Item : 4

DRAFT MINUTE OF
ARGYLL & BUTE HEALTH & SOCIAL CARE PARTNERSHIP (HSCP)
INTEGRATION JOINT BOARD
WEDNESDAY 30 NOVEMBER 2016, COUNCIL CHAMBERS, KILMORY

Present :

Councillor Kieron Green	Argyll & Bute Council (Chair)
Robin Creelman	NHS Highland Non-Executive Board Member (Vice Chair)
Christina West	Chief Officer, Argyll & Bute HSCP
Dr Michael Hall	Clinical Director, Argyll & Bute HSCP
Louise Long	Chief Social Work Officer
Denis McGlennon	Independent Sector Representative
Dr Peter Thorpe	Secondary Care Adviser, Argyll & Bute HSCP
Elaine Wilkinson	NHS Highland Non-Executive Board Member
Liz Higgins	Lead Nurse, Argyll & Bute HSCP
Elaine Garman	Public Health Specialist, Argyll & Bute HSCP
Caroline Whyte	Chief Financial Officer, Argyll & Bute HSCP
Glenn Heritage	Argyll & Bute Third Sector Interface
Linda Currie	Lead AHP, Argyll & Bute HSCP
Maggie McCowan	Public Representative
Catriona Spink	Unpaid Carer Representative
Councillor Anne Horn	Argyll & Bute Council
Councillor Elaine Robertson	Argyll & Bute Council
Mary Watt	Staff Representative (Council)

VC :

Anne Gent	Director of Human Resources, NHS Highland
Councillor Mary-Jean Devon	Argyll & Bute Council

In Attendance :

Stephen Whiston	Head of Strategic Planning & Performance
Lorraine Paterson	Head of Adult Services (West
Allen Stevenson	Head of Adult Services (East)
David Ritchie	Communications Manager (Health)
Jane Jarvie	Corporate Communications Manager (Council)
Alison McGrory	Health Improvement Principal
Sheena Clark	PA to Chief Officer (Minutes)

Apologies :

David Alston	Chair, NHS Highland Board
Dawn McDonald	Co-Chair Joint Partnership Forum
Kevin McIntosh	Staff Representative (Council)
Betty Rhodick	Public Representative
Heather Grier	Unpaid Carer Representative

ITEM	DETAIL	ACTION
1	**WELCOME**	
	The Chair welcomed everyone to the meeting and introductions were made.	
2	**APOLOGIES**	
	Apologies were noted.	
3	**DECLARATIONS OF INTEREST**	
	There were no declarations of interest.	
4	**DRAFT MINUTE OF INTEGRATION JOINT BOARD 28-09-16 & ACTION LOG**	
	5i Living Wage – Elaine Wilkinson asked for confirmation that following the detailed financial assessment process with providers, that no care provider would be disadvantaged by the negotiated uplifts in payments. The Chief Officer confirmed this to be the case. 5vi Performance Report – Elaine Wilkinson had requested that the report highlighted all red flag indicators and the actions to address any deficiencies in performance, to give assurance to the IJB at an early stage that these are being addressed and improved. It was agreed to discuss this further under agenda item 5.5.	
	DRAFT MINUTE OF SPECIAL IJB MEETING 2-11-16 The Minutes were approved by the IJB. The Chief Officer advised that she has written to the Argyll & Bute Council Chief Executive requesting additional funding of £185k to support the implementation of the pause to the proposals at Struan Lodge and Thomson Court. The request will be considered at the Policy & Resources Committee on 15 December 2016.	
5	**BUSINESS**	
	5.1 Public Health Report The NHS Highland Director of Public Health Annual Report 2016 – *Loneliness as a Public Health Issue* will be widely distributed and a web link sent to the IJB. It is recognised that social and emotional loneliness are a significant public health issue and can occur during life transitions. The report sets out a wide range of recommendations to be taken forward by all Community Planning Partners in Argyll and Bute. The HSCP is a key stakeholder in this agenda and communities will benefit most from a preventative approach to this problem.	**EG**

	The Integration Joint Board : • *Recognised the impact of loneliness and isolation on the health of the people living in Argyll and Bute.* • *Supported the recommendations laid out in the report to reduce the impact of loneliness in older people.* • *Agreed that loneliness should be addressed as part of work of the locality planning groups.* • *Acknowledged the capacity issues for 3rd Sector volunteers to support this work.*	
	5.2 Clinical Care & Governance Report A summary of the report was presented by Liz Higgins, Lead Nurse. Restraint Training - all staff working in acute mental health are up to date with restraint training following a programme of five 3-day restraint training courses delivered in August-October 2016. Systems have been developed to ensure that staff training does not lapse and plans are in place to book staff on refresher training. Complaints – it was reported that 24 health and 7 social work complaints were received between July-September 2016. A copy of the risk assessment tool was included in the report to the IJB for their information. Lorn & Islands Hospital (LIH) Laboratory Services – since August 2016 laboratory services in Oban have been subject to a number of inspections, both formally and 'mock' in preparation for formal inspections, which included : An inspection was undertaken by UK Accreditation Service (UKAS) in August 2016 when a number of recommendations were made relating to quality assurance and competence standards. As a result, external support was commissioned to assist the local team in preparing an options appraisal for longer term sustainability. Evidence of the actions will be submitted to UKAS in December 2016 in preparation for a repeat inspection in January 2017. Following the UKAS inspection, LIH invited the Scottish Blood Transfusion Service (SBTS) to carry out a mock MHRA inspection. The inspectors raised concerns regarding evidence of audits and quality management. A corrective action plan has been submitted to MHRA. A number of recommendations and actions to address the issues identified from all of the laboratory inspection reports are being progressed with the locality, NHS Highland and NHS Greater Glasgow & Clyde.	

	An update on laboratory services in LIH will be provided to the IJB meeting in January 2017. Hospital Standardised Mortaility Ratio (HSMR) – data for LIH has been noted as increasing and further scrutiny and improvement work is ongoing. NHS Highland continues to work closely with Health Care Improvement Scotland to identify the reasons for the increase in the HSMR figures and improvement plans have been submitted. Craigard Care Home, Bute - as a result of concerns raised by the Care Inspectorate during an unannounced inspection in September 2016 the local Health & Social Care Teams have been working with the Care Inspectorate to support the care home management to implement an improvement plan to address the key concerns from the inspection. Despite the joint work of the Care Inspectorate and HSCP staff, inspectors formed the view that the care home would not meet the improvement requirements set out within the action plan within the agreed timescales. A Court date of 9 December 2016 is set for consideration of the removal of the care home registration. Local teams are working closely with residents and their families to identify alternative placements. A group will be set up to review the learnings from Craigard. *The Integration Joint Board :* • *Noted the content of the report, the risks identified and the risk management plans.* • *Recorded their thanks to the Bute team for their input in supporting the management, residents and families of Craigard Care Home.*	**AS**
	5.3 Infection Control Report At end October 2016 in Argyll & Bute there have been 4 cases of Staphylococcus aureus (SAB) and 6 cases of Clostridium difficile (C.diff). Any learning points identified are communicated to all clinical teams via the Cleanliness, Hygiene & Infection Control Committee. Argyll & Bute Hand Hygiene compliance was as detailed. NHS Highland is reviewing the audit processes in terms of monitoring confidence of reporting. Cleaning & Healthcare Environment – any areas identified during the monthly audits as requiring action are reported immediately to the relevant person. A series of unannounced independent Public Peer Review audits has commenced across NHS Highland. E.Coli Bacereaemia Surveillance – surveillance will become a	

	mandatory requirement for all NHS Boards to undertake from 1 April 2017. IC Net – a successful test of the live data was carried out and it is hoped the full functionality of ICNet will be up and running by end November 2016. The Argyll & Bute Infection Control team have integrated well with the NHS Highland-wide team and work together to mitigate risks created by the lack of an integrated IT system to support practice. The infection control nurses are well supported by the microbiology team in Raigmore. The Argyll & Bute Team wish to record their thanks to Dr Jonty Mills, Infection Control Doctor (ICD) for his professional advice and leadership. The role of ICD has now ben assumed by Dr Vanda Plecko. *The Integration Joint Board noted :* • *the performance position for the HSCP.* • *the progress to reduce and manage healthcare associated infections.*	
	5.4 A&B HSCP Risk Register It is a requirement of the Scheme of Integration and the Partnership's Risk Management Strategy that partner bodies develop shared risk registers that will identify and record risk related to the delivery of services under integration functions. The circulated document continues to be developed with the support of the Health & Safety team and will be a bi-annual report to the IJB. It was agreed that IT infrastructure should be added to the register. *The Integration Joint Board noted the Strategic Risk Register and the actions taken to mitigate the risks.*	**EH**
	5.5 Performance Report – Health & Wellbeing Outcome Indicators The Head of Strategic Planning & Performance referred to Elaine Wilkinson's concerns regarding assurance that the IJB are aware of all red flag indicators and the actions being taken to address deficiencies in performance. He acknowledged the concerns and explained the reporting timelines for each of the outcomes, which impact on the availability of accurate, timeous information. It was highlighted that due to the recent national release of missing data and new indicators supplied by the Scottish Government the number of indicators has increased from 93 to 101, which has resulted in a number of amendments to outcome measure. These changes have also had an impact on performance.	

	After discussion, it was agreed that the reporting framework for the performance report will be reviewed and discussed further with Elaine Wilkinson. The circulated report detailed the performance outcome for : • Outcome indicator 3 – people are able to look after and improve their own health and wellbeing and live in good health for longer – 10 indicators are on track and 1 is off track and red flagged. • Outcome indicator 4 – people, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. There are 15 indicators being measured against this outcome, 9 are on track and 6 are off track and red flagged. *The Integration Joint Board noted :* • *The performance against outcomes 3 and 4 for quarter 2.* • *The progress with regard to the HSCP performance against outcomes 3 and 4.* • *The action identified to address deficiencies in performance as detailed in the exception reports.*	**SW/CW**
	5.6 Finance i) <u>Budget Monitoring Report</u> – the Chief Financial Officer reported that the forecast year-end outturn position is a projected overspend of £1.2m. This is a deterioration from the previous reported period due to updated estimates of savings to be delivered in 2016-17, particularly in relation to savings to be delivered from Social Work Services. The previously approved financial recovery plan requires to continue to be implemented and monitored to ensure the delivery of a year-end balanced budget, with the focus on the delivery of the savings from the Quality & Financial Plan to reduce expenditure on a recurring basis. *The Integration Joint Board noted :* • *the overall Integrated Budget Monitoring report for the October 2016 period,* • *that as at the October period there is a projected year-end overspend of £1.2m primarily in relation to the deliverability of the Quality and Financial Plan, the cost of medial locums and increased demand for social care services.* • *the progress with the delivery of the Quality and Financial Plan and the forecast shortfall in delivery of savings, and consider the approach to reviewing these as part of the budget planning process for 2017-18.* • *agreed that the previously approved financial recovery plan requires to continue to be implemented to ensure the delivery of a balanced integrated budget for the 2016-17 financial*	

	year, and that the focus should be on achieving recurring savings. ii) Budget Outlook 2017-18 & 2018-19 – the report outlined the estimated budget gap for Integrated Services for 2017-18 and 2018-19. The challenges of the 2016-17 position place additional pressure on the budget position for 2017-18 and the additional savings required to be identified as a result of this. There is some uncertainty around the funding available from partners and the funding of cost and demand pressures, which is contributing to the continuing funding gap. This will be kept under review with any changes to the forecast being timeously reported to the IJB. *The Integration Joint Board :* • *noted the indicative budgets and resulting budget gap for 2017-18 of £10.0m and for 2018-19 of £6.4m* • *approved the development of the Quality and Financial Plan for the next two years in line with the estimated budget gap and the previously agreed timeline.* • *noted that further reports will come forward to the IJB on the budget outlook as and when further information becomes available.* • *noted the requirement for the IJB to approve a balanced Integrated Budget by 31March 2017.*	
	5.7 Update on CrossReach/Auchinlee The IJB Chair advised on representations from Councillor Kelly and Councillor Philand. They have expressed their concerns regarding the possible closure of Auchinlee Care Home and the implications for Kintyre residents and for other care home residents in Argyll & Bute. The possibility of a multi-functionality premises in Kintyre is supported by Councillor Kelly. The Head of Adult Services (West) provided an overview in relation to the notification to the HSCP on 3 August 206 by the CrossReach Board that they were minded to close Auchinlee. The decision to close was based on: • Significant financial losses in the last 3 years which the CrossReach Board has now assessed that it can no longer sustain. • High vacancy rate in the care establishment and the inability to recruit and retain staff with an over-reliance on agency staff, which if continued would impact on the safety and sustainability of care provision. • Risk of reputational damage to CrossReach by continuing to provide a service which fails to achieve high ratings from the Care	

	Inspectorate. • Restrictions from the Care Inspectorate on new admissions to the unit until improvements were achieved. This has now been lifted. • Condition of the building and the resulting significant refurbishment of the property likely to be required over the next 3 years with the required investment in the order of £255,000. The HSCP Chief Officer and Senior Managers met with Crossreach executives, to discuss the extent of a partnership agreement and advised the HSCP's intention to provide support within available resources and capability to retain and progress a meaningful partnership. Crossreach submitted their final revised partnership proposal on 23 November 2016. IJB members are very mindful of the impact that a decision to close Auchinlee Care Home by CrossReach would have on the residents and their families and acknowledged the work of the Strategic Management Team, the locality management and Crossreach to develop a proposal to retain the service locally. The IJB discussed the partnership proposals, considering the level of risk to the HSCP in relation to governance, safety, service sustainability finance and the potential wider impact on service provision across Argyll & Bute. The IJB agreed that they could not support the partnership proposals from CrossReach and supported the Strategic Management Team to continue to engage in partnership discussions with CrossReach to determine whether a more acceptable arrangement was possible, which would require to be materially different from that currently proposed. If a mutually acceptable partnership agreement cannot be reached and CrossReach serve notice to close Auchinlee Care Home, the HSCP local team will work with residents and their families to identify alternative care placements within and outwith Argyll, based on individual needs assessments. *The Integration Joint Board :* • *noted the imminent risk of the CrossReach Board making a decision to close the Auchinlee Care Home* • *noted the work undertaken by the HSCP to prevent this closure and the alternatives which have been considered and assessed (long list and short list)* • *considered the conclusion reached as at this time and considered the other implications of retaining this care home provision in Kintyre* • *noted the stated intention to commence work to develop a*	

	future model of care for Elderly dementia care for the West of Argyll.	
	5.8 Kintyre Dialysis Evaluation Report The circulated paper detailed the outcome of the evaluation of the Kintyre dialysis unit which has been successful in delivering the new Hub and spoke model of dialysis to a remote and rural area, reducing travel and improving the health & wellbeing of patients. This success also demonstrated that this model could potentially be replicated elsewhere in Argyll & Bute. *The Integration Joint Board :* • *considered the outcome of the evaluation of the pilot and approved the recommendation to continue the Dialysis service as a core service, expanding its catchment area to cover Mid Argyll.* • *noted the implications and expectations for the rest of Argyll and Bute.* • *Supported a scoping exercise to look at the viability of a Dialysis Unit within Bute and remitted this to the Strategic Management Team to progress as part of locality planning.*	
	5.9 Chief Social Work Officer Report The report summarises the Chief Social Work Officer (CSWO) Annual Report covering the period 1 April 2015–31 March 2016. Each year the CSWO is required to submit a report to Scottish Government to support the Scottish Government's Chief Social Worker Advisor in his role in promoting and reporting on social work matters and to provide benchmarking and good practice information that could be shared across Scotland. The report was submitted on 31st September. The CSWO report for Argyll & Bute sets out the activity of the social work service. The format has been changed this year to provide more detail, to give the council and the public more information about social work services. *The Integration Joint Board noted the Chief Social Work Officer Annual Report 2015/16 and noted that new statutory guidance on the role of the Chief Social Work Officer has been published by the Scottish Government.*	
	5.10 Chief Officer Report The Chief Officer highlighted points from the paper. • Relocation of the inpatient mental health services from Argyll & Bute Hospital to Mid Argyll Hospital. Building and alteration	

	works commenced in October and are anticipated to be completed in March 2017. Community drop-in events have been organised to inform the community and provide them with an opportunity to view the plans. • Scottish Health Care Awards 2016 - Volunteer award presented to John Webb, First Responder and Heartstart trainer with Garelochead and Rosneath Peninsula Community First Responders - the Audiology Team at Lorn & Islands hospital received the top team award following the implementation of new facilities and equipment unique to Scotland. *The Integration Joint Board noted the Chief Officer Report.*	
	Date of Next Meeting : **Wednesday 25 January 2017 at 1.30pm Council Chambers, Kilmory, Lochgilphead**	

ACTION LOG

– INTEGRATION JOINT BOARD 30-11-16

	ACTION	LEAD	TIMESCALE	STATUS
1	IT support to be looked at regarding Webex use for IJB meetings.	C West		Ongoing
2	Equalities Outcome Framework to be included in Comms & Engagement Strategy	D Ritchie / J Jarvie		Completed
3	Progress service redesign proposals as detailed in the templates.	Heads of Service		Ongoing
4	Equality Impact Assessments as noted.	Heads of Service		Ongoing
5	Engagement & Consultation Feedback to the IJB	Allen Stevenson	March 17	
6	The IJB will be updated as part of the budget process as to the position with future years funding and cost pressures.	C Whyte		Ongoing
7	Include mandatory and statutory training in future Clinical Care & Governance (CC&G) Report	E Higgins	January 17	
8	Delayed Discharge trend information to be included in CC&G report to the IJB	E Higgins	January 17	
9	Lorn & Islands Hospital Laboratory inspections - update to IJB on monitoring of recommendations	E Higgins	January 17	
10	Review reporting framework for the performance report and discuss further with Elaine Wilkinson.	Stephen Whiston	January 17	

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.i (a)

Date of Meeting : **25 January 2017**

Title of Report : **Budget Monitoring – December 2016**

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

The Integration Joint Board is asked to :

- **Note** the overall Integrated Budget Monitoring report for the December 2016 period, including:
  - Integrated Budget Monitoring Summary
  - Quality and Financial Plan Progress
  - Financial Recovery Plan
  - Financial Risks
  - Reserves
  - Other Project Funding
- **Note** that as at the December period there is a projected year-end overspend of £1.1m primarily in relation to the deliverability of the Quality and Financial Plan, the cost of medial locums and increased demand for social care services.
- **Note** the progress with the delivery of the Quality and Financial Plan and the forecast shortfall in delivery of savings, these will be reviewed as part of the budget planning process for 2017-18.
- **Agree** that the previously approved financial recovery plan requires to continue to be implemented to ensure the delivery of a balanced integrated budget for the 2016-17 financial year. The focus should be on achieving recurring savings, however an instruction has been issued to services that there should be a moratorium on non-essential expenditure for the remainder of the financial year, to limit the impact of the 2016-17 outturn on the 2017-18 budget position.

1. EXECUTIVE SUMMARY

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

- Robust budget monitoring processes are key to ensure that the expenditure incurred by the IJB partners is contained within the approved budget for 2016-17 and that overall the partnership delivers a balanced year-end outturn position.
- This report provides information on the financial position of the Integrated Budget as at the end of December 2016. The projected year-end outturn position is an overspend of £1.1m, the Integration Joint Board requires

assurance that this position can be brought back into line with the available budget by the financial year-end. A financial recovery plan was approved by the IJB on 4 August to address the then forecast £1.5m year-end overspend, this position had reduced and progress was being made with the projected outturn position. Although this position has improved there has been limited progress due to delays in delivering savings in 2016-17.

- There are significant financial risks in terms of service delivery for 2016-17 and there are mitigating actions in place to reduce or minimise these, the likelihood of these occurring are reduced as the financial year end is closer, but they should continue to be closely monitored together with the delivery of the Quality and Financial Plan and financial recovery plan.

2. INTRODUCTION

2.1 This report sets out the financial position for Integrated Services as at the end of December 2016. Budget information from both Council and Health partners has been consolidated into an Integrated Budget report for the SMT.

3. DETAIL OF REPORT

3.1 INTEGRATED BUDGET MONITORING SUMMARY

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

Year to Date Position – YTD Overspend - £0.239m

3.1.2 The main areas to note from this are:

- The overall Year to Date variance is an overspend of £0.239m. This consists of an overspend of £0.432m in Council delivered services and an underspend of £0.193m in Health delivered services.
- For both Health and Council delivered services the year to date positions are generally in line with the forecast outturn position detailed later in the report.

3.1.3 Council and Health partners use different financial systems and treatments for the monthly profiling of budgets and recording of actual costs which results in financial information relating to the year to date position for the integrated budget not being a reliable indicator of the year-end position. However later in the financial year, as expected, there is more of a direct correlation between the year to date position and the forecast outturn position.

Forecast Outturn Position – Projected Overspend - £1.063m

3.1.4 The year-end forecast outturn position for the December period is a projected overspend of £1.063m. The main areas are noted below:

- Adult Care – projected overspend £5.6m:
  - Anticipated shortfall of £3.1m in the delivery of savings as part of the Quality and Financial Plan, further detail is included in section 3.2.

- Budget overspends in relation to locum cover for vacancies and sickness absence, the spend on medical locums to December is £1.1m.
- Projected overspends for additional demand for services including care home placements, supported living and joint residential budgets, due to new clients and the increasing needs of existing clients. Options are being worked on to deliver cost reductions for Supported Living services to reduce this expenditure.

- Chief Officer – projected underspend £0.7m
  - Projected underspend in relation to the additional funding set aside for the investment in Community Based Care and the requirements of continuing care. These funds require to remain uncommitted to ensure the delivery of a balanced year-end budget position.

- Children and Families – projected underspend £0.7m:
  - Underspend of £0.3m in relation to vacancy savings in Health posts.
  - Projected underspends in relation to children's houses due to reduced dependency of children placed in the units and lower levels of occupancy and in supporting young people leaving care due to the delay in the development of a new multi-disciplinary team to support young people leaving care. Additional projected underspend in fostering and kinship care reflecting the level of demand on the budget.
  - These are partly offset by projected overspends in children and families area teams due to agency staff, the criminal justice partnership share of the partnership shortfall and in residential placements where an increase in costs has resulted in a forecast underspend changing to be an overspend position. This reflects the demand led nature of the service and the high cost of some care packages.

- Budget Reserves – projected underspend £1.9m – represents the uncommitted element of budget reserves which can be utilised to offset the overall projected outturn position. There is an additional projected underspend of £0.5m from the Integrated Care Fund. These are non-recurring underspends and in some cases the funding will require to be re-instated for 2017-18.

3.1.5 The forecast outturn position is reliant on a number of assumptions around the current and expected level of service demand and costs, this is subject to change and is reported through routine monthly monitoring. Although there is an overall overspend of £1.063m currently projected this only represents 0.4% of the annual budget, therefore there remain opportunities before the end of the financial year to reduce or bring this position back into line.

3.1.6 There is an overall increase in funding of £1.623m compared to the approved budget. There is an increase in available funding from £256.001m to £257.624m, these in-year changes in funding are also noted in Appendix 1. This relates to an overall increase in Health Funding, mainly relating to allocations of funding from the Scottish Government partly offset by a transfer to

NHS Highland for centrally provided services. There is an overall increase in Council funding reflecting the amounts drawn down from reserve balances, partly offset by budget transferred out with Integration Services.

3.2 QUALITY AND FINANCIAL PLAN PROGRESS

3.2.1 There is a significant risk around the deliverability of the Quality and Financial Plan for 2016-17. There are significant budget savings to be delivered within an accelerated timescale and it is absolutely key that these remedial plans are delivered to produce a sustainable balanced budget for the partnership. The Integration Joint Board previously requested further detail on the progress with delivering savings, including the impact on the 2017-18 budget.

3.2.2 Progress with the individual budget reductions outlined in the Quality and Financial Plan is detailed in Appendix 2. This notes the savings delivered to date, an overall risk assessment of the deliverability of the individual savings, and an estimate of the amount to be delivered during 2016-17 and 2017-18. The risk category of the individual savings has been updated and this can be compared with the anticipated risk of delivery when the savings were approved in June 2016.

3.2.3 There are budget reductions totalling £8.498m required to produce a balanced partnership budget. These savings have all been previously approved by the Integration Joint Board for implementation.

3.2.4 Progress on the delivery of savings is summarised below:

Risk Category	Number	Budget Reduction £000	Achieved to December 2016 £000	Remaining £000	Forecast Shortfall 2016-17 £000	Forecast Shortfall 2017-18 £000
RED	20	3,625	924	2,701	2,528	2,352
AMBER	19	2,538	1,403	1,135	811	768
GREEN	24	2,335	2,068	267	123	15
TOTAL	**63**	**8,498**	**4,395**	**4,103**	**3,462**	**3,135**

3.2.5 As at the end of December 2016 recurring budget reductions of £4.395m have been achieved, this compares to a total of £3.423m at the October 2016 period, an increase of £0.972m. This demonstrates the progress in delivering savings.

3.2.6 Additional savings in social care services were approved by the Integration Joint Board on 22 June 2016. Plans to deliver these savings are in place however it is unlikely these will all be fully delivered in 2016-17 given the timescales around engagement and there are likely to be delays with releasing some of the savings. Progress with delivery of these savings has been reviewed and an update on the social care service savings is included within the overall savings monitoring in Appendix 2. The forecast shortfall in 2016-17 for all savings at the October monitoring period was £3.544m and this has decreased to £3.462m.

3.2.7 The update on progress includes an estimate of the recurring shortfall in delivery of savings on a recurring basis from 2017-18 onwards, this estimated total shortfall is £3.135m and this will be factored into the budget projections for 2017-18. The removal of these previously approved savings from the Quality and Financial Plan from 2017-18 onwards will require approval from the Integration Joint Board. The majority of these savings will likely appear on the Quality and Financial Plan for 2017-18 and 2018-19, to ensure transparency of reporting when savings have been achieved. Where savings are removed completely the IJB would be provided with further information from services to challenge the deliverability of savings to ensure an informed decision can be taken before removing these from the savings plan.

3.2.8 The risk category attached to each of the savings is an assessment of the deliverability. The risk categories were updated at the October period. There were originally eight options assessed to be red risk which accounted for £2.250m of the total savings. With the risk category reviewed there are now 20 options classed as red risk and these account for £3.625m of the total savings. This is indicative of the challenges and complexity with delivering service changes which were not foreseen when they were approved. The updated red risk savings are noted below:

- Prescribing
- Rural Cowal Out of Hours Service
- Re-design of community pathways and community hospital services to shift the balance of care as a result of reduced length of stay, reduced delayed discharges and reduced emergency admissions – Cowal, Bute, Kintyre and Islay
- Closure of AROS
- Kintyre Medical Group
- Management and Corporate Staffing
- IT and Telephony Re-provision
- Ardlui Respite Facility
- Consultation Support Forum
- Homecare Review
- Struan Lodge Service Re-design
- Thomson Court Day Service
- Bowman Court Progressive Care Centre
- Mental Health Support Team
- Support for Carers
- Learning Disability Day Services
- Homecare Packages

3.2.9 There is a reported forecast overspend of £1.063m as at the December 2016 period, this is primarily in relation to the expected shortfall in the delivery of the Quality and Financial Plan. The estimate is that £3.462m of the savings will not be deliverable in 2016-17, services are working to address this position and underspends in other service areas have been forecast to reduce this expected year-end overspend position.

3.3 FINANCIAL RECOVERY PLAN

3.3.1 The Integration Joint Board has a responsibility to ensure a balanced year-end budget position and there will be financial consequences for the partner bodies and the IJB if this not delivered. Therefore a recovery plan was approved by the IJB on 4 August to address the reported forecast overspend of £1.5m as at the June period.

3.3.2 The plan included management actions to bring the projected spend back into line with budget. The actions do not have any policy implications, will have limited impact on the day to day delivery of services and can be delivered in the normal course of business. The areas identified included:

- Review of the payment to Greater Glasgow and Clyde – initial analysis of the most recent iteration of the financial model indicates that the saving in relation to this included in the Quality and Financial Plan is achievable. There may be a further opportunity to reduce the payment by negotiation.
- Review spending plans against non-recurring funding allocations with a view to removing uncommitted elements of any non-recurring resource allocations. Depending on the nature of the funding there be a requirement to re-instate funding in 2017-18.
- Further efficiencies and cost reduction through vacancy management, management of sickness absence and standardisation of procurement processes.
- Drive forward the re-design of community pathways and community hospital services to shift the balance of care as a result of reduced length of stay, reduced delayed discharges and reduced emergency admissions.
- Review of future commitments on non-pay non-essential expenditure budgets, for example furniture replacement.
- Restricting new investment to core service delivery.

3.3.3 The Strategic Management Team has been adhering to this recovery plan, the forecast overspend position had reduced from £1.5m in June to £0.2m as at September and increased again to £1.2m as at the October financial monitoring period. The plan has recovered a proportion of the overspend, however an increase in the estimated non-delivery of savings and in demand for services has increased the projected overspend position, the projected overspend position as at December is £1.1m.

3.3.4 The IJB has three months to recover the £1.1m projected overspend position. In an attempt to bring the expenditure back into line within the delegated budget the Strategic Management Team agreed at the start of January 2017 to issue an instruction to all service managers and budget holders that a moratorium has been applied across the integrated budget, i.e. for both Health and Council budgets. There will be no commitment of discretionary budgets and any non-clinical or non-front line service delivery posts will not be filled until 1 April 2017. The Scheme of Integration outlines that any overspend will require to be funded by the partners in-year, however that this will be repaid by the IJB in future years. The projected overspend position for 2016-17 should be brought into line with budget to limit the impact on the 2017-18 budget position.

3.3.5 The Strategic Management Team are clear that the focus should be directed to actions that will deliver recurring savings, the main area being the driving forward the delivery of the Quality and Financial Plan. Any other actions will assist in producing an overall balanced year-end position for 2016-17 but will lead to a greater budget gap to address on a recurring basis from 2017-18. The delivery of the recovery plan to date is mainly in relation to one-off actions that will not address the budget gap on a recurring basis. For example the removal of budget reserves, the non-committal of project funding and the additional budget allocations for community based care and continuing care. Some of these budgets will not be available in 2017-18 and in some cases by utilising these funds in this way this will add to the pressures for 2017-18 as the funding will require to be re-instated. The focus should be directed to actions that will deliver recurring savings, the main area being driving forward the Quality and Financial Plan.

3.4 FINANCIAL RISKS

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

3.4.2 There are 11 financial risks with a potential financial impact of £3.3m noted at the December 2016 period. These are assessed in terms of likelihood and a summary of the risks is noted in the table below:

Likelihood	Number	Potential Financial Impact £000
Almost Certain	0	0
Likely	1	250
Possible	5	1,800
Unlikely	5	1,300
TOTAL	**11**	**3,350**

3.4.3 The potential financial impact represents the estimated full year impact on the budget, this value will reduce as we progress through the financial year. The financial risks have reduced throughout the year, mainly as a result of the risks materialising and being reported through the forecast outturn position, for example the risk of non-delivery of savings in the Quality and Financial Plan.

3.5 RESERVES

3.5.1 The Integration Joint Board does not have any opening reserve balances but there are inherited reserve balances from Council delivered services. These balances for 2016-17 total £0.4m. The balances are mainly in relation to unspent grant monies carried forward or funds the Council has earmarked from the general fund for service development. The funds are committed for specific projects previously approved by the Council, this includes funding for:

- Self Directed Support
- Sensory Impairment
- Autism Strategy
- Care at Home – Fairer Work Practices
- Integrated Care Fund
- Early Intervention (Early Years Change Fund)
- Criminal Justice Transformation

3.6 OTHER PROJECT FUNDING

3.6.1 There are specific additional funding allocations to drive forward integration work including the Integrated Care Fund, Technology Enabled Care and Delayed Discharge. An Improving Care Programme Board has been put into place in terms of the governance arrangements for these funds and their role is to ensure that funds are directed to achieve the desired priorities.

3.6.2 These funds are time-limited and it is crucial they are used effectively to invest in the changes in service delivery required to deliver on the outcomes in the Strategic Plan. The funding available for 2016-17 totals £3.355m and Appendix 4 notes the allocations from these funds.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

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

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

5.1.1 The monitoring of the budget is key to ensure the delivery of the financial plans for 2016-17, as at the December 2016 monitoring period significant financial risks have been identified and services are forecasting a year-end overspend of £1.4m. The recovery plan requires to continue to be implemented and monitored to ensure this can be brought back into line with the delegated budget. A moratorium on non-essential expenditure has also been implemented from January 2017.

5.2 Staff Governance

None

5.3 Clinical Governance

None

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

7.1 Financial risks are monitored as part of the budget monitoring process.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

8.1 Where required as part of the delivery of the quality and financial plan local stakeholder and community engagement will carried out as appropriate in line with the re-design of service provision.

9. CONCLUSIONS

9.1 This report summarises the financial position of the Integrated Budget as at December 2016. The forecast year-end outturn position is a projected overspend of £1.1m, the previously approved financial recovery plan requires to continue to be implemented and monitored to ensure the delivery of a year-end balanced budget. The focus should be placed on the delivery of the savings from the Quality and Financial Plan to reduce expenditure on a recurring basis. However in an attempt to bring in expenditure at the year-end within the delegated budget a moratorium on non-essential expenditure has been applied from January 2017, this includes the non-filling of posts which are not for front line delivery of services.

9.2 The forecast overspend position has decreased from the June period by £0.4m as a result of progress with the recovery plan and further one-off income or budget reductions which can be utilised to balance the overall budget position in 2016-17. These actions have however been partly offset by additional demand pressures and a forecast shortfall in the delivery of savings previously approved from social care services.

9.3 The report also highlights the level of financial risk associated with delivering a year-end balanced Integrated Budget, there are significant financial risks in relation to the demands on service delivery and significant risks in relation to the delivery of the Quality and Financial Plan, although these risks are reducing as we move closer to the financial year-end. These risks and the projected outturn position will continue to be closely monitored and reported as part of the overall approach to budget monitoring.

APPENDICES:

Appendix 1 – Integrated Budget Monitoring Summary – December 2016
Appendix 2 – Quality and Financial Plan Progress – December 2016
Appendix 3 – Financial Risks – December 2016
Appendix 4 – Other Project Funding – December 2016

INTEGRATED BUDGET MONITORING SUMMARY - DECEMBER 2016

	Year to Date Position				Forecast Outturn			Previous Period	
	YTD Actual £000	YTD Budget £000	YTD Variance £000	Variance %	Annual Budget £000	Forecast Outturn £000	Forecast Variance £000	Forecast Variance £000	Movement in month £000
Service Delegated Budgets:									
Adult Care	93,979	90,785	(3,194)	-3.5%	126,391	132,050	(5,659)	(4,852)	(807)
Alcohol and Drugs Partnership	837	837	0	0.0%	1,334	1,334	0	50	(50)
Chief Officer	444	347	(97)	-28.0%	1,474	819	655	702	(47)
Children and Families	13,587	14,500	913	6.3%	19,832	19,171	661	510	151
Community and Dental Services	3,016	3,081	65	2.1%	4,108	4,008	100	0	100
Integrated Care Fund	714	1,094	380	34.7%	2,090	1,590	500	226	274
Lead Nurse	974	1,013	39	3.8%	1,348	1,268	80	50	30
Public Health	893	933	40	4.3%	1,268	1,208	60	30	30
Strategic Planning and Performance	2,723	2,771	48	1.7%	3,708	3,597	111	61	50
	117,167	115,361	(1,806)	-1.6%	161,553	165,045	(3,492)	(3,223)	(269)
Centrally Held Budgets:									
Budget Reserves	0	1,085	1,085	100.0%	2,104	204	1,900	1,800	100
Depreciation	1,949	1,983	34	1.7%	2,649	2,604	45	13	32
General Medical Services	11,561	11,524	(37)	-0.3%	15,429	15,429	0	0	0
Greater Glasgow & Clyde Commissioned Services	43,691	43,587	(104)	-0.2%	58,116	58,336	(220)	(200)	(20)
Income - Commissioning and Central	(966)	(915)	51	-5.6%	(1,181)	(1,231)	50	40	10
Management and Corporate Services	1,007	1,274	267	21.0%	1,846	1,492	354	180	174
NCL Primary Care Services	6,518	6,518	0	0.0%	8,350	8,350	0	0	0
Other Commissioned Services	2,625	2,896	271	9.4%	3,861	3,561	300	150	150
Resource Release	3,673	3,673	0	0.0%	4,897	4,897	0	0	0
	70,058	71,625	1,567	2.2%	96,071	93,642	2,429	1,983	446
Grand Total	**187,225**	**186,986**	**(239)**	**-0.1%**	**257,624**	**258,687**	**(1,063)**	**(1,240)**	**177**

Reconciliaton to Council and Health Partner Budget Allocations:

	Year to Date Position				Forecast Outturn			Previous Period	
	YTD Actual £000	YTD Budget £000	YTD Variance £000	Variance %	Annual Budget £000	Forecast Outturn £000	Forecast Variance £000	Forecast Variance £000	Movement in month £000
Argyll and Bute Council	40,729	40,297	(432)	-1.1%	55,798	57,361	(1,563)	(1,240)	(323)
NHS Highland	146,496	146,689	193	0.1%	201,826	201,326	500	0	500
Grand Total	**187,225**	**186,986**	**(239)**	**-0.1%**	**257,624**	**258,687**	**(1,063)**	**(1,240)**	**177**

INTEGRATION JOINT BOARD

APPENDIX 1

FUNDING RECONCILIATION - DECEMBER 2016

Partner	£000	£000	£000
Argyll and Bute Council:			
Opening Funding Approved		55,553	
Annual Budget at December 2016		55,798	
Movement		**245**	
Details:			
Non-recurring drawdown of budget from Reserves			307
Reduction due to re-alignment of Utility Budgets across the Council			(54)
Transfer of Budget outwith Integration for Helensburgh Office receptionist			(8)
			245
NHS Highland:			
Opening Funding Approved:			
Core NHS Funding	195,868		
Additional SG Funding	4,580		
Opening Funding Approved		200,448	
Annual Budget at December 2016		201,826	
Movement		**1,378**	
Details:			
Budget Carry Forwards (ICT, TEC & ADP)			716
New Medicines Funding			1,000
Other SG funding increases/decreases			1,734
Transfer to Health Board for Central Services			(2,072)
			1,378

INTEGRATION JOINT BOARD **APPENDIX 2**

QUALITY AND FINANCIAL PLAN PROGRESS - DECEMBER 2016

				TARGET 2016-17		Achieved December 2016	Remaining						
New Ref	Service Area	Description	Lead	Budget Reduction £000	FTE Reduction	£000	£000	Progress	ORIGINAL Risk of Delivery (RAG)	CURRENT Risk of Delivery (RAG)	Projected Shortfall 2016-17	Projected Shortfall 2017-18 onwards.
1	Prescribing	Targeted focus on safe, effective, appropriate cost effective prescribing, as well as reducing waste. Argyll and Bute Medicines Management Group re-established to take forward actions.	Fiona Thomson	500	0.0	400	100	High risk area in terms of delivery of savings as there have been failures in the past in delivering savings in prescribing. Savings achieved include use of scriptswitch, dose optimisation, change to generics, patient access scheme rebates, primary care rebate scheme, formulation changes and implementation of pharmacists advice by practices.	RED	RED	100	100
2	NHS GG&C Service Level Agreement	Participate in a review of the costing and activity model to review tariff and activity levels. Take action to reduce admission rates and speed discharge up to local services and reduce outpatient follow up appointments.	Stephen Whiston	500	0.0	500	0	Full saving achieved through impact of the West of Scotland Cross Boundary Flow in terms of the fluctuations in patient activity.	AMBER	GREEN	0	0
3	Commissioned Services	Review individual placements out of the area and where possible re-negotiate tariffs/contracts.	Stephen Whiston	250	0.0	250	0	Achieved.	GREEN	GREEN	0	0
4	Speech & Language Therapy Services	Re-align services to focus on delivering capacity building and a universal approach in partnership with Education.	Linda Currie	140	3.2	125	15	Unlikely that balance of £15k will be delivered.	GREEN	GREEN	15	15
5	Rural Cowal Out of Hours Service	Carry out review of service delivery model and implement service re-design.	Allen Stevenson	300	2.9	0	300	No evidence of progress being made to release savings. Service should be provided from Dunoon but would require the co-operation of GPs, delivery of the saving is not fully within the control of the service.	RED	RED	300	300
6	Re-design Community Hospital - Cowal	Re-design provision of services across the Argyll and Bute area, with a focus on quality outcomes and aligning service provision to capacity and current service delivery requirements. By shifting the balance of care as a result of reduced length of stay, reduced Delayed Discharges and reduced energy admissions.	Allen Stevenson	500	6.7	0	500	A review of in-patient services has concluded that it is possible to reduct the number of beds in Cowal Community Hospital by 6 from 20 to 14, achieving a recurring saving on nurse staff costs of £123k. A proposal is being presented to the LPG for agreement prior to implementation. Bed numbers would require to reduce further to deliver the full saving. No saving has been declared to date for 2016-17 but there are underspends in nursing staff costs.	RED	RED	377	377
7	Re-design Community Hospital - Victoria Hospital, Bute		Allen Stevenson	250	4.1	0	250	The current plan is to reduce the number of beds in Rothesay Victoria Hospital by 5 from 13 to 8. This could achieve a recurring saving of £33k in nursing staff costs. However no commitment has been provided by the locality to achieve any saving and to date the budget is overspent.	RED	RED	250	250
8	Re-design - Lorn and Islands Hospital		Lorraine Paterson	500	11.5	288	212	The current plan is to re-design the medical unit reducing the bed compliment from 42 to 34, a reduction of 8. This will achieve savings of £288k on nursing pay costs, savings declared to date for 2016-17 relate to reductions in one ward.	AMBER	AMBER	212	212
9	Re-design Community Hospital - Mid Argyll		Lorraine Paterson	500	22.0	350	150	This target relates to savings on nurse staff costs from a reduction of 17 beds in the lower ground floor dementia ward. This savings should be achieveable in the longer term as the delay in implementation for 2016-17 is due to low staff turnover.	GREEN	AMBER	150	150

INTEGRATION JOINT BOARD **APPENDIX 2**

QUALITY AND FINANCIAL PLAN PROGRESS - DECEMBER 2016

				TARGET 2016-17		Achieved December 2016	Remaining						
New Ref	Service Area	Description	Lead	Budget Reduction £000	FTE Reduction	£000	£000	Progress	ORIGINAL Risk of Delivery (RAG)	CURRENT Risk of Delivery (RAG)	Projected Shortfall 2016-17	Projected Shortfall 2017-18 onwards.
10	Re-design Community Hospital - Kintyre	Re-design provision of services across the Argyll and Bute area, with a focus on quality outcomes and aligning service provision to capacity and current service delivery requirements. By shifting the balance of care as a result of reduced length of stay, reduced Delayed Discharges and reduced energy admissions.	Lorraine Paterson	250	3.8	18	232	The initial plan was to reduce by 4 beds, this has now been changed to reduce staffing levels while maintaining the existing bed complement. To deliver additional savings in 2017-18 there would need to be a willingness and a plan to reduce bed numbers and the staffing levels further.	RED	RED	232	232
11	Re-design Community Hospital - Islay		Lorraine Paterson	250	5.5	20	230	A review of nurse staffing has produced a small saving, it is difficult to see how further savings can be achieved while an in-patient facility remains open. Staffing levels are now 3 per shift and there is no support to reduce this any further.	RED	RED	230	230
12	Argyll and Bute Hospital Staffing	Transfer of inpatient mental health services from Argyll and Bute Hospital to MACHICC.	Lorraine Paterson	300	8.4	147	153	On track to be fully delivered.	GREEN	GREEN	0	0
13	Closure of West House	A number of support services for Argyll and Bute Hospital are provided from this building, staff would be relocated to other available accommodation.	David Ross	500	0.0	131	369	In progress. Full saving will not be realised until building fully closes. Much work has still to be done to re-locate staff and services from West House and Succoth.	AMBER	AMBER	100	100
14	Closure of AROS	A number of support services including HR and Finance are provided from this building, staff would be relocated to other available accommodation.	David Ross	150	0.0	0	150	High risk as substantial amount of work remaining to arrange re-location of staff and services from the building. Unlikely that any saving will be achieved in 2016-17. Work to re-locate staff will have to be pushed forward to ensure the full saving can be achieved in 2017-18.	RED	RED	150	150
15	Kintyre Medical Group	In the longer term it is anticipated that the operation of the services will be taken on by Campbeltown Medical Practice, a transitional plan is in development to support this change.	Lorraine Paterson	75	2.0	0	75	No saving achieved to date. No certainty over delivering this service and the costs associated with the service transferring.	GREEN	RED	25	25
16	Management & Corporate Staffing	Level of staffing review, reduced with no or limited impact on service delivery.	George Morrison	200	5.0	127	73	Savings achieved to date are the removal of a post from the finance team and reductions to legal and consultancy costs. Unlikely that full saving will be achieved in 2016-17 on an a recurring basis going forward.	AMBER	RED	73	73
17-20	Locality General Savings 1%	Efficiency savings target applied across localities.	Allen Stevenson/ Lorraine Paterson/ Louise Long	602	0.0	587	15	On track to be fully delivered.	AMBER	AMBER	0	0
21	Review Day Hospital Services for Older People with Dementia	Re-design of traditional day services.	Lorraine Paterson	25		0	25	No savings achieved as yet, dependant on the closure of the day hospital service in Campbeltown.	AMBER	AMBER	0	0
22	IT Services	Productivity gains and telephony cost reduction.	Stephen Whiston	50	0.0	0	50	Business case being developed for longer term savings in telephones and IT, unlikely that any savings will be delivered this financial year. The investment required to extend the Lync system across the HSCP is significant and could also deliver significant savings. Recommended that this saving is removed from the plan and replaced with savings in line with the business case when this has been developed.	RED	RED	50	50
23	AHP Service Redesign Helensburgh for Dietetics and Podiatry	Identify opportunities and deliver re-design within the community mental health team.	Allen Stevenson	42	0.0	15	27	Unlikely to fully achieve target, specifically in relation to Dietetics.	AMBER	AMBER	27	27
24	CMHT Nursing Redesign Helensburgh		Allen Stevenson	11		11	0	Achieved.	GREEN	GREEN	0	0
25	Islay - Reduction in Patient Travel	Investigate and where possible provide appropriate services locally to reduce travel.	Lorraine Paterson	30		30	0	Achieved.	GREEN	GREEN	0	0
26	Public Health Services Redesign		Elaine Garman	35		35	0	Achieved.	GREEN	GREEN	0	0

QUALITY AND FINANCIAL PLAN PROGRESS - DECEMBER 2016

				TARGET 2016-17		Achieved December 2016	Remaining					
New Ref	Service Area	Description	Lead	Budget Reduction £000	FTE Reduction	£000	£000	Progress	ORIGINAL Risk of Delivery (RAG)	CURRENT Risk of Delivery (RAG)	Projected Shortfall 2016-17	Projected Shortfall 2017-18 onwards.
27	Kintyre Patient Transport Redesign	Investigate and where possible provide appropriate services locally to reduce travel.	Lorraine Paterson	25		0	25	No evidence of progress to date and no plans in place to re-design the service. Savings would require reducing air travel and the number of patient escorts.	AMBER	AMBER	25	25
28	Mid Argyll/A&B Hospital Catering Services	Relocation and Conversion to Cook/Freeze	Lorraine Paterson	50		50	0	Achieved.	GREEN	GREEN	0	0
29	Mid Argyll Operational Teams Redesign	Re-design and restructure community teams to deliver single system approach to care delivery	Lorraine Paterson	20		0	20	In progress.	AMBER	AMBER	0	0
30	Child Health	Review of child health medical staffing levels.	Louise Long	10		10	0	Achieved.	GREEN	GREEN	0	0
31	Learning Disabilities	Review the provision of day services considering external provision.	Lorraine Paterson	25		0	25	In progress, not expected to be delivered in 2016-17.	AMBER	AMBER	25	25
32	Clinical Governance	Review of clinical governance team workload and staffing.	Liz Higgins	20		0	20	In progress, not expected to be delivered in 2016-17.	AMBER	AMBER	20	20
33	Infection Control	Review of infection control team workload and staffing.	Liz Higgins	10		10	0	Achieved.	AMBER	AMBER	0	0
34	Child Protection Services	Review of child protection services budget.	Liz Higgins	20		20	0	Achieved.	GREEN	GREEN	0	0
35	Medical Physics	Review provision of medical physics services to Argyll and Bute.	Lorraine Paterson	15		15	0	Achieved.	GREEN	GREEN	0	0
36	Community Dental Service	Review of community dental services and staffing levels.	Euan Thomson	25		25	0	Achieved.	GREEN	GREEN	0	0
37	Custodial Healthcare	Anticipated cost reduction in the provision of out of hours services in the Cowal and Helensburgh areas.	George Morrison	20		30	-10	Achieved.	GREEN	GREEN	0	0
38	Review of Budget Reserves	Review of uncommitted and discretionary spend budgets held in reserve. This relates to budgets where either Scottish Government funding has been received and not yet allocated or locally established budgets relating to forecast cost increases or service developments. For these monies the funds aren't released to managers until there is a clear spending plan, where these do not come forward the budget reserves can be undercommitted.	George Morrison	300		271	29	On track to be fully delivered.	GREEN	GREEN	0	0
39	Older People's Services	Undertake a longer term review of Council owned care homes across Argyll and Bute during 2016-17 with a view to reducing placement costs.	Allen Stevenson/ Lorraine Paterson		tbc		0	No specific target. References 55 to 57 are options to take this work forward.			0	0
40	Learning Disabilty Service	Undertake a longer term review of Council run Learning Disability Day Services/Resource Centres during 2016-17 to establish demand in each locality and develop options for person-centred service re-design.	Allen Stevenson/ Lorraine Paterson		tbc		0	No specific target.			0	0
41	Social Work Administration Staffing	Removal of vacant and temporary posts, will be implemented as part of a review of the administration services across the whole partnership.	Louise Long	100	5.0	100	0	Achieved.	GREEN	GREEN	0	0
42	Reduce Printing and Postage Costs	Will be delivered through increased use of electronic communication such as email	Stephen Whiston	18	0.0	18	0	Achieved.	GREEN	GREEN	0	0
43	Public Dental Service	Recurring allocations are included in the Health offer of funding. There has been a confirmed reduction to the Public Dental Service allocation which represents a 5% reduction. There has been a roll back of provision in advance of this reduction and the budget is forecast to be underspent by £205k in 2015-16. The reduction can be met through non-filling of vacant posts.	Euan Thomson	176	tbc	175	1	Achieved.	GREEN	GREEN	0	0
44	Reduction to Outcomes Framework Allocations	Recurring allocations are included in the Health offer of funding. A number of previous allocations issued separately have been rolled up into a new Outcomes Framework Allocation. This includes for example eHealth, Effective Prevention, GIRFEC, Policy Custody, Dental Services. The total funding was £2.2m in 2015-16 and the reduction represents a 5.5% reduction. A plan will be drafted for a targeted approach to a reduction from the Outcomes Framework allocations with a focus on reducing discretionary/non-recurring costs.	Liz Higgins Stephen Whiston Euan Thomson Elaine Garman	124		153	-29	Achieved.	GREEN	GREEN	0	0
45	Ardlui Respite Facility	Services at Ardlui have consistently been charged for at the intensive service cost rate. Cost reductions could be achieved by reviewing the rates paid to the supplier to ensure that the appropriate rate is paid for each child.	Louise Long	10	0.0	0	10	Following a review of the demands, pressures and savings identified in May, this saving has been reviewed and up-to-date commitment data suggests that this saving will not materialise. However, the saving is fully offset by reductions in the forecast demand/cost pressure previously assessed against the Children's Houses and children with a disability on a recurring basis.	GREEN	RED	10	10

QUALITY AND FINANCIAL PLAN PROGRESS - DECEMBER 2016

				TARGET 2016-17		Achieved December 2016	Remaining					
New Ref	Service Area	Description	Lead	Budget Reduction £000	FTE Reduction	£000	£000	Progress	ORIGINAL Risk of Delivery (RAG)	CURRENT Risk of Delivery (RAG)	Projected Shortfall 2016-17	Projected Shortfall 2017-18 onwards.
46	Other Residential Respite	Although an unpredictable budget, regular monitoring and control of services and costs could yield a cost saving over the year unless a high dependency case arises which uses up the funds available.	Louise Long	10	0.0	0	10	The 2016-17 saving will not be delivered due to demand for services for 2 high need clients. Expected to be delivered for 2017-18 as one of the two current high cost service users using this budget will transition to Adult Services.	GREEN	AMBER	10	0
47	Adoption	Review the payments made to adoptive parents where they are continuing to receive payments equivalent to the foster care rates in order to produce cost savings.	Louise Long	10	0.0	0	10	The 2016-17 saving will not be delivered due to increased demand for the service.	GREEN	AMBER	10	0
48	Children's Houses	Review the rotas operating in the children's houses to negate the affect of absence and assist with the additional support required by several high dependency young people. One area to consider is increasing the pool of staff to avoid anyone working beyond 37 hours per week drawing overtime costs.	Louise Long	30	0.0	30	0	Achieved.	GREEN	GREEN	0	0
49	Foster Care	Review one external foster care placement and move child to Shellach View/internal foster carer in order to reduce costs.	Louise Long	30	0.0	30	0	Achieved.	GREEN	GREEN	0	0
50	Residential Placements	Arrange to transfer three existing externally placed young people into the Council's children's houses at the earliest opportunity in order to reduce costs. Additional savings may be available within this activity but may be required to support Kinship Care Payments dependant upon the uptake of the new Kinship Care Orders.	Louise Long	22	0.0	0	22	Due to two new unplanned placements into external residential care this saving will not be realised in 2016-17. Plans are being developed to repatriate as many children back to Argyll as possible which could produce a saving in 2017-18.	GREEN	AMBER	22	0
51	Supporting Young People Leaving Care	Likely cost avoided from lead time to implement Alternatives to Care project.	Louise Long	17	0.0	22	-5	This saving will not be recurring in 2017-18 when the new team is in place.	GREEN	AMBER	0	17
52	Consultation Support Forum	Likely cost avoided from lead time to implement revised service model.	Louise Long	5	0.0	5	0	A delay in the Life Choices Initiative is likely to lead to this saving being delivered in 2016-17 but this is not likely on a recurring basis.	GREEN	RED	0	5
53	Children Affected by Disability	Cost avoided due to clients transferring to Adult Services.	Louise Long	15	0.0	15	0	Achieved.	GREEN	GREEN	0	0
54	Homecare Review	Comprehensive re-design to incorporate: - Integrating reablement services for assessment and care management - homecare procurement and external providers - change delivery model from time and task to outcome focussed - integrate external providers into assessment and care management process - delivering services on a patch basis to reduce unproductive time	Allen Stevenson/ Lorraine Paterson	375	0.0	193	182	The Commissioning Team have started to work on a patching model for service distribution across Argyll. £193k of this saving has been delivered in East Argyll but no progress has ben made in West Argyll to date. It is unlikely that the remaining £182k will be delivered in 2016-17 from West Argyll, there is the possibility of East delivering a little more as patching arrangements kick in. It is likely that all of the savings will be achieved on a recurring basis.	AMBER	RED	182	125
55	Struan Lodge Service Re-design	Re-design the service provided by the teams at Struan Lodge Care Home and Struan Day Service to end residential care on the site and instead create a community support hub which provides reablement, drop-in, assessment and review and day/social support to older people, including people with dementia, in the Cowal area. This would include a review of the vehicles used by the new service to support the provision of a community transport service for all client groups across Cowal (for example taking patients home from hospital etc.). As staff turnover allows, divert funds to support befriender schemes in Cowal to improve services in the community, supported from the hub. The lead in time for delivering on this could be significant as the service is re-designed.	Allen Stevenson	175	14.0	0	175	Decision taken at Special IJB meeting on 2nd November to pause implementation. No saving will be achieved for 2016-17. Assume as decision has not been reversed that this saving will still be achieved for 2017-18, and an additional saving would be achieved as this represented a part-year saving.	AMBER	RED	175	0

INTEGRATION JOINT BOARD **APPENDIX 2**

QUALITY AND FINANCIAL PLAN PROGRESS - DECEMBER 2016

				TARGET 2016-17		Achieved December 2016	Remaining						
New Ref	Service Area	Description	Lead	Budget Reduction £000	FTE Reduction	£000	£000	Progress	ORIGINAL Risk of Delivery (RAG)	CURRENT Risk of Delivery (RAG)	Projected Shortfall 2016-17	Projected Shortfall 2017-18 onwards.
56	Thomson Court Day Service	Review model of dementia day service provision including the balance of funding to provide befriender services in and around Rothesay.	Allen Stevenson	10	3.0	0	10	Decision taken at Special IJB meeting on 2nd November to pause implementation. No saving will be achieved for 2016-17.	AMBER	RED	10	0
57	Tigh a Rudha Care Home	Realign capacity to match the level of service provision required, staffing is reduced in a stepped basis based on registration requirements. Review will look at usage of Hospital beds and will ensure that there is capacity for an element of growth.	Lorraine Paterson	18	1.5	18	0	Achieved.	AMBER	GREEN	0	0
58	Gortonvogie Care Home	Realign capacity to match the level of service provision required, staffing is reduced in a stepped basis based on registration requirements. Review will look at usage of Hospital beds and will ensure that there is capacity for an element of growth.	Lorraine Paterson	18	1.5	0	18	A review of the staffing structure is underway which is expected to deliver some savings most likely from 2017-18 onwards, the extent of which is still to be established. For 2016-17, the unit has over-recovered on income but this cannot be relied upon in future years.	GREEN	AMBER	18	0
59	Bowman Court Progressive Care Centre	Review overnight provision to share staffing resource across the progressive care centre and adjoining hospital. Increase the pool of bank staff based at the unit/work jointly with external providers to provide absence cover, eliminating unfunded overtime and mileage costs. Review grades and tasking of existing staff group to bring them into line with agreed homecare grades.	Lorraine Paterson	80	0.0	0	80	Discussions are ongoing regarding savings proposals put forward by the local management team. A staffing redesign is underway and although this will avoid excess costs, it will not facilitate a reduction in budget. Work remains outstanding in relation to the review of the grades of existing senior staff at the unit. The 2016-17 saving will not be delivered and it is doubtful that the full saving will be delivered during 2017-18.	AMBER	RED	80	80
60	Sleepover Provision	Review overnight support services where it is deemed safe to do so and replace with telecare equipment and the local responder provision.	Allen Stevenson/ Lorraine Paterson	150	0.0	0	150	Work has been ongoing to review existing sleepover packages with a view to replacing with alternative care. Additionally, the Commissioning Team are reviewing how sleepovers are delivered to high risk clients going forward with a view to sharing support/moving to block arrangements where possible. It is expected that changes to packages will commence in early December however, due to the late start in reducing packages and the cost implication of new sleepover rates which address the National Living Wage and European Working Time Directive, the 2016-17 saving will not be achieved. The 2017-18 saving is expected to be achieved, but a different approach will be required to achieve savings, therefore this full saving will be included on teh Q&F plan for 2017-18.	AMBER	AMBER	150	150
61	Internal Mental Health Support Team	Review the level of provision available from the community support team and the role of the internal mental health support worker to consider it if meets the requirements of the service and provides best value. Proposed saving reflects the underspend produced in 2015/16, this is expected to be recurring.	Allen Stevenson/ Lorraine Paterson	60	0.0	0	60	At the moment, given the pressures on the service it is unlikely that the full £60k saving will be delivered in 2017-18.	GREEN	RED	60	60
62	Assessment and Care Management Financial Assessments	Replace four para-professional LGE8 care managers with four LGE6 finance assistants and transfer responsibility for the completion of all financial assessments to the new staff group. Review of current posts including opportunities for accomodating through vacancies or natural turnover.	Allen Stevenson/ Lorraine Paterson	12	0.0	0	12	There are currently no temporary posts available to provide an opportunity to deliver this saving and so it is extremely unlikely that it will be delivered during 2016-17. Unless the implementation of the UAA (Univeral Adult Assessment) progresses dramatically over the next few months, it is unlikely that the 2017-18 saving will be delivered.	AMBER	AMBER	12	12

QUALITY AND FINANCIAL PLAN PROGRESS - DECEMBER 2016

				TARGET 2016-17		Achieved December 2016	Remaining					
New Ref	Service Area	Description	Lead	Budget Reduction £000	FTE Reduction	£000	£000	Progress	ORIGINAL Risk of Delivery (RAG)	CURRENT Risk of Delivery (RAG)	Projected Shortfall 2016-17	Projected Shortfall 2017-18 onwards.
63	Assessment and Care Management Reduction	Remove 2 FTE para-professional care managers across Argyll to reflect the increased pool of staff within the partnership available to undertake assessment and care management work. This would also allow us to protect professional grade staff to ensure that there is capacity to meet the partnership's obligations in relation to adult protection. This cost reduction would capitalise on the benefit of Integration and economies of scale in terms of the staff resource, there would be training requirements but these would be addressed during implementation.	Allen Stevenson/ Lorraine Paterson	30	2.0	0	30	There are currently no temporary posts available to provide an opportunity to deliver this saving and so it is extremely unlikely that it will be delivered during 2016-17. . Unless the implementation of the UAA (Univeral Adult Assessment) progresses dramatically over the next few months, it is unlikely that the 2017-18 saving will be delivered.	AMBER	AMBER	30	30
64	Mid Argyll Dementia Day Service	Review service management arrangements for the Dementia Day Service in Mid Argyll and transfer responsibility to the manager at Ardfenaig. This could be achieved by temporarily redeploying the postholder to the MAKI HCPO post to cover 1 year secondment or into the Kintyre HCO post - both have been advertised.	Lorraine Paterson	18	1.0	10	8	The service has a plan in place to deliver this saving.	AMBER	GREEN	8	0
65	Support for Carers	Review the allocation of funding to carers support groups, establish how the funding is used, identify what supports are provided, ensure resources are targeted to support vulnerable carers, establish if best value is being delivered, disinvest during 2016/17 to gather resources for use in 2017/18 to support the introduction of the Carers Act. This would be a review of how this money is currently invested to ensure that value for money is being achieved and potentially achieving efficiencies.	Allen Stevenson/ Lorraine Paterson	75	0.0	9	66	The Commissioning Team have identified slippage on the spending of at least one group and are reviewing the funding allocation. It is unlikely that the remaining saving of £66k will be delivered in 2016-17. This saving was always intended to be a non-recurring saving for 2016-17 as the budget is required for investment in support for carers from 2017-18 onwards.	AMBER	RED	66	75
66	Supported Living Services	Review existing supported living services to ensure that services are providing best value, are consistent with the partnership's priority of need eligibility criteria and that the non-residential care charging policy is being applied appropriately and consistently. Re-assessments would be carried out to ensure the appropriate level of service is being delivered, it is expected that this would deliver efficiencies and cost reductions.	Allen Stevenson/ Lorraine Paterson	100	0.0	0	100	The service is actively working with suppliers to review and reduce care packages where possible. The service and commissioning team are confident that they can achieve this saving going forward into 2017-18.	AMBER	GREEN	100	0
67	Learning Disability Day Services	Review internal day support provision for learning disabled clients.	Allen Stevenson/ Lorraine Paterson	110	0.0	49	61	The saving achieved for 2016-17 is as a result of vacant posts which will not be removed on a recurring basis. There review of the resource centres requires to be completed before the savings will be achieved on a recurring basis.	GREEN	RED	61	110
68	Homecare Packages	Review small number of high cost homecare packages to ensure that person centred care needs and outcomes are met but on an affordable basis through packages that provide value for money. This would involve looking at packages on a case by case basis and ensuring that processes are put in place to ensure best value whilst balancing this with meeting the need of individual clients.	Allen Stevenson/ Lorraine Paterson	200	0.0	103	97	Savings have been delivered in East Argyll, the remaining balance of £97k is not likely to be delivered in 2016-17. The ability to deliver the saving on a recurring basis will be dependent upon the success of service redesign work to intervene earlier in cases to prevent clients becoming high resource individuals.	AMBER	RED	97	100
		Total Budget Reduction		**8,498**	**103.1**	**4,395**	**4,103**				**3,462**	**3,135**

INTEGRATION JOINT BOARD **APPENDIX 3**

FINANCIAL RISKS - DECEMBER 2016

				LIKELIHOOD		
Ref	**TITLE OF RISK**	**DESCRIPTION OF RISK**	**MITIGATIONS/ACTIONS IN PLACE**	**SCORE**	**OVERALL LIKELIHOOD**	**POTENTIAL FINANCIAL IMPACT £000**
1	Commissioned Services	The volume of high cost care packages increases	Closer scrutiny of applications for care packages.	4	Likely	250
2	Adult Care - Older People Service Demand	Demand for services for older people (ie over 65s) exceeds the demand pressure already factored into the budget.	Ongoing monitoring and reporting of service demand and provision costs to IJB management team.	3	Possible	600
3	Prescribing	Costs increase through national pricing agreements, new drugs are introduced, volumes dispensed increase.	Closer working with prescribers to ensure formulary compliance and Best Value.	3	Possible	500
4	Adult Care - Younger Adult Service Demand	Demand for services for younger adults (ie under 65s) exeeds the demand pressure already factored into the budget.	Ongoing monitoring and reporting of service demand and provision costs to IJB management team.	3	Possible	300
5	Integrated Equipment Service	Demand for the community equipment service continues to grow and budget is under pressure, this is expected to increase with the shift in the balance of care.	Efficient running of Integrated Equipment Service, prioritisation of need and procurement processes.	3	Possible	200
6	Local Healthcare Treatments	Activity levels of locally provided treatments are not contained and grow significantly	Management of volume of service provided locally and re-design of pathways.	3	Possible	200
7	Children and Families - Children's Houses	Service unable to access and use all of the available capacity within the three children's houses due to the potential risks to others posed by specific existing residents.	Continuous review of the support required by and risks posed by the young people involved.	2	Unlikely	500
8	Children and Families - Continuing Care	Relatively new area of support for Looked After Children introduced under the Children and Young People Act. Unclear as to the expectations / wishes of the affected young people in relation to the support they need / want over the next year.	Ongoing monitoring and reporting of service demand and provision costs to IJB management team. Ensure that Argyll and Bute responds to any information requests from COSLA or the Scottish Government in relation to funding allocations for this service area.	2	Unlikely	300

INTEGRATION JOINT BOARD **APPENDIX 3**

FINANCIAL RISKS - DECEMBER 2016

				LIKELIHOOD		
Ref	**TITLE OF RISK**	**DESCRIPTION OF RISK**	**MITIGATIONS/ACTIONS IN PLACE**	**SCORE**	**OVERALL LIKELIHOOD**	**POTENTIAL FINANCIAL IMPACT £000**
9	Children and Families - Kinship Care	Demand for Kinship Care Allowances exceeds the budget provision and / or the awaited Scottish Government guidance leads to an increase in allowance values or the number of people who qualify for support.	Ensure that Argyll and Bute responds to any information requests from COSLA or the Scottish Government on the implications of any changes to guidance and / or funding allocations.	2	Unlikely	300
10	Children and Families - Children's Houses	Impact of additional staffing required to support young people with highly complex needs.	Intensive review of the needs and support requirements of the young people involved.	2	Unlikely	100
11	Children and Families - Child Protection	Inability to recruit suitably qualified and experienced social workers to manage and deliver child protection services.	Backfill vacant posts with agency staff where required. Adjust the hours worked by agency staff to contain costs within the budget available for the vacant post. *Agency staff may be required to provide full cover where the risks associated with partial replacement of vacant posts are too high and the Partnership is unable to meet its statutory child protection obligations.*	2	Unlikely	100
					TOTAL	**3,100**

INTEGRATION JOINT BOARD **APPENDIX 4**

OTHER PROJECT FUNDING

Integrated Care Fund

Project	16-17 Budget	Spend to December 2016	Forecast Y/E Spend	Forecast Y/E Outturn
	£'000	£'000	£'000	£'000
Scottish Care Local Integration Leads	64	48	64	0
Business Transformation Manager (Split 50/50 with DD)	30	22	30	0
Project Manager	36	32	41	(5)
Agile Working (ICPB 21 Sept 2016)	5	0	5	0
Management and Prevention of Falls	41	20	41	0
Commissioning Posts x 2	96	70	96	0
Reablement Service	234	148	244	(10)
Public Health Post	52	31	52	0
Self Management Programme	14	0	14	0
Care & Repair Team	80	60	80	0
Preventative health improvement (ICPB 21 Sept 2016)	70	18	70	0
Helensburgh & Lomond Locality Allocation	254	42	216	38
Cowal & Bute Locality Allocation	298	83	228	70
Oban, Lorn & Isles Locality Allocation	221	8	123	98
Mid Argyll, Kintyre & Islay Locality Allocation	283	128	190	93
Integrated Equipment Store	138	103	138	0
Support Community Reablement & Intermediate Care	40	0	40	0
Helensburgh block purchase of care at home for reablement	20	0	20	0
Advanced Healthcare Monitoring System for Reablement Teams	31	0	31	0
X-PERT training programme for type 2 diabetes	9	3	9	0
Sub Total	**2,016**	816	1,732	284
Uncommited funding	**212**			212
Total Budget	**2,228**			**496**

Delayed Discharge

Project	16-17 Budget	Spend to December 2016	Forecast Y/E Spend	Forecast Y/E Outturn
	£'000	£'000	£'000	£'000
Helensburgh ICAT	141	63	112	29
Islay Overnight Service (Carr Gorm)	45	0	45	0
Mull Overnight Service	45	0	45	0
Business Transformation Manager (Split 50/50 with ICF)	29	22	29	0
Care First Enterprise License	75	75	75	0
Recruitment drive (email 7 Oct 16)	5	0	5	0
Uncommited funding	212	0	0	212
Total budget	**552**	**160**	**311**	**241**

Technology Enabled Care

Project	16-17 Budget	Spend to December 2016	Forecast Y/E Spend	Forecast Y/E Outturn
	£'000	£'000	£'000	£'000
TEC Management	77	67	77	0
Workstream 1 - Home Health Monitoring	95	22	95	0
Workstream 3 - Living it Up	51	30	51	0
Workstream 4 - Teleheath & Telecare	171	69	171	0
Sub Total	**394**	**188**	**394**	**0**
Uncommited funding	**181**			**181**
Total Budget	**575**		**C/F to 17/18**	**181**

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.i (b)

Date of Meeting : **25 January 2017**

Title of Report : **Updated Budget Outlook 2017-18 and 2018-19**

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

The Integration Joint Board is asked to :

- **Note** the indicative budgets and resulting budget gap for 2017-18 of £16.3m and for 2018-19 of £5.7m, and note that this position has materially changed from previous estimates following the Local Government and Health funding settlement announcements
- **Note** that this is not the final position, there is still further clarity required around cost and demand pressures and the funding offers from both partners, further updates will be provided to the Board leading up to the approval of the budget
- **Note** the requirement for the Integration Joint Board to approve a balanced Integrated Budget by 31 March 2017, and where this is not possible there will be a requirement to inform the Scottish Government
- **Note** the ongoing requirement for development of the Quality and Financial Plan for the next two years in line with the updated estimated budget gap and the previously agreed timeline.

1. EXECUTIVE SUMMARY

1.1 The IJB is facing a challenging financial outlook with an updated estimated budget gap of £16.3 m and £5.7m for the remaining two years of the Strategic Plan. There is a Quality and Financial Plan in place to address savings of £8.5m for 2016-17 and plans are underway to develop a Quality and Financial Plan covering the years 2017-18 and 2018-19.

1.2 The outlook position reported to the IJB on 30 November 2016 was an estimated gap of £10.0m and £6.4m for 2017-18 and 2018-19. This position has deteriorated significantly, particularly for 2017-18 following the Local Government and Health budget settlements. The main reasons for this being reductions in the expected funding allocations from partners and unfunded cost and demand pressures. The key areas are noted below:

- £107m transferred to social care services is not provided by the Scottish Government in addition to the Health Board uplift

- Additional costs of implementing Living Wage, which are in excess of £100m transferred to social care services
- Reduced Health Board uplift from 1.8% to 1.5%
- Potential reduction to Argyll and Bute NRAC share of NHS Highland funding
- Impact of 2016-17 outturn in relation to projected overspend position and delivery of recurring savings
- Requirement for social care cost and demand pressures and inflationary cost increases to be accommodated from within delegated budget

1.3 There is a particular challenge for the Integration Joint Board in producing a balanced budget by 31 March 2017, with the budget gap being very heavily weighted to 2017-18, with estimated reductions of 6.4% and 2.2% in each of the years. This profiles the majority of the savings requirement to 2017-18, this is a particular concern in terms of planning and delivering savings of this scale in an accelerated timescale. Consideration should be given by the Board as to whether this level of funding is adequate to deliver the delegated services in line with the objectives in the Strategic Plan and whether the level of savings is achievable, particularly for 2017-18.

1.4 Indications are that one-year financial offers will be submitted by both partners, this does not preclude the IJB from planning for a two year budget from 2017-18 to 2018-19 to sit alongside the delivery of the Strategic Plan, and the IJB has already agreed to this principal. There are significant cost and demand pressures due to the nature of services delivered and this is likely to be a continuing trend in future years with an ongoing requirement to address a funding gap. The changes required to service delivery are significant and the transformational change can only be delivered if services have the appropriate time to plan and implement savings.

1.5 There remains a degree of uncertainty around the financial offers from the Health Board and Council and this budget outlook has been based on indicative information provided by both partners. There remains a significant risk in terms of financial planning for the IJB in terms of the timescale for having formal financial offers and identifying the final budget gap.

1.6 The financial assumptions and budget outlook will be updated as more information becomes available and there is more certainty around the budget allocations available and the cost and demand pressures, the most up to date position will be presented to the IJB at the earliest opportunity.

1.7 A proposed timeline was agreed by the IJB at the development session on 28 September for the development of plans to balance the budget, this work is currently underway and progress was reported to the IJB at the further development session on 13 December. Further progress will be updated in the January development session and further sessions with the IJB prior to the planned approval of the budget at the IJB meeting in March 2017.

2. INTRODUCTION

2.1 The Integration Joint Board is required to allocate the resources it receives from the Health Board and Council in line with the delivery of the Strategic Plan. The Board is able to use its power to build up reserves so that in some years it may plan for an underspend to build up reserve balances and in others to break-even or to use a contribution from reserves in line with a reserves policy. The

IJB currently don't have any balances held in reserves, a reserves policy will be presented to the IJB in March for approval.

2.2 The approach to the budget planning for 2017-18 and 2018-19 is set out in the Scheme of Integration as an incremental approach using the 2016-17 budget as a baseline, taking into account cost and demand pressures, inflation and the impact of previously agreed budget savings. This approach to building up costs when compared with the funding available will inform the IJB on the overall budget gap to be addressed for the remaining period of the Strategic Plan.

2.3 The updated budget outlook for 2017-18 and 2018-19 is set out in the report. There are significant cost and demand pressures to be funded together with reductions in the funding available and these give rise to the overall budget gap. A Quality and Financial Plan will require to be developed and approved by the IJB by 31 March 2017 to ensure the delivery of a balanced budget. The position presented in this report is the most up to date estimate of the financial position for 2017-18 and 2018-19, this is subject to change as costs are finalised and formal financial offers are received from the Health Board and Council.

3. DETAIL OF REPORT

3.1 BASELINE BUDGET 2016-17

3.1.1 The starting point for developing the budget for 2017-18 is to use the 2016-17 budget allocation as a baseline position.

3.1.2 The base budget for 2016-17 is outlined in the table below:

	2016-17		
Partner	Approved Budget £m	Reported Position £m	Difference £m
Health	195.868	197.246	1.378
Council	55.663	55.798	0.135
Additional SG Funding	4.580	4.580	0.000
Partnership Total	**256.111**	**257.624**	**1.513**

3.1.3 The difference in the overall funding in 2016-17 is mainly due to the allocation of additional non-recurring budgets or funding during the year, therefore the planning assumption should be based on the original approved baseline budget for 2016-17.

3.1.4 The Integration Joint Board submitted a request to the Council for an additional £0.110m of funding in 2016-17 on a recurring basis to fund the shortfall in the cost of the Living Wage implementation for 2016-17, this has been approved by the Council's Policy and Resources Committee with a recommendation that full Council approve this on 26 January, it is assumed that this will be approved by the Council and therefore this is included in the approved budget figure.

3.2 COST/DEMAND PRESSURES AND INFLATION

Cost and Demand Pressures

3.2.1 Cost and demand pressures in relation to both health and social care services are expected to outstrip any available funding uplifts and will have a significant contribution to the overall budget gap. There was some uncertainty around the funding of cost and demand pressures, particularly in relation to some of the anticipated pressures from the delivery of social care services and whether additional funding would be passed over from the Scottish Government to fund these. The position in terms of these has been clarified following the Local Government finance settlement, which was announced in the middle of December.

3.2.2 The cost and demand pressures noted below require to be included in the updated budget outlook:

Cost/Demand Pressure	**2017-18 £m**	**2018-19 £m**
Health Care Packages - Existing and New Packages	0.495	0.200
Prescribing Growth	0.386	0.386
Health - Apprenticeship Levy	0.295	0.000
Health - NDR Revaluation	0.250	0.000
Remote and Rural Project	0.223	0.000
New Medicines Funding	0.700	0.000
Other existing Health Pressures	0.544	0.000
Other new Health Pressures	0.558	1.000
£107m commitment - Living Wage Implementation Costs	2.391	0.720
£107m commitment - Veterans and Carer's Act	0.139	0.000
Adult Care Growth	0.600	0.600
Younger Adults supported living	0.300	0.300
Carer's Act	0.000	0.400
Continuing Care	0.500	0.735
Sleepovers - Children's Services	0.116	0.000
Criminal Justice Services	0.200	0.000
Social Care - Apprenticeship Levy - HSCP share	0.131	0.000
TOTAL	**7.828**	**4.341**

3.2.3 There is a cost pressure in relation to prescribing, this has been included in the budget outlook for transparency as there will be an estimated 2% growth in prescribing demand, however the expectation is that this demand increase will be accommodated from savings in prescribing, these savings will be outlined in the Quality and Financial Plan.

3.2.4 The Local Government Finance Settlement outlined that:

"*the additional £250m support for health and social care provided by the NHS through the Integration Fund in 2016-17 will be base-lined from 2017-18 and in addition, this will be increased by a further £107m to meet the full year costs of the joint aspiration to deliver the Living Wage for social care workers, sleepovers and sustainability (£100m) and removal of social care charges for those in receipt of war pensions and pre-implementation work in respect of the new carers legislation pressures (£7m)"*

3.2.5 Included in the cost and demand pressures is the estimated cost of the Living Wage implementation which totals £2.391m for 2017-18 and a further £0.720m in 2018-19, this assumes there will be a further stepped increase in the Living Wage rate. There is also a provision for the Veterans and Carer's Bill pre-implementation, which have been included as a cost pressure on the basis of the £7m funding allocation.

3.2.6 In terms of the Living Wage the funding of £100m was split into four different elements. These are outlined in the table below together with the estimated costs of implementation of each element:

Living Wage Element	**Estimated Share £m**	**Estimated Cost £m**	**(Shortfall)/ Excess £m**
£50m full year impact of implementation	0.915	1.410	(0.495)
£20m to uplift rates to new living wage rate of £8.45	0.732	0.577	0.155
£20m sustainability			
£10m sleepovers	0.183	0.404	(0.221)
TOTAL	**1.830**	**2.391**	**(0.561)**

3.2.7 The sleepover allocation will be kept under review by the Scottish Government as to the adequacy of this funding, the allocation for sustainability recognises that providers may not be in the position to contribute 25% of the costs in 2017-18. Additional advice is that implementation of the higher rate of £8.45 would only require to be implemented from 1 May 2017 and sleepovers will only require to be uplifted to the National Living Wage rate of £7.50, otherwise the expectations are the same as those in 2016-17 and there is no requirement to extend the implementation to Children's services. A detailed piece of work has been carried out to estimate the cost of full year implementation on these terms for 2017-18 and the total estimated cost is £2.391m. It is clear from the table above that the shortfall in funding is from the elements intended for the full year impact of implementation and sleepovers.

3.2.8 In 2017-18 the estimated share of £107m for the IJB would be £1.969m, this is an estimate based on the share of the £250m allocated in 2016-17. The cost pressures in the table total £2.530m and are therefore greater than the expected allocation by £0.561m, this is due to the actual costs of the Living Wage implementation being greater than the expected share of £100m.

3.2.9 Following the Local Government Finance Settlement we now have some clarity around any additional funding for other cost and demand pressures. The impact of this is explained later in the report in terms of the expected funding and impact on the budget gap. In summary the expected cost and demand pressures included an expectation that additional Scottish Government funding would accommodate the Living Wage costs, this has not been fully funded. There was also an expectation that there would be funding for Continuing Care, for 2017-18 there is additional funding of £0.010m, however this is insufficient to cover the cost of implementation. New Medicines funding allocated to Health Boards in 2016-17 on a non-recurring basis will also not be funded in 2017-18.

3.2.10 In the previous budget outlook report presented to the IJB in November there were assumptions around the funding associated with social care cost and demand pressures, the position presented at that point included the expected worst case scenario outlined in the Council budget outlook. In the budget outlook at that time there was an assumption that all of the cost and demand pressures would be added to the overall Council funding gap before this position was allocated to services, and at that stage there was no indication that the IJB would need to directly fund the social care cost and demand pressures over and above an allocated share of the overall Council budget gap. We have not yet received a formal offer of funding from the Council, however they have indicated that they are including in their budget outlook position that the Integration Joint Board will accommodate any social care cost and demand pressures from within the delegated budget, the impact of this is outlined later in the report.

3.2.11 The position outlined above represents the current expected cost and demand pressures, these are subject to ongoing review and scrutiny by the Strategic Management Team and there may be changes to these costs for the final budget outlook. The estimated pressures for 2018-19 are particularly difficult to quantify and will be subject to continual review and horizon scanning.

3.2.12 Cost and demand pressures are one of the main contributing factors to the overall financial gap, as such the IJB should scrutinise these suitably to ensure that these are valid and necessary in terms of delivering the outcomes in the Strategic Plan. Further detail on the cost and demand pressures together with the reasons for including them in the draft budget will be provided in the budget outlook report prior to the Board approving the budget.

Inflation

3.2.12 The current expected inflationary increases to the baseline budget are noted below:

Inflation	**2017-18 £m**	**2018-19 £m**
Pay Inflation - assumed 1% pay award all employees	1.057	1.057
Hospital Medication - cost growth 2%	0.050	0.050
GG&C SLA - 1.5% uplift	0.816	0.816
Other Health SLAs - 1.5% uplift	0.307	0.307
Other Health - Energy Cost Increases	0.057	0.057
Other Social Care Increases	0.068	0.068
TOTAL	**2.355**	**2.355**

3.2.13 Inflation is only applied to service budgets where it is deemed to be unavoidable, therefore there is no general inflationary increase for costs applied to any service budgets. The inflationary increases in relation to the Living Wage implementation are now included in the overall cost pressure.

3.3 FUNDING ESTIMATES

3.3.1 The IJB were given funding allocations for one year only for 2016-17. There is a degree of uncertainty around the level of funding that will be available from 2017-18 onwards, no formal offers have been received from Health or Council partners but we have had indications of their planning assumptions in terms of the funding being passed to the Integration Joint Board, following the Local Government and Health finance settlements.

Health Funding

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

Health	**2017-18 £m**	**2018-19 £m**
Baseline	165.229	165.455
Annual allocations	22.289	22.289
Non-Discretionary Primary Care Services	8.350	8.350
NRAC Share Adjustment (from 29.27% to 28.87%)	(2.321)	0.000
Total Baseline Funding	**193.547**	**196.094**
1.5% Uplift	2.547	2.482
Total Health Funding	**196.094**	**198.576**

3.3.3 The Scottish Government had previously advised Health Boards to plan on the assumption that a 1.8% uplift would be applied to the baseline budget for 2017-18 and 2018-19, the uplift has now been confirmed as being 1.5% for 2017-18. There are number of annual allocations, including non-recurring in-year allocations, the funding for 2017-18 onwards is unknown at this stage, however these funds are targeted for specific issues and there would be an expectation that any changes in the level of funding would result in an offsetting increase or decrease to service budgets. The funding in relation to Non-Discretionary Primary Care Services reflects a reimbursement of costs, rather than funding to be allocated to services, any change in this value would have no impact to the bottom line position.

3.3.4 There is a further potential expected adjustment to reduce the Argyll and Bute share of Health funding by an estimated £2.321m in 2017-18. Argyll and Bute has historically been allocated an NRAC share of the totality of NHS Highland funding and an adjustment has been made to the baseline funding for Argyll and Bute on an annual basis to account for this. The NRAC share for 2017-18 indicates that the Argyll and Bute share will reduce from 29.27% to 28.87%, mainly as a result of the reducing population in Argyll and Bute and the increasing population in the rest of the NHS Highland area. The Health Board has not formally communicated that this reduction will be passed onto the Integration Joint Board. However historically the NRAC share has been an acceptable basis for the allocation of funds so at this point in time the assumption in the outlook for the IJB is that there will be an expectation by NHS Highland that this will be implemented.

3.3.5 There was an expectation that the £107m of funding announced by the Scottish Government would be additional funding allocated to Health Boards to be transferred over to social care services, and this was the expected position factored into the previous budget outlook. In reality this transfer to social care services is to be accommodated from within the overall budget settlement for Health Boards which includes the 1.5% baseline uplift. The impact of this is that £1.969m of the 1.5% or £2.547m uplift to the baseline is required to offset the cost of the £107m investment in social care services.

3.3.6 The Scottish Government have communicated to Health Boards that "*NHS contributions to Integration Authorities for delegated health functions will be maintained at least at 2016-17 cash levels".* There is some further clarification required around this statement and the implication for the funding allocated from Health. Clarification on this position will be sought for the IJB.

Council Funding

3.3.7 The Council are yet to provide a formal indication of the funding available, but we have had an informal indication based on the outcome of the Local Government Finance Settlement. The final position will not be confirmed until the Council approve their budget at the end of February 2017.

3.3.8 The table below outlines the estimated funding available from Argyll and Bute Council:

Council	**2017-18 £m**	**2018-19 £m**
Baseline Funding	55.663	54.209
Additional Finance Settlement Funding	0.010	0.000
Estimated Reduction (share of £80m)	(1.464)	(1.464)
Total Council Funding	**54.209**	**52.745**

3.3.9 The additional Finance Settlement Funding relates to additional funding to fund the cost of Continuing Care. There was additional funding totalling £2.4m Scotland wide to fund the costs of Continuing Care, this funding is insufficient and the full cost of implementation is included in as a cost pressure of £0.500m in 2017-18 with a further £0.735m cost in 2018-19. It is assumed that the Council will pass this additional £0.010m of funding allocated in the finance settlement to the IJB.

3.3.10 The Local Government Finance Settlement outlines the Scottish Government expectations in respect of the funding levels from Councils to Integration Joint Boards in 2017-18 in light of the £107m investment in social care services, this is noted below:

"to reflect this additional support local authorities will be able to adjust their allocations to Integration Authorities in 2017-18 by up to their share of £80m below the level of budget agreed with their Integration Authority for 2016-17 (as adjusted where agreed for any one-off items of expenditure which should not feature in the baseline)."

3.3.11 This in effect means that the minimum budget allocation for social care services transferred to the IJB from the Council is the level of budget for 2016-17 less a share of a Scotland wide £80m maximum reduction. Further clarification is being sought on the basis of the £80m allocation, however indications are that this would be based on the total local government GAE and Health NRAC share of resource, on this basis this may be a £1.5m reduction in the funding for 2017-18. The Scottish Government are expected to issue a letter to councils confirming this and detailing the individual shares, the estimated reduction represents a 1.83% share which is in line with the share of the additional £250m in 2016-17. The funding assumption for 2018-19 at this stage is that there would be a similar reduction, however the Local Government Finance Settlement is for one year only.

3.3.12 The previous budget outlook presented to the IJB in November outlined the position at that time in terms of the planning assumption in the Council budget outlook which showed all cost and demand pressures and inflationary increases being accommodated from within the Council budget before the budget gap was identified to be delivered from services. This was illustrated in the previously presented IJB outlook as a further increase in funding from the Council, however we have been advised to plan on the basis that all cost and demand pressures and inflationary increases will require to be accommodated from within the minimum required delegated budget from the Council and therefore there is no additional funding included in the table in respect of cost and demand pressures.

3.3.13 The overall total funding estimates are noted in the table below:

All Funding	**2017-18 £m**	**2018-19 £m**
Health	196.094	198.576
Council	54.209	52.745
Additional SG Funding	4.580	4.580
Total Estimated Funding	**254.883**	**255.901**

3.4 IMPACT OF 2016-17 BUDGET POSITION

3.4.1 The financial position for 2016-17 is outlined in the December budget monitoring report which is also presented to the IJB in a separate report. The financial position for 2016-17 impacts on the budget for future years as there are implications from not delivering previously approved recurring savings, the projected outturn position for the current year and the requirement to re-instate project funding.

3.4.2 There were savings of £8.498m approved for 2016-17. There has been a significant risk with the delivery of the level of savings in the Quality and Financial Plan and the routine monthly budget monitoring reports have been highlighting a projected shortfall in delivery of savings for 2016-17. As at December £3.5m of savings are not expected to be delivered during the current year. This position contributes to the overall projected outturn position for 2016-17. A detailed assessment has been carried out for each of the savings included on the plan and it is estimated that £3.135m of savings approved in 2016-17 have not yet been delivered on a recurring basis, further detail is included in the budget monitoring report. As these savings have not yet been

delivered on a recurring basis and these were required to balance the 2016-17 budget, this amount will require to be added to the overall budget gap for 2017-18 onwards and there may be savings that will require to be reinstated on the plan or alternative savings will require to be identified as part of the development of the Quality and Financial Plan for 2017-18 and 2018-19. The IJB would require to take a decision on removing any savings from the Quality and Financial Plan as these have previously been formally approved. This will be incorporated into the budget planning process.

3.4.3 The projected outturn position for the Integrated Budget at the December budget monitoring period is an overspend of £1.063m, further detail on this position is included in the budget monitoring report. The Scheme of Integration outlines that *"where recovery plans are unsuccessful and an overspend occurs at the financial year end, and there are insufficient reserves to meet the overspend, then the Parties will be required to make additional payments to Argyll and Bute Integrated Joint Board…..Any additional payments by the Council and NHS Highland will then be deducted from future years funding/payments".* There will be further due diligence at the year-end and negotiations around any balance that would be deducted from the 2017-18 allocation of funding. The position is only a projection at this stage, but for planning purposes it is prudent to assume that the current forecast overspend would result in a reduction in funding in 2017-18 and should factor into the overall budget gap. There is a recovery plan in place to address this position, further detail is included in the December monitoring report, there is an expectation from the Strategic Management Team that this position may be reduced by the year-end.

3.4.4 As part of the financial recovery plan it was agreed to review spending plans against non-recurring funding allocations with a view to removing uncommitted elements to bring the 2016-17 position back into balance. As a result of this there were underspends in relation to project funding for example the Integrated Care Fund which have not been fully committed. This funding totalling £0.742m will require to be re-provided in 2017-18.

3.4.5 As a result of the financial position for 2016-17 with the expectation that savings will not be fully delivered and that financial balance will not be achieved the overall impact is that £4.940m of additional savings will require to be added to the Quality and Financial Plan for 2017-18.

3.5 BUDGET GAP PROJECTIONS 2017-18 AND 2018-19

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

3.5.2 There will be one-year offers of funding from Council and Health partners for 2017-18, and no offers have been formally received by either partner. The expectation from the Scottish Government is that "*financial flows to Integration Authorities should be provided in time to allow budgets to be developed by March 2017"*. The intention is for the IJB to approve a two year budget and take decisions about transformational changes to service delivery for a two year period in line with the Strategic Plan, this will also reflect the lead-in time for implementing the service changes and delivering the savings.

3.5.3 The Integrated Budget summary is noted below, together with the resulting overall budget gap for the next two years:

	2017-18 £m	**2018-19 £m**
Baseline Budget	256.111	254.883
Cost and Demand Pressures	7.828	4.341
Inflation	2.355	2.355
Total Expenditure	266.294	261.579
Total Funding	(254.883)	(255.901)
Budget Gap	**11.410**	**5.678**
Quality and Financial Plan 2016-17	3.135	0.000
Projected Outturn 2016-17	1.063	0.000
Reinstate Project Funds	0.742	0.000
Updated Budget Gap	**16.350**	**5.678**
% age of Baseline Budget	**6.4%**	**2.2%**
Cumulative Budget Gap	16.350	22.028

3.5.4 The estimated Integrated Budget gap for 2017-18 is £16.3m and for 2018-19 is a further £5.7m. There are a number of high level assumptions and estimates included within this position, particularly around the budget gap for 2018-19 and these will be subject to change, however this is the best estimate we have based on the information available. The two main areas that may materially impact on this position between now and March would be a significant improvement on the impact of the 2016-17 financial position or a change to the indicated level of delegated budget from the Health or Council partners. At the moment these are the planning assumptions that should be used for developing the Quality and Financial Plan for 2017-18 and 2018-19.

3.5.5 The budget outlook has changed materially to that reported to the Integration Joint Board in November 2016 where there was an estimated budget gap of £10.0m in 2017-18 and a further £6.4m in 2018-19. The main reasons for the worsening of the funding gap in 2017-18 are in relation to the funding assumptions, the key areas are noted below:

- £107m transferred to social care services is not provided by the Scottish Government in addition to the Health Board uplift
- Additional costs of implementing Living Wage, which are in excess of £100m transferred to social care services
- Reduced Health Board uplift from 1.8% to 1.5%
- Potential reduction to Argyll and Bute NRAC share of NHS Highland funding

- Impact of 2016-17 outturn in relation to projected overspend position and delivery of recurring savings
- Requirement for social care cost and demand pressures and inflationary cost increases to be accommodated from within delegated budget

3.5.6 As noted previously it is important that the Integration Joint Board view the estimated budget gap as one bottom line position in terms of taking an integrated approach to plans to balance the budget. However at this stage, given that no formal offers of funding have been received from either partners it is important to understand the implications of the estimated financial settlement of both the Health and the Council partners in terms of the respective budget gap proposed to be transferred to the Integration Joint Board.

3.5.7 The tables below detail the estimated budget gap outlined above split between Health and Council delivered services:

HEALTH	**2017-18 £m**	**2018-19 £m**
Baseline Budget	195.868	196.094
Cost and Demand Pressures	5.420	1.586
Inflation	1.820	1.820
Total Expenditure	203.108	199.500
Total Funding	(196.094)	(198.576)
Total Budget Gap	**7.013**	**0.924**
2016-17 outturn	2.603	0.000
Revised Budget Gap	**9.616**	**0.924**
% reduction (before 16-17 outturn)	3.6%	0.5%

COUNCIL	**2017-18 £m**	**2018-19 £m**
Baseline Budget	55.663	54.209
Cost and Demand Pressures	2.408	2.755
Inflation	0.535	0.535
Total Expenditure	58.606	57.499
Total Funding	(54.209)	(52.745)
Total Budget Gap	**4.397**	**4.754**
2016-17 outturn	2.337	0.000
Revised Budget Gap	**6.734**	**4.754**
% reduction (before 16-17 outturn)	7.9%	8.8%

3.5.8 There is a significant impact from both sides of the budget in relation to the 2016-17 outturn as a result of the delay in the delivery of savings in the current financial year and the projected overspend. There would require to be negotiation at the financial year-end if there is an overspend on the integrated budget on the arrangements or agreement around the pay-back of any overspend in future years.

3.5.9 The position in relation to Health delivered services is an estimated overall cut or reduction of 3.6% in 2017-18 and a further 0.5% in 2018-19. It is very difficult to forecast into future years for the Health position, as there is no formal indication of the funding uplift, there could be further movement in the NRAC share of funding for Argyll and Bute and there are significant emerging cost and demand pressures for Health delivered services which historically have not always been fully funded.

3.5.10 The position for Council delivered services is an estimated overall cut or reduction of 7.9% in 2017-18 and a further 8.8% in 2018-19. As previously noted, the Scottish Government has stipulated the minimum budget level to be transferred to Integration Joint Boards for social care services. This does however also permit the Council to delegate a budget to the Integration Joint Board which does not accommodate the cost and demand pressures and inflationary cost increases for 2017-18. There is a historic pattern of significant cost and demand pressures in relation to the delivery of social care services and the impact of funding these costs from within the current 2016-17 budget level less the permitted share of £80m reduction will result in an increased budget gap and the requirement to deliver additional savings to balance the budget.

3.5.11 As noted previously no formal offers of funding have been received from either NHS Highland or Argyll and Bute Council but the position outlined above is in line with the planning assumptions that have been provided by the partners for the level of resource that will be transferred over to the Integration Joint Board.

3.5.12 The Integration Joint Board has agreed a process for the development of the Quality and Financial Plan for the two years from 2017-18 onwards. This will require to deliver estimated savings of £22.0m across the two years with £16.3m of the savings required to be delivered in the first year. Consideration should be given by the Board as to whether this level of funding is adequate to deliver the delegated services in line with the objectives in the Strategic Plan and whether this level of savings is achievable, in light of the difficulties of achieving savings totalling £8.5m outlined in the Quality and Financial Plan for 2016-17. As acknowledged by the IJB previously the changes required to service delivery are significant and the transformational change can only be delivered if services have the appropriate time to plan and implement savings.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

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

5. GOVERNANCE IMPLICATIONS

None

5.1 Financial Impact

5.1.1 The Board is required to set a balanced budget for 2017-18, the Quality and Financial Plan is being developed to plan to achieve this within the required timescale. The expected budget gap has increased to a total of £22.0m across the two years from 2017-18.

5.2 Staff Governance

None

5.3 Clinical Governance

None

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

None, financial risks are noted in the report.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

8.1 Where required as part of the development and delivery of the quality and financial plan local stakeholder and community engagement will carried out as appropriate in line with the re-design of service provision.

9. CONCLUSIONS

9.1 The report outlines the estimated budget gap for Integrated Services for 2017-18 and 2018-19, and these are the planning assumptions that should be used in the development of the Quality and Financial Plan required to be prepared to deliver a balanced budget position. The 2016-17 financial position, with savings not being delivered in full and other cost and demand pressures resulting in a projected overspend position is placing additional pressure on the budget position for 2017-18 and additional savings will require to be identified as a result of this.

9.2 There is a degree of uncertainty around the funding available from the partners, and no formal offers of funding have been received. The level of cost and demand pressures is significant and is a significant contributing factor to the ongoing funding gap. The financial assumptions will be kept under review with any changes to the forecast position being reported to the IJB at the earliest opportunity.

9.3 The Integration Joint Board should view the contributions from partners as one Integrated Budget with flexibility to distribute as required to ensure priorities in the Strategic Plan are met. The 2016-17 financial year resulted in both partners having the same level of resources delegated back to them to fund services, this was the first year of integration, it is unlikely that this will be the approach in future years. The Health and Council positions are noted separately in the report for transparency to allow the IJB to assess the respective funding gap being passed to the IJB from each of the partners.

9.4 The future outlook for the Integrated budget is one of a continuing funding gap, mainly due to any uplift in funding being outweighed by increased costs due to demand and inflationary cost increases. This was foreseen, however the expected savings, particularly with the savings being so heavily weighted to the first year in 2017-18 poses the IJB with a particular challenge in terms of delivering the transformational change required to services. The process is

ongoing for the development the Quality and Financial Plan for 2017-18 and 2018-19.

Meeting: **Audit Committee, Argyll & Bute Integration Joint Board**
Venue: **Cowal Community Hospital, Dunoon, A01 and by VC**
Date and Time **Wednesday 3rd August 2016, 14:00 to 16:00**

IN ATTENDANCE:

Elaine Wilkinson (Chair)	IJB Member, Non Executive Member, NHS Highland Health Board
Cllr. Elaine Roberson (Vice Chair)	IJB Member, Councillor, Argyll & Bute Council
David Alston (VC)	IJB Member, Chair NHS Highland Board
Cllr. Ann Horn	IJB Member, Councillor, Argyll & Bute Council
Heather Grier	IJB Member
Chris Brown	Scott Moncrieff, Audit Partner
David Eardley	Scott Moncrieff, Audit Director
Christina West	Chief Officer
Caroline Whyte	Chief Financial Officer
Brian Gillespie	Audit Scotland, External Auditor

No	Item	Action
1.	**WELCOME**	
	The Chair welcomed everyone to the meeting and introductions were made. As this is the first meeting of the Audit Committee members gave an introduction around the room.	
2.	**APOLOGIES**	
	Apologies were noted from Betty Rhodick.	
3.	**MINUTE OF LAST MEETING**	
	No minutes noted as this is the first meeting of the Audit Committee.	
4.	**AUDIT COMMITTEE ROLES AND RESPONSIBILITIES**	**Action**

	Acknowledging this is a new committee and as an introduction to the Integration Joint Board's internal audit partners, Chris Brown and David Eardley took the Audit Committee through a slide show presentation entitled Audit Committee Roles and Responsibilities. This presentation covered the following topics, with some additional explanation provided: • The purpose of an Audit Committee - To provide those charged with governance 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 • Audit Committee Core Functions - Internal Audit function should be aligned with Terms of Reference - Reports around assurance - External reports around progress with integration • Effective challenge – a crucial characteristic - Clarity on why items are put to the AC to consider - Evidence based assurance, if assurance is not provided AC may want more detail • Measuring Audit Committee impact - Sharing approach with other IJBs in the future could change our approach, as requirements are clearer - AC should not be a tick-box forum • Auditors – to support and inform you - Internal Auditors will use different sources of assurance and use a blend of these to meet our requirements • External audit – summary - Value added as part of the external audit service • Internal audit - Can look at any area - Will not look at operational systems/controls, these remain with partner organisations. Audit Committee members found the introduction and presentation useful. It was acknowledged that this is a new committee, as are other IJB Audit Committees. The approach will develop over time and flexibility will be essential.	
5.	**AUDIT COMMITTEE TERMS OF REFERENCE**	**Action**

	The Terms of Reference for the Audit Committee had previously been approved by the IJB. These were included on the agenda and the Audit Committee were asked to note the TOR and to note the requirement to keep these under review. It was decided that towards the end of the financial year the TOR would be reviewed, to ensure appropriate membership etc. This will be put on the agenda for the March 2017 Audit Committee meeting. The Terms of Reference note that frequency of meetings will be quarterly, the Audit Committee agreed to ensure this is four times a year which may not be strictly quarterly. The annual accounts will require to be presented to the audit committee next year and meetings will have to be scheduled around this requirement.	CW
6.	**DRAFT INTERNAL AUDIT PLAN 2016-17 TO 2018-19**	
	Chris Brown and David Eardley of Scott Moncrieff took the committee through the draft internal audit plan. The draft plan has been linked to the Integration Joint Board Strategic Risk Register. Chris and David explained to the group that this draft is flexible and can be changed in line with requirements. A 3 year plan has been developed in line with the period of the Strategic Plan and the work is spread reasonably evenly across the years. For 2016-17 the most important or immediate items are included to provide assurance to the Audit Committee and the IJB. The audits noted for year 3 are areas that are not as immediate. Scott and David explained they could not give a timescale at the moment for how long it will take to give the assurance that is needed, for various reasons including that the Audit Committee are possibly not clear yet on the areas they require assurance for. Elaine had questions around performance management. She commented this could be a huge audit and we would have to ensure it was focused. There was discussion around it being clear where the finance information comes from but not where the performance management information comes from. There was discussion around the engagement of Locality Planning Groups, it was stressed that the group needs assurance that these are operating effectively. The group noted the issues and challenges with the groups and the need to have these working effectively as soon as possible. Heather expressed that an early audit could facilitate the groups to align with expectations. It was agreed that the	

	scope of this audit would be brought to next Audit Committee meeting in December. The Audit Committee agreed that the assurance mapping exercise is a useful first step to identify any gaps and that this should be one of the first audits in the plan. The internal auditors explained they have good contacts with other auditors and can use these to get insight into how other IJB's are working to benchmark Argyll and Bute. It was agreed that the audits in relation to assurance mapping and corporate governance should be prioritised and completed first in 2016-17, with reports being presented at the next Audit Committee meeting in December. The audit timetable would be completed to reflect this and the audits in relation to engagement with LPGs and financial and performance management will be scheduled into quarter 4 of 2016-17. Elaine challenged the proposed date for the audit in relation to service redesign and whether this was scheduled too late in the plan. Christina explained that this is sitting in 2018-19 currently but anticipates it may require to be brought forward, and with the flexibility in the plan we can do this in the future if required. David explained that with the supreme court decision on named persons, information governance will be very much in the public eye. David had a number of questions around this and explained these would need to be brought up during the scoping of the audit. David also raised the issue that there is no statutory obligation for community planning, and that this position requires to be clarified. David is going to pick up this point outside the meeting. The Chair expressed that she feels like the Audit Plan is focussed in the right areas. The Audit Plan was agreed, subject to the changes agreed and with the audit timetable to be populated. The updated Audit Plan will be circulated to members prior to the next meeting. Elaine Robertson raised concerns around IT systems and the importance of these. Ann is also concerned that issues with IT are affecting her ability to carry out her role effectively. Discussion took place around this issue and it was suggested that these issues should be brought to the attention of both NHS Highland and Argyll & Bute Council to see what improvements they can make. It was noted that it will be a challenge for the IJB Audit Committee to stay away from Council and Health operational systems, as these should sit under the two organisations and would be subject to separate audit arrangements. The Audit Committee were in agreement that there should be no duplication of work.	CIA DA CIA/CW

7.	**ANNUAL ACCOUNTS 2015-16**	
	It was noted that the Integration Joint Board had approved the unaudited accounts for 2015-16 in June, as the Audit Committee was not in place. They were presented to the Audit Committee for noting, as this would be the appropriate forum for the accounts to be approved in future. It was noted that the accounts were published in line with the statutory requirements, there had been no queries from the public inspection and that the audit process with Audit Scotland is ongoing but no issues are anticipated. The final audited accounts are to be presented to the IJB on 28 September for approval. Caroline highlighted that the timescale for producing accounts for 2016-17 will be much more challenging as Health and Council partners have very different year-end requirements and deadlines. Caroline will make arrangements to liaise with partners to agree a timetable which will ensure the Unaudited Accounts for 2016-17 can be presented to the Audit Committee for approval in June 2017. To provide assurance a draft timetable will be presented to the Audit Committee at a future meeting.	
8.	**AUDIT COMMITTEE PROGRAMME OF MEETINGS**	
	Meetings should be held 4 times a year. The appropriate schedule of meetings should be around December, March, June and September. This will allow the Audit Committee to consider the annual accounts. It was agreed to hold the next meeting in Dunoon on 14th December, with VC available. Dates for meetings for 2017 are to be agreed.	
9.	**DATE AND TIME OF NEXT MEETING**	
	Wednesday 14th December 2016 Dunoon and by VC.	

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.2

Date of Meeting: **25 January 2017**

Title of Report: **Auchinlee Care Home Update**

Presented by: **Lorraine Paterson, Head of Service (West)**

The Integration Joint Board is asked to:

- Note the update on the further meeting of the HSCP with Crossreach following the recommendation of the IJB, to enter further discussions, (meeting of 30 November 2016).
- Consider, the implications of the revised proposal from CrossReach and support the recommendation from the SMT.
- Note the HSCP are continuing to work on alternative provision for existing residents of Auchinlee within and outwith Kintyre
- Note the proposal to undertake a care summit to develop a future model of care for Elderly care for the West of Argyll.

1 CrossReach Management Proposal Update

Following the meeting of the IJB on the 30th November, members of the Strategic Management team have continued their engagement with the CrossReach management in an attempt to agree a viable and sustainable arrangement to retain the Auchinlee Care Home in Kintyre.

On 19th December, members of the Strategic Management Team met with representatives from Crossreach, Michael Russell MSP, Cllr John Armour and members of the Save Auchinlee Action Group.

At the meeting it was agreed that;

- The HSCP and Crossreach would consider sharing the losses being incurred on a monthly basis for the three months January –March 2017 and that a decision regarding that would be made before the end of January, and Crossreach would not trigger the 13 week notice of closure period until that decision had been made.

- The HSCP and Crossreach, working with the Save Auchinlee Action Group and other community bodies will examine all alternatives for provision seeking further information on likely demand and on different accommodation options.

- A "Care Summit" will be held in Argyll and Bute possibly in early February and will involve a wide range of bodies to develop a sustainable care service for West of Argyll. It will consider, amongst other things, the difficulties caused by the present care contract for small care homes and rural areas.

- All present agreed a final solution needed to be found within the next three months.

1.1 On the 9th January the Chief Officer, received formal notification that the Crossreach executive group has proposed to keep the care home open for a further 3 months (January to March 2017). If the HSCP fund £60,000 of the estimated £105,000 losses it would incur over the period. CrossReach will fund the balance £45,000.

1.2 The HSCP local managers have also been examining the alternatives in the area. Discussions with Cairn Housing, who currently have 7 vacant units within Lorn Campbell Court in Campbeltown, currently operated as a sheltered housing environment.

1.3 The proposal is that these units could be operated as a progressive care type model, with individual tenancies, supported by care at home, based on individual tenants needs.

1.4 Discussions have included Scottish Care and the Care Inspectorate, and the details of the proposed model are being progressed. If their assessed needs can be met within this type of environment, there is the possibility of possibly 6 of the Auchinlee residents being relocated to Lorn Campbell Court.

1.5 If this was to proceed it would also secures the future of Cairn Housing and Progressive Care provision in Campbeltown.

2 Assessment

2.1 The SMT remain very mindful of the impact that a decision to close Auchinlee Care Home by CrossReach would have on the residents and their families and consistently have focused on work and developing a proposal to retain the service locally.

2.2 Whilst the Strategic Management Team (SMT) believe it needs to consider accepting the risk of doing everything it can to retain local provision for this vulnerable group. The revised proposal from CrossReach continues to expose the HSCP to a significant level of ongoing risk around safety, sustainability, financial and governance. Further there is no solution at the end of the 3 month period to these issues. The SMT view is that these potential risks remain at an unacceptable level.

2.3 The option to utilise Lorn Campbell Court is viewed as the SMT as a more sustainable and safe care service and it recommends subject to further work it looks to work with the provider and care services to establish this service.

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2.4 The SMT are there force recommending that CrossReach are advised that there proposal is not acceptable and if CrossReach serve notice to close the home accept that it progress subject to individual need assessments and placements

in Lorn Campbell Court and placements for the current residents that can be put in place in Argyll. Thereafter arrange for the relocation of up to 15 residents outwith Kintyre.

2.5 The SMT also asked the IJB to support the "Care Summit" which will be held in Argyll and Bute possibly in February and will involve a wide range of bodies to develop a sustainable care service for West of Argyll.

3. CONTRIBUTION TO STRATETIC OBJECTIVES

3.1 Argyll and Bute HSCP strategic plan provides a clear road map on the expectations for health and care provision for the communities of Argyll and Bute. The strategic plan also acknowledges that safety and sustainability are key challenges and drivers for the transformational change in Health and Social care that is required.

3.2 The Strategic direction for care of older people, including those with dementia is within community models of care across a transition pathway. Assessment of investment priorities need to be within this context with person centred care and safety for patient and residents paramount.

4. GOVERNANCE IMPLICATIONS

Financial Impact

4.1 If IJB approve CrossReach's request this would commit the HSCP to additional costs of £60,000. This would see additional savings of £60,000 required to be added to the Quality and Financial Plan for 2016/17. This would require planned reductions in other service areas to continue this service.

4.2 The IJB are not permitted to approve a budget which would result in a deficit position, therefore any decision to take on an additional cost pressure would require additional savings to be delivered to fund this.

Staff Governance

4.3 There are no staff governance concerns with this proposal.

Clinical and Care Governance

4.4 Potential care governance issues as Care Inspectorate ratings for Auchinlee have recently been low. However, CrossReach have undertaken a significant amount of work with staff to improve standards and the most recent feedback from the Care Inspectorate is that they are satisfied with the progress made. A review by the Care Inspectorate in October resulted in an increase from 2 to 3 for all criteria.

5. EQUALITY & DIVERSITY IMPLICATIONS

5.1 Significant equality implications if the current situation leads to closure and loss of this service. The loss of 55% of the local dementia specialist care home places will disadvantage the local community and lead to a high number of out of area

placements with significant distance and travelling time. The impact on the individual clients as a result of reduced or potentially complete loss of contact with friends and family would be significant and have further negative health implications.

5.2 The loss of the care will be mitigated to some extent by the development of the Lorn Campbell Court Model as specified.

5.3 If a decision was made to re-house the residents outside Kintyre an EQIA would require to be undertaken to support mitigation of impact of resident, carers and families.

6. RISK ASSESSMENT

6.1 A number of critical risks have been identified and an operational risk register has been developed. This will be updated regularly by the Project Group or Locality Management tasked to progress whatever outcome is agreed.

7. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

7.1 Due to the highly sensitive nature of this issue, no information was disclosed until recently. On 31 October staff, relatives of residents and the Friends of Auchinlee, were briefed by the CrossReach Executive Team with local HSCP managers in attendance. A further meeting with relatives of residents was held on 30 November. A press release was issued following the meetings.

7.2 No further meetings have been held that the HSCP have been made aware of.

8. CONCLUSION

8.1 At present there remains a significant risk of loss of this service in Kintyre. CrossReach have been keen to work in partnership with the HSCP to achieve the best possible outcome for the residents. The SMT proposed an equitable sharing of risk, acknowledging the challenging circumstances that both organisations are faced with. CrossReach have indicated that they are unable to support such an equal risk sharing arrangement and had provided an alternative proposal as their final offer. This was not acceptable to the IJB

8.2 Following the meeting with CrossReach and other stakeholders in December there has been a proposal regarding a sharing of costs to keep the home open until the end of March. The proportionate split of the costs and the scale of additional cost is not acceptable to the SMT. Of an equally higher priority is that the proposal does not address any of the service sustainability and other risks previously outlined and this is also deemed unacceptable.

8.3. The possibility of establishing a progressive care type model has been identified in Kintyre, which up to 6 of the residents could be housed in, subject to individual needs assessment.

8.4 The HSCP in its assessment of alternatives has clearly focused on identifying if it can provide a safe, sustainable and high quality service meeting user's needs.

This can only be achieved by an extensive transformational change in health and social care which requires time and resource.

9. RECOMMENDATIONS

9.1 The SMT continue to acknowledge and appreciate the intent of CrossReach to cooperate and seek to find a mutually satisfactory solution to secure the immediate future of the service particularly for the current residents.

9.2 The SMT has had as its main aim to do everything it can to retain local provision for Auchinlee's residents. However, it has also had to take into account safety and sustainability of the service, for not only the health and well-being of Auchinlee's existing residents, but also any future elderly dementia residents

9.3 However, the proposal from CrossReach exposes the HSCP to a significant level of ongoing risk around safety, sustainability and finance and the SMT view is that these potential risks remain at an unacceptable level.

9.3 Therefore the SMT are recommending to the IJB that it:

- Concur with the SMT decision to decline to provide £60,000.00 to Crossreach to underwrite their losses over the next three months.
- That it support the ongoing work to establish the Lorn Campbell Court service as an alternative service
- Subject to CrossReach serving notice to close the Care Home, support its work to find alternative placements for residents in and outwith Argyll.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.3

Date of Meeting: **25 January 2017**

Title of Report: **Update on Suicide Prevention and Mental Health Improvement Work**

Presented by: **Elaine Garman**

The Integration Joint Board is asked to :

- Note the paper.
- Support agreement to access free training venues across community planning partners to minimise training costs.

1. EXECUTIVE SUMMARY

Choose Life is now permanently funded and has been redesigned to ensure a fit of the training element with other mental health training needs and of the mental health improvement work fitting with the wider public health work. The NHS HEAT standard for frontline NHS staff undertaking training in suicide assessment and intervention is ongoing and has still to be reached within the HSCP.

The Integrated Children's Service Guidance is being reviewed and we expect updates to be required to improve this valuable tool.

A training needs analysis has begun for mental health services and in addition, the Health Improvement Team will be revisiting a previous piece of work identifying training needs of staff in the three Looked After and Accommodated homes in Argyll and Bute.

New work is starting to implement Mentally Healthy Schools projects and an online support service for young people, *Cool2Talk*.

Finally, following the evaluation of the Guided Self Help Service Community Mental Health Teams will take over management of the staff and ensure earlier intervention for those with mild to moderate mental illnesses.

2. INTRODUCTION

This paper gives an outline of work undertaken in 2016 and that planned for 2017 and beyond. The paper discusses the changes and work planned by what was the Choose Life Project (a nationally initiated programme of suicide prevention and prevention of self harm) and which, following integration and redesign, has now been mainstreamed into work within mental health and public health. It provides an update on national and local strategies for suicide prevention, self harm and mental health.

The evidence shows that investing in young people's mental health and wellbeing and preventative measures are effective and cost effective. There is much work planned and initiated which will support young people in Argyll and Bute through the Mentally Healthy Schools campaign, the training needs analyses which are taking place and the initiation of a new online support service for young people 12-20 years old.

With regards to adult mental health, progress has been made in implementing a new Guided Self Help Service following the evaluation of the current service and a significant piece of research has been undertaken looking at the prevalence of loneliness in those throughout NHS Highland, 65years and over reported at the last IJB through the Director of Public Health Annual Report for 2016.

3. DETAIL OF REPORT

During 2016, Choose Life was permanently funded and redesigned to ensure a fit of the training element with other mental health training needs and of the mental health improvement work interfacing with wider public health work. The mental health/suicide prevention training work is being undertaken by the existing (Choose Life) member of staff and a member of staff for the health improvement work is currently being recruited. Both these posts are 18.75 hours per week and have a small amount of admin support. This is a reduction in capacity but with permanent funding planning, implementation and evaluation will be uninterrupted.

Nationally, the strategy for suicide prevention, self harm and mental health strategy came to an end in December 2016 and a new strategy is expected in Spring 2017.

Training in interventions to prevent suicide and self harm is ongoing with an annual programme produced and delivered covering the whole of Argyll and Bute. These programmes contribute to a HEAT standard to maintaining a minimum of 50% mental health and front line health staff trained in suicide intervention/awareness. Attendance is poor from the NHS staff and currently the percentage of the HSCP's NHS staff trained is in the low 30's. Attendance continues to be strong from the third sector and the HSCP's Council staff and the wider Council services. Training available includes:

ASIST – a 2 day suicide intervention course
Safetalk – a half day suicide awareness course
Dealing with self harm – a half day course
Bereavement by suicide – a one day course
SMHFA – a 2 day course on mental health awareness and crisis intervention
STORM – a 2 day suicide risk management course available to NHS clinical staff and organised by the Consultant Nurse for Mental Health

As we progress the closure of the facilities on the site of the Argyll & Bute Hospital in Lochgilphead consideration needs to be given venues for training. Access to training

accommodation free of charge across the Community Planning Partnership would ensure training costs are minimised. IJB support for this would be beneficial.

Integrated Children's Service Guidance: Young People at Risk of Suicide or Self-Harm is currently being evaluated. Republication of the guidance will be available to Children & Families staff within the HSCP as part of all the essential guidance needed by them.

The national Mental Health Strategy concluded in 2015 and a consultation has taken place to identify priorities for the next 10 year strategy and should be published in Spring 2017. Locally the Consultant Nurse in Mental Health is leading on a piece of work to ensure our next local strategy fits with the national strategy.

Much of the work which will be undertaken by the local expertise in suicide prevention and the public health work on mental health and wellbeing in 2017/18 will focus on young people. A joint project with educational psychology and public health will be the Mentally Healthy Schools campaign which centres on age appropriate training for young people as well as staff.

A Clinical Psychologist is currently undertaking a training needs analysis of mental health training needs for staff working with young people in Argyll and Bute. An extension to this will be a piece of work by public health which will re-visit previous work to establish the training needs of staff in the Looked After and Accommodated Houses in Argyll and Bute and identify what training could fill any identified gaps.

The HSCP is progressing further work to support young people through *Cool2Talk*. This is an online service which provides young people (aged 12-20) with an opportunity to ask questions about any aspect of health and receive an answer from a trained staff member within 24 hours, 7 days a week, 365 a year. They can be provided with information about suitable local and national services and support as part of this service. In addition, young people will be able to access online support for 2 hours per week (which we hope to increase), delivered by a trained CBT Counsellor. We are working towards this service being available from the 1st April 2017 for a pilot of three years and will be delivered by an SLA with members of the Third Sector in partnership with A&B HSCP and NHS Tayside.

Following the evaluation of the Guided Self Help Service, previously commissioned out to the Third Sector, a short life working group has been reviewing the implications of the evaluation. The decision has been made by the Operational Management Team West to bring the service into the Community Mental Health Teams (CMHT). The CMHTs will ensure that referrals are more clearly triaged and that the guided self help workers will provide short term interventions to those who present with mild to moderate common mental health issues, with the remaining referrals being picked up by the rest of the team. This should ensure that more people with mild to moderate mental health issues receive earlier interventions. Potentially those with more moderate conditions may initially wait longer for care but this will be the appropriate care. This situation will be kept under review. The Guided Self Help Service will continue to contribute to the Psychological Therapies target (at least 90% of Psychological Therapies patients to start treatment within 18 weeks of referral) regarding access to Psychological Therapies, positively contributing to the numbers accessing therapies.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

The HSCP is required to meet the 50% target of NHS front line and mental health staff to be trained in suicide awareness and intervention.

As the new national strategic priorities emerge from the expected mental health and suicide prevention strategy, our local work will be adapted to reflect the work required and the IJB will be advised of this in future papers.

The revised Guided Self Help Service will continue to support the target in the Matrix regarding increasing access to Psychological Therapies. Therefore, there will not be a negative impact of the change in this service on meeting the Psychological Therapies target, indeed it is possible that the reduction in the number of sessions offered to clients will allow more to be seen increasing the number of people accessing Psychological Therapy and thus positively contributing to the target.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

The mainstreaming and redesign of Choose Life work has contributed to the HSCP savings programme. Access to training accommodation free of charge across the Community Planning Partnership would ensure training costs are minimised.

Cool2Talk will be funded by monies secured by Children & Families Services from the Alcohol and Drugs Partnership. This finance (approximately £30k across the pilot period) will be used to pay the Third Sector to provide the question answering part of the service for 3-years. The annual fee of around £2000 to be paid to NHS Tayside for the service will be covered by the HSCP Public Health budget for the duration of the 3-year pilot.

The revised Guided Self Help Service will operate within the current provision of £98,000 per year with the monies transferred to the CMHTs.

5.2 Staff Governance

There will be a requirement to monitor the staff providing the *Cool2Talk* questions as part of the SLA provided by the Third Sector. Some supervision and support of these posts will be provided by NHS Tayside.

The Guided Self Help Service staff governance will become part of the governance for all CMHT activity.

5.3 Clinical Governance

Training reduces risks to HSCP patients and service users and should continue to be supported.

The working group taking forward *Cool2Talk* will set out the structure for clinical governance for the Third Sector staff in the Service Level Agreement.

Guided Self Help Service clinical governance will remain with the CMHTs.

6. EQUALITY & DIVERSITY IMPLICATIONS

The promotion of the Integrated Children's Service Guidance should promote a unified response to young people in distress and should promote equality through vulnerable populations.

Young people from minority groups should have greater access to advice and support by using *Cool2Talk* confidentially rather than having to access support over the phone or in person.

The training programme will continue to be taken to island communities to ensure equity of access.

7. RISK ASSESSMENT

A planned and evaluated programme of suicide prevention and mental health activity promotes happier, healthier communities.

Any risks identified with changes regarding the Guided Self Help Service will remain under review.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

As suicide prevention and prevention of self harm has now been mainstreamed there is no longer a steering group for Choose Life. Involvement of different partners in the planning and evaluation of key aspects of the work will be necessary as in all public health work. This may be through the Health and Wellbeing Partnership, Locality Planning Groups, Staff Partnership and A&B Health and Care Forum.

A working group is in the process of being set up to take forward *Cool2Talk* and discussion regarding service user involvement on this group. The service will be promoted using local networks, and an upcoming drama project aimed at S3's in all the schools and social media and will be co-ordinated by the Health Improvement Team.

9. CONCLUSIONS

There is much work taking place in Argyll and Bute to reduce suicide risk, support the prevention of mental ill health and promote positive mental wellbeing in our communities. We expect these changes to support a mentally healthy Argyll and Bute and request the IJB's support with raising awareness of these work streams in other aspects of their work.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.4

Date of Meeting: **25 January 2017**

Title of Report: **Clinical and Care Governance**

Prepared by: **Fiona Campbell, Clinical Governance Manager on behalf of Liz Higgins, Lead Nurse**

The Integration Joint Board is asked to :

Note content of report, the risks identified and the risk management plans.

1. EXECUTIVE SUMMARY

Report detailing:

3.1 - HSCP Complaints
3.2 - Scottish In-Patient Experience Survey
3.3 - Mandatory Training Compliance
3.4 - Delayed Discharges
3.5 - Oban Laboratories – Appendix 1

2. INTRODUCTION

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

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation – built upon partnership and collaboration within teams and between health and social care professionals and managers.

It is the way by which structures and processes assure Integration Joint Boards, Health Boards and Local Authorities that this is happening

This report outlines current Clinical & Care Governance issues that require to be noted by the IJB and outlines action taken to address performance.

3. DETAIL OF REPORT

3.1 Argyll and Bute Complaints

3.1.1 Health Complaints

Table 1: Health Complaints July – September 2016

HSCP Health Complaints	Expected Number	AMBER	RED	AUG	SEPT	OCT
No complaints received	7	8	9 and over	7	11	5
No investigated				7	10	5
Overall - achievement against 20 days	100%	90 - 99 %	89 % and under	0%	0%	0%
Number of high risk complaints received	1	2	3 and over	1	0	1

Figure 1: Number of Health Complaints Received October 2015 – October 2016

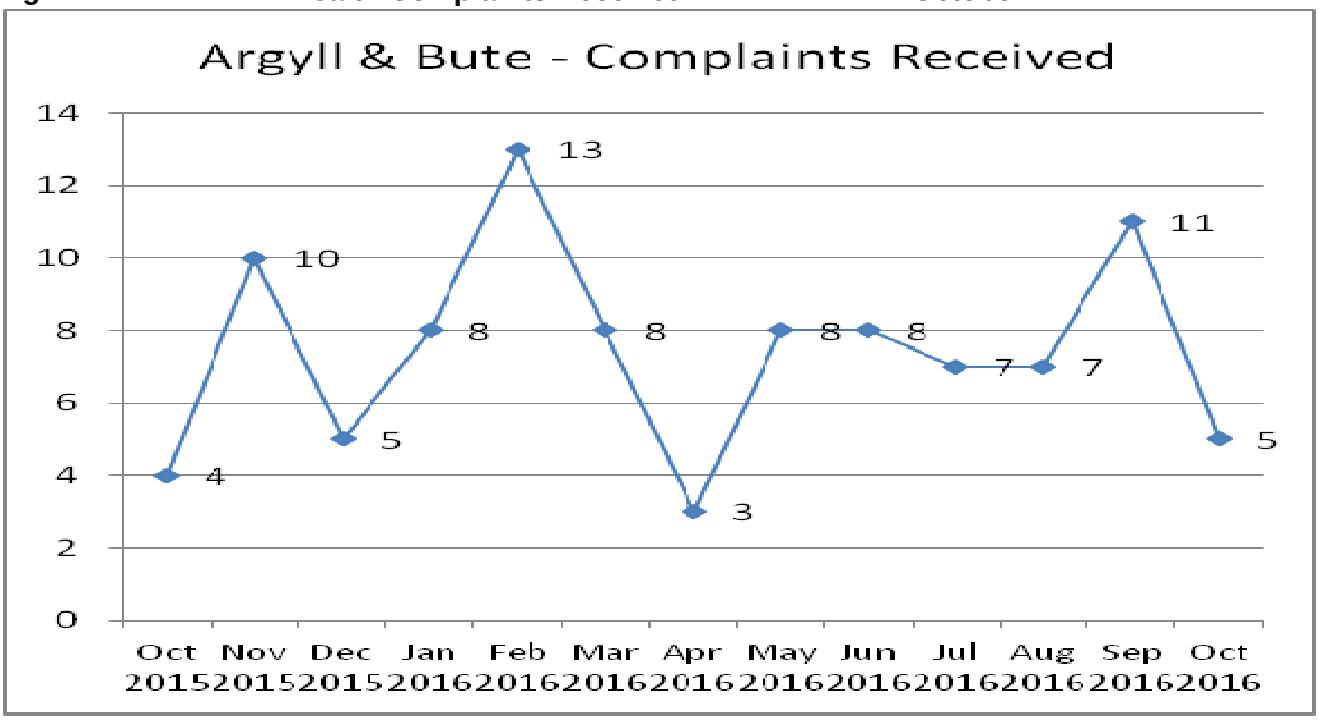


Figure 2: Grade of Health Complaints October 2015- October 2016

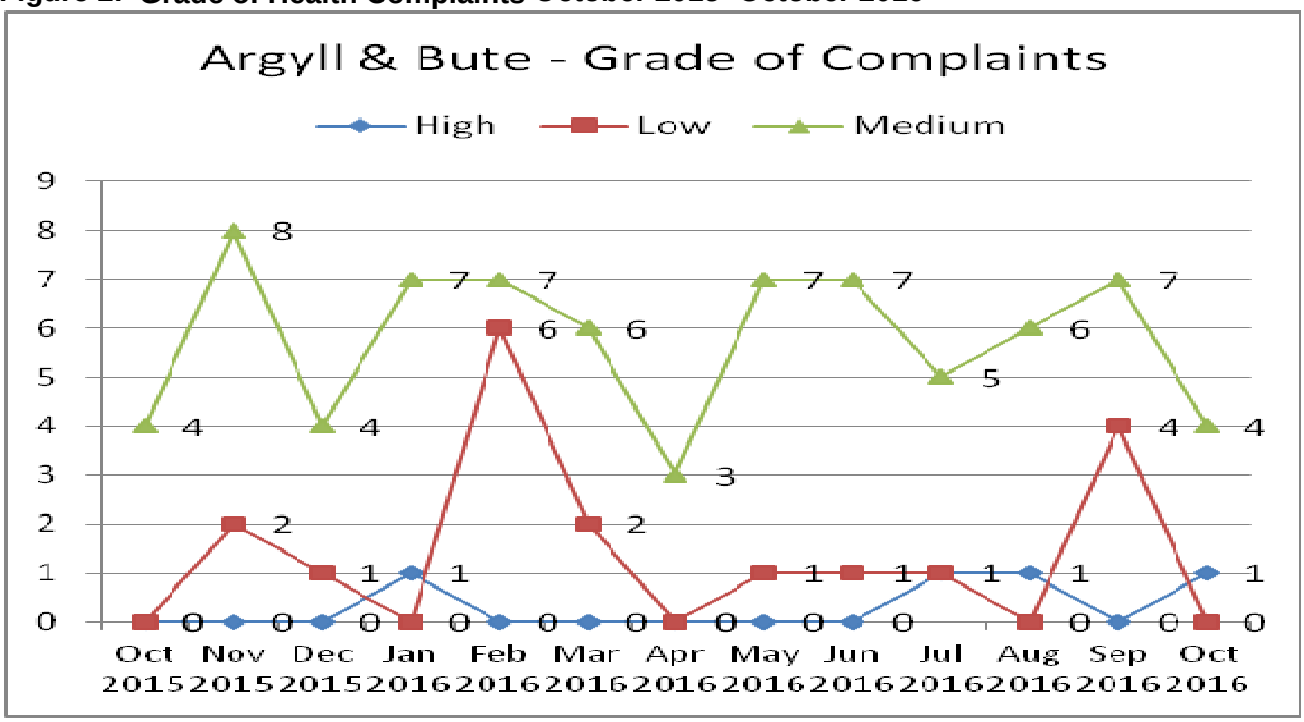


Figure 3: Health Complaint Issues October 2015 – October 2016

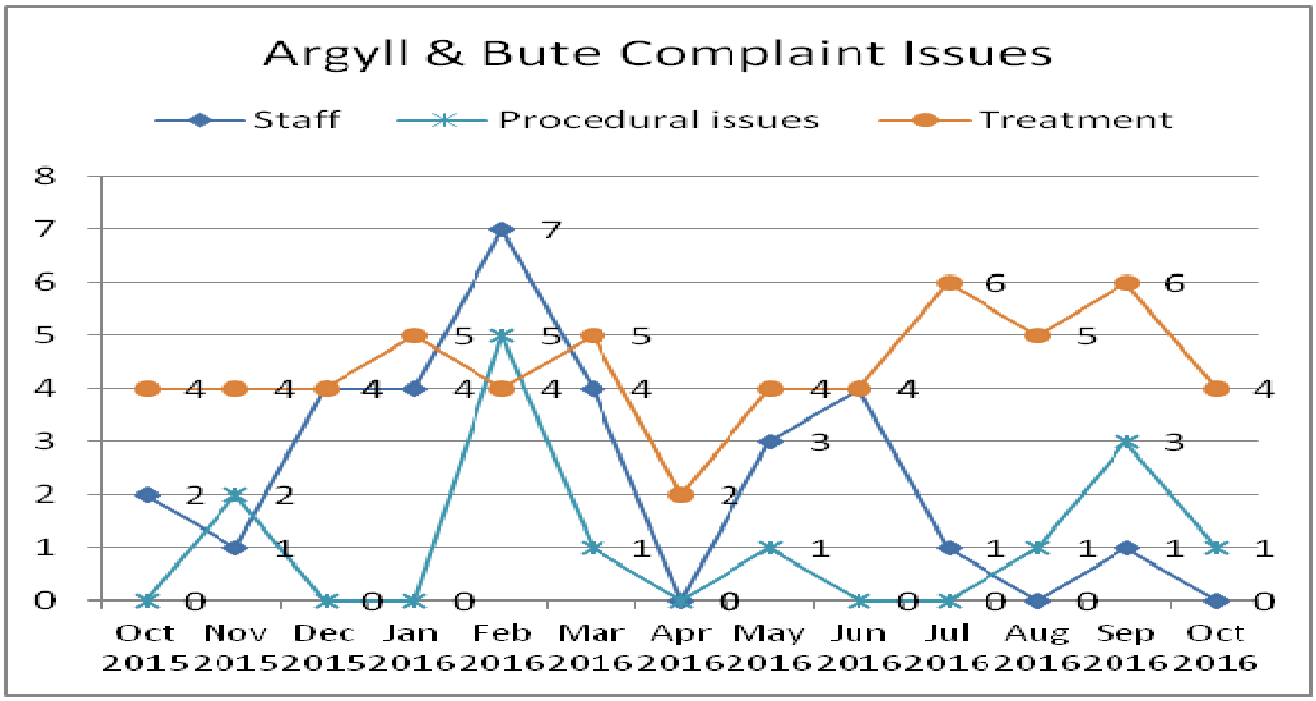
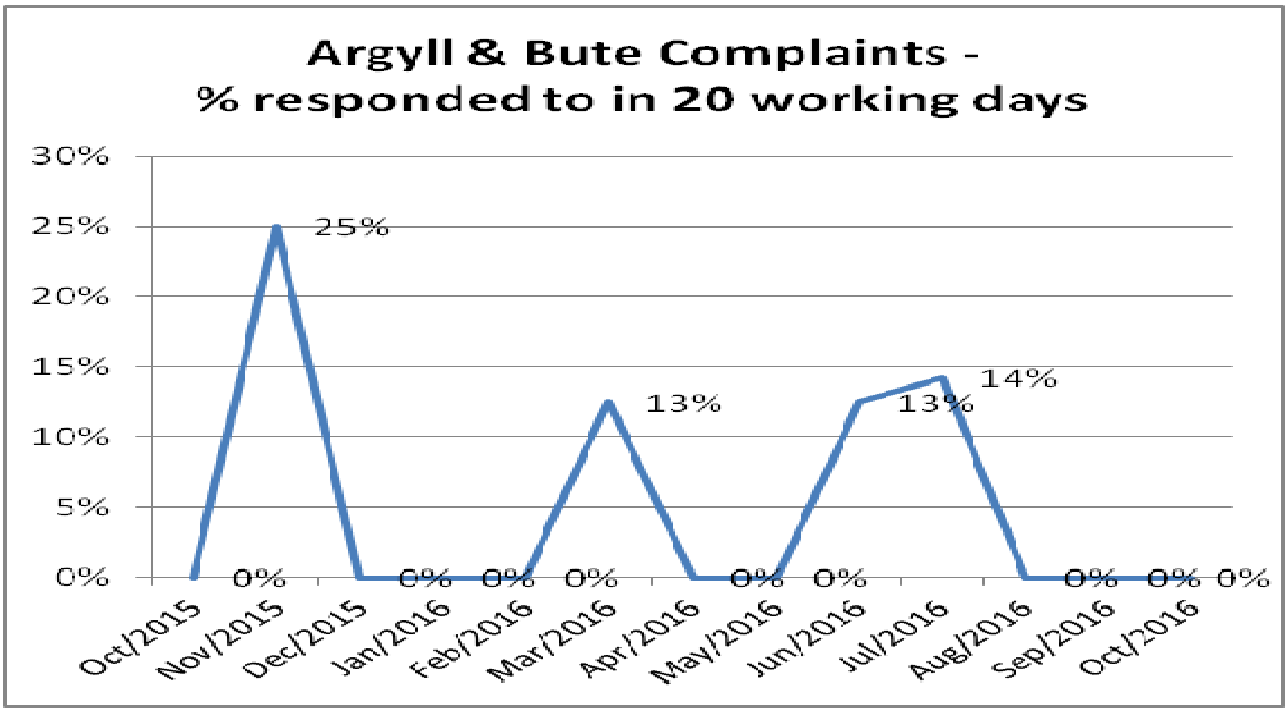


Figure 4: Health Complaints Achievement of 20 Working Day Response Target October 2015 – October 2016



3.1.2 Social Work Complaints

Table 2: Social Work Complaints July – September 2016

HSCP Social Work Complaints	AUG	SEPT	OCT
Stage 1	4	2	4
Stage 2	2	1	0
Overall - achievement for Stage 2 against 4 week target	0%	0%	N/A
Total	6	3	4

Work is continuing in relation to developing reporting for HSCP Health complaints and Social Work complaints.

The RPIW event to improve performance has been postponed. Some improvement work is being tested. With support being provided at an early stage to identify the key points of a complaint which require to be investigated and an investigation plan provided. An outline response letter specific to the complaint will also be provided at an early stage.

3.2 Scottish In-Patient Experience Survey 2016

The purpose of the In Patient Experience Survey is to find out what patients think about their experiences of hospital services in Scotland.

A questionnaire was sent out in January 2016 to 3,643 people who had stayed overnight in an NHS Highland hospital between 1 April and 30 September 2015.

The survey gathered people's experiences on 72 feedback questions, and included an overall rating for 8 of these areas, these being:

- Overall rating of care in hospital
- Overall rating of any care and treatment received in A&E
- Overall rating of hospital admission process
- Overall rating of hospital/ward environment
- Overall rating of care and treatment during hospital stay
- Overall rating of staff patients came into contact with
- Overall rating of arrangements for leaving hospital
- Overall rating of care or support services after leaving hospital

3.2.1 NHS Highland Results

From the analysis undertaken NHS Highland is above the Scottish average in all areas of its care provision. However, with the exception of overall rating of any care and treatment received in A&E and the overall rating of the hospital environment which have both remained static in the last two years, Highland care provision has fallen on average by 2% since 2014.

Table 3: Survey Returns

Report area	Number of surveys returned
NHS Scotland	**17,767 (40% return rate)**
NHS Highland	**1582 (43% return rate)**
Argyll & Bute CHP Community Hospital Group	118
Lorn and Islands Hospital, Oban	200

3.2.2 Argyll and Bute Community Hospitals Group

Argyll and Bute Community Hospitals are generally above the NHS Highland ratings for care throughout the survey, however, as with NHS Highland, whilst standards are above the Scottish average they have fallen on average by 2% since 2014.

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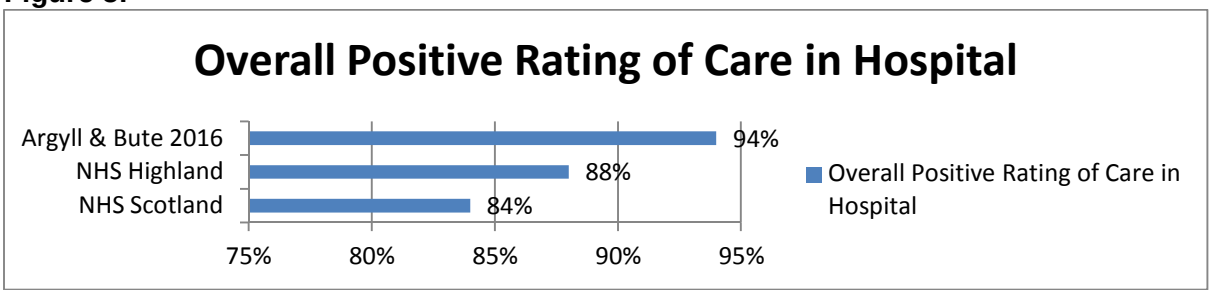

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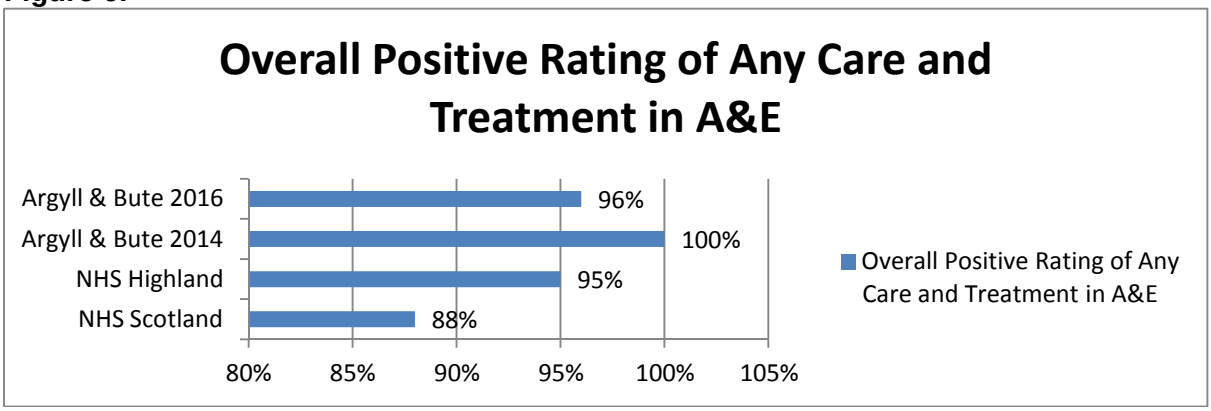

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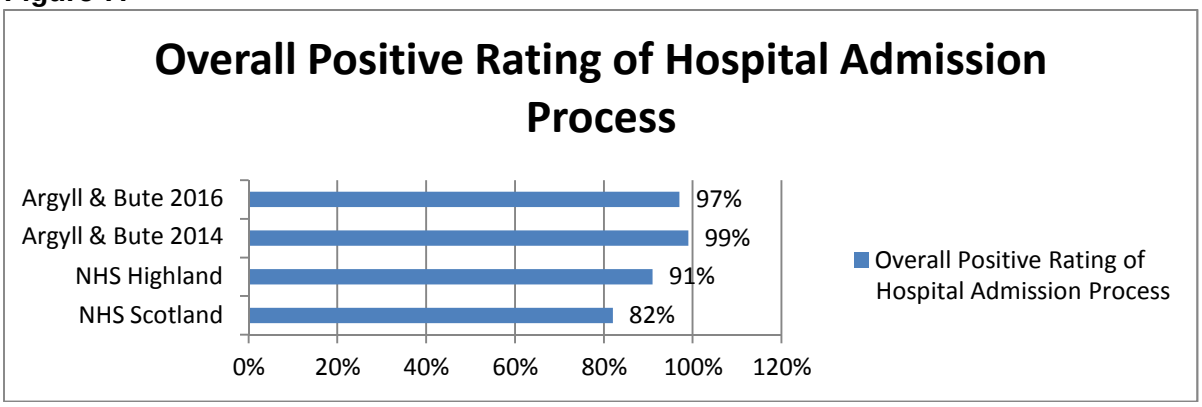

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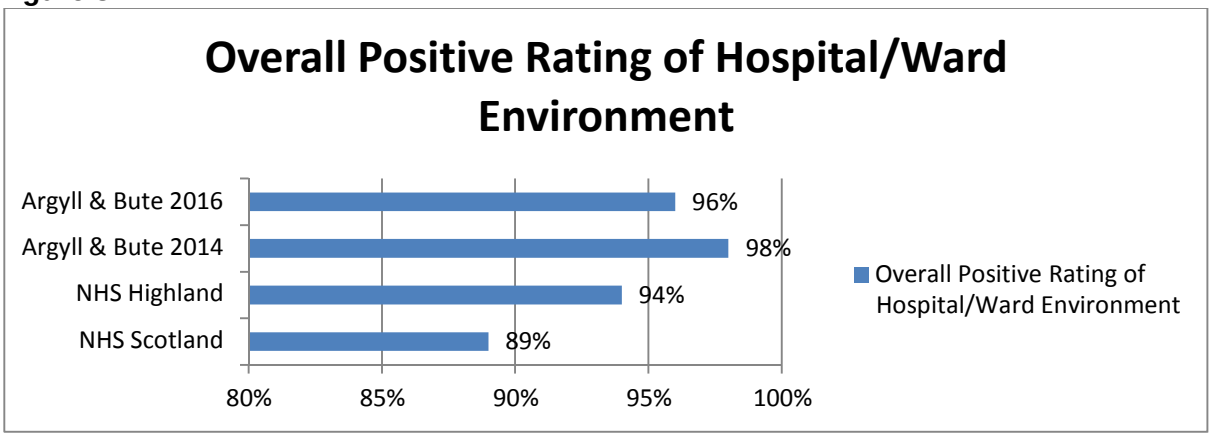

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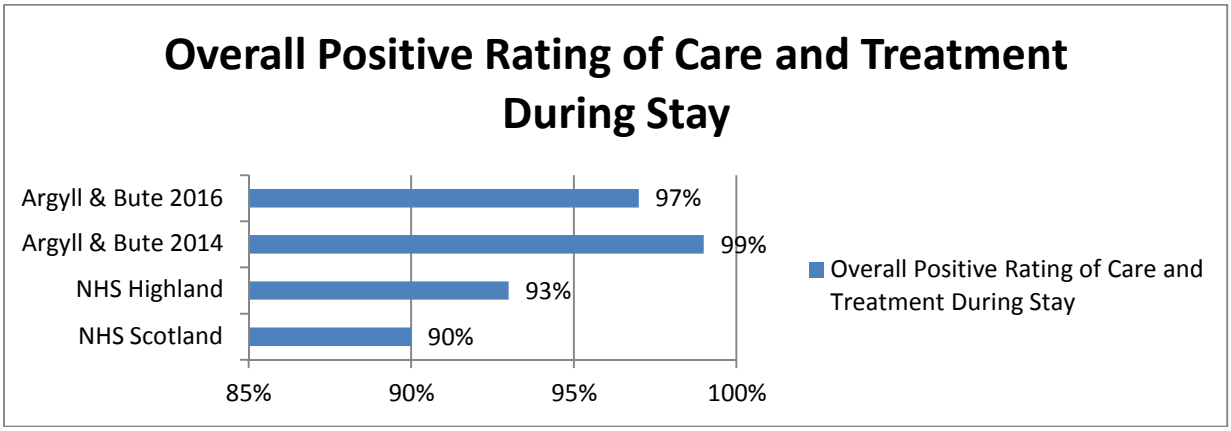

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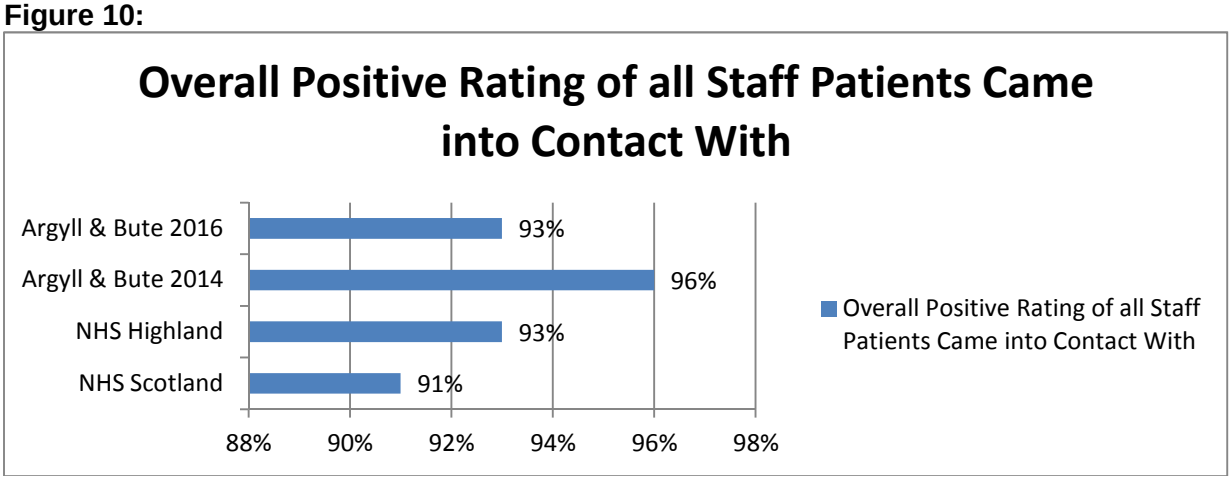

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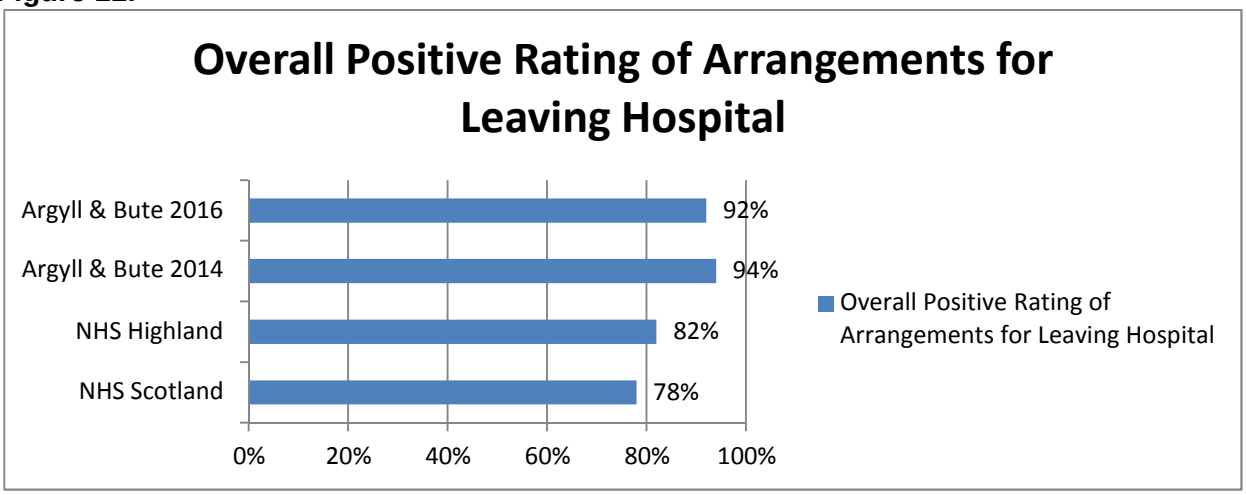

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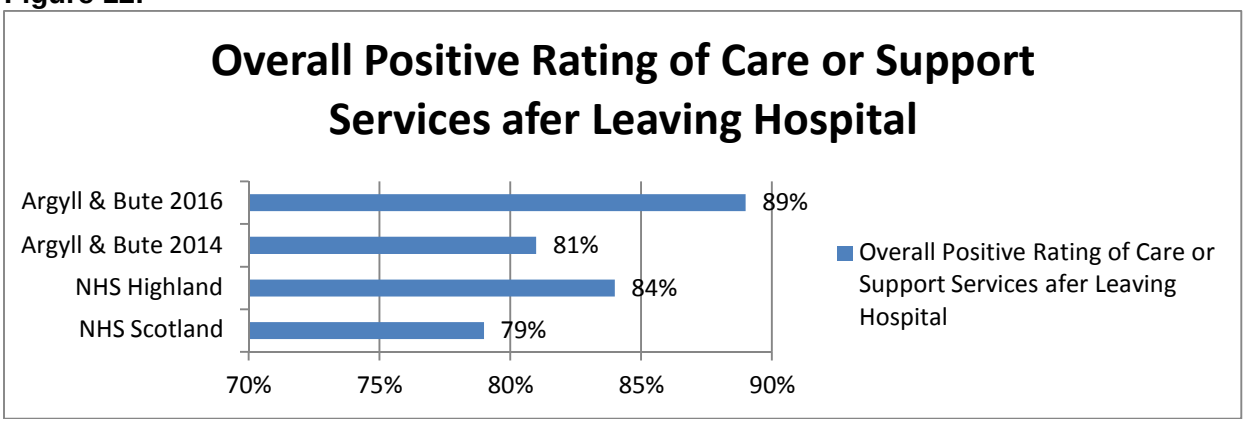

Table 5: Top 5 positive questions Argyll and Bute Community Hospitals Group

Top 5 positive questions	Number of Responses	Percentage positive	Compared to Scotland	Compared to 2014
7. A&E patients had enough privacy when being examined or treated	86	100	+2	0
14a. The main room or ward patient stayed in was clean	116	100	+4	0
59c. Patient understood how and when to take their medicine	66	100	+3	+1
14b. Bathrooms and toilets were clean	115	99	+7	+2
21b. Patients had enough privacy when being treated	111	99	+5	+1

Table 6: Top 5 negative questions Argyll and Bute Community Hospitals Group

Top 5 negative questions	Number of Responses	Percentage positive	Compared to Scotland	Compared to 2014
65. Patients saw/received information on providing feedback/complaints about care received	73	38	+1	0
15. Patients knew which nurse was in charge of ward	117	62	+19	+1

43. Patients knew which nurse was in charge of their care`	114	62	+14	-11
14c. Patients not bothered by noise at night	107	68	+13	0
62. Patients did not stay longer than expected to wait for their care/support services to be organised	27	81	-2	0

3.2.3 Lorn and Islands Hospital, Oban

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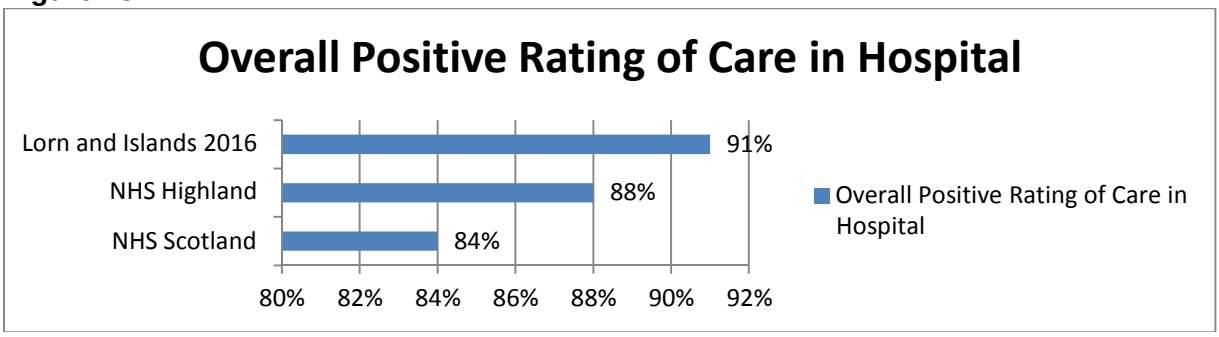

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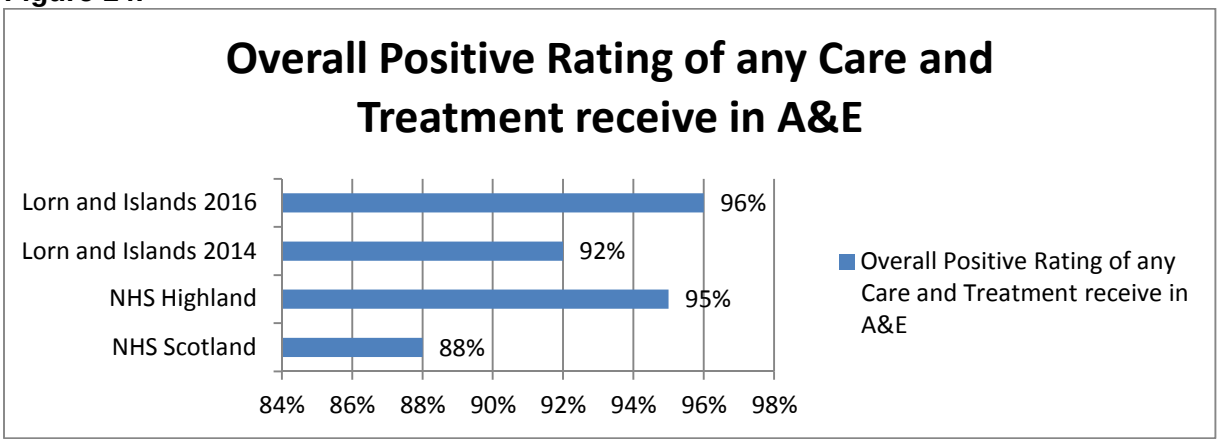

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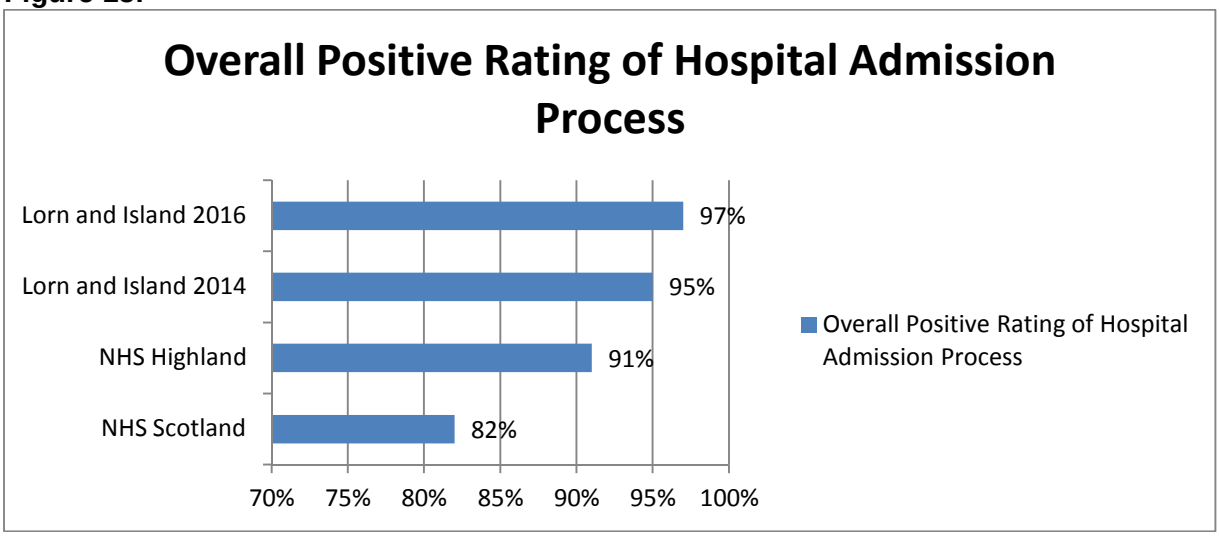

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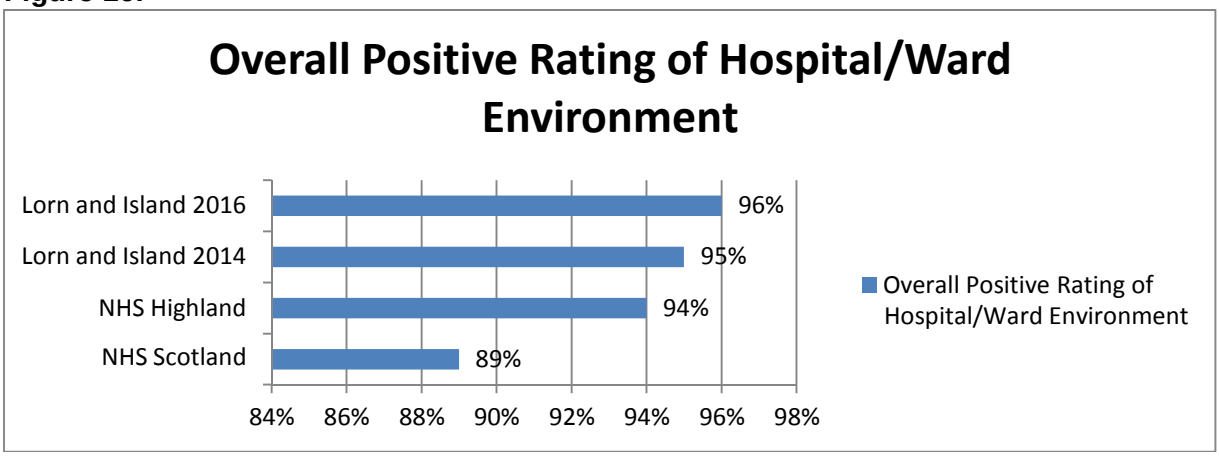

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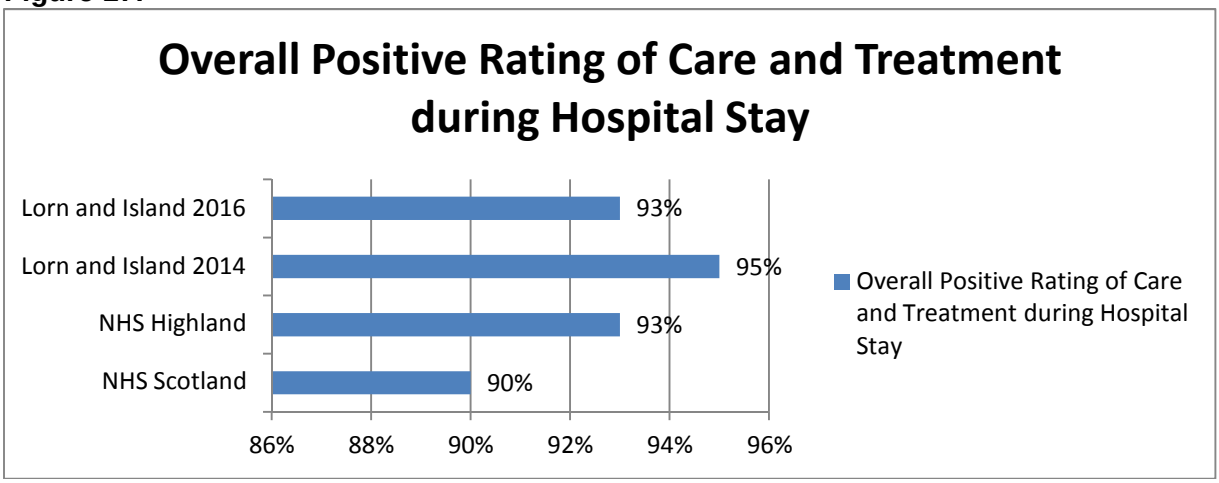


Figure 18:

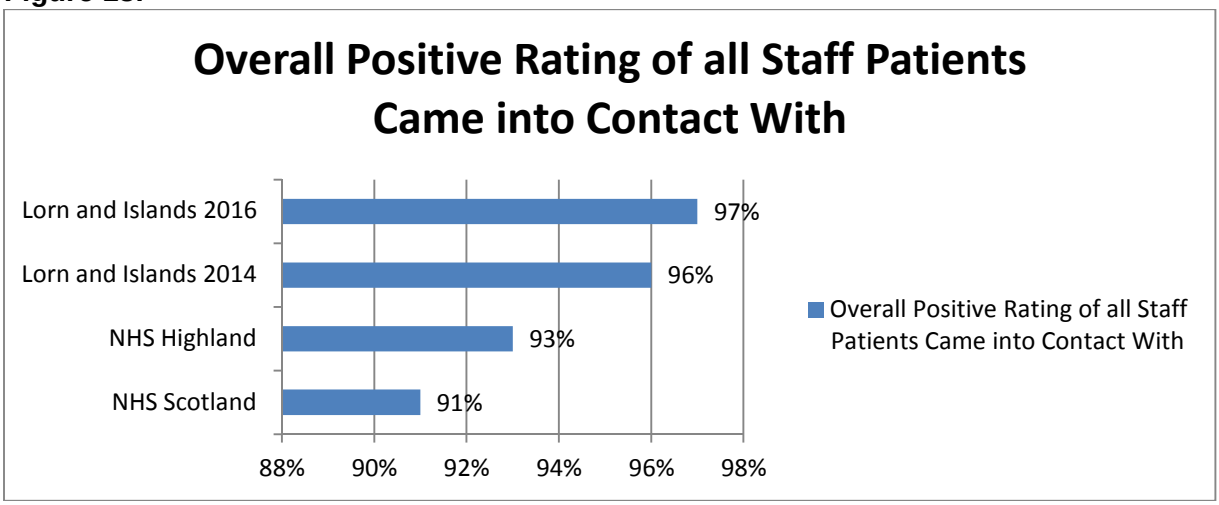


Figure 19:

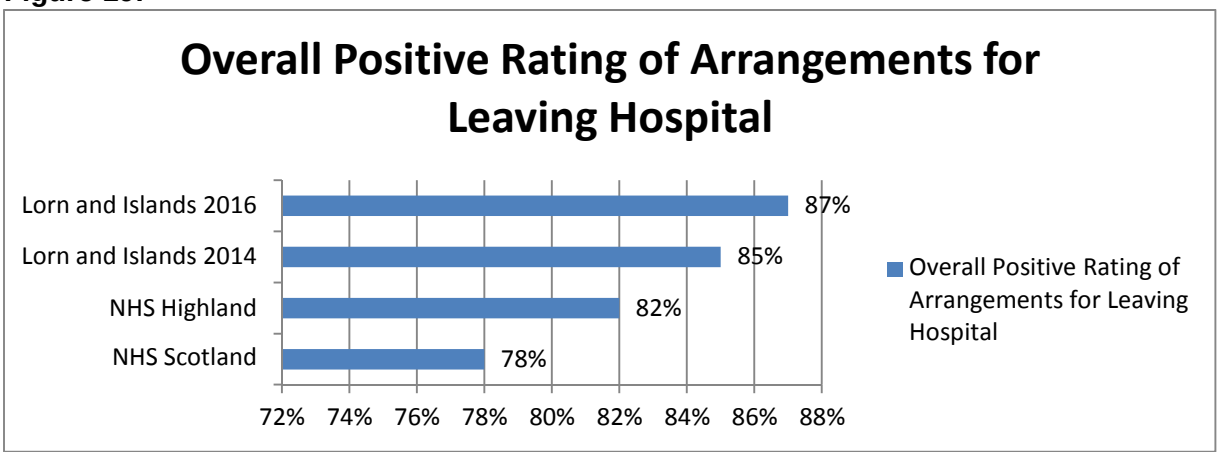
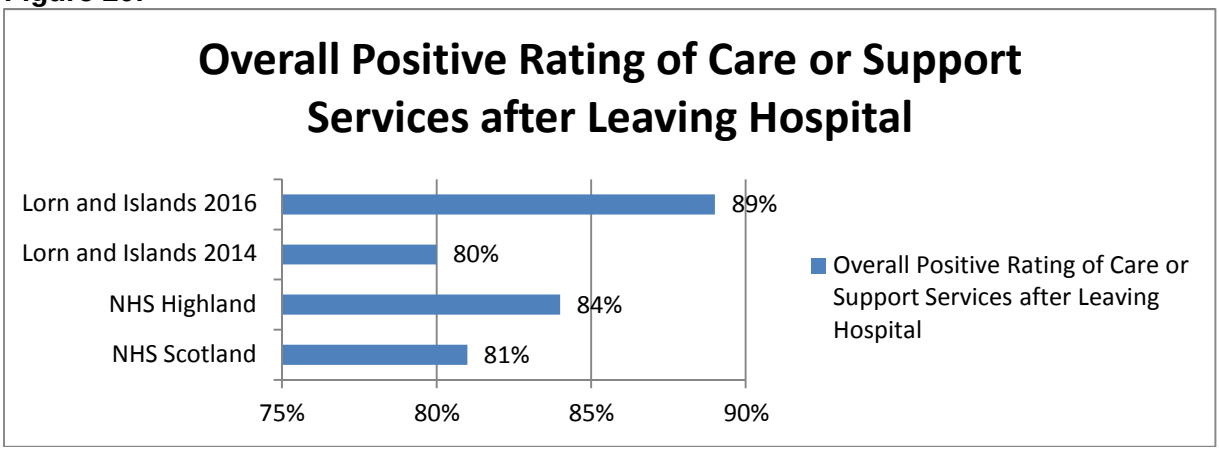


Figure 20:



Lorn and Islands Hospital is above the Scottish and Highland standard in service care. With the exception of overall care and treatment during hospital stay, where it is the same as NHS Highland and above the NHS Scotland standard.

The service standard in all other areas has increased by an average of 3% on 2014 figures. There was a 9% improvement on standards in overall care or support services after leaving hospital in the last two years.

Table 7: Top 5 positive questions Lorn and Islands Hospital

Top 5 positive questions	Number of Responses	Percentage positive	Compared to Scotland	Compared to 2014
59b. Patients understood what their medicines were for.	148	99	+4	+5
59c. Patients understood how and when to take their medicines	147	99	+2	+3
12. How patients felt about the time they waited to get to a ward	189	98	+12	+2
14i. Patients thought the equipment used for their treatment was clean	193	98	+3	-
7. In A&E patients had enough privacy when being examined or treated	129	98	0	-1

Table 8: Top 5 negative questions Lorn and Islands Hospital

Top 5 negative questions	Number of Responses	Percentage positive	Compared to Scotland	Compared to 2014
65. Patients saw/received information on providing feedback/complaints about care received	141	40	+3	+8
14c. Patients were not bothered by noise at night from other patients	182	56	+1	-7
15. Patients knew which nurse was in charge of the ward.	196	55	+12	+4
10. How patients felt about the time they waited to be admitted to hospital after they were referred.	41	79	-6	-14
62. Patients did not stay longer than expected to wait for their care/support services to be organised.	37	80	-3	0

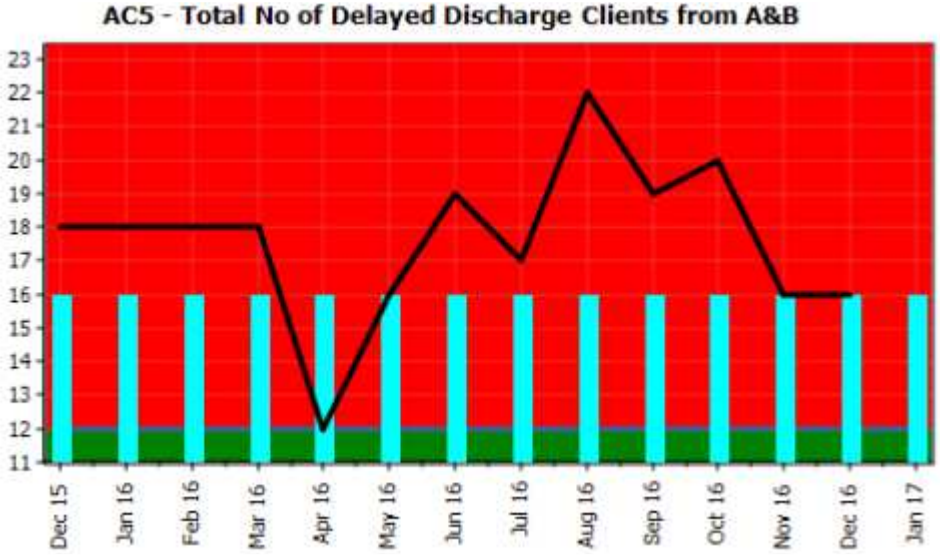
Each of the Argyll and Bute Hospitals has been asked to consider their respective reports and prepare improvement plans. These improvement plans will be monitored by the HSCP Clinical and Care Governance Committee.

3.3 Mandatory Training Compliance:

Within health there are issues in relation to gathering accurate data around mandatory training compliance, i.e. who needs training, who has been trained and who still requires training. This information cannot be extracted from Oracle Learning Management Module (OLM) and Team Leads have been asked to record this information on paper, as at the moment this is only feasible way is to gather information from localities.

The HR and Clinical Governance teams in Argyll &Bute are working together to develop a system which can provide the required compliance information. Some ongoing actions include piloting a standard excel spreadsheet and continuing with the roll out of training for the use of OLM.

3.4 Delayed Discharge



- The graph above highlights our performance in relation to delayed discharge for a 12 month period.
- The latest target for delayed discharge is discharge from hospital within 72 hours. That means it is expected that adults are discharged back home or to a more homely setting within 72 hours of being assessed as medically fit to leave hospital. This current target has been in place since 1st April 2016.
- The range of delays has been as high as 22 and as low as 12 during 2016.
- There are a number of reasons why people can be delayed in hospital which includes waiting for a care home placement or waiting for a care at home package being commissioned.
- Sometimes people are delayed because of incapacity. These people are then subject to formal legal Adults with Incapacity procedures and are given exemption codes. People designated as AWI patients will not move until Court proceedings are concluded.

Current Actions

1. We have successfully made the administrative and operational changes to the reporting timescales and reporting of DD internally as per instructions of the Scottish Government. Our staff completed the necessary activity on the Edison system as per new timescales and this is now embedded in practice.
2. We have merged our unscheduled care improvement work and continuous improvement activity around delayed discharge with our management teams to ensure there is no duplication of effort as we move forward.
3. We have updated our guidance and re-launched our AWI guidance which includes the use of 13ZA guidance. This has had a positive effect on our exemption coded delays with only one person currently delayed as a result of AWI.
4. We are undertaking work with our community teams across Argyll and Bute during January and March 2017 to ensure we are working more effectively across specialist teams, ensuring duplication of work is eradicated and identifying additional ways to support people for longer at home by maximising their confidence and independence through re-ablement.
5. We are working with commissioning staff to develop alternative ways to deliver care at home in some of our remote and rural communities. In Appin near Oban we are developing a social enterprise model using SDS.
6. Our commissioning staff are attending workforce fayres with our providers to sell the benefits of careers in social care. Recently our providers worked with DWP with a potential group of 12 people who have expressed an interest in careers in social care.

3.5 Lorn & Islands Hospital Laboratories

UKAS Inspection

The CPA non-conformances reported at the November IJB meeting will be resubmitted to UKAS at the end of January 2017. Appendix 1 details the overarching action plan which is being progressed through a short life working group. There is a full detailed action plan of the 133 outstanding UKAS ISO standards 15189 in place. The team are on target to re-submit the CPA standards as requested and are being supported by Alex Javed and team from NHS Highland. The appointment of clinical director remains outstanding and is essential for compliance. This is expected to be resolved during January 2017. It is anticipated that Lorn and Islands Hospital will apply for UKAS ISO 15189 accreditation in September 2017 following NHS Highlands inspection planned for May 2017.

MHRA Inspection

An external reviewer has been appointed as requested by MHRA and started in December following the submission of incorrect information contained within a blood compliance report. The report will be completed by the end of January 2017 on target. A further MHRA inspection is anticipated over the next few months.

HSE Inspection Containment Level 3 Laboratories

A routine inspection for Lorn & Islands and Raigmore Hospital took place on 03 November and all actions identified have been completed.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

Robust governance arrangements are key in the delivery of strategic priorities

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact
Potential for financial impact

5.2 Staff Governance
Nil highlighted in the report

5.3 Clinical Governance
Some issues identified

6. EQUALITY & DIVERSITY IMPLICATIONS
There are no equality and diversity implications

7. RISK ASSESSMENT
Risks articulated within the report.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT
The membership of the Clinical and Care Governance Committee and the Health and Safety Group includes public representation

9. CONCLUSIONS
The report provides updates and information about some key areas of work in relation to clinical and care governance.

Appendix 1: OLI Laboratory Meeting Governance Action Plan

Laboratory improvement plan is available as a detailed separate document (Action 2)

Action Number	Action - Governance	Who	When	Red Amber Green Status R= Incomplete A= Started and end date agreed & on track G= complete
1	Establish SLWG	Alex Javed, A&B Planning rep (TBA), A&B Finance rep (TBA) Geoff Day, Caroline Henderson or Annie Macleod, Mark Ashton, Quality Manager (NHSH), Clinical Leads Inverness tba	SLWG established. Regular meetings held and planned for 2017	GREEN
2	Action plan developed for all lab non conformances and monitoring of 133 outstanding actions (85 actions are CPA related)	Geoff Day (interim lab manager). Monitoring in place through weekly meetings.	Started and to be resubmitted back to CPA by 29th January 2017. 49 CPA actions have been completed, 24 are in progress and the remaining 12 will be started following NHSH lab manager visit 18th/19th January 2017.	AMBER
3	Future of OLI lab governance & define structure for Lab user manual	Caroline Henderson & Alex Javed	18th January 2017	AMBER
4	Appointment of Clinical Director	Alex Javed/	End of Jan – discussions held with GGC & NHSH regarding best model with current consultant availability. Alex Javed spending 2 days in Oban 18th/19th January	AMBER
5	Line Management of Geoff Day By Alex Javed to comply with governance arrangements	Alex Javed	November 2016	GREEN

6	Define clinical input for microbiology and biochemistry	Mark Ashton	By 25th November 2016	GREEN
7	Haematology and transfusion service consultant input	Caroline Henderson, HSCP planning team and GGC planning team	16th January 2017	AMBER
8	Update organisational chart when clinical structure confirmed.	Geoff Day	13th December 2016 – Clinical Director role outstanding (see action 4)	GREEN
9	Service Planning between NHSH, A&B & Glasgow – detailing schedules in SLA with GGC	Stephen Whiston	End Jan 2017 and almost complete	AMBER
10	E Health – Appraisal of IT to support quality management from NHSH and GGC – initial discussions held through SLWG and further detail to be agreed	Mark Ashton/Stephen Whiston	End March 2017	AMBER
11	SLA – current total £1.2m (diagnostics and LIMMS alone) – Alex to provide matrix of what SLA value should be on a population basis. Geoff to provide overview of all current activity and LIMS.	Alex Javed & Geoff Day	2nd December 2016	GREEN
12	Confirmation of consultant support for different laboratory disciplines	Mark Ashton	18th – 19th January during Oban visit	AMBER
13	Independent investigation of MHRA submission (blood compliance report) to comply with MHRA	Caroline Henderson (& external reviewer)	End of January and on track	AMBER

Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item : 5.5**

Date of Meeting : 25 January 2017

Title of Report : Infection Prevention and Control

Report prepared by: Sheila Ogilvie, IPC Nurse
on behalf of Liz Higgins, Lead Nurse

Presented by : Liz Higgins

The Integration Joint Board is asked to :

- **Note the performance position for the HSCP**
- **Note the progress to reduce and mange healthcare associated infections**

1. EXECUTIVE SUMMARY

The purpose of this paper is to update Board members of the current status of Healthcare Associated Infections (HAI) and Infection Control measures in NHS Highland including Argyll & Bute HSCP

Achievements

- ICNET (infection control software programme) is now being utilised by the Argyll and Bute Infection Control and Prevention Nurses (IPCNs). The IPCNs are able to access and share data with NHS Highland electronically, and have been inputting microbiological results to enable the electronic documentation of case review

- The HAI Quality Improvement Facilitator appointed on a fixed term contract is providing excellent support to the Infection Prevention and Control Team with improvement strategies specifically relating to SICPs and the HEAT targets. A 'Clostridium difficile awareness' roadshow is currently occurring across NHS Highland and sessions were held in Oban and Lochgilphead during November.

- The NHSH Infection Prevention and Control Nursing Team have recruited to the fixed term SICPS (Standard Infection Control Precautions) Auditor post. The postholder is supporting the Infection Prevention and Control Nursing Team in conducting hand hygiene validation audits, and with the implementation of some aspects of the Staphylococcus aureus bacteraemia action plan across NHS Highland. It is intended that the postholder will provide input to Argyll and Bute in early 2017.

- Dr Vanda Plecko, Consultant Microbiologist has commenced in post, and has taken over the Lead Infection Prevention and Control Doctor role from Dr Jonty Mills.

Challenges & Risks

- Although the E-Health teams within NHS Highland, NHS Greater Glasgow & Clyde and the ICNET Project team indicated that the Argyll & Bute project would be fully completed by the end of November 2016, automated electronic transfer of microbiological data from NHS Greater Glasgow & Clyde is still outstanding at this date. Whilst we await this, the risk remains that human factors might result in errors and delays in infection control information being received in a timely and accurate manner, due to the reliance on manual data inputting and dissemination of laboratory results. At a teleconference on 13th December, the Infection Control Manager was informed that live testing of the data feed has now commenced. A further Webex has been arranged for mid January, by which time it is hoped that testing will be complete and further training can be arranged for the Infection Control Nurses based in Oban.

- The Surveillance of *Escherichia coli* (E. Coli) bacteraemia has become a mandatory requirement in April 2016, this is placing additional workload pressure on the Infection Prevention and Control team. This is being monitored by the Infection Control Manager and Infection Prevention and Control Doctor

- The HAI HEAT targets for 2016/2017 remain unchanged, and will be challenging to meet on a Board wide basis. We are currently unable to calculate our *Staphlyococcus aureus*, and *Clostridium difficile* HEAT target performance due to the data quality and completeness issues relating to NHS Highland bed occupancy data

2. INFECTION SURVEILLANCE

NOTE: Although NHS Highland has been submitting bed occupancy data since September 2015, it was recently agreed that the information will not be used in national publications. Due to ongoing data quality and completeness issues impacting on national returns, a decision was reached between NHS Highland Senior Management and Michael Muirhead, Head of Information Services, Information Service Department (ISD) that bed occupancy data for 2014/2015 and 2015/2016 should be excluded from ISD publications. As a result the Board report will no longer include calculations based on bed occupancy data. It is proposed that we use case number data in the future for both Staphylococcus aureus bacteraemia and Clostridium difficile reporting, until the situation is rectified.
The Service Planning Team continues to work with TrakCarePMS to resolve issues, and are currently testing a new bed occupancy report. Health Protection Scotland has been informed of the local decision by the Infection Control Manager.
An urgent meeting is being arranged with key people internal and external to NHS Highland in order to clarify the situation and ensure progress is made within an agreed timeframe

2.1 *Staphylococcus aureus* bacteraemia (SAB) HEAT target

Staphylococcus aureus is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is meticillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well known is MRSA (meticillin Resistant *Staphylococcus Aureus*), which is a specific type of the organism and is resistant to certain antibiotics making it more difficult to treat. More information on these organisms can be found at:
http://www.nhs.uk/conditions/staphylococcal-infections/Pages/Introduction.aspx
NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemias. These are a serious form of infection and there is a national target to reduce them. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemias can be found at:
http://www.hps.scot.nhs.uk/haiic/sshaip/publicationsdetail.aspx?id=30248

The HEAT target for 2016/2017 for NHS Highland is 24.0 cases or less per 100,000 acute occupied bed days for *Staphylococcus aureus* bacteraemia (SAB) including MRSA. For NHS Highland this means no more than approximately **60 cases** by 31st March 2017.

All SABs, whether of hospital or community onset, are subject to Root Cause Analysis undertaken by the relevant clinicians and Infection Control Team. Any learning points identified are communicated to all clinical teams via the Cleanliness, Hygiene and Infection Control Committee.

NHS Highlands position as of 4th December 2016 (data not yet validated by HPS) is 49 cases.

Argyll & Bute HSCP's position as of 4th December 2016 is unchanged from the previous report at **4 cases** – details tabled below:

1st April – 4th Dec 2016	**MSSA = 4** **MRSA = 0** **Total SABs = 4**	All 4 patients had community onset infection. All were over 65 years old and 2 were diabetic. 2 subsequently died following transfer to tertiary care. One has fully recovered and the other remains in hospital (admitted 27Oct16). Following root cause analysis by the clinical and Infection Control teams, none of the infections were considered preventable and no learning points were identified.

2.2 *Clostridium difficile* infection (CDI) HEAT target

Clostridium difficile is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at:
http://www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx

NHS Boards carry out surveillance of *Clostridium difficile* infections (CDI), and there is a national target to reduce these. Information on the national surveillance programme for *Clostridium difficile* infections can be found at:
http://www.hps.scot.nhs.uk/haiic/sshaip/ssdetail.aspx?id=277

The CDI HEAT target for 2016/2017 for NHS Highland remains as approximately 32.0 cases or less in patients aged 15 and over per 100,000 total occupied bed days. For NHS Highland, this means no more than approximately **78 cases** by 31st March 2017.

All CDIs, whether of hospital or community onset, are subject to enhanced surveillance by the relevant clinicians and Infection Control Team. Any learning points identified are communicated to all clinical teams via the Cleanliness, Hygiene and Infection Control Committee.

NHS Highlands position for Clostridium difficile infections as of 1st April 2016 to 4th December (data not yet validated by HPS) is 51 cases.

Argyll & Bute HSCP 's position as of 4th December 2016 is **9 cases** – details tabled below:

1st April – 31st Oct 2016	**Total CDI cases = 9** Healthcare Associated = 4 Community Associated = 5	2 of the healthcare associated infections occurred in the same patient just over 28 days apart. The surveillance protocol dictates that this must be counted as 2 separate infections. All cases have been sporadic with no evidence of any person-to-person spread.

2.3 *Escherichia coli* (E. Coli) Bacteraemia surveillance

As of 1st of April 2016 the surveillance of *Escherichia coli* (E. Coli) Bacteraemia became a mandatory requirement for all NHS Boards to undertake. Data is collected by the Infection Prevention and Control Team in conjunction with the relevant clinical teams, and cases discussed to identify learning

Since April 2016, **16 patients** with *E. coli* bacteraemia have been admitted to hospital in Argyll & Bute and undergone enhanced infection surveillance. 2 of these infections could be attributed to healthcare interventions, while 12 had no associated healthcare intervention. In 2 patients, the source of infection could not be ascertained. The most common sources of *E.coli* bacteraemia were infections of the urinary and hepato-biliary systems.

3. Hand Hygiene Reporting

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections.
More information on the importance of good hand hygiene can be found at:
http://www.washyourhandsofthem.com./
Each Board is responsible for monitoring and reporting hand hygiene compliance data.

NHS Highland Hand Hygiene Rolling Monthly Audit Programme continues across all clinical areas, and compliance rates are being sustained above the 95% target.

4. Cleaning and the Healthcare Environment

Keeping the healthcare environment clean is essential to prevent the spread of infections. Information on national cleanliness compliance monitoring can be found at:
http://www.hfs.scot.nhs.uk/online-services/publications/hai/
Healthcare environment standards are also independently inspected by the Healthcare Environment Inspectorate. More details can be found at:
http://www.nhshealthquality.org/nhsqis/6710.140.1366.html
Each Board is responsible for monitoring and reporting the cleanliness of hospitals.

Services Specification and through the use of Synbiotix© (the Facilities Management Scotland webbased audit tool), demonstrate compliance rates are being sustained above the locally defined targets (92% domestic monitoring and 95% estates monitoring). The previous quarterly rates (July to Sept 16) identify averages of 96% for domestic monitoring, and 98% for estates across Argyll and Bute. Any areas identified during the audits, as requiring action are reported immediately to the relevant person.

Healthcare Associated Infection Reporting Template (HAIRT)

The following section is a series of 'Report Cards' that provide information, for all hospitals in Argyll & Bute, on the number of cases of *Staphylococcus aureus* blood stream
infections and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance.

Understanding the Report Cards – Infection Case Numbers
Clostridium difficile infections (CDI) and *Staphylococcus aureus* bacteraemia *(SAB)* cases are presented for each hospital, broken down by month. SAB cases are further broken down into Meticillin Sensitive Staphylococcus aureus (MSSA) and Meticillin Resistant Staphylococcus aureus (MRSA).

For each hospital the total number of cases for each month, been reported as positive from a laboratory report, on samples taken more than 48 hours after admission.

Understanding the Report Cards – Hand Hygiene Compliance
Hospitals carry out regular audits of how well their staff are complying with hand hygiene. Each report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used broken down by staff group.

Understanding the Report Cards – Cleaning Compliance
Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits.

Healthcare Associated Infection Report Cards

NHS HIGHLAND ARGYLL & BUTE HOSPITALS REPORT CARD

- Argyll & Bute Hospital Lochgilphead
- Oban, Lorn & Islands Hospital

The Community Hospitals covered in this report card include:

- Campbeltown Hospital
- Cowal Community Hospital, Dunoon,
- Mull & Iona Community Hospital
- Islay Hospital
- Mid Argyll Community Hospital & Integrated Care Centre, Lochgilphead
- Victoria Hospital Rothesay

***Staphylococcus aureus* bacteraemia monthly case numbers Oct' 15 – Nov '16**

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16
MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	2	0	0	0	1	0	0	1	1	0	1	0
Total Sabs	0	0	2	0	0	0	1	0	0	1	1	0	1	0

***Clostridium difficile* infection monthly case numbers Oct' 15 – Nov '16**

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Ages 65 plus	0	1	1	0	0	0	0	0	1	0	2	2	1	2
Ages 15 plus	0	1	1	0	0	0	0	0	1	0	2	2	1	3

Hand Hygiene Monitoring Compliance (%) Nov' 15 – Nov'16

	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16
TOTAL	97	98	97	99	95	96	100	98	98	99	99	96	96
AHP	100	100	95	100	100	100	100	100	93	100	100	92	93
ANCILLARY	96	100	93	100	90	96	100	100	100	100	100	97	97
MEDICAL	94	94	100	95	91	86	100	93	100	100	100	97	97
NURSE	99	99	100	100	100	100	98	97	100	99	97	95	96

Cleaning Compliance (%) Nov' 15 – Oct '16

	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16
TOTAL	96	96	97	100	96	97	97	98	97	97	95	83*

***nil return from Argyll & Bute Hospital**

Estates Monitoring Compliance (%) Nov' 15 – Oct '16

	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16
TOTAL	97	93	97	100	97	98	98	98	99	98	96	84*

***nil return from Argyll & Bute Hospital**

4. CONTRIBUTION TO STRATEGIC PRIORITIES

One of the key objectives is "to reduce to an absolute minimum the chance of acquiring an infection whilst receiving healthcare and to ensure our hospitals are clean". Robust infection control arrangements are key in the delivery of safe and appropriate care.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

Inadequate infection control governance has a potential financial impact in respect of avoidable treatments and lengths of stay in hospitals.

5.2 Staff Governance

Significant staff governance concerns if issues not addressed

5.3 Clinical Governance

Significant if risks identified not addressed urgently

6. EQUALITY & DIVERSITY IMPLICATIONS

None.

7. RISK ASSESSMENT

Risks articulated within the report.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Public involvement on CHIC meetings and in peer audits.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item : 5.6**

Date of Meeting : 25 January 2017

Title of Report : Staff Governance Report – January 2017

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

Presented by : Stephen Whiston, Head of Planning & Performance

The Integration Joint Board is asked to :

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

1. EXECUTIVE SUMMARY

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

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

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

2. INTRODUCTION

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

- Employee Survey (Council) & iMatter (NHS)
- Organisation Change and Service Redesign issues
- Employee redundancy and redeployment position
- Roll out of eEES, the electronic employment support system (NHS)
- Workforce Planning
- Terms & Conditions
- Workforce performance including attendance management, turnover, vacancies, suspension, disciplinary and grievance statistics.

Some of the data in this report relates to Quarter 2 (July to September 2016) and some is more recent. It is proposed to bring the Staff Governance Quarterly Reports in line with the quarterly data reporting by bringing the next report to the IJB in March 2017 which will have Quarter 3 data.

3. DETAIL OF REPORT

3.1 Employee Survey & iMatter

Argyll & Bute Council employee survey has been completed and the results are expected to be available from the end of January 2017. iMatter, the new NHS staff experience survey, is due to be rolled out to Argyll & Bute HSCP from May 2017. A presentation has been given to the Strategic Management Team and Partnership Forum and it has been agreed that it will cover all staff in the HSCP (both health and council employees).

3.2 Statutory & Mandatory Training

Argyll and Bute NHS Health and Safety Team provides face to face training in relation to Fire Safety, Moving and Handling and Prevention of Violence and Aggression. In addition staff undertake on-line training as per the requirements of the NHSH Training Prospectus. Argyll and Bute Council provides training in these topic areas for Council employed staff.

A detailed review of Moving and Handling training is taking place to identify opportunities to jointly train staff. An update on progress will be presented at the next meeting of the HSCP H&S Group on 21 February 2017.

Initial discussions have taken place regarding Prevention of Violence and Aggression and Fire Safety Training and will continue.

In terms of key challenges:

- Although Information is available about the numbers of staff attending training unfortunately there are some difficulties with current recording systems to determine staff compliance with training requirements and therefore local managers have been requested to maintain local records. To address these difficulties, a pilot has commenced of a HQA (Highland Quality Approach) Team Board for improving team review of statutory and mandatory training. An update on progress in relation to this has been requested for the next meeting of the HSCP Health & Safety Group on 21 February 2017.

- The frequency of cancelled courses due to no or few staff booked on to courses and ways to reduce this frequency will be explored with localities.
- In relation to the delivery of Prevention of V&A training for health staff, the current model relies on training being delivered by part-time trainers as part of their substantive posts. Due to staff retirement/ leaving or demands in relation to substantive posts, the pool of staff trainers has considerably reduced. As a result, the delivery of training, using part-time trainers, is currently under review. An options paper is due to be presented at the next meeting of the HSCP H&S Group on 21 February 2017
- In relation to Moving and Handling, the introduction of key trainers to carry out competency assessment has reduced the need for ward staff to leave the ward for refresher training. However, there is a shortfall in the number of key workers due to staff leaving and the recognition that some areas need more key workers. There has been a delay in local managers nominating replacement / additional staff to be trained as key workers. If not addressed this could lead to a shortfall in the number of ward staff who are competency assessed in 2017. This is now being escalated to Locality Managers.
- Moving and handling training is being looked at by both NHS and Council Health and Safety Teams to identify a joint way forward.

In the NHS the roll out of the Oracle Learning Management Module to record delivery of statutory and mandatory training is continuing.

The Council are rolling out a programme of mandatory equalities training and staff who have not yet completed this training should be encouraged to do so. The HR and OD team are currently working on proposals to provide first aid training and personal safety training in house.

The Council continues to deliver SSSC registration training through its SVQ centre to Adult Services and Children and Families Social Care employees. There is also a programme of Social Work Degree student learning underway. This is reported through the Social Work Training Board.

The Social Work Training Board has completed an exercise to review all job descriptions and specifications to identify essential and desirable training for all Council employed Social Care posts. This is currently held by the Learning and Development team in a spreadsheet.

Currently all Social Care staff training that is organised by the Learning and Development team is recorded in a training System called ETC (Enrolment, Training and Certification) which is an access database.

As part of the Council's service choices Argyll and Bute Council are moving over to Resource Link (RL) and we are now part of the RL5 project. Once implemented all training will be in the one system and eventually over time will become self-service.

Over the next few months Argyll and Bute council have been data cleansed the current system and migrating the data over to RL and as part of the project

3.3 Workforce Planning

Workforce development sessions have been delivered for each of the Locality Planning Groups. Support is being provided from the national iHub improvement team (http://ihub.scot/). This work will help the LPGs to complete their redesign proposals to deliver the strategic plan for the HSCP.

3.4 NHS and Council Terms & Conditions

3.4.1 NHS Terms and Conditions Issues New Policies

A number of PIN Policies have been approved by the NHS Highland Partnership Forum including Preventing and Dealing with Bullying and Harassment which supersedes the Dignity at Work Policy. Other policies already and/or ready to be submitted to Highland Partnership Forum for consideration and approval include those Supporting Work-Life Balance such as Flexible Working, Job Share, Maternity Leave, Maternity Support/Paternity Leave, Breastfeeding, Adoption Leave & Fostering and Childcare Guidance. An Additional Employment Policy is currently out to consultation.

There is a current Audit of Paid As If At Work across NHS Highland to ensure compliance across the organisation in accordance with AFC terms & conditions. As part of this there will be 2 audits carried out within A&B HSCP: 1 in Lochgilphead, 1 in Oban.

3.4.1.1 NHS National Band 1 Review

The Scottish Government asked NHS Boards to consider the roles and responsibilities of staff on Agenda for Change pay band 1, with a view to assisting with advancing the low pay agenda in NHS Scotland.

We are required to identify all band 1 posts, including bank only, and expand the job descriptions to meet similar roles at Band 2. This is an exciting opportunity for the IJB to invest in staff, both in terms of reward and training, as well providing them with more fulfilling work opportunities. It also provides the opportunity to review the way in which the services provided by these groups of staff are carried out. Most staff at Band 1 are domestics, and other affected groups include catering, portering, laundry and administrative staff.

The band 1 review work is progressing well locally with all new band 2 job descriptions now either approved or still with the Agenda for Change team for evaluation. Most staff meetings are complete and the majority of staff are expected to accept a band 2 post.

All staff accepting the move to band 2 will have their pay back dated to 1st October and if additional training is needed, this will be completed by October 2017. There is an option for staff to remain on band 1 if they do not feel able to take on the additional duties or complete the training. There will be no more bank shifts offered at band 1.

It is recognised that the organisation may need to retain some band 1 posts as some existing band 1 employees may want to remain in their current post. Retaining these

posts would be on an exceptional basis and as staff leave the band 1 post would be upgraded to Band 2.

3.4.2 Council Terms and Conditions issues

Savings as agreed by the IJB in June 2016 identify a number of Council posts at risk of redundancy. The Council's redundancy policy seeks to achieve voluntary severance or redeployment as the preferred option when a redundancy situation arises. Statutory redundancy consultation on the posts at risk began in October 2016 with the Joint Trades Unions supported by the Council's HR Team. Statute states that this must last for 45 days, during which all possible alternative options to redundancy will be considered. Thereafter any employees whose posts remain at risk will be issued with a termination notice in January 2017.

Any Council employees who may be at risk of redundancy as a result of any other proposed changes to services agreed by the IJB will be treated in accordance with this policy. Any proposed savings that affect employees must be advised to them in advance of any information going into the public domain as per the Council's procedures.

The Council's Policy and Resources committee have recently approved a Dignity at Work policy for implementation across the Council. This covers the Council's approach to all aspects of bullying, harassment and victimisation. The Council has also recently approved a revised Stress Policy and Procedures, which includes stress management and minimisation measures.

3.5 Integrated HR Issues

3.5.1 Integrated HR Processes

Work has been ongoing to try to develop integrated HR processes to support managers recruiting and managing a joint workforce. So far a proposal for Recruiting to Integrated Management Posts has been agreed in principle subject to national guidance. Work is ongoing to consider ways to join up processes for Workforce Monitoring and Organisational Change whilst adhering to both NHS Highland and A&B Council HR Policies, a new working group including management, staff side and HR will be set up to oversee this work.

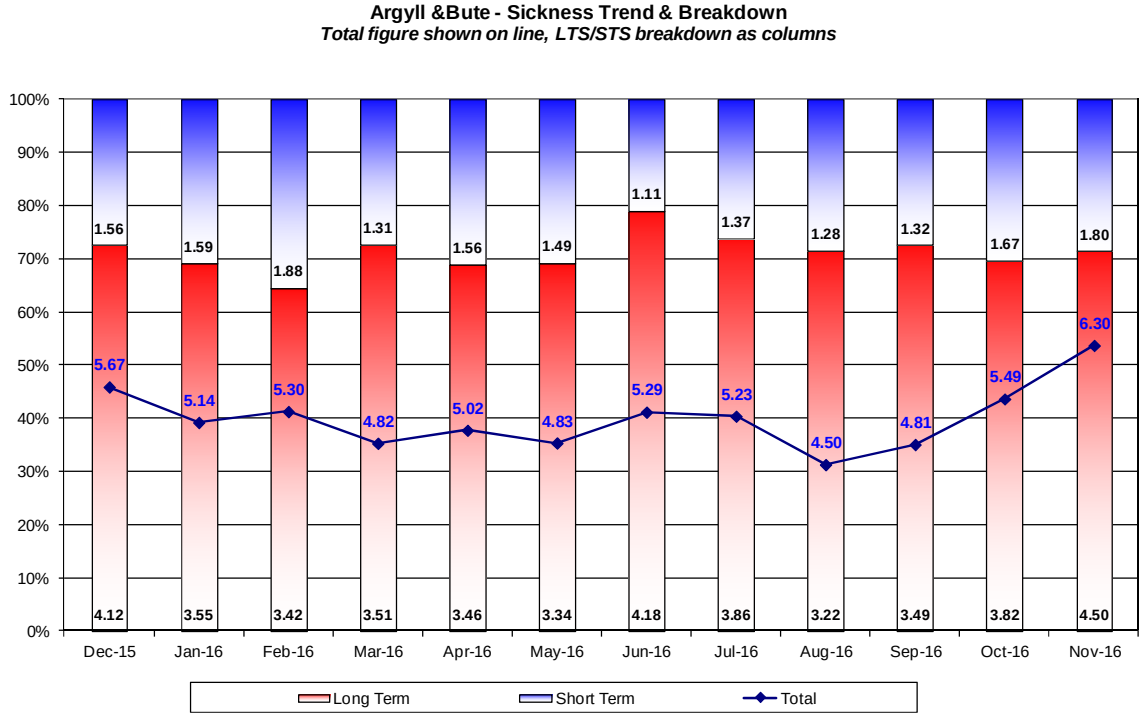
3.5.2 Integration Below Tier 3

This issue has been discussed at length at the Partnership Forum and latterly a specific service redesign for the Performance & Information Team was tabled and debated. In principle the Partnership forum agreed that there is a reasonable business case for taking forward the proposal to integrate the team and particularly in creating an integrated team leader role. A separate paper will be presented to the IJB at a future meeting to ask for support in principle to integration below tier 3 management.

3.6 Workforce

3.6.1 Attendance Management (NHS)

The NHS Staff Sickness Report is in the process of being updated to represent the three operating management units, this work is not complete so the data presented is not 100% accurate. The latest data available from payroll is for October 2016. The roll out of the Scottish Standard Time System, which has begun in Oban, Lorn & Isles Locality, will improve reporting to near real time, this will hopefully be complete by March 2017 and be rolled out across all areas. All Operating Management Units remain above the national target of 4%. There has been a significant rise in sickness absence across all areas and actions are being taken by the HR Team to support operational managers.



October 2016	STS	LTS	Total
Adult West	1.56%	4.56%	6.12%
Adult East	2.89%	4.44%	7.33%
C&F	1.35%	6.48%	7.82%
Corporate (incl Dental)	1.40%	3.70%	5.10%
A&B Total	**1.80%**	**4.50%**	**6.30%**

STS = Short Term Sickness, LTS = Long Term Sickness

3.6.2 Attendance Management (Council)

The Council measures sickness absence as working days lost. Please note the data available for this report is for Quarter 2 ending in September 2016. In Q2 the total number of working days lost per FTE employee was **3.96** against a target of **3.78.**

Service	Target WDL per FTE Employee 16/17	WDL per FTE Employee in Q2 16/17	WDL per FTE Employee in Q2 15/16	WDL per FTE employee in Q2 14/15	% Change from Q2 15/16
Adult Care	4.10	4.72	4.53	4.72	0.04
Children & Families	3.15	2.30	3.08	3.65	-0.25
TOTAL HEALTH & SOCIAL CARE PARTNERSHIP	**3.78**	**3.96**	**4.01**	**4.35**	-0.01

The regular report on council employee attendance was considered by the Performance Review and Scrutiny Committee in November and highlights all of the positive action that the HR team are taking to support managers and employees to reduce absence. This quarter showed an improving picture across the council as a whole in what has been a very challenging area. Children and Families have shown a positive reduction in absence, whilst Adult Care is not performing as well.

Health and Social Care Partnership – Council employees Absence Trend
The council has a target of 100% return to work interviews being completed. Research shows that return to work interviews, carried out within a short time of the employee returning to work has a significant positive impact on reducing absence, particularly short term and frequent absence.

% return to work interviews completed by Service July - September 2016

Service	Section	RTWI Required	RTWI completed	% RTWI Complete
Adult Care	East	20	17	85.00%
Adult Care	West	48	25	52.00%
Adult Care	Directorate/Other	1	1	100.00%
Adult Care	**Total**	**69**	**43**	**62.00%**
Children and Families	**Total**	**26**	**18**	**69.00%**
Health & Social Care	**Total**	**95**	**61**	**64.00%**

Note C&F services have confirmed that the majority of outstanding return to work interviews have now been completed.

3.6.3 Recruitment

(NHS) Employment Services reported 24 vacancies being advertised (December 2016). There are 159 vacancies currently being processed by department (recruitment process started but not yet complete). A new monitoring process is now in place allowing detailed scrutiny of the time taken to recruit and any delays in the process.

(Council) Recruitment Services reported 5 vacancies advertised internally and 10 externally (November 2016).

3.6.4 Redeployment

(NHS) There are 33 staff on the primary re-deployment register (an increase of 6) and 27 on the secondary re-deployment register (a decrease of 1) (December 2016).

(Council) There are 2 staff currently on the redeployment register.

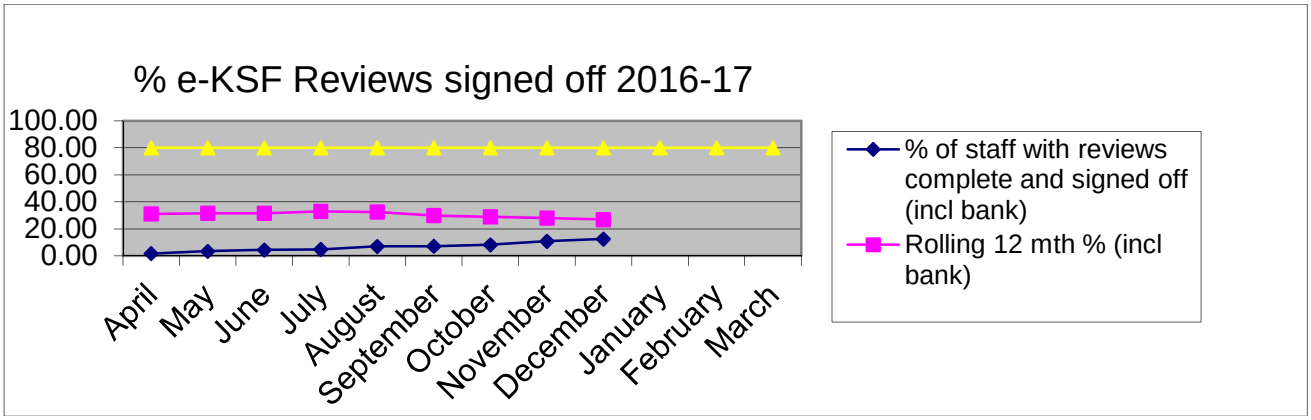
3.6.5 Fixed Term contracts

(NHS) There are 37 staff currently on fixed term contracts (a reduction of 3) (December 2016).

(Council) There are 121 staff on temporary or fixed term contracts (a reduction of 3) (November 2016). This reflects a range of different workforce management approaches taken to manage the service.

3.6.6 Personal Development Plans & KSF (Knoweldge & Skills Framework)

(NHS) Percentage of staff reviews completed and recorded on e-KSF from 1 April 2016 to 31-12-16 was 12.55**%** (across A&B HSCP for NHS staff covered by Agenda for Change). For a rolling 12 month period the figures were **26.96%.**



(Council) The % of Performance Review and Development (PRDs) completed at the end of Quarter 2 (***September)*** was **78%.** The target is 90%.

3.7 Mid-Argyll Property Short Life Working Group

The Mid-Argyll Property Short Life Working Group was disbanded with the set up of a new Programme Board for Property in Mid-Argyll bringing together the work of office redesign, mental health in-patients, mental health clinical strategy and support service redesign. The first meeting of this group was held on 31st October and an update of the plan for accommodation is being developed. This will include new options for accommodation including those in Kilmory and Whitegates with the aim to co-locate corporate service teams.

The next steps will include an option appraisal and OD work including 5S training to help staff clear out paper based systems and adopt more of a digital presence.

A solution has been found to allow the laundry to be closed involving the relocation of patient laundry processing to Aros and the Hillingdon Laundry collection/drop off point to move to the Central Stores on the A&B Hospital site.

Work is continuing in Mid-Argyll to plan for the closure of the A&B Hospital and Aros HQ, with a site clearance plan in place and options for securing the site and potential disposal being considered.

3.8 Dental Rebalancing

A process to 'rebalance' dental services is taking place across Scotland and NHS Highland is participating in the process. The aim is to move routine patients from Public Dental Service (PDS) to General Dental Service (GDS) which will deliver the majority of public access primary care based dental services. The remaining smaller PDS services which are directly employed by NHS Highland will provide access for priority groups needing enhanced care. Dental practices across Argyll & Bute HSCP are at various stages of the project and the Human Resources Team are supporting dental management with the organisational change process in partnership with staff side colleagues. In addition a process is underway to offer PDS premises across the region for lease to provide additional capacity for the provision of General Dental Services for routine patients not requiring specialist treatment within the PDS.

The pace of this process is dictated by the availability of local GDS services in each area.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

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

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact – N/A

5.2 Staff Governance – this is the staff governance report.

5.3 Clinical Governance – N/A

6. EQUALITY & DIVERSITY IMPLICATIONS

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

7. RISK ASSESSMENT

Will be addressed at individual project level, for example with the Mid-Argyll Property SLWG. There are HR issues flagged up in the A&B HSCP Strategic Risk Register.

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

9. CONCLUSIONS

There are various challenges from a staff governance perspective including high sickness absence rates and difficulties delivering and monitoring statutory and mandatory training. The HR and Health & Safety Teams work to support Service Managers in addressing these concerns by providing expertise, advice and facilitation.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.7

Date of Meeting: **25 January 2017**

Title of Report: **Chief Officer Report**

Presented by: **Christina West**

The Integration Joint Board is asked to :

Note the following report from the Chief Officer.

Telecare Pilot in Ross of Mull

The HSCP is currently piloting an overnight response service in Ross of Mull to service users who would benefit from a Telecare alarm. The equipment will cover a wide range of different alarms and sensors as well as a pendant. This service can also provide falls detectors, bed sensors, door exit sensors, smoke alarms and a range of other equipment depending on what is required.

The pilot will run for 6 months and will cover the Ross of Mull up to Pennyghael/Carsaig and will be staffed by the social work team based in the Ross of Mull. Two members of staff will be on call every night and the service will operate from 10pm through to 7am in the morning.

Scoping Exercise to Investigate Viability of Dialysis Unit on Bute

At the IJB meeting on the 30 November 2016 the IJB approved the continuation of the Kintyre Community Dialysis Unit and agreed to expand the catchment area to residents within the Mid Argyll locality.

The IJB also agreed to a scoping exercise to look at the viability of a dialysis unit on Bute where there is local need for a service and senior managers from the HSCP will be meeting with representatives from the Bute Kidney Patients Support Group on 18 January 2017 to discuss this scoping exercise further.

Strategic Review of Lorn & Islands Hospital

The HSCP is currently undertaking a Strategic Review of Lorn & Islands Hospital to map out the future requirements of hospital care in the Oban, Lorn &

Isles locality. This review will also link in with the Scottish Government's National Clinical Strategy and the Chief Medical Officer's Report on Realistic Medicine.

A Review Group, chaired by a Non-Executive Director of NHS Highland, has been established to take this project forward and membership of the Group includes patient representatives, a local councillor, senior clinicians, staff representatives and senior managers from the HSCP."

The HSCP is aware that any review of services within the hospital can be unsettling for the local community and staff and is keen to ensure that everyone is involved and kept fully updated in the progress of the review. Regular updates will be issued and local managers will continue to work closely with elected members, stakeholders, the local community, Community Councils, the Health and Care Forum and other local groups.

X-PERT Diabetes Course

In 2015 there were over 284,000 people in Scotland registered with diabetes and of these 250,000 had Type 2 diabetes with the remainder having Type 1 diabetes. When people find out they have been diagnosed with diabetes they are often confused about how to deal with it and the HSCP has introduced a course for members of the public to help them manage the condition as people who learn how to manage their diabetes are healthier and cope better.

"This free course is called X-PERT and is for people with Type 2 diabetes as this type of diabetes usually responds well to healthy changes in lifestyle. The course is one day a week over a 6 week period and covers all aspects of living with diabetes such as healthy eating, managing their weight, understanding food labels and understanding blood tests and clinic visits. It is delivered in small groups of around 10 people as feedback has shown us that most people like to have the opportunity to talk to others who are living with diabetes.

The X-PERT course is being rolled out across Argyll and Bute and is currently available in the following areas: Helensburgh, Oban, Lochgilphead, Dunoon, Rothesay and coming soon to Islay.

Integrated Care Fund Investing £1.84 Million in Argyll and Bute

The Integrated Care Fund (ICF) is a source of 3 year funding (2015-2018) provided by the Scottish Government to help HSCPs support investment in integrated services. The key purpose of the ICF is to act as a catalyst for transforming health and social care services through focusing on anticipation, prevention and early intervention and maintaining people's health and well being.

The HSCP received £1.84 million of ICF in the first year (2015/16) and of this £1.04 million was directed towards building on health and social care services across Argyll and Bute with the remainder devolved to local communities.

The same level of overall funding continues for 2016/17 with £800,000 again devolved directly to local communities across Argyll and Bute. This local funding was allocated using the Scottish Government's NRAC (National Resource Allocation Committee) formula which takes account of factors like demographics and rurality. The following allocations were approved:

Bute and Cowal	£220,832
Helensburgh and Lomond	£196,066
Mid Argyll, Kintyre & Islay	£200,754
Oban, Lorn & the Isles	£182,348

Inpatient Mental Health Services in Lochgilphead

The HSCP is continuing with the building improvement programme to relocate, on an interim basis, inpatient mental health services from Argyll and Bute Hospital to the lower ground floor of Mid Argyll Community Hospital and Integrated Care Centre. It is anticipated that the works will be completed by the end of March 2017 as planned.

During November and December the HSCP held a series of drop in events across Argyll and Bute to provide the public with an opportunity to view the plans for the Mid Argyll hospital unit and discuss the move with representatives from the Mental Health service.

Representatives from the HSCP are also continuing to work closely with other agencies including Argyll and Bute Council, Police Scotland and the Scottish Ambulance Service and this multi agency approach will continue as the services are developed.