Board. The Integration Joint Board does not reimburse the relevant partner organisations for any voting board members costs borne by the partner. The details of the Chair and Vice Chair appointments are shown below:

Taxable Expenses 2016-17 £	Board Member and Post Held	Taxable Expenses 2017-18 £
-	Chair – Robin Creelman, NHS Highland (from 04/05/17)	-
-	Vice Chair – Kieron Green, Argyll and Bute Council (from 04/05/17)	-
-	Chair – Kieron Green, Argyll and Bute Council (from 01/09/16 to 03/05/17)	-
-	Vice Chair – Robin Creelman, NHS Highland (to 03/05/17)	-

The Integration Joint Board does not have responsibilities, either in the current years or in future years, for funding any pension entitlements of voting Integration Joint Board members. Therefore no pension rights or disclosures are provided for the Chair or Vice Chair.

3. SENIOR OFFICERS

The Integration Joint Board does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Chief Officer:

The appointment of an Integration Joint Board Chief Officer is required by section 10 of the Public Bodies (Joint working) (Scotland) Act 2014 which includes the statement “an Integration Joint Board is to appoint, as a member of staff, a chief officer”. The Chief Officer is appointed by the Integration Joint Board on consultation with NHS Highland and Argyll and Bute Council. The Chief Officer is regarded as an employee of the Integration Joint Board although the contract of employment is with Argyll and Bute Council. The Chief Officer is employed by Argyll and Bute Council and seconded to the Integration Joint Board.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Remuneration Report

Other Officers:

No other staff are appointed by the Integration Joint Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

The following table sets out the remuneration disclosures for 2017-18 for senior officers:

Total 2016-17 FTE £	Senior Officer	Salary (Including Fees and Allowances) £	Taxable Expenses £	Total 2017-18 £
96,919	Chief Officer – Christina West	97,989	-	97,989
20,086	Chief Financial Officer – Caroline Whyte	50,212	-	50,212
117,005	Total	148,201	-	148,201

4. PENSION BENEFITS

In respect of officers pension benefits the statutory responsibility for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pension liability reflected on the Integration Joint Board balance sheet for the Chief Officer or any other officers. The Integration Joint Board however has a responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the Integration Joint Board.

The Chief Officer is a member of the Local Government Pension Scheme (LGPS), costs for the pension scheme contributions and accrued pension entitlements are shown in the table below:

2016-17			2017-18	
In-year Pension Contributions £	Accrued Pension Benefits £		In-year Pension Contributions £	Accrued Pension Benefits £
18,705	4,508	Chief Officer – Christina West	18,912	6,692
-	-	Chief Financial Officer – Caroline Whyte	-	-

**ARGYLL AND BUTE INTEGRATION JOINT BOARD
Remuneration Report**

5. DISCLOSURE BY PAY BANDS

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000:

Number of Employees in Band 2016-17	Remuneration Band	Number of Employees in Band 2017-18
1	£95,000 to £100,000	1
-	£50,000 to £55,000	1

Robin Creelman
Chair
Date:

Christina West
Chief Officer
Date:

ARGYLL AND BUTE INTEGRATION JOINT BOARD
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COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

The statement below shows the cost of providing services for the year according to accepted accounting practices.

2016-17		
Net Expenditure £000		Net Expenditure £000
131,803	Adult Care	136,025
1,265	Alcohol and Drugs Partnership	1,028
645	Chief Officer	695
18,840	Children and Families	19,112
3,978	Community and Dental Services	3,652
1,621	Integrated Care Fund	-
1,275	Lead Nurse	1,293
1,139	Public Health	1,114
3,582	Strategic Planning and Performance	3,493
-	Estates	5,352
2,600	Depreciation	2,502
15,481	General Medical Services	16,010
58,410	Greater Glasgow & Clyde Commissioned Services	59,972
(1,224)	Income – Commissioning and Central Management and Corporate Services	(1,268)
2,911		4,533
8,508	NCL Primary Care Services	8,254
3,406	Other Commissioned Services	3,300
4,897	Resource Release	-
259,137	Cost of Services	265,067
(259,616)	Taxation and Non-Specific Grant Income (note 4)	(264,692)
(479)	(Surplus) or Deficit on Provision of Services	375

The Integration Joint Board was established on 27 June 2015. Integrated delivery of health and care services commenced on 1 April 2016. Consequently the 2016-17 financial year figures represent full year costs and are directly comparable with 2017-18 figures. The information in the management commentary provides a more detailed analysis of the expenditure which is consistent with the management reporting to the IJB during the course of 2017-18. There are no statutory or presentation adjustments which affect the Integration Joint Board's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement.

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Financial Statements

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the Integration Joint Board's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices. During the financial year 2017/18, there were no unusable reserves recorded

Movements in Reserves During 2017-18:	General Fund Balance	Total Reserves
	£000	£000
Opening Balance at 31 March 2017	(479)	(479)
Total Comprehensive Income and Expenditure	375	375
Adjustments between accounting basis and funding basis under regulations*	0	0
(Increase) or Decrease in 2017-18	375	375
Closing Balance at 31 March 2018	(104)	(104)

Movements in Reserves During 2016-17:	General Fund Balance	Total Reserves
	£000	£000
Opening Balance at 31 March 2016	0	0
Total Comprehensive Income and Expenditure	(479)	(479)
Adjustments between accounting basis and funding basis under regulations*	0	0
(Increase) or Decrease in 2016-17	(479)	(479)
Closing Balance at 31 March 2017	(479)	(479)

(*) The only adjustment between the accounting basis and funding basis under regulations would be the deferral of charge to the General Fund for the Chief Officer's absence entitlement as at 31 March. This relates to any absence entitlement which has been earned but not yet taken as at 31 March. The General Fund is only charged for this when the leave is taken, normally during the next financial year.

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Financial Statements

BALANCE SHEET

The Balance Sheet shows the value of the Integration Joint Board's assets and liabilities as at the balance sheet date. The net assets of the Integration Joint Board (assets less liabilities) are matched by the reserves held by the Integration Joint Board.

31 March 2017 £'000		Note	31 March 2018 £'000
703	Current Assets: Short Term Debtors	5	104
(224)	Current Liabilities: Short Term Creditors	6	0
0	Long-term Liabilities: Provisions	10	0
479	Net Assets		104
479	Usable Reserve: General Fund	8	104
0	Unusable Reserve: Employee Statutory Adjustment Account	9	0
479	Total Reserves		104

The unaudited accounts were authorised for issue on 26 June 2018.

Lesley MacLeod
Chief Financial Officer
Date:

ARGYLL AND BUTE INTEGRATION JOINT BOARD

Notes to the Financial Statements

1. SIGNIFICANT ACCOUNTING POLICIES

1.1 General Principles

The Financial Statements summarise the transactions of the Integration Joint Board for the 2017-18 financial year and its position for the year end as at 31 March 2018.

The Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authorities Accounting in the United Kingdom 2017-18, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes the Integration Joint Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the Integration Joint Board.
- Income is recognised when the Integration Joint Board has a right to the income, for instance by meeting any terms and conditions required to earn income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

For the Integration Joint Board annual accounts a debtor and/or creditor will be recorded when the partner contributions differ from the actual net expenditure in year, this allows any surplus or deficit on the provision of services to be transferred to the reserves held by the Integration Joint Board. Where any in-year overspend exceeds reserves available the partners will make additional in-year payments, in this instance a creditor will not be recognised as future funding would be adjusted to reflect any future repayment.

1.3 Offsetting of Debtors and Creditors

The Integration Joint Board does not hold cash and cash equivalents. Instead the funding partners utilise, as directed by the Integration Joint Board, the amount of funding due to the Integration Joint Board to pay for services.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Notes to the Financial Statements

The Integration Joint Board and the funding partners have confirmed that there is a 'right of offset', and that there is an intention to allow settlement of balances to be undertaken on a net basis. On this basis the Integration Joint Board's financial statements present the balances due to and from the funding partners on a net basis rather than as separate creditors and debtors.

1.4 Funding

The Integration Joint Board is primarily funded through funding contributions from the statutory funding partners, Argyll and Bute Council and NHS Highland. Expenditure is incurred as the Integration Joint Board commissions specified health and social care services from the funding partners for the benefit of service recipients in Argyll and Bute.

1.5 Cash and Cash Equivalents

The Integration Joint Board does not operate a bank account or hold cash. Transactions are settled on behalf of the Integration Joint Board by the funding partners. Consequently the Integration Joint Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each partner at 31 March is represented as a debtor or creditor on the Integration Joint Board's Balance Sheet.

1.6 Employee Benefits

The Integration Joint Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The Integration Joint Board therefore does not present a Pensions Liability on its Balance Sheet.

The Integration Joint Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

1.7 Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the Integration Joint Board's Balance Sheet, but is disclosed in a note where it is material.

ARGYLL AND BUTE INTEGRATION JOINT BOARD

Notes to the Financial Statements

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the Integration Joint Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

Where NHS Highland or Argyll and Bute Council recognise provisions, contingent liabilities or contingent assets in relation to services included in the Integration Scheme these will be disclosed in the Integration Joint Board's Annual Accounts.

1.8 Reserves

The Integration Joint Board's reserves are classified as either Usable or Unusable Reserves. There is a Reserves Policy in place which details the nature and use of reserves.

The Integration Joint Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the Integration Joint Board can use in later years to support service provision.

The Integration Joint Board's only Unusable Reserve is the Employee Statutory Adjustment Account. This is required by legislation. It defers the charge to the General Fund for the Chief Officer's absence entitlement as at 31 March, for example any annual leave earned but not yet taken. The General Fund is only charged for this when the leave is taken, normally during the next financial year.

1.9 Indemnity Insurance

The Integration Joint Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Highland and Argyll and Bute Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the Integration Joint Board does not have any 'shared risk' exposure from participation in CNORIS. The Integration Joint Board's participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the Integration Joint Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Notes to the Financial Statements

1.10 VAT Status

The Integration Joint Board is a non-taxable person and does not charge or recover VAT on its functions.

2 EVENTS AFTER THE REPORTING PERIOD

The unaudited Annual Accounts were authorised for issue by the Chief Financial Officer on 26 June 2018. There have been no events taking place after this date and are therefore not reflected in the financial statements or notes.

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised for issue. Two types of events can be identified:

- Those that provide evidence of conditions that existed at the end of the reporting period – the Annual Accounts are adjusted to reflect such events.
- Those that are indicative of conditions that arose after the reporting period – The Annual Accounts are not adjusted to reflect such events, but where a category of events would have a material impact disclosure is made in the notes of the nature of the events and their estimated financial effect.

There are no events to report after the reporting period end.

3. EXPENDITURE AND INCOME ANALYSIS BY NATURE

31 March 2017 £'000		31 March 2018 £'000
	<i>Services Commissioned from Argyll and Bute Council and NHS Highland:</i>	
84,282	Employee Costs	84,917
8,500	Premises Costs	8,565
12,882	Supplies and Services	12,655
3,742	Transport Related Costs	3,729
123,932	Third Party Payments	124,049
(18,248)	Income	(13,708)
43,880	Primary Care Services	44,651
	<i>Other:</i>	
150	Other IJB Operating Expenditure	185
17	Fees payable to Audit Scotland - External Audit Fees	24
(259,616)	Partners Funding Contributions and Non-Specific Grant Income	(264,692)
(479)	(Surplus) or Deficit on the Provision of Services	375

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Notes to the Financial Statements

4. TAXATION AND NON-SPECIFIC GRANT INCOME

The following taxation and non-specific grant income was recognised in the Comprehensive Income and Expenditure Statement:

31 March 2017 £'000		31 March 2018 £'000
56,207	Funding Contribution from Argyll and Bute Council	57,579
203,409	Funding Contribution from NHS Highland	207,113
259,616	Taxation and Non-specific Grant Income	264,692

The funding contributions from the partners shown above excludes any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding would be presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

5. DEBTORS

31 March 2017 £'000		31 March 2018 £'000
703	NHS Highland	104
-	Argyll and Bute Council	-
703	Total Debtors	104

Amounts owed by the funding partners are stated on a net basis. Debtor and Creditor balances recognised by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the Integration Joint Board.

6. CREDITORS

31 March 2017 £'000		31 March 2018 £'000
-	NHS Highland	-
224	Argyll and Bute Council	-
224	Total Creditors	-

Amounts owed to the funding partners are stated on a net basis. Debtor and Creditor balances recognised by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the Integration Joint Board.

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Notes to the Financial Statements

7. RELATED PARTY TRANSACTIONS

The Integration Joint Board has related party relationships with NHS Highland and Argyll and Bute Council. In particular the nature of the partnership means that the Integration Joint Board may influence, and be influenced by, its partners. The following transactions and balances included in the Integration Joint Board's accounts are presented to provide additional information on the relationships.

Transactions with NHS Highland:

2016-17 £000		2017-18 £000
(203,409)	Funding Contributions received from NHS Highland	(207,113)
198,126	Expenditure on Services Provided by NHS Highland	196,072
(5,283)	Net Transactions with NHS Highland	(11,041)

There are key management personnel employed by NHS Highland, these costs are included in the expenditure on services provided. The non-voting Board members employed by NHS Highland include the Lead Nurse, Clinical Director for Argyll and Bute, Public Health Specialist, Lead Allied Health Professional, Lead Pharmacist, Staff Representative and representatives from primary care and medical services. Details of the remuneration, where required, is provided in the Remuneration Report.

Transactions with Argyll and Bute Council:

2016-17 £000		2017-18 £000
(56,207)	Funding Contributions received from Argyll and Bute Council	(57,579)
61,011	Expenditure on Services Provided by Argyll and Bute Council	68,995
4,804	Net Transactions with Argyll and Bute Council	11,416

There are key management personnel employed by Argyll and Bute Council, these costs are included in the expenditure on services provided. The non-voting Board members employed by Argyll and Bute Council include the Chief Officer, Chief Financial Officer, Chief Social Work Officer and a Staff Representative. Details of the remuneration, where required, is provided in the Remuneration Report.

Support services are not included in the delegations from Argyll and Bute Council. These include services such as human resources, financial services, information technology and accommodation. These are provided free of charge as 'services in kind' and these costs are therefore not included in the expenditure of the Integration Joint Board.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Notes to the Financial Statements

8. USABLE RESERVE: GENERAL FUND

The Integration Joint Board holds a balance on the General Fund which will normally comprise one of three elements:

1. Funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government rules, earmarked reserves are accounted for separately but remain legally part of the General Fund. The identification of earmarked reserves may include:
 - future use of funds for a specific purpose, as agreed by the Integration Joint Board; or
 - reserves for unspent revenue grants or contributions.
2. Funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
3. Funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the Integration Joint Board.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned expenditure and the amount held as a general contingency.

2016-17		2017-18		
Balance at 31 March 2017 £000		Transfers Out £000	Transfers In £000	Balance at 31 March 2018 £000
208	Technology Enabled Care	(208)	-	-
65	Primary Care Development Fund	(65)	-	-
66	Mental Health Fund	(35)	-	31
112	Primary Care Transformation Fund	(67)	-	45
451	Total Earmarked	(375)	-	76
28	Contingency	-	-	28
479	General Fund	(375)	-	104

ARGYLL AND BUTE INTEGRATION JOINT BOARD Notes to the Financial Statements

9. UNUSABLE RESERVE: EMPLOYEE STATUTORY ADJUSTMENT ACCOUNT

The Integration Joint Board's only Unusable Reserve is the Employee Statutory Adjustment Account. There is no balance for the Chief Officer's absence entitlement as at 31 March 2018 recognised in the reserve for annual leave earned but not yet taken as the amount is not material.

10. PROVISIONS, CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no provisions recognised on the Balance Sheet as at 31 March 2018. There were no new provisions made during 2017-18 on behalf of the Integration Joint Board. There are historic provision balances and contingent liabilities relating to services provided prior to 1 April 2016, these will be recognised as required in the Annual Accounts of Argyll and Bute Council and NHS Highland. There would be further consideration of funding requirements for the Integration Joint Board where the historic funding of these financial provisions are insufficient and may affect the Integration Joint Board's funding arrangements in the future.

There are no identified contingent liabilities or contingent assets as at 31 March 2018 for the Integration Joint Board.

11. VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income. There was an immaterial amount of non-recoverable VAT incurred by the Integration Joint Board during 2017-18.

12. ACCOUNTING STANDARDS ISSUED NOT YET ADOPTED

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJ B considers that there are no such standards which would have a significant impact on the 2017-18 annual accounts.

Independent Auditor's Report

Independent auditor's report to the members of Argyll and Bute Integrated Joint Board and the Accounts Commission

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Argyll and Bute IJB for the year ended 31 March 2018 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (the 2017/18 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2017/18 Code of the state of affairs of the Argyll and Bute Integrated Joint Board as at 31 March 2018 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2017/18 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the Argyll and Bute Integrated Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

- the Chief Financial Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Argyll and Bute Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Responsibilities of the Chief Financial Officer and the Argyll and Bute Integration Joint Board Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the Argyll and Bute Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Argyll and Bute Integration Joint Board's Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

David McConnell
Audit Director
Audit Scotland
4th Floor
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

27 September 2018

Argyll and Bute Integration Joint Board Audit Committee

Those Charged with Governance
Argyll and Bute Integration Joint Board

Argyll and Bute Integration Joint Board Audit of 2017/18 annual accounts

Independent auditor's report

1. Our audit work on the 2017/18 annual accounts is now substantially complete. Subject to the receipt of a revised set of annual accounts for final review, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 27 September 2018 (the proposed report is attached at [Appendix A](#)).

Annual audit report

2. Under International Standards on Auditing in the UK, we report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We present for the Argyll and Bute Integration Joint Board's Audit Committee consideration our draft annual report on the 2017/18 audit. The section headed "Significant findings from the audit in accordance with ISA 260" sets out the issues identified in respect of the annual accounts.
3. The report also sets out conclusions from our consideration of the four audit dimensions that frame the wider scope of public audit as set out in the Code of Audit Practice.
4. This report will be issued in final form after the annual accounts have been certified.

Unadjusted misstatements

5. We also report to those charged with governance all unadjusted misstatements which we have identified during the course of our audit, other than those of a trivial nature and request that these misstatements be corrected.
6. We have no unadjusted misstatements to be corrected.

Representations from Section 95 Officer

7. As part of the completion of our audit, we are seeking written representations from the Interim Chief Finance Officer on aspects of the annual accounts, including the judgements and estimates made.

8. A draft letter of representation is attached at **Appendix B**. This should be signed and returned to us by the Section 95 Officer with the signed annual accounts prior to the independent auditor's report being certified.

Kind Regards,

David McConnell

Audit Director, Audit Scotland

APPENDIX A: Proposed Independent Auditor's Report

Independent auditor's report to the members of Argyll and Bute Integrated Joint Board and the Accounts Commission

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Argyll and Bute IJB for the year ended 31 March 2018 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (the 2017/18 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2017/18 Code of the state of affairs of the Argyll and Bute Integrated Joint Board as at 31 March 2018 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2017/18 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the Argyll and Bute Integrated Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Financial Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Argyll and Bute Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Responsibilities of the Chief Financial Officer and the Argyll and Bute Integration Joint Board Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the Argyll and Bute Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Argyll and Bute Integration Joint Board's Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

David McConnell
Audit Director
Audit Scotland
4th Floor
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

27 September 2018

APPENDIX B: Letter of Representation (ISA 580)

David McConnell, Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Dear Audit Director

Argyll and Bute Integration Joint Board Annual Accounts 2017/18

1. This representation letter is provided in connection with your audit of the annual accounts of Argyll and Bute Integration Joint Board for the year ended 31 March 2018 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.
2. I confirm to the best of my knowledge and belief, and having made appropriate enquiries of the Argyll and Bute Integration Joint Board's Audit Committee, the following representations given to you in connection with your audit of Argyll and Bute Integration Joint Board's annual accounts for the year ended 31 March 2018.

General

3. Argyll and Bute Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2017/18 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by Argyll and Bute Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.
4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (2017/18 accounting code), mandatory guidance from LASAAC, and the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.
6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of the Argyll and Bute Integration Joint Board at 31 March 2018 and the transactions for 2017/18.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2017/18 accounting code, where applicable. Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to Argyll and Bute Integration Joint Board circumstances and have been consistently applied.
8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed Argyll and Bute Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on Argyll and Bute Integration Joint Board's ability to continue as a going concern.

Liabilities

10. All liabilities at 31 March 2018 of which I am aware have been recognised in the annual accounts.

Fraud

11. I have provided you with all information in relation to
 - my assessment of the risk that the financial statements may be materially misstated as a result of fraud
 - any allegations of fraud or suspected fraud affecting the financial statements
 - fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

12. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

13. All material transactions with related parties have been disclosed in the financial statements in accordance with the 2017/18 accounting code. I have made available to you the identity of all the Argyll and Bute Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

14. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014, and all required information of which I am aware has been provided to you.

Management commentary

15. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

16. I confirm that the Argyll and Bute Integration Joint Board has undertaken a review of the system of internal control during 2017/18 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.
17. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2018, which require to be reflected.

Balance Sheet

18. All events subsequent to 31 March 2018 for which the 2017/18 accounting code requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Lesley Macleod
Interim Chief Finance Officer
Argyll and Bute Integration Joint Board

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Argyll and Bute IJB

2017/18 Annual Audit Report



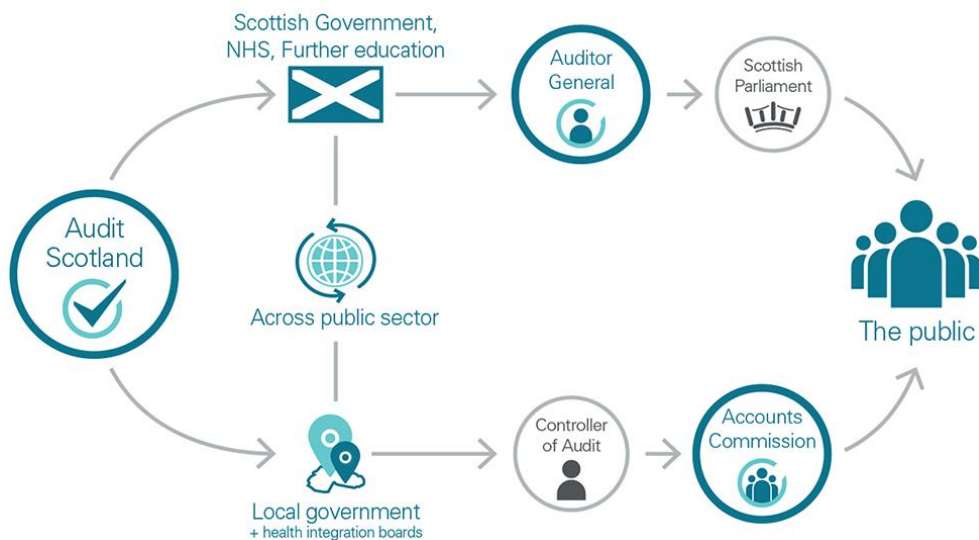
 AUDIT SCOTLAND

Prepared for Argyll and Bute IJB and the Controller of Audit
September 2018

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

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Key messages

2017/18 annual report and accounts

- 1 In our opinion Argyll and Bute IJB's financial statements give a true and fair view and were properly prepared.
- 2 The management commentary, remuneration report and annual governance statement were consistent with the financial statements and prepared in accordance with applicable guidance.

Financial management and sustainability

- 3 The IJB has adequate financial management arrangements in place with areas for improvement such as ensuring the efficiency of its financial monitoring through further integration of financial reporting.
- 4 The IJB's financial position is challenging. It incurred an overspend of £2.5 million in 2017/18, funded by its partner organisations, and expected to be repaid through a reduction in future years' funding. A review of the integration scheme is on-going, including a review of risk-sharing arrangements between Argyll and Bute Council and NHS Highland.
- 5 The IJB has yet to agree a balanced budget for 2018/19 and is currently in discussions with Argyll and Bute Council and NHS Highland to agree the funding. Until the budget is approved, a budget gap of £1.6 million remains and there is uncertainty around any impact on the IJB's provision of services.
- 6 The IJB forecasts a funding deficit over the next four years, resulting in a cumulative budget gap of £24 million by the end of 2021/22. Without a medium to long-term financial plan, the IJB cannot demonstrate how it will make the required savings and deliver its key priorities within the available financial resources. Effective partnership working and realistic savings plans will be essential for the IJB to deliver its strategic objectives while ensuring its financial sustainability.

Governance, transparency and value for money

- 7 The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the board. However, with both the Chief Finance Officer and Chief Officer leaving the organisation, the IJB needs to ensure that the new management structure will provide a good basis for a strong strategic direction and sound financial governance.
- 8 The IJB conducts its business in an open and transparent manner. Its meetings are open to the public and meeting papers and minutes are available on its website.
- 9 The IJB has prepared a workforce plan for adult services and now needs to develop an overarching workforce plan covering all services to ensure it has appropriate skills and capacity in key areas.
- 10 Value for money is a key element of our audit approach. This report comments on arrangements in place to secure Best Value in areas such as the financial management and sustainability. We will keep this area

under review over the five-year audit appointment and will report as appropriate.

Introduction

1. This report is a summary of our findings arising from the 2017/18 audit of Argyll and Bute Integration Joint Board, hereby referred to as 'the IJB'.

2. The scope of our audit was set out in our Annual Audit Plan presented to the Audit Committee meeting on 29 March 2018. This report comprises the findings from our main elements of work in 2017/18 including:

- a review of the IJB's main financial systems
- an audit of the IJB's 2017/18 annual accounts including issuing an independent auditor's report setting out our opinion
- consideration of the four audit dimensions that frame the wider scope of public audit set out in the [Code of Audit Practice 2016](#) as illustrated in [Exhibit 1](#).

Exhibit 1

Audit dimensions



Source: *Code of Audit Practice 2016*

3. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices.

4. The IJB is responsible for compliance with legislation, and putting arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.

5. Our responsibilities as independent auditor appointed by the Accounts Commission are established by the Local Government (Scotland) Act 1973, the

[Code of Audit Practice \(2016\)](#), supplementary guidance, and International Standards on Auditing in the UK.

6. As public sector auditors we give independent opinions on the annual accounts. We also review and provide conclusions on the effectiveness of the IJB's performance management arrangements, suitability and effectiveness of corporate governance arrangements, and financial position and arrangements for securing financial sustainability. In doing this, we aim to support improvement and accountability.

7. Further details of the respective responsibilities of management and the auditor can be found in the [Code of Audit Practice \(2016\)](#) and supplementary guidance.

8. The weaknesses or risks identified in this report are only those that have come to our attention during our normal audit work, and may not be all that exist.

9. Our annual audit report contains an agreed action plan at [Appendix 1](#) setting out specific recommendations, responsible officers and dates for implementation. It also includes outstanding actions from last year and progress against these.

10. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can confirm that we have not undertaken any non-audit related services and therefore the 2017/18 audit fee of £0.024 million, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

Adding value through the audit

11. Our aim is to add value to IJB by increasing insight into, and offering foresight on financial sustainability, risk and performance and by identifying areas for improvement and recommending / encouraging good practice. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision making and more effective use of resources.

12. This report is addressed to both the board and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk.

13. We would like to thank all management and staff who have been involved in our work for their co-operation and assistance during the audit.

Part 1

Audit of 2017/18 annual accounts



Main judgements

In our opinion Argyll and Bute IJB's financial statements give a true and fair view and were properly prepared.

The management commentary, audited part of the remuneration report and annual governance statement were consistent with the financial statements and prepared in accordance with applicable guidance.

Audit opinions on the annual accounts

14. The annual accounts for the year ended 31 March 2018 were approved by the board on 26 September 2018. We reported within our independent auditor's report that in our opinion:

- the financial statements give a true and fair view and were properly prepared
- the audited part of the remuneration report, management commentary, and annual governance statement were all consistent with the financial statements and properly prepared in accordance with proper accounting practices.

15. Additionally, we have nothing to report in respect of misstatements in information other than the financial statements, the adequacy of accounting records, and the information and explanations we received.

The annual accounts are the principal means of accounting for the stewardship of the board's resources and its performance in the use of those resources.

Submission of annual accounts for audit

16. We received the unaudited annual accounts on 26 June 2018, in line with our agreed audit timetable.

17. Argyll & Bute Council and NHS Highland provided financial information to the IJB in a timely manner which allowed the IJB to produce the annual accounts before the statutory deadline. The partner authorities also provided the IJB with assurance letters confirming that the figures in the accounts were complete and accurate. Additionally, the IJB submitted information required for consolidation purposes to NHS Highland within the agreed timetable.

18. The working papers provided with the unaudited annual accounts were of a good standard and the interim Chief Finance Officer provided sufficient support to the audit team to enable the audit to run smoothly.

Risks of material misstatement

19. [Appendix 2](#) provides a description of those assessed risks of material misstatement that were identified during the planning process, wider dimension risks, how we addressed these and our conclusions. These risks had the greatest effect on the overall audit strategy, the allocation of staff resources to the audit and directing the efforts of the audit team.

Materiality

20. Misstatements are material if they could reasonably be expected to influence the economic decisions of users based on the financial statements. The assessment of what is material is a matter of professional judgement. It involves considering both the amount and nature of the misstatement. It is affected by our perception of the financial information needs of users of the financial statements.

21. Our initial assessment of materiality for the annual accounts was carried out during the planning phase of the audit. We assess the materiality of uncorrected misstatements, both individually and collectively. The assessment of materiality was recalculated on receipt of the unaudited financial statements and is summarised in [Exhibit 2](#).

Exhibit 2

Materiality values

Materiality level	Amount
Overall materiality	£2.651 million
Performance materiality	£1.856 million
Reporting threshold	£0.100 million

Source: Audit Scotland, 2017/18 Annual Audit Plan

How we evaluate misstatements

22. There were no material adjustments to the unaudited financial statements arising from our audit.

Significant findings from the audit in accordance with ISA 260

23. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance. In our view there are no significant findings to be communicated to those charged with governance in accordance with ISA 260.

24. The findings include our views about significant qualitative aspects of the board's accounting practices including:

- Accounting policies
- Accounting estimates and judgements
- Significant financial statements disclosures
- Timing of transactions and the period in which they are recorded
- The impact on the financial statements of any uncertainties
- The effect of any unusual transactions on the financial statements
- Misstatements in the annual report and accounts
- Disagreement over any accounting treatment or financial statements disclosure

Good Practice

25. The annual accounts largely reflect Audit Scotland expectations on good practice in the compilation of IJB financial statements. It was noted that the management commentary was rather long; it could be reduced in length to become more succinct without compromising the core messages within. But we would like to highlight good practice in the use of tables in the management commentary of the accounts, which provides clarity regarding the overspend against budget across the range of service areas.

Follow up of prior year recommendations

26. We have followed up actions previously reported and assessed progress with implementation, these are reported in [Appendix 1](#) and identified by the prefix b/f (brought forward).

27. In total, four agreed actions were raised in our 2016/17 Annual Audit Report, relating to the integration of financial reporting, balancing of budgets, preparation of medium to long-term financial plans and workforce planning. While the IJB has made some progress in implementing the recommended actions, none of them have been fully implemented so far. Revised responses and timescales have been agreed with management in [Appendix 1](#).

Part 2

Financial management and sustainability



Main judgements

The IJB has adequate financial management arrangements in place with areas for improvement. In particular, the IJB needs to improve the efficiency of its financial monitoring through further integration of financial reporting.



The IJB's financial position is challenging. It incurred an overspend of £2.5 million in 2017/18, funded by its partner organisations and expected to be repaid through a reduction in future years' funding. A review of the integration scheme is on-going. This includes a review of risk-sharing arrangements - how budget underspends and overspends might be written back to Argyll and Bute Council and NHS Highland in the future.

The IJB has yet to agree a balanced budget for 2018/19 and is currently in discussions with Argyll and Bute Council and NHS Highland to agree the funding. Until the budget is approved, a budget gap of £1.6 million remains and there is uncertainty around the IJB's provision of services.

The IJB forecasts a cumulative funding deficit over the next four years, resulting in a cumulative budget gap of £24 million by the end of 2021/22. Without a medium to long-term financial plan, the IJB cannot demonstrate how it will make the required savings and deliver the key priorities within the available financial resources. Effective partnership working and realistic savings plans will be essential for the IJB to deliver its strategic objectives while ensuring its financial sustainability.

Financial management

28. As auditors, we need to consider whether audited bodies have established adequate financial management arrangements. We do this by considering several factors, including whether:

- the Chief Financial Officer has sufficient status to be able to deliver good financial management
- standing financial instructions and financial regulations are comprehensive, current and promoted within the IJB
- reports monitoring performance against budgets are accurate and provided regularly to budget holders
- monitoring reports do not just contain financial data but are linked to information about performance
- IJB members provide a good level of challenge and question budget holders on significant variances.

29. We concluded that, overall, the IJB has adequate financial management arrangements in place with areas for improvement.

30. The IJB has appropriate budget monitoring arrangements in place which provide timely and reliable information for monitoring financial performance and support the board's scrutiny of the financial position. The Chief Financial Officer presents budget monitoring reports at each Board meeting. These set out the projected outturn for the financial year, reasons for any variances, details of the required savings and key risks affecting the IJB's financial performance. We observed several IJB meetings and noted a good level of discussion and challenge provided by the IJB members.

31. The financial regulations and standing financial instructions are comprehensive but have not been reviewed since they were originally agreed by the IJB. Standing orders were due for review in April 2017, and financial regulations should have been subject to review in December 2017. Management have advised that both documents would be reviewed as part of the governance review planned for 2018/19.

32. We recommended in our 2016/17 Annual Audit Report that financial reporting of Argyll & Bute Council and NHS Highland should be aligned to improve the efficiency of the IJB's financial monitoring. The IJB agreed a plan of actions to improve the IJB's approach to financial management including co-locating finance teams, creating consistent approach for financial forecasting, training for budget managers and creating integrated finance reports for Locality Planning Groups and operational management teams. However, this action plan has not yet been implemented. As at end of August 2018, the interim Chief Financial Officer is forming a short-life working group to take this work forward. Until the action plan is implemented there is a risk that the efficiency and effectiveness of integrated budget monitoring information is affected.

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.



Recommendation 1

The IJB should further improve the efficiency of its financial monitoring through integration of financial reporting. (recommendation b/f 4, appendix 1)

Systems of internal control

33. The IJB relies on the NHS Highland and Argyll & Bute Council for its key financial systems, including ledger and payroll. All transactions are processed through each of the partner systems and all the controls over systems are within the council and the health board, rather than the IJB.

34. As part of our audit approach we sought assurances from the external auditors of the NHS Highland and Argyll and Bute Council and confirmed there were no weaknesses in their systems of internal controls, specifically around the systems relied upon by the IJB.

Financial performance in 2017/18

35. The IJB does not hold any assets, nor does it directly incur expenditure or employ staff, other than the Chief Officer. All funding and expenditure for the IJB is incurred by partners' bodies and processed in their accounting records. Satisfactory arrangements are in place to identify this income and expenditure and report this financial information to the IJB's annual accounts.

36. When the 2017/18 budget was originally set, there was a savings gap of £2.8m. Further work was subsequently undertaken to identify savings but there remained a savings gap of £1.98m for 2017/18 and £4.15m for 2018/19. A financial

recovery plan was implemented in August 2017 to improve the projected year-end outturn position. This included a moratorium on all non-essential expenditure, and tighter financial control with focussed financial monitoring and reporting. However, the recovery plan did not deliver the savings required to prevent an overspend against budget.

37. The IJB reported an overspend of £2.53 million against its 2017/18 budget as summarised in [Exhibit 4](#) (£0.48 million in 2016/17). The most significant areas of overspend were:

- Adult care: £5.1 million. Planned savings of £3.4 million were not achieved in this area, for example a £1.3 million saving in community hospital bed reduction was not achieved. There were other significant areas of overspend due to cost pressures, such as in locum costs (£1.5 million), which exacerbated the adverse year end position.
- Chief Officer: £0.9 million. An overspend of £1.7 million reflects the budget gap for Council services which was rolled in to 2017/18's budget, but not achieved. This was partly offset by greater savings than budgeted being achieved in this area as a result of the recovery plan.
- Other areas such as Estates and Greater Glasgow and Clyde Commissioned services also overspent by a total of £0.4 million.

38. The IJB considers the main reasons for the overspend to be:

- unidentified savings of £2 million at the start of the year, for which no recurring savings were identified during the year
- delay in delivering recurring savings included in the Quality and Finance Plan, representing a shortfall of £4.5 million
- ongoing service pressures in areas which have historically been budget pressure areas, including medical agency and locum costs, GP prescribing costs, high-cost care packages and demand for social care services.

Exhibit 4

Performance against budget

IJB budget objective summary	Budget £m	Actual £m	Variance £m
Health Services- NHS Highland	194.699	196.072	(1.373)
Social Care Services- Argyll and Bute Council	67.840	68.995	(1.155)
Total Net Expenditure	262.539	265.067	(2.528)
IJB Reserves used in 2017/18		0.375	
Additional NHS Highland Funding		1.373	
Additional Argyll and Bute Council Funding		1.155	

Source: 2017/18 Argyll and Bute IJB Annual Accounts

39. In line with the integration scheme, this overspend was funded by the partner organisations. In particular, the social care overspend of £1.16 million was covered by the council and the health services overspend of £1.37 million by the health board. The IJB has agreed with both partners to spread the recovery of its 2017/18 overspend over the three years to 2020/21 through reductions in future funding. As recovery relates to amendments to future years' funding contributions, no creditor was recognised on the IJB's balance sheet and no corresponding debtor in the council and health board's accounts.

40. The IJB's Comprehensive Income and Expenditure Statement shows a deficit on the provision of services of £0.4 million (surplus of £0.48 million in 2016/17), reducing the IJB reserves to £0.1 million (£0.48 million in 2016/17). Had the additional funding not been provided by the council and the health board, this deficit would increase to £2.9 million.

41. In February 2018, Argyll and Bute Council initiated a review of the integration scheme to ensure that it continues to meet the Scottish Government's policy expectations. This will include a re-assessment of the risk-sharing arrangements, in particular how budget underspends and overspends might be written back to the council and the health board in the future. A short-life working group is to be formed for this purpose and this is expected to include appropriate representation from the IJB, the council and the health board.

Financial planning

42. As at end of August 2018, the IJB has yet to agree its 2018/19 budget. 2018/19 budget report, presented to the IJB on 1 August 2018, shows that Argyll and Bute Council and NHS Highland offered a total funding of £265 million for 2018/19. The IJB forecasts its expenditure exceeding the offered funding by £12.2 million and, after including the identified recurring savings of £10.6 million, there remains a budget gap of £1.6 million. The IJB indicated that it will only accept funding offers once it receives further clarification from its partner organisations on whether these are sufficient for the delivery of delegated services. If additional funding offers are not possible, then the IJB will need to achieve an additional £1.6 million of savings. Until the budget is approved, there is uncertainty around any impact on the IJB's provision of services.

43. Based on the funding offers of £265 million, the IJB projects an overspend of £4.4 million for 2018/19. The majority of this projected overspend is due to savings of £10.6 million, identified in the Quality and Finance Plan, not being delivered. The IJB agreed at its 1 August 2018 meeting that no further savings could be identified that would be in line with the IJB's strategic objectives.

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.



Recommendation 2

The IJB should ensure for future years that balanced budgets and savings plans are fully agreed in advance of the start of the new financial year. (recommendation 1, appendix 1)

44. In the longer term, the IJB forecasts a cumulative funding deficit over the next four years, resulting in a cumulative budget gap of £24.2 million by the end of 2021/22. This assumes that the current budget gap of £1.6 million remains. The IJB based its projections on a baseline cost of services, uplifted for increased costs, demand pressures and inflation.

45. We recommended in our 2016/17 Annual Audit Report that the IJB should develop a medium to long-term financial plan. The IJB has since started progressing this work and is currently developing a financial plan for 2018/19-2020/21 alongside its new strategic plan to ensure that the two plans are appropriately linked. Until a medium to long-term financial plan is in place, the IJB

cannot demonstrate how it will make the required savings and deliver the key priorities within the available financial resources.



Recommendation 3

The IJB should finalise developing a medium to longer-term financial plan against the findings of the ‘Scotland’s public finances’ report, which sets out the important elements that should feature in an overarching financial strategy. (recommendation b/f 3, appendix 1.)

Efficiency savings

46. The IJB was required to make efficiency savings of £8.7 million in 2017/18 to maintain financial balance. By 31 March 2018, the IJB only achieved £4.1 million of savings and £4.5 million of unachieved savings were rolled forward into 2018/19. A number of these have been in the savings plan for the last two years and there remains a high risk that they will once again not be delivered in 2018/19.

47. In total, the IJB forecasts that it needs to make £10.6 million of savings during 2018/19. However, as at end of August 2018, the IJB achieved only £0.54 million of the planned savings. There is therefore a high risk that the majority of these savings will not be achieved and this may impact on the IJB’s ability to meet its strategic objectives. Furthermore, although these savings plans are of high value, they do not reflect the significant service re-design required by the IJB.

48. The agreement of 2018/19 savings plans has been a challenging process. The planned private session to discuss proposed savings, including potential service changes, was cancelled at the IJB budget-setting meeting on 28 March 2018. As a result, the IJB revised the proposed savings plans and discussed these in a public session. The budget gap at this point was £2.4m.

49. The savings plans as proposed at the 30 May 2018 meeting showed an improved budget gap of £1.6m. A significant part of this improvement was due to the IJB agreeing with partner bodies to repay the 2017/18 budget overspend over three years to 2020/21. The board agreed to address the remaining budget gap by means of a financial recovery plan. The recovery plan relies on tight financial management and focussed monitoring and reporting of the financial position.



Recommendation 4

The IJB should ensure that its savings plans are realistic and achievable, to prevent continuous rolling forward of unachieved savings into the future years. (recommendation 2, appendix 1)

Reserves strategy

50. The IJB approved its reserves policy in March 2017. The reserve policy states that there should be a 'practical and prudential' attitude towards creating a general fund reserve, and that the optimum level of reserves is a general fund balance of around 2 per cent of the net revenue budget. This equates to around £5 million.

51. The integration scheme requires the use of reserves to reduce any overspends before further funding is contributed by partner organisations. The IJB has chosen to budget for nil reserves which is not unreasonable in the current financial position. In 2017/18, it held a small reserve of £0.1 million, a majority of which is earmarked for specific health projects.

Part 3

Governance, transparency and value for money



Main judgements

The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the board. With both the Chief Finance Officer and Chief Officer leaving the organisation, the IJB needs to ensure that the new management structure will provide a good basis for a strong strategic direction and sound financial governance for the organisation.

The IJB conducts its business in an open and transparent manner. Its meetings are open to the public and meeting papers and minutes are available on its website.

The IJB prepared a workforce plan for adult services and now needs to develop an overarching workforce plan covering all services to ensure it has appropriate skills and capacity in key areas.

Governance arrangements

52. The IJB is responsible for the management and delivery of health and social care services in Argyll & Bute area. The board includes representatives from a wide range of service users and partners, including four elected councillors nominated by Argyll and Bute Council and four non-executive directors nominated by NHS Highland. The IJB is supported by the Audit Committee which provides monitoring and assurance on the IJB's governance arrangements.

53. The board and Audit Committee met on a regular basis throughout 2017/18. We review minutes of the board and Audit Committee meetings to assess their effectiveness and also attend meetings of the Audit Committee and selected board meetings as observers. We concluded that board members and management understand the distinct nature of their roles and the majority of board members contribute fully to the discussion and demonstrate effective scrutiny.

54. Additionally, we found that board members are provided with appropriate induction and training. Management regularly organises development sessions for the board, in advance of most meetings. We concluded that the content of these sessions was appropriate, and that the sessions were well attended.

55. The IJB is also supported by the Chief Officer who provides strategic and operational advice to the board and the Chief Finance Officer who is responsible for the IJB's financial management including budget monitoring reports.

56. In July 2018, the Chief Financial Officer resigned and the current Chief Financial Officer was appointed on a fixed-term basis for six months. The Chief Officer has also given notice that she is leaving at the end of September 2018. A recruitment process is underway with the intention of having a new Chief Officer in place by mid-September. A permanent appointment of the Chief Financial Officer was postponed to allow the IJB to appoint a new Chief Officer first. This will allow

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information.

the new Chief Officer to lead the recruitment process for the new permanent Chief Financial Officer.

57. In addition to this, the IJB reviewed its management structure. This included re-grading of the Chief Financial Officer post to a Head of Service to recognise the demands and complexity of the role and have parity with the role in other IJBs.

58. While we consider that the arrangements in place continue to support good governance and accountability overall, the IJB needs to ensure that the new management structure will provide a good basis for a strong strategic direction and sound financial governance for the organisation. This is particularly important given the current need for significant review and re-design of health and social care services across Argyll and Bute region.

Workforce planning

59. In our 2016/17 Annual Audit Report we recommended that the IJB should develop an overarching workforce plan that should clearly set out the required staff resources across the statutory, independent and third sectors required for service delivery. Since then, the IJB has developed a workforce plan for adult services which was presented to the board on 1 August 2018. The IJB now needs to build on this work and develop an overarching workforce plan across all services.

60. Until an overarching workforce plan is developed, there is a risk that the IJB may be unable to deliver its corporate strategy, including its plans for service re-design, due to skills and capacity gaps in key areas. This risk is exacerbated due to the challenging geography and declining and ageing population of Argyll and Bute, resulting in partner organisations commissioned to deliver services struggling to attract appropriate staff. This was evident during 2017/18 when the IJB experienced vacancies in key positions with some of the posts filled on a temporary basis with agency staff or with short-term secondments.



Recommendation 5

The IJB needs to continue developing an overarching workforce plan covering all services to ensure it has appropriate skills and capacity in key areas. (recommendation b/f 4, appendix 1)

Transparency

61. Transparency means that the general public has access to understandable, relevant and timely information about how the IJB is taking decisions and how it is using resources.

62. Full details of the board meetings are available through the IJB's website with public access to all board and Audit Committee papers and minutes of their meetings. Meetings are advertised well in advance and board meetings are open to the public. There are a small number of papers scheduled for private consideration in specific circumstances.

63. Overall, we concluded that the IJB conducts its business in an open and transparent manner.

Internal audit

64. Internal audit provides the IJB board and Accountable Officer with independent assurance on the IJB's overall risk management, internal control and corporate governance processes.

65. The internal audit function is carried out by Scott-Moncrieff. We reviewed the adequacy of the internal audit function and concluded that Scott-Moncrieff operates accordance with the Public Sector Internal Audit Standards (PSIAS) and has sound documentation standards and reporting procedures in place.

66. To avoid duplication of effort, we place reliance on the work of internal audit wherever possible. In 2017/18, we did not place any formal reliance on internal audit reviews for the purpose of obtaining direct assurance for our financial statements work. However, we considered internal audit's work on risk management and service re-design & project management as part of our wider dimension work.

Standards of conduct and arrangements for the prevention and detection of bribery and corruption

67. The IJB places reliance on anti-fraud strategies of both NHS Highland and Argyll and Bute Council. Registers of interest are kept up to date for all members of the IJB. However, an up to date register of interests is not available on the IJB's website for public inspection.

68. Based on our review of the evidence we concluded that A&B IJB has effective arrangements in place for the prevention and detection of bribery and corruption. We are not aware of any specific issues that need to be recorded within this report.

Other governance arrangements

69. The IJB is committed to ensuring the involvement of partner groups including community planning groups, the third sector, the independent sector and local communities. The strategic plan and locality planning arrangements enable partners to engage in and support the delivery of the health and social care provision.

70. The IJB is in the process of developing a new three-year strategic plan 2019/20 to 2021/22. However, strategic planning at the local level is not yet wholly effective in contributing to the IJB's strategic planning process. The majority of Locality Planning Groups currently do not have appropriate action plans in place and the IJB recognises the need to improve its locality planning arrangements. Effective partnership working will be essential for ensuring that appropriate objectives are determined for the IJB's next strategic plan.

71. The Scottish Government issued a [*Public Sector Action Plan on Cyber Resilience*](#) in November 2017. This requires all public sector bodies to carry out a review to ensure their cyber security arrangements are appropriate. The review of cyber security is carried out by the partner bodies, based on the fact the IJB are dependent on the processes and procedures in place at each of the partners.

72. The new General Data Protection Regulation (GDPR) came into force on 25 May 2018. This replaced the UK Data Protection Act 1998. All EU member states must implement the Regulation in the same way. GDPR has introduced new and significantly changed data protection concepts. Although the IJB relies on the GDPR compliance of the partner bodies which deliver their services, the IJB still needs to review the impact of regulation on its operations.



Recommendation 6

The IJB should consider the impact of GDPR on its operations to ensure that its processes for processing personal data comply with the requirements of the new legislation. (recommendation 3, appendix 1).

Value for money and performance management

73. Best Value duties apply to accountable officers across the public sector. As part of this year's audit we have looked at how the IJB demonstrates that it is meeting its BV duties.

74. To achieve value for money the IJB should have effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

75. The IJB's current strategic plan covers the period 2016/17 to 2018/19, and identifies seven strategic priorities that are linked to the Scottish Government's health and wellbeing outcomes. These are:

- Promote healthy lifestyle choices and increase self-management of long term conditions
- Reduce the number of avoidable emergency admissions to hospital.
- Minimise the time that people are delayed in hospital.
- Reduce the adverse events for children and young people, and provide the best start in life for them.
- Institute a continuous quality improvement management process within a change process across the functions delegated to the Partnership.
- Operate as a single services and single health and care team at locality level by integrating services and our workforce supported by integrated strategy, corporate service, systems and procedures.
- Efficiently and effectively manage all resources to deliver Best Value

76. The IJB demonstrates how it is meeting its BV duties through its reporting against key performance indicators, the progress the partnership is making towards delivering the priorities of the strategic plan, and through its financial performance reporting mechanisms.

77. The Planning and Performance Management Framework is in place to monitor the IJB's performance against the National Health and Wellbeing Outcome indicators. This is regularly reviewed by the Strategic Management Team and the board receives monthly performance reports outlining performance against a number of key measures. Where there is a downward trajectory on achieving the targets or there are other significant exceptions, more detailed reports are included and presented to the board. The IJB's performance is evaluated against 102 monitored success measures - 23 of these are required sub-indicators of the National Health and Wellbeing Outcome indicators and the remainder are locally determined measures.

78. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that an annual performance report is completed within four months of the year end. Guidance highlights that the report should cover areas including assessing performance in relation to national health and wellbeing outcomes, financial performance and best value, reporting on localities, inspection of services, and a review of strategic commissioning plan. The annual performance report was presented to the board on 1 August 2018, in line with the requirements of the act. It showed that 65 of 102 success measures were on track in 2018/19 and highlighted a number of areas for improvement. We will keep this area under review over the five-year audit appointment and will report as appropriate.

Value for money is concerned with using resources effectively and continually improving services.

National performance audit reports

79. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2017/18 we published some reports which are of direct interest to the Board as outlined in [Appendix 3](#).

80. In December 2015, Audit Scotland published the first of three national reports looking at the integration of health and social care. In the report we recognised that The Public Bodies (Joint Working) (Scotland) Act 2014 introduced a significant programme of reform affecting most health and care services and over £8 billion of public money. The reforms are far reaching and have scope to address previous barriers to providing the right care for people closer to home.

81. Audit Scotland also reported some significant risks to the success of health and social care integration. These included complex governance arrangements, difficulties in budget-setting and consequent delays in strategic planning. The scale of the change is significant and will not happen quickly.

82. Therefore, Audit Scotland have carried out a second audit in 2018, now integration authorities are more established, to look at progress and to follow up on these risks. The audit will also examine changes to the system, including evidence for shifts in service delivery from acute to community-based and preventative services, and for impact on the lives of local people. The report is due to be published in November 2018.

Appendix 1

Action plan 2017/18

2017/18 recommendations for improvement



No.	Issue/risk	Recommendation	Agreed management action/timing
1	<p>Budget Setting</p> <p>The IJB has yet to agree its 2018/19 budget. Argyll and Bute Council and NHS Highland offered a total funding of £265 million for 2018/19. The IJB forecasts its expenditure exceeding the offered funding by £12.2m. Including identified savings, there remains a £1.6m budget gap. The IJB has not accepted the funding offers.</p> <p>Risk</p> <p>If budgets are not agreed on a timely basis, there is a risk that the IJB may not be able to deliver services on a sustainable and planned basis.</p>	<p>The IJB should ensure for future years that balanced budgets and savings plans are fully agreed in advance of the start of the new financial year.</p> <p>Paragraph 43</p>	<p>Agreed that this a key component of sound financial control, necessary governance and in keeping with statute, budgets will be developed and approved by 31 March 2019 and in accordance with the IJB's internal timetable.</p> <p>Chief Officer/Chief Finance Officer</p> <p>March 2019</p>
2	<p>Savings Plans</p> <p>£4.5 million of unachieved savings in 2017/18 were rolled forward into 2018/19 Quality and Finance Plan. A number of the savings delayed to 2018/19 have been in the savings plan for the last two years.</p> <p>Risk</p> <p>There remains a risk that these savings will not be delivered in 2018/19.</p>	<p>The IJB should ensure that savings plans are realistic and achievable, to prevent rolling forward savings plans into future years.</p> <p>Paragraph 47</p>	<p>Agreed. This is entirely integral to the IJB's Quality and Finance Plan which is currently being refreshed. This process will produce a realistic budget with deliverable savings plans, and is due to be concluded by 31 October 2018.</p> <p>Chief Officer/Chief Finance Officer</p> <p>October 2018</p>
3	<p>GDPR Review</p> <p>The IJB has not carried out an internal review to assess the impact of GDPR coming into force.</p> <p>Risk</p>	<p>The IJB should consider the impact of GDPR on its operations to ensure that its processes for processing personal data comply with the requirements of the new legislation</p>	<p>The IJB is working closely with Council and NHS Highland colleagues to ensure full compliance with GDPR regulations which were effective from 25/05/2018. This includes appropriate training and guidance for all staff and</p>



No.	Issue/risk	Recommendation	Agreed management action/timing
	There is a risk that the IJB could be in breach of its statutory responsibilities under GDPR.	Paragraph 72	will be the subject of ongoing audit review. Chief Officer With immediate effect

Follow up of prior year recommendations

b/f 1	<p>Integrated Financial Reporting</p> <p>The finance teams of NHS Highland and Argyll & Bute Council operate independently, use different financial systems, and report separately to the IJB Chief Financial Officer. This poses challenges of aligning financial monitoring data for the IJB.</p> <p>Risk</p> <p>There is a risk that the efficiency and effectiveness of integrated budget monitoring information is impaired.</p>	<p>Partner financial reporting should be aligned to improve the efficiency of the IJB's financial monitoring.</p> <p>Update</p> <p>The IJB has not progressed the integration of financial reporting arrangements to the original timetable. As at August 2018, the interim Chief Financial Officer is forming a short-life working group to take this work forward.</p>	<p>Agreed as critical for openness and transparency as well as consistency in reporting.</p> <p>A timetable for financial reporting will be agreed by the end of the calendar year. This will encapsulate the requirements of both statutory bodies and align reporting policies and procedures.</p> <p>Chief Finance Officer December 2018</p>
b/f 2	<p>Balanced Budgets (NB risk as reported in 2016/17 AAR, figures are not up to date)</p> <p>Between 2017/18 and 2018/19 the board has identified a budget gap of £18.551 million This is split £10.135m for 2017/18 and £8.416m for 2018/19. The board has yet to identify £1.982 million of necessary savings for 2017/18 with a further £4.153m yet to be identified for 2018/19.</p> <p>The position has since worsened to a forecast budget shortfall of £4.966m.</p> <p>Risk</p> <p>The board may not be able to deliver a balanced budget in 2017/18 and 2018/19 resulting in service delivery being impacted</p>	<p>The board should ensure that saving plans are developed identifying how the budget gap will be addressed for 2017/18.</p> <p>This will require strong financial management and budgetary control by the IJB and between parties to ensure the IJB achieves a balanced budget for the year.</p> <p>Update</p> <p>A financial recovery plan was implemented in 2017/18. However, the IJB finished the year with a £2.5m overspend against budget, which was funded by the partner bodies.</p> <p>The IJB budget for 2018/19 currently has a £1.6m gap in addition to the £10.6m of planned savings.</p>	<p>Learn lessons from the financial recovery plan that operated in 2017/18 such that the IJB and its partners have greater confidence in future delivery.</p> <p>Ensure that a realistic budget is developed and understood by the IJB, including accountability. This budget is to include deliverable and owned savings plans.</p> <p>Chief Officer / Chief Finance Officer September 2018</p>
b/f 3	<p>Financial Sustainability (as reported in 2016/17 AAR, figures are not up to date)</p>	<p>Medium to long term financial plans should be developed to take account of any required</p>	<p>Agree that this is required to support the financial and operational sustainability of</p>



No.	Issue/risk	Recommendation	Agreed management action/timing
	<p>The Board did not achieve its savings target of £8.498m for 2016/17, with only £4.814m being realised. Further savings of £12.416m have been identified with £8.153m planned to be delivered in 2017/18 and a £4.263m in 2018/19.</p> <p>Risk</p> <p>There is a risk that further savings are not fully achieved. This may impact on the delivery of services and the ability of the IJB to meet its strategic objectives.</p>	<p>future budget savings pressures on the IJB.</p> <p>Update</p> <p>The IJB is currently developing a financial plan for 2018/19-2020/21 alongside its new strategic plan to ensure that the two plans are appropriately linked.</p>	<p>services provided to the population of A&B.</p> <p>A three year recovery plan is being developed with health and council partners to this effect and is subject to review by the Scottish Government. This needs to be complete by end September 2018.</p> <p>Chief Finance Officer</p> <p>October 2018 per draft timetable (with a health specific plan due by September 2018)</p>
b/f	<p>Workforce Planning</p> <p>The IJB does not have an overarching workforce plan in place clearly setting out what staff resources across the statutory, independent and third sectors will be required for service delivery.</p> <p>Risk</p> <p>Without such a workforce plan there is a risk that the IJB will find it difficult to identify and address its future staffing and skills needs this may impact the achievement of the key objectives of its corporate strategy.</p>	<p>The IJB should prepare an organisation-wide workforce plan.</p> <p>Update</p> <p>The IJB has developed a workforce plan for adult services. An organisation wide workforce plan is not yet in place.</p>	<p>Agreed that the workforce plan needs to be organisation wide and focused on development of the workforce.</p> <p>Complete the development of the workforce plan.</p> <p>Chief Officer</p> <p>March 2019</p>

Appendix 2

Significant audit risks identified during planning












The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual accounts and those relating our wider responsibility under the Code of Audit Practice 2016.

Audit risk	Assurance procedure	Results and conclusions
Risks of material misstatement in the financial statements		
<p>1 Risk of management override of controls</p> <p>ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls to change the position disclosed in the financial statements.</p>	<p>Review of the assurances provided by the of NHS Highland and Argyll and Bute Council.</p> <p>Evaluation of significant transactions that are outside the normal course of business.</p> <p>Review of accounting estimates.</p>	<p>Satisfactory written assurances were received from the external auditors of the council and health board regarding accounting estimates, journal testing and accuracy, allocation and cut-off of IJB transactions.</p> <p>No fraud concerns were identified from our work in relation to the risk of management override of control.</p>
Risks identified from the auditor's wider responsibility under the Code of Audit Practice		
<p>2 Financial management – year end outturn</p> <p>The approved budget for 2017/18 shows funding of £258.855 million and total required funding of £266.052 million. After taking into account in year savings there remains a budget gap of £2.816 million for 2017/18. The budget update report to the end of December 2017 projected a year-end overspend of £2.915 million. It also indicated that the IJB may not be able to achieve £4.043 million of its in year savings of £8.197 million planned for 2017/18. There is therefore a risk that the IJB will not break even in 2017/18 and this may in turn increase the already substantial financial pressures for 2018/19 and beyond.</p>	<p>Monitor the financial position throughout the year by reviewing budget monitoring reports.</p> <p>On-going dialogue with officers regarding the projected year end outturn.</p> <p>Review of the IJB's achievement of outturn at year end.</p> <p>Review of financial statements to ensure that expenditure and income has been accounted for in the correct financial year.</p>	<p>Expenditure and income had been appropriately accounted for at the year end.</p> <p>We concluded that the setting of a balanced budget continues to be significant area of risk.</p> <p>Action Plan (Appendix 1, points 1 & b/f 2).</p>
<p>3 Financial sustainability</p>	<p>Review of approach to medium and long-term</p>	<p>The IJB does not have long term financial plans in place; these are being developed alongside the</p>

Audit risk	Assurance procedure	Results and conclusions
<p>The budget outlook report to the end of December 2017 forecasts a shortfall of £10.1 million in 2018/19 (including the projected overspend for 2017/18). This creates a risk over the financial sustainability of the IJB.</p> <p>The IJB does not currently have financial plans beyond 2018/19. There is a risk that the IJB does not have a complete picture of its financial position and the challenges it faces in meeting its objectives in the medium to longer term.</p>	<p>financial planning, including any scenario planning.</p> <p>Review of budget outlook reports and other reports presented to the board.</p>	<p>strategic plan in order to ensure they are appropriately linked.</p> <p>Savings plans for 2018/19 include items which were not achieved in prior years and have been rolled into 2018/1. There is a risk that the IJB will not achieve its £10.6m of savings targets.</p> <p>Action Plan (Appendix 1, points 2 & b/f 3).</p>
<p>4 Workforce Planning</p> <p>Following our 2016/17 annual audit report recommendation, the IJB has developed locality workforce planning models but has yet to develop an overarching workforce plan clearly setting out staff resources across the statutory, independent and third sectors required for service delivery. During 2017/18, the IJB has experienced a number of vacancies in key positions with some of the posts filled on a temporary basis with agency staff or short-term secondments.</p> <p>Until an overarching workforce plan is developed, the risk remains that the IJB may be unable to deliver its corporate strategy, including its plans for service re-design, due to skills and capacity gaps in key areas. This risk is exacerbated due to the challenging geography and declining and ageing population of Argyll and Bute as its partner organisations commissioned to deliver services may not be able to attract appropriate clinical staff.</p>	<p>Monitor progress with the preparation and implementation of the workforce plan.</p>	<p>An adult services workforce plan has been approved by the IJB, though the organisation wide workforce plan remains a work in progress.</p> <p>Action Plan (Appendix 1, point b/f 1).</p>

Appendix 3

Summary of national performance reports 2017/18

		 2017/18 Reports	
		Apr	
		May	
Common Agricultural Policy Futures programme: further update		Jun	 Scotland's colleges 2017
		Jul	 NHS workforce planning
Self-directed support: 2017 progress report		Aug	
Equal pay in Scottish councils		Sept	
Transport Scotland's ferry services		Oct	 NHS in Scotland 2017
Local government in Scotland: Financial overview 2016/17		Nov	
		Dec	
		Jan	
Early learning and childcare		Feb	
Managing the implementation of the Scotland Acts		Mar	

Reports relevant to Integration Joint Boards

[Self-directed support: 2017 progress report](#) – August 2018

[NHS in Scotland 2017](#) – October 2018

Argyll and Bute IJB

2017/18 Annual Audit Report

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Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.3b

Date of Meeting: 26 September 2018

Title of Report: Budget Monitoring Report

Prepared by: Lesley Macleod, Interim Chief Finance Officer

The Integration Joint Board is asked to note:

- Funding offers from NHS Highland and Argyll & Bute Council have yet to be accepted for 2018/19
- Budgets have been set based on the funding offers made
- Planned expenditure exceeds the funding offers by £12.2m
- A savings plan of £10.6m is in place, however a budget gap of £1.6m remains
- Slow progress is being achieved with regard to delivery of recurring savings
- The year-end forecast outturn is currently for a £4.2m overspend

1. EXECUTIVE SUMMARY

The Argyll & Bute HSCP budget for 2018/19 is currently £265.6m. This is based on funding offers from Argyll & Bute Council and NHS Highland plus several in-year allocations from Scottish Government that have been passed through by NHS Highland.

Planned expenditure exceeds the available budget by £12.2m. There is therefore a requirement to achieve recurring savings of £12.2m to achieve a balanced budget. Savings plans identified to date total £10.6m. There is a remaining budget gap of £1.6m with currently no plan in place to address it.

This is an unacceptable financial risk to the IJB, and Council and Health Board partners. The scale of savings planned to be delivered and the shortfall in identified savings presents a high level of risk in delivering financial balance for the partnership in 2018/19 and jeopardises the efficiency and effectiveness of partnership working.

2. INTRODUCTION

This report provides information on financial performance up to August (Month 5) for 2018/19, progress on implementing measures to achieve savings, and a projected forecast outturn position for the financial year.

3. DETAIL OF REPORT

3.1 Argyll & Bute HSCP Funding 2018/19

Funding offers from NHS Highland and Argyll & Bute Council have yet to be formally accepted. However, to ensure effective financial monitoring is in place, budgets have been set reflecting funding offers made.

In addition, beyond the base funding offers, a number of health in-year allocations have been provided. It is common practice for large numbers of in-year allocations to be provided by the Scottish Government Health Department. These are initially allocated to NHS Boards and then shares of the allocations are passed through to HSCPs and operating units.

Table 1 below summarises the funding position of Argyll & Bute HSCP as at 31st August 2018.

<u>Table 1: Argyll & Bute HSCP Funding 2018/19</u>		
	<u>£ '000</u>	<u>£ '000</u>
Funding offer from Argyll & Bute Council		56,389
Funding offer from NHS Highland		<u>206,689</u>
		263,078
<u>In-year allocations passed through by NHS Highland</u>		
New Medicines	821	
Additional Pay Award funding (pending)	787	
Primary Care Improvement Fund (part pending)	706	
Waiting Times	465	
Additional Alcohol and Drug Partnership (ADP) funding	315	
PFI funding	295	
Mental Health Strategy	204	
CAMHS & Psychological Therapies	128	
GP Out Of Hours	93	
Other miscellaneous allocations/adjustments (net)	30	
Dentists, Chemists, Opticians funding adjustment	(54)	
Contribution to CHAS	(112)	
Salaried Dental Service funding reduction	(165)	
Prescribing adjustment for pharmacy global sums	(332)	
E-health funding adjustment (retained central charges)	(698)	2,483
Total Funding as at 31 August 2018		<u>265,561</u>

As at 31st August 2018, operating budgets for Argyll & Bute HSCP total £265.561m.

3.2 Year to Date Position

For the five months ended 31st August 2018, Argyll & Bute HSCP recorded an underspend of £979k. This is summarised in table 2 below.

	Annual	Year to Date		
	Budget	Budget	Actual	Variance
<u>Budget</u>	<u>£ '000</u>	<u>£ '000</u>	<u>£ '000</u>	<u>£ '000</u>
Adult Services	131,859	54,183	53,801	382
Childrens Services	19,999	8,055	7,689	365
Primary Care Services	28,054	11,668	11,708	(40)
NHS commissioned services	63,277	26,374	27,163	(789)
All other budgets	22,372	10,152	9,090	1,062
	<u>265,561</u>	<u>110,431</u>	<u>109,452</u>	<u>979</u>

The main pressure on budgets is from savings not being achieved. There are also a few emerging cost pressures and these are commented on further in section 3.5 below.

It should be noted that NHS Highland and Argyll & Bute Council use different financial systems and their accounting practices differ. As a result, the consolidated year to date position is skewed by various factors including the profiling of budgets and the timing of payments for commissioned social care services. This makes the reported year to date position an unreliable indicator of the forecast year-end outturn position. This will be expanded on in future reports.

3.3 Forecast Outturn Projection

The year-end forecast outturn position for 2018/19 is a **projected overspend of £4.2m.**

This forecast is produced by analysing and projecting trends, taking account of expected progress on achieving savings and other factors including receipt of in-year allocations and predicted slippage on spending plans. There are a considerable number of variables to consider when assessing the year-end forecast outturn.

The forecast of a £4.2m overspend therefore takes account of emerging cost pressures and savings not being achieved, offset to an extent by non-recurring benefits from vacancies and slippage on expenditure plans. The forecast however, does not take account of the current mid-year review being led by the Chief Officer and Chief Finance Officer with a renewed focus on the savings and investment plans.

By far the biggest factor affecting the forecast overspend is confidence in the level of recurring savings likely to be achieved. As noted earlier, there is a savings plan of £10.6m in place. However it is likely that there will be a significant shortfall against the savings plan. Beyond this there is a further £1.6m budget gap with currently no plan in place to address it. This is also influencing the forecast year-end outturn.

It is believed that the forecast year-end overspend will reduce in the months ahead in response to action taken by managers. Certainly there is an expectation that newly appointed Service Improvement Officers will have an impact on this. However it does look extremely unlikely at this stage that sufficient improvement could be made to enable a year-end break even position to be achieved.

3.4 Savings Plan

The HSCP is currently pursuing delivery of a £10.6m savings plan. Limited progress has been achieved to date in terms of declaring recurring savings. In fact, only £2.451m has been declared to date. This is summarised in table 3 below and while it is an improved position on previous months, there is not yet sufficient traction and pace on the overall programme.

Savings targets identified	<u>£ 10.60m</u>
Savings declared to date	<u>£ 2.451m</u>
Savings still to be achieved	<u>£ 8.149m</u>

In addition, it must be remembered that there is a £1.6m budget gap in addition to this with currently no plan in place to address it.

A number of savings targets will prove difficult to achieve. While acknowledging that delivery of savings can be extremely challenging, there is concern that achievement against the £10.6m target will be low with potentially just more than 50% being achieved in year. In many cases, significant service redesign will be required to achieve savings and, in practice, that can frequently take longer to deliver than expected.

In terms of governance, progress on delivering savings will be monitored by both the Quality and Finance Plan Programme Board and the newly established Service Transformation Board. There are certainly effective measures in place to oversee and monitor the progress of transforming services and delivering savings. However, increased and improved accountability is required to increase confidence in the delivery of savings.

To address the forecast 18/19 overspend, and underlying recurring deficit, there is a requirement to achieve faster delivery of recurring savings.

3.5 Financial Risks

As noted in section 3, the forecast year-end outturn is currently for a £4.2m overspend. Various risks and pressures are contributing to this forecast and the main ones worth highlighting are;

- A remaining budget gap of £1.6m. A review of budgets is currently underway to identify further options for savings to address this gap.

- An expectation that there will be a significant shortfall against the existing recurring savings plan of £10.6m.
- The savings plan contains a target saving of £1.2m against the SLA with NHS Greater Glasgow & Clyde for patients' services. However, NHS Greater Glasgow & Clyde has indicated an intention to *increase* the SLA charge by £768,000. There is therefore an almost £2m gap between our respective positions.
- Ongoing reliance on locum psychiatrists. Currently 4 posts are being covered by locums. This has caused a £307,000 overspend on the psychiatry medical staffing budget at month 5.
- Higher than expected demand for services across the whole client group supported by social work is likely to result in increased costs.
- Social care independent service provider failure requiring the HSCP to provide more expensive replacement services to ensure safe service continuity.
- Failure within social work to achieve expected income levels from clients due to changes in operational arrangements.
- Referrals to private sector healthcare providers, Huntercombe and the Priory. We have a small budget for referrals but currently there are 4 patients in these 2 establishments. This is higher than usual and although small numbers, it does generate high costs. This budget is overspent by £191,000 at month 5.
- Ongoing reliance on locum GPs on Mull.
- Ongoing use of agency nurses in Oban and Lochgilphead hospitals.
- Recruitment difficulties/staff absence in social work resulting in increased use of higher cost agency staffing.

This is not a comprehensive or prioritised list of all financial risks facing the HSCP but it does highlight those that are considered to be the highest risks affecting financial performance.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

The Integration Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure that financial decisions are in line with priorities and promote quality of service delivery. The Quality and Finance Plan 2018/19 has been developed in line with delivering these strategic objectives.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

The year-end forecast outturn position for 2018/19 is a **projected overspend of £4.2m**. This includes the budget gap of £1.6m, due to the shortfall in identified savings, and reflects the risk associated with the scale and pace of change required to deliver savings identified in the Quality and Finance Plan. This is a significant financial risk to the IJB, and Council and Health Board partners. The financial position is very challenging and will require to be closely monitored during the financial year.

5.2 Staff Governance

The appropriate HR processes will require to be followed where there is an impact on staff as a result of any service changes 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.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Where required as part of the development and delivery of the proposed 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

The IJB approved the Quality and Finance Plan for 2018/19 in March 2018. At that point there was a budget gap of £2.4m. This position has subsequently improved to a remaining gap of £1.6m. This is due to agreement to delay repayment of 2017/18 overspends by NHS Highland and Argyll and Bute Council.

It has not been possible to identify further savings in the timescale required which would be in line with the Strategic Plan and deliverable in the 2018/19 financial year. Instead an approach to financial recovery is proposed.

This may be perceived to be a high risk approach in terms of delivering financial balance in 2018/19 but through tight financial management including focused monitoring and reporting of the financial position and support to budget managers benefits from cost control will go some way towards offsetting the savings shortfall.

Governance arrangements are in place for the development and delivery of service changes. The delivery of approved savings requires to be the main focus. It is clear that if there continue to be delays with delivery of service changes planned to deliver £10.6m of savings during 2018/19, then financial balance will be unlikely to be achieved.

The Integration Joint Board and parent organisations will be kept fully informed of the financial position during the year, including progress with the delivery of the Quality and Finance Plan, the forecast year-end outturn position and plans being progressed to develop the budget for future years.



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.4

Date of Meeting: 26 September 2018

Title of Report: Performance Review Processes

**Presented by: Jane Fowler, Head of Improvement and HR,
Argyll & Bute Council and
Sandy Wilkie, Head of People and Change, NHS Highland**

The Integration Joint Board is asked to:

- Note the current performance review processes in place for both Council and NHS staff across the HSCP
- Note that there is a review of Council PRD process underway
- Note that the ongoing rollout of the TURAS system for NHS staff, with a link to our CIRCLE Values, will help increase engagement & participation.

1. EXECUTIVE SUMMARY

This update report is provided in response to the request by the IJB at the meeting in May 2018. The Board noted that the overall average of PRDs completed for Council employees within the HSCP was given as 29%, despite a Council wide target of 90%. The IJB also sought about the NHS approach to annual performance review called TURAS.

Our current levels of participation in Performance Review processes are broadly in line with other HSCPs in Scotland. Managers and staff have found the operational aspects integration to be a challenge to the extent that some of our supportive people processes have taken a lower priority in terms of time. Yet it is at times of pressure and change that Performance Review is most important; it gives staff the reassurance that their contributions are valued.

This paper sets out for the IJB the approach taken by the Council and the NHS in relation to annual performance review and also highlights improvements and changes that are underway to these systems. We need to ensure that that staff feel supported and valued by increasing the participation in Performance Review processes and improving the effectiveness of these conversations.

2. CURRENT PROCESSES; COUNCIL

2.1 Argyll and Bute Council Performance Review and Development (PRD)

The Annual PRD process is important in capturing an employee's performance over the preceding year and identifying the targets and development needs for the coming year. A regular appraisal provides an opportunity for the manager and member of staff to discuss the employee's performance over the year, the successes and challenges of that year, their targets for the forthcoming year, their development objectives and training requirements and an opportunity to feed back to their manager.

The Council's PRD system has been developed over time and is, in summary:

- An annual appraisal for all professional, technical and administrative staff
- A once a year opportunity for the manager and employee to discuss work performance. The process recommends that there is also a mid-year review after 6 months

There is an agreed council target of 90% completion rate for PRDs. This takes into account employees on sick leave, maternity leave etc and so should be achievable across all services. It should be noted that not all staff will be eligible for a PRD. Those who are recent new joiners, or those on a temporary contract of less than 6 months, or where there are other reasons such as an employee having been absent on long term sick leave or on maternity leave etc do not receive a PRD within a 6 month period of returning to work. This reduces the target for PRD completion.

2.2 Completion Rates (PRDs)

The low completion rates of PRDs in the HSCP has been highlighted in recent Staff Governance Reports.

The table below was extracted from Pyramid (the Council's performance management System) on 27th June 2018, detailing the completions of PRDs as at the end of Q4, FY17/18, for Council staff employed within the HSCP. Data is not yet available for Q1 FY18/19. It is clear from the below that that target of 90% was not achieved for 2017/18.

Guidance for managers states that PRDs should be completed annually as at the 31st March. This ensures that the PRD completion process aligns with the annual budget and planning process, so that service managers can discuss the year's targets with the staff. This also allows managers to have a targeted conversation with staff to agree their training and development needs for the coming year. This is essential when services are changing fast and employees may require to develop new skills and knowledge. The PRD also provides a safe environment to discuss behaviours and how these can be developed to improve both employee performance and team cohesion and wellbeing.

FQ4 17/18	PRD Completions - from PYRAMID on 27th June 2018		
	No of employees	No of PRDs complete	% of PRDs complete
Adult Care East	130	36	28%
Adult Care West	395	60	15%
Children and Families and CJ	170	107	63%
Strat Planning & Performance	11	10	91%
HSCP % of PRDs completed	706	213	30%

PRDs are carried out by manager, signed by the employee and the manager and then countersigned by the manager's manager to confirm that all appropriate areas have been completed.

Non-confidential sections of the PRD are then sent to the Council's HROD team for recording and uploading to Pyramid. This enables the Talent management Team in HROD to check that the PRD has been signed and dated by the employee and manager and that the manager's manager has reviewed it. The final sign off provides a quality assurance for managers and employees.

As PRDs are not yet online, there have been a range of administrative processes, amended and simplified over time in response to feedback, to record PRDs. The administrative process for completed PRDs was changed in 2017/18 year, placing the responsibility for recording completion of PRDs with the services, rather than the HROD team. This was put in place following feedback from services and placed responsibility and accountability with the service teams for ensuring completion. It is important that managers are supported by the HROD and the People and Change teams to recognise and prioritise discussions with their staff members on performance and development needs through the PRD process. This will enable managers to support their own staff in turn and improve employee engagement, productivity and attendance rates.

3. CURRENT PROCESSES; NHS

3.1 Appraisal Process for NHS staff (TURAS)

Until January 2018, NHS managers & staff recorded Objectives and Personal Development activities on eKSF. This national system closed and was replaced by TURAS.

While historical eKSF data was migrated across, all staff had to start recording Objectives and planned Development activities on TURAS from April 2018. It has been a gradual process of building up engagement with the new system. The People

& Change team have been promoting TURAS through email cascades to managers & staff. This included a 'How to complete TURAS' guide issued in June. This has been followed by drop-in sessions for staff during August/September. When we launch our HSCP Shared Values & Practices framework (CIRCLE) in September 2018, we will further encourage TURAS uptake by asking all staff & managers to adopt the following Objective and have it recorded on the system:

Demonstrate our HSCP Values & Practices to the people that we work with and the people that we provide care for.

- *Understand the principles behind CIRCLE and apply the Values in our everyday actions and interactions*
- *Role model the core Practices to our colleagues*
- *Show evidence that we apply the additional team-level Practices within our team and the services we provide*

The launch, rollout & embedding of CIRCLE will therefore support the engagement with TURAS over the next 6-9 months.

3.2 Completion Rates (TURAS)

The % completion rate on eKSF reviews by January 2018 was in the region of 30%. With the launch of TURAS in April 2018, we have had to re-build participation and engagement in a new system.

By end of May 2018, it was estimated that 20-30% of NHS employees within Argyll & Bute had recorded new Objectives on TURAS. The email promotion, drop-in sessions and launch of CIRCLE are likely to increase participation significantly. We estimate that it will be above 50% by November 2018.

The first new cycle Annual Reviews on TURAS will begin to be recorded from April 2019, based on Objectives agreed in April 2018. We would anticipate that 50% of NHS staff will have had a completed review signed-off on the system by end-Sept 2019.

4. IMPROVING OUR PRD PARTICIPATION RATE

The Council's HROD team are currently conducting a significant review of the PRD process. This incorporates feedback from users and is intended both to address issues in understanding, completion and priority, as well as mapping to our new behavioural framework. This project commenced in February 2018 and is planned to be completed by October 2018. The aim of this project is to:

- Redesign the existing competencies framework to align with new corporate values, map competencies to the new values and align these with a new job groupings framework.
- Extend PRDs to all employees
- Develop the Job Groupings framework to, and align with, revised competency framework.

- Revise the PRD Framework to incorporate the Job Groupings approach and competency framework.
- Support managers and employees on the implementation of the revised PRD Process.

The revised PRD/Appraisal will be designed so that it can be completed online. It is anticipated that this will simplify the process and reduce the amount of administration associated with the revised PRD/Appraisal. This will also remove any dispute about whether or not a PRD has been completed. The new Appraisal/PRD will be rolled out to all staff, and will be designed to be used more frequently than once a year. Research has shown that regular meetings between employees and managers have a positive impact on work performance and also on health and wellbeing in the workplace.

5. BUILDING TURAS PARTICIPATION RATE

We are confident that the promotion of TURAS linked to the launch of CIRCLE, will grow engagement & participation over the coming months. We have set the following organisational targets within our People & Change KPIs:

Performance Management

- % of staff active on the new TURAS system (target 90%)
- % of staff with agreed Objectives (target 80%)
- % staff who have a completed & sign-off review (target 80% by April 2020)

We also have a HRM undergraduate on placement with the People & Change team in Helensburgh. She is doing her dissertation around exploring barriers to the uptake of performance management/TURAS. Her findings, due soon, will highlight opportunities to incentivise managers & staff and further strengthen engagement.

The topic of TURAS / PRDs will be raised at both the Adult Management Team and the Childrens Management Team this month. Locality Managers and Local Areas Managers will be asked to actively promote engagement with performance management processes across the HSCP.

6. SUMMARY

High performing organisations have good levels of engagement with performance review processes; regular dialogue and feedback for employees helps with clarity of objectives, motivation, career development and ultimately retention. There is also emerging evidence from our Staff Health & Wellbeing Survey (2018), that staff with good engagement around performance reviews with their managers have lower levels of stress.

Participation rates for both PDRs and TURAS will continue to be reported in the Quarterly Staff Governance Report. This will provide the IJB with the necessary reassurance that the staff and managers are engaging with the respective Council and NHS appraisal processes – and that our staff are feeling supported and valued.

7. GOVERNANCE IMPLICATIONS

7.1 Financial Impact

There are no financial implications arising from the consideration of this report.

7.2 Staff Governance

There are no staff governance implications arising from the consideration of this report.

7.3 Legal Implications

Nil arising.

8. EQUALITY & DIVERSITY IMPLICATIONS

There are no equality and diversity implications arising from consideration of this update. Increasing participation in appraisal conversations is a supportive move for all staff across the HSCP.

9. RISK ASSESSMENT

Nil arising.

10. CONCLUSION

The current PRD system has been a successful tool for several years. The review of PRDs/Appraisals may result in making this easier for both manager and employee. The launch of TURAS, and the link to our HSCP Shared Values & Practices, will enable us to grow participation over the next 6-12 months.

It is recommended that further updates are provided through the Quarterly Staff Governance Report to give assurance that staff are being supported and valued.



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.5a

Date of Meeting: 26 September 2018

Title of Report: NHS Highland Tobacco Strategy

Presented by: Sandra Cairney, Associate Director of Public Health

The Integration Joint Board is asked to:

- Endorse the NHS Highland Tobacco Strategy 2018-2023
- Note the breadth of work already underway to implement the Tobacco Strategy
- Note plans for further development

1. EXECUTIVE SUMMARY

The NHS Highland Tobacco Strategy outlines a comprehensive and planned approach to addressing tobacco cessation, protection and prevention. The Strategy (attached) provides detail of the impacts of smoking within NHS Highland, the national and local direction and agreed actions.

2. INTRODUCTION

In 2013 the Scottish Government launched their Tobacco Control Strategy, 'Creating a Generation Free from Tobacco'. Key elements of the Strategy are:

- Prevention – creating an environment where young people do not want to smoke;
- Protection – protecting people from second-hand smoke; and
- Cessation – helping people to quit smoking.

Adult smoking prevalence in Scotland is falling and smoking prevalence among children and young people has rapidly declined since 1996. However, smoking rates are still highest in the most deprived areas, with 35% of people living in the most deprived areas of Scotland smoking compared to 10% in the least deprived areas. The good news is that these inequalities in smoking may be reducing, with smoking prevalence falling fastest in the most deprived groups.

Smoking cessation intervention is highly cost effective. A 2017 analysis by the National Institute for Health and Care Excellence, (which took into account conditions such as lung cancer, myocardial infarction, coronary heart disease,

chronic obstructive pulmonary disease and asthma) determined that smoking cessation had a cost per quality adjusted life year (QALY) of less than £1,000. Many treatments agreed by NICE have cost per QALYs of £20-30,000.

3. DETAIL OF REPORT

This paper introduces the NHS Highland Strategy to reduce smoking prevalence from 20.9% today to 5% or less by 2034.

Smoking is the primary preventable cause of ill-health and premature death. Each year tobacco kills around 10,000 Scots (one fifth of all deaths) and is linked to 128,000 hospital admissions as well as costing NHS Scotland, more than £300 million.

In NHS Highland smoking causes nearly 600 deaths and contributed to 7,500 hospital admissions per year (ScotPHO, 2017). The estimated annual cost to NHS Highland is between £19 million and £30 million (ScotPHO, 2012). Smoking in Argyll and Bute has been declining and was reported at 17% in 2016 (ScotPHO 2017).

Budgets for the delivery of smoking cessation are devolved by NHS Highland to operational units as follows:

- North/West £132,000 and 3.7 wte
- IMFOU £183,000 and 6.2 wte
- Argyll and Bute £135,800 and SLA with GPs
- NRT for prisons funded centrally by Public Health.

NHS Highland Approach

The Highland Quality Approach includes a vision for Better Health, to ensure that people live longer healthier lives through promoting wellbeing and equality of treatment. Work on smoking prevention and cessation aims to ensure that all young people grow and develop in an environment free from tobacco; to help prevent them from beginning to smoke and protect them from second hand smoke. The approach strives to ensure that every person in NHS Highland that needs help to stop smoking can access support to achieve that goal. Staff from NHS Highland and partner organisations contributes to a significant proportion of the population living in NHS Highland. Work is also required to support staff to make informed choices around tobacco.

Prevention

Argyll and Bute offer a Smoke Free programme to all primary schools, the primary 6/7 health improvement programme is an example of joint working with education. It includes primary teachers delivering five lesson plans, representation from services and a drama tour. Furthermore in 2018 a bespoke S3 prevention programme was launched and delivered to all secondary schools. The programme, covering a range of topics pertinent to young people, consists of three lesson plans, a Q and A with service providers and a drama production. Both programmes evaluated very well and planning for delivery in 2018/19 is underway. In addition to these, the HSCP Health Improvement

Team supports education for young people in the community and schools throughout the year.

Other prevention work includes developing smoke free policies in schools in conjunction with young people; consider the development of service level agreements with providers of care regarding smoking policy and requirements; and promoting the smoke free events. Further details on these initiatives are outlined in the draft Tobacco Strategy.

Protection

Protection focuses on reducing the harm caused by second-hand smoke, particularly for children but includes smoke-free NHS grounds and smoke-free prisons.

The Smoke-free Homes and Cars initiative aims to empower both smokers and non-smokers to make their home and cars smoke-free. Based on a pledge system, around 1,200 pledges have been made in Highland, helping to protect over 1,400 children and young people, many of the pledges made are done so by people living in areas of deprivation. Recent legislation has supported this initiative by making it illegal to smoke in a car carrying passengers under 18 years of age.

Smoke-free NHS Grounds is a national policy and informs NHS Highland's policy which states that all patients admitted to our hospitals should be made aware of the Smoke-free Policy and asked at each contact if they smoke, before admission and on admission. People who smoke should be given the choice of NRT during their hospital stay to manage their withdrawals or offered support to stop smoking. Training is offered to all hospital staff in how to raise the issue of smoking and to highlight the smoke-free policy. In response to the smoke-free NHS grounds challenges throughout Scotland, the Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016 includes measures to assist enforcement around buildings on hospital grounds making it an offence to smoke 15 metres from hospital doorways, windows and buildings. This legislation which has been delayed by legalities will be implemented by the end of 2018. All signage will be supplied by the Scottish Government ensuring consistency of the message throughout Scotland.

Other protection work includes supporting staff and volunteers to be smoke free when working with young people; and ensuring that sellers of e-cigarettes are compliant with legislation, including pharmacies, and that they are aware of smoke-free services. Further details are outlined within the proposed Tobacco Strategy.

Cessation

Cessation focuses on helping people to quit smoking, in particular hard to reach groups. Argyll and Bute HSCP delivers the service through a locally enhanced service with GP practices however, not all practices have engaged with the service. This model is currently under review with a view to a new model being launched by the end of the year. Community Pharmacists throughout the NHS Highland area also deliver a smoking cessation service which is funded at source by the Scottish Government and managed through a comprehensive Smoking Cessation Service Specification. The service is promoted as a

seamless service in which people who wish to quit can choose to go to either the specialist adviser or the Community Pharmacist and in some cases, both (shared-care).

4. RELEVANT DATA AND INDICATORS

The Strategy will be supported by an action plan encompassing key performance measure which will be monitored by the Health Improvement Team and reported to the Highland Tobacco Strategy Group.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Local Delivery Plan (LDP) Performance

Tobacco control is a key priority for both the HSCP and Community Planning Partnership and is a key aspect of the Strategic Plan and the Local Outcome Improvement Plan.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Governance

Financial impact

This report details the public health allocation for tobacco. There are no additional financial implications.

6.2 Staff Governance

The range of work being delivered to support tobacco control described above and in the Tobacco Strategy supports the Boards efforts to improve the health and wellbeing of staff.

6.3 Clinical governance

This report describes the work being undertaken to implement the Tobacco Strategy. There are no additional clinical governance implications

7. EQUALITY & DIVERSITY IMPLICATIONS

The Tobacco Strategy was subject to an Equality Impact Assessment The Strategy aims to address fairness and equity in relation to population groups disproportionately impacted by tobacco, for example those affected by deprivation and the LGBT community The Strategy and planned actions will benefit vulnerable groups as it encompasses a targeted approach for hard to reach groups.. No adverse effects have been identified in relation to protected characteristics defined in UK legislation. The Equality Impact Assessment is available from the author on request.

8. RISK ASSESSMENT

This report describes the work that is going on to implement the Tobacco Strategy. There are no particular additional risks.

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The Strategy was informed by a consultation with a number of partners and staff groups outlined below.

NHS Highland	Highland and Argyll & Bute Councils	Other statutory organisations	Third Sector organisations
Health Improvement Teams	Health Development, Health and Social Care, Care and Learning	HMP Inverness	Highland Third Sector Interface
Smoke Free Highland Midwife	Youth Action Team	Scottish Fire and Rescue	Highland Third Sector Interface, Adult Health and Wellbeing Forum
Community Pharmacy	Kinship Care Panel (Highland Council)	Highlife Highland	Let's Get on with it Together (LGOWIT)
Mental Health services	Resource Manager, Residential Childcare	Youth Convener (Highlife Highland)	Youth Highland
Argyll & Bute Midwifery Service	Inverness Festivals	Inverness College, University of the Highlands and Islands (UHI)	Action for Children
Argyll and Bute Health and Wellbeing Networks	Trading Standards	Argyll & Bute CPP Management Committee	Waverley Care
Technology Enabled Care Team	Environmental Health		Homestart MAJIK
Communications Teams	Midwifery Development Officer		
	Welfare Team		
	Equalities Improvement Group – LGBTI+ Sub Group		

10. CONCLUSIONS

The NHS Highland Tobacco Strategy will enable a comprehensive and effective approach towards the national 2013 Strategy 'Creating A Generation Free From Tobacco' and national LDP target. The intention is to build greater co-production in relation to addressing tobacco in the fields of cessation, protection and prevention.



**Tobacco
Strategy
2018-2021**

Foreword

Tobacco remains the leading cause of preventable death in the UK¹, and across the world, kills more than 7 million people each year². One in two long term smokers will die from a smoking related conditions³ and, on average, smokers live 10 years less than non-smokers⁴. These figures are stark and remind us of the importance of this problem.

Smoking cessation is arguably the most important intervention delivered by public health departments. More than 200 scientific studies have shown its value. The data also shows that the more intensive the intervention, the more effective it is. A 2017 analysis by the National Institute for Health and Care Excellence, which took into account the harm associated with smoking due to its contribution to conditions such as lung cancer, myocardial infarction, coronary heart disease, chronic obstructive pulmonary disease and asthma, identified that smoking cessation had a cost per quality adjusted life year (QALY) of less than £1,000⁵. In comparison, it should be noted that NICE generally recommends the provision of treatments on the NHS that have a cost per QALYs of under £30,000 and in some cases an even higher cost per QALY may be accepted by NICE. Consequently, smoking cessation is one of the best value interventions provided by the NHS.

One may ask why so many people still smoke? Most smokers become addicted to tobacco as teenagers, well before they are able to make an informed choice regarding the addictive nature of tobacco and understand its long term consequences. In later life, simple awareness of the risks of smoking is often not enough to enable individuals to quit. We need to provide support to those who want to stop. The Scottish Government has recognised this in their strategy, *Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland*⁶.

This government strategy contains the ambitious aim of reducing the prevalence of smoking to 5% or less by 2034. Adult smoking prevalence in Scotland is falling and smoking prevalence among children and young people has rapidly declined since 1996, but this target remains challenging, particularly in deprived areas that have the highest smoking prevalence.

The NHS Highland Tobacco strategy has been developed in order to address smoking cessation, prevention and protection. The strategy takes a population approach as well as ensuring a focus on priority groups. A comprehensive action plan has been developed which is being implemented in the NHS Highland Health area and is designed to build on action at national level.

It is important to recognise that reducing harm associated with tobacco cannot be done by the NHS alone and the contribution of other statutory and voluntary organisations as well as communities themselves is key to reducing smoking rates in Highland. The strategy has therefore been developed by a number of statutory and voluntary partners in Highland.

I would like to thank all those who have contributed to the development of this report. I am confident that their commitment to this crucial public health issue will lead to continued progress in our joint efforts as a Board to reduce harm associated with tobacco in NHS Highland. The support of the Board in that regard is also very welcome.



Professor Hugo Van Woerden

27 July 2018

- 1 Gilmore, A, B, Britton, J, Arnott, D, Ashcroft, R, and Jarvis, M, J. (2008) 'The place for harm reduction and product regulation in UK tobacco control policy'. *Journal of Public Health* 31(1) 3-10
- 2 Seo, H, G. (2017) 'MS 09.03 Cost Effectiveness of Smoking Cessation'. *Journal of Thoracic Oncology*. 12(11) supp2:S1690-1
- 3 Lam, T, H. (2012) 'Absolute risk of tobacco deaths: one in two smokers will be killed by smoking: comment on "Smoking and all-cause mortality in older people"'. *Archives of Internal Medicine* 172(11):845-6
- 4 Banks, E, Joshy, G, Weber, M, F, Liu, B, Grenfell, R, Egger, S, Paige, E, Lopez, A, D, Sitas, F, and Beral, V. (2015) 'Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence'. *BMC Medicine* 13(1):38
- 5 NICE (2017) *Smoking Cessation Interventions and Services*. Draft Report. [online] Available from <https://www.nice.org.uk/guidance/ng92/documents/economic-report> [20th July 2018]
- 6 Scottish Government. (2013a) *Creating a Tobacco-Free Generation, A Tobacco Control Strategy for Scotland* [online]. Available from <http://www.gov.scot/Resource/0041/00417331.pdf> [4th Sept 2017]

Introduction

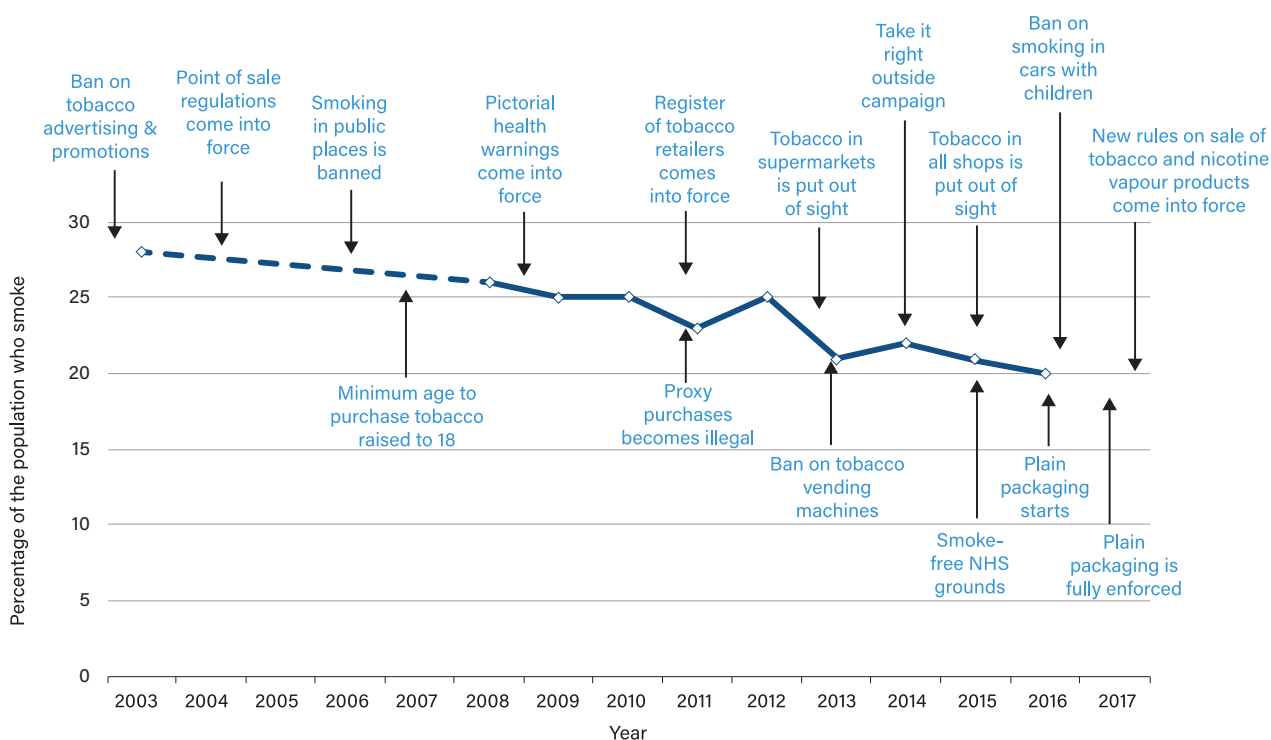
Scotland is a world leader in tobacco control, implementing legislation, policy and strategy with the aim of a tobacco free generation by 2034. Smoking causes much harm throughout Scotland; working towards this target will save lives and money, improve quality of life and reduce health inequalities. Supported by national level input, local areas must support progression towards creating a tobacco free Scotland. This NHS Highland strategy will describe aims to support smoking prevention, protection and cessation, with an underpinning principle of reducing health inequalities, and working towards the end goal.

Tobacco Control in Scotland

Scotland has introduced tobacco control, legislation and implemented effective policies, shifting cultural attitudes about smoking. Recent legislation includes:

- *Smoking, Health and Social Care (Scotland) Act 2005* which introduced the ban on smoking in public places and the rise to 18 as the legal age to buy tobacco
- *Tobacco and Primary Medical Services (Scotland) Act 2010* which created the Scottish tobacco retailer register, made proxy purchases an offence, and prohibited vending machines for the sale of tobacco products
- *The Sale of Tobacco (Display of Tobacco Products and Prices etc.) (Scotland) Regulations 2013* which prohibited tobacco displays at point of sale.

The following graph shows correlation between smoking prevalence and recent policy actions.



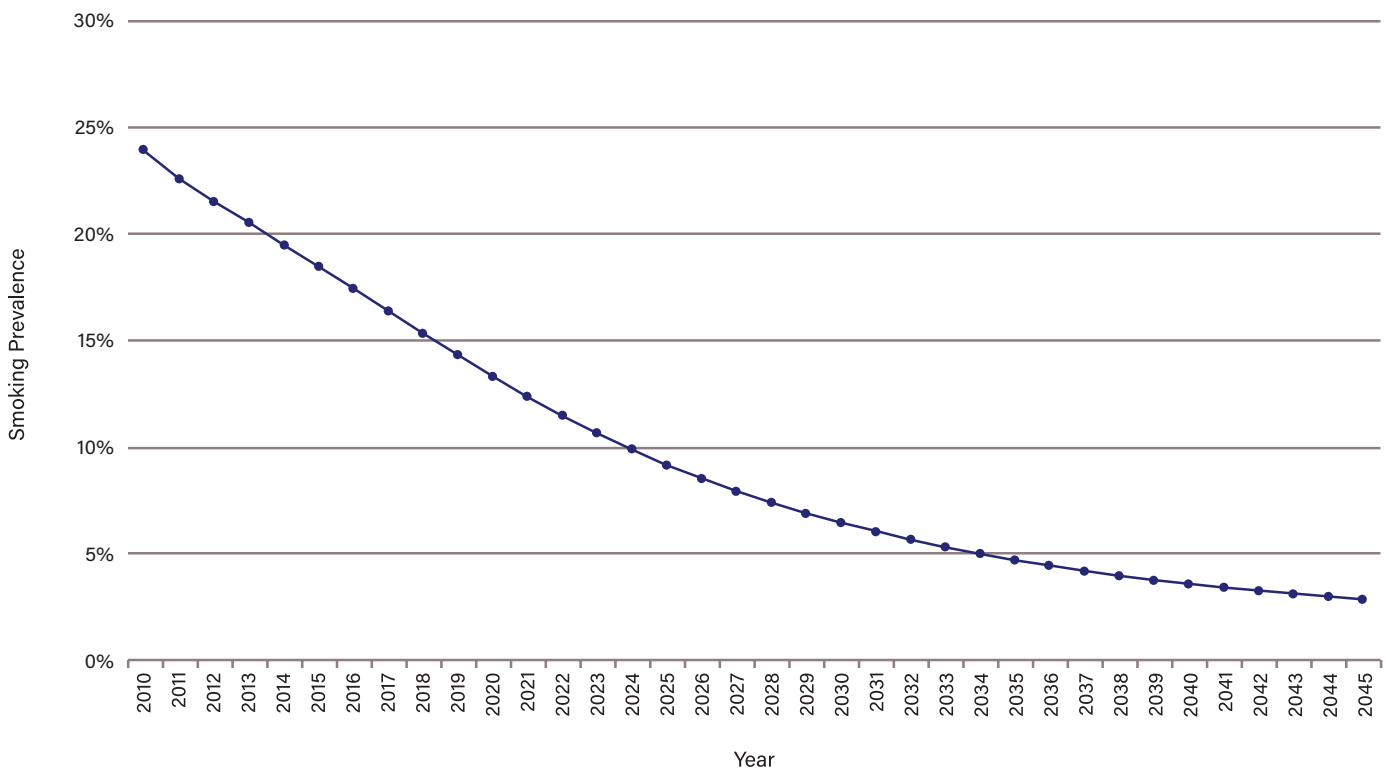
Smoking prevalence and introduction of policy actions (NHS Health Scotland, 2017)

In addition, Scotland delivers a network of comprehensive, free smoking cessation behavioural support and pharmacotherapy for people who wish to stop smoking. These factors have assisted the shift in attitudes regarding smoking, which is now seen as negative rather than a norm. The current national Tobacco Control Strategy – Creating a Tobacco-Free Generation (Scottish Government, 2013a) and Action Plan (Scottish Government, 2018) continues to show dedication to remaining a world leader in tobacco control, describing aims and direction towards the ambitious end goal, which is for Scotland to be tobacco free by 2034 (adult smoking prevalence of $\leq 5\%$).

The harms caused by smoking tobacco are many. Smoking is the most preventable cause of ill health and premature mortality in Scotland, with over 10,000 deaths and 128,000 hospital admissions annually (ScotPHO, 2015). In Highland, this equates to 592 deaths and 7,589 hospital admissions annually (ScotPHO, 2017). Smoking has an estimated annual cost to NHS Scotland of between £300 million and £500 million. In Highland, this equates to between £19 million and £30 million each year (ScotPHO, 2012). Another detrimental effect of smoking is time loss; productivity losses due to associated absenteeism & smoking breaks and lost output through premature death at a cost of £692 million. Overall, the societal costs of tobacco use to Scotland amount to around £1.1 billion annually (ASH Scotland, 2010).

Perhaps the most significant impact of smoking relates to health inequalities. Although no one factor is responsible for the gap in health outcomes, smoking prevalence and healthy life expectancy have an opposing relationship (Scottish Government, 2013a). Tobacco use is a significant predictor of health inequality, affecting the most deprived sections of our communities the most; with smoking prevalence ranging from 11% in the least deprived sections of our communities to 35% in the most deprived (Scottish Government and National Statistics, 2017). This gradient prevents improvement in health and wellbeing for families and individuals most in need, therefore working towards a tobacco free Scotland will also allow for progressive movement towards health equity.

Adult smoking prevalence in Scotland is currently 21% (Scottish Government and National Statistics, 2017). This falls short of the smoking prevalence projection, depicted in the graph below at this stage.



Projected Smoking Prevalence (Scottish Government, 2013b)

The Scottish Strategy has recently been evaluated, and although progress has been made in various aspects, health inequalities and smoking require further attention (NHS Health Scotland, 2017).

Tobacco in NHS Highland

North Highland's quit rates are higher than the Scottish average with 41.3% quit rate at 4 weeks and 24.6% at 12 weeks in North Highland compared to 37.1% at 4 weeks and 22.6% at 12 weeks in Scotland. However, Argyll and Bute's quit rates are lower than the Scottish average, with 25.4% quit at four weeks, and 10.3% quit at 12 weeks.

In North Highland, a well established network of smoking cessation advisors cover our geography. In Argyll & Bute the service is currently provided by GP Practices.



In addition, 81 community pharmacies deliver smoking cessation support.



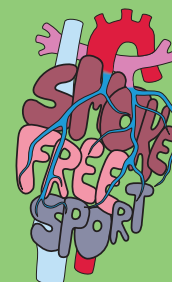
1,234 promises have been made to our Smoke-free Homes & Cars challenge, helping to protect over 1,400 children and young people.



Over 2,700 people stopped smoking with help from our services in 2016.



Our Smoke-free Sports programme has reached over 700 young people.



We have 26 hospitals, including a mental health hospital.



There is also one prison within the Highlands.



Florence is a tele-health initiative that is supporting some of our clients to remain smoke free.



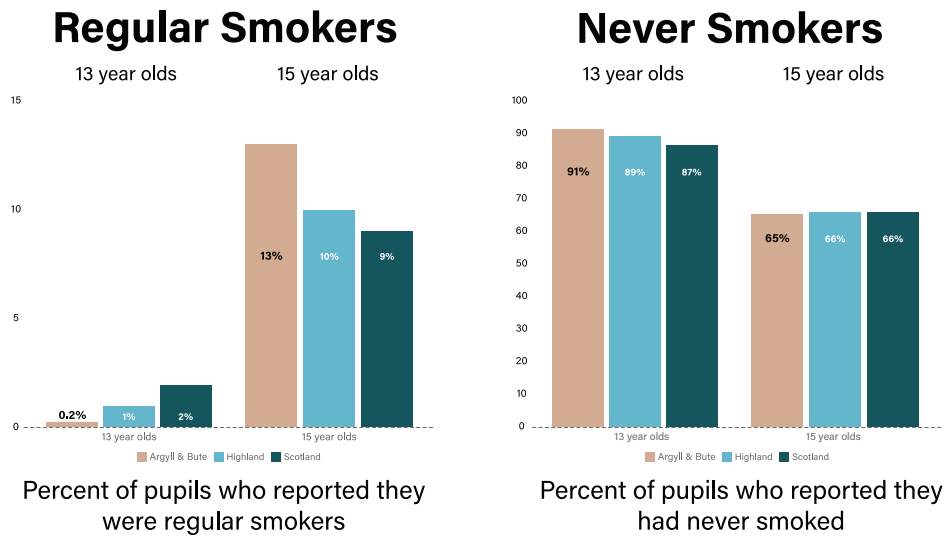
We've branded our service as e-cigarette friendly to support more people to stop smoking.



Adult smoking prevalence in Highland is 20.9% (ScotPHO, 2017). However, this does not show the range of prevalence across SIMD categories or other groups with higher smoking prevalence than the general population. Although we do not have local specific data, we know that nationally these patterns occur within certain groups who are disproportionately affected by tobacco use, and NHS Highland is unlikely to differ. It is important to consider minority ethnicities in order to support everyone to become smoke free.

- The Black and Minority Ethnic (BME) population in NHS Highland is small:
 - 2% are other white (including white gypsy/traveller)
 - 1.5% of the population is Polish
 - 0.8% is Asian
 - 0.6% belong to other minority ethnic groups (Scotland's Census, 2011). Some evidence suggests higher smoking rates amongst some ethnic minorities (ASH Scotland, 2008).
- 48% of people who are permanently sick or disabled in Scotland smoke (Scottish Government and National Statistics, 2015)
- 46% of adults who are unemployed or seeking work in Scotland smoke (Scottish Government and National Statistics, 2015)
- 33% of routine and manual workers in Scotland smoke, compared to 14% of highly skilled professionals and managers (ScotPHO, 2008)
- 72% of prisoners smoke in Scotland (Scottish Prison Service, 2015)
- 44% of looked after and accommodated children and young people smoke in Scotland (Metzer et al., 2004)
- Smoking prevalence is higher amongst people with mental health issues than the general population, with a third of all tobacco being smoked by people with mental health issues (ASH Scotland, 2015)
- LGBTI+ people are more likely to smoke than the general population in Scotland. 28% of lesbian and gay people, 27% of bisexual people, and 36% of people that identify as having other sexual orientation smoke (Scottish Government, 2013c). No information is available on the smoking prevalence for trans and intersex people (ASH Scotland, 2016).
- LGBTI+ people also smoke more cigarettes than the general population, and begin to smoke at a younger age (Scottish Government, 2013c).
- In NHS Highland, 16.1% of pregnant women report smoking at their first booking appointment with a midwife; higher than Scotland prevalence of 15.5%. By the first health visitor visit, 13.7% of women in NHS Highland report smoking, compared to 14% in Scotland. However, smoking rates could be an underestimate, with a national figure of 2.6% and 3.6% smoking status not recorded at booking and first health visitor visit respectively (NHS National Services Scotland and National Statistics, 2016).
- From April 2016 to March 2017, 126 quit attempts were made by pregnant women in Highland; this equates to 29% of pregnant smokers. In Scotland, 24% of women smoking in pregnancy made quit attempts (ISD Scotland and NHS National Services Scotland, 2017).
- Notably, Highland quit rates in pregnant women are also higher than those in Scotland with 46% quit rate at 4 weeks compared to 31.7% in Scotland and 36.5% quit rate at 12 weeks compared to 19.9% in Scotland (ISD Scotland and NHS National Services Scotland, 2017). In addition, we support family members or partners of pregnant women to stop smoking, in order to further support the pregnant woman while also protecting against second hand smoke.
- In Argyll and Bute, 0.2% of young people aged 13 regularly smoke, compared to 1% in north Highland. Across Scotland, 2% of 13 year olds smoke. By age 15, 10% of north Highland pupils regularly smoke and 13% of Argyll and Bute pupils; higher than the 9% across Scotland. The majority of young people in north Highland and Argyll and Bute have never smoked (NHS National Services Scotland, 2014a and NHS National Services Scotland, 2014b).

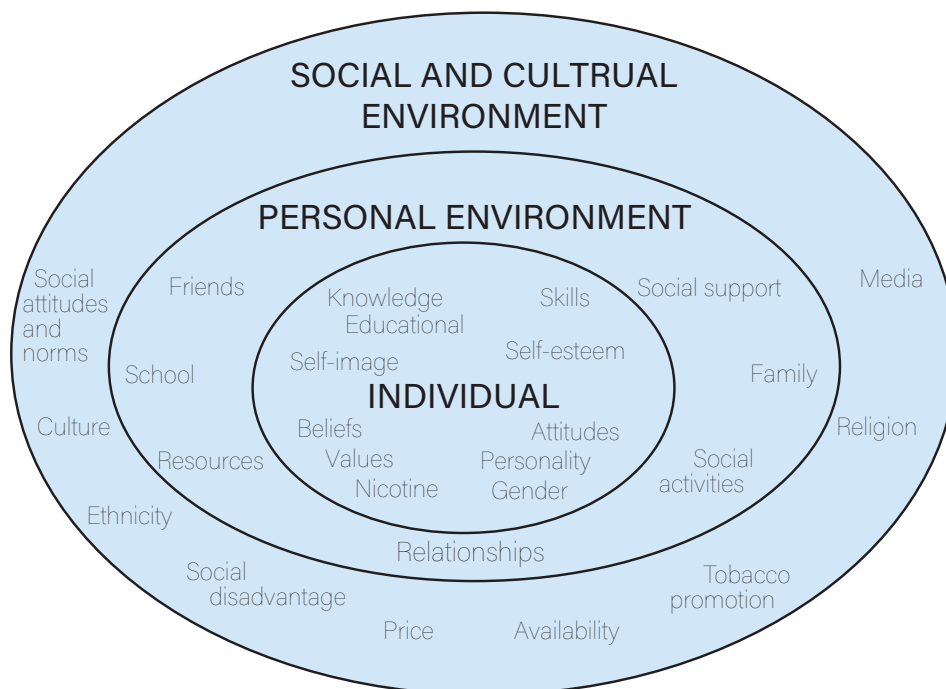
Smoking Prevalence



Smoking prevalence among young people in the Highlands

There are various factors which may influence young people to begin smoking, as depicted in the image below. Effective prevention approaches must consider all influences (Scottish Executive, 2006). As a sign of our commitment to supporting young people we have signed up to Scotland's Charter for a smoke free generation.

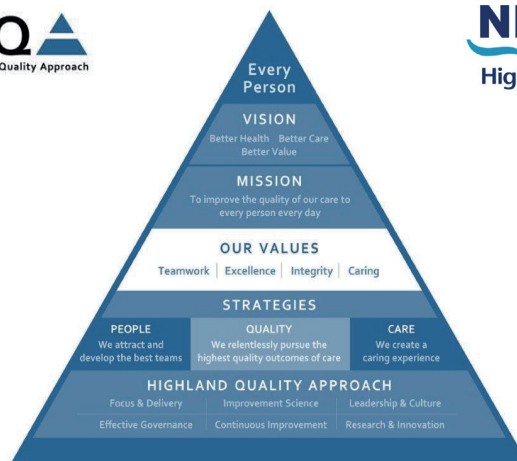
Levels of influence for youth smoking (Scottish Executive, 2006)



The Highland Quality Approach includes a vision for Better Health, to ensure that people live longer healthier lives through promoting wellbeing and equality of treatment.

We will work towards Better Health so that all young people grow and develop in an environment free from tobacco, to help to prevent them from beginning to smoke, and protect them from second hand smoke. We will also strive to ensure every person in the Highlands that needs help to stop smoking can access support to achieve that goal.

NHS Highland employees and the employees of stakeholders make up a significant proportion of people living in the Highlands. Therefore, we must work towards supporting staff to make informed choices around tobacco, as well as all the other people that access our services.



The Highland Quality Approach

Engagement

Engagement with numerous stakeholders has informed this strategy and action plans. Interactions have occurred with the following organisations:

NHS Highland

- Health Improvement
- Smoke Free Highland Midwife
- Community Pharmacy
- Mental Health services
- Argyll & Bute Midwifery Service
- Argyll & Bute Health and Wellbeing Networks
- Technology Enabled Care Team

Highland and Argyll & Bute Councils

- Health Development, Health and Social Care, Care and Learning
- Youth Action Team
- Kinship Care Panel (Highland Council)
- Resource Manager, Residential Childcare
- Inverness Festivals
- Trading Standards
- Environmental Health
- Midwifery Development Officer
- Welfare Team
- Equalities Improvement Group – LGBTI+ Sub Group

Other statutory organisations

- HMP Inverness
- Scottish Fire and Rescue
- Highlife Highland
- Youth Convener (Highlife Highland)
- Inverness College, University of the Highlands and Islands (UHI)
- Argyll & Bute Community Planning Partnership Management Committee
- Department of Work and Pensions (DWP)

Third Sector organisations

- Highland Third Sector Interface
- Highland Third Sector Interface, Adult Health and Wellbeing Forum
- Let's Get on with it Together (LGOWIT)
- Youth Highland
- Action for Children
- Waverley Care
- Homestart MAJIK

Next Steps

Our aim: To reduce the harm to physical health, mental health, personal finances and societal costs and implications caused by tobacco use in the NHS Highland area.

Our objectives:

- Prevent children and young people from beginning to smoke
- Protect people from the harms of second hand smoke, in particular young people and pregnant women
- Encourage people to stop smoking, particular aim to reach hard to engage groups including pregnant women, people with long term conditions and people in the most deprived areas.

Under pinning principle: To tackle health inequalities associated with, and caused by tobacco use.

In NHS Highland, we are committed to achieving a smoke free generation by 2034. Although much progress has been made, we are keen to build on this and consider further innovative approaches to each hard to engage groups. Therefore, we plan to work better with key stakeholders from statutory and voluntary sectors.

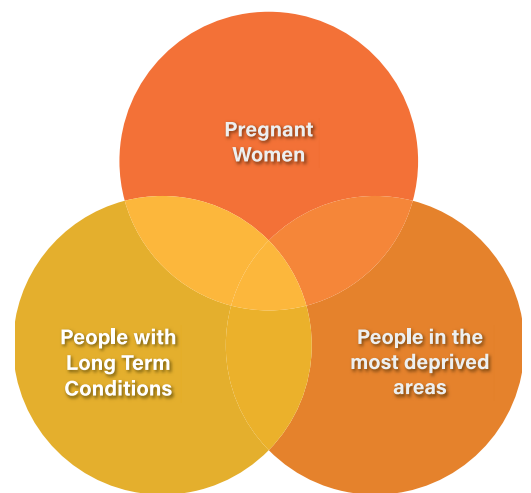
A Highland tobacco strategy group has been established to plan how agencies might work collaboratively towards this goal. This local strategy will describe and plan for agreed actions, mirroring the national strategy topics that focus on prevention, protection and cessation; all the while aiming to reduce health inequalities and highlighting the relevance of tobacco control to achieve this.

Within this work we define the key elements as follows:

Prevention – creating an environment where children and young people do not want to smoke, and do not see adults smoking.

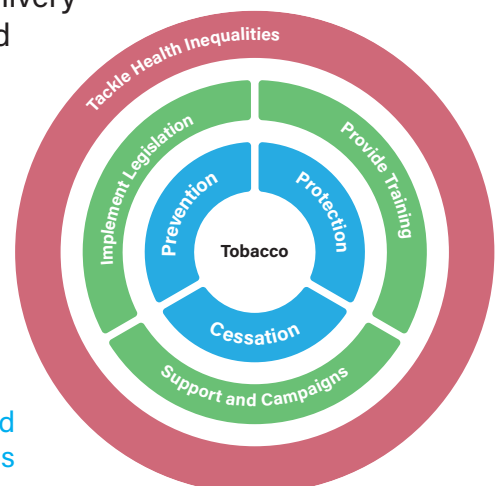
Protection – protecting children, adults and pets from second hand smoke, and unlawful sale / supply of tobacco or other nicotine containing products.

Cessation – helping people to stop smoking, in particular priority groups such as pregnant women, people with long term conditions, and people in the most deprived areas. Some people may be associated with more than one of these priority groups, as shown in the Venn diagram to the right.



Cessation priority groups

Meanwhile, we will continue to work towards the NHS Local Delivery Plan (LDP) Standards, which states we must sustain and embed successful smoking quits at twelve weeks post quit, in the 40% most deprived SIMD areas (Scottish Government, 2016). We will also work towards establishing a training programme for smoking and tobacco in Highland, implement current and upcoming legislation, and support anti-smoking and tobacco campaigns. The following diagram connects these areas of focus.



Overall objectives of the North Highland Tobacco Strategy groups

North Highland Strategy Actions

Within our actions we have included a range of universal and targeted approaches. This will ensure all people in NHS Highland benefit, but will allow us to target those that are most affected by tobacco use. This is essential in order to gain the most benefit from our work.

*Indicates where Argyll & Bute are working towards this action

** Indicates where Argyll & Bute has agreed action

Prevention

Actions within this section aim to create an environment where children and young people do not want to smoke, and don't see adults smoking. Smoking prevention is imperative as smoking usually starts when we are children, not adults. On average, 36 young people under the age of sixteen begin smoking in Scotland every day (ASH Scotland, 2017), with 83% of people who begin to smoke doing so by age 19 (Office for National Statistics, 2012).

No.	Action	Agencies Involved (Lead Agency in bold)	Timescale and Review Date	Evaluation / Measurement	Inequalities Approach
1	**Scope prevention programmes for delivery in Highland schools	NHS Highland (Health Improvement)	Ongoing Review Spring 2019	Decide on programme and conduct a small test of change	Universal
2	Review smoking related material on Highland Substance Awareness Toolkit (www.h-sat.co.uk)	NHS Highland (Health Improvement) Highland Council (Health Development, Health & Social Care, Care & Learning)	By Spring 2019 Review: March 2020	Current, suitable content on H-SAT which has been quality assured	Universal
3	Promote the Smoke Free Charter	NHS Highland (Health Improvement) Highland Council (Inverness Festivals, Trading Standards) Highlife Highland	Ongoing Review Winter 2018	Measure number of organisations in Highland signed up to the Charter via interactive map	Universal
4	**Work with communities to market events as smoke free events.	NHS Highland (Health Improvement) Highland Council (Inverness Festivals) Argyll and Bute Council (Events Manager) Health and Wellbeing Networks (H&WN)	For Summer 2019 December 2019	Signage in place at junior / family orientated events Signage in place at junior / family orientated events Smoke Free conditions included to H&WN grants	Universal

5	**In conjunction with young people, develop smoke free policies at schools	NHS Highland (Health Improvement) Argyll and Bute Council (Education Authority)	Summer 2019	Focus group with young people to inform their school smoking policy	Targeted
6	Review youth focused smoking leaflets with young people	NHS Highland (Health Improvement) Youth Highland	By Autumn 2019	Insight provided by young people	Targeted
7	**Support other organisations to implement a smoke free policy	NHS Highland (Health Improvement) Youth Highland	2019	Host event to increase awareness and showcase good examples Raise awareness and offer support and monitor smoke free policy uptake	Targeted
8	**Consider kinship care and smoking rules at Looked After and Accommodated Children (LAAC) Improvement Group, to avoid staff modelling smoking and influencing young people. This will include the development of a smoke free policy for staff and young people.	Highland Council (Kinship Care Panel) NHS Highland (Health Improvement) Argyll and Bute Council Children and Families Social Work Department (Acting Placement Manager) NHS Health Improvement	Bring to LAAC Health Group Autumn 2018 Review Spring 2019 Review Summer 2019	Inclusion of smoking related questions within kinship carer assessment. Alignment of kinship carer and foster carer paperwork SLA's reflect providers smoking policy has been addressed and actions identified if relevant	Targeted
9	**Consider service level agreements with providers of care regarding smoking policy and requirements	Highland Council (Kinship Care Panel, Resource Manager, Residential Childcare) Argyll and Bute Council (Acting Placement Manager) NHS Health Improvement	Initial meeting planned Review Spring 2019	Tobacco policy included within service level agreements	Targeted
10	*Expand Smoke Free Sports to include other sports	NHS Highland (Health Improvement) Highland Council (Inverness Festivals, Trading Standards) Highlife Highland	Ongoing Review Winter 2018	Additional sports included with Smoke Free Sports project Options available for consideration in Argyll and Bute	Targeted

11	*Consider how smoking prevention could be included within the Saltire Award	Highland Third Sector Interface NHS Highland (Health Improvement)	By Winter 2018	Smoking prevention considered as a life skill within review of Saltire Award	Targeted
12	*Scope smoking prevention input for young people aged 16-24	NHS Highland (Health Improvement) Highlife Highland	Initial meeting planned Autumn 2018	Options available for consideration	Targeted
13a	**Continue to develop, implement and evaluate Smoke Free programme in Argyll and Bute Primary Schools	NHS Highland (Health Improvement) Argyll and Bute Council Education Authority	Spring 2019	Evaluation of intervention and lessons	Targeted
13b	**Amend the Argyll and Bute S3 Drama project as necessary, implement and evaluate	NHS Highland (Health Improvement) Argyll and Bute Council Education Authority	Spring 2019	Evaluation of intervention and lessons	Targeted
14	Explore prevention strategies for young people not in education, employment or training	NHS Highland (Health Improvement) Action for Children Highland Council (Youth Action Team)	Winter 2018 Review Summer 2019	Options available for consideration	Targeted
15	*Increase awareness of modelling unhealthy behaviours to young people by youth workers Learning from awareness of modelling unhealthy behaviours to young people by youth workers in north Highland	NHS Highland (Health Improvement) Highlife Highland Highland Council (Youth Action Team) Highland Third Sector Interface Action for Children	Following training	Modelling included within training programme	Targeted
16	Discover what's most important to young people about tobacco and smoking	Youth Convener (Highlife Highland) NHS Highland (Health Improvement)	Autumn 2018	Connection made with Highland Youth Parliament Executive Group	Targeted

Protection

Actions within this section aim to protect children, adults and pets from the harmful effects of second hand smoke, and children and young people against the unlawful sale / supply of tobacco or other nicotine containing products. There is no safe level of exposure to second hand smoke (WHO, 2011), and children are most vulnerable to the effects of second hand smoke (ASH Scotland, 2013).

No.	Action	Agencies Involved (Lead Agency in bold)	Timescale and Review Date	Evaluation / Measurement / Outcome	Inequalities Approach
Second hand smoke					
17	Provide second hand smoke monitor in wards at New Craigs to address staff concern	NHS Highland (Health Improvement)	By Autumn 2018	Dylos report shared	Targeted
18	Provide second hand smoke monitor for use with pregnant women in North Highland	NHS Highland (Health Improvement) Smoke Free Highland Midwife	Review Spring 2019	Reports of second hand smoke within homes shared with pregnant women	Targeted
19	**Continue to promote Smoke Free Homes and Cars challenge	NHS Highland (Health Improvement) Scottish Fire and Rescue	Autumn 2018 Review: Spring 2019	Review and update of current materials for dissemination	Targeted
20	**Offer Smoke Free Homes and Cars leaflet and smoking cessation signposting to Kinship carers who have a family member smoking in the household. Consider training on Raising the Issue for staff going into homes.	NHS Highland (Health Improvement) Highland Council (Kinship Care Panel) Waverley Care Children Argyll and Bute Council Practice Lead Family Placement Team (Children and Families Social Work Department) Homestart, (Mid Argyll, Jura, Islay, Kintyre, Cowal and Bute (MAJIK) Argyll and Bute Council Families Social Work Department	Winter 2018	Monitor Raising the Issue training uptake	Targeted

21	**LGBTI and those affected by HIV are offered Smoke Free Homes and Cars	Waverley Care NHS Highland NHS Highland (Health Improvement)	Spring 2019	Uptake of pledges	Targeted
22	Evaluate Smoke Free Homes and Cars challenge	NHS Highland (Health Improvement)	Winter 2017/2018	Report of findings from questionnaires	Targeted
23	Support staff / volunteers that smoke to be smoke free while working with young people	NHS Highland (Health Improvement) Highlife Highland Highland Council (Youth Action Team) Highland Third Sector Interface	By Summer 2018 Review Spring 2018	Creation and dissemination of resource promoting temporary abstinence	Targeted
24	Include smoking related materials into Highland Council area family education within adult learning	Highlife Highland NHS Highland (Health Improvement)	Initial meeting Autumn 2018	Options available for consideration	Targeted
Implement Legislation					
25	**Support smoke free hospital grounds legislation and increase awareness amongst staff at all NHS Highland hospitals, including awareness of Smoke-free service and how to access	NHS Highland (Health Improvement) Highland Council, (Environmental Health) NHS Highland Communication Teams Hospital Healthy Working Lives Groups	Winter 2018	Plan series of awareness raising events throughout hospitals in North Highland and record activity in Argyll and Bute	Universal
26	**Create card resource to highlight new smoke free grounds legislation to the public, and distribute	NHS Highland (Health Improvement) Highland Council (Environmental Health) Argyll and Bute Council (Environmental Health)	By Autumn 2018	Resource available to share amongst hospital users: staff, contractors, patients, and visitors	Universal
27	**Include Highland Smoke Free Service details on Environmental Health fixed penalty notices and Environmental Health website	Highland Council (Environmental Health) NHS Highland (Health Improvement) Argyll and Bute Council (Environmental Health)	By Winter 2018	Details sent to EH for inclusion in notice Details on fixed penalty notices and on website	Universal

Sales and supply of tobacco					
28	**Ensure those that sell e-cigarettes are compliant with legislation, including pharmacies, and are aware of smoke free services	Highland Council (Trading Standards) NHS Highland (Health Improvement, Community Pharmacy) Argyll and Bute Council (Trading Standards) NHS Highland (Health Improvement)	Ongoing By Autumn 2018	(Reports on visits submitted to SG via database) Information communicated via Community Pharmacy newsletter	Universal
29	**Ensure underage sales enforcement (of nicotine vapour products (NVP) and tobacco) by recruiting young people for targeted positive / diversionary initiatives	Highland Council (Trading Standards, Youth Action Team) Argyll and Bute Council (Trading Standards) NHS Highland (Health Improvement)	Spring 2018 Review Autumn 2018	Compliant with target 10% test purchases for NVP and tobacco	Targeted
30	**Premises compliant with smoking in enclosed and public spaces some-free legislation, and appropriate enforcement 1. Responding to complaints regarding smoking in public places and regulation 2. Alternative enforcement and auditing of premises as part of other commercial premises inspections	Argyll and Bute Council (Environmental Health)	Winter 2019	Monitoring activity 1. 100% of complaints investigated and actioned 2. 98% compliance	Universal
Support Campaigns					
31	Support and promote national No Smoking Day and other tobacco related campaigns, including #notafavour *Awareness raising of the Scottish Government campaign 'Quit Your Way' to all NHS staff	NHS Highland (Health Improvement) and stakeholders	Ongoing	Promotion of campaigns via social media and in the press	Universal

Cessation

Actions within this section aim to help people who want to stop smoking, in particular, harder to reach groups. Importantly, 68% of smokers in Scotland would like to stop smoking (Scottish Government and National Statistics, 2017). Even a 1% reduction in the Scottish smoking rate would save approximately 540 lives per year, reduce smoking-related hospital admissions by around 2,300 and reduce NHS spending on smoking related illness by between £13 million and £21 million (ASH Scotland, 2014). Although a 1% reduction would come with considerable benefits, the aim is a 16% reduction in smoking prevalence by 2034.

No.	Action	Agencies Involved (Lead Agency in bold)	Timescale and Review Date	Evaluation / Measurement	Inequalities Approach
32	**Capture the range of work Smoking Cessation / Health Improvement Advisers are delivering – particularly good working practice with voluntary sector organisations and community groups that target the hardest to reach	NHS Highland (Health Improvement)	Ongoing Review March 2019	Add questions to local screen of ISD national database	Universal
33	**Develop contracts for smoking advisors in Argyll & Bute	NHS Highland (Health Improvement)	Winter 2018	New smoking cessation services in place	Universal
34	**Continue to promote Florence to pharmacies and their smoking cessation clients by encouraging and monitoring use, delivering training as and when required	NHS Highland (Health Improvement) NHS Highland (Community Pharmacy and Technology Enabled Care)	Ongoing Review: March 2019	Monitor numbers of clients signed up to Florence	Universal
35	**Promotion of smoking cessation through primary care and HSCP	NHS Highland (Health Improvement)	Review March 2019	Increase in referrals	Universal
36	**Continue to work towards the Local Delivery Plan (LDP)	NHS Highland (Health Improvement)	Ongoing	Monitored through ISD database	Targeted
37	**Review of beneficiaries of smoking cessation advice	NHS Highland (Health Improvement)	To be completed by Spring 2019	Measured through areas of deprivation through ISD database	Targeted
38	Support HMP Inverness to become a smoke free prison	NHS Highland (Health Improvement) HMP Inverness	Ongoing To be implemented in November 2018	Number of prisoners using smoking cessation service Recording of incidences of smoking	Targeted

39	Scope what support LGBTI+ people may look for in a smoking cessation attempt	NHS Highland (Health Improvement)	Finalise survey ready for sharing by Spring 2019	Report on findings following survey	Targeted
40	**Offer signposting to smoke free services for LGBTI+ community	Waverley Care NHS Highland (Health Improvement)	Winter 2018		Targeted
41	**HIV SLA staff trained in Raising the Issue of Smoking	Waverley Care NHS Highland (Health Improvement)	Autumn 2018	Number of staff trained	Targeted
42	Scope what support transgender people may look for in a smoking cessation attempt	NHS Highland (Health Improvement)	Summer 2019	Report on findings following survey	Targeted
Pregnancy					
43	Scope a closed Facebook group page to support pregnant ladies quit attempts	NHS Highland (Smoke Free Highland Midwife, Health Improvement)	Early 2019	Review feedback from similar peer support methods	Targeted
44	Scope hypnotherapy for smoking cessation for pregnant women	NHS Highland (Smoke Free Highland Midwife, Health Improvement)	Review Summer 2019	Review current evidence and trial approach	Targeted
45	Disseminate the upcoming 'conversation tool' and harm reduction 'e-cigarettes in pregnancy' resources to midwives and smoking cessation advisors, and provide education on its use Smoking cessation training for midwifery staff	Highland Council (Midwifery Development Officer) NHS Highland (Smoke Free Highland Midwife, Health Improvement) NHS Highland (Smoke Free Highland Midwife, Health Improvement)	By Winter 2018 Review Summer 2019 Ongoing Review Summer 2019	Midwives when asked are using resources, and 'e-cigarettes in pregnancy' will be included in information trail Monitor and evaluate training	Targeted
46	Create a bi-annual Smoking in Pregnancy newsletter for midwives in North Highland	NHS Highland (Smoke Free Highland Midwife, Health Improvement)	First edition by Winter 2018 Review Spring 2019	Midwives receive bi-annual newsletters	Targeted
47	Promote Baby Buddy and Smoke Free Baby apps in North Highland	Highland Council (Midwifery Development Officer) NHS Highland (Smoke Free Highland Midwife, Health Improvement)	By Winter 2018	Advertised in Highland Information Trail and Smoking in Pregnancy bi-annual newsletter	Targeted

48	Improve attendance at first appointment for pregnant women in the community, by delivering training to community smoking cessation advisers	NHS Highland (Health Improvement, Smoke Free Highland Midwife) Highland Council (Midwifery Development Officer)	Include in Smoking Advisers Network Day Winter 2018	Review MCQIC data	Targeted
49	**Improve smoking cessation support for pregnant women in Argyll and Bute by rolling out the model adopted in Campbelltown	NHS Highland (Midwifery Department, Health Improvement)	Review Summer 2019	Monitor progress	Targeted
50	Decide what information would be useful to collect via the upcoming electronic system for midwifery	NHS Highland (Smoke Free Highland Midwife, Health Improvement)	Awaiting project midwife appointment Review when system is in use	Describe dataset held on Badgernet	Targeted
51	Input to review of the Highland Substance Misuse Guidelines in Pregnancy	Highland Council (Midwifery Development Officer) NHS Highland (Health Improvement)	Consultation commenced December 2017 Review Autumn 2018	Updated information published with Highland Substance Misuse Guidelines in Pregnancy	Targeted
People with long term conditions					
52	Promote Highland Smoke Free Service on LGOWIT website in North Highland	LGOWIT NHS Highland (Health Improvement)	Autumn 2018	Increased awareness of SFS amongst people with LTCs	Targeted
53	Establish referral pathways between Highland Smoke Free Service and LGOWIT	NHS Highland (Health Improvement) LGOWIT	Winter 2018	Following LGOWIT event, decide how best to proceed.	Targeted
54	Provide input to Adult Health and Wellbeing Highland TSI forum in North Highland	NHS Highland (Health Improvement) Highland Third Sector Interface	By Autumn 2018	Feedback gathered from group	Targeted
55	*Consider current smoking behaviours at New Craigs and how we might challenge these to improve the health of people with mental ill health	NHS Highland (Health Improvement) Mental Health	Autumn/Winter 2018	Audit of admission forms Referrals to smoking cessation service	Targeted
56	*Consider champions in each mental health ward	NHS Highland (Health Improvement) Mental Health	Autumn/Winter 2018	Number of staff trained in smoking cessation	Targeted

57	*Consider e-cigarettes for mental health inpatients	NHS Highland (Health Improvement) Mental Health	Spring 2019	Informed by outcome of pilot of prisoners using e-cigarettes	Targeted
58	Scope whether people in the Recovery community want to stop smoking, and what support they may look for in a smoking cessation attempt	NHS Highland (Health Improvement)	Finalise survey ready for sharing by Winter 2018	Report on findings following survey	Targeted
59	Promote easy to read materials and accessible information	NHS Highland (Health Improvement)	Winter 2018	Advisors aware of appropriate materials to support attempts to quit	Targeted
People in deprived areas					
60	Promote awareness and develop a referral pathway between welfare services and Smoke Free Highland	NHS Highland (Health Improvement) Highland Council (Welfare Team)	Summer 2019	Pathway used to increase referrals between services	Targeted
61	**Further develop harm reduction in deprived areas for those who are not yet ready to quit	NHS Highland (Health Improvement)	Winter 2018	Add questions to local screen of ISD national database	Targeted
62	*Develop shared-care good practice guidelines between community advisers and community pharmacies	NHS Highland (Health Improvement)	Autumn 2018	Uptake and quit rates through ISD database	Targeted
63	Work with Department of Work and Pensions (DWP) to support people on low incomes to access smoking cessation support	NHS Highland (Health Improvement) Department of Work and Pensions	Summer 2019	Increase in referrals	Targeted
Provide Training					
64	*Included ASH Scotland Smoking Brief Intervention flowchart in Health Promoting Health Service (HPHS) nugget to support staff to raise the issue of smoking	NHS Highland (Health Improvement)	By Autumn 2018	Flowchart available for staff to refer to	Universal
65	**Implement the new nationally developed smoking cessation training and establish a training programme	NHS Highland (Health Improvement)	Awaiting details	Training programme that provides different levels of support to people is available	Targeted

66	Inform input to college curriculum materials regarding tobacco	NHS Highland (Health Improvement) Inverness College, UHI	Ongoing Review: Spring 2019	Raised profile of tobacco during students education	Targeted
67	**Explore workplace opportunities for supporting staff to access smoke free services	NHS Highland (Health Improvement)	Winter 2018	Information through Healthy Working Lives programme	Targeted
68	Include tobacco as a topic within Discussing Drugs and Alcohol with Young People training	NHS Highland (Health Improvement)	By Autumn 2018 Review Spring 2019	Tobacco content included within briefing papers for course participants	Targeted
69	**Ensure alcohol and drug training contains appropriate tobacco input	Argyll & Bute ADP Co-ordinator	Autumn 2018	Course contents include tobacco	Targeted
70	Ongoing training to HMP Inverness staff as smoke-free legislation progresses	NHS Highland (Health Improvement)	Ongoing Review November 2018	Number of quit dates and successful quits	Targeted

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Working in partnership with:





Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.5b

Date of Meeting: 26 September 2018

Title of Report: Alcohol and Drugs Partnership Governance Arrangements

Presented by: Sandra Cairney, Associate Director of Public Health

The Integration Joint Board is invited to:

1. note Scottish Government directions that Alcohol and Drugs Partnership (ADP) funding and functions have been delegated through health boards to Integration Authorities;
2. note the consequent change to Argyll & Bute ADP governance arrangements;
3. approve the revised governance and the requirement to update the Terms of Reference and developing a scheme of delegation to enable the ADP to be responsive and timely in its actions, within an agreed strategy direction set by the IJB;
4. approve the recommended process for the appointment of the ADP Chair; and
5. direct officers to progress the implementation of the revised ADP governance arrangements.

1. EXECUTIVE SUMMARY

This report sets out recommendations for revised governance arrangements for the Argyll & Bute Alcohol and Drugs Partnership (ADP) including accountability, joint working, reporting and chairing arrangements.

2. INTRODUCTION

This report advises Integrated Joint Board (IJB) members of the need for a change in approach to the governance of Alcohol and Drugs Partnerships (ADPs) arising from the Scottish Government direction that ADP funding and functions are to be delegated to Integration Authorities (IAs) [Appendix 1]. A further letter was issued in May 2018 clarifying devolved funding arrangements.

3. DETAIL OF REPORT

The Scottish Government advised that supporting the delivery of agreed service levels for alcohol and drug partnerships is to be a priority for Integration Authorities and confirmed IJBs accountability for alcohol and drug services in Scotland including decisions on investment of both earmarked funds and partners core funds for drug and alcohol services. This brings about the need for a change to local arrangements for the governance of the ADPs, which have previously been autonomous decision making groups with full budget setting and management responsibilities.

The Scottish Government also advised that ADPs, IAs and other Community Planning Partners continue to strengthen joint-working relationships.

3.1 Revised Accountability Framework

The revised arrangements shift the ADP from an autonomous group to one which is accountable to the IJB. The ADP will be reformed as a dedicated sub-group of the IJB. This will ensure that ADP matters will achieve an appropriately high level of priority and visibility in the governance structure of the IJB. The IJB is required to establish robust mechanisms to ensure the ADP also fulfils its responsibility to work in partnership with Community Planning Partners.

There will be a need to develop links with the Strategic Planning Group and Locality Planning Groups in order that the ADP business is joined up with the planning across the remit of the IJB, such as mental health, children’s’ and health improvement planning

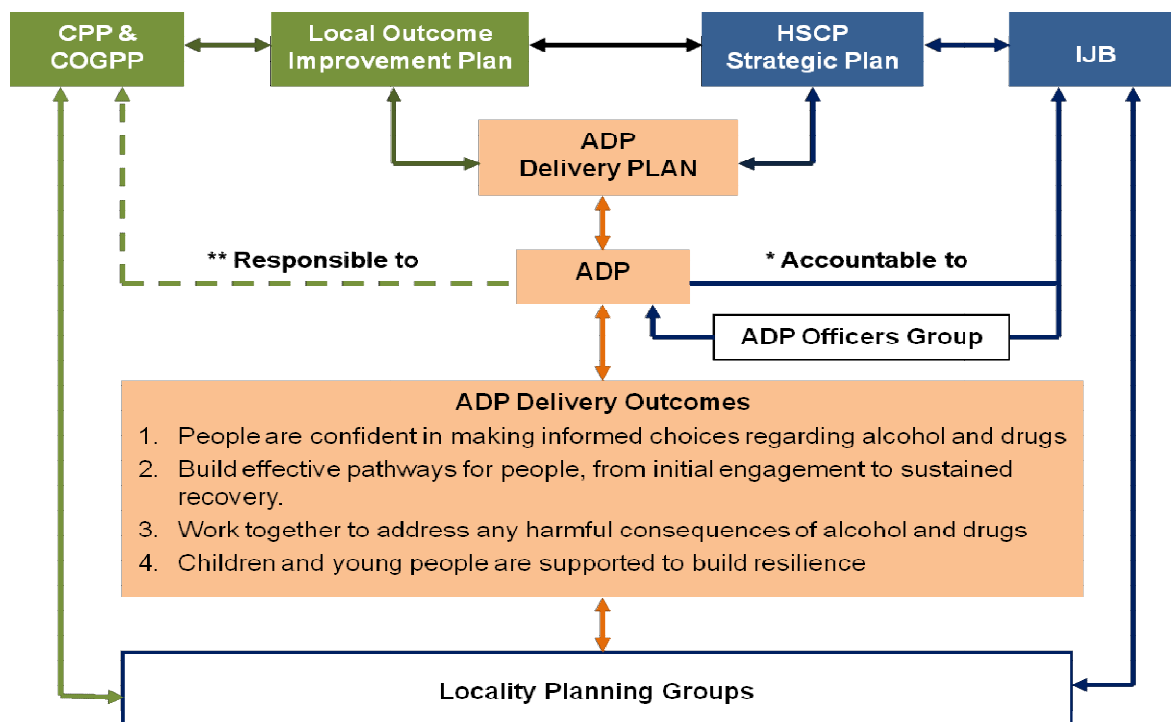
Governance at a locality level will be developed to reflect the planning structure of both the Health & Social Care Partnership and the Community Planning Partnership. A further guidance paper is awaited from the Scottish Government.

Within an agreed strategic direction set by the IJB, the development, delivery and monitoring of the Delivery Plan will remain a focus for the ADP.

Diagram 1 illustrates the revised ADP structure and relationship to the:

- IJB as the accountable organisation
- Community Planning Partnership (CPP)
- Chief Officer’s Group Public Protection (COG PP)
- locality planning and delivery structures.

Diagram 1



* ADP is accountable to the IJB for all strategic Planning and funding decisions.

** ADP has responsibilities to the CPP for determining joint priorities and performance measures required for the Local Outcome Improvement Plan.

3.2 ADP Chair

The Argyll & Bute ADP appointed an independent chair in 2015 whose current role includes:

- providing leadership and strategic vision to the ADP strategy;
- chairing the Argyll & Bute ADP Committee meetings;
- ensuring the ADP has an independent objective and authoritative identity; and
- Signing off and submitting an annual report to CPP and Scottish Government.

It is recommended that the role of an independent chair continues but is reviewed to better align with and reflect the role and appointment processes/conditions of other public protection groups' independent chairs.

4. RELEVANT DATA AND INDICATORS

The ADP Delivery Plan is supported by a range of performance measures.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The ADP Delivery Plan will be reflected in the Health & Social Care Strategic Plan.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

The budget for ADP funded activities in Argyll & Bute is delegated to the Integration Joint Board. The activities funded by the ADP, and the support provided to the ADP and ADP functions must be met from within this available budget.

6.2 Staff Governance

Health and social care staff will be involved in the implementation of the revised governance arrangement.

6.3 Clinical Governance

ADP quality performance measures will be embedded within the IJB clinical governance scrutiny.

7. EQUALITY & DIVERSITY IMPLICATIONS

The ADP Delivery Plan will consider equality and diversity as part of an Equality and Diversity Impact Assessments (EQIAs).

8. RISK ASSESSMENT

The revised ADP governance aims to mitigate strategic planning and financial risk associated with unclear responsibility and accountability arrangements.

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The revised governance arrangements will be communicated to ADP partners and wider stakeholders.

10. CONCLUSIONS

The governance of the Argyll & Bute ADP requires changing to reflect the delegation to the Integration Joint Board. This paper sets out the revised arrangements that see the ADP reformed as a dedicated subgroup of the IJB. An additional recommendation is proposed in relation to the continued appointment of an independent chair for the ADP.

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ADP Chairs

Copied to:
ADP Co-ordinators

16 January 2017

Dear ADP Chairs

I am writing to bring your attention to the position of alcohol and drug services in Scotland, following the draft 2017-18 Scottish Budget.

The Bill has direct Scottish Government funding for alcohol and drug services at £53.8 million, though is subject to Parliamentary debate and approval.

The Scottish Government will be transferring this funding to NHS Boards as part of their baseline budget for delegation to Integration Authorities specifically earmarked for Alcohol and Drug Partnership activities. Supporting the delivery of agreed service levels for alcohol and drug partnerships work will be a priority for Integration Authorities in 2017-18.

The Scottish Government has written to Health Boards and Integrated Authorities as part of the range of correspondence to confirm allocations and set out the broad Ministerial Priorities for delivering alcohol and drug services. We will also engage with you directly on these matters once the Parliamentary process for the Scottish Budget has concluded. The text from the letter to Health Boards directly relevant to ADPs is as follows:

Integrated Services

Unscheduled hospital care, primary and community healthcare and social care are delegated to Integration Authorities, as covered in the attached letter. In relation to specific aspects of these services (Supporting Social Care; Enhancing Primary Care and Mental Health Provision; Prevention and Early Intervention; and Alcohol and Drugs Partnerships), you will wish to note:

Alcohol and Drugs Partnerships

Support delivery of agreed service levels for Alcohol and Drugs Partnerships' work, in support of which £53.8 million is transferring to NHS Board baselines for delegation to Integration Authorities.

For completeness, you might also be interested to know that the drug policy and alcohol policy programme funding has also been maintained for 2017-18. This recognises the work that remains to be funded that is not directly related to recovery treatment services, such as third sector organisations, national support interventions, with projects such as DAISy and prevention and education initiatives. We will be agreeing, in the coming weeks, the final shape of national programmes to complement the work that you do in local areas, drawing on conversations at the recent event for ADP co-ordinators and our intention to improve the co-ordination of national support and ensuring it meets the needs of local areas. We will be back in touch with you following the conclusion of the budget process.

We shared with you on 28 November the draft paper from the review group, "*Review: Delivery of Alcohol and Drug Services*". This paper has been helpful to us during the spending review process. In early 2017, the group will continue to progress this work including the other areas identified which include:

- embedding quality in the delivery of drug and alcohol addiction and recovery services
- encourage further innovation, particularly by highlighting and disseminating practice innovations being piloted in local ADP areas.
- fostering connections with emergent Integrated Joint Boards, including in relation to the future governance of funding arrangements.

You will already be aware that Sir Harry Burns has been appointed as the independent Chair of the National Review on Targets and Indicators for Health and Social Care. The review will also be looking at how targets and indicators align with the Government's strategy for the future of NHS and social care services, and support best use of public resources to ensure that we have a national measurement framework across the whole health and social care system.

Our national "*Local Delivery Plan Standards*" for delivering Alcohol Brief Interventions (ABIs) and the waiting times for access to treatment are included within this review.

The review intends to engage widely and work with service users, staff, professional bodies and providers to ensure targets and performance indicators lead to the best outcomes for people being cared for, whether in hospital, primary care, community care or social care services. Specifically, we anticipate the Partnership for Action on Drugs in Scotland (PADS) Group having the opportunity to feed into this group with opportunities for you also to engage in this work.

Initial recommendations from this Review group are expected by the end of March 2017.

I hope this note is helpful.

Daniel Kleinberg
Head of Health Improvement
Population Health Directorate



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.6

Date of Meeting: 26th September 2018

Title of Report: Chief Officer Report

Presented by: Joanna MacDonald, Chief Officer

The Integration Joint Board is asked to :

Note the following report from the Chief Officer.

Healthcare Environment Inspection (HEI)

In July the Healthcare Environment Inspectorate inspected 3 of our Community Hospitals: Campbeltown, Mid Argyll and Cowal. Verbal feedback was positive and reflected the very high standards of cleanliness and practice within all 3 hospitals. A number of requirements for improvement were also identified and an action plan has been developed with a number of the actions completed already. The report will be published on 26th September 2018

Argyll & Bute HSCP Associate Medical Director

Following recent interviews, Dr Rebecca Helliwell, has been appointed as Associate Medical Director (AMD) for the HSCP and will commence in post early 2019. In the interim, post-retirement, Dr Michael Hall has agreed to return to the HSCP to provide AMD support.

Technology Enabled Care Launch

The Technology Enabled Care Team relaunched their services at a event in Ardrishaig on the 11th September. This launch was attended by a range of local health professionals as well as representatives from the Scottish Government.

HSCP Social Media Developments

The HSCP's social media presence is continuing to be rolled out and a number of localities and services across the HSCP have now launched social media pages. This includes Kintyre, Islay, Bute, Cowal, Mid Argyll, Lorn & Islands Hospital library service and Helensburgh and Lomond health visitors.

Jean's Bothy

Jean's Bothy Mental Health Hub has recently opened in Helensburgh. The Hub provides integrated health and social care services, community mental health, wellbeing and support services for the local community.

Argyll & Bute HSCP Strategic Plan

The HSCP is continuing to seek feedback from service users, carer representatives, partners and staff on the development of the 2nd Strategic Plan (April 2019- March 2022).

Feedback can be provided online through a survey monkey questionnaire or alternatively the questionnaire can be downloaded and posted back. The deadline for comments is the 30 September.

Digital Self Help Service Launched

The HSCP recently launched an innovative digital self-help service *The Wave of Relaxation*. This service was developed to help people learn mindful breathing exercises so they can experience the benefits that relaxation techniques can have on improving mental wellbeing.

It is a simple technique, easy to learn and can be practiced almost anywhere and helps people become more self-aware, feel calmer, less stressed and provide a positive benefit to overall physical and mental wellbeing.

Rural Surgeons Conference

The Viking Surgeons Association recently held their 2018 conference in Oban. This organisation is an association of remote and rural surgeons working in Rural General Hospitals in the Highlands and Islands of Scotland, rural areas of Northern Ireland, Isle of Man and Iceland.



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.7

Date of Meeting: 26 September 2018

Title of Report: British Sign Language Strategy 2018 -2024

Presented by: Sandra Cairney, Associate Director of Public Health

The Integration Joint Board is asked to:

- note A&B Council and NHS Highland Board's duties as named Public Bodies to produce the British Sign Language Local Plan following public consultation 6 yearly in both written English and BSL. The first report is to be published by October 2018 and again in 2024; and
- note the A&B Councils BSL Plan [appendix 1] which incorporates the actions from the NHS Highland Plan that are pertinent to the HSCP.

1. EXECUTIVE SUMMARY

The BSL (Scotland) Act 2015 requires named public bodies in Scotland to publish plans every six years, showing how they will promote and support BSL.

The A&B Council's BSL Local Action Plan [appendix 1] incorporates NHS Highland's health action relating to Argyll and Bute HSCP. The Plan articulates the proposed actions to be undertaken by both organisations and will be published in both BSL and English by the 24th October 2018.

2. INTRODUCTION

This is the first BSL National Plan and it covers the Scottish Government and over 50 national public bodies including local authorities, regional NHS boards, colleges and universities. There is a requirement for these named public bodies to publish their own BSL plans in 2018.

The Scottish Government wants to make Scotland the best place in the world for British Sign Language (BSL) users to live, learn, work and visit. This means that people whose first or preferred language is BSL will be fully involved in daily and public life in Scotland, as active, healthy citizens, and will be able to make informed choices about every aspect of their lives.

Public bodies listed in the schedule of the Act must:

- involve BSL users (including those who use the tactile form of the language) and those who represent them;
- ensure that the consultation on the draft plan is accessible to Deaf and Deafblind BSL users; and
- be published in BSL as well as in English in both draft form, and in final form.

3. DETAIL OF REPORT

The Argyll & Bute Council Action Plan has been produced in partnership with NHS Highland Board, A&B Council; liveArgyll (the charitable trust which delivers culture, leisure and library services on behalf of Argyll and Bute Council).

This is the first local plan which also covers the Argyll and Bute Health and Social Care Partnership (HSCP) devolved services.

NHS Highland is working with UHI, Highland Council, Highland and Islands Enterprise and Scottish Heritage. They are currently undergoing consultation and engagement prior to drawing up a final plan. This Plan will be finalised for publication in October 2018. The health action points contained in the A&B Council plan will feed into the NHS Highland Plan.

4. RELEVANT DATA AND INDICATORS

There will be a requirement for named public bodies to report on compliance with the BSL (Scotland) Act 2015.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Strategic plans will be required to demonstrate compliance with the BSL (Scotland) Act 2015 through local public body action plans (written English and BSL every six years in).

6. GOVERNANCE IMPLICATIONS

6.1 Financial Governance

A&B Council have been allocated funding to facilitate the development of a local Action Plan, resource engagement activity and meet the costs of translated materials. There is no funding provided for implementation.

6.2 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.

6.3 Clinical governance

As 6.2.

7. EQUALITY & DIVERSITY IMPLICATIONS

The purpose of the local Action Plan is to promote equality and diversity, aiming to increase fairness for both patients and staff. There is a legal requirement to comply with the Equality Act 2010 part of which includes the BSL (Scotland) Act 2015.

8. RISK ASSESSMENT

The BSL (Scotland) Act 2015 requires public bodies in Scotland to publish local plans every six years the first draft being due October 2018 in both written English and BSL.

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

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Consultation was undertaken via Social Media during the period 2nd August to 2nd September 2018. Additional face to face events took place on the 14th August in Tarbert and Lochilphead. Individuals who are known to services have also been consulted by service providers on a one to one basis. NHS Highland's consultation process is still being delivered.

10. CONCLUSIONS

The Council and NHS Highland Health Board have 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. The production of the BSL Action Plan will mitigate barriers for BSL users, enabling them to participate fully in Argyll and Bute public services.

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Argyll and Bute Joint British Sign Language Plan 2018 – 2024

This plan has been prepared as required by the BSL (Scotland) Act 2015.

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1 Introduction

- 1.1.1 This is the first Local Joint British Sign Language (BSL) Plan for Argyll and Bute. It sets out the actions which we will take over the period 2018 – 2024 to protect and support British Sign Language, including in its tactile form, in Argyll and Bute. This plan has been developed jointly by Argyll and Bute Council, NHS Highland Health Board (includes the services devolved to the Argyll and Bute Health and Social Care Partnership (HSCP)) and liveArgyll (a charitable trust which delivers leisure and library services on behalf of Argyll and Bute Council), who are responsible for some of the goals listed under the Culture and Arts, and Health (including social care), Mental Health and Wellbeing sections.

NHS Highland’s action plan is embedded within this document.

- 1.1.2 Throughout this Plan we refer to ‘BSL users’. This covers all people whose first or preferred language is BSL, including those who receive the language in a tactile form due to sight loss.
- 1.1.3 Our Local Joint BSL Plan follows the same layout as the Scottish Government’s National Plan which was published on 24 October 2017. The BSL National Plan is framed under ten long-term goals which have been put together with the help and support of Deaf and Deafblind BSL users across Scotland, and those who work with them.
- 1.1.4 The National BSL Plan covers all public bodies with a national focus who are directly answerable to Scottish Ministers. The ten long-term goals cover early years and education; training and work; health; culture and the arts; transport; justice and democracy. It includes 70 actions which the Scottish Government will take over the next three years. This Local Joint BSL Plan contributes directly to 31 of those actions. We will give the Scottish Government an update on the progress we have made on these actions in 2020.

1.2 Where you can find the BSL version of this plan

You can view the BSL version of this plan at:

<https://www.youtube.com/user/ArgyllandButeCouncil>

NHS Highland’s action plan will be published on the NHS Highland website.
www.nhshighland.scot.nhs.uk 2. About us

2.1 Argyll and Bute Council

- 2.1.1 Argyll and Bute Council is one of 32 unitary local authorities in Scotland. It is responsible for a range of services including education, waste management, transportation, planning and building control, economic development, roads, strategic housing, environmental health and many others. We are forward looking and ambitious, continuously improving our relationship with our partners, customers and employees to ensure we deliver the right services, by the best people, in the best way.
- 2.1.2 Argyll and Bute Council is the second largest of Scotland's 32 councils covering nearly 10% of the total area of Scotland, but has less than 2% of the population. From Appin in the North, to Campbeltown in the South, Argyll and Bute stretches for over 100 miles and from Tiree in the West to Helensburgh in the East it stretches a further 80 miles. According to the 2011 census, 23 of Argyll and Bute's islands are inhabited and 17.1% of its residents are islanders. Islands account for a third of Argyll and Bute's total area.
- 2.1.3 The population estimate from the 2011 census was 88,166 ranking Argyll and Bute 27th in terms of population size amongst the Scottish local authorities.

In the 2011 Census, the people of Scotland were asked if they used a language other than English at home. In Argyll and Bute, 152 people of those aged 3 and over said "Yes – British Sign Language".

6931 of respondents in Argyll and Bute to the 2011 census reported they had deafness or partial hearing loss which had lasted, or was expected to last, at least 12 months.

- 2.1.4 The Council employs over 4700 staff who are based in over 300 different locations across the area. The Council is a core partner in the Integrated Joint Board for Health and Social Care in Argyll and Bute and also works closely in partnership with the Argyll and Bute Community Planning Partnership to deliver on the overall Argyll and Bute Outcome Improvement Plan (ABOIP) objective:

Argyll and Bute's Economic Success is Built on a Growing Population

There are 6 joint outcomes, which are also core to the Council's Corporate Plan:

- The economy is diverse and thriving
- We have infrastructure that supports sustainable growth
- Education, skills and training maximises opportunities for all
- Children and young people have the best possible start
- People live active, healthier and independent lives
- People live in safer and stronger communities

The Joint Local BSL Plan helps us to deliver these outcomes directly.

2.2 NHS Highland Health Board

- 2.2.1 NHS Highland Board is the largest and most sparsely populated Scottish Health Board area. It covers 41% of the country's landmass. The area covers 32,518 km. This results in a complex network for NHS service provision and referral pathways. We have difficult terrain, rugged coastlines, populated islands and a limited internal transport and communications infrastructure.
- 2.2.2 The Health Board includes two local authority areas, Highland and Argyll & Bute. Our diverse area includes Inverness, one of the fastest growing cities in Western Europe and 36 populated islands – 23 in Argyll & Bute and 13 in Highland.
- 2.2.3 We provide health and social care services to our resident population of 320,000 and to the influx of tourists which come to the Highlands. At certain times of the year, tourists can double or even triple the local population.
- 2.2.4 We provide services to patients and local communities through four main operational units - three geographical operational units and Raigmore Hospital.

The geographical operational units are:-

- Argyll and Bute;
- South and Mid Highland (covering Badenoch, Strathspey, Nairn, Inverness, East and Mid Ross);
- North and West Highland (covering Lochaber, Skye, Wester Ross, Caithness and Sutherland)

These operational units are supported by a range of Corporate Services including facilities, pharmacy, personnel, and finance.

Raigmore Hospital is the District General Hospital for north Highland. Most patients from Argyll and Bute are referred to Glasgow hospitals for secondary care.

- 2.2.5 NHS Highland is also a major employer, second only to the local authorities in the number of people employed. In business terms, this is of major significance to the Highland economy.
- 2.2.6 NHS Highland Health Board also have a BSL Plan which covers the Highland local authority region. That Plan was produced in partnership with Highland Council, University of the Highlands, Highlands and Islands Enterprise and D/deaf, Deafblind people, carers and those with a shared interest. The action points from NHS Highland are combined within this Council action plan for ease of reference.

2.3 Argyll and Bute Social Care Partnership

- 2.3.1 Integration of health and social care brings about significant changes to the way services are delivered, to help bring long-term sustainability to services and improve the health and wellbeing of the people of Scotland. It places greater importance on supporting people in their own homes and communities and reducing inappropriate hospital and care home use.
- 2.3.2 Local Authorities and NHS Boards created formal partnership arrangements (Integration Authorities) to integrate the planning, management and delivery of adult health and social care services (including some hospital services). These arrangements can either be in the form of a body corporate model (known as an Integrated Joint Board) or a lead agency model.
- 2.3.3 Argyll & Bute adopted the Integrated Joint Board (IJB) model. Under this model Argyll & Bute IJB is responsible for children's health and social care services, criminal justice, social work and all acute services.
- 2.3.4 Part of NHS Highland local services in Argyll and Bute have referral pathways to services in NHS Greater Glasgow and Clyde. Oban has an audiology department which covers the majority of Argyll, whereas Helensburgh and Cowal (East side of Argyll and Bute) refer to the Queen Elizabeth Hospital in Glasgow for these services. This is a similar geographical split for the majority of NHS services with Glasgow providing Consultant Services in the specialities that are not provided locally across Argyll and Bute.

Some BSL users who are patients in Oban are offered the option of going north to link with the Inverness general services via satellite consultant clinics in Fort William.

2.4 liveArgyll

- 2.4.1 liveArgyll was established by Argyll and Bute Council in October 2017 and is a company which is limited by guarantee. This charitable trust delivers a wide range of services for the benefit of local residents and visitors including: libraries, leisure facilities, halls, community centres, community lets, sport development, Active Schools, archives and Campbeltown museum.
- 2.4.2 liveArgyll are helping Argyll and Bute Council and NHS Highland Health Board to deliver some of the goals listed under the Culture and Arts, and Health (including social care), Mental Health and Wellbeing sections of this plan.

3 British Sign Language (Scotland) Act 2015

3.1 The Act

British Sign Language is a language in its own right, with its own grammar, syntax, vocabulary and dialects. It enables many of our D/deaf (D - people born deaf, d - those who become deaf) and Deafblind citizens to learn, parent, work, and to make their contribution to our varied communities, rich culture and vibrant economy.

The British Sign Language (Scotland) Act 2015 was passed by the Scottish Parliament with the aim of making Scotland the best place in the world for BSL users to live, work and visit. Under the 2015 Act, Local Authorities, NHS Boards, colleges, universities and other national public bodies have statutory responsibilities to prepare BSL Plans by October 2018. This provision is designed to make sure the public sector in Scotland plays its part in promoting and supporting BSL by raising the profile of the language and improving access to services and information for BSL users. It will help people whose first or preferred language is BSL to be fully involved in daily and public life in Scotland, as active, healthy citizens, enabling them to make informed choices about every aspect of their lives.

Our Joint Local BSL plan sets out how we propose to use BSL in the operation of our functions; including communications with the public, key partners and our employees. It has been prepared in accordance with statutory criteria set out in the 2015 Act, and guidance provided by the BSL (Scotland) Act Partnership; particularly in relation to the development of BSL Plans. This plan will be sent to Argyll and Bute Council's Policy and Resources Committee for approval in October 2018 when it will become Council policy and have the formal support of our senior management team and Elected Members.

3.2 Consultation on the draft British Sign Language Plan

When developing their BSL plan, the 2015 Act requires public bodies to:

- Involve BSL Users (including those who use the tactile form of the language) and those who represent them;
- Ensure the consultation on the draft plan is accessible to Deaf and Deafblind BSL users and
- Publish the BSL Plan in English and BSL in both draft and in final form.

We set up a working group to develop our Draft Joint Local BSL Plan, and this included representatives from NHS Highland Health Board, liveArgyll and the Council; including those who work with BSL users on a day-to-day basis. Members of the group also went to three BSL

Plan Roadshows hosted by the BSL (Scotland) Act Partnership, and information from these (including feedback on research carried out by the National Deaf Children's Society (Scotland), was taken into account when developing the Draft Joint Local BSL Plan.

We published our Draft Joint Local BSL Plan for public consultation on Argyll and Bute Council's website, and promoted it through social media including the Council's YouTube channel, Healthy Argyll and Bute and the Facebook pages of 2 national deaf organisations. We also wrote to BSL users in Argyll and Bute who have used our Council services and encouraged them to comment. We held two public consultation events in Lochgilphead and Tarbert on 14 August 2018. Representatives from the Scottish Fire and Rescue Service came along to provide advice on fire safety and the specialist smoke alarms available for those who are deaf or hard of hearing.

Consultation opened on 2 August 2018 and ended on Sunday 2 September 2018. We invited comments in the following ways:

- by completing our online survey
- by emailing responses to our survey in either English or BSL
- by phone using contact SCOTLAND-BSL (if appropriate)
- by attending our consultation events

Six people came to our public consultation events and 27 individuals filled in our survey. We are grateful to everyone who gave us their ideas, suggestions and, in some cases, details of their life experiences which helped us to gain a better understanding of some of the challenges which BSL users can face on a day-to-day basis. You can find a summary of the feedback which we received here <https://www.argyll-bute.gov.uk/have-your-say/consultation-diary> This has been used to shape our final Joint Local BSL Plan.

3.3 Review and Monitoring

It is important to acknowledge that the BSL plan remains adaptable and flexible to the priorities set out by all of the organisations involved in its delivery, particularly when circumstances may change.

The plan will be monitored each year by the Council's Policy and Resources Committee.

NHS Highland Health Board will keep track of progress by yearly contact with BSL user groups and six monthly steering group meetings to ensure identified actions are progressing so that we can report back to the Scottish Government in 2020. Information on joint working in Argyll and Bute will be fed back into the NHS Highland action plan and vice versa.

3.4 The BSL Plan in the Corporate Structure

- 3.4.1 Overall responsibility for the Plan within the Council lies with the Chief Executive and the Policy Lead for Corporate Services
- 3.4.2 The senior officer with operational responsibility for overseeing the preparation and monitoring of the plan within the Council is the Head of Improvement and HR. Delivery of the individual actions in the plan are the responsibility of the named services.
- 3.4.3 Any queries about the Council's day-to-day operation of the Plan should be emailed to equality@argyll-bute.gov.uk and will be co-ordinated by the Performance and Improvement team.

3.5 Position with operational responsibility over the Plan

The senior officer within Argyll and Bute Council with operational responsibility for overseeing the preparation and monitoring of the Joint Local Plan within Argyll and Bute Council is:

Jane Fowler
Head of Improvement and HR
Customer Services
Argyll and Bute Council
Kilmory
Lochgilphead
PA31 8RT

Tel: 01546 604466
Email: Jane.Fowler@argyll-bute.gov.uk

British Sign Language (BSL) users can contact us via [contactSCOTLAND-BSL](#)
contactSCOTLAND-BSL

The senior officer within NHS Highland Health Board with operational responsibility for overseeing the monitoring of the plan is the:

Principal Officer Inequalities,
NHS Highland,
Larch House
Stoneyfield Business Park
Inverness
IV2 2PA

4 Delivery of the Plan and Resourcing

- 4.1.1 The Improvement and HR service leads on the preparation and monitoring of the BSL Plan for Argyll and Bute Council. Heads of Service across other Council services are responsible for the delivery of actions in their own services.
- 4.1.2 Lead officers will provide regular update reports to the Head of Improvement and HR, the Policy Lead for Corporate Services and the Policy and Resources Committee through the monitoring of the plan.
- 4.1.3 The plan will be put into practice by using existing resources, noting the current challenging financial position facing all the organisations' involved in its delivery. Strong working relationships between us, and with other bodies which deliver services and activities through BSL will support the effective implementation of our BSL plan, thus creating more opportunities for BSL to be used. Where possible, we will seek external financial support to invest resources in BSL education, language, the economy and culture.

5 Promotion of the Plan

- 5.1.1 The plan will be promoted to all Council employees and Elected Members through the use of the website, 'The Hub' (which is the staff intranet) and newsletters.

NHS Highland Health Board will make people aware of the plan through staff emails, the Integrated Joint Board for the HSCP, senior operational management meetings and the NHS Highland website including the page for Argyll and Bute.
- 5.1.2 Externally, the plan will be promoted through the use of social media sites e.g. Facebook; Twitter; Argyll and Bute Advice Network (ABAN); Healthy Argyll and Bute; Locality Planning Groups; Community Planning Groups and local and national deaf organisations.

6 Summary of the Joint Local BSL Plan

6.1 Aim

- a) The overall aim of the plan is to create a working environment where BSL language and culture is visible and promoted within our organisations and throughout our communities. The Plan builds on the work Argyll and Bute Council and NHS Highland Health Board have undertaken in the past in promoting BSL and recognises the benefits of bilingual learning.
- b) To improve access to a wide range of information and public services in BSL
- c) To improve access to health care and mental health services in BSL
- d) To build the skills of qualified BSL/English interpreters to work in specialist settings like health and mental health
- e) To promote the use and understanding of BSL

6.2 Key Actions

- a) Argyll and Bute Council and NHS Highland Health Board will promote the range of BSL resources which are available to our service users.
- b) We will also ensure that the principle, introduced by the National British Sign Language Plan, to protect and support British Sign Language is followed across all of our services.
- c) We are committed to the promotion of BSL education, language, cultural and economic activities through continued awareness raising and language learning opportunities for children, employees and our communities.
- d) We will make sure that any new and current policies are in line with the BSL Plan.

6.3 Mainstreaming British Sign Language

Argyll and Bute Council and NHS Highland Health Board recognise the various goals listed in the National BSL Plan will mainly be put in practice through their individual action plans working in partnership, but there will also be opportunities to promote and develop BSL through existing policy measures. This Plan summarises the activities that Argyll and Bute Council and NHS Highland Health Board have already mainstreamed in terms of the use of BSL. We see this as a way of including BSL as an everyday part of life in Scotland.

Argyll and Bute Council's Teacher of the Deaf helps families who use signing to learn it as part of her regular visits with them. To date, the National Deaf Children's Society (Scotland) has funded family home signing sessions for three families within Argyll and Bute, as well as organising and delivering an online BSL Level 1 course at one of the schools within the area.

Sign Supported English (SSE) is currently used in six schools within Argyll and Bute to help deaf children to communicate with their friends and staff, and to assist them to access the curriculum. SSE takes the signs from BSL and uses them in the order that the words would be spoken in English. This means a working knowledge of the signs for different words is needed in order to understand and use SSE, but the more complex grammar of BSL is not. At one particular school, SSE has been used in class for at least 3 years giving children a basic level of sign vocabulary which is used throughout the day. Employees went to training sessions which took place out of school hours to help them to develop their signing. This has resulted in increased interest and use of signing around the school. In another primary school, staff have recently attended BSL training delivered by the University of Highlands and Islands to develop the delivery of BSL in the school. Staff intend to continue with the training in academic session 2018-2019.

NHS Highland Health Board has an existing partnership and service level agreement with Highland Council to provide BSL interpretation and translation to anyone who requires support when accessing its services or attending appointments.

We recognise it is important to have effective communication. For all patients/service users who have sensory impairment (sight, hearing, multi-sensory), we aim to overcome any communication challenges. This can include face to face interpreting.

Both Argyll and Bute Council and NHS Highland Health Board have been using and promoting communication between their organisations and BSL users via contactSCOTLAND-BSL. This is an online interpreting video relay service (VRS) which enables BSL users to contact public and third sector services and vice versa. Whilst contactSCOTLAND-BSL will not remove the need for face to face interpreting provision, it will increase telephone accessibility between BSL users and service providers.

One of the main aims of the Scottish Government National Plan is to increase awareness of and use of contactSCOTLAND-BSL as a means of communication. Patients/service users who have used contactSCOTLAND-BSL have reported that it provided them with:

- Access to a remote interpreter within their own home within minutes

- The option of a male or female interpreter
- Anonymity when accessing services (avoids the need to rely on friends or family members for sensitive matters)
- Access to a range of public bodies and third sector organisations
- Access to NHS 24 when their GP surgery is closed

More information on how to register for **contactSCOTLAND-BSL** and frequently asked questions and answers can be found at <https://contactscotland-bsl.org>

7.0 The National BSL Plan

The National BSL Plan focuses on ten long-term goals, all of which have a vital contribution to make in increasing the numbers of people learning, speaking and using BSL in Scotland. We are committed to ensuring the National Plan is implemented. The Action Plan at the back of this document sets out how we will achieve that aim.

7.1 Across all our services

We share the long-term goal for all Scottish public services set out in the BSL National Plan, which is:

“Across the Scottish public sector, information and services will be accessible to BSL users”.

7.2 Family Support, Early Learning and Childcare

We share the long-term goal for Family Support, Early Learning and Childcare set out in the BSL National Plan, which is:

“The Getting it Right for Every Child (GIRFEC) approach will be fully embedded, with a D/deaf or Deafblind child and their family offered the right information and support at the right time to engage with BSL”.

7.3 School Education

We share the long-term goal for school education set out in the BSL National Plan, which is:

“Children and young people who use BSL will get the support they need at all stages of their learning, so that they can reach their full potential; parents who use BSL will have the same

opportunities as other parents to be fully involved in their child's education; and more pupils will be able to learn BSL at school".

7.4 Training, Work and Social Security

We share the long-term goal for training, work and social security set out in the BSL National Plan, which is:

"BSL users will be supported to develop the skills they need to become valued members of the Scottish workforce, so that they can fulfil their potential, and improve Scotland's economic performance. They will be provided with support to enable them to progress in their chosen career".

7.5 Health (including social care), Mental Health and Wellbeing

We share the long-term goal for health, mental health and wellbeing set out in the BSL National Plan, which is:

"BSL users will have access to the information and services they need to live active, healthy lives, and to make informed choices at every stage of their lives".

7.6 Transport

We share the long-term goal for transport set out in the BSL National Plan, which is

"BSL users will have safe, fair and inclusive access to public transport and the systems that support all transport use in Scotland."

7.7 Culture and the Arts

We share the long-term goal for culture and the arts set out in the BSL National Plan, which is:

"BSL users will have full access to the cultural life of Scotland, an equal opportunity to enjoy and contribute to culture and the arts, and are encouraged to share BSL and Deaf Culture with the people of Scotland".

7.8 Democracy

We share the long-term goal for democracy set out in the BSL National Plan, which is:

“BSL users will be fully involved in democratic and public life in Scotland, as active and informed citizens, as voters, as elected politicians and as board members of our public bodies”.

8 Action Plan

1 Across All Our Services						
	We will:	Success Measure	National Plan Action Point(s)	NHS Highland Plan Action Point(s)	Timescale	Lead
1.1	Analyse existing evidence we have about BSL users in our organisation; identify and fill key information gaps so that we can establish baselines and measure our progress.	Monitor uptake of our BSL services, including requests for translations and interpretation services, and downloads of BSL material from our website	2	4.1- 4.15	By October 2020 2024	Head of Improvement & HR; Head of Adult Services (East) NHS Highland
1.2	Improve access to our information and services for	Provide a BSL translation of our	3,4		By October	Head of Improvement

	<p>BSL users, including making our website more accessible to BSL users.</p>	<p>Complaints Procedure</p> <p>Translate key pieces of guidance into BSL where demand has been identified</p> <p>Provide a BSL translation of what to do if you are worried a child or an adult may be at risk of harm</p> <p>Raise general awareness of our BSL Plan and associated activities amongst staff</p> <p>Offer alternative communication methods where possible (for example give the option to text or email rather than phone and highlight the availability of face-to-face BSL translators if required)</p> <p>Make use of social media to</p>	<p>4.4</p>	<p>2020</p> <p>2024</p> <p>October 2020 – October 2024</p> <p>By October 2020</p> <p>2018 – 2024</p> <p>Ongoing</p> <p>Ongoing</p>	<p>& HR</p> <p>NHS Highland</p> <p>Head of Improvement & HR</p> <p>Head of Improvement & HR</p> <p>Head of Improvement & HR</p> <p>All Council Heads of Service</p> <p>All Council</p>
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		<p>promote our services among the BSL community</p> <p>Develop a Translation and Interpretation Policy so that staff can easily access the appropriate communication for service users</p>			By December 2019	<p>Heads of Service</p> <p>Head of Improvement & HR</p>
1.3	<p>Promote the use of the Scottish Government's nationally funded BSL online interpreting video relay services called 'contactSCOTLAND-BSL' to staff and to local BSL users. This is a free service which allows BSL users to contact public and third sector services and for these services to contact them.</p>	<p>Add a link to the service into our email signatures</p>	5		June 2019	<p>Head of Customer & Support Services</p>
		<p>Add links to the service into key documents and guidance</p> <p>Add a link to the service on each</p>			<p>2018 - 2024</p> <p>By October</p>	<p>All Council Heads of Service</p> <p>Head of</p>

		school's website			2020	Education – Lifelong Learning & Support
		Investigate creating alternative communication methods. For example, by giving the option to text, email or use contactScotland –BSL when confirming appointments		4.10	2024	NHS Highland
1.4	Signpost staff who work with BSL users to appropriate BSL awareness training	Work with other local public bodies to identify BSL training opportunities for employees	6		2018 - 2024	Head of Improvement & HR
We will continue to:						
1.5	Promote the Communication Support Service within NHS Highland Health Board and Argyll and Bute HSCP					
1.6	Use Plain English where we can in our documents and on our websites					
1.7	Promote the link to contactSCOTLAND-BSL on Argyll and Bute Council and NHS Highland Health Board's websites					
1.8	Provide Deaf Awareness training for all staff (particularly employees who engage with members of the community), and make sure appropriate material and links are available to help their understanding					
2	Family Support, Early Learning and Childcare					

	We will:	Success Measure	National Plan Action Point(s)	NHS Highland Plan Action Point(s)	Timescale	Lead
2.1	Provide early years staff with information about BSL and Deaf culture, and about resources that are available in BSL, so that they can meet the needs of families with a D/deaf or Deafblind child.	Produce a pack containing deaf friendly educational resources and information about deaf culture for parents, nurseries and health visitors which will also include links to additional online resources	10,11,12		January 2019	Head of Education – Lifelong Learning & Support

		Provide Early Years' employees with access to training on basic BSL and fingerspelling			August 2018 onwards	Head of Education – Lifelong Learning & Support
		Make sure our children's services have access to nationally developed BSL resources and advice within key programmes such as Bookbug			When available	Head of Education – Lifelong Learning & Support & liveArgyll
We will continue to:						
2.2	Give staff and children at nurseries basic BSL training in preparation for deaf children attending those establishments					
3	School Education					
	We will:	Success Measure	National Plan Action Point(s)	NHS Highland Plan Action Point(s)	Timescale	Lead
3.1	Contribute to the Scottish Government's investigation of the level of BSL held by teachers and support staff working with D/deaf and	Carry out a survey every year in schools to collect information on the level of BSL held by teachers and support staff	17, 18		From April 2019	Head of Education - Learning and Teaching

	Deafblind pupils in schools, and take account of any new guidance for teachers or support staff working with pupils who use BSL.	<p>Keep in touch with the General Teaching Council for Scotland (GTCS) to remain up to date with current guidance on BSL</p> <p>Keep up to date records on where and how BSL is being offered in schools and report this to the Scottish Government</p>			<p>Ongoing</p> <p>From April 2019</p>	<p>Head of Education - Learning and Teaching</p> <p>Head of Education - Learning and Teaching</p>
3.2	Take forward advice developed by Education Scotland to a) improve the way that teachers engage effectively with parents who use BSL and b) ensure that parents who use BSL know how they can get further involved in their child's education.	Consult with deaf parents who have children in schools within Argyll and Bute to find out if there are any barriers to their involvement with their child's education and how this could be improved. Communicate any lessons learned/good practice to Education Scotland	20, 21		By October 2020	Head of Education - Learning and Teaching
3.3	Contribute to the SCILT programme of work to support	Maintain ongoing contact with Scotland's National Centre for	23		Ongoing	Head of Education -

	<p>the learning of BSL in schools for hearing pupils as part of the 1+2 programme, including sharing best practice and guidance.</p>	<p>Languages (SCILT) to keep up to date with information and support on BSL</p> <p>Review lessons learned from a pilot project to teach BSL101 to Primary 4 hearing and deaf students at a primary school within Argyll & Bute, and share examples of good practice with SCILT. BSL101 is an Introduction to British Sign Language course which teaches learners how to meet and greet; understand basic conversation and numbers, and to give and follow simple directions and information.</p>			<p>August 2018 – June 2019</p>	<p>Learning and Teaching</p> <p>Head of Education - Learning and Teaching</p>
		<p>Make BSL online resources readily accessible to practitioners through the Argyll and Bute Education blog</p> <p>From 2021 every child is entitled to learn a first additional language</p>			<p>January 2019</p> <p>October 2024</p>	<p>Head of Education - Learning and Teaching</p> <p>Head of Education -</p>

		from primary one and a second by primary five. This entitlement continues until the end of S3. We will promote BSL as a language which can be learned as part of the 1+2 Languages policy.				Learning and Teaching
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3.4	Work with partners who deliver employment services, and with employer groups already supporting employability to help signpost them to specific advice on the needs of BSL users.	<p>Provide a wide range of information, advice and guidance in BSL that is being developed by Skills Development Scotland, to pupils and students to support their career and learning choices and the transition process</p> <p>Argyll and Bute Council's Education Service will work closely with the regional officer for Developing the Young Workforce to make sure training providers and employers are given appropriate support and advice to encourage more diverse recruitment and to make sure they fully understand their responsibilities as an employer</p>	34		<p>When available</p> <p>October 2024</p>	<p>Skills Development Scotland & Head of Education – Lifelong Learning & Support</p> <p>Head of Education – Lifelong Learning & Support</p>
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3.5	Raise awareness locally of the UK Government's 'Access to Work' (AtW) scheme with employers and with BSL users (including those on Modern Apprenticeships) so that they can benefit from the support it provides.	Argyll and Bute Council's Education Service will work with the regional officer for Developing the Young Workforce, employers and relevant partner agencies to raise awareness of the "Access to Work" scheme for employers. This will make sure BSL users who are in employment are aware of the "Access to Work" Scheme and can benefit from the support it provides Raise awareness of the services of "Access to Work" in recruitment documentation, Council policies and through the Modern Apprenticeship Scheme	35		October 2024 By October 2020	Head of Education – Lifelong Learning & Support Head of Improvement & HR
We will continue to:						
3.6	Make sure interpreter support is available for young people to access work placements, and deaf awareness training is provided before the placement starts					

4 Training, Work and Social Security						
	We will:	Success Measure	National Plan Action Point(s)	NHS Highland Plan Action Point(s)	Timescale	Lead(s)
4.1	Signpost pupils and students to a wide range of information, advice and guidance in BSL about their career and learning choices and the transition process.	Careers Advisers are based in all secondary schools within Argyll and Bute. Careers Advisers will work with pupils who use BSL to signpost them to information, advice and guidance in BSL being developed by Skills Development Scotland (SDS).	28		When available	Skills Development Scotland & Head of Education – Lifelong Learning & Support
5 Health (including social care), Mental Health and Wellbeing						
	We will:	Success Measure	National Plan Action Point	NHS Highland Plan Action Point(s)	Timescale	Lead
5.1	Signpost BSL users to health and social care information available in BSL (to be produced by NHS Health Scotland and NHS24), and b)	Please see NHS Highland plan for specific details www.nhshighland.scot.nhs.uk	40(a), 40(b)	4.1 - 4.12	2024	NHS Highland & NHS Health Scotland

	develop complementary information in BSL about local provision, as appropriate					
5.2	Work with Local Authorities, providers and service users to improve the way that adult social care is delivered for BSL users, including how residential care is commissioned and how care and support is delivered to people at home	<p>Investigate technology enabled care systems such as telehealth applications to support people to self-manage long term health conditions at home.</p> <p>Promote text services for Deaf, hard of hearing or people who are speech impaired to contact the emergency services. We will do this by linking the emergency SMS website to NHS Highland website http://www.nhs.uk/emergencysms.org.uk/registeringyourmobilephone.php</p>	41, 42	4.5	2024	NHS Highland
				4.12	2024	NHS Highland
		Complete a comprehensive Universal Adult Assessment (UAA) with BSL users, using BSL interpreters to outline what care			October 2024	Head of Adult Services East

		services are available should BSL users need care. This is considered to be specifically useful for community based assessments. Hospital based assessments will be different because “it is the responsibility of staff to book communication support to help Deaf, deafened, deafblind or hard of hearing people access NHS Highland Services”.				
5.3	Signpost health and social care staff to an online learning resource toolkit to raise awareness of BSL and Deaf culture (this will be led by NHS Health Scotland)	Publicise the learning resources for health and social care staff developed by NHS Health Scotland and See Hear Highland Education	43	4.2 - 4.3	2024	NHS Highland & NHS Health Scotland
		Promote deaf awareness training available from See Hear Highland Education & Learning Services (SHHELS) for independent contractors e.g. Pharmacists,		4.11	2024	NHS Highland

		Optometrists, Dentists.				
5.4	Improve individual patient health records so that they clearly show when the first or preferred language is BSL and a BSL/English Interpreter is needed.	NHS Highland will work with national partners and keep up to date with guidance to improve individual patient health records. We aim to ensure that patients' communication and access needs are recorded at the first available opportunity. We will ask permission to share this information across NHS Highland where relevant.	44	4.9	2024	NHS Highland
5.5	Review the mental health support that is available to the deaf community.	Where possible develop psychological therapies that can be offered on a fair and equal basis to BSL users	45(a)	4.6	2024	NHS Highland
		Signpost BSL users to out of hours support for example Breathing space and NHS 24		4.7	2024	NHS Highland
5.6	Support and work with NHS Health Scotland to implement a new national Interpretation and Translation Policy which	Review guidance and policies on arranging interpretation and translation services. We will make sure staff can easily access the	46	4.8	2024	NHS Highland

	includes BSL provision.	translation services. We will make sure staff can easily access the appropriate communication method for patients/service users.				
5.7	Take steps to improve access to information about sport, and to local sports facilities and sporting opportunities	Improved access to information about sport, local sports facilities and sporting opportunities	48		2024	liveArgyll

5.8	Make sure any local work to tackle social isolation explicitly considers the needs of BSL users	<p>Investigate the potential to create an online community forum for BSL users to communicate with each other, and with the Council</p> <p>Create a “loop capital” as a pilot project in Dunoon so that hearing Loops are available in all shops/businesses in the town.</p> <p>Work with partners to make sure that any local work to deal with social isolation explicitly considers the need of BSL users</p>	49	4.13	<p>October 2024</p> <p>December 2020</p>	<p>Head of Adult Services East; Head of Customer & Support Services</p> <p>Head of Adult Services East</p> <p>NHS Highland</p>
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6 Transport						
	We will:	Success Measure	National Plan Action Point(s)	NHS Highland Plan Action Point(s)	Timescale	Lead
6.1	Make sure BSL users can participate in the on-going feedback process of the 'Going Further: Scotland's Accessible Travel Framework' as individuals and staff.	<p>Promote BSL awareness training to regulated transport service providers, such as taxi provision and patient transport.</p> <p>Encourage private transport providers contracted by NHS Highland to have access to technology to support communication with BSL users. We will also encourage them to be deaf aware.</p>	50	<p>5.1</p> <p>5.2</p>	<p>2024</p> <p>2024</p>	<p>NHS Highland</p> <p>NHS Highland</p>
6.2	Develop and provide training for transport providers which includes strategies for communicating with BSL users (patients and staff).	Make sure those involved in school transport, have access to deaf awareness training	53		October 2024	Head of Facility Services

6.3	We will continue to:					
	Promote Journey Assistance Cards to local bus operators and BSL users					
7	Culture and Arts					
	We will:	Success Measure	National Plan Action Point(s)	NHS Highland Plan Action Point(s)	Timescale	Lead
7.1	Enable BSL users to take part in culture and the arts as participants, audience members and professionals.	Investigate how we can help BSL users to become more involved in culture and the arts as participants, audience members and professionals	54		2024	Argyll and Bute Council & liveArgyll

8		Democracy				
	We will:	Success Measure	National Plan Action Point	NHS Highland Plan Action Point(s)	Timescale	Lead
8.1	Take opportunities to promote the Access to Elected Office Fund locally, which can meet the additional costs of BSL users wishing to stand for selection or election in local or Scottish Parliament elections	<p>Provide links on Argyll and Bute Council's website to national information on the Access to Elected Office Fund (Scotland) to provide a signpost to BSL users who wish to stand for selection and election</p> <p>Make sure BSL video information on voting processes, developed by the Electoral Commission, is available (or links provided) on Partner websites</p> <p>Make sure BSL training information provided by the Electoral Commission is given to all relevant electoral staff</p>	65		<p>When available</p> <p>When available</p> <p>When available</p>	<p>Scottish Government & Head of Governance & Law</p> <p>Electoral Commission & Head of Governance & Law</p> <p>Electoral Commission & Head of Governance & Law</p>
		Raise awareness amongst Elected Members of the			By October	Head of Governance

		contactSCOTLAND–BSL service			2019	& Law
8.2	Take opportunities to promote public appointments as a way of participating in public life by producing information about public appointments in BSL, and promoting public appointments specifically to BSL users.	Raise awareness among our executive and non-executive Board members about contactSCOTLAND-BSL	69	6.1	2024	NHS Highland
		Work with partners to develop and promote accessible guidelines for activities and events		6.2	2024	NHS Highland

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ARGYLL & BUTE HEALTH & SOCIAL CARE PARTNERSHIP Integration Joint Board 2019

5.9

Date	Development Session	Lunch	Business Meeting	Location
Wednesday 30 January 2019	10.30am	1pm	1.30pm	Council Chambers, Kilmory, Lochgilphead
Wednesday 27 March 2019	10.30am	1pm	1.30pm	Council Chambers, Kilmory, Lochgilphead
Wednesday 29 May 2019	10.30am	1pm	1.30pm	Council Chambers, Kilmory, Lochgilphead
Wednesday 7 August 2019	10.30am	1pm	1.30pm	Council Chambers, Kilmory, Lochgilphead
Wednesday 2 October 2019	10.30am	1pm	1.30pm	Council Chambers, Kilmory, Lochgilphead
Wednesday 27 November 2019	10.30am	1pm	1.30pm	Council Chambers, Kilmory, Lochgilphead