DRAFT MINUTE OF
ARGYLL & BUTE HEALTH & SOCIAL CARE PARTNERSHIP
INTEGRATION JOINT BOARD
Wednesday 30 May 2018
Council Chambers, Kilmory, Lochgilphead

Present:

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

In Attendance:

Patricia O'Neill	Central Governance Manager, A&B Council
Lorraine Paterson	Head of Adult Services (West), A&B HSCP
Jim Littlejohn	Interim Head of Adult Services (East), A&B HSCP
Stephen Whiston	Head of Strategic Planning&Performance, A&B HSCP
David Ritchie	Communications Manager, A&B HSCP
Kristin Gillies	Senior Service Planning Manager, A&B HSCP
Sheena Clark	PA to Chief Officer, A&B HSCP (Minutes)

Apologies:

Dr Michael Hall	Associate Medical Director, Argyll & Bute HSCP
Dr Peter Thorpe	Secondary Care Advisor, Argyll & Bute HSCP
Denis McGlennon	Independent Sector Representative
Maggie McCowan	Public Representative
Douglas Hendry	IJB Standards Officer

ITEM	DETAIL	ACTION
1	**WELCOME**	
	The Chair welcomed everyone to the meeting.	
2	**APOLOGIES**	
	Apologies were noted.	
3	**DECLARATIONS OF INTEREST**	
	None declared.	
4	**APPROVAL OF MINUTE OF INTEGRATION JOINT BOARD (IJB) 28 March 2018 AND ACTION PLAN**	
	The Minutes were agreed as accurate. The update on the action plan was noted.	
5	**BUSINESS**	
5.1	**Amendment to IJB Standing Orders**	
	The report recommended an amendment of the Standing Orders in order that they comply with the legislative requirements, in relation to voting where there is an equality of votes. *The IJB approved the recommendation.*	
5.2	**Proposal to Revise IJB Integration Scheme**	
	Argyll & Bute Council agreed a motion at a Special Council meeting on 22 February 2018 requesting a formal review of the Integration Scheme to ensure that it continues to meet Scottish Government expectations, including how budget underspends and overspends might be written back to the parent organisations. A short life working group (SLWG), chaired by the Council, will be established to review the scheme. Scope of the review is to be clarified by the SLWG and a report and recommendation made to the Locality Authority and NHS Board in June 2018. *The IJB noted :* • *the request by Argyll & Bute Council to review the Argyll & Bute HSCP Integration Scheme.* • *notification of this request has been submitted to NHS Highland Board Secretary and acknowledged by the Board.* • *the SGHD has offered to provide facilitation/support for the review of the scheme with the parties.* • *if a revision to the scheme is agreed then a formal consultation process with prescribed stakeholders will be required to be undertaken and that the revised Integration Scheme will then be submitted for approval by Scottish Ministers.* • *the statutory responsibility to review the scheme sits with the NHS Highland Board and Argyll & Bute Council.*	

5.3	**Visible Changes IJB Draft Implementation Plan**	
	The paper was presented by the Chief Officer who advised that the draft plan was considered by the IJB at their pre-business meeting Development Session. The plan is being developed to inform discussions by the IJB who have a collective responsibility to address required improvements in the IJB's business. The IJB welcomed and endorsed the approach being taken and agreed that the plan will be a standing agenda item. The Chief Officer is due to have discussions with the Local Government Improvement Service to consider their input to assist in taking forward the Health & Social Care Partnership self evaluation and improvement activity. The plan will be updated to reflect the IJB feedback and the request to have a greater breakdown in detail for some items and to include the actions of support from NHS Highland and Argyll & Bute Council. An updated plan will be brought back to the meeting in August. *The IJB:* • *noted and endorsed the draft IJB Improvement Plan developed to inform discussions at the Development Session on 30 May 2018.* • *instructed the Chief Officer to bring a revised improvement plan, informed by IJB members feedback, to the IJB meeting on 1 August 2018.* • *requested that the plan is a standing item on the IJB agenda.*	**CW** **CW** **CW**
5.4	**HSCP Management Structure**	
	The Chief Officer reported on the outcome of the review of the Health & Social Care Management Structure. *The IJB requested* : • *a risk assessment in terms of service delivery and budget management and the assessed impact of the proposed change in structure to 1 Head of Adult Services for Argyll & Bute HSCP.* • *details of the supporting structure below the Head of Service and clarity on the depute Head of Service role.* • *details of the principles of the HR process for role changes for the Head of Service post and the proposed realigning of the Chief Financial Officer post to reflect level of responsibility.* *The IJB supported* : • *the recruitment of a Business Improvement Manager* • *the change in line management of the Communication and Engagement department from the Head of Strategic Planning to the Associate Director of Public Health.*	**CW** **CW** **CW**

	• *the change in line management responsibility for the Head of People & Change to report directly to the Chief Officer and be designated as a formal professional advisor to the IJB.* • *the development options for more effective support around governance and support to the IJB.*	
5.5	**Argyll & Bute HSCP's Engagement Strategy**	
	The report presented by the Associate Director of Public Health outlined the need for a strategic, comprehensive and planned approach to communications and engagement. The Engagement Strategy details the engagement process to strengthen relationships with communities, to encourage their involvement and to ensure their views are understood and considered in developing the reviewed HSCP Strategic Plan 2019-2022 and subsequent service transformation. *The IJB noted and supported the intentions of the Engagement Framework in order to achieve improved planning engagement with the people of Argyll & Bute.*	
5.6	**Clinical Care & Governance**	
	The papers were presented by the Lead Nurse. a) Health & Social Care Standards – the new set of standards are applicable across all care sectors, with emphasis on person-centred care, and are broader in their application than the previous National Care Standards. A number of awareness sessions are taking place in Argyll & Bute for health and social care staff. The Care Inspectorate and Health Improvement Scotland are discussing how to integrate the standards into their joint inspection methodology. HSCP professional leads and clinical governance staff have liaised with the inspectors to ensure they are sighted on the early work regarding the new methodology. HSCP staff will support independent commissioned services to evidence their readiness to implement the new standards. *The IJB noted the new Health & Social Care Standards.* b) Infection Control – it was noted that the positive report is due to the diligence of staff in infection prevention and control. A summary of trends and performance related data was presented in relation to infection control; hand hygiene; environmental cleanliness and maintenance. *The IJB noted the annual summary of Healthcare Associated Infection surveillance and infection control activity.* c) Complaints – the report provided information on complaints activity and performance for the period 1 January – 31 March 2018. The difficulties in response time compliance are due to the	

	complexity of complaints and the investigations needed to be carried out to ensure a robust and detailed response is completed. Future report to the IJB will include trends and graphs, benchmarking against other peer partnerships. Learning from complaints investigations in both adult and children's services are shared across the partnership. *The IJB considered the HSCP activity and performance in relation to complaints.*	**EH**
5.7	**Finance**	
	The Chief Financial Officer summarised the reports : a) Budget Monitoring 2017/18 – the unaudited overall year-end position was reported as an overspend of £2.528m for Health and Council delivered services. There was a shortfall of £8.7m of savings outlined in the Quality & Finance Plan and £4.5m of savings not delivered during 2017-18. Additional Council and Health Board funding has been allocated in line with the overspend position for health and social care services. This additional payment will impact on the future financial position of the IJB and will be required to be repaid through a reduction in funding in future years. The position in relation to the NHS Greater Glasgow & Clyde Service Level Agreement has not yet been finalised and a meeting will take place with NHS GG&C to progress finalising the arrangement. The IJB governance and holding of reserves policy was outlined. The free general fund balance at the beginning of 2017-18 was £0.028m. It is proposed to earmark this amount to repay part of the Health brokerage during 2018-19. Following discussion, the IJB advised the Chief Financial Officer that the free general fund balance of £0.028m should be retained. *The IJB :* • *noted the overall Integrated Budget Monitoring report for financial year 2017-18 and the overall overspend of £2.528m, the overspend has been funded in-year with additional payments from Argyll and Bute Council and NHS Highland* • *approved the updated Directions to NHS Highland and Argyll and Bute Council finalising the financial allocations to deliver services in 2017-18.* • *agreed the decision to retain the free general fund balance of £0.028m.* b) Budget Report 2018/19 – following the outcome of the decisions by the IJB at the meeting on 28 March 2018, the report provides an update on the budget position for 2018-19	

	and on the progress on developing plans to achieve financial balance. The improved remaining budget gap is £1.6m due to the agreement to delay repayment of 2017-18 overspends by NHS Highland and Argyll & Bute Council. A revised approach to financial recovery was outlined to address the number of recurring cost pressures. This will include tight financial management and focussed monitoring and reporting of the financial position and support to budget managers. Minutes of the Transformation Board will be circulated to the Quality & Finance Plan Programme Board. *The IJB :* • *noted the updated financial position for 2018-19.* • *noted the overall updated remaining budget gap for 2018-19 of £1.6m and agreed the intention to address this through financial recovery plans, to be monitored closely throughout the year by Strategic Management Team, the Quality & Finance (Q&F) Programme Board and the IJB.* • *noted the refreshed approach to transformational change programme and the focus on planning and delivery of the £10.6m of savings already in the Q&F Plan.* • *noted the high level of financial risk associated with the 2018-19 IJB budget, the remaining budget gap and the scale of savings planned to be delivered lead to a high risk of deliverability of financial balance. Offers of funding will not be accepted pending further clarity on the adequacy of the resources to deliver on the delegated services.* • *approved the delegation to the Chief Officer to issue Directions to Argyll & Bute Council and NHS Highland in relation to financial allocations for 2018-19, these will be in line with the budget position agreed by the IJB.* c) IJB Membership on Committees – as a result of the recent changes to the elected membership of the IJB there is a requirement to appoint new member to the Audit Committee and the Quality & Finance Plan Programme Board. It was agreed that Councillor Sandy Taylor be appointed to the Audit Committee as Vice Chair and Councillor Gary Mulvaney be appointed to the Quality & Finance Plan Programme Board. *The IJB* **:** • *noted the changes in membership of the Integration Joint Board and impact on the representation on the Audit Committee and Quality & Finance Plan Programme Board.* • *appointed one IJB member to the IJB Audit Committee.* • *appointed one IJB member to the Quality & Finance Plan Programme Board.*	**CWh**

5.8	**Struan Lodge Redesign**	
	The Interim Head of Adult Services (East) provided a summary of report, outlining the conclusions of the Short Life Working Group following their further consideration of the proposals for the redesign of the Struan Lodge Service. The IJB recognised that there are continuing pressures in the provision of levels of residential and nursing care home placements across Cowal & Bute. It was acknowledged that in considering the redesign of Struan Lodge, there is a need to be mindful of potential recruitment issues and to consider the equity of service and the strategic vision for care homes across Argyll & Bute. Senior managers of the Health & Social Care Partnership have been working with Argyll Registered Social Landlords (RSLs) to look at working in partnership to develop an overarching care and housing strategy for Argyll & Bute. *The IJB :* • *acknowledged the continuing pressures to provide levels of residential and nursing care home placements across the Bute & Cowal locality.* • *noted the increasingly more complex care needs and levels of frailty of care home residents, with there being clear indications of an increased need for greater nursing care home placements in Bute & Cowal.* • *agreed to engage with the Care Inspectorate to explore the option of developing Struan Lodge as a Single Status facility which would be registered to provide residential and nursing care.* • *agreed that the development of a Cowal Campus concept should be refocused towards the development of a strategy aimed at integrated service delivery which enables people to remain at home for longer.* • *agreed to request the Care Homes & Housing Model Group consider the proposals from Struan Lodge Development Group as part of the wider appraisal and strategy development across Argyll & Bute.* • *approved the removal of the closure of Struan Lodge from the Quality & Finance Plan.*	
5.9	**Staff Governance Report**	
	The report provided an overview of performance data and key issues of staff governance in the Health & Social Care Partnership. Areas of concern highlighted by the IJB were the completion of PRDs and eKSFs and return to work interviews. A specific report on PRDs and eKSFs will be brought to the September meeting of the IJB, to include clarity on the reporting system issues. In addition consideration will be given to the Audit Committee having oversight of PRDs and eKSFs completion.	**SW**

	The IJB noted the content of the quarterly report on the staff governance performance in the HSCP.	
5.10	**Performance Report**	
	The Head of Planning & Performance reported that for Outcome 9, Resources are used effectively in the provision of health and social care services, there were 7 indicators showing on track and 4 indicators showing as off track. The Customer Service outcome showed 4 indicators on track, 4 indicators not reported and 1 indicator off track. Responding to an enquiry about the new outpatients appointment reminder system, it was confirmed that with patient approval, text message reminders are sent. *The IJB :* • *noted the HSCP performance against national health & wellbeing outcomes; 9 and customer services – FQ3 17/18.* • *noted the actions identified to address deficiencies in performance as detailed in the exception reports.* • *Noted the performance with regards to MSG targets.*	
5.11	**Chief Officer Report** – *the IJB noted the report***.**	
	Date of Next Meeting: Wednesday 1 August 2018, 1.30pm Council Chambers, Kilmory, Lochgilphead	

ACTION LOG – INTEGRATION JOINT BOARD 30-5-18

	ACTION	LEAD	TIMESCALE	STATUS
1	Development Session on Homecare to be arranged.	A MacColl-Smith	Early 2018	Being progressed with Commissioning
2	Chief Officer to progress the necessary actions within Argyll & Bute to develop the Primary Care Improvement Plan as set out in section 13, to be approved by the SMT in July and presented to the IJB on the 1 August 2018.	C West	1 July 2018	IJB will be sighted on the plan before submission to the Scottish Government.
3	Strategic Risk Register topic for Development Session.	C Whyte	To be advised.	Progressing with internal auditors to agree a date.
4	Review of carer's centres to ensure the criteria of the Carer's Act is being managed.	Linda Currie, Heather Grier Catriona Spink		Data collection from centres will be collated on the template due to be issued from Scottish Government.
5	Visible Changes IJB Draft Implementation Plan	C West	Revised improvement plan to IJB.	August meeting
5	HSCP Management Structure	C West	Risk assessment on Head of Service proposal. Clarification of supporting structure. Clarity on HR process for role changes.	August meeting
6	Complaints Report	E Higgins	Future report to the IJB to include trends and graphs, benchmarking against other peer partnerships	
7	Report on eKSFs & PRDs to IJB	S Whiston	Sept 18	

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.1

Date of Meeting : **1 August 2018**

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

Presented by: **Christina West, Chief Officer**

The Integration Joint Board is asked to :

- **Approve** the revised IJB improvement plan, which has been informed and developed following discussions at the development session on the 30th May
- **Instruct** the Chief Officer to provide an update on progress at every IJB meeting, through a standing agenda item

1. EXECUTIVE SUMMARY

A draft IJB Improvement Plan was developed in response to a range of feedback and issues experienced by the IJB over the past few months, including staff, community and political feedback in relation to service change and transformation across health and social care services within Argyll & Bute Health and Social Care Partnership.

The draft plan informed discussions of the IJB at the development session held on 30th May 2018, where the Board members had the opportunity to consider the need for and content of the draft plan, instructing the Chief Officer to make a range of required changes which are detailed in the paper. The revised plan is now presented for IJB approval (see Appendix A)

2. INTRODUCTION

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

3. DETAIL OF REPORT

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

The Improvement Plan has been informed by discussions of the IJB at the development session on 30th May 2018, where Board members had the opportunity to consider the need for and content of the draft plan and make the required changes, which have been incorporated into the attached Improvement Plan which is presented for approval.

Additional actions identified by the IJB include:

- The need for proactive communications and engagement with communities, which reframes the implications of service change locally and provides information about the range of positive achievements
- Focussed work with clinicians and social work professionals so that they can explain proposed service changes to patients and service users, providing assurance re safety, thereby building confidence and understanding in the public re the need for the changes
- Focussed work with all staff groups which clarifies the governance and decision making processes, securing commitment to service change and positive communication with the public
- Proactive messaging from the IJB to address any perceived division between health and council staff groups within the HSCP
- Clear and unambiguous messages needed following IJB decision making at meetings
- The need for a focus on budget and the required service changes which will enable services to operate within budget while addressing increasing demand
- Support for IJB members to develop their knowledge and understanding of services, to enable them to operate strategically and undertake an ambassadorial role through visits to localities and service areas
- Shadowing opportunities for all IJB members to be explored both within and out with Argyll & Bute
- Seminar sessions to be organised prior to significant areas of work, with opportunities for informal networking of IJB members optimised
- Invitations to be extended to colleagues from other areas to come and share areas of good practice re service change and redesign with Argyll & Bute IJB
- Regular meetings between senior members and officers to inform development of and presentation of information required to inform IJB decision making.

As well as specific actions which are internally focussed, the plan captures the support required from partners, acknowledging the requirement for an approach of mutuality between the IJB, Council and Health Board in the development of strategy and policy for successful change to be achieved.

The plan also captures the offer of support from the Integration Team of the Scottish Government, the Improvement Service and Healthcare Improvement Scotland.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

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

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

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

5.2 Staff Governance

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

5.3 Clinical Governance

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

6. EQUALITY & DIVERSITY IMPLICATIONS

No issues identified.

7. RISK ASSESSMENT

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

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

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

9. CONCLUSIONS

The draft IJB Improvement Plan informed discussions of the IJB at the development session held on 30th May 2018, where Board members had the opportunity to consider the need for and content of the draft plan, instructing the Chief Officer to make a number of changes which are detailed in the paper and captured within the attached Improvement Plan. The IJB Visible Changes Improvement Plan is now presented for the IJB's approval, with updates on progress to be brought back to the IJB as a standing agenda item**.**

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

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

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

	members to discuss and inform Visible Changes IJB draft improvement plan and identify next steps			30th May to further develop draft improvement plan and agree priority areas for development and monitoring arrangements. Updated Improvement Plan to IJB August 1st
2c	Development Programme for IJB to be created, informed by a self evaluation process. Topics to include: governance, role on Board, decision making during times of change, measuring success.	CO, Head of People and Change - August 2018	Areas which would benefit from facilitation/input from Local Government Improvement Service and Integration Team of SG to be discussed and agreed by IJB.	Improvement Service to attend IJB 1st August for awareness session re self evaluation process. Questionnaire to be distributed to all IJB members for completion. Following data analysis, consensus and action planning meeting to take place on 4th October to identify priority areas for improvement.
2d	Review frequency and format of meetings between members of the IJB and Chair and vice Chair, to ensure maximum opportunity for all members to contribute advice, scrutiny and influence decision making of IJB meetings	CO, Chair and vice-Chair- July/Aug 2018		Progress: IJB development session on 30th May to discuss and agree process and monitoring arrangements. A Senior Members/Officers Group (SMOG) to be established to provide the opportunity for early discussions between the IJB and members of SLT, to inform policy and strategy development.
2e	Shadowing opportunities for IJB Chair, vice Chair and CO to	CO, Chair and vice-Chair	Integration team of SG to identify Partnerships facing	CO discussing arrangements with SG Integration Team

	benchmark and learn from other Partnerships. Shadowing opportunities for all IJB members to be explored both within and out with Argyll & Bute	July/Aug 2018	similar challenges to maximise potential for shared learning	
2f	Induction and support programme to be developed and/or revised for service user and carer reps on statutory groups (IJB, Strategic Planning Group, Locality Planning Groups)	Engagement Team June 2018		Engaging with the Carers Rep on the IJB to review induction materials for service user and carer representatives on the IJB, Strategic Planning Group and locality planning groups. A final Induction pack will be presented to the IJB later in the year by Assoc Director of Public Health.
2g	As part of development programme, invitations to be extended to colleagues from other areas to come and share areas of good practice re service change and redesign with Argyll & Bute IJB – to be incorporated into IJB development plan	CO, Chair and vice Chair- ongoing		Programme to be developed
2h	Support IJB members to develop their knowledge and understanding of services, to enable members to operate strategically and undertake an ambassadorial role, through visits to localities and service areas	CO and IJB members- Oct 2018		IJB Development Programme to be informed by priority areas identified through Improvement Service self evaluation process.
2i				

	Regular meetings between senior officers and IJB members to take place to inform development of and presentation of information required to inform IJB decision making.	CO, Chair and vice Chair- Aug 2018		A Senior Members/Officers Group (SMOG) to be established to provide the opportunity for early discussions between the IJB and members of SLT, to inform policy and strategy development.
2j	Seminar/ Development sessions to be organised prior to significant areas of work, with opportunities for informal networking of IJB members optimised	CO- Sept/Oct 2018		To be developed
3	Aim: Review and refocus communication and engagement strategy to improve understanding by communities and all staff of the case for change across health and social care services and provide opportunities for community feedback to influence the change.			
3a	Revised communications and engagement plan to be developed based on Transforming Together message- considering method, best practice, audience, case for change, process for addressing differences of view, support from Scottish Health Council. The need for proactive communications and engagement with communities, which reframes the implications of service change locally and provides information about the range of positive achievements	Head of Service Strategic Planning and Associate Director of Public Health	The approach and areas for redesign and change will require joint support and leadership across the Health Board, Council and IJB to ensure consistent messaging and collective responsibility. Identify opportunities for SG to communicate policy messages re integration and service change alongside HSCP staff.	Progress: Engagement Strategy paper to IJB 30th May 2018- approved. Update to IJB 1st August. Members of SG Integration Team to attend IJB meeting in September
3b	Information regarding the service	Head of Service		Progress: Engagement Strategy paper

	areas within the Transforming Together programme of work, to be shared with all staff and communities and linked to the review of the Strategic Plan and budget consultation process as part of the revised Communication and Engagement Strategy.	Strategic Planning, Associate Director of Public Health, Chief Financial Officer - June- Oct 2018		to IJB 30th May 2018 – approved Strategic plan engagement focussing on 8 areas of strategic service change: - Engagement presentation, outlining the key strategic service change areas, shared with IJB at Q&F Program Board June. - A schedule of dates planned between June- Oct to engage with a range of community groups. - Working with TUs to schedule a specific programme of staff engagement events. - Planned engagement with LMs and LAMs, to support them to facilitate engagement within their teams. - Paper to IJB 1st August.
3c	Support for Locality Planning Groups- based on workshop held March 2018 and feedback received re clarity of role and support required	Head of Service Strategic Planning and Associate Director of Public Health- end June 2018	SG identify and share areas of good practice from other Partnerships which can be included within the action plan recently agreed by Strategic Planning Group	Progress: draft action plan considered by Strategic Planning Group at March meeting, to be further developed with LPG Chairs Key areas of service change presented to Strategic Planning Group at July meeting- members invited to complete feedback questionnaire/survey monkey. Re -launch in Aug. This is to run side

				by side with HSCP comms & engagement strategy launch in early Sept. At the re launch we will look at: • Election of members • Induction of members • Roles of member • Remit of group • Action plans • Agenda setting • TOR Refresh • Involving community partners • Setting up some key pieces of work to focus on as a method to focus planning priorities.
3d	Proactive communication across all stakeholders to be enhanced, with clear and unambiguous messages needed following IJB decision making at meetings	Associate Director of Public Health- Aug 2018		Engagement Framework presented to the IJB in May 2018, outlining strategic approach to engagement. Established an over-arching Comms & Engagement Groups involving representatives from comms & engagements groups and the Scottish Health Council. This group advised on the engagement presentation and questionnaire for the Strategic Plan engagement. Representatives also agreed to facilitate discussion (with support) regarding the 8 strategic service change areas with each of the locality planning groups, capturing feedback to inform the development of the 2nd Strategic plan.

				Developing an HSCP Engagement Planning Group involving a TSI, IJB User/Carer Rep, Scottish Health Council, HSCP Planning Officer, Public Engagement officer, Health Improvement Officer. This Group will be chaired by the Assoc. Director of Public Health and will plan and develop the HSCP strategic approach to service user, carer and partner engagement.
3e	Focussed work with clinicians and social work professionals so that they can explain proposed service changes to patients and service users, providing assurance re safety of service, thereby building confidence and understanding in the public re the need for the changes.	Heads of Service and Associate Director of Public Health. June- Sept 2018		Working with staff side and People & Change to organise engagement sessions for health and social care staff between June and September 2018. This will be their opportunity to participate in discussion and provide feedback about strategic service changes and identifying their contribution to making it happen. The dates, times and venues are being organised. Developing processes through which LMs and LAMs can facilitate engagement with their teams and capture any comments/views to inform the review of the Strategic Plan.
3f	Locality based work with all staff groups which clarifies the governance and decision making processes,	Heads of Service and Head of People and		In development

	securing commitment to service change and positive communication with the public	Change- Aug- Sept 2018		
3g	Proactive messaging from the IJB to address any perceived division between health and council staff groups within the HSCP	Associate Director of Public Health and Head of People and Change. Aug-Sept 2018		To be developed
4	Aim: Ensure consistent communication of the case for change across the HSCP and leadership capacity aligned to priority areas for change.			
4a	Strategic Management Team structure to be strengthened through a review process, with changes implemented to ensure alignment with Transforming Together work plan.	CO, Head of People and Change.		Progress: Management Structure paper to IJB 30th May 2018. Updated info re proposed changes to IJB 1st August
4b	Project Managers and Executive Sponsors to be aligned to priority areas of Transforming Together programme of work- leading to development of Strategy/Policy documents which will underpin the changes going forward: Transformation programme manager capacity and support may be available from the Improvement Service.	CO, Heads of Service- end June 2018 CO- to explore by end June 2018	Integration team of SG provide advice re contacts to share examples of good practice related to the Transforming Together programme of work.	Project Managers in post, Executive Sponsors identified, Transformation Board established and links with other areas being made. Strategy Document outlining key principles of each area of service change to IJB in Sept HIS meeting June 2018- capacity

				requested to support 3 areas of work: - cultural change, - access to training resources regarding the use of improvement methodologies when undertaking service change - developing alternative housing and care models
4c	Finance Team to be realigned/reorganised to focus on supporting service to deliver on priority areas. Prioritise internal benchmarking analysis of areas/trends in pay and non-pay expenditure for SMT to support focussed performance management.	Chief Finance Officer, CO, with support from Health Board and Council- July 2018	Support from Health Board and Local Authority required to progress alignment of the finance teams and integrated financial reporting, acknowledging the requirement for two sets of reporting to continue. Integration Team of SG to facilitate work with CFOs, including Argyll and Bute, to identify the potential to realise shift in resource from large acute settings to local community settings.	Management structure paper to IJB 1st August re potential for shared management arrangements for CFO over finance teams Links with 4d below
4d	Continue to focus on delivering Commissioning Intentions notified to NHS GG&C, with resulting reduction in value of Service Level Agreement (SLA)- over 2 years equates to £2.5m. Re-negotiate terms of SLA to reflect	Head of Service Strategic Planning, Chief Finance Officer	Support from Integration Team of SG to review the costing model utilised between NHS Board responsible for delivery of acute services and Board of patient's residence.	

	IJB requirements and ensure timely agreement of payment value.		Support to include review of how the costing model influences commissioning intentions and resulting resource release.	Meeting between CFO and SG Integration Team representatives June 2018 Cross boundary flow model shared with SG colleagues with a view to getting a perspective on the adequacy of the model to facilitate the realisation of delivering the HSCPs commissioning intentions.
4e	Focus of all managers in HSCP on budget, delivering the financial recovery plan and driving forward the required service changes which will enable services to operate within budget while addressing increasing demand		Support from NHS and Council finance teams required to support local managers and teams- to monitor progress and identify variance from plans. Close scrutiny and monitoring of the trajectory of savings to allow corrective action to be taken.	Range of sessions facilitated by locality and service based managers across the HSCP to focus efforts and ensure consistency of approach. Budget challenge process supported by finance. Integrated financial reporting project plan to be taken forward, including integrated reporting, training needs assessment, budget manager support and training sessions, promotion of approach to integrated management of budget. Managers to lead sessions with local teams – consistent messages

				developed as part of comms and engagement approach.
5	Aim: To develop a shared culture and identity across the HSCP, underpinned by a model of collective leadership.			
5a	Enhanced leadership visibility to be achieved through SLT programme of ongoing staff engagement across localities, with clear processes identified for responding to staff feedback. To be further cascaded by local managers engaging with their teams	CO and Head of People and Change- outline programme to be developed by end June 2018.		Progress: Start the Year sessions undertaken April/May. Feedback from sessions considered at SLT on 13th June. Programme of further activities developed.
5b	SLT to identify different ways of working to ensure effective delivery of Transforming Together programme.	CO- May 2018		Progress: 18th May session with Harvey MacMillan Associates Range of actions identified including: establishing an adult services management team across Argyll and Bute, team development to be facilitated through action learning.
5c	Develop programme of two way communication with managers across the organisation with regular meetings	Heads of Service, Lead Nurse, Head of People and	Organisational development resource from Health Board and Local Authority to	Sessions with Locality Managers and Local Area Managers undertaken 29th June 2018, led by Head of People and

	focussed on change and continued development of effective collective leadership across the organisation.	Change- June 2018	support programme development.	Change, Lead Nurse and OD lead.
5d	Refresh shared values of the HSCP and embed within recruitment, induction and performance management processes of the organisation.	Head of People and Change- August 2018		Progress: Staff Governance paper provides update- IJB 30th May Refreshed values agreed by SLT May 2018. Stakeholder group meeting 26th June to review and agree draft practices practices (behaviours). These will be tested in July and tabled at the IJB on 1st August.
5e	HSCP branding to facilitate staff having shared sense of identity and belonging, linked to refreshed HSCP shared values	Assoc Director of Public Health – Sept/Oct 2018	Branding and identity development will require support from Health Board and Council.	Paper to September IJB meeting outlining process and timeframe.
6	Aim: to provide an opportunity for local MSPs and MPs to be regularly briefed about areas of service change and factors impacting on care delivery across Argyll and Bute, along with issues highlighted to them by constituents			
6a	Regular formal communication and briefings with A&B political representatives by CO, Chair and vice-Chair on IJB and Partnership issues and political expectations.	CO-June onwards	Integration Team of SG to provide initial support for meetings with MSPs - held in Edinburgh to facilitate attendance	CO discussing arrangements with SG Integration Team

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.2

Date of Meeting : **1 August 2018**

Title of Report : **HSCP Management Structure**

Presented by : **Christina West, Chief Officer**

The Integration Joint Board is asked to :

- **Approve** the proposed HSCP Strategic Leadership Team Structure, specifically the changes to the Heads of Service for Adult Services and the Chief Financial Officer positions.
- **Approve** a cost pressure of between £7k and £22k to address the grading in-equity of the CFO role.
- **Note** that appropriate staff consultation will be carried out and the required processes will be followed through the Staff Liaison and Organisational Change Groups

1. EXECUTIVE SUMMARY

1.1 The previous proposal presented to the IJB was to reduce to one Head of Adult Services with the support of a deputy. This has been further considered and the recommended way forward is to retain two Heads of Adult Services with a reassessed geographical split and a focus on portfolio management aligned with the areas of focus for service re-design. This reconfiguration of roles will address a number of concerns with the current structure and provide the capacity required for leadership, change management and improved communication and support for integrated managers across Argyll and Bute HSCP.

1.2 The substantive Chief Financial Officer position is currently vacant. There was an inequity in the grading of this position when it was created two years ago at the start of integration which requires to be addressed before substantive recruitment can take place. The requirements of the role are now more clearly understood. This is a statutory position in terms of Section 95 of the Local Government Act and the IJB require to recruit a postholder with a particular set of skills and experience to undertake the role.

2. INTRODUCTION

2.1 This paper is a follow up to the report presented to the IJB on 30 May 2018, where a revised senior management structure was proposed. Some changes to the structure were approved at that meeting but further clarity was requested by the Board in relation to the Heads of Service for Adult Care and the Chief Financial Officer posts. This report provides that further clarity and proposes changes to the structure.

3. DETAIL OF REPORT

ADULT CARE

3.1 The existing management structure was put in place following an options appraisal process in 2015. The current structure includes two Heads of Service for Adult Services (East and West). We have now been operating for more than two years with the current structure and a number of issues have emerged. With one vacant substantive position, there is an opportunity to re-configure the management structure for Adult Services to address the issues.

Existing Structure

3.2 A number of issues with the current structure have emerged which have impacted specifically on the effective leadership and management of change across the service. These include: historical differences in practice across the East and West localities, with conflicting messages due to competing priorities; inconsistency in professional standards across different geographical areas; absence of specific professional leadership for social care services within the integrated management structure, leaving both practitioners and integrated managers experiencing a lack of support and an inherent risk to quality of care and financial management.

Proposed Structure

3.3 The previous proposal presented to the IJB for consideration in May included moving to one Head of Adult Care with a deputy with responsibility for professional social work leadership. Having reflected and taken on the feedback and concerns of the Board, an alternative solution which has the potential to address the weaknesses in the existing structure is recommended to the IJB.

3.4 The proposal is to retain the two Heads of Service for Adult Care with a focus on thematic roles/portfolio management, aligned to a geographical responsibility for management of services as a secondary part of the role.

The proposed change will address a number of the issues and seek to achieve a number of outcomes, specifically:

- One of the Heads of Service will have a specific responsibility for social work professional leadership, demonstrating the organisational value placed on this staff group's distinct contribution by investing in a professional leadership structure which supports them;
- The most appropriate geographical split will be determined to ensure parity of workload in terms of complexity, scale and responsibility for services;
- Portfolio responsibilities will be aligned with the Transforming Together agenda i.e. Acute Health Services, Community Models of Care, Care Homes and Housing, Learning Disability, Mental Health and Dementia and Primary Care to ensure complementary service areas are aligned;
- A matrix management structure will be used to facilitate increased co-operation and communication across the areas, to deliver services more effectively, to enable a more flexible response to service demands and to develop capabilities across the service;
- An integrated approach to management will include establishing a single Adult Services Management Team led jointly and collaboratively by the two Heads of Service;
- This change will be a substantive change to the structure to provide stability and a clear way forward for the service, for integrated service managers and practitioners.

3.5 The revised structure, while retaining the two Heads of Service, will refocus support to ensure capacity for leadership and change and will improve communication across a service which has become fragmented.

3.6 This structural change is not a single solution in terms of progressing improvements to service delivery, service change and transformation but is one component which will support the wider changes being progressed as part of the IJB's Improvement Plan.

Process for Recruitment

3.7 There is currently one vacant Head of Service position and the other is held by an NHS Highland employed substantive postholder. The job descriptions for the Heads of Adult Care will require to be revised and as a result the organisational change process will require to be followed for the existing postholder.

3.8 Any vacant posts to be filled will be advertised and the recruitment process will involve the use of an externally facilitated assessment centre.

CHIEF FINANCIAL OFFICER

Current Role

3.9 When the IJB Chief Financial Officer role was created the position was to be kept under review, as there was uncertainty pre-integration of the responsibilities of this role in practice. Two years ago this started as a part-time appointment, which has since been converted to a full time position, however the grade of the post does not reflect the requirements of the role and does not have parity with the role in many other HSCPs.

3.10 The CFO role is an integrated post which can be held by either a Council or NHS employee. The current post, following evaluation through both job evaluation processes is graded for an NHS employee as Agenda for Change Band 8c (Head of Service) and for a Council employee as an LGE 14 (Third Tier Manager). This is the only example of a significant grading differential of a post in the integrated management structure. As the previous post holder was a Council employee, in line with the agreement that employees within the HSCP were to stay with their existing employer, the previous postholder filled the position under Council terms and conditions.

3.11 The CFO position is currently vacant and the equity of grade needs to be addressed prior to substantive recruitment commencing, as the pay disparity may impact on the ability to attract potential candidates to this key role within the Partnership.

3.12 The CFO undertakes the role of the "proper officer" for the administration of the Integration Joint Board's financial affairs in terms of S95 of the Local Government (Scotland) Act 1973. The role is accountable to the IJB for the planning, development and delivery of the financial strategy and is responsible for providing strategic financial advice to the IJB and the Chief Officer to ensure the sound financial administration and governance of the IJB.

3.13 The role does not currently include the line management or direct control of the workload and priorities of the Health or Social Care finance teams. This has impacted on the success of integrating financial information, providing integrated support to front line managers, in achieving the goal of having the pound lose its identity and in the resilience of the CFO position.

Proposed Change

3.14 It is recommended that the IJB realign the grade and role of the Chief Financial Officer position to be that of a Chief Officer (Head of Service) under both pay and grading structures. Many other Partnerships have reviewed their CFO position, to recognise the demands and complexity of integration. It is now clear that the responsibility and expectations of the role in working with partners, (including Scottish Government, Health Board, Council and IJB) in identifying new ways of working and providing

specialist financial support and advice requires the role to be graded appropriately.

3.15 The CIPFA Statement on the role of the CFO states that:

The Chief Financial Officer in a public service organisation:

1. is a key member of the Leadership Team, helping it to develop and implement strategy and to resource and deliver the organisation's strategic objectives sustainably and in the public interest;
2. must be actively involved in, and able to bring influence to bear on, all material business decisions to ensure immediate and longer term implications, opportunities and risks are fully considered, and alignment with the organisation's financial strategy; and
3. must lead the promotion and delivery by the whole organisation of good financial management so that public money is safeguarded at all times and used appropriately, economically, efficiently and effectively.

To deliver these responsibilities the Chief Financial Officer:

4. must lead and direct a finance function that is resourced to be fit for purpose; and
5. must be professionally qualified and suitably experienced.

3.16 Together with addressing the grading differential there is a requirement to review the job description of the post and the line management responsibility for finance staff. This change will require discussion with the Council and Health Board in relation to joint management of the finance teams. The potential to establish a single shared finance service to support the HSCP should also be explored as another way of supporting the CFO to discharge their responsibilities.

3.17 There is a cost pressure associated with re-grading the CFO post to a Head of Service, under both the NHS and Council terms and conditions. This would range between £7k and £22k, dependant on whether the post holder were employed by the NHS or Council. It is recommended that this cost pressure be accepted by the IJB.

Process for Recruitment

3.18 The CFO job description will be updated and the current vacant position will be advertised. The recruitment process will involve the use of an externally facilitated assessment centre.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

The proposals regarding the Adult Care management structure and CFO position complete the review of the Strategic Leadership Team structure

which will provide a sound foundation for the delivery of our Strategic Plan, Quality and Finance Plan and transformational change programme. A revised SLT organisational chart is shown in Appendix 1.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

Changes to the role and remit of the two Adult Care Heads of Service does not have a financial impact. There is a cost pressure of between £7k and £22k in relation to the re-grading of the CFO position, dependant on whether the post holder were employed by the NHS or Council.

There will be a positive overall benefit from the realignment of the CFO grade and the line management responsibility for finance staff, which will contribute to improved financial governance and oversight for the IJB.

5.2 Staff Governance

The approach to recruitment is detailed in the report. The new structure will strengthen leadership and improve communication, the appropriate staff consultation will be carried out and due process will be followed through the Staff Liaison and Organisational Change Groups.

5.3 Clinical Governance

The proposed new structure for Adult Care will improve support for governance issues and address the gaps in professional leadership to reduce the service delivery risks.

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

The changes outlined will support the required pace of transformational change and address areas of risk within the current structure.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The new structure and management arrangements will be communicated to highlight our renewed focus on driving forward service change and to safeguard the future sustainability of services.

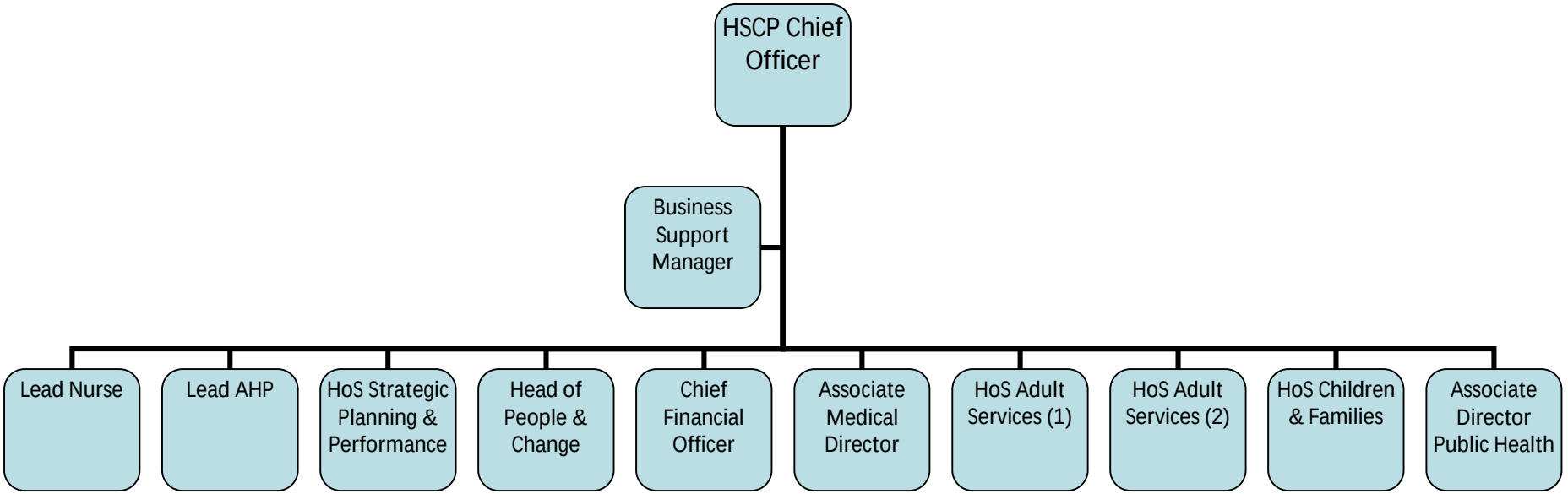
9. CONCLUSIONS

9.1 The review of the management structure was planned as part of the Quality and Finance Plan, with the expectation that two years into

integration the effectiveness of the senior management arrangements should be reviewed. The IJB agreed to a number of changes in May 2018 and this report concludes the review of the Strategic Leadership Team structure, addressing the two remaining areas, i.e. Adult Services and the CFO position.

9.2 The proposed changes are necessary to provide the required capacity for leadership and change to lead the unprecedented programme of service change across health and social care, which is ultimately focussed on ensuring models of care delivery within Argyll & Bute are safe, sustainable and able to meet the changing needs of our communities.

Appendix 1: New Strategic Leadership Structure



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.3

Date of Meeting : 1 August 2018

Title of Report : Argyll & Bute Health & Social Care Partnership
Draft Primary Care Improvement Plan June 2018

Report by : Joyce Robinson, Primary Care Manager and
Stephen Whiston, Head of Strategic Planning & Performance

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

The Integration Joint Board is asked to :

- Note the draft Primary Care Improvement Plan (PCIP) and approve its submission to the Scottish Government.

1. INTRODUCTION

The purpose of this report is to present the draft Primary Care Improvement Plan (PCIP) for approval.

2. BACKGROUND

The 2018 General Medical Services (GMS) Contract was approved by the profession in January 2018. The Memorandum of Understanding sets out the agreed approach to support the implementation of the GMS Contract in Scotland from April 2018.

3. MEMORANDUM OF UNDERSTANDING

The Memorandum of Understanding (MoU), is the agreement between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, Integration Authorities and NHS Boards, and represents a landmark statement of intent, recognising the statutory role (set out in the Public Bodies (Joint Working) (Scotland) Act 2014) ("the Act") of Integration Authorities in commissioning primary care services and service redesign to support the role of the GP as an expert medical generalist. The

MoU also recognises the role of NHS Boards in service delivery and as NHS staff employers and parties to General Medical Services ("GMS") contracts.

The MoU provides the basis for HSCPs to develop the PCIP as part of their statutory Strategic Planning responsibilities, setting out how additional funding will be used and the timescales for the reconfiguration of services currently delivered under GMS contracts.

PCIPs should have a specific focus on the key priority areas of the MoU, with the aim of transitioning their delivery by the wider MDT between 2018 and 2021.

The respective responsibilities of the Integration Authority (typically delivered through the Health and Social Care Partnership delivery organisations) are:

- Planning, design and commissioning of the primary care functions (including general medical services) delegated to them under the 2014 Act based on an assessment of local population needs, in line with the HSCP Strategic Plan.

- The development of a HSCP Primary Care Improvement Plan, in partnership with GPs and collaborating with other key stakeholders including NHS Boards that is supported by an appropriate and effective MDT model at both practice and Cluster level, and that reflects local population health care needs.

- Collaboration with NHS Boards on the local arrangements for delivery of the new Scottish GMS contract.

- Section 2c of the National Health Service (Scotland) Act 1978 places a duty on NHS Boards to secure primary medical services to meet the reasonable needs of their NHS Board area. To achieve this, NHS Boards can enter into GMS contracts. HSCPs will give clear direction to NHS Boards under sections 26 and 28 of the 2014 Act in relation to the NHS Board's function to secure primary medical services for their area and directions will have specific reference to both the available workforce and financial resources.

- Where there is one or more HSCP covering one NHS Board area, the HSCPs will collaborate under section 22 of the 2014 Act in relation to the effective and efficient use of resources (e.g. buildings, staff and equipment) to achieve coherence and equity across service planning, design and commissioning.

- Ensuring that patient needs identified in care plans are met**.**

4. THE PRIMARY CARE IMPROVEMENT PLAN

The PCIP, attached, sets out how Argyll and Bute HSCP plans to implement the new GMS Contract by 31 March 2021. This is an introductory plan that meets both the national and pan Argyll requirements as set out in the MoU.

The aim of the plan is to set out a clear direction of travel and act as a core framework for the HSCP and NHS Board to reform primary care services. The plan describes the discussions and actions to date that have been approved through the previously agreed governance and programme arrangements. It is noted that further discussion with General Practice, service providers and the public is required as implementation arrangements evolve and mature, this will fall within the Primary Care and Strategic Planning functions of the IJB.

The new contract introduces greater responsibilities for GP Sub-committees to engage in the implementation of the new contract at a local level and to provide a leadership role in organising and collating the views of GP Quality clusters across their Health Board area, and working with Medical Directors and Cluster Quality Leads to promote a cohesive general practice view on how the IJBs commission services. This approach has been encouraged throughout the development of the PCIP and as implementation progresses, it is expected that the plans will become more detailed with local ownership.

Each requirement within the MoU will be addressed through the implementation action plans along with associated workforce and funding plans. The implementation and recruitment plans have been developed on the basis that initial funding will be available across 2018/19 and 2019/20.

The PCIP is being presented to each of the IJBs, NHS Board and Local Medical Committee over June to August for local agreement before submission to Scottish Government.

5. LOCAL MEDICAL COMMITTEE/GP SUB COMMITTEE

The Argyll and Bute PCIP was developed in collaboration with local GP Clinical leads and representation from the NHS Highland GP Sub Committee. Following initial temporary rejection by the Local Medical Committee of both the North Highland PCIP and the Argyll and Bute PCIP there has been further feedback from the LMC/GP Sub Committee Argyll and Bute representative.

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

6. Contribution to Integration Joint Board Objectives

The PCIP is the document to allow the IJB to meet its commissioning requirements under the MOU.

7. Governance Implications

Argyll & Bute Integration Joint Board has responsibility for the PCIP and has established a programme and structure to support its development and implementation taking account of stakeholder requirements regarding development, approval and implementation of it.

8. Corporate Governance

8.1 Financial

There are direct financial implications implementing the plan with funding identified as specified to be implemented to deliver the PCIP.

8.2 Staff Governance

There are staff governance implications which will require to be addressed.

8.3 Planning for Fairness

An EQIA is not directly required for the PCIP but will be required for the implementation plans of the various work streams.

8.4 Risk

There is a risk that PCIP requirements could affect the IJB with regard to the operational services that it directs and has operational and financial management responsibility and accountability for. This could once the detail of the plan is known affect its ability to meet performance standards or outcomes as set by regulatory bodies.

8.5 Clinical and Care Governance

The Clinical and Care Governance Committee will need to consider service proposals and details in the implementation plan to ensure no compromising of safety, performance and standards.

8.6 Engagement and Communication

HSCPs have a statutory duty via the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 to consult a wide range of local stakeholders and professional groups on their Strategic Plans and take decisions on the size and shape of local health and social care services on a

collective basis based on dialogue with the local communities and service users.

In relation to the development of the Primary Care Improvement Plan that would include (but not be limited to):

- Patients, their families and carers
- Local communities
- SAS and NHS 24
- Primary care professionals (through, for example, GP subcommittees of the Area Medical Committee and Local Medical Committees)
- Primary care providers
- Primary care staff who are not healthcare professionals
- Third sector bodies carrying out activities related to the provision of primary care

and will be undertaken as part of the wider engagement programme for the strategic plan consultation.

PRIMARY CARE IMPROVEMENT PLAN Argyll and Bute HSCP

DRAFT 14 June (v13) 2018

ARGYLL AND BUTE HSCP – PRIMARY CARE IMPROVEMENT PLAN (PCIP)

1. INTRODUCTION

The Argyll and Bute Primary Care Improvement Plan is focused on ensuring a viable, developing but sustainable General Medical Services (GMS) within the rural and island geography of the area.

This 3 year plan therefore has a pragmatic focus on the realistic scale of service transformation, the realities of our service pressures and workforce challenges and arrangements required to both relieve the current and future pressure on GMS. This is very much aligned with our strategic objectives to focus primary care provision within a single integrated health and care system, utilising the capacity and competency of the workforce, enhancing access to services and expertise via technology and sustainably meeting the scheduled and unscheduled needs of our communities

2. NATIONAL CONTEXT

Proposals for a new GP contract were published in November 2017 and agreed in January 2018. The new contract aims to support the development of the Expert Medical Generalist (EMG) role for GPs, with a shift over time of workload and responsibilities to enable this. A key enabler for this is investment in a wider multi-disciplinary team (MDT) in support of general practice. The new contract offer is supported by a Memorandum of Understanding (MoU) which requires:

> *"The development of a HSCP Primary Care Improvement Plan, in partnership with GPs and collaborating with other key stakeholders including NHS Boards that is supported by an appropriate and effective MDT model at both practice and Cluster level, and that reflects local population health care needs".*

Briefly, the major factors contributing to the current pressures on GMS in Argyll and Bute are:

- Increasing gap between equitable access and demographic pressures increasing numbers of frail elderly and complexity
- Aging primary care medical workforce of the 96 GPs approximately 20% are estimated to retire in the next 3 years
- Inability to attract a trained GP Workforce to provide the profile of General Practice in very remote and island areas including a requirement for some practices to provide a "triple duty role" of 24/7 GP Out of Hours service, with A&E & community hospital Inpatient services
- Falling numbers of rural fellow recruitment and practices not progressing student training placements
- General Practice is currently a comparatively unattractive option for qualifying doctors, and GPs are retiring early;
- Workload, isolation, some premises and financial risk are significant barriers to GP partnership;
- Increasing number of vacant practices and positions due to a number of issues including, attractiveness of role, professional isolation, premises, 24/7 demand

- Poor IT and mobile infrastructure in rural areas and limited technology investment and support relevant to primary care to modernise and maximise the advantages of digital service delivery;
- Increasing demand on a falling locum pool, further undermining the attractiveness of the permanent commitment to a GP Partnership, fundamental for primary care to function effectively.
- Increasing costs both for the HSCP and GMS Practices.
- Small locality based cohorts of multidisciplinary teams with limited resilience if vacancies occur

The new Scottish GMS contract has been specifically designed to address these factors and herald a new era for primary care in Scotland.

3. LOCAL CONTEXT

3.1 Demographic Challenge

The demographic challenge the Argyll and Bute PCIP is facing is one of an overall falling population but with an increasing elderly and very elderly population (see Fig 1 below) with their associated co-morbidities and health and care needs.

Figure 1- Projected Demographic Change

Data Source: National Records of Scotland Mid-Year estimates and 2014-based population projections

3.2 Primary Care Profile

There are 33 GP practices in Argyll and Bute, with a registered patient population of 88,657 as at 1 April 2018. The majority of GP practices provide Primary Medical

Services under a General Medical Services Contract. There are 4 salaried GP Practices and 1 17C Contract practice as detailed below:

Locality	Catchment	Practices	
		GMS Contract	Salaried
Oban, Lorn and the Isles	List size 22,488	7	3
Mid Argyll, Kintyre and Islay	List size 20,900	9	1
Cowal and Bute	List size 21,549	8	
Helensburgh and Lomond	List size 23,621	4	1 x 17c Practice from 1 August 2018

Practice populations range from 11,200 in Oban to 130 on the Isle of Colonsay

The new GMS contract has resulted in only 7 GP practices receiving uplift in its funding under the new allocation formula.

29 of the 33 GP practices fall within the definitions used by Scottish Government in determining payments to be made to practices for reasons of rurality (i.e. Golden Hello payments).

3.3 Provision of Out of Hours (OOH) GP Services

The vast majority of GP practices in Scotland have opted out of providing "GMS out of hours" cover for their patients, between 6pm and 8am, with services being provided by Primary Care Emergency Centres. There are only 19 GP Practices in Scotland still providing their own OOH Cover, 12 of them are in Argyll and Bute.

Within A&B we have moved away from the term 'GMS out of hours'. The care service provision for our remote communities extends well beyond what is termed GMS OOH. In recognition of this we developed formal Business to Business Contracts with GPs, which are reviewed every three years. The Business to Business Contracts include; GP OOHs, Hospital in-patient and A&E services.

Within the Argyll and Bute cohort, Campbeltown, Mid Argyll, Islay, Bute, and Mull provide a unique 24/7 hours acute care provision from their local Community Hospital. The service provided to the local communities includes A&E, acute medical assessment, in patient care etc., which is almost unique across Scotland in terms of the broad based service provided.

This service is supported by the Emergency Retrieval Medical Service (EMRS), to ensure patients who are critically unwell or injured are transferred safely by experts to secondary care, having been appropriately treated/stabilised by the local GP. We have supported these GPs by structuring an annual Refresher Training course specifically designed for these non bypass 999 community hospitals, to ensure GPs receive appropriate training in order to meet the challenging clinical demands that present in these acute units.

A similar model exits in Dunoon, but is staffed by salaried GPs (with no input from the majority of the local GPs) together with locums, as we have been unable to fill the 24/7 rota with salaried GPs.

Within the Rural Cowal area there is a 24/7 on call rota providing 'GMS OOH'.

In each of the above localities there is also a Forensic Medical Service provided by the same GPs 24/7 (now devolved to the NHS) for Police Scotland.

The financial cost to the HSCP is considerable, £6.112m, to provide this 24/7 local service to these. It is the highest per capita in Scotland.

The islands of Tiree, Coll, Colonsay, and Jura have 24/7 GP on call provision from the local GPs, who by the very nature of their remoteness have similar challenges, not least of which relates to the number of hours spent on call each week, sometimes for weeks at a time.

Tiree and Jura have now served notice to opt out of the provision of OOH services under the terms of the GMS Contract. Local discussions are ongoing regarding the future provision of the OOH service on both these islands. We believe the viability of these remote populations could be at high risk were there to be a diminution of clinical care due to inability to recruit.

3.4 Workforce

General Practitioner Workforce in Argyll and Bute 1 April 2018 (Headcount only)

Age range	Number of GPs	Male	Female	%
31-40	22	9	13	23%
41-50	33	15	18	34%
51-55	15	7	8	16%
56-60	13	10	3	13.5%
61+	13	8	5	13.5%
Total:	**96**	**49**	**49**	

3.5 Increased Workload

“It is estimated that between 2010 and 2035 the population of Argyll and Bute will decrease by 7% overall. The number of working age adults will decrease by 14%, whilst the number of people aged 75+ will increase by 74%” *Argyll and Bute HSCP Strategic Plan 2016/17 – 2018/19*

3.6 Recruitment and Retention

Difficulty in recruiting GPs is affecting all practices seeking new partners, salaried GPs to work in the practice or GP locums to cover holidays or sickness absence. GP recruitment problems have been reported in recent years in Oban, Helensburgh,

Taynuilt, Dunoon, Bute, Lochgilphead, Campbeltown, Kintyre and Islay. The shortage of GPs is also affecting the out of hour's provision.

There are 3 GP training practices in Argyll and Bute, training Specialist Trainee GPs who are training to become General Practitioners; Taynuilt, Lorn Medical Centre and Helensburgh Medical Centre. The Rural Fellowship scheme, (jointly funded by NHS Education Scotland and the HSCP) allows newly qualified GPs to experience a career in remote and rural practices for a year.
National recruitment is currently underway with no guarantee of a Rural Fellow for Argyll and Bute.

There are also a number of GP practices who take placements of medical students from the Universities.

3.7 Argyll and Bute HSCP Strategic Plan 2016/17 – 2018/19

The HSCP strategic plan sets out an expectation of GP practices working more closely together through federations and mergers:
"GP and other "front-line" services will continue to be provided locally through local surgeries. However we expect that, through mergers and federations, there will be fewer GP practices. This will provide a greater choice to patients e.g. a male or female doctor and offer you a range of GPs and nurses with special interests and training."

Examples of where this is happening are beginning to emerge:

- The three GP Practices in Islay have intimated an intention to merge to become one GP Practice on the Island.
- Although separate GMS contracts are in place, the Lochgilphead and Inveraray GP Practices are federated with the same GPs providing primary medical services, out of hours and hospital services across the two practices.
- The Campbeltown GP Practice provides out of hours and hospital services for the Carradale practice patients and the Kintyre Medical Group patients.
- The HSCP is now actively progressing, the merger of the three GP Practices on the island of Mull, this has been a lengthy process, with extensive public and political engagement over a 5 year period. There has been a significant challenge to recruit the 3.6 wte GP posts required for the extended GP role required to cover the Hospital and Out of Hours services on the island.
- The current 17c Contract for the Garelochhead Medical Practice includes the requirement for the recruitment of 3 wte Advanced Practice anticipatory/emergency care nurses working in partnership across the 5 GP practices within the Helensburgh and Lomond Locality. This will improve services for vulnerable patients with multi morbidity including nursing home patients and those at risk of hospital admission.

3.8 GP Surgery Premises

The majority of premises used for the provision of primary medical services across Argyll and Bute are Health Board owned, 29 of the 41 sites. The Health Board is the lease holder of a PFI Contract for Mid Argyll Hospital and GP Practice.
The remaining 12 are privately owned and rented by the GPs or are owned by the GPs in the practice.

New GP premises in Rothesay and Dunoon are currently being proposed via NHS Highland's capital programme, however there is currently no funding source identified.

Four of the five GP owned practices in Argyll and Bute have submitted a note of interest for the GP Premises Sustainability Loan Scheme.

£500k of backlog maintenance for Health Board owned premises currently remains outstanding. *Argyll and Bute GMS property estates issues – April 2017.*

3.9 Primary Care Transformation Funding

Primary Care Transformation Funding to support and deliver pilots for the re-design of primary care across Scotland has been made available over a two year period from September 2016 to March 2018. In Argyll and Bute this funding has been used to support the development of GP Clusters, improve patient access to services in Bute and the development of neighbourhood teams across Oban, Lorn and Islands locality.

3.10 Development of GP Clusters

Primary Care Transformation Funding has been used since 2016 to develop GP Cluster Groups within Argyll and Bute HSCP. The Cluster Quality Leads are also being encouraged to attend the monthly Locality Planning Groups in their area this has enabled general practice involvement in the HSCP's strategic planning and policy development at locality level.

Local Cluster Development Days have taken place; introducing the Local Intelligence Support Team (LIST) team. To date the LIST Team have agreed 6 areas of support for Cluster Groups with work plans established.

- Home Visit Audit;
- Atrial Fibrillation detection rates;
- Appointment Analysis (2 practices);
- Analysis of appointment data following change to telephone consultations; and
- Frailty project - exploring methods for capturing outcomes from interview data.

In addition a facilitated workshop for Cluster Quality Leads in March 2018 "Developing Resilient, Opportunistic Clusters" has established a network of Cluster Quality Leads across Argyll and Bute

Argyll and Bute HSCP successfully bid to take part in the Healthcare Improvement Scotland Practice Administrative Staff Collaborative. The Clusters had identified a "gap" in relation to engaging Clusters in the Primary Care Improvement Plan outlined in the new GP Contract. The value of a new Associate Improvement Advisor to help facilitate audit, implement change and engage Practice Managers will ensure cluster goals work in tandem with the HSCP Primary Care Improvement Plan. The Associate Improvement Advisor post will provide the opportunity for the three key areas of QI methodology and leadership skills, document management and care navigation to be rolled out across Argyll and Bute GP Practices.

The shared learning within practice teams, across clusters and the HSCP will enhance the opportunity for closer working arrangements within primary care. The

enhanced role of Practice Managers and practice staff will benefit both patient care and Cluster development.

There are 6 GP Cluster Groups in Argyll and Bute:

GROUP 1: LEAD DR EWAN GLEN	(No of Patients - 21,464)
Port Appin Surgery	Dr Stuart Cairns
Taynuilt Medical Practice	Dr Fiona McPhee
Easdale Medical Practice	Dr Cathy Ford
Salen Surgery	Vacant
Tobermory Medical Practice	Vacant
Bunessan Surgery	Vacant
Lorn Medical Centre	Dr Ewan Glen
GROUP 2: LEAD DR FELICITY BRAND	**(No of Patients - 1,024)**
Coll Medical Practice	Dr Celine O'Neill
Colonsay Surgery	Dr Jan Brooks
Tiree Medical Practice	Dr Michael McIver
GROUP 3: LEAD DR REBECCA HELLIWELL	**(No of Patients - 23,845)**
Campbeltown Medical Practice	Dr Donald McGovern
Carradale Surgery	Dr Malcolm Elder
Furnace/Inveraray Surgery	Dr Rebecca Helliwell
Lochgilphead Medical Centre	Dr Rebecca Helliwell
The Bute Practice	Dr Roger Clark
Tarbert Medical Practice	Dr Carina Spink
Kintyre Medical Group	Dr Carsten Kornfeld
GROUP 4: LEAD DR MARTIN BEASTALL	**(No of Patients - 3,515)**
Jura Medical Practice	Dr Martin Beastall
Bowmore Medical Practice	Dr Angus MacTaggart
Port Ellen Practice	Dr Angus MacTaggart
Rhinns Medical Centre	Dr Angus MacTaggart
GROUP 5: LEAD DR A MACGREGOR & PARTNER	**(No of Patients - 15,188)**
Dr G Hall & Partners	Dr Glen Hall
Church Street Surgery	Dr Paul Hickman
Dr L Taylor-Kavanagh & Partner	Dr Louise Taylor-Kavanagh
Lochgoilhead Medical Centre	Dr Peter Von Kaehne
Riverbank Surgery	Dr Jurgen Tittmar
Kyles Medical Centre	Dr Alida MacGregor
Strachur Medical Practice	Dr Robert Coull
GROUP 6: LEAD DR NICHOLAS DUNN	**(No of Patients 23,621)**
Arrochar Surgery	Dr David Troup
Garelochhead Medical Centre	Vacant 1 July 2016
Millig Practice	Dr Michael Anderson
Dr McLachlan & Partners	Dr Nicholas Dunn
Kilcreggan Health Centre	Dr Anthony Doyle

3.11 Practice Staff

The Practice Administration Staff Collaborative will enable continued development of GP Clusters in Argyll and Bute initially established under the Primary Care Transformation Funded initiative “Developing GP Clusters in Argyll and Bute (a geographically challenging area)”. GPs will become expert medical generalists leading larger teams and Practice Managers are well placed to provide support to Cluster Quality Leads.

As key members of the practice team the development of Practice Manager Leadership, facilitation and influencing skills will be an asset to the developing GP Clusters. Implementing the Primary Care Improvement Plan in the new Contract will provide Practice Managers with challenges. However, the collaborative will provide the opportunity for practices to improve practice processes and document management across the Cluster Groups, establishing standard operating procedures.

Care navigation when advanced Nurse Practitioners, Pharmacists and Physiotherapists are playing an increased role in primary care will be imperative. Agreed protocols rolled out within a GP Cluster will allow patients to be directed

appropriately ensuring patients and carers are directed to the right person at the right place at the right time.

The development of Practice Manager and administrative teams to improve GP practice processes and the ability to demonstrate outcomes e.g. reduced GP involvement in correspondence management and patients signposted to the right care at the right time is key to the success of new ways of working under the new contract.

4. AIMS & PRIORITIES - THE MEMORANDUM OF UNDERSTANDING (MOU)

4.1 The MoU states that:

The statutory role (set out in the Public Bodies (Joint Working) (Scotland) Act 2014) ("the Act") of Integration Authorities in commissioning primary care services and service redesign to support the role of the GP as an Expert Medical Generalist (EMG).

As an Expert Medical Generalist, the GP will focus on:

- undifferentiated care;
- complex care (as defined in the GMS contract framework for 2018 the "Blue Book");
- local and whole system quality improvement; and
- Local clinical leadership for the delivery of general medical services under GMS contracts.

Expert Medical Generalists will strive to ensure robust interface arrangements, connection to and coherence with other parts of the wider primary care team (e.g. nurses physiotherapists), health and social care community based services and with acute services where required. The EMG will be supported by a multi-disciplinary team (MDT); maximising the contribution of both clinical and non-clinical staff in medicine, nursing, allied health professions, links workers, practice management, administration

The development of primary care service redesign in the context of delivery of the new GMS contract should accord with seven key principles:

Safe –Patient safety is the highest priority for service delivery regardless of the service design or delivery model.

Person-Centred - Partnerships between patients, their families and those commissioning and delivering healthcare services work to provide care which is appropriate and based on an assessment of individual needs and values and is outcome focussed, demonstrates continuity of care (in the context of both professionals and services), clear communication and shared decision-making. Having regard to the five principles underpinning the Health and Social Care Standards: dignity and respect, compassion, to be included, responsive care and support and wellbeing.

Equitable – fair and accessible to all.

Outcome focused – making the best decisions for safe and high quality patient care and wellbeing.

Effective - The most appropriate treatments, interventions, support and services will continue to be accessible, provided in the most appropriate place by the right person at the right time to everyone. Changes to service delivery should not result in any diminution of care or outcomes for patients.

Sustainable – delivers a viable long term model for general practice that is resilient in the context of the wider community care setting on a continuous basis; and promotes and supports the development of the skill mix within the practice setting.

Affordability and value for money – Making the best use of public funds; delivering the general practice model within the available resources; with appropriate quality assurance processes.

4.2 What is changing?

Some services which are currently provided under general medical services contracts will be reconfigured in the future. In the period to 2021, HSCPs will deliver phased service change based on a locally agreed plan meet a number of nationally determined outcomes including shifting of work to other appropriate professionals and away from GPs.
Services or functions which are key priorities for the first 3 years from 2018 - 2021 are listed below. The expectation should be that, where appropriate, reconfigured general medical services should continue to be delivered in or near GP practices.

The Vaccination Transformation Programme (VTP) was announced in March 2017 to review and transform vaccine delivery in light of the increasing complexity of vaccination programmes in recent years, and to reflect the changing roles of those, principally GPs, historically tasked with delivering vaccinations.

Pharmacotherapy services – These services are in three tiers divided into core and additional activities, to be implemented in a phased approach. Phase one will include activities at a general level of pharmacy practice including acute and repeat prescribing and medication management activities and will be a priority for delivery in the first stages of the HSCP Primary Care Improvement Plan.

Community Treatment and Care Services - These services include, but are not limited to, basic disease data collection and biometrics (such as blood pressure), chronic disease monitoring, the management of minor injuries and dressings, phlebotomy, ear syringing, suture removal, and some types of minor surgery as locally determined as being appropriate. Phlebotomy will be delivered as a priority in the first stage of the HSCP Primary Care Improvement Plan.

Urgent care (advanced practitioners) - These services provide support for urgent unscheduled care within primary care, such as providing advance practitioner resource such as a nurse or paramedic for GP clusters and practices as first response for home visits, and responding to urgent call outs for patients, working with practices to provide appropriate care to patients, allowing GPs to better manage and free up their time.

Additional Professional roles **-** Additional professional roles will provide services for groups of patients with specific needs that can be delivered by other professionals as first point of contact in the practice and/or community setting (as part of the wider MDT); this would be determined by local needs as part of the HSCP Primary Care Improvement Plan. For example, but not limited to:

- Musculoskeletal focused physiotherapy services;
- Community clinical mental health professionals (e.g. nurses, occupational therapists) based in general practice

Community Link Workers **(CLW)** is a generalist practitioner based in or aligned to a GP practice/Cluster serving a socio-economically deprived community.

The Memorandum of Understanding between Scottish Government, British Medical Association, Integration Authorities and NHS Boards requires clear definition of roles and responsibilities generally and in respect of each of the key priorities/areas of service redesign within the Primary Care Improvement Plan.

"Delivering improved levels of local care in the community will have a clear benefit for patients and must rely on effective collaboration between GPs, HSCPs, NHS Boards and other partners, both in and out of hours, valuing the respective contributions of those who deliver these services"

Good communication across the wider health and social care interfaces will be key to addressing direct patient care issues. The Primary Care Improvement Plan will reflect local population health care needs. Additional MDT staff, where appropriate, will be aligned to GP practices and cluster level to provide direct support to these practices. The plan will demonstrate how all practices will benefit from additional support. Extended MDT will be developed with both 17c and 17j practices.

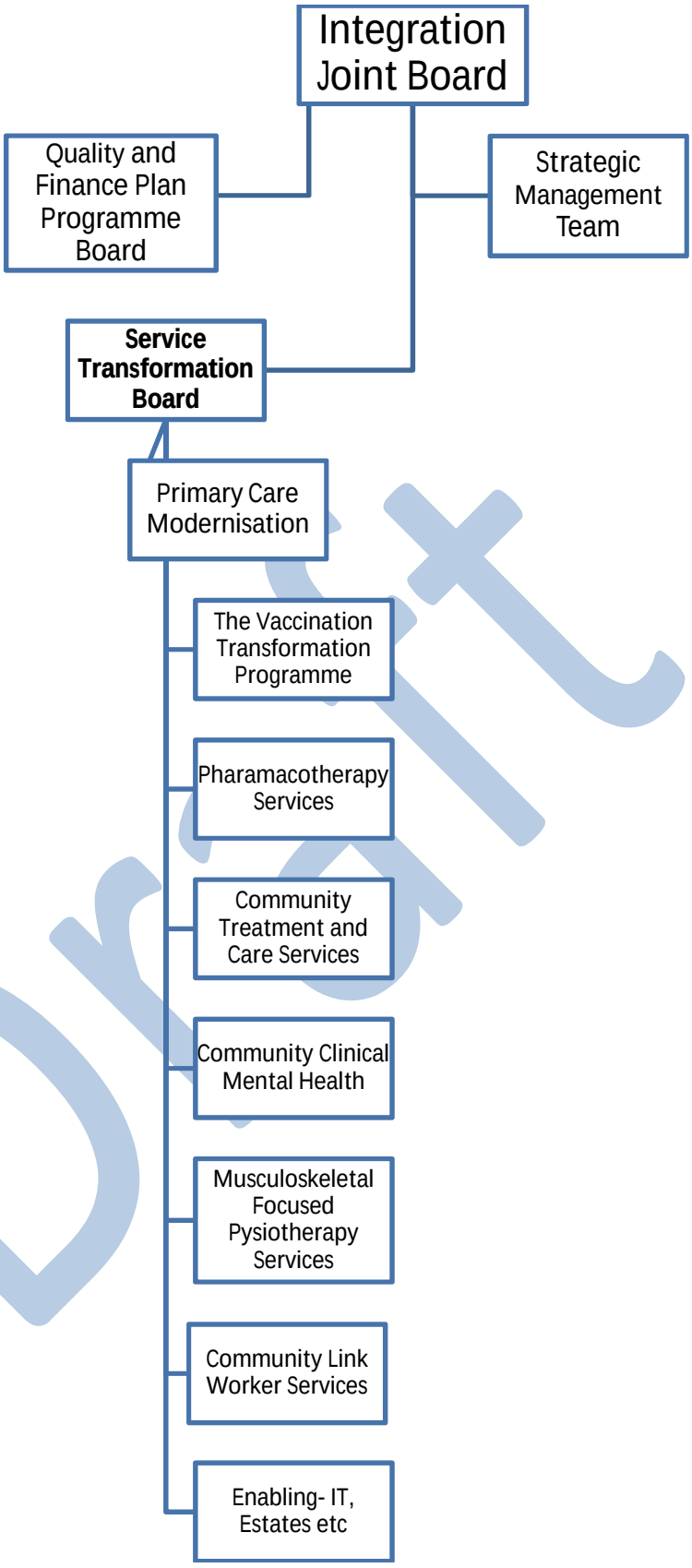
The plan will actively support the implementation of the MOU by:

- Facilitating the development of the GP role as expert medical generalist.
- Facilitating the change and development of the Practice Team, (General Practice Nurses, Practice Managers and Receptionists), in line with the new role of general practice and the transfer of work to the HSCP.
- The wider MDT to support the HSCP team undertaking the work transfer to them from Primary care as detailed in the MOU

5. GOVERNANCE

Argyll and Bute Health & Social Care Partnership takes the lead for Primary Care Services and as such will lead for the GMS Modernisation Programme aligning with the NHS Highland governance structure. The PCIP will be produced through the Primary Care Work stream project of the HSCP Transformation Board. There will be six work streams and three cross cutting work streams (Workforce/IT/Digital and Comms and Engagement), within Argyll and Bute HSCP.

The Primary Care work stream group is supported by the governance structure shown below in figure 1.


Integration Joint Board
Quality and Finance Plan Programme Board
Strategic Management Team
Service Transformation Board
Primary Care Modernisation
The Vaccination Transformation Programme
Pharamacotherapy Services
Community Treatment and Care Services
Community Clinical Mental Health
Musculoskeletal Focused Pysiotherapy Services
Community Link Worker Services
Enabling- IT, Estates etc

5.1 How the plan has been developed and who has been involved?

The Primary Care Modernisation Group was set up in December 2017, initially reporting to the Strategic management team of the HSCP and now the Transformation Board.

The aim of the Group was to:

- ensure primary care services (both in hours and out of hours) are high quality, equitable, sustainable, affordable and accessible in line with the Strategic Plan objectives of the HSCP, meeting patient need and improving outcomes for patients;
- provide clinical advice and professional views for the development and delivery of the HSCP Primary Care Improvement Plan (PCIP); and
- Oversee the use of funding "in direct support of general practice" to enable the redistribution of work from GPs to others (where possible) and to optimise the role and functionality of the wider MDT/HSCP services, ensuring HSCP Objectives, national outcomes and deliverables are met.
-

Membership of the Group includes GP Clinical Leads from each Locality within Argyll and Bute and GP Cluster representation.

Associate Clinical Director	Dr Michael Hall – Chair/ Deputy TBC
Primary Care Manager	Joyce Robinson
Clinical Lead Bute	Dr Gordon Wallace
Clinical Lead Helensburgh & Lomond	Dr Brian McLachlan
Clinical Lead Islay and Jura	Dr Angus MacTaggart
Clinical Lead Mid Argyll	Dr Jeremy Phillips
Clinical Lead Kintyre	Dr Malcolm Lazarus
Clinical Lead Oban, Lorn & Isles	Dr Richard Wilson
CQL Representative/ Clinical Lead Cowal	Dr Ailda MacGregor
GP Sub Representative	Dr Erik Jespersen / Deputy Dr Michael Anderson
Head of Adult Services East	Jim Littlejohn
Head of Adult Services West	Lorraine Paterson
Head of Children and Families	Alex Taylor
Head of Finance	George Morrison
Lead Nurse	Liz Higgins
Head of Strategic Planning & Performance	Stephen Whiston
Lead Pharmacist	Fiona Thomson
People & Change HR Lead	Charlie Gibson

Following agreement with the NHS Highland GP Sub Committee, a local GP Sub Representative and a deputy is included in the membership of the Group ensuring collaboration with the GP Sub Committee.

The PCMG has met monthly to discuss the six key priority areas outlined in the new Contract. Taking into account the views of the GP Clinical Leads, the Leads identified for each of the Priority areas have contributed to the primary Care Improvement Plan.

Following confirmation of the Primary Care Improvement Fund at the end of May 2018, a "Writing Group" was established to progress the drafting of the plan in line with the views of the PCMG. The writing Group includes:

- Primary Care Manager
- Head of Finance
- Associate Director Public health
- Head of Strategic Planning and Performance
- GP Sub Committee Representative (ensuring continued collaboration with local GPs)

A paper outlining the requirements of the 2018 Contract and the Memorandum of Understanding was noted at the Integration Joint Board in January 2018. Timeline for submission of draft Primary Care Improvement Plan, including financial detail is:

- 19 June 2018 (Paper submitted 15 June 2018) GP Sub Committee
- 11 July 2018 Strategic Management Team
- 1 August 2018 Integration Joint Board

The specification for NHS Highland Pharmacotherapy Service has been agreed by the NHS Highland Pharmacotherapy Working Group (Further detail at Pharmacotherapy Services)

Detailed dialogue with GP and key stakeholders will take place throughout the 3 year transformation of Primary Care Services as local service redesign is introduced in line with the 2018 Contract requirements, the Memorandum of Understanding and the Argyll and Bute Primary Care Improvement Plan priorities. This will involve Locality Management as local implementation may differ across Argyll and Bute taking account of recruitment and rurality. As service redesign is developed in each area EQIA will be carried out ensuring wherever possible equality of access across Argyll and Bute.

The Argyll and Bute Health and Social Care Partnership Service Transformation Board meets monthly and includes Primary Care as one of the six key areas of focus. The purpose of the Transformation Board is to:

Provide strategic direction, authorisation, accountability and support for the delivery of strategic change projects for Adult and Corporate Services

Monitor progress and resolve any issues that may compromise delivery of the objectives and agreed benefits, these will include any HR and staff side issues and resolutions.

Consider and make recommendations on business cases, proposals and cases for change, presented by Steering Groups and project leads

Promote an Argyll and Bute wide consistent approach to the review and implementation of service changes

Ensure the savings that are aligned to transformational change of services in the Quality and Finance Plan are co-ordinated and delivered.

A Service Improvement Officer has been appointed to programme manage the implementation of the Primary Care Improvement Plan/Service redesign.

A Primary Care Modernisation Steering Group will be set up to ensure implementation, ongoing review and annual update of the Primary Care Improvement Plan. This will include key partners and stakeholders.

5.2 Involving People

Argyll and Bute Health & Social Care Partnership (HSCP) recognises that effective engagement is essential to the delivery of health and social care services and fundamental in supporting the HSCP to achieve its vision, ambitions and deliver on its key strategic objectives. This commitment was articulated in the Strategic Plan 2016-19, "*We will underpin our arrangements by putting in place clear, communication and engagement arrangements involving our staff, users, the public and stakeholders".*

The Argyll & Bute Engagement Framework has been developed to assist the HSCP in undertaking engagement with stakeholders. The Framework describes the foundation for all future engagement approaches. It aims to develop a consistent approach, describing what and why engagement activities will take place, who should be involved and what processes will be adopted.

This Framework will underpin planned engagement activity required to involve stakeholders throughout the 3 year transformation of Primary Care Services as local service redesign in line with the 2018 Contract requirements, the Memorandum of Understanding and the Argyll and Bute Primary Care Improvement Plan priorities.

The HSCP's approach to engaging will be informed by the International Association for Public Participation's *IAP2 Spectrum for Public Participation* . This approach outlines incremental levels of engagement, with the lowest level being 'Inform', while 'Empower' involves the greatest level of public participation in decision making processes.

A range of different methods will be required to ensure effective communication and engagement with different audiences as well as taking account of the dispersed nature of the resident population and workforce.

Previous experience of engagement in Argyll and Bute in recent years has found it is better to go to where people are rather than expect them to come to organised events. The engagement plan will therefore draw on the wide range of existing structures in place across Argyll and Bute that already provide the opportunity to engage and work with people in various contexts.

6. DELIVERY OF MOU COMMITMENTS

The initial key priorities for development of service delivery plans within Argyll were generally agreed to be:

- Community Treatment and Care Services; involving a generic primary care nursing role to address several of the six priorities would be more cost effective.

- The primary care nursing role to include phlebotomy, dressings, vaccinations, DMARDS etc. It was noted that the primary care nursing role may vary in each locality.

- Pharmacotherapy; with 1 technician and 1 Pharmacist in each locality was also a priority.

- Community Clinical Mental Health Professionals in some localities.

- Link Worker development at locality level utilising variety of delivery methods/option from employed through 3rd sector.

- Enhancing the IT and digital service infrastructure to support the transformation and transfer of work from GPs to the HSCP e.g repeat prescriptions, online appointments, mobile working etc.

The following sections outline the initial developments and approach in year 1 and a forward look at the expected developments in year 2/3.

6.1 Vaccination Transformation Programme (VTP)

There is a requirement to redesign the delivery of vaccinations across NHS Highland to respond to Scottish Government (SG) and SGPC led changes to policy and practice. This change needs to be carefully managed, ensuring a safe and sustainable model to deliver the highest levels of immunisation and vaccination up take.

The VTP was established with the presumption that GPs/Primary Care will no longer be the default preferred providers and the current model of delivery will potentially no longer exist as an outcome of the national Primary Care reform.
Vaccination is a significant contributor to good Public Health. The high uptake rates across Scotland and Highland are vital to the desired impact against communicable diseases. Disruption to the high uptake levels poses a significant risk to both the individual and public health. Ensuring the high uptake rates are maintained through the VTP should be a high priority.

The level of risk to public health requires this change to be carefully managed, ensuring a safe and sustainable model that at least maintains, if not improving the current high levels of vaccine up take. Due to the geography of Argyll & Bute and other limitations such as accessing appropriate accommodation and staff recruitment, the service redesign will require careful consideration and the development of a mixed model of service delivery.

In NHS Highland, the following work streams are included in the Vaccination Transformation Programme (VTP).

1. Pre-school Programme
2. School-Based Programme
3. Influenza Programme
4. At Risk and Age Group Programmes (Shingles, Pneumococcal, Hepatitis B)
5. Travel Vaccinations and Travel Health Advice

An Argyll and Bute process mapping event was held in February 2018 to identify all the key steps in the process relating to specific programmes. In addition to the vaccine delivery processes being mapped out the session highlighted the infrastructure required to move forward in all aspects of VTP. There are clearly IT/eHealth issues e.g. within Scotland there is a national call/recall system for the childhood programme, currently there is no such system for adults programmes, Other aspects such as data sharing, pharmacy, transport and estates are challenges to be overcome.

Within NHS Highland there will be a requirement to look at a mixed model of vaccine delivery. As an essentially rural health board, with small pockets of population widely dispersed, we will have to look carefully at how best to maintain and sustain delivery at a local level. Immunisation teams appear to be working well in other Health Boards and may be the preferred method of delivery in Highland for some of the more densely populated areas. However to avoid patients having to travel large distances to be vaccinated in the more rural and remote areas primary care may remain the main provider.

Governance Arrangements

The VaccinationTransformation Programme nationally is overseen by a Programme Board which is comprised of representatives from the Scottish Government, SGPC, Trade Unions, Health Protection Scotland, Health Boards and Directors of Nursing. It is responsible for the national implementation of the VTP, and managing, monitoring and evaluating progress made by each Health Board. The NHS Highland Vaccination Transformation Programme multidisciplinary working group links into the National Oversight Group by reporting to the Primary Care Programme Board.

Education and Training

The requirements of clinical governance and accountability, audit, and the increasing emphasis upon healthcare workers to demonstrate specific competencies can only be addressed by the implementation of an appropriate educational programme.

As a result all staff involved in administering vaccines should be suitably trained and competent to fulfil the role and be able to answer questions with accuracy and confidence in line with nationally agreed minimum standards and the core curriculum for immunisations.

The aim of the national standards and core curriculum is to describe the training that should be given to all practitioners engaging in any aspect of immunisation so that they are able to confidently, competently and effectively promote and administer vaccinations.

In order to ensure the ongoing delivery of a high quality, safe and effective immunisation programme that achieves high uptake, it is important that all practitioners involved in immunisation have a high level of knowledge and are confident in immunisation policy and procedures.

To gain this, staff need to:
- receive comprehensive training;
- complete the NES on-line module;
- receive regular updates; and
- receive regular supervision and support

Pre-School and School Based Programme

A review of the current pre-school and schools programme has been undertaken and recommendations from the review will be implemented along with an expansion of the service as indicated (dependent on additional funding being agreed by the HSCP).

At Risk and Age Group Programmes

- Pregnant women – Pertussis (whooping cough)

Scoping of the service across localities has identified midwives almost exclusively administer vaccines to pregnant women (excluding Islands and Helensburgh). In the Helensburgh area practice nurses currently administer the vaccines, indicative costs are required when reviewing this model (dependent on additional funding being agreed by the HSCP).
- Shingles, Pneumococcal, Hepatitis B

An initial scoping of service demand across localities and potential alternative delivery models, including the implementation challengers, enablers and indicative costs are required to be identified.

Travel Vaccinations and Travel Health Advice

Currently awaiting the completion of the national options appraisal exercise, being led by Health Protection Scotland, for clarification regarding programme scope.

The expectation is that Health and Social Care Partnerships and NHS Boards will have all five of these programmes in place by 2021. The order and rate and which they make the transition may vary across Scotland but the progress is expected to be delivered against locally agreed plans in each of the three years. This should include significant early developments in 2018-19.

Other VTP work streams outlined at the start of this section will come forward in Years 2 and 3 as the Vaccination Transformation Programme develops.

Initial Developments and Approach Year 1 (2018/19)
▪ Continue with the Helensburgh area centralised clinics ▪ Establish an immunisation team to administer vaccines in the Oban, Lorn and Mull area with a view to commencing in Autumn 2018*

▪ Establish an immunisation team to administer vaccines in the Cowal and Bute area with a view to commencing in Autumn 2018* ▪ Establish an immunisation team to administer vaccines in the Mid Argyll area with a view to commencing in Spring 2019 ▪ Agree, finalise and deliver a midwifery model for Pertussis delivery across all areas of Argyll and Bute
*In order to achieve an autumn 2018 start date immediate decisions are required to accommodate recruitment and essential staff training if we are to meet the preferred September 2018 date.

Expected Developments in Year 2 & Year 3 (2019/2021)	
▪ Test delivery of the Shingles vaccination in one area (tba) Spring 2019 ▪ Agree and finalise the Shingles vaccination delivery model ▪ Establish an immunisation team to administer vaccines in the Kintyre and Islay area with a view to commencing in Autumn 2019 ▪ Establish an immunisation team to administer vaccines in the Tiree, Coll and Colonsay area with a view to commencing in Spring 2020 ▪ Agree, finalise and deliver 'at risk' programme (Shingles, Pneumococcal, Hepatitis B) delivery model ▪ Agree and finalise influenza vaccine delivery, this will include 6 months - 64yrs at risk groups, 2-5year olds and 65yrs and over ▪ Travel Vaccinations and Travel Health	
Other factors to consider will be adhoc immunisations e.g. Hepatitis A contacts, varicella to contacts of immunocompromised individuals, meningococcal contacts, at risk groups such as post splenectomy, BCGs. (See immunisations eligible cohort's sheet attached).	 vaccines and eligble cohorts and other grc

6.2 Pharmacotherapy Services

The pharmacotherapy service has been identified as a key immediate priority to be implemented in a phased approach over the next three years and building upon Primary Care Funding (PCF) for Pharmacists in General Practice allocated to Boards recurrently in 2015-18. The Contract includes an agreement that every GP practice will have access to a pharmacotherapy service.

In addition to reducing GP workload NHS Highland Board has endorsed investment in pharmacy staff to deliver the pharmacotherapy service as a means to generating efficiencies to protect investment in other services. Medication reviews being undertaken by pharmacy technicians and pharmacists frequently result in more cost effective prescribing. Face to face review with a patient allows for discussion and agreement of changes to prescribing and medicines management.

A single Highland Pharmacotherapy Working Group (PSWG) made up of representatives from the LMC, GP Sub-committee and pharmacists from the Board have agreed a service specification that details the core and additional services and how they will be delivered by pharmacy staff working as part of a primary care multidisciplinary team (MDT). This specification covers both HHSC and ABHSC to

ensure equity across the two IAs but sufficient flexibility to allow for local priorities, circumstances and requirements.

Drawing on learning from existing pilots, this service will be supported by a written agreement with individual practices to provide flexibility, dependent upon local priorities as well as capacity and experience of the local pharmacy team. Some elements of the service may be delivered remotely via remote access to GP clinical systems or by VC e.g. Pharmacy Anywhere depending on the geographical location of the practice.

The PSWG agreed that pharmacy staff resource will be allocated equitably to every practice where it is reasonably practical, effective and safe to do so. This is in line with the Memorandum of Understanding and the Primary Care Improvement Fund (PCIF) Annual Funding Letter 2018-19.

To date, the PCF for Pharmacists in General Practice from 2015-18 has been used to recruit:

Pharmacists wte	Pharmacy technicians wte
3	**1.2**

Based on experiences from pilot areas the Pharmacy and Medicines Division of Scottish Government have proposed that an allocation of 1 wte pharmacist and 0.5 wte pharmacy technicians per 5,000 weighted (NRAC) patients will be required to deliver the service. Therefore the following additional staff (which includes an additional 25% to provide for backfill) will be required across Argyll & Bute HSCP, the skill mix being:

- Pharmacist team lead (Helensburgh & Lomond) band 8a - 1 wte
- Clinical pharmacist band 7 - 17 wte
- Pharmacy technician band 5 - 8.8 wte

Initial Developments and Approach Year 1 (2018/19)

General Practice Clinical Pharmacy Staff

Continuing to build upon the PCF for Pharmacists in General Practice, pharmacy staff will gradually develop the service across practices in line with both the service specification, local priorities and capacity and competency of the pharmacy team. Service provision will be gradually increased as additional pharmacy staff are recruited.

In Year 1 2.4 wte pharmacist posts ranging from technician to team lead/ independent prescriber level prioritising areas who have no current resources from the PCF in 2015-18 (Campbeltown, Islay and Cowal & Bute).

The provision of essential training and education, including formal training courses such as postgraduate and independent prescribing qualifications will be necessary. Additional equipment will be needed including clinical/diagnostic equipment necessary for pharmacists to work autonomously.

A work plan will be agreed with individual practices that will include evaluation measures for each element of the service. Data sources will include prescribing

data, clinical activity data and data extracted from the Scottish Therapeutics Utility.

Pharmacy First Services

Section to be confirmed - Meeting with representatives of the Community Pharmacy Contractors' Committee on 18 June and will be discussing funding requirements for delivery of Pharmacy First services then.
The Pharmacy First service was introduced in community pharmacies across Scotland from 2017-18 and commenced in Argyll & Bute HSCP in February 2018. Funding?

Expected Developments in Year 2 & Year 3 (2019/2020)

We plan to recruit further posts that support the increasing skill mix in the pharmacy service and expand the service provided.

6.3 Community Treatment and Care Services

Community treatment and care services include, but are not limited to, management of minor injuries and dressings, phlebotomy, ear syringing, suture removal, chronic disease monitoring and related data collection. The contract determines that by April 2021, there will be a community treatment and care service in every Integration Authority area, starting with phlebotomy.

Initial Developments and Approach Year 1 (2018/19)

- The contract identifies phlebotomy as a priority in year 1, however given the anticipated nature and scale of changes required to deliver on this aspiration, it is anticipated that the model required to deliver a phlebotomy service will also be designed to deliver other treatment room services within a similar timescale.
- Work is required to identify skill mix and understand any professionally unique skill set which may be required in this model and how work might be delegated to non registered staff.
- To inform the work to develop the community care teams, it is essential to gather information on the activity currently provided by the GP practices. In order to plan for the transition of services from GP to HSCP it is vital that the scale and nature of the workload is known in order that workforce planning can happen. Work has begun on collecting relevant data.
- Other scoping work required is the current treatment room services with Community Nursing Services with a view to exploring the feasibility of building on existing structures and workforce. Scoping possible premises as treatment room sites has yet to begin however it is a priority in year 1
- There is a lack of clarity around funding, resourcing, IT and patient records, and how existing staff might be managed through this process, so although work is progressing slowly, once there is more certainly around these issues progress can be scaled up.

Expected Developments in Year 2 & Year 3 (2019/2021)
▪ Develop standard skill set for Registered Nurses and Health Care Support workers delivering this service ▪ Continue to develop workforce plans to support full transition of workload ▪ Complete full transition of workload from GPs to HSCP workforce.

6.4 Urgent Care Services (advanced practitioners, nurse or paramedic)

The Contract gives a commitment that by April 2021 there should be a sustainable advanced practitioners' service for urgent unscheduled care as part of the practice Advanced practitioners can respond to urgent unscheduled care within primary care. This includes responding to requests for home visits or urgent call outs. Advanced practitioners have the ability to assess and treat patients requiring a home visit or unscheduled care presentations in the practice. This should allow GPs to focus more on their role as Expert Medical Generalists.

Initial Developments and Approach Year 1 (2018/19)
▪ The contract early work in Argyll & Bute has been predominately related to Nurse Practitioners. The investment in 3 ANP roles based in a GP practice in Helensburgh will allow for testing of the model including impact on GP workload and prevention of referral into secondary care. Targeted work around frailty and falls linking with ANP is being supported within the partnership. There is a small test of change proposed with one ANP in Cowal which will test a combination of urgent care and treatment room services- the role is currently out to advert. ▪ Work to identify the number of ANP required has commenced and a skills mapping exercise and supporting development plan with current staff is underway. ▪ Scottish Ambulance Service (SAS) are engaged in a pilot in this area in Mid Argyll area of Argyll & Bute and evaluation of model is expected within the next 2 months. SAS commitment and continuity of service, capacity, scale of demand across locality/localities and governance requirements will be explored fully. o Testing in a small number of practices across a locality for a limited number of hours- e.g. afternoon home visits calls etc.

Expected Developments in Year 2 & Year 3 (2019/2021)
▪ Continue with work to engage SAS to explore development of Paramedic Practitioner model ▪ Expand number of practices using ANPs/PP and extend hours service is available ▪ Use year 1 test of change re. ANPs to inform model for share and spread across A&B ▪ Use of ANPs/PP in all participating practices to support urgent care work.

6.5 Musculoskeletal Focused Physiotherapy Services

Primary Care Transformation – Development of Musculoskeletal Services

The *Scottish General Medical Services Contract* came into force on 1 April 2018. It sets out the distinctive new direction for general practice in Scotland which will improve access for patients, address health inequalities and improve population health, provide financial stability for GPs, and reduce GP workload through the expansion of the primary care multidisciplinary team.

Musculoskeletal problems frequently cause repeat appointments and are a significant cause of sickness absence in Scotland. The majority of a GP's musculoskeletal caseload can be seen safely and effectively by a physiotherapist without a GP referral. However the existing patient pathway often includes an unnecessary delay while initial non-physiotherapeutic solutions are attempted prior to access to a musculoskeletal physiotherapy service.

Physiotherapists have a strong role to play in primary care, not least broadening the GP team and providing more services outside of hospital. The value of using physiotherapists with advanced practice skills means that patients can access physiotherapy expertise without the need to see a GP: assessment, diagnosis and management advice is all Physio-led.

Under the new contract, Argyll and Bute HSCP will develop a model to embed a first contact practitioner musculoskeletal service within practice teams to support practice workload. In order to provide a realistic alternative for patients, access times must be comparable to those of general practice and services must be at least as safe and effective as those currently provided by GPs.

In order to deliver a service which meets this criteria a 3 year plan is proposed which will ensure a clear delivery and governance structure not only for the first contact practitioner (FCP) roles but which will also encompass mainstream physiotherapy outpatient services and musculoskeletal services delivered by other AHP groups including podiatry and orthotics across Argyll and Bute. By year 3 we would deliver a safe and comprehensive FCP service delivered where possible within GP practices or as close as possible to those practices which offers access to specialist physiotherapy staff within 48hrs. The service will have clear clinical governance and audit in place and will utilise existing cross board pathways for patients who need onward referral.

Work has already start on scoping the requirements of a comprehensive FCP service in A&B and it is anticipated that the core of the services will be provided by the existing advanced practice physiotherapists currently delivering the orthopaedic triage service. These 4 staff have developed a number of skills (injecting, non-medical referring etc) which complement the FCP role and all 4 have places on upcoming non-medical prescribing courses. These 4 staff will not be able to provide a service which can deliver access comparable to GP services but we are fortunate that in most areas of A&B we already have staff with the clinical skills required for the FCP role.

The service when complete will need strong leadership and governance and it is proposed that this will come from Band 8a Clinical specialist staff who will have

responsibility for ongoing evaluation and development of the FCP service delivering supervision and training, ensuring a robust service by covering service gaps due to planned and unplanned absences and also providing leadership and pathway development for all musculoskeletal services across AHP staff groups including podiatry and orthotics.

In order to drive forward the development it is proposed that the senior posts is recruited immediately to fully scope and highlight the development needs in each area using agreed tools such as the CSP toolkit for developing FCP services (http://arma.uk.net/musculoskeletal-networks/network-resources/#MSK-First). The aim would be to have an implementation plan for each geographic area which would facilitate the start of the service by April 2019.

Initial Developments and Approach Year 1 (2018/19)

A summary of the proposed workload for year 1 (2018/19) is shown below, this work would be completed by the Band 8a Service lead in collaboration with the existing APP staff, local team leads, professional lead, AHP lead and Locality management.

- Scope existing resource capacity and develop work force plan for each area. Develop action plans for recruitment and future workforce planning.
- Scope and find solutions to logistical needs in terms of location of clinics/room availability – ideally FCP services would be co-located within GP practices but this may not always be possible.
- Scope and lead on implementation of IT requirements for each area for example Vision 360 may need to be made available for clinics held out with GP practices.
- Facilitate GP shadowing and competency development for existing APP staff in each area by supporting existing orthopaedic triage work.
- Develop a communication strategy to ensure staff at all levels including SMT and transformation boards are aware of plans/progress/threats
- Develop communication strategy to engage public support for changes.
- Develop governance and evaluation structure for FCP and MSK services in line with National guidelines
- Link with NHS Highland/other HSCPs to ensure compliance with National implementation guidelines.
- Lead on current MSK service review across A&B.

Expected Developments in Year 2 & Year 3 (2019/2021)

- Year 2 would see recruitment and implementation of first contact practitioner services throughout A&B (dependent on recruitment of staff) with refinement and service development ongoing. The advantage of this approach is that there can be a defined change in service provision giving clarity and opportunity to communicate change from one defined service to another rather than a gradual shift which would make communication and evaluation more difficult.
- Year 2 & 3 will see an increased need for investment due to the additional staffing costs. Additional audit and evaluation would be conducted by the service lead in years 2 & 3 to establish the impact on existing MSK physiotherapy service requirements as well as a number of key performance indicators (Current CSP work ongoing to scope an agreed KPI data set)

- *The post would have a significant element of clinical work after year 1. The year 1 role would be to develop the service and year 2 and 3 would be as clinical lead and to manage MSK services. There is also an expectation that 50% of the time would be clinical.

6.6 Community Clinical Mental Health Professionals

The Mental Health Strategy for 2017 – 2027 recognises the importance of primary care transformation and views it as an opportunity to develop better services for individuals with mental health issues with parity of esteem between physical and mental health.

Action 15 states that there will be an increase in the mental health workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, and every police station custody suite and to all prisons. It commits to increasing additional investment for Argyll and Bute HSCP.

The Mental Health Strategy 2017 – 27 also commits to Action 23, which is to 'test and evaluate the most effective and sustainable models of supporting mental health in primary care, by 2019'. It describes the primary care transformation that will improve this: the up-skilling of all Primary Care team members on mental health issues, the roles of clinical and non-clinical staff and the increased involvement of patients in their own care and treatment through better information and technology use.

Patients accessing and receiving treatment through primary care would benefit from a non-pharmacological approach (SIGN, 114) and the ability to access treatment by the right person at the right time in the right place. Presently primary mental health care is delivered within Community mental health services which are currently under review.

Initial Developments and Approach Year 1 (2018/19)

- Conclude the current review of Community Mental Health Services in Argyll and Bute HSCP.
- Review the access and utilisation of Computerised CBT as model of choice for self-directed CBT
- Test and evaluate the use of 'NearMe' to support increased access and availability of psychological therapies to remote and rural locations.
- Explore the use and potential for technology enabled care/interventions within psychological therapies.
- Further expand and evaluate the use of the Community Triage pilot with Police Scotland and NHS Highland across Argyll and Bute to support mental health out of hours care and treatment.
- Utilise the evidence obtained from the Mental Health Facilitator Primary Care Post in respect of further training and up skilling members of the primary care team.
- Review of Guided Self Help Workers.
- Wider partnership planning through the Community Planning Partnership – Outcome 6 work stream – People live in Safer and Stronger Communities.

<u>Priority Areas for Development in Year 1 (2018/2019)</u>

Provision of Wellbeing Practitioner (Nurse) and Occupational Therapist within Cowal and Bute/Oban, Lorn and the Isles Locality.

Band 5 – Wellbeing Practitioner (Nurse) x 2

Band 6 - Specialist Occupational Therapist x 2

Additional funding and resource will be required during year 1 and preceding years to support technology enabled care/TEC licences (if required)/training and development for practitioners in evidenced based interventions/outcome measure licences and data analytical support.

Expected Developments in Year 2 & Year 3 (2019/2020)

- Future models of care should focus upon prevention and mental well-being.
- Further embedding of mental health practitioners within primary care in support of non-pharmacological approaches to depression and mental wellbeing.
- Explore access and referral routes for patients within primary care.
- Up skilling and education of non-mental health practitioners within primary care in support of mental health care and treatment.
- Continued and wider use of technology to support access to care and treatment.
- Continued engagement and partnership working with Community Planning Partners.

Measurements/Evaluation
Establish a baseline of current practice – spend on antidepressant therapy, number of referrals to CMHS for primary care, waiting times for access to psychological therapies, crisis admissions/attendance at A and E, number of working days lost to stress/anxiety and depression, uptake of technology enabled care for psychological therapy (NHS24/cCBT).

Other measures may include:

Treatment related specific outcomes (patient and practitioner)

Use of CORE (Clinical Outcome Routine Evaluations)

Expected Developments in Year 3 (2020/2021)

- Embedding and Developing Primary Care Teams within GP Practices.
- Routine use of technology to support and enhance care delivery across remote and rural locations.
- Ongoing evaluation of changes to care delivery.

6.7 Community Link Worker Services

The development of link worker service for the GMS contract will be informed by the pilot activity that took place in Argyll and Bute during 2017-18. This involved two pilot sites in Dunoon and Bute that ended in January and March respectively. This was a contracted service with the third sector organisation Carr Gomm commissioned by the Public Health Department.

Argyll and Bute HSCP supports an overarching social prescribing approach to connect people with social problems with support in their community. Link workers are only one aspect of social prescribing. Partners are in the process of developing a self management strategy which will encompass social prescribing.

The Dunoon and Bute pilots were “tests of change” for the roll out of link workers and there is significant learning that will be used to ensure activity is as effective as possible. An important factor that has been recognised is link workers need to be a frequent presence in the practice and in accordance with national evidence supports link workers should be located in areas of deprivation

The main challenge to the roll out of link workers in Argyll and Bute is the number of GP practices across a large geographical area it is clear we need to do further work within the priorities accorded for this development locally to identify the best method to deliver this service. Experience in the pilot sites found that when link worker presence was infrequent in the practice, the practice staff were less inclined to refer. This poses a conflict between balancing available resources and delivering an effective service.

The aspiration for link working in Argyll and Bute is to have a regular presence/access in each practice so people deemed appropriate for link working support will not have to wait more than a week. We will also consider how the link worker builds capacity in the existing practice staff for speaking to patients outwith link worker clinics, for example receptionists. The use of technology will also be considered, such as NHS Near Me for video conferencing appointments.

This is not a direct priority for year 1, but we will look to scope out further delivery models for years 2 and 3 in 2018/19

7. EXISTING TRANSFORMATION ACTIVITY

7.1 Developing GP Cluster Groups and CQL Leadership Development

Following the CQL facilitated workshop in March 2018, developing resilient, opportunistic Clusters” the CQL network in Argyll and Bute agreed to the following priorities:

- Hold a meeting for all GPs in cluster
- Develop a communication group for CQLs
- Share a list of projects with each other
- Share minutes of cluster meetings between different CQL
- Plan occasional meetings between leads

The development of GP Cluster Groups will continue through the involvement in the Healthcare Improvement Scotland, Practice Administrative Staff collaborative. Practice Managers and Administrative Staff will become more involved in GP Cluster

Groups focusing on care navigation and developing systems for seamless document management.

7.2 CQL Link to Locality Planning Groups

The funding for Cluster Quality Leads to attend Locality Planning groups will continue to ensure general practice involvement in the HSCP's strategic planning and policy development at locality level.

7.3 Community Link Worker Services Pilot – Bute ended 31 March 2018

The report from the link worker pilot will help inform the roll out of Community Link worker/ Social prescribing requirements across Argyll and Bute

7.4 Direct Access to Physio Pilot– Rothesay – current

The findings of the direct access pilot in the Bute practice has informed the development of Musculoskeletal services across Argyll and Bute.

8. ADDITIONAL CONTENT

8.1 Community Pharmacy, Optometry and Dentistry: Linked developments and priorities

All independent contractors work with NHS Highland and the Argyll and Bute HSCP through the Primary Care group which feeds into the Primary Care Leads group nationally.

All linked developments and priorities will be discussed within these groups operationally and feed into the programme infrastructure through the Associate Medical Director and the A&B HSCP.

8.2 Other linked local priorities - GP practice sustainability

The HSCP Strategic plan recognises that sustainability of our GP practices is a key issue with the need to meet access requirements for patients in their community, be it urban, remote rural or Island. This access requirement is not only day time but out of hour's services and our public engagement work has clearly identified that they want their core day time and out of hours services protected and maintained.

Achieving this with a recruitment crisis in GPs and the expected turnover in GPs due to a retirement means a whole system multidisciplinary approach maximising the capacity and capability of all professionals. This is why we see merger and federations of smaller practices as the way to achieve this core objective.

The opportunities in the new GP contract for a more collaborative approach will further strengthen this approach over time meeting the key principles in the MOU i.e.:

- ***Safe*** *–Patient safety is the highest priority for service delivery regardless of the service design or delivery model.*
- ***Person-Centred*** *- Partnerships between patients, their families and those commissioning and delivering healthcare services work to provide care*

which is appropriate and based on an assessment of individual needs and values and is outcome focussed, demonstrates continuity of care (in the context of both professionals and services), clear communication and shared decision-making. Having regard to the five principles underpinning the Health and Social Care Standards: dignity and respect, compassion, to be included, responsive care and support and wellbeing.

- ***Equitable*** *– fair and accessible to all.*
- ***Outcome focused*** *– making the best decisions for safe and high quality patient care and wellbeing.*
- ***Effective*** *- The most appropriate treatments, interventions, support and services will continue to be accessible, provided in the most appropriate place by the right person at the right time to everyone. Changes to service delivery should not result in any diminution of care or outcomes for patients.*
- ***Sustainable*** *– delivers a viable long term model for general practice that is resilient in the context of the wider community care setting on a continuous basis; and promotes and supports the development of the skill mix within the practice setting.*
- ***Affordability and value for money*** *– Making the best use of public funds; delivering the general practice model within the available resources; with appropriate quality assurance processes.*

9. INEQUALITIES

Argyll and Bute Health & Social Care Partnership (HSCP) is fully committed to planning and delivering services that are fair for all. This means upholding the responsibilities as detailed in the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012 and the more recent Fairer Scotland Duty (2018). The Argyll and Bute Primary Care Improvement Implementation Plan will be subject to an equality impact assessment (EQIA) to potential determine associated risk to patients or groups of service users and to take appropriate mitigating action.
Inequality means differences between poverty and wealth, as well as in peoples' wellbeing and access to jobs, housing, education and health services. Both urban and rural health and social inequalities exist across Argyll and Bute.

There are 10 data zones in Argyll and Bute that come within the 15% most deprived communities in Scotland. These are in Campbeltown, Dunoon, Helensburgh, Oban and Rothesay. However, we know the Scottish Index of Multiple Deprivation (SIMD) does not accurately reflect all the deprivation in Argyll and Bute, for example, there may be one or two households experiencing deprivation in an otherwise not deprived area. In addition, rural factors that may contribute to people experiencing deprivation are not factored in to SIMD, examples include, cost of food and fuel in remote and rural areas, and the availability and cost of transport.

Addressing inequalities is complex and requires multi-agency and multi-faceted approaches only some of which can be mitigated within a primary care setting. However, the primary care workforce has a significant role in preventative activity, anticipatory care planning and managing complex care to improve patient outcomes.

This will require approached that enable the GP to focus on complex care as an Expert Medical Generalist, whilst building further capacity in the wider multi-disciplinary team and beyond. Ease of access to primary care services and referral to wider services is dependent on a number of factors including:

- communication support needs;
- physical access needs including geography;
- complexity of the health and social care needs;
- understanding of how services operate; and
- previous experience of services.

Community Link Workers in particular, will be to support people living in our most deprived communities who are experiencing social adversity, especially poverty and financial problems, allowing GPs to focus on the clinical needs of their patient population.

Argyll and Bute HSCP has a good track record in investing in health improvement activity to prevent health and social care problems from arising, particularly focussing on areas of greatest need. This work is led by the Health and Wellbeing Partnership which is a strategic partnership of the Community Planning Partnership. The Health and Wellbeing Partnership favours an *assets approach* to health which means focusing on building capacity to create vibrant and resilient communities as people live better lives in these communities. The following gives a flavour of the commitment to improving equality outcomes in Argyll and Bute:

- Equality Mainstreaming Report for 2016 – 2018 published in May 2018.
- Joint Health Improvement Plan for 2017 – 2022 which includes a theme for *Improving Fairness.*
- Argyll and Bute's Community Plan which has an underpinning theme of equality. The Plan also includes a number of long term outcomes relevant to equality, such as, people lead longer, healthier and independent lives; children get the best start in life; and building safer stronger communities.
- A small grant fund of £100,000 per annum to support community led health and wellbeing initiatives in local areas. One of the principles for grant investment is fairness and equity.

Being pro-active in public engagement is the key fundamental to the delivering services that support people to remain or reconnect people to their communities. The HSCP enlists the support of service users to identify perceived or real service barriers, creating opportunities for services users to identify the needs and express their views about service experiences.

10. ENABLERS

10.1 Workforce

The National Health and Social Care Workforce Plan, Part 3 Primary Care was published in May 2018. It sets out the context and arrangements for increasing the Scottish GP and related primary care workforce. This includes plans for recruitment, training and development of specific professional groups and roles with the MDTs to be developed.

The Scottish Government have made provision of an increase in funding in Primary Care of £500 million by the end of this Parliament. This investment will allow for the expansion of the primary care multi-disciplinary workforce. This includes:

- access to a pharmacist for all General Practices;
- training an additional 500 advanced nurse practitioners across acute and primary care;
- 250 more community link workers in practices;
- training an additional 1,000 paramedics to work in support of general practice;
- the expansion of the mental health workforce, and
- Enhanced roles for Allied Health Professionals (AHPs) in delivering person-centred care.

As part of their role as EMGs, GPs will act as senior clinical leaders within the extended MDT. Many of the MDT staff will be employed by the NHS Board and work with local models and systems of care agreed between the HSCP, local GPs and others. Staff will work as an integral part of local MDTs. NHS Boards, as employers, will be responsible for the pay, benefits, terms and conditions for these staff. Some MDT members will be aligned exclusively to a single GP practice while others may be required to work across a group of practices within a cluster area. Workforce arrangements will be determined locally and agreed as part of the ongoing developing of the Primary Care Improvement Plan for Argyll & Bute.

Existing practice staff will continue to be employed by practices. Practice Managers, receptionists and other practice staff will continue to have important roles in supporting the development and delivery of local services. Practice Managers should be supported and enabled to contribute effectively to the development of practice teams and how they work across practices within clusters and in enabling wider MDT working arrangements.

It will become increasingly necessary to support a culture of improvement around the Primary Care Transformation Programme. Argyll & Bute will apply the Highland Quality Approach methodology. This approach places an explicit emphasis on how we will make best use all of our resources. It is founded on the evidence that by focusing on quality and being person centred we will achieve better health, better care and better value.

Initiatives to support practices with recruitment difficulties also requires a key focus. As an area, we need to be increasingly creative about how we attract people to live and work in Argyll & Bute. We know that some practices will be able to do this well whilst others will have significant difficulties with this. Across the HSCP, we need to explore further how co-operation between practices can be encouraged.

The National Health and Social Care Workforce Plan proposes the following recommendations and next steps that will improve primary care workforce planning in Scotland. These complement the recommendations in Part One and Part Two of the National Health and Social Care Workforce Plan and, taken together, will form the basis of the Argyll & Bute's HSCP's integrated workforce plan in 2018. The recommendations set out below explain how the expansion and up-skilling of the primary care workforce will be enabled, the national facilitators to enable this, and how this will complement local workforce planning.

10.2 Facilitating Primary Care Reform

Reform of Primary Care is driven by developing multidisciplinary capacity across Scotland. Workforce planners including NHS Boards, Integration Authorities and

General Practices will need to consider the configuration of local MDTs that offer high quality, person-centred care.

In recognition of an ageing workforce, local planners have responsibility for workforce planning and managing anticipated levels of staff turnover
The implementation of the new GP contract will require services to be reconfigured to maximise workforce competencies and capabilities, and ensure people see the right person, at the right time and in the right place.

The National Workforce Planning Group will play a strategic role in implementing the recommendations of part three of the plan, and strengthen the development of approaches for the primary care workforce.

1. Significant investment will be made available over the next 3-5 years, as part of the First Minister's commitment to an additional £500 million for community health service, to plan for, recruit and support a workforce in general practice, primary care and wider community health, including community nursing.

2. Scotland's multidisciplinary primary care workforce will become more fully developed and equipped, building capacity and extending roles for a range of professionals, enabling those professionals to address communities' primary healthcare needs.

3. As part of national, regional and local activity to support leadership and talent management, planners will need to continuously consider staff training needs in their workforce planning exercises; invest appropriately so that leaders in primary care are fully equipped to drive change; and enhance opportunities for the primary care workforce to further develop rewarding and attractive careers

An HSCP Argyll & Bute integrated workforce plan to be published later in 2018 will move towards a better articulated joint vision for health and social care workforce planning.

11. ARGYLL & BUTE HSCP INTEGRATED WORKFORCE PLAN 2018/19

Work is underway to transform the design and delivery of care for people in Argyll and Bute. The future health and social care workforce will be instrumental in the successful delivery of the Strategic plan for 2018/19 and for the next 3 year cycle – 2019-2022 and beyond. We need to make the best use of people's skills and capabilities.

The workforce, in all professions, levels, and sectors will have a part to play. Staff need to be supported and developed as we transform the way we deliver our services.

Argyll & Bute HSCP has reviewed its work and progress on transforming services and a new Transformation Board and six new steering groups for the groupings below are being set up to co-ordinate and drive quality improvement and sustainability work across settings and care journeys, and increase the pace and gains of transforming care. Workforce planning is an integral part of service redesign and detailed work has already started and HSCP's first integrated workforce plan for 2018/19 will be completed by the end of this summer.

- Community Services (Community Teams, Care at Home).
- Acute Services (Community Hospitals).
- Primary Care Transformation (GP Contract).
- Mental Health / Dementia.
- Learning Disabilities / Autism.
- Care Homes & Housing

The Primary Care Transformation work around the new GMS contract will have a significant effect on workforce requirements. The workforce and skills required to support the changes will be challenging in what is already a challenged service. The reduction and recruitment difficulties of GP and Consultants will have an impact on nursing workforce with increased requirement for Advanced Nurse Practitioners in a number of practice areas - unscheduled care, respiratory medicine, out of hours, mental health.

With the ongoing shift towards more care in the community and in a homely setting, this will be reflected in where our workforce will be operating. The HSCP's workforce plan will support the Primary Care Improvement Plan requirements

Part Three of the Workforce Plan also sets out the diverse nature of the workforce needed to deliver service reconfiguration in Primary Care. This is clearly illustrated in the table below:

Service	Description of Service	Workforce
Pharmacotherapy	By April 2021, every practice will benefit from the pharmacotherapy service delivering the core elements of the service including acute and repeat prescribing, medicines reconciliation and monitoring of high risk medicines. Additional elements of this service include medication, poly pharmacy reviews and specialist clinics. This will form part of a three-tier approach to developing pharmacy services to support GP practices.	Pharmacists and pharmacy technicians
Vaccination Transformation Programme	Responsibility for vaccination and immunisation services will move from general practices to IAs and NHS Boards through the Transforming Vaccination Programme.	Nurses, other appropriate clinical professionals and healthcare assistants.
Urgent Care Services (advanced practitioner)	Providing sustainable advanced practitioner support for unscheduled care, based on appropriate local service design. Advance practitioners such as a nurse or paramedic for GP clusters and practices as first response for home visits, and responding to urgent call outs for patients, working with practices to provide appropriate care to patients.	Paramedics, nurses where appropriate

Community Treatment and Care Services	These services include, but are not limited to: ▪ Basic disease data collection and biometrics (such as blood pressure) ▪ Chronic disease monitoring ▪ The management of minor injuries and dressings ▪ Phlebotomy ▪ Ear syringing ▪ Suture removal; and some types of minor surgery as locally determined as being appropriate	Nurses and healthcare assistants
Additional Professional Roles	Additional Professional Roles will provide services for groups of patients with specific needs that can be delivered by other professionals as first point of contact in the practice and/or community setting. For example, but not limited to: • Musculoskeletal focused physiotherapy services • Community clinical mental health professionals (e.g. nurses, occupational therapists, psychologists) directly working in general practice	Musculoskeletal Physiotherapists and Community Mental Health Practitioners
Community Link Workers	A generalist practitioner based in or aligned to a GP practice or cluster who works directly with patients to help them navigate and engage with wider services, often serving a socio-economically deprived community or assisting patients who need support because of (for example) the complexity of their conditions or rurality. As part of the PCIP, IAs will develop CLW roles in line with the Scottish Government manifesto commitment to deliver 250 CLWs over the life of the Parliament. The roles of the CLWs will be consistent with assessed local need and priorities and function as part of the local models/systems of care and support.	Non-clinical staff providing support and connection, based in practices or groups or practices.

12. INFORMATION TECHNOLOGY AND DIGITAL TRANSFORMATION

The Argyll and Bute HSCP has been making significant progress in putting in place the infrastructure to support the application of Digital technology in support of General Practice with the aims streamlining administrative processes as well as freeing up General Practitioner time and releasing resource and enhancing productivity.

The highlights of this work include:

- On-line access for patients to book appointments.
- On-line access to order repeat prescriptions.
- 'Outcome Manager' to improve recording, reporting, recall and monitoring of patients who are consulted as part of enhanced services.
- Self-service check-in kiosks to release reception staff time – 32 provided in 2017.
- electronic patient call/notice boards to provide education, and release reception staff time;
- 'Vision Anywhere' to support mobile working by allowing clinicians to access a patient record and update clinical notes out with the practice, at the point of care; and
- video conferencing equipment as an educational tool and opportunity for remote clinical consultation by the MDT and supporting cluster working

The table below shows the level of up-take by GP Practices at the beginning of 2018 this needs to be increased and enhanced as part of the PCIP role out over the next 3 years supporting the 6 work streams detailed above:

Technology	**Number of Practices Using**	**Number of practices not using**
Vision Online appointments	14	13
Vision Online repeat prescriptions	21	6
EMIS Web online appointments	6	0
EMIS online repeat prescriptions	5	1
INPS Outcome Manager	0	33
Self Service patient check in	1	32
Electronic Information Screens	1	32
Vision Anywhere	27	0
Video Conferencing	33	0
Surgery health monitoring Pods	0	33

Areas for further development in line with the national digital strategy:

- Outcome Manager is an INPS 'add on' for Vision that provides a management dashboard per board area for improving clinical outcomes.
- Self-Check in kiosks, these are not commonly in use across the HSCP at all. The Millig practice in Helensburgh is the only location where this service is available for patients.
- Surgery Pods. This is an area within practice designated for patients to 'drop in', enabling them to take blood pressures, weight\BMI, provide information on

lifestyle etc. There is also the opportunity to provide this from a patient's home via technology enabled care services.

- Key to achieving efficient joint working between professionals will be the implementation of Joint Data Controller agreements in 2018/19 and improved information technology infrastructure.

  Data sharing agreements, will provide key development opportunity for the MDT to access and use all relevant primary care, social care and community information to improve patient outcomes and maximise productivity of staff utilising mobile technology.

  These agreements will support the development of enhanced digital services improving access to patients covering areas from TEC, to on-line appointments and repeat prescribing etc.

The Lochgilphead Medical practice has taken a business decision to self fund a telephone consultation service for its patients in its catchment area allowing it to meet patient demand, gain practice productivity benefits, and enhance access and improve convenience for them to GP and ANP services for patients. This service has allowed patients with more complex needs to have longer appointment times enhancing quality of service to patients.

This clearly could be rolled out to other practices and offers opportunity for expansion to support access to services with GP practices and MDTs which are proving difficult to sustain through recruitment problems.

E-Heath 7 Digital Funding Requirements:

In development- reflecting national objectives and priorities outlined above.

13. HOW ACCOMMODATION STRATEGIES WILL SUPPORT THE PCIP

Awaiting information from NHS Highlands Estates department

For info

KEY ENABLERS	Requirements
GP PREMISES (Improving infrastructure/reducing risk) • *New "National Code of Practice for GP Premises* • *Revised Premises Directions will be issued early 2018* • *Transition over 25 years to model where GP contractors no longer own their premises* • ***GP Owned Premises**: new interest-free sustainability loans will be made available, supported by additional £30 million investment over the next three years. Four of the five GP owned practices in Argyll and Bute have submitted a note of interest for the GP Premises Sustainability Loan Scheme.* • ***GP Leased Premises**: there will be a planned transition to NHS Boards leasing premises from private landlords •* • *SG commissioning survey of all GP premises.*	• *HBs must now include GP owned premises and premises leased by GPs from private Landlords in their property and Asset Management Strategies. In conjunction with HSCPs take an active approach to the management of the whole of the GP estate.* • *HSCPs and HBs must work together to identify priorities for investment in pc premises – must support HSCP primary care improvement plans.* • *HSCPs must take into account needs of population, sustainably of General Practice and working with HB provide fit for purpose premises for the provision of primary medical Services when identifying priorities.* • *HSCP and HB must consult with AMC/GP Sub when identifying priorities for investment.*

14. IMPLEMENTATION

Argyll & Bute HSCP Quality and Finance Plan 2017-2019 was developed to support the delivery of the Strategic plan and identified risks associated with the scale and pace of change required to deliver the service changes and recurring financial savings. More recently the Quality and Finance Plan 2018-2019 has been developed and a Transformation Board has been established to lead the transformational change required within six key work streams, one of these being Primary Care Transformation.

A Service Improvement Officer has been appointed to project manage the implementation of the Primary Care Improvement Plan/Service redesign. The Co-Executive support for the project is the Associate Medical Director and Head of Service. The HSCP Primary Care Manager is the senior management lead for the project

The People & Change service has aligned an HR Business Partner to the Primary Care Transformation programme and will provide HR professional advice and support including Organisational Change, organisational development, redesign etc.

14.1 Leadership & Change

Within the HSCP Workforce Plan, there are actions to bridge the gap in development terms for the future workforce. These include the following:

- Succession planning for staff about to retire;
- Recruitment/Retention/Valuing People/Supporting People to Retire;
- Developing talent across Argyll & Bute;
- Career paths for young people;
- Developing opportunities for shared training & development;
- Providing leadership support for Locality Management;
- A variety of work is also needed around skills development and new ways of working e.g. Digital skills training and competency, and continuing to offer training and development opportunities to attract, support, develop and encourage the retention of staff and support new ways working. More information can be found in the HSCP Workforce Plan for 2018/19.

The vision for our community teams is to enhance our multi-disciplinary team model, utilising the qualified and unqualified workforce to maximum potential, sharing a generic set of skills with the basic intention of 'keeping safe at home' while fully appreciating the specialist unique skills each profession has to offer. It is hoped this will reduce duplication, maximise the capacity of the team and most importantly provide a seamless coordinated patient journey.

Community teams working with, and utilising the assets of, the local community, and working with the third (voluntary) and independent sectors, as well as fully implementing our community standards, e.g. single point of access. There are pilot sites utilising Buurtzog principles for developing community multi-disciplinary neighbourhood teams around a person and their local GP practice. The pilot areas are; Oban, Tiree, Colonsay, Mull & Islay.

15. FUNDING PROFILE

The tables below provide a high level summary of available funding and proposed commitments.

Available funding

	2018/19	2019/20	2020/21	2021/22
Nationally	£45.75m	£55m	£110m	£155m
Argyll & Bute's share	**£848,000**	**£1,019,000**	**£2,039,000**	**£2,873,000**

Commitments (indicative at this stage)

	2018/19	2019/20	2020/21	2021/22
	£	£	£	£
Vaccination transfer programme	100,000	100,000	300,000	400,000
Pharmacotherapy services	300,000	300,000	600,000	800,000
Community treatment and care services	50,000	100,000	250,000	400,000
Urgent Care (advanced practitioners)	125,000	128,000	250,000	400,000
Additional professional roles				
- First Contact Practitioner Musculoskeletal Service	86,000	150,000	300,000	385,000
- Community Clinical Mental Health Professionals	70,000	100,000	218,000	367,000
Community link workers	0	0	50,000	100,000
IT investment	50,000	70,000	0	0
Cluster Quality Lead payments	21,000	21,000	21,000	21,000
Programme management	46,000	50,000	50,000	0
	848,000	**1,019,000**	**2,039,000**	**2,873,000**

Figures quoted for available funding reflect values contained in Richard Foggo's letter of 23 May 2018. Funding will be initially allocated to NHS Highland and it is expected that all funding identified for Argyll & Bute will be passed through in full.

Commitments are broken down over the six priority areas identified for investment by the Scottish Government and other associated costs. Figures quoted reflect initial

plans described earlier in this document. It is certain that there will be refinement of plans over time and values will change to reflect agreed changes.

Although the financial plan balances, it is clear from initial discussions that the true cost of implementing plans to fully achieve all of the high level deliverables described in the allocation letter and Memorandum of Understanding will be significantly greater than the funding being made available. The nature of service delivery in remote and rural Argyll & Bute is such that economies of scale cannot be achieved in a way that is possible in urban areas.

Early indications suggest that to fully deliver all of the high level deliverables could easily cost an additional £2m more than the total of £2.873m being made available. It is likely that plans will need to be significantly curtailed to contain costs within available funding. This will inevitably run the risk of restricting what can be achieved and could result in outcomes falling short of expected high level deliverables.

Commitments for 2018/19 include some existing commitments which were previously funded by predecessor funds. These include;

- Pharmacy posts funded by the Pharmacy teams in General Practice allocation at a cost of £218,517. This is included under pharmacotherapy services.
- Payments to chemists for impetigo and urinary tract infection services previously funded by the Pharmacy First allocation at a cost of £25,000. This is also included under pharmacotherapy services.
- GP cluster quality lead payments for engagement with locality planning group meetings at an annual cost of £20,520. These were previously funded by the Primary Care Transformation Fund allocation and are now included under programme management for the Primary Care Improvement Fund.

16. EVALUATION AND OUTCOMES

In order to know how the plan is performing a set of metrics and outcomes will be developed.

We will also monitor our investments in resources and report on how we are making best use of the resources available to deliver effective, efficient and sustainable services

The metrics and measures of success will be set out by the work streams in accordance with the aims of the GMS Contract, the memorandum of understanding the strategic objectives of the HSCP and to ensure improvements in patient satisfaction and health and wellbeing.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.4i

Date of Meeting: **1 August 2018**

Title of Report: **Clinical & Care Governance - Blood Transfusion**

Presented by: **Fiona Campbell, Clinical Governance Manager**

The Integration Joint Board is asked to:

- **Note the clinical governance arrangements and actions in relation to Blood Transfusion.**

1. EXECUTIVE SUMMARY

This brief report provides an overview of the current Argyll and Bute clinical governance arrangements in place for Blood Transfusion.

2. INTRODUCTION

Blood Transfusion takes place in all hospitals across Argyll and Bute except Mull and Iona Community Hospital.

Blood transfusion is a highly regulated field to ensure patient safety.

There are risks associated with blood transfusion. Transfusion errors can occur at any stage in the process, from collection and labelling of the pre-transfusion blood sample, the selection and testing of blood components in the laboratory to the final pre-transfusion checks and administration. In addition there could be a failure to recognise and appropriately manage transfusion reactions.

Only staff who have completed the Learnbloodtransfusion: Safe Transfusion Practice or an equivalent, can participate in the clinical transfusion process. Staff are expected to update this training every two years and those staff who collect blood components also have to undergo formal competency assessment every two years.

3. DETAIL OF REPORT

Transfusion Practitioners

Transfusion Practitioners, employed by Better Blood Transfusion, Scottish National Blood Transfusion, part of NHS National Services Scotland are based within each Health Board across Scotland to promote safe transfusion practice and enhance

patient care. The team works directly with hospital staff to deliver training and education initiatives, haemovigilance and quality improvement projects.

Argyll and Bute HSCP has sessional support from 3 Transfusion Practitioners; two of whom are based in NHS Grampian and cover Mid Argyll Hospital, Campbeltown Hospital and Lorn and Islands Hospital – blood for these hospitals is supplied via Lorn and Islands Hospital Laboratory. Rothesay Victoria Hospital, Cowal community Hospital and Islay hospital are covered by a transfusion practitioner who is based in NHS Greater Glasgow and Clyde. Bute and Cowal receive blood from IRH, and Islay is supplied with blood from Royal Alexandra Hospital.

Argyll and Bute HSCP Hospital Transfusion Committee (HTC)
The main governance group for Argyll and Bute is the Argyll and Bute HSCP Hospital Transfusion Committee which reports to Argyll and Bute Clinical and Care Governance Committee and links with NHS Highland Transfusion Committee. Meetings take place quarterly.

The current membership of the Committee is:

- Chairperson (Consultant Lorn and Islands Hospital)
- Consultant haematologist with responsibility for Blood Transfusion within the hospital laboratory
- Laboratory representation
- Senior Management representation
- Transfusion Practitioner(s)
- Representatives of the following blood user groups:
  - Surgery/Anaesthetic specialities
  - Medical specialties
  - Accident and Emergency
- Representation from all hospitals within Argyll and Bute HSCP
- GP with a responsibility for transfusion
- Nursing and midwifery representation
- Clinical Governance and Risk Management representative

Argyll and Bute HTC provides oversight of:

Clinical Transfusion Practice:

- Promoting best practice through local protocols, policies and procedures based on national guidelines.
- Promoting education and training of all medical, laboratory, nursing and support staff involved in the transfusion process.
- Leading multi professional audits of compliance with policies and procedures
- Reviewing incidents/ adverse events by overseeing DATIX
- Ensuring that all incidents involving serious adverse events and reactions are reported to Medicine and Healthcare Products Regulatory Agency (MHRA) via

Serious Adverse Blood Reactions and Events (SABRE) and the Serious Hazards of Transfusion (SHOT)

- Monitoring key performance indicators regularly, including blood usage and clinical losses data provided by Account for Blood.

- Being a focus for the local contingency planning for the management of blood shortages.

- Promoting the use of alternatives to transfusion where appropriate.

- Promoting patient education and information on blood transfusion including the risks of transfusion, blood avoidance strategies and the need to be correctly
- identified at all stages in the transfusion process

- Consulting local patient representative groups where appropriate

Monitoring the Performance of the Hospital Laboratory as a provider:

- Reviewing the operational effectiveness of the service including safety, adequacy and reliability of blood supply, response times for emergency requests, crossmatch to transfusion ratios and other key performance indicators as appropriate.

- Reviewing quality assurance measures including performance in external quality assessment schemes and the outcome of accreditation inspections and other external audits.

- Reviewing the adequacy and timely provision of blood components and plasma products.

- Reviewing the adequacy of diagnostic antenatal and reference immunohaematology services and consultant advisory services

Medico-legal Implications of Transfusion Practice

- Facilitating the provision of information to patients undergoing transfusion in relation to risks and benefits of transfusion.

- Ensuring that an audit trail of documentation exists to trace the fate of all blood components transfused. That all transfusion documentation is stored for 30 years.

- Ensuring that all relevant aspects of product liability and health and safety are adequately addressed.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

Robust clinical governance arrangements are essential to ensure the provision of high quality, safe and effective care.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

Not applicable.

5.2 Staff Governance

A self assessment of current arrangements for Transfusion is to be undertaken by end of September 2018 to assess the current governance arrangements in place and will be and will be reviewed in the first instance by the Argyll and Bute HSCP Hospital Transfusion Committee on 06 November 2018 and thereafter reported to HSCP Clinical and Care Governance Committee.

5.3 Clinical Governance

A self assessment of current arrangements for Transfusion is to be undertaken by end of September 2018 to assess the current governance arrangements in place and will be reviewed in the first instance by the Argyll and Bute HSCP Hospital Transfusion Committee on 06 November 2018 and thereafter reported to HSCP Clinical and Care Governance Committee.

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

The self assessment will highlight if there are any key risks and an action plan will be developed which will be overseen by the Argyll and Bute HSCP Hospital Transfusion Committee.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The Argyll and Bute HSCP Hospital Transfusion Committee consults with patient representative groups.

9. CONCLUSIONS

An NHS Highland Blood Transfusion Annual Report 2017/18 is being prepared.

Following a number of staff and structure changes, a self assessment of current governance arrangements for Blood Transfusion is to be carried out by the end of September 2018.

The annual report and the outcome / actions from the self assessment will be reviewed in the first instance by the Argyll and Bute HSCP Hospital Transfusion Committee on 06 November 2018 and progress reported thereafter to the HSCP Clinical and Care Governance Committee.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.4ii

Date of Meeting: **1 August 2018**

Title of Report: **Inpatient Falls in Argyll and Bute**

Author: **Christine McArthur Falls Lead and Hilary Brown Associate Lead Nurse**

Presented by: **Fiona Campbell, Clinical Governance Manager**

The Integration Joint Board is asked to:

- Note ongoing improvement work to reduce falls in Argyll & Bute (A&B) Scottish Patient Safety Programme (SPSP) test wards.
- Note that focussed work is in place to maintain and improve performance across Argyll & Bute.
- Note that monitoring will be in place with run charts for each ward area and the overall Argyll & Bute run chart for inpatient falls as a standing item at the Quality, Professional and Practice Standards Meeting.

1. EXECUTIVE SUMMARY

A fall in hospital can be devastating. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and increased morbidity and mortality. Falling also affects the family members and carers of people who fall, and has an impact on quality of life, health and social care costs. Being unwell with often a combination of mobility and cognitive issues makes older people particularly vulnerable to falling in hospital.

2. INTRODUCTION

Scottish Patient Safety programme works across Scotland to reduce harm in adult care settings and falls have been a focus since 2014. In 2017 NHS Highland set a target of 25% reduction in all inpatient falls and a 20% reduction in falls with harm by April 2018. 'Walk the Wall' takes place weekly with the CEO of NHS Highland and the Board Director of Nursing. Argyll and Bute HSCP had success with falls prevention strategies some time before North NHS Highland resulting in a significantly lower median than other areas, recently all the operational units in North NHS Highland have demonstrated an improvement in in-patient falls. At present Argyll and Bute HSCP are showing random variation against the baseline median of 33 falls per month (set from

2014). Overall there has been 18% reduction in all falls pan Highland and a 25% reduction in all falls with harm has been achieved and sustained.

3. DETAIL OF REPORT

A pareto chart of wards in NHS Highland with highest fall rates was used to select wards for testing SPSP falls reduction measures. Ward B in Lorn & Islands Hospital (LIH), Oban and the Acute Ward Campbeltown Community Hospital were selected as the two test wards for Argyll & Bute HSCP. A Quality Improvement Facilitator (QIF) post was funded for 2 days / week in 2017 to support the SPSP quality improvement work and Knapdale Ward, Mid Argyll Community Hospital, Lochgilphead was included in their remit. Support and training to other areas was provided to link staff by the Argyll & Bute Falls Lead and Associate Lead nurse in 2017.

Unfortunately the QIF for A&B resigned in Autumn 2017 and subsequent recruitment difficulties resulted in a loss of momentum and focus on inpatient falls improvement work. The SPSP team based in Inverness offered to provide visits to support Ward B LIH but no visits took place until May 2018. Additional support was provided to Mid Argyll and Campbeltown Community Hospital by the Argyll & Bute Falls Lead who works 3 days in Argyll & Bute to support all aspects of falls prevention.

Early this year an increase in falls in a number of areas was escalated to the Lead Nurse. Datix reports in some ward areas in A&B were not providing assurance that robust processes for further prevention of falls were in place. A subsequent Quarter 4 report for Highland wide falls 2017/18 showed A&B HSCP as the highest scoring area for falls with harm with 47 harmful falls. In the Q4 report Knapdale and Ward B LIH were identified as the wards with most falls with harm in Highland. This is an exception for A&B. Falls with harm were coded as minor or moderate in datix reports however analysis of the datix reports showed 4 hip fractures. Hip fracture is one of the most serious consequences of falls in the elderly, with a mortality of 10% at one month and 30% at one year and should be coded major or severe.

The A&B Falls Lead and Associate Lead Nurse have interrogated data, visited ward areas with higher numbers of falls in 2018 and have developed action plans with staff. Ward B, LIH is testing new measures with improvement support being provided by the A&B Falls Lead and NHS Highland SPSP team. Leadership in the ward is very positive with multidisciplinary fortnightly falls meetings being established and attended by the Falls Lead. The SPSP team supports the ward to test new ways of identifying and managing risk which are evidence based and have resulted in improvement in other areas in Highland. The A&B Falls Lead reports to the NHS Highland Inpatient Falls Steering Group monthly and this meeting is attended by the A&B Associate Lead Nurse. The report includes scrutinising falls data, root cause analysis and sharing learning within the group. The Falls Lead also provides reports to the Quality Professional and Practice Standards Meetings where learning is shared with all Senior Charge Nurses and managers through development sessions. The impact of this approach should be reflected in the data over time.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

Reducing falls in inpatient settings is a strategic priority for NHS Highland Board.

5. GOVERNANCE IMPLICATIONS

Although the majority of ward areas in Argyll & Bute have a low number of falls due to previous work on reduction of falls, some wards experience peaks of falls incidents at times of high demand for example pressure when wards areat full capacity. Implementing measures for the management of delirium and dementia are critical for preventing falls in patients with the conditions. Meaningful activity and/or interaction for people who are having increased observations/ cohorting or 1:1 in hospital is important and should be first line management over pharmacological or physical restraint.

5.1 Financial Impact

NHS Improvement[1] published a report on cost of inpatient falls in 2017. The average direct impact cost of an inpatient fall with no harm is estimated at £2,600; a low harm is costed at £2,903 and moderate harm at £8,068, severe harm has a cost of £10,587.

In A&B in the last quarter there were 47 falls with harm and 76 falls with no harm. For falls with harm, there were 4 hip fractures (classified as severe harm by NHS Improvement); 4 falls are graded at moderate harm in A&B in NHSH Q4 report; the remaining 39 falls have been costed at low harm. Using this formula for Quarter 4 the cost of managing inpatient falls in A&B in Quarter 4 is in the region of £390,437.

Please note this does not include indirect impact. After a hip fracture costs are estimated at £39k in health and social care costs for one year.

5.2 Staff Governance

A 2018 falls prevention policy for inpatient settings has been ratified which sets out the NHSH approach to reduce falls. A Learnpro module for management and prevention of inpatient falls to embed the SPSP approach is to become mandatory for all clinical staff on wards.

5.3 Clinical Governance

This is an area of significant risk for the organisation as falls can result in serious consequences. Falls are a focus of Health and Safety Executive inspections and ward areas should be able to demonstrate that they have robust processes in place for management and prevention of falls.

6. EQUALITY & DIVERSITY IMPLICATIONS

Older frail patients are three times more likely to suffer harm when they fall. Patients with mental health problems are typically more vulnerable to increased risks of falling due to treatments and/or medications in addition to multiple medical co-morbidities.

7. RISK ASSESSMENT

The test site in Ward B, LIH is holding multidisciplinary meetings to embed and test new approaches. The New Zealand Government has given permission to use their ‘traffic light system’ which identifies those at highest risk with visual cues and is wrapped in an approach to increase user and visitor involvement. A system of cohorting developed in North Highland to ensure reliability in practice is being tested within a bay in Ward B with confused patients.

[1] NHS Improvement England

People with cognitive impairment are at high risk of falls and 4 AT screening to identify delirium and dementia should be in place on admission.

In wards across A&B safety huddles identify people who are more likely to take risks with their mobility and a variety of measures are put in place to reduce risk. The SPSP bundles of care are audited weekly by link staff on the test wards.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

'Working together to keep you safe' A guide for patients and carer/visitors leaflets are available on all wards and should be discussed with relatives and patients.

Patients and visitors are being engaged in the traffic light system. This resource will be tested in Ward B, LIH and in Bute Community Hospital.

9. CONCLUSIONS

Argyll and Bute is supporting quality improvement work to reduce falls in Ward B, LIH Oban and Acute Ward Campbeltown Community Hospital. Learning will be shared with other wards through reports and development sessions at the Quality Professional and Practice Standards Meetings. Scrutiny and monitoring of ward run charts, root cause analysis of incidents of falls will take place at this meeting with local areas taking ownership and responsibility for the management and prevention of falls.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.5

Date of Meeting: **1 August 2018**

Title of Report: **Argyll & Bute HSCP- Performance Report**
- National Health and Well Being Outcome indicators

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

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

- Note the HSCP performance against National Health and Well Being Outcomes: 1 & 2 – FQ4 17/18
- Note the actions identified to address deficiencies in performance as detailed in the exception reports.

1. Background

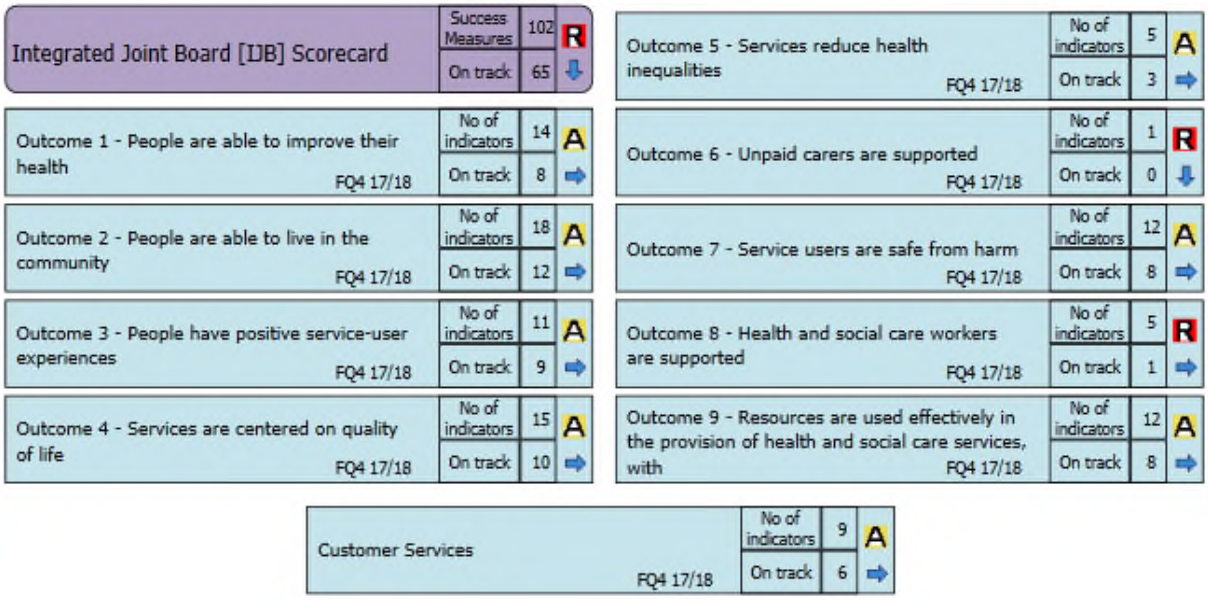
The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. These suites of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

Currently there are 9 key National Health and Wellbeing Outcomes (NHWBO) and 23 sub-indicators which form the basis of the reporting requirement for the HSCP.

2. HSCP Performance against the NHWB outcomes for Financial Quarter 3 17/18

Table 1 below provides a summary of the performance on the pyramid reporting system, noting the 102 scorecard success measures and of these 65 are currently reported as being on track for FQ4 17/18.

With regards to FQ1 18/19 the current reporting snapshot shows that 31 indicators are on track. It is expected that this current performance will improve as the final data submissions are collected and reported over the July/August period. FQ1 18/19 will be reported to the IJB in November.



2.1 FQ4 17/18 - IJB Scorecard

Outcome 1

8 Indicators are showing on track with 6 indicators reported as off track

Outcome: 2

12 indicators are currently on track with 6 indicators reported as off track

3. Details for Performance Report Outcome Indicators 1 & 2

Outcome – 1 People are able to improve their health

	Outcome / Performance Indicator	Trend	Target	Actual	Responsible Manager
	Rate of emergency admissions per 100,000 population for adults *(Linked to IJB Outcome 1,2,4,5 & 7)*	⇑	11,959	12,066	Lorraine Paterson
	AC1 - % of Older People receiving Care in the Community	⇓	81 %	74.4 %	Lorraine Paterson/Phil Cummins
	No of alcohol brief interventions in line with SIGN 74 guidelines	⇑	1024	397	Lorraine Paterson
	NHS-H7 - Proportion of new-born children breastfed - STANDARD	⇓	33.3%	31.9%	Alex Taylor
	No of ongoing waits >4 weeks for the 8 key diagnostic tests	⇓	0	368	Lorraine Paterson
	% >18 type 1 Diabetics with an insulin pump	⇑	12%	11%	Lorraine Paterson

Outcome – 2 People are able to live in the community

Outcome / Performance Indicator	Trend	Target	Actual	Responsible Manager
% of adults supported at home who agree they are supported to live as independently	⇓	81%	79%	Phil Cummins
Falls rate per 1,000 population aged 65+ *(Appears as a PI in Outcomes 2,4,7,9)*	⇑	22	26	Lorraine Paterson
AC5 - Total No of Delayed Discharge Clients from A&B	⇓	12	28	Phil Cummins
CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS	⇓	90%	89%	Alex Taylor
% of patients who wait no longer than 18 weeks for Psychological therapies	⇒	90%	50%	Lorraine Paterson

4. MSG Measures Performance Reporting FQ3 (17/18)

MSG Indicator	Objective	Cumulative Target for FY 17/18	Q3 Target 17/18	Cumulative FQ3 Performance	RAG
Unplanned Admissions	2017/18 change: Expected target 8256 based on 5% reduction in overall total compared to FY16/17	**8256**	**6192**	**6730**	
Unplanned Bed Days	2017/18 change: Expected target 64942 based on 0.6% reduction in overall total compared to FY16/17	**64942**	**49014**	**45802**	
A& E Attendances	2017/18 change: Expected target 16079 based on sustained levels in overall total compared to FY16/17	**16079**	**12059**	**11989**	
Delayed Discharges	2017/18 change: Expected target 6403 based on 10% reduction in overall total compared to FY 16/17	**6403**	**4797**	**5855**	

Area specific performance for each of the 4 MSG measures can be found with Pyramid, the link is as follows:

http://pyramidlive.argyllbute.gov.uk/QPR2015/Portal/QPR.Isapi.dll?QPRPORTAL&*prmav&SES=VYn0DKG29VvoGLFvWWpmew&FMT=p&LAN=en%2c1&DTM=&RID=1040317409572032312

5. Governance Implications

5.1 Contribution to IJB Objectives

The PPMF is in line with the IJB objectives as detailed in its strategic plan.

5.2 Financial

There are a number of NHWBO indicators which support the quality and financial performance of the HSCP including productivity, value for money and efficiency.

5.3 Staff Governance

A number of indicators under outcomes 9 & Customer Services are pertinent for staff governance purposes

5.4 Planning for Fairness:

The NHWBO indictors help provide an indication on progress in addressing health inequalities.

5.5 Risk

Ensuring timely and accurate performance information is essential to mitigate any risk to the IJB governance, performance management and accountability.

5.6 Clinical and Care Governance

A number of the NHWBO indicators support the assurance of health and care governance and should be considered alongside that report

5.7 Public Engagement and Communication

A number of the NHWBO indicators support user and patient experience/assessment of the HSCP services and planning processes

Argyll & Bute Health and Social Care Partnership

Performance Exception Report for Integrated Joint Board Outcomes 1 & 2 (FQ4-17/18) - August 2018

Performance & Information Team

"People in Argyll and Bute will live longer, healthier, happier, independent lives"

Exception Reporting & Briefing Frequency

The Integrated Joint Board will receive this performance and exception report on a 6 weekly basis, this will be taken from a live snapshot of the current overall HSCP performance; focussing on those measures showing as below target performance. The layout of the report is designed to give IJB members a quick easy-read overview of exception across the IJB Scorecard, the format of the report uses the key aspects of the Pyramid Performance Management System in order to ensure continuity and consistency. Trend indicators are included within the report to ensure that performance variance and movement is reflected against the most recent reporting episodes.

This exception report format will be used to communicate performance across the HSCP and key stakeholders including its host bodies. The table below notes the groups and briefing frequency:

Group	Briefing Frequency
Integrated Joint Board	Quarterly
Local Area Committees	Quarterly
NHS Board	Quarterly
Community Planning Partnership *	Quarterly
Locality Planning Groups	Quarterly
East & West Operational Management Teams	Quarterly

Exception Reporting FQ4 (17/18)

Outcome Indicators - 1 People are able to improve their health

Outcome / Performance Indicator		Trend	Target	Actual	Responsible Manager
	Rate of emergency admissions per 100,000 population for adults *(Linked to IJB Outcome 1,2,4,5 & 7)*	⇑	11,959	12,066	Lorraine Paterson
	AC1 - % of Older People receiving Care in the Community	⇓	81 %	74.4 %	Lorraine Paterson/Phil Cummins
	No of alcohol brief interventions in line with SIGN 74 guidelines	⇑	1024	397	Lorraine Paterson
	NHS-H7 - Proportion of new-born children breastfed - STANDARD	⇓	33.3%	31.9%	Alex Taylor
	No of ongoing waits >4 weeks for the 8 key diagnostic tests	⇓	0	368	Lorraine Paterson
	% >18 type 1 Diabetics with an insulin pump	⇑	12%	11%	Lorraine Paterson

Outcome Indicator – 2 People are able to live in the community

Outcome / Performance Indicator		Trend	Target	Actual	Responsible Manager
	% of adults supported at home who agree they are supported to live as independently	⇓	81%	79%	Phil Cummins
	Falls rate per 1,000 population aged 65+ *(Appears as a PI in Outcomes 2,4,7,9)*	⇑	22	26	Lorraine Paterson
	AC5 - Total No of Delayed Discharge Clients from A&B	⇓	12	28	Phil Cummins

	CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS	⇓	90%	89%	Alex Taylor
	% of patients who wait no longer than 18 weeks for Psychological therapies	⇒	90%	50%	Lorraine Paterson

FQ4 17/18 Other NHWBO indicators currently off track presented for IJB reference

Outcome/Performance Indicator	Trend	Target	Actual	In charge
Outcome 1				
As above				
Outcome 2				
As above				
Outcome 3				
No of patients with early diagnosis & management of dementia (Health & Social Care Partner Data)	⇓	890	814	Lorraine Paterson
Outcome 4				
No of outpatient ongoing waits >12 weeks (Health & Social Care Partner Data)	⇓	0	411	Lorraine Paterson
Outcome 5				
No of treatment time guarantee ongoing waits >12 weeks (Health & Social Care Partner Data)	⇓	0	1	Lorraine Paterson

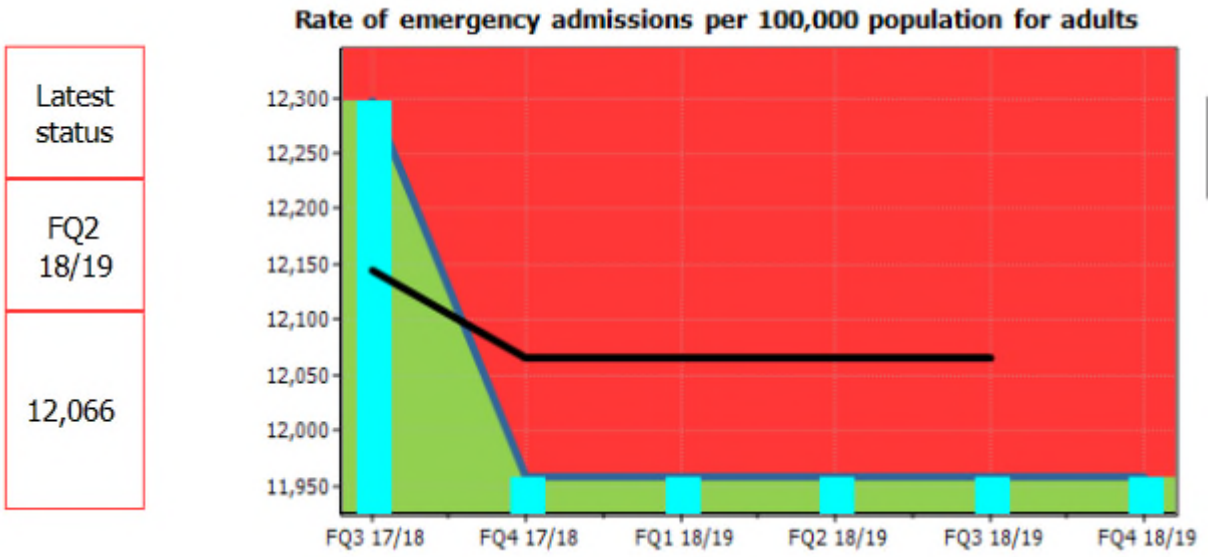
Outcome 7				
CP15 - % of Children on CPR with no Change of Social Worker (Child Protection)	⇒	80 %	60 %	Alex Taylor
CP16 - % of Children on CPR with a completed CP plan (Child Protection)	⇓	100 %	99 %	Alex Taylor
Outcome 8				
Health & Social Care Partnership % of PRDs completed (HR2 - PRDs A&B Council)	⇓	90 %	53 %	Alex Taylor
Social Work staff attendance	⇓	3.8 Days	5.7 Days	Phil Cummins
% of NHS sickness absence (Health & Social Care Partner Data)	⇓	4.00 %	5.36%	Lorraine Paterson
% of NHS staff with a completed & recorded KSF/PDP review (Health & Social Care Partner Data)	⇑	20.00 %	18.47 % Data for Feb & March still to be supplied	Lorraine Paterson
Outcome 9				
SCRA43 - % of SCRA reports submitted on time	⇓	75 %	53%	Alex Taylor
% of new outpatient appointments DNA rates	⇓	6.9%	9.1%	Phil Cummins
Customer Services				
Resolve your queries the first time you contact us – C&F	⇓	90%	81%	Alex Taylor
% of NHS simple complaints - achievement against 20 days	⇓	80%	0%	Liz Higgins

Management Exception Report

Performance Indicator: Outcome 1 Rate of emergency admissions per 100,000 population for adults	**Responsible Manager:** Lorraine Paterson
Target: 11959 Actual: 12066	Date of Report: FQ4 17/18

Description of Exception

(Consideration should be given when describing the nature of the exception with regards to previous trends, reasons for exception, external /internal influences on performance, previous action taken to address performance, actions current in place to improve performance)



Actions Identified to Address Exception and Improve Performance

(Consideration should be given when describing actions to address performance with regards what requires to be done, who is going to do it and how will this improve performance)

The prevention of avoidable emergency admissions continues to be an area of focus for the localities. Applying the 6 essential actions for unscheduled care, including Anticipatory Care planning, community "pull through" and step up support work. Community teams continue to have challenges with the provision of homecare, to fully facilitate these actions. Work with independent homecare providers and the commissioning team continues to support homecare provision.

Actions Identified to Address Current /Future Barriers

(Consideration should be given when describing barriers with regards to, how are the barriers going to be managed, who will take this work forward) ISD will be releasing data for FY 17/18 by September 2018.
Additional Support Requirements Identified

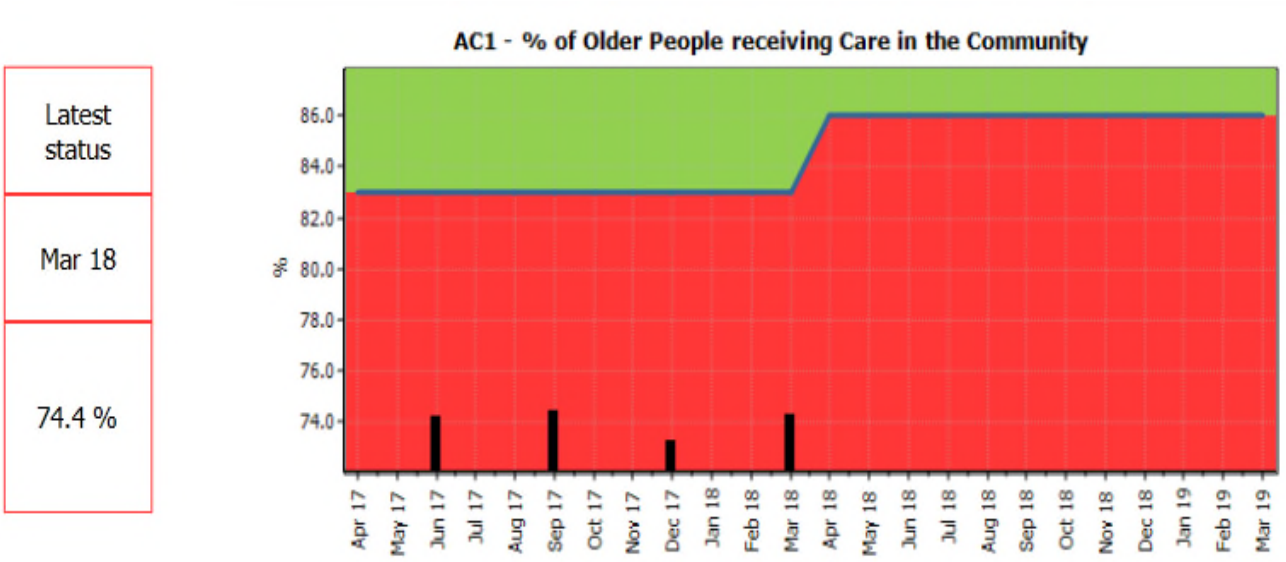
Improvement Forecast Date:	**Review Date:**
	Quarterly

Management Exception Report

Performance Indicator: Outcome 1 AC1 - % of Older People receiving Care in the Community	**Responsible Manager:** Phil Cummins/ Lorraine Paterson
Target: 83% Actual: 74.4%	Date of Report: FQ4 17/18

Description of Exception

(Consideration should be given when describing the nature of the exception with regards to previous trends, reasons for exception, external /internal influences on performance, previous action taken to address performance, actions current in place to improve performance)



Care in the community brings services closer to users/patients. It is a means of supporting people to remain in their own homes and their own communities for as long as possible, whilst ensuring that their care and support needs are met and risks to their well-being are minimised.

Community Care Packages are devised following a comprehensive assessment of the needs of the service user and carers (where this is applicable and the carer consents to assessment). A person-centred plan is agreed then implemented and will include as many aspects of care in the community as are necessary to meet the assessed needs. Person-centred plans are regularly reviewed and updated.

Linked to Joint Improvement Plan 2016/18, Quality Indicator 1.
Target - 2016/17 - 80%/20%, 2017/18 - 83%/17%, 2018/19 - 86%/14%

Actions Identified to Address Exception and Improve Performance

(Consideration should be given when describing actions to address performance with regards what requires to be done, who is going to do it and how will this improve performance)

To help us achieve our target of 83% we need to follow through on our proposals as detailed

in the quality and finance plan. It will take a further period of time across both East and West and will be led by the Heads of Service Adult Care and with the support of Locality Managers and Local Area Managers.
Actions Identified to Address Current /Future Barriers
(Consideration should be given when describing barriers with regards to, how are the barriers going to be managed, who will take this work forward) - The aim is clearly to shift resources from hospital and care home beds to supporting older people to live at home or in community settings. - Reduce the number of hospital beds across East and West through re-design. - Improve the process around the collation of data in relation to the balance of care ensuring improved accuracy.
Additional Support Requirements Identified

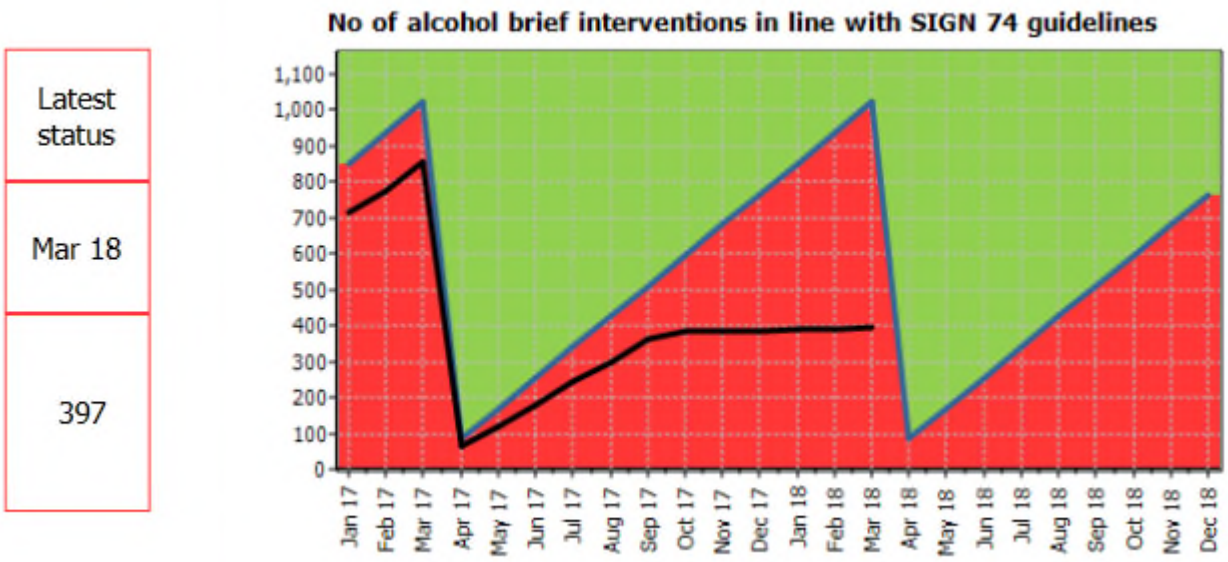
Improvement Forecast Date:	**Review Date:**
The work around the balance of care will be on-going with no specific end date. It is more important to review our progress on a regular quarterly basis.	

Management Exception Report

Performance Indicator: Outcome 1 No of alcohol brief interventions in line with SIGN 74 guidelines	**Responsible Manager:** Lorraine Paterson
Target: 1024 Actual: 397	Date of Report: FQ4 17/18

Description of Exception

(Consideration should be given when describing the nature of the exception with regards to previous trends, reasons for exception, external /internal influences on performance, previous action taken to address performance, actions current in place to improve performance)



The number of alcohol brief interventions in line with SIGN 74 guidelines.

Target: 1024 by March 2018 (monthly target of 85, accumulative.)

Actions Identified to Address Exception and Improve Performance

(Consideration should be given when describing actions to address performance with regards what requires to be done, who is going to do it and how will this improve performance)

Locality Planning groups, utilising their locality profiles are identifying alcohol concerns as a priority. As part of the action plans, ABI will be promoted across services, which includes A&E departments, and maternity clinics.

GP surgeries were conducting the ABIs but this process has ceased. A new improved process is being discussed and recording of data to be pursued through CareJust within CareFirst system. The data could then be interfaced to the Daisy system for national recording.

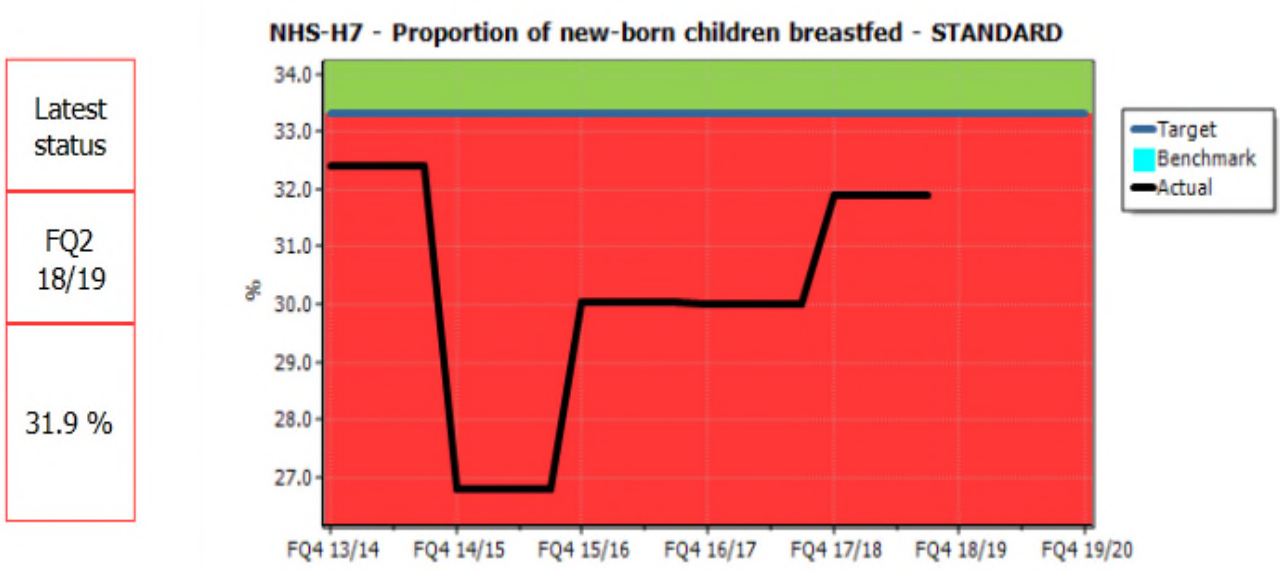
Actions Identified to Address Current /Future Barriers	
(Consideration should be given when describing barriers with regards to, how are the barriers going to be managed, who will take this work forward) Cultural Perception of level of alcohol problems in the community. Reluctance to admit need for help. LPG's will identify actions to change perception, and encourage uptake of ABI. Locality managers and Local area managers will work with staff to promote uptake.	
Additional Support Requirements Identified	
Improvement Forecast Date:	**Review Date:**
This work is a continuing process.	

Management Exception Report

Performance Indicator: Outcome 1	Responsible Manager:
NHS-H7 - Proportion of new-born children breastfed - STANDARD	Alex Taylor
Target: 33.3% Actual: 31.9%	Date of Report: FQ4 17/18

Description of Exception

(Consideration should be given when describing the nature of the exception with regards to previous trends, reasons for exception, external /internal influences on performance, previous action taken to address performance, actions current in place to improve performance)



QUARTERLY CONVERSION - Shows annual figures - For ICPS 2014-17

Action: All partners are involved in ensuring that young mothers are aware of the benefits of breast feeding.

Performance Indicator: 33.3% or above babies are exclusively breast fed at 6-8 weeks.

Target: 33.3% or above. 2018 target 34%

Actions Identified to Address Exception and Improve Performance

(Consideration should be given when describing actions to address performance with regards what requires to be done, who is going to do it and how will this improve performance)

Infant feeding Coordinator and colleagues have undertaken a lot of work to improve the number of new born children being breastfeed. This includes the adoption of the UNICEF Baby Friendly Initiative and our application to UNICEF for the Gold Award for Achieving Sustainability. The Children and Families Service have given a very high priority to this target as it is strongly linked to health and wellbeing outcomes. The Percentage of children exclusively breastfed at 6-8 weeks is included in the Children and Young Peoples

Service Plan (2017 to 2020) which is tabulated below.

Performance Indicators	Baseline %	Target %	Profiling Yr1 (2018)	Yr2 (2019)	Yr3 (2020)
Percentage of children exclusively breastfed at 6-8 weeks	28%	34%	28% (Actual 31.9%) **Achieved**	32%	34%

The percentage of children exclusively breastfed at 6-8 weeks is 31.9% and as you will see we aim to be at 34% by 2020.

Actions Identified to Address Current /Future Barriers

Current measures should achieve the target of 34% in 2020.

Additional Support Requirements Identified

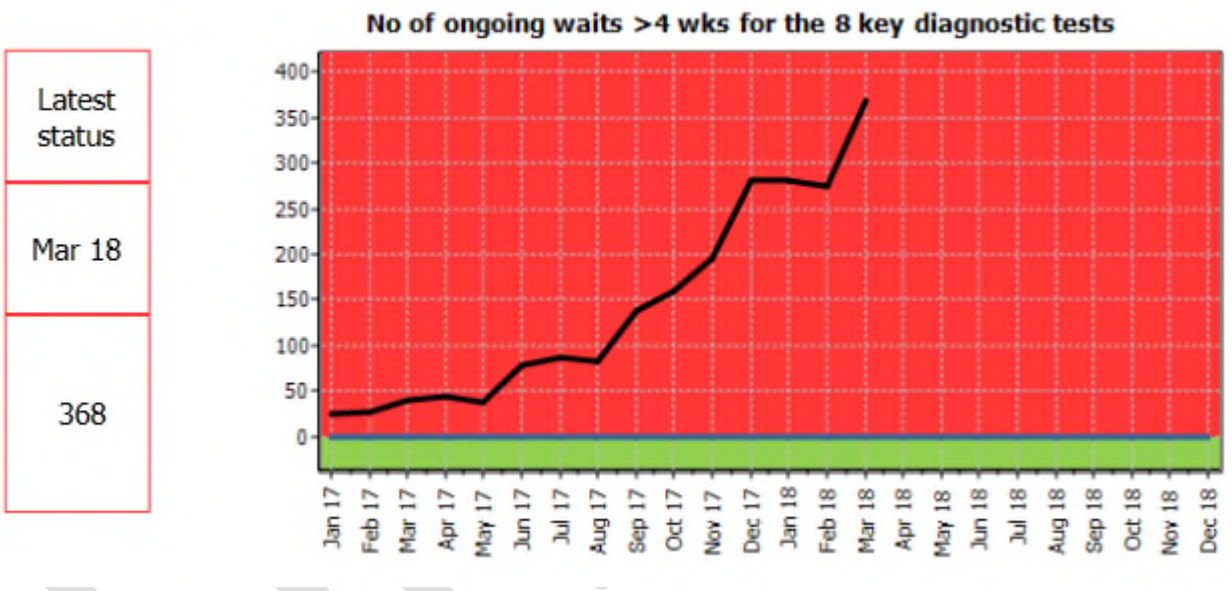
Improvement Forecast Date:	Review Date:
On target	NA

Management Exception Report

Performance Indicator: Outcome 1 No of ongoing waits >4 weeks for the 8 key diagnostic tests	**Responsible Manager:** Lorraine Paterson
Target: 0 Actual: 368	Date of Report: FQ4 17/18

Description of Exception

(Consideration should be given when describing the nature of the exception with regards to previous trends, reasons for exception, external /internal influences on performance, previous action taken to address performance, actions current in place to improve performance)



The number of ongoing waits for the eight key diagnostic tests at the end of the month over 4 weeks.

Published data: NHS Balance Scorecard
Frequency: Monthly
Target: Zero

Definition: The eight tests are Upper Endoscopy, Lower Endoscopy, Colonoscopy, Cystoscopy, CT Scans, MRI Scans, Barium Studies and Ultrasound all conducted in LIH.

Actions Identified to Address Exception and Improve Performance

(Consideration should be given when describing actions to address performance with regards what requires to be done, who is going to do it and how will this improve performance)

Constant monitoring is in place for 4 week target. Peaks can be attributed to vacancies in service providers. Oban Locality manager and medical records manager to work on

ensuring forward prediction of breaches and putting in place actions.
Actions Identified to Address Current /Future Barriers
(Consideration should be given when describing barriers with regards to, how are the barriers going to be managed, who will take this work forward) Vacancies in service providers, considered difficult to fill posts. - Immediate external advertising of vacancies.
Additional Support Requirements Identified

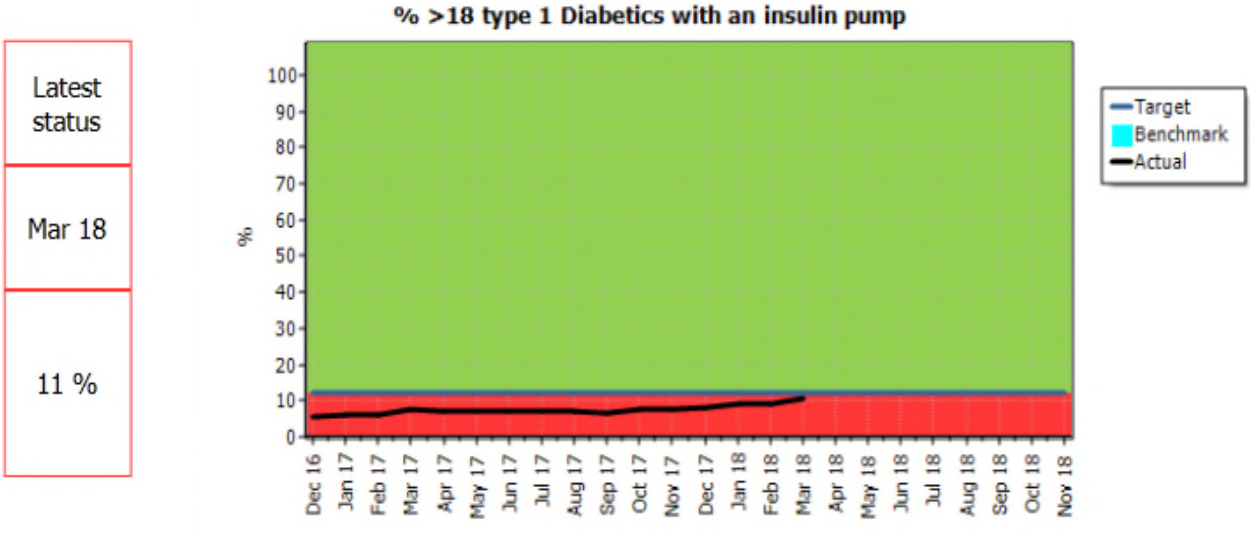
Improvement Forecast Date:	**Review Date:**
2019	September 2018

Management Exception Report

Performance Indicator: Outcome 1 % >18 type 1 Diabetics with an insulin pump	**Responsible Manager:** Lorraine Paterson
Target: 12% Actual: 11%	Date of Report: FQ4 17/18

Description of Exception

(Consideration should be given when describing the nature of the exception with regards to previous trends, reasons for exception, external /internal influences on performance, previous action taken to address performance, actions current in place to improve performance)



The percentage of type 1 diabetics over 18 years old with an insulin pump in Argyll and Bute.
Target: 12%
Data source: SCI Diabetes from GGHB

Actions Identified to Address Exception and Improve Performance

Argyll & Bute Basal Bolus Insulin Education (ABBBIE) is the structured education programme which over 18's would attend if they would like to be referred for an insulin pump. These programmes are available yearly in each locality or more often should the waiting list indicate this.

Actions Identified to Address Current /Future Barriers

Our Diabetes Dietitian for Argyll & Bute left her post in June 2017, the recruitment process takes some time, and someone was recruited to the post in February 2018, unfortunately this person has since left and there is a replacement starting in August 2018, this dietitian will be educated on the delivering the training programme and this may reduce the number of programmes available until their education is completed.

We have excelled in improving our performance by 6% rather than the 2% suggested. This measure has a longer term goal which gives flexibility and choice to diabetic adults over 18. At the moment, four people are going through this process and if all are successful we will achieve the target of 12%

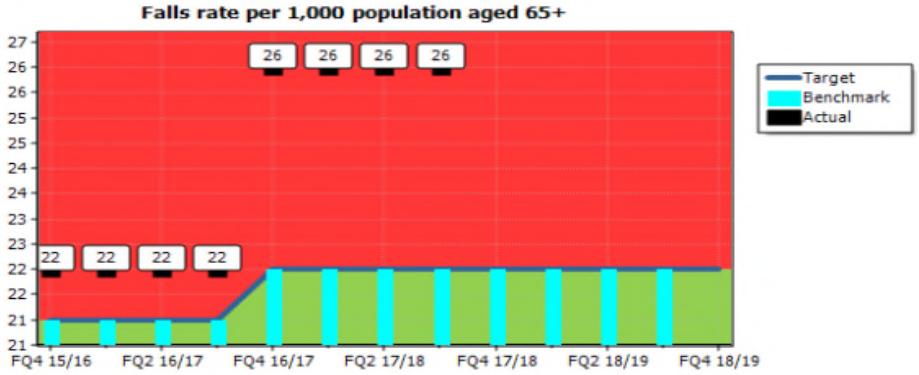
Additional Support Requirements Identified	
Improvement Forecast Date:	**Review Date:**
	FQ2 2018

Management Exception Reporting

Performance Indicator: Outcome 2 Falls rate per 1,000 population for adults aged 65+	**Responsible Manager:** Lorraine Paterson
Target: 22 Actual: 26	Date of Report: FQ4 17/18

Description of Exception

Latest status
FQ3 17/18
26



QUARTERLY CONVERSION – Shows annual values
The focus of this indicator is the rate per 1,000 population of falls that occur in the population (aged 65 plus) who were admitted as an emergency to hospital.
Linked to IJB Outcome 2, 4, 7 and 9.

Actions Identified to Address Exception and Improve Performance

Argyll and Bute has a quarter of the population over 65 years of age. This is significantly higher than Scotland as a whole and the number of people 75+ is projected to increase by 36% (NRS, 2014). Our demographic makes having a hospital admission due to a fall more likely. Half of people over 80 years of age fall each year and occupied bed days for 2016/17 in Argyll and Bute show the majority of bed occupancy for falls is for this group. It has been identified by the HSCP that we require falls admission data at a hospital and locality level to understand who is being admitted, where and why. We have work starting this year with the national falls programme, ISD and ALIP to develop a quality dashboard for falls for incidences of admissions due to hip fracture and falls in localities and to determine where people come into contact with services such as emergency department, telecare alarms, Scottish Ambulance Service.

Argyll and Bute is taking action to reduce falls and each locality has an action plan based on the national minimum standards set out in the Framework for Prevention and Management of Falls in the http://www.gov.scot/Resource/0045/00459959.pdf through the 4 stages identified. In Stage 1 to raise awareness of falls as an issue with people who may be beginning to experience difficulties with their mobility and balance, we are promoting the national 'Move and Improve Campaign' https://www.facebook.com/notes/argyll-and-bute-hscp/take-the-balance-challenge-move-improve-takethebalancechallenge/1835018406813438/ . We are working with partners to provide evidence based exercise programmes in our communities for older people to improve strength and balance which reduces risk of falls.

In Stage 2, to identify those at highest risk, Argyll and Bute HSCP is working to provide

the best opportunities for people to remain independent through the systematic application of evidence based interventions known to prevent falls. Individual multifactorial falls risk screening and interventions based on modifiable risk factors and the provision of evidence based exercise programmes are being applied systematically.

Work is ongoing with Scottish Fire and Rescue service (in the context of Building Safer Communities) to identify older people at high risk at home safety checks and to signpost them on to have a multi factorial falls risk screening and interventions using our postcard developed in Argyll and Bute.

Work with Scottish Ambulance Service to embed pathways to avoid conveyance to hospital where possible and to refer on for community interventions to reduce risk has been very slow and we are currently seeking to increase the pace and scale with this work.

Falls and frailty are linked in older age groups and the identification of frail individuals through the efrailty tool would allow the concept of realistic medicine to be more effectively applied in our communities to avoid hospital admissions. Management of falls and frailty in community settings identifying transitions through stages of frailty has the potential to address advanced frailty as a palliative condition with anticipatory care planning and care at home. This is particularly relevant in view of our demographic projections from NRS which show an 80% increase in over 75's in the next 25 years (see appendix).

Actions Identified to Address Current /Future Barriers

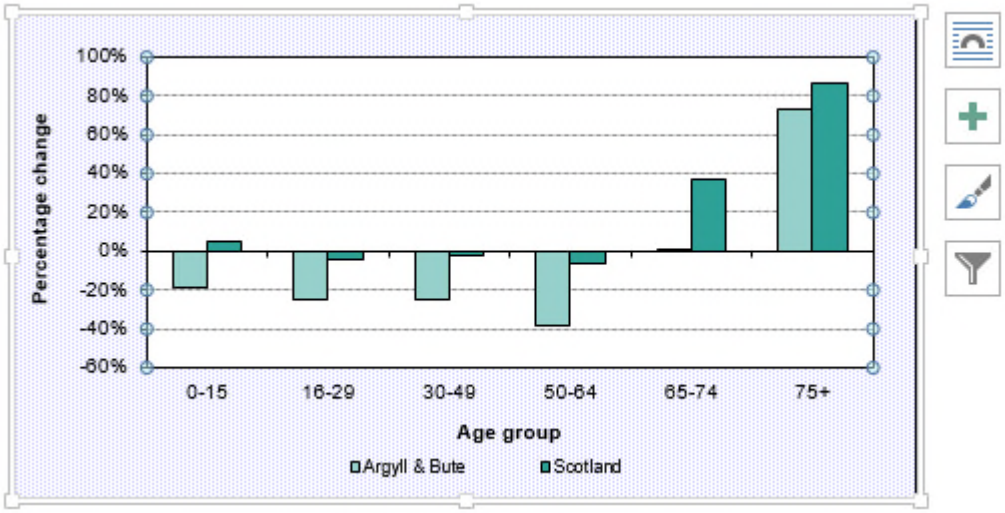
Development work is taking place with National Programme Manager for Prevention of Falls, LIST team from ISD and the support of the Active and Independent Living Programme to produce a quality dashboard of falls data for each locality. The data will have both outcome and process measures. This will be used to increase understanding of how we are intervening to reduce falls risk for individuals and our communities and to drive improvement. Meetings are arranged for January 2018 and testing will begin shortly working with service planning quality improvement team to identify in each locality where people who fall are presenting to services and what interventions they are currently having.

Pathways for people who require assistance for a fall are in development. The test site in Helensburgh and Lomond has been very slow. The pathway developed for testing in August 2017 by Helensburgh community team has had very few referrals so far from Scottish Ambulance Service. Support is being provided from the National Programme Manager to develop pathways with Scottish Ambulance Service to avoid unnecessary conveyance for falls. Locality work in Bute with SAS and community team planned for Feb 2018. A scale up and spread of the pathway for intervention by the community teams across A&B should be relatively straightforward as numbers are low and should be manageable in each locality.

Pathways for responding to individuals who have fallen and do not require SAS attendance but require assistance to get up are being progressed on a locality level. Locality Area Managers are being asked to update the Falls Lead for A&B about arrangements in place in each locality and a phone call will take place by Falls Lead to each LAM to finalise the response in each locality in Jan/Feb 2018. We require a single point of contact phone number for Argyll and Bute for this pathway. Lead AHP is progressing these discussions.

Appendix

Percentage change in population in Argyll & Bute and Scotland, 2012-2037 (2012-based projections)



National Records of Scotland accessed 22.01.18 https://www.nrscotland.gov.uk/statistics-and-data/statistics/stats-at-a-glance/council-area-profiles

Additional Support Requirements Identified	
Improvement Forecast Date:	**Review Date:**
July 2018	September 2018

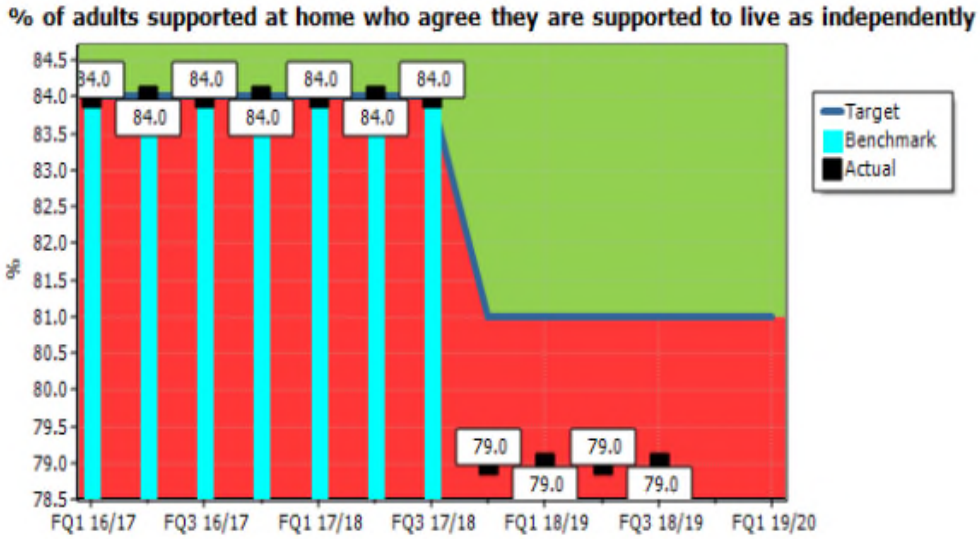
Management Exception Report

Performance Indicator: Outcome 2	**Responsible Manager:**
% of adults supported at home who agree they are supported to live as independently	Lorraine Paterson
Target: 81% Actual: 79%	Date of Report: FQ4 17/18

Description of Exception

(Consideration should be given when describing the nature of the exception with regards to previous trends, reasons for exception, external /internal influences on performance, previous action taken to address performance, actions current in place to improve performance)

Latest status
FQ1 18/19
79.0 %



QUARTERLY CONVERSION – Shows annual values
Percentage of adults supported at home who agree that they are supported to live as independently as possible.
Published data: Health and Care Experience Survey
Frequency: Biennial.
Benchmark: Scottish average

Definition: In the biennial health and care experience survey: I was supported to live as independently as possible".
As this is a biennial (every two years) measure, it may need to be reported in the measurement year and the year after however the Guidance states: "While national user feedback will only be available every 2 years, it is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often."

Then survey demonstrates a reduction in people who feel supported to live as independently as possible.
This can be attributed to;

1. Emergency admissions to care homes have increased. This is because we are managing more complex and frail people in the community. A simple infection can significantly impact on functional ability and lead to an increase in 24 hour care. 2. There are a number of patients who remain in hospital longer than they should due to difficulty in provision of care at home in some areas.
Actions Identified to Address Exception and Improve Performance
Ongoing work with all community teams to increase our preventative and anticipatory approaches eg, falls and frailty initiatives, reablement and anticipatory care plans. The focus of a number of our Transformation Together groups will impact on our ability to increase numbers who can live longer and more independently at home, reduce length of stay in hospitals and maximise the use of different housing and care home models.
Actions Identified to Address Current /Future Barriers
Workforce is a longstanding issue. Workforce plan in final stages of drafting. Modern apprentices being rolled out. Multi-agency work in localities to address workforce issues.
Additional Support Requirements Identified
Transformation approach with project management – in place. Community investment funding-in place.

Improvement Forecast Date:	**Review Date:**
June 2019	Dec 2018

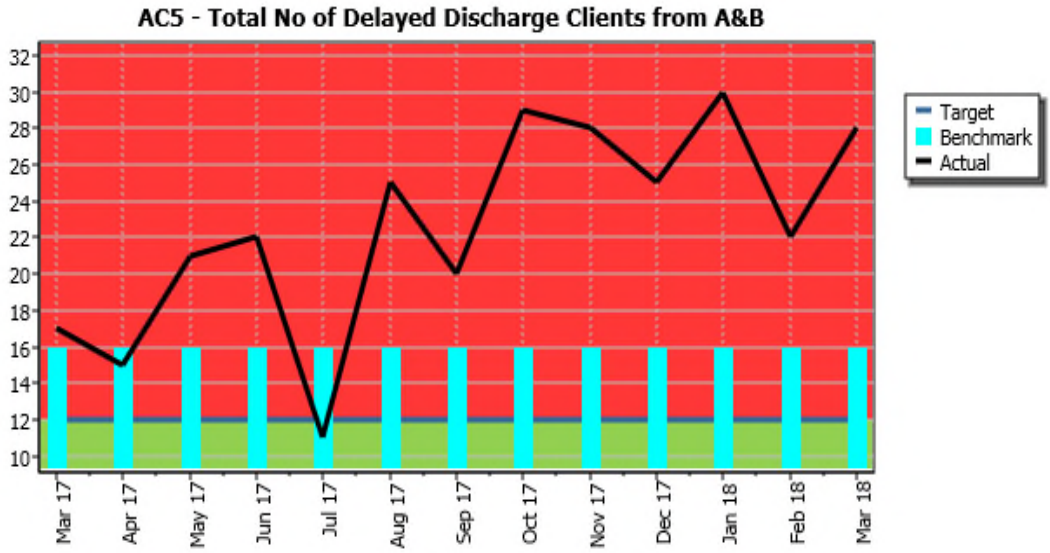
Management Exception Report

Performance Indicator: Outcome 2 AC5 - Total No of Delayed Discharge Clients from A&B	**Responsible Manager:** Phil Cummins
Target: 12 Actual: 28	Date of Report: FQ4 17/18

Description of Exception

(Consideration should be given when describing the nature of the exception with regards to previous trends, reasons for exception, external /internal influences on performance, previous action taken to address performance, actions current in place to improve performance)

Latest status
Jun 18
23



The total number of delayed discharge clients within hospitals from Argyll and Bute Area who are medically fit for discharge including Complex Needs Codes 9, 9/51X and 9/71X

Complex Needs are categorised as:-

Code 9 - Exemption Code

Code 9/51X – AWI cases (Adult with Incapacity)

Code 9/71X Interim placement outwith local area is unreasonable

Actions Identified to Address Exception and Improve Performance

(Consideration should be given when describing actions to address performance with regards what requires to be done, who is going to do it and how will this improve performance)

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.

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 go forward.

Locality Managers/Local Area Managers to ensure a sense of urgency around DD is required to ensure patients are discharged from hospital timeously

Ensure Admission, discharge and transfer policy is followed by hospital and community staff.

Heads of Service to monitor progress weekly to ensure scrutiny across all locality teams.

Actions Identified to Address Current /Future Barriers
We are working with commissioning staff to develop alternative ways to deliver care at home in some of our remote and rural communities.
Additional Support Requirements Identified
- Commissioning team to assist in the development of new ways of delivering care at home through SDS options.

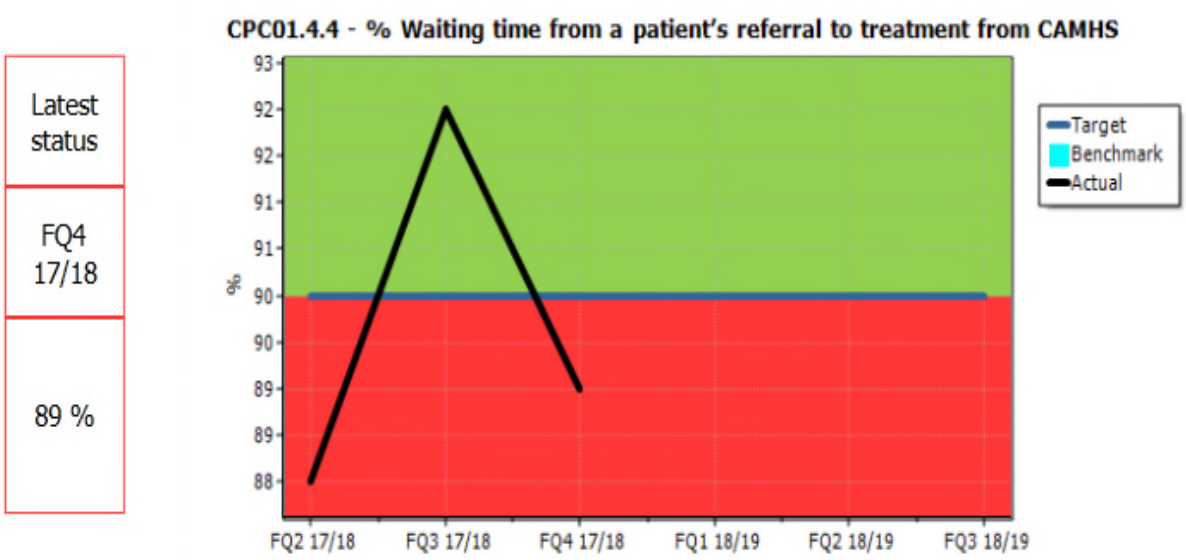
Improvement Forecast Date:	**Review Date:**
FQ4 2018	September 2018

Management Exception Report

Performance Indicator: Outcome 2 CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS	**Responsible Manager:** Alex Taylor
Target: 90% Actual: 89%	Date of Report: FQ4 17/18

Description of Exception

(Consideration should be given when describing the nature of the exception with regards to previous trends, reasons for exception, external /internal influences on performance, previous action taken to address performance, actions current in place to improve performance)



CPC01.4.4 - CAMHS HEAT Target: maximum 26 week waiting time from a patient's referral to treatment for specialist Child and Adolescent Mental Health (CAMH) services from March 2013, reducing to 18 weeks from December 2014.

Due to CAMHS data being provided by individual practitioners as well as from the Trakcare patient management system, it is normally compiled by the 24th of the following month to give individuals time to prepare and submit data.

Target - 90%
Data Source - NHS HEAT measure

Actions Identified to Address Exception and Improve Performance

(Consideration should be given when describing actions to address performance with regards what requires to be done, who is going to do it and how will this improve performance)

CAMHS missed the HEAT target of 90% response within 18 weeks of referral in FQ4 by 1% having met the target the previous quarter by 2%. Given the small numbers involved this fluctuation may have not statistical significance, however achieving the target has historically been challenging and has been caused by low capacity within the team and high demand. A review of tiers 2 and 3 begun in 2017 has concluded with the recommended restructuring achieving increased capacity within the service. It is

likely that significant improvement in performance may take up to a year as all posts are filled and the expanded team and renewed processes begin to reduce waiting times.
Actions Identified to Address Current /Future Barriers
(Consideration should be given when describing barriers with regards to, how are the barriers going to be managed, who will take this work forward) The primary barrier is that of capacity. The restructuring of the service should make better use of the available resources.
Additional Support Requirements Identified
None at this time.

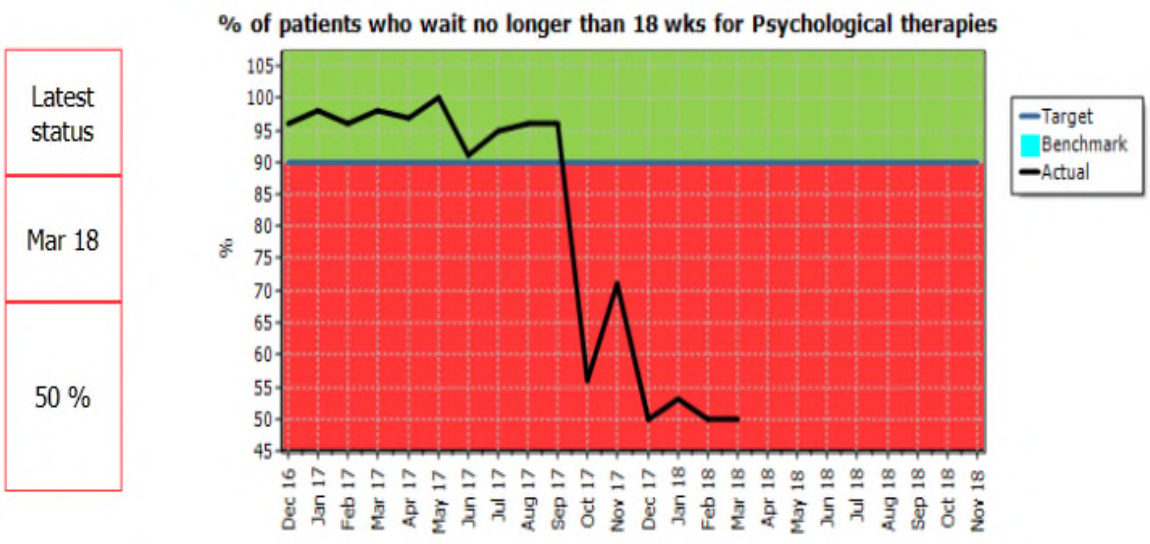
Improvement Forecast Date:	**Review Date:**
FQ4	31st March 2018

Management Exception Report

Performance Indicator: Outcome 2 % of patients who wait no longer than 18 weeks for Psychological therapies	**Responsible Manager:** Lorraine Paterson
Target: 90% Actual: 50%	Date of Report: FQ4 17/18

Description of Exception

(Consideration should be given when describing the nature of the exception with regards to previous trends, reasons for exception, external /internal influences on performance, previous action taken to address performance, actions current in place to improve performance)



The percentage of patients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies at end of month.

Published data: Care Track PMS
Frequency: Monthly
Target: 90%

Actions Identified to Address Exception and Improve Performance

(Consideration should be given when describing actions to address performance with regards what requires to be done, who is going to do it and how will this improve performance)

Staff teams have had vacancies and these vacancies are advertised. This has continued to adversely affect the provision of psychological therapies.

Actions Identified to Address Current /Future Barriers

(Consideration should be given when describing barriers with regards to, how are the barriers going to be managed, who will take this work forward) A time limited ring-fenced improving access to psychological therapies monies are available. A small project team will include hours for an information analyst 0.5 WTE, a coordinator 0.5 to develop a dashboard to ensure reporting is correct and to identify the therapy slots A and B wide to ensure patients have equality of access and to ensure that we are utilising all area slot s for therapy. This has gone to WFM. In MAKI we are piloting Attend Anywhere from mid-July in conjunction with TEC to reduce travel time and increase capacity. Exploration of online CBT (Cognitive Behavioural Therapy) Introduction of ccbt for mild to moderate conditions

Additional Support Requirements Identified	
Improvement Forecast Date:	**Review Date:**
January 2019	

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.6

Date of Meeting: 1 August 2018

Title of Report: Argyll and Bute HSCP Annual Performance Report 2017/2018

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

The Integration Joint Board is asked to :

- **Endorse and approve** the HSCP Annual Performance Report 2017/2018 for publication.

1. EXECUTIVE SUMMARY

The report has been produced in accordance with statutory guidance, with input from a wide range of HSCP staff and with contributions from our wider partnership.

An editorial group of critical reviewers drawn from a range of partners, staff and service users volunteered their time to read and comment upon the 2018 report. Their comments have been incorporated into the final version of the report.

The report has followed the same format and approach as last year to aid consistency and benchmarking and also to support alignment with the IJB objectives. It has also taken into account feedback from last year and its size has been reduced.

Comments and amendments from IJB members have been incorporated into this final draft of the report.

The Integration Joint Board is asked to endorse and approve for publication the Argyll and Bute HSCP Annual Performance Report 2018.

2. INTRODUCTION

2.1 Every Health and Social Care Partnership in Scotland has a statutory requirement to produce and publish an annual performance report. The Annual Performance Report is produced in accordance with statutory guidance http://www.gov.scot/Publications/2016/03/4544/downloads

2.2 The HSCP Annual Performance Report 2017/2018 has been co-produced by a wide range of staff within the HSCP and across the wider partnership, working collaboratively to meet the requirements set out within Scottish Government guidance, as well as incorporating performance assessment and practice examples to describe the second year of work undertaken by the HSCP, its improvements, developments and challenges and issues.

2.3 An editorial group drawn from a range of staff and service users volunteered their time to read and comment upon the 2016/2017 report. Their comments and amendments have been incorporated into the final version of the report to aid readability and reduce its size as far as possible.

3. DETAIL OF REPORT

3.1 Statutory Requirements

Section 42 of The Public Bodies (Joint Working) (Scotland) Act 2014 requires that all Integration Authorities produce an annual performance report, for the benefit of the Partnership and their communities, to ensure that performance is open and accountable.

The report is required to set out an assessment of performance in planning and carrying out the integration functions for which the HSCP is responsible, as described in the Integration Scheme for Argyll & Bute HSCP . https://www.argyll-bute.gov.uk/sites/default/files/argyll_and_bute_integration_scheme_v1_6_310315_final.pdf

Required content of the report is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014
http://www.legislation.gov.uk/ssi/2014/326/contents/made

As a minimum the annual performance report must include:

- Assessment of performance in relation to the 9 National Health and Wellbeing Outcomes
- Assessment of performance in relation to integration delivery principles
- Assessment of performance in relation to the Partnership's Strategic Plan
- Comparison between the reporting year and pervious reporting years, up to a maximum of 5 years. (This does not apply in the first reporting year)
- Financial performance and Best Value
- Information about Localities
- Details of Service Inspections
- Details of any review of the Strategic Plan

3.2 Producing the Report

The annual performance report is primarily a management document, however it must also be accessible to the general public, the format has been specifically developed with this goal in mind. It has used a process of telling people what they should expect; assessing performance and reinforcing this with practice examples.

Producing the report has been very much a team effort with contributions and input from colleagues over the last 4 months, right across the HSCP and our wider

partnership. These contributions were pulled together into a single document, taking care to explain technical terms, minimise jargon and present information in a way that is accessible to everyone. At the same time the report was benchmarked against others being produced across Scotland. A number of officers lent their expertise to 'sense-checking' the draft document and ensuring the accuracy of the content.

It was recognised that the report should be consistent in layout, approach and presentation to aid in benchmarking of performance compared to the 2016/2017 report.

Once again in order to improve accessibility we involved an editorial group of 'critical friends' representing: The Strategic Planning Group; Third sector; Independent Sector; our Caring Connections coaches; Adult service users; young people; family/unpaid carers and members of staff from our wider staff group. The editorial group has been generous in volunteering their time and invaluable in highlighting areas that we needed to clarify or change, explain or reconsider. We used their comments to improve the general accessibility and readability of the report. We have also taken learning from last year to inform the report in future years.

3.3 Finalising and Publishing the Report

The Strategic Leadership team reviewed the and agreed the latest draft in July 2018 and following further amendments the Annual Performance Report is now being formally presented to the IJB for approval for publication..

4. CONTRIBUTION TO STRATEGIC PRIORITIES

4.1 Statutory Requirements and Partnership Accountability

The IJB has a statutory requirement to publish an Annual Performance Report. The report details for the IJB our service and outcome performance and its alignment with the IJB priorities within its Argyll and Bute's Strategic Plan.

Once approved the HSCP Annual Performance Report will now be formally shared with both Argyll & Bute Council and the NHS Highland Board and other stakeholders.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

Financial performance is included as a statutory requirement within the report.

5.2 Staff Governance

Staff governance and performance against the relevant indicators is included in the report.

5.3 Clinical Governance

Service inspections and relevant indicators are included as a statutory requirement within the report.

6. EQUALITY & DIVERSITY IMPLICATIONS

The report does not require an EQIA scoping exercise. The report will be made available upon request in a variety of languages of formats.

7. RISK ASSESSMENT

Not applicable

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

An editorial group has reviewed the report and changes have been made in accordance with their recommendations. The Annual Performance Report will be disseminated widely electronically with printed copies made available on request.

9. CONCLUSION

The HSCP Annual Performance Report 2017/2018 is the second report produced by the Partnership. It meets the statutory requirements set out in Scottish Government guidelines, whilst also using performance assessment and local examples to add information and highlight the HSCP successes and challenges.

As this is the second report from the Partnership comparative data in the form of traffic lights has been included to evidence performance against target and 2016/17 performance.

The Annual Performance report has been co-produced by a range of HSCP staff, and stakeholders across the wider partnership; it has been reviewed by an editorial group.

The Annual Performance report is now recommended to the IJB for approval and publication.

For further information contact:
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Argyll and Bute Health and Social Care Partnership

Health and Social Care Partnership

Annual Performance report

2017/2018.

July 2018

Contents

If you would like a copy of this document in Gaelic or another language or format, or if you require the services of an interpreter, please contact Argyll and Bute Health and Social Care Partnership on 01546 605664 or email nhs.abhscp@nhs.net

Foreword: Chief Officer, Health & Social Care

Argyll and Bute Health and Social Care Partnership (HSCP) has continued throughout the year to work together in partnership to meet the unique challenges of delivering high quality, person –centred services across the large geographical area and deliver on our shared vision that **"People in Argyll and Bute will live longer, healthier, independent lives."**

This is Argyll and Bute HSCP's second Annual Performance report and is an opportunity to look back at our successes from last year and areas where we have to work harder. I am very proud of the progress we have made but I am clear on the direction we must take to transform our services and meet the needs of our population in the future. This reports celebrates our successes but also looks at what we must improve.

This year Argyll and Bute has seen unprecedented challenges around growing demand for services, workforce pressures and financial austerity. These pressures however have not prevented us from delivering high quality services. We are committed to improving on our services yet we have some very difficult decisions to make around our transformational change and what services will look like in the future.

We welcome the opportunity of working closely with our communities; we know how important health and social care services are to everyone. I acknowledge the uncertainty this year has seen yet value the learning for all our Senior Management Team in planning services for the future.

We all have a responsibility to look after our own health and wellbeing and our contribution to making our community resilient for the future.

Christina West, Chief Officer, Health & Social Care.

1. Executive Summary

The Public Bodies (Joint Working) (Scotland) Act 2014 obliges partnerships to produce and publish an Annual Performance Report setting out an assessment of performance in planning and carrying out the integration functions for which Integration Joint Boards in Scotland are responsible.

The Annual Performance Report 2017/18 therefore encompasses the following:

- Assessing Performance in relation to the National Health and Wellbeing Outcomes
- Financial Performance And Best value
- Reporting on Localities and the work of Locality Planning groups and community stakeholders
- Inspection of services, to include details of any inspections carried out in 2017/18 relating to the functions delegated to the partnership, by scrutiny bodies.
- Ministerial Strategic group Integrated Joint Board scorecard – Performance measures assessment.

The 9 National Health and Wellbeing Outcomes describe what people can expect from the HSCP. Performance against each outcome is analysed in the performance assessment sections, with illustrative practice examples demonstrating how local services are working to achieve the outcomes.

Overall, the report identifies the progress achieved and the work that is ongoing within our Localities. It also demonstrates some of the challenges the HSCP is facing and highlights the significant transformational changes that will take place to shape services fit for the future.

2. Introduction

The Scottish Government requires every Health and Social Care Partnership to publish and Annual Performance Report each July and sets out requirements of the report in national guidance: *Guidance for Health and Social Care Integration Partnership Performance Reports.*

This is Argyll & Bute's second Annual Performance Report, it will therefore benchmark progress against the 2016/17 report and will continue to benchmark year-on-year over a period of 5 years.

The Annual Performance report for 2017/18 includes the following topics:

- Assessment of performance in relation to the 9 National Health and wellbeing Outcomes
- Children's Services
- Criminal Justice Services
- HSCP Governance and decision making
- HSCP Financial performance & Best Value
- Inspection of Services 2017/18
- Audit committees
- Reporting on Localities

Last year we recruited volunteers to act as an Editorial Group working with us towards the end of the report writing period, helping to make sure that the report was accessible and interesting to members of the public. This year we are building on that success by involving an Editorial Group at each stage of production of the report, to advise and guide us. We recognise the commitment the Editorial Group makes, for the benefit of everyone in Argyll & Bute and take this opportunity to formally thank them.

2017/18 has been a year in which the Health and Social Care Partnership has faced some significant challenges: financial pressures and overspends; public engagement and communication difficulties, workforce pressures and difficulties in recruiting to vacancies;

achievement of national targets, all set against the ever increasing demand for services.

The Integration Joint Board (IJB) has had to take some difficult decisions and will have to face more in the coming year to ensure safe, high quality and sustainable services.

However, everyone in the Health and Social Care Partnership remains committed to our vision, that people in Argyll & Bute will live longer, healthier, independent lives.

3. Assessment of performance in relation to the 9 National Health and wellbeing Outcomes

The national health and wellbeing outcomes (NHWBO) provide a strategic framework for the planning and delivery of health and social care services. These suites of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

Currently there are 9 key National Health and Wellbeing Outcomes (NHWBO), and 23 sub-indicators which form the basis of the reporting requirement for the HSCP.

The Integrated Joint Board (IJB) receives at each meeting a scorecard providing a summary of the HSCPs performance against the NHWBO indicators.

As in last year's report, the following sections provide a detailed breakdown of the HSCPs performance against each NHWBO target for 2017/18 as well as a comparison to its position in 2016/17.

3.1 *National Health and Wellbeing Outcome 1*
People are able to look after and improve their own health and wellbeing and live in good health for longer

What people can expect

- I am supported to look after my own health and wellbeing
- I am able to live a healthy life for as long as possible
- I am able to access information

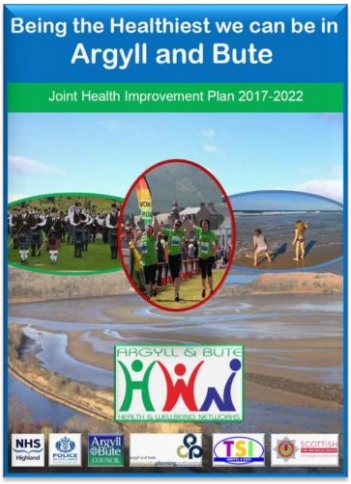
 x 9  x 5 Outcome 1 Indicators	2016/17	2017/18	Target
% of adults able to look after their health very well or quite well	96%	93%	93%
Rate of emergency admissions per 100,000 population for adults	11,767	12,066	11,959
Rate of premature mortality per 100,000 population	392	418	441
% of Older People receiving Care in the Community	74%	74%	83%
No of Adults waiting more than 12 weeks for homecare service after assessment has been authorised	13	6	6
% of Learning Disability Service Users with a Personal Care Plan	90%	90%	90%
% of Looked After & Accommodated Children in Family Placements	82%	79%	75%
No of External Looked After & Accommodated Children	7	8	10
No of alcohol brief interventions in line with SIGN 74 guidelines	874	397	1024
Proportion of new-born children breastfed at 8 weeks	30%	28%	28%
The number of ongoing waits in LIH for the eight key diagnostic tests at the end of the month over 4 weeks.	41	368	0
% of MMR1 Immunisation uptake rates for 5 year old	96.1%	95.8%	95.0%
% Under 18 year olds type 1 Diabetics with an insulin pump	42%	38%	25%
% Adults with type 1 Diabetics with an insulin pump	7%	11%	12%

Performance Assessment.

The scorecard shows some falls in performance against the target in 7 of the indicators coded red. The 3 indicators with the poorest performance are as a direct result of the increasing demand on services and the difficulty of our existing level of resources and ways of working to cope with this demand. The solution to this is in redesigning the service and continuing to enhance our health improvement and well-being resource and support.

Argyll and Bute HSCP has a good track record for investing in preventative health improvement and favours an assets based approach to improving health and wellbeing. This focuses on what keeps people well rather than what makes them ill and is built on the premise that people live better lives in strong, vibrant communities. Recent activity centres on building capacity in communities which includes:

- In April 2017 the community planning partnership ratified and launched a refreshed Joint Health Improvement Plan with four new strategic priorities

  The Joint Health Improvement Plan (JHIP) can be viewed here - http://healthyargyllandbute.co.uk/wp-content/uploads/2013/03/JHIP-2017-22.pdf

- Health and Wellbeing Networks
  There are eight Health and Wellbeing Networks across Argyll and Bute which work in a co-productive way to support healthy living in local communities.

- Health and Wellbeing Fund
  During 2016-17, £107,000 was provided to support small scale local health improvement activity. A total of 100 projects received a grant ranging from £250 to £2,000. Applications must be in line with the strategic priorities of the JHIP and are awarded using community led scoring tools. Full details of projects delivered with health and wellbeing grants are published at http://healthyargyllandbute.co.uk/case-study/

- Developing Public Health Knowledge
  The Public Health Team works with a wide range of partners to develop understanding and knowledge of public health priorities in order to widen the number of partners working on preventing health and social care problems. During 2017-18 two events were held on Adverse Childhood Experiences and Mentally Health Workplaces. Report for these events are published here - http://healthyargyllandbute.co.uk/category/news/

- Social Prescribing
  Two pilots for link workers took place in GP practices in Bute and Cowal. This was part of a two year project with Carr Comm called *Connections for Wellbeing* to develop awareness and understanding of social prescribing ("Social prescribing" is a system where healthcare professionals are able to refer patients to local, non-clinical services to meet their wellbeing needs.) and investigate models for future delivery.

  The link workers followed a person centred model of care and saw each person once or twice using motivational interviewing techniques focussed on linking people up with practical sources of help within their local community. A total of 89 appointments were provided to 65 people.

  The learning from the pilot work is being used to inform the roll out of the new GP Services contract from April 2018.

The Health and Wellbeing Annual Report for 2017-18 is published here - http://healthyargyllandbute.co.uk/

3.2 *National Health and Wellbeing Outcome 2*

People, including those with disabilities or long term conditions, or those who are frail, are able to live as far as reasonably practicable, independently and at home, or in a homely setting

What people can expect

- **I am able to live as independently as possible for as long as I wish**
- **Community based services are available to me**
- **I can engage and participate in my community**

Outcome 2 Indicators  x 12  x 6	2016/17	2017/18	Target
Number of people 65 years and older receiving homecare	1212	1241	1160
% of adults supported at home who agree they are supported to live as independently	84%	79%	81%
% of adults supported at home who agree they had a say in how their support was provided	82%	76%	76%
Emergency Admissions bed day rate for all ages, per 100,000 population	103,902	101,582	115,518
Proportion of last 6 months of life spent at home or in a community setting	90%	90%	88%
Rate of emergency admissions per 100,000 population for adults	11,767	12,066	11,959
% of adults with intensive care needs receiving care at home	67.8%	67.0%	62.0%
Number of Enhanced Telecare Packages	630	726	500
% of Mental Health Clients receiving Care in the Community	100%	100%	98%
% of patients waiting less than 3 weeks wait between Substance Misuse referral & 1st treatment	92.7%	95.0%	90.0%
Total No of Delayed Discharge Clients	17	28	12

Outcome 2 Indicators  x 12  x 6	2016/17	2017/18	Target
% Waiting time from a patient's referral to treatment from Child Adolescent Mental Health Services	**95%**	**89%**	**90%**
% of patients waiting no longer than 4 hours in Accident & Emergency	**99.5%**	**98.3%**	**95.0%**
% of patients who wait no longer than 18 weeks for psychological therapies	**63%**	**50%**	**90%**
No of days people spend in hospital when ready to be discharged, per 1,000 population	**597**	**634**	**772**
% of health & care resource spend on hospital stays where a patient is admitted as an emergency	**22%**	**21%**	**23%**
Rate of readmissions to hospital within 28 days, per 1,000 admissions	**76**	**83**	**97**
Falls rate per 1,000 population aged 65+	**25**	**25**	**22**

Performance Assessment.

The scorecard shows falls in performance against the target covering 6 of the indicators coded red. The 4 indicators with the poorest performance are again as a direct result of the increasing demand on services i.e. outpatient waiting times, increases in emergency admissions, delays in discharges particularly in the Oban area. Once again this reflects the difficulty we have in our existing capacity ability to cope and change quickly enough to provide services in a different way.

Our work in relation to delayed discharge (DD) remains a key priority for staff across localities, and a number of actions have been identified and implemented to improve local care pathways and services and address performance barriers including administration and removing bureaucracy and wasted staff time and effort.

This has had a positive effect on our exemption coded delays with only one person currently delayed as a result of an Adult with Incapacity (AWI) assessment. We are also working with commissioning staff to develop alternative ways to deliver care at home in some of our remote and rural communities as shown below:

Extra Care Housing in Campbeltown

The closure of Auchinlee Care home in Campbeltown necessitated the need to review community based care provision in Kintyre and resulted in the opening of an Extra Care Housing facility in partnership with Cairn Housing Association in March 2018. The Health & Social Care Partnership leases 8 studio flats which can be sub-let to individuals who wish to maintain independent living arrangements, but who require additional care and support, especially overnight. A staff team is available at all times to help with things like personal care, administration of medication and social support. All the flats have Telecare systems which can provide alerts for safety, falls, inactivity, movement, etc.

Investing in Community Resilience with the 1000 Voices Project

The Argyll and Bute HSCP invested £105,000 to support the employment of seven third sector

workers based throughout our local communities in Argyll and Bute. Their role is to work in a community led way to support older people to co-produce their own local activities. These activities are diverse and include craft clubs and exercise activities.

The 1000 Voices Project works with older people across Argyll and Bute to help tackle social isolation and increase activity through purposeful activity, which helps to improve their health and wellbeing outcomes. Funding in 2016 enabled further match funding from Big Lottery.

In the first six months of 2017-18 3282 people had engaged with 1000 Voices. Participants report a range of benefits from taking part in activities, for example, improved wellbeing and confidence, increased physical activity, increased opportunities to meet other people and less loneliness and social isolation.

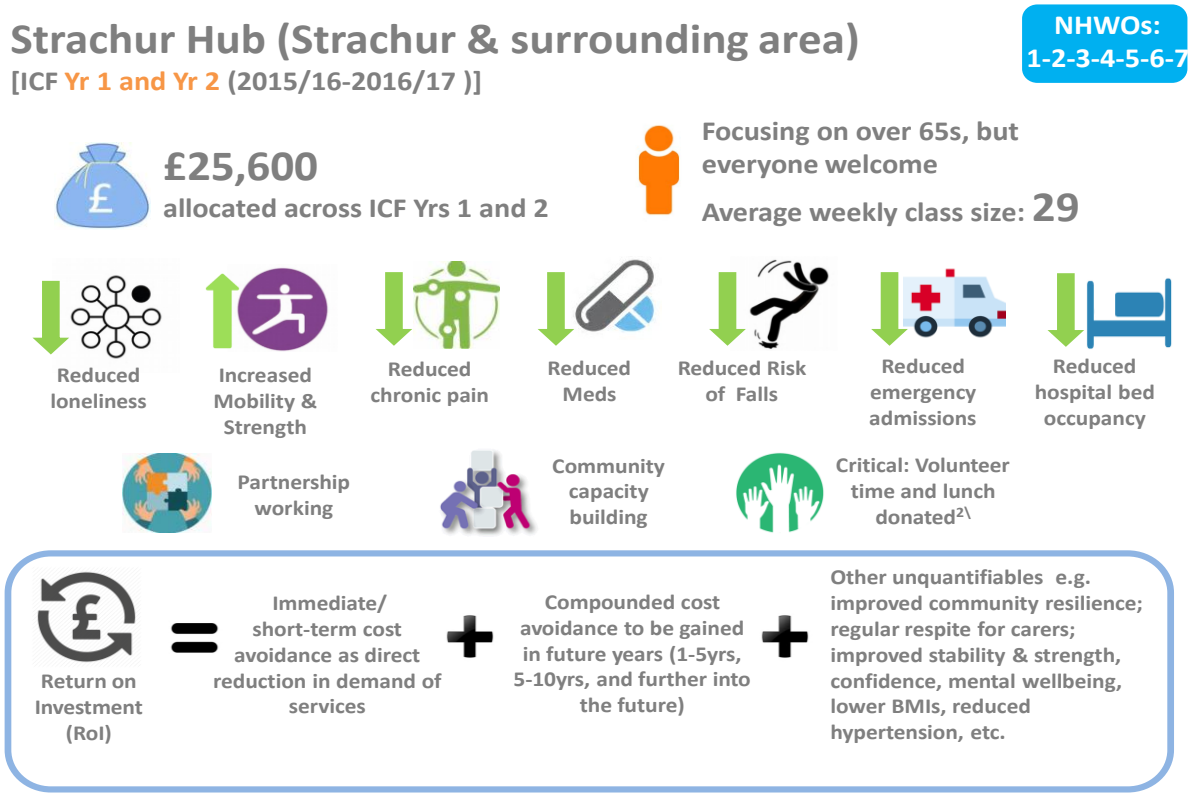
Strachur Hub

Running in rural Cowal for 3 years, the Strachur Hub supports older people, average age is 81, to be physically active. It is a community led initiative relying on volunteers from the GP practice patient representative forum, the local practice nurse on her day off, and local residents. The HSCP supports the Hub with £12,000 per and in kind with input from local HSCP staff.

A qualitative evaluation shows the Hub achieves:

- Improvements of wellbeing in participants and volunteers
- Increased socialisation and reduced loneliness
- Increased physical ability e.g. strength and balance and reduced risk of falls



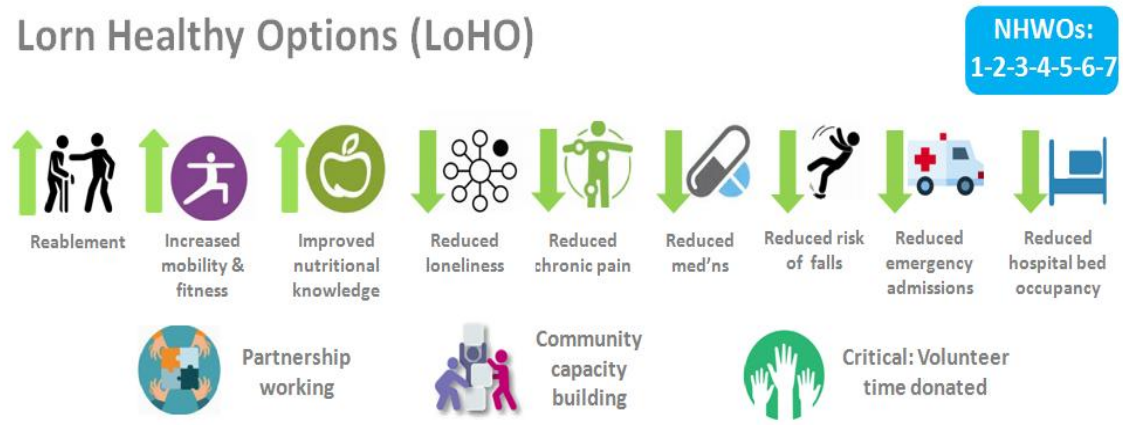


Lorn Healthy Options (LOHO)

This community based social enterprise is a valuable partner in health and social care delivery and has been providing healthy living services in North Argyll for seven years. Health and social care staff routinely refer people to LOHO, for example, for chronic pain or for support in managing the symptoms of a long term health condition. The HSCP invests approximately £35,000 in LOHO per year. Highlights of recent work include:

- Weekly classes for people with MS.

- Working with the community of Taynuilt with the aim of achieving a 'Healthy Village' status.
- Partnership working with West Highland Housing Association to provide activity sessions for vulnerable tenants and non-tenants.
- Delivery of Counterweight weight management and Tai-Chi for health classes.



Self Directed Support in Argyll and Bute

Self-Directed Support (SDS) aims to give people full opportunity to take control of their support and their lives. It is for people of all ages, who after assessment with the HSCP, are eligible for social care and support. SDS is delivered in line with Scottish Government legislation to ensure everyone, including people who require social care are:

- Respected
- Treated with fairness
- Able as possible, to enjoy the same Freedoms as everyone else

- Able confident that their Safety is a priority
- Able to live with as much Independence as possible

SDS gives people a choice of 4 options for how much control they wish to take over how their support is organised, delivered and managed:

- **Option One** the supported person (or a relative) take the money as a direct payment and use it to employ 'personal assistants,' a support organisation or for equipment and services that helps them meet their needs and outcomes.
- **Option Two** either the HSCP or another appropriate organisation holds the money but the supported person (or their relative) is in charge of how it is spent in line with their support plan.
- **Option Three** the HSCP manages the money and support for the person.
- **Option Four** A mixture of the other three options

In Argyll and Bute it is often a challenge to deliver the full range of choices for everyone because, for example, there are not care providing services in all communities. This means that we have to work together to find the best possible solution for people to meet their social care needs and outcomes.

The HSCP has worked closely with third sector services to enable people to realise the full potential of SDS. As part of our collaborative approach, we have a responsibility to tell people about independent support, information and advice services specifically for SDS and we have partnered with the third sector in Argyll and Bute in 2017-2018 Community Contacts (a Carr Gomm Project).

The support offered has included:

- Raising awareness of SDS in communities
- Assisting people to make decisions about their SDS options
- Supporting people to speak up for themselves when they have concerns about their assessment or SDS
- Ensuring the human rights based values and principles are realised

- Supporting people to develop 'personal outcomes' (goals for important things in life) and to share these as part of their SDS assessment and ongoing plans.
- Supporting people to manage a direct payment; to develop plans for how they wish to use their payment (in line with agreements with the HSCP), to recruit and employ 'personal assistants for social care' and to look after the money.
- Working with the HSCP to ensure our SDS information resources are easy to read and access.

The picture on right is an example of developing 'Personal Outcomes' with one person, for whom 'feelings' was an essential consideration in their SDS approach.

As at 31st March 2018 there were 2,134 people (total numbers are still being validated as part of the HSCP SDS Improvement plan) in Argyll and Bute using SDS for their care needs.

The HSCP SDS Officer and Project Assistant are working very hard with our 3rd sector partners to continue to progress our SDS Improvement plan in line with the Scottish Government's Self-directed Support Strategy which is running up to 2020.

Technology Enabled Care

Argyll and Bute HSCP Promotes Technology Enabled Care (TEC) to support and help people reduce the symptoms they are concerned about and improve their quality of life.

Argyll & Bute HSCP has committed to embedding TEC into its services and has identified additional funding to expand the TEC service from October 2018 and now provides the following:

Florence To date 664 patients have accessed our text monitoring service Florence. This includes a range of services such as

hypertension, diabetes, relaxation, paediatric weight management, Chronic Obstructive Pulmonary Disorder (COPD), smoking cessation, podiatry, breast feeding, Diabetes Xpert programme, Behavioural Activation Therapy**,** low mood and anxiety.

Stephen 44yrs

Diabetic foot service

Flo gives you text reminders about management of your feet that you don't think about everyday ***"IT'S A GIVEN"***

The Home pod service continues but numbers are low. We do have a nurse led model that is supported by our TEC nurse. We plan to expand this service once the new national Home Health Monitoring model is fully developed next year.

Margaret 85yrs "The technology keeps me living independently". "I am more in control of my heart condition now, and I have more knowledge and confidence through the results. I now recognise my symptoms".

Telecare - Over the 3 years of the TEC programme to date we have had 1672 new installations for basic telecare. But this past year in particular we have seen a significant rise in the number of enhanced packages.

Two other successes have involved the use of Just Checking a digital assessment tool to ensure that people have the correct home care package in place. The use of this kit in both our sleep over review project and also our recent reablement project has allowed us to make much more efficient use of our home care services while ensuring we take the most appropriate steps to ensure people are as safe as possible at home.

"After pressing the button an ambulance arrived in no time and got me to hospital." Margaret 85yrs

3.3 *National Health and Wellbeing Outcome 3*
People who use health and social care services have positive experiences of those services and have their dignity respected

What people can expect

- **I have my privacy respected**
- **I have positive experiences of services**
- **I feel that my views are listened to**
- **I feel that I am treated as a person by the people doing the work – we develop a relationship that helps us to work well together**
- **Services and support are reliable and respond to what I say**

 x 9  x 2 Outcome 3 Indicators	2016/17	2017/18	Target
% of adults receiving any care or support who rate it as excellent or good	82%	80%	80%
% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	81%	72%	74%
% of adults supported at home who agree they had a say in how their support was provided	82%	76%	76%
% of people with positive experience of their GP practice	91%	85%	83%
Number of abbreviated customer service questionnaires sent to Service Users on bi-monthly basis	20	13	5
Proportion of last 6 months of life spent at home or in a community setting	90%	90%	88%
% of stroke patients admitted to a stroke unit on day of admission/next day	100%	100%	90%
No of patients with early diagnosis & management of dementia	804	814	890
% of SW care services graded ‘good’ '4' or better in Care Inspectorate inspections	84%	86%	83%
No of days people spend in hospital when ready to be discharged, per 1,000 population	597	634	772

 x 9  x 2 Outcome 3 Indicators	2016/17	2017/18	Target
Readmission to hospital within 28 days per 1,000 admissions	**76**	**83**	**95**

Performance Assessment.

The scorecard shows very good performance against the target covering all of the indicators, with only 2 slightly below target and demonstrates the hard work and professional and high quality approach the HSCP staff and partners take to meet this outcome.

Emotional touch points

Argyll and Bute have used 'Emotional Touch points' to demonstrate how personal stories can contribute to improvement and ensure that care is effective, relevant and high quality during integration of health and social care. Emotional touchpoints is a resource which was developed by NHS Education for Scotland and Edinburgh Napier University. The resource uses an approach to hear and understand the experience of a person by focusing on an event (Touch Point) that is important to them.

"I am thankful for the way in which I/we are able to continue living in our own home. I feel supported by the provisions that are made for me/us."

The event is explored by identifying and talking about emotions both positive and negative that the person identifies and this gets to the heart of a person's experience.

"That people would look at post-codes when organising appointments." Most of my appointments have been early morning and I live 100 miles away from Glasgow and do not drive – I'm always dependent on other's taking me to clinic appointments"

In Argyll and Bute HSCP the Integrated Care Fund in three localities (Oban, Mid Argyll and Kintyre, Helensburgh and Lomond) supported the use of Emotional Touchpoints for a period of one year to gather stories

with people in receipt of services.

The stories recorded all were relevant to at least one of the national Health and Wellbeing Outcomes. By using the emotional touchpoint information, Health and social care services in Argyll and Bute HSCP can ensure that services provided meet the needs of individuals and promote health and wellbeing and intervene when improvements have been identified.

"When I think of the arrangements that are in place both organised by the Community Team and private I feel supported and am thankful despite the limitations. We could not manage independently without this help. That said, I [we] can feel very vulnerable from midday Saturday until midday Sunday and then again until Monday morning because of the current arrangements. I can get anxious about it when not feeling well and despite having an emergency button, the weekends leave me/us a bit exposed."

"Local medical centre staff "couldn't have been more helpful." "You were made to feel that at no time were you a bother to them." For the little time we had the help of the Marie Curie Nurses was also very positive – not least to get a chance to sleep."

"I cannot praise the NHS in mid Argyll enough. My experience was one that was very positive."

"The seeming undue delay in getting an ambulance after being told I was being transferred to the RAH was upsetting. When I learned that had I been admitted earlier I'd have been flown off with another patient did not help my frustration. The lady who had been flown off was in the bed opposite me."

"In the early days we felt so often in the dark as to what was happening and what help was available. We often felt we were floundering around trying to do what we could on our own. If there was anything that could have been done better it is in my opinion earlier intervention and shared information. E.g. Adaption of our bathroom and stair lift, Disability Badge"

"I have been both encouraged by my care and encouraged personally to maintain my independence. People dealing with me have been encouraging and if something does not work there will be something else attempted."

"I feel respected and heard by the nurses who come to see me. Since Christmas I have to have an enema twice every day to try and heal my bowel. The nurses have a wonderful way of putting me at my ease. They make me feel valued and calm - even though it's not a pleasant job that they are performing. I feel very lucky to be supported so well so that I can remain in my own home."

3.4 *National Health and Wellbeing Outcome 4*
Health and social care services are centred on helping to maintain the quality of life of people who use those services

What people can expect

- **I'm supported to do the things that matter most to me**
- **Services and support help me to reduce the symptoms that I am concerned about**
- **I feel that the services I am using are continuously improving**
- **The services I use improve my quality of life**

Outcome 4 Indicators  x 11  x 4	2016/17	2017/18	Target
% of adults supported at home who agree their support had impact improving/maintaining quality of life	87%	74%	80%
Emergency Admissions bed day rate for all ages, per 100,000 population	103,902	101,582	115,518
Rate of emergency admissions per 100,000 population	11,767	12,066	11,959
Average working days between Referral & Initial AP Case Conference	0 Days	14 Days	15 Days
% Children who have been Looked After and Accommodated Children for over a year with a plan for permanence	91%	100%	81%
% of Looked After Children Care Leavers with a Pathway Plan	100%	97%	74%
No of outpatient ongoing waits over 12 weeks	138	482	0
% of outpatients on the waiting lists with medical unavailability	0.1%	0.0%	0.1%
% of outpatients on the waiting lists with social unavailability	5.6%	1.0%	4.0%
% of patients on the admissions waiting lists with medical unavailability	3.2%	1.5%	2.0%
% of patients on the admissions waiting lists with social unavailability	12.2%	8.4%	15.7%
No of days people spend in hospital when ready to be discharged, per 1,000 population	597	634	772

Outcome 4 Indicators  x 11  x 4	2016/17	2017/18	Target
% of SW care services graded 'good' '4' or better in Care Inspectorate inspections	**86%**	**86%**	**83%**
% of health & care resource spend on hospital stays, patient admitted in an emergency	**22%**	**21%**	**23%**
Falls rate per 1,000 population aged 65+	**25**	**25**	**22**

Performance Assessment.

The key focus of this outcome is ensuring Argyll & Bute HSCP provides seamless, patient focused and sustainable services which maintain the quality of life for people who use the services. This means ensuring that treatment, interventions and services are of the right standard and quality so they are safe, provided in a timely manner, as close to home as possible, address people's expectations and outcomes so that people enjoy the best possible quality of life, whilst they recover or are supported to manage their conditions.

The scorecard again shows very good performance against 11 of the indicators. However, there are some falls in performance against the target covering 3 of the indicators coded red. Two of these are again as a direct result of the increasing demand on services i.e. outpatient waits and emergency admissions as previously stated.

In the indicator where we are just marginally below target the HSCP is working hard to achieve this outcome and we continue to build on the work we did last year to ensure people can access specialist services in Glasgow or at their local hospital or clinic

Apart from local consultants in Oban and Psychiatrists in Argyll and Bute all of the Specialist acute health care is purchased via a form of contract called a Service Level Agreement from NHS GG&C. The HSCP works closely with NHS GG&C to balance local capacity and demand to try and reduce waiting times, however this is becoming increasingly difficult to maintain notably recruitment of consultants.

People in Argyll and Bute have told us that they want as much treatment as possible close to home therefore we work hard to ensure this

happens when possible. Outreach clinics are fundamentally about reducing inequality for rural communities and hard to reach groups in accessing these specialist services.

Therefore the HSCP is looking at how we can deliver some of these specialist services in new ways to meet the increasing demand for services. Some examples of this are:

- Increased support of Allied Health Professionals (AHP) services,
  - Physiotherapists in Orthopaedics
  - Optometrists & Nurse Led clinics in Ophthalmology
  - Audiologist supporting ENT
- Continued development and implementation new delivery models such as specialist nurses, tele-consultation and direct or follow up referral to primary care and/or Nurse or AHP specialists.
- Building on the success of the 'Attend Anywhere' (see page 26) Oncology pilot project and scaling up this service to include Dermatology and Respiratory to sustain local access to services and reduce the number of times a patient has to travel to Glasgow for an appointment.
- Developing increased clinical networks for our local clinicians into GGC.

3.5 *National Health and Wellbeing Outcome 5*
Health and social care service contribute to reducing health inequalities

What people can expect

- **My local community gets the support and information it needs to be a safe and healthy place to be**
- **Support and services are available to me**
- **My individual circumstances are taken into account**

Outcome 5 Indicators  x 4  x 1	2016/17	2017/18	Target
Rate of emergency admissions per 100,000 population for adults	**11,767**	**12,066**	**11,959**
Rate of premature mortality per 100,000 population	**392**	**418**	**441**
% of waits less than or equal to 3 weeks between Substance Misuse referral & 1st treatment	**92.6%**	**95.0%**	**90.0%**
No of treatment time guarantee completed waits greater than 12 weeks	**0**	**0**	**0**
No of treatment time guarantee ongoing waits greater than 12 weeks	**0**	**0**	**0**

Performance Assessment.

Our performance against outcome 5 is very good, with only a minor variation in one indicator.

Argyll and Bute HSCP is committed to ensuring the people who access our services and who live here have equal opportunity to live a healthy life regardless of whether they have a protected characteristic or not. We also recognise other factors impact on outcomes, for example in our rural geography, accessibility of services can be challenging; therefore we welcome the Fairer Scotland Duty. Our Equalities Outcome Framework report was published in April 2018 and is available to view from this link:

https://www.argyll-bute.gov.uk/health-and-social-care-partnership

We fulfil our duties for staff training and development, and, conduct Equality and Diversity Impact Assessments for service changes. In addition to this we participate in a partnership approach to equality and diversity via the Community Planning Partnership. Two specific areas are worthy of highlighting:

United Violence against Women (VAW) Partnership

We work alongside West Dumbartonshire in the United VAW Partnership to plan, implement, co-ordinate and manage action to prevent and address Violence against Women and to improve outcomes for women affected by VAW, to drive up quality standards, and measure and report performance against agreed outcomes and targets.

Throughout 2017 the focus has been on agreeing the priorities of a new 3-year plan which will launch in 2018. This intends that:

- Scottish society embraces equality and mutual respect and rejects all forms of violence against women and girls.
- Women and girls thrive as equal citizens – socially, culturally, economically and politically.
- Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people.
- Men desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response.

Welfare Reform Working Group

The Welfare Reform Working group is a forum of public and 3rd Sector agencies working together to support the residents of Argyll and Bute in all areas of finance, housing and wellbeing. Over the last year co-production and collaboration have been undertaken in many areas. The priorities being:

- The development of an Anti-poverty strategy and action plan.
- That we mitigate against adverse impact of welfare reform in advance of the introduction of Universal Credit which is due Sept 2019.

- That we monitor the use and impact of Scottish Welfare fund and discretionary housing payments (especially since Under Occupancy Tax– which currently pays the tax on behalf of the residents)
- That we respond to development of new Scottish Social Security Agency and its new benefits

3.6 National Health and Wellbeing Outcome 6.

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

What people can expect

- **I feel I get the support I need to keep on with my caring role for as long as I want to do that**
- **I am happy with the quality of my life and the life of the person I care for**
- **I can look after my own health and wellbeing**

Outcome 6 Indicators  x 0  x 1	2016/17	2017/18	Target
% of carers who feel supported to continue in their caring role	**41%**	**33%**	**37%**

Performance Assessment.

The Carers (Scotland) Act 2016 (Act) came into force on 1st April 2018 introducing new rights for unpaid carers and new duties for local councils and the NHS, with this responsibility falling to Argyll and Bute Health and Social Care Partnership (HSCP) to provide support to carers.

Prior to the Act coming into force the Local Authority as Argyll and Bute Council had the power to provide support to unpaid carers. The new Act formalises the need for unpaid carers to be recognised and support in continuing in their caring role as long as they wish to do so and to have a life alongside their caring role.

The Act, in conjunction with the Social Care (Self-directed Support) (Scotland) Act 2013 (SDS), are the focal points for joint working arrangements between the HSCP and partner organisations. The aim of the Act is to provide a comprehensive system of support, care and delivery to assist carers.

The Carers (Scotland) Act 2016 was brought to fruition following the identification of the substantial amount of support unpaid carers provided throughout Scotland. Indeed it is believed should all carers is Scotland feel unable to continue with their caring role the resource they provide in financial terms would see an overnight doubling of the NHS Scotland budget which sits at approx. £10.6bn.

In the past a Carer was identified as someone who provided a substantial amount of care. This term is no longer used; a carer is identified as someone who provides care no matter how much or little they provide.

However to receive support from statutory services (e.g. replacement care or direct support to maintain a life alongside their caring role) carers must meet the eligibility criteria as set by the HSCP. This differs from the eligibility criteria set by the Department of Work and Pensions (DWP).

All carers who reside in Argyll and Bute will be able to access some form of support no matter if they meet eligibility criteria or not. Access to services such as information and advice from local councils and local carer support services/Carers Centres. Carers may also be offered support such as breaks from caring via a variety of resources.

The Adult Carers Support Plan and Young Carers Statement for anyone caring for someone with a terminal illness will be expected to be completed as a priority.

Established within the Act NHS staff will be required to identify carers and take account of carers' views in making decisions relating to hospital discharge in relation to a cared for person.

A five year Strategy for carers support is currently being drafted and with the introduction of this we will be able to hold ourselves accountable and ensure we are supporting carers in the right way at the right time and in the right manner to ensure they can continue with their caring role and have time to live an independent life alongside their caring role.

We will also be incorporating further performance measures, jointly developed and captured with our Carers Centres and networks to more accurately record and evaluate what we are doing to improve outcomes for carers.

Young Carers

Crossroads Young Carers Cowal and Bute has worked hard to become embedded within the community, both with the children, young people and adults it supports and its partners from a range of services. The young carers project provides respite, a break from caring, advocacy, one to one support, trips away all focused on young carer need. Aiming to increase experiences, confidence, self-esteem and resilience. Our young carers, S1 and above can access Young Carer Education Cards to reduce anxiety and worry during the school day, we hope that this will soon include the NHS, to recognise young carers roles for the cared for person. Crossroads Young Carers Cowal & Bute put young carers at the centre of project development and planning of provision.

3.7 *National Health and Wellbeing Outcome 7*
People using health and social care services are safe from harm

What people can expect

- **I feel safe and am protected from abuse and harm**
- **Support and services I use protect me from harm**
- **My choices are respected in making decisions about keeping me safe from harm**

Outcome 7 Indicators  x 8  x 4	2016/17	2017/18	Target
% of adults supported at home who agree they felt safe	84%	83%	83%
Emergency Admissions bed day rate	103,902	101,582	115,518
Rate of emergency admissions per 100,000 population for adults	11,767	12,066	11,959
% of Adult Care service users reporting they feel safe at assessment	80%	83%	70%
% of Children on Child Protection Register with no change of Social Worker	76%	60%	80%
% of Children on Child Protection Register with a current Risk Assessment	100%	100%	100%
% of Children on Child Protection Register with a completed Child's Plan	91%	99%	100%
% of health & care resource spend on hospital stays, where patient admitted as an emergency	22%	21%	23%
% of Social Work Care Services graded 'good' '4' or better in Care Inspectorate inspections	86%	86%	83%
% of Child Protection Investigations with Initial Referral Tripartite Discussion within 24 hours	100%	100%	95%
Readmission to hospital within 28 days per 1,000 admissions	76	83	97
Falls rate per 1,000 population aged 65+	25	25	22

Performance Assessment.

In the indicators where we are just marginally away from our target, the HSCP is working very hard to improve this and we are seeing real progress in 2017/18 in coping with the increasing demand and ensuring best practice.

The fall in performance in the indicator regarding change in social worker is as a result of an increased turnover of staff in the last year in the chlidren's team. There has however, been no break in continuity of service for patients and recent recruitment will see this performance improve.

With a rising older population and constrained services we need to ensure that resources are deployed in the best way to improve outcomes for local populations.

The Clinical and Care Governance Committee continues to ensure the delivery of safe and effective person-centred care and the continuous monitoring of professional standards of care and practice. The committee continues to provide the Argyll and Bute HSCP Integrated Joint Board with assurance that procedures and processes are in place to deliver effective clinical and care governance.

The safety of people who use HSCP services is at the forefront of everything we do and overall performance again against this outcome is very good and the following examples highlight the work we are doing.

Scottish Patient Safety Programme (SPSP)

The delivery of safe, quality and effective care remains a priority so the HSCP continues to progress a number of work streams and quality approaches from last year.

Although continuing to recognise that there is significant SPSP work ongoing within our Community Hospitals, the work required to bring this together as a collaborative has been slow to progress. It remains an aspiration that this work will progress in 2018. There is also an intention to roll out SPSP inspired clinical Morbidity and Mortality case reviews in Community Hospitals during 2018.

The National Pressure Ulcer Prevention in Care Homes project concluded in December 2017. A microsite located on the main Health Improvement Scotland (HIS) website was developed and hosts all the validated assessment tools, documentation, standards, guidelines and learning associated with the project.

In Argyll and Bute there was a celebration and roll out event held in March for care home managers and professionals not included in the pilot as the Care Home Network Development Day. There is a programme of education from the project being delivered to care home staff by the Tissue Viability Advanced Nurse and the Care home Education Facilitator across Argyll and Bute. The Care Homes are being encouraged to keep their own data using the data collection tool from the project and audit of DATIX reports (incident reports) will be carried out to identify changes in trends of frequency, grade and healing time of any pressure ulcers reported.

Management and Prevention of Falls.

All the localities agreed to fund an Argyll and Bute Care Home Quality Improvement Project focusing on Care Homes Falls Prevention, a lot of work has been carried out with care home staff to reduce falls and improve the quality of life for their residents.

Everyone is more at risk of a fall as they age. A fall can result in loss of confidence and independence and is a common cause of admission to hospital. Across Argyll and Bute we have been urging people to 'Take the Balance Challenge' and get going with 6 simple exercises to improve their strength and balance.

Partners including Police Scotland and Scottish Fire and Rescue Service have tried the balance challenge and are spreading key messages about staying active to reduce falls. Exercise is both preventative in reducing falls and fractures. A short video is available with subtitles and can be downloaded here -https://vimeo.com/234691208/7a79ab7be1

A return on investment tool by Public Health England shows that every £1 spent on evidence based falls exercise results in benefits of around £2.28 in terms of health/ social care savings and quality of life gains.

Work is ongoing with Live Argyll and Lorne Healthy Options to increase opportunities for older people to access programmes that will help them to stay safe, independent and connected in their communities.

Responding to falls are the biggest call out for the Scottish Ambulance Service (SAS). After an assessment by SAS people can be attended by our responder services where necessary and passed onto our community teams to help people fully recover, address risks and stay safe at home. Test sites are in place where we are working with Scottish Ambulance Service on avoiding unnecessary conveyance to hospital and getting people who have had a fall support to make a full recovery at home.

Day Responder Service

The day responder team can free up elements of care and reduce the impact on the community team – for example 'Deliver or Collect Medication' can have a significant impact on community team staff. Where someone has a suspected Urinary Tract Infection (UTI), day response team can attend to get a urine sample for testing, then pick up the required medication, attend the person's home to supply the prescribed medication and encourage then to drink regular fluids for adequate hydration and provide additional care. A short period of escalation can prevent admission to hospital which is not in an older person's best interest.

In the below table the locality area (Bute) Carr Gomm had 409 responses in a 3 month period to enhance support to stay at home and avoid hospital admission. This model of working is markedly different to the day response service in other areas where 'prevention of admission to hospital 'numbers are low.

	Bute	Cowal	Helensburgh and Lomond	Campbeltown
Enhance support to stay at home and avoid hospital admission	**409**	**40**	**4**	**94**
Temporary care at home	**8**	**420**	**235**	**123**
Deliver or collect medication	**123**	**49**	**2**	**-**
Supply of equipment	**42**	**18**	**2**	**4**
Respond to community Alarms (falls and other alarm)	**127**	**43**	**81**	**242**

Table ****Carrgomm day response responder service data Dec 2017- Feb 2018

"You cannot underestimate the benefits of this service" Cath McLoone Adult Care Team Lead.

This is a service which the HSCP expects to further develop across the whole area.

Falls in inpatient settings – Hospital and Care Homes

Falls are the single biggest patient safety incident reported in hospitals and the Scottish Patient Safety Programme is working across Scotland to reduce harm. Older people are more likely to fall in hospital due to medical conditions and age related changes such as mobility problems, dementia and poor eyesight. Being in an unfamiliar place, being unwell and confusion can increase the risk of falls.

Targets for a 25% reduction in reported falls were set across Argyll and Bute started from and two test sites were identified in Ward B Oban and the Acute Ward Campbeltown. Inpatient falls are a standing item on the agenda at the Quality Professional and Standards Meeting and we are beginning to see reduction in patient fall numbers.

Care Homes across Argyll and Bute require ongoing support to embed the Care Homes Falls Prevention resource from the Care Inspectorate and NHS Scotland. Whilst the Care Homes currently remain reliant on project lead support, work is required to move the monitoring of data into localities in order to embed standards around falls prevention within a quality assurance framework for Care Homes and this is the target for 2018/19.

3.8 *National Health and Wellbeing Outcome 8*

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

What people can expect

- **feel that the outcomes that matter to me are taken account of in my work**
- **I feel that I get the support and resources I need to do my job well**
- **I feel my views are taken into account in decisions**

Outcome 8 Indicators  x 1  x 4	2016/17	2017/18	Target
Social Work staff attendance lost	4.1 Days	5.7 Days	3.8 Days
% of NHS sickness absence	4.79%	5.05%	4.00%
% of NHS employed staff with a completed & recorded electronic - Knowledge Skills Framework/Personal Development Plan review	12.55%	18.47%	80.00%
Health & Social Care Partnership % Council employed staff with a Performance Review & Development Plans completed	59%	30%	90%
% of staff who say they would recommend their workplace as a good place to work	-	71%	67%

Performance Assessment.

The scorecard shows the HSCP performance to the target against 4 of the indicators is poor/very poor. Whilst reasons for this are symptomatic of national as well as local issues, there is clearly more that the HSCP must do to support its staff with regard to their appraisal and personal development processes.

The IJB has instigated specific work from Argyll and Bute council and NHS Highland to support this including reviews of council process and implementing the new NHS process from April 2018.

The HSCP has been progressing a number of key pieces of work in this area to support improvement in the performance, but this will take time. The work we are doing is illustrated below:

Staff Engagement

iMatter

The first wave of the NHS Scotland iMatter survey was completed in Argyll & Bute during the summer of 2017. All NHS and Council Social Work employees within Argyll & Bute were invited to participate. We had a good response rate of 61%, but the number of teams that completed an Action Plan was lower at 34%. One of the key themes from our first set of results was around leadership visibility; in response to this, we held a series of 'Start the Year' sessions with members of the Strategic Management Team across 9 locations in April/May 2018.

The second wave of the iMatter survey runs in May 2018. We are targeting a response rate of more than 60% and an Action Plan rate of more than 50%. The second survey will give teams the opportunity to assess progress and define further continuous improvement actions.

Staff Wellbeing

We participated in an NHS Scotland 'Dignity at Work' survey in December 2017. This probed how staff were feeling about bullying & harassment amongst other issues. NHS Highland achieved a 33% response rate and a Short Life Working Group is being formed in conjunction with Partnership colleagues to consider responses to the results.

In January 2018, we also took the opportunity to run a joint Staff Wellbeing survey with Argyll & Bute Council; all HSCP staff were invited to participate. Although the response rate was less than 25%, it has still provided some valuable data on wellbeing & resilience. Supportive actions based on the results will follow later in 2018.

Values & Culture

A review of the HSCP Shared Values commenced in January 2018, using staff focus groups and the framework provided by the Barrett Values model (www.valuescentre.com). A refreshed set of Values, together with a supporting behavioural framework, will be developed by August 2018. This will be launched and embedded into recruitment, induction, appraisal and leadership development processes across the HSCP.

Workforce Planning

Building on early work with the national iHub Improvement Team, we undertook a series of Locality workforce planning workshops across Argyll & Bute during 2017-18. This has resulted in the publication of our first HSCP Workforce Plan, published in May 2018. The focus of this work has been primarily on Adult Services and the plan will be extended by May 2019 to cover all other HSCP functions and other services provided by key partners and the independent sector.

A particular challenge that we face in Argyll & Bute is making recruitment to a remote & rural setting attractive. We have been working with other public sector organisations through the Community Planning Partnership to develop a regional 'offering' that will sell the benefits of life in Argyll & Bute to all public sector employees looking for a career move and a rewarding lifestyle.

Integrated Human Resources Support

The respective structures of the NHS and Council HR teams were reviewed and changes implemented by April 2018. The HR function within the NHS HSCP HR team has been renamed People & Change to reflect a values-driven approach to supporting staff and enabling service transformation.

Both teams will be co-located in Kilmory in 2018, providing the opportunity to develop more integrated working around such initiatives as Career Paths for Younger People, Workforce Planning and Leadership Development.

3.9 *National Health and Wellbeing Outcome 9*
Resources are used effectively and efficiently in the provision of health and social care services

What People Can Expect?

- **I feel resources are used appropriately**
- **Services and support are available to me when I need them**
- **The right care for me is delivered at the right time**

Outcome 9 Indicators  x 8  x 4	2016/17	2017/18	Target
% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	81%	72%	74%
Proportion of last 6 months of life spent at home or in a community setting	90%	90%	88%
% Criminal Justice Social Work Reports submitted to Court on time	99%	98%	92%
% Community Payback Order cases seen without delay (within 5 days)	86.0%	94.1%	80.0%
Average hrs per week taken to complete Community Payback Order, Unpaid Work/Community Service Orders	4.7 Hours	6.0 Hours	6.0 Hours
% of reports submitted to Scottish Children's Reporter Administration on time	64%	53%	75%
% of Scottish Morbidity Record 01 returns received within timescales	92.7%	96.0%	95.0%
% of new outpatient appointments 'Did Not Attend' rates	10.4%	9.1%	6.9%
No of days people spend in hospital when ready to be discharged, per 1,000 population	597	634	772
% of health & care resource spend on hospital stays, patient admitted in an emergency	22%	21%	23%
Readmission to hospital within 28 days per 1,000 admissions	80	83	97
Falls rate per 1,000 population aged 65+	25	25	22

Performance Assessment.

The scorecard overall shows very good performance against the majority of the indicators but 4 are off target and a range of action is in hand to improve performance to the target level.

Looking to the future, we know that we will potentially have greater demands from an ageing population and less money to deliver services, so it is essential that we continue to develop this productivity outcome further, to achieve more, by ensuring we minimise waste and variation to get better value and reduce the burden of work on our staff in Argyll & Bute.

Reducing Harm, Eliminating Waste and Managing Variation

The Highland Quality Approach (HQA) continues to grow as our quality and continuous improvement methodology and we are constantly trying to reduce harm, to eliminate waste and to manage variation. The HQA vision – 'Better Health, Better Care, Better Value' – and the continued and developing use of Lean Methodology in 2017/2018 has supported Argyll and Bute HSCP in its' pursuit the goals described in the HSCP's 'Six Areas of Focus' within the Strategic plan.

Rapid Process Improvement Workshops (RPIW)

A Rapid Process Improvement Workshop is a rigorous five day Lean improvement event that reduces harm, eliminates waste and improves flow (speed of a system) through the redesign of ineffective processes.

Three successful RPIWs were held in Argyll and Bute during 2017/2018.

- **Campbeltown Hospital Catering Service RPIW**
- **Cowal Community Team Referral to Triage Process RPIW**
- **Mid Argyll Community Team Assessment Process RPIW**

Examples of resulting improvements include:

Cowal

- The developed a 'Whereabouts Board' (Visual Control), thus not only ensuring the safety of the staff, but improving the teams' effectiveness and responsiveness in specific geographical areas.
- The Team were able to redesign their process for handling incoming referrals achieved a reduction in lead time from point of referral to allocation from more than one working day, to 90 minutes, an improvement of 81%, enabling service users to receive appropriate care sooner.
- The Team introduced a 'Single Point of Access' and 'Standard Work' around the triage process, resulting in more effective, efficient, equitable service availability. It is intended to extend the 'Single Point of Access' to include Social Work services following co-location.

Mid Argyll

- A process redesign resulted in a reduction in time from the point a referral was accepted to the point a care package was agreed from a lead time of 64 days to 21 days – an improvement of 67.2%

Mid Argyll Community Care Team

Priority of Need Framework

Priority 1

High Risk (Response within 24hrs from allocation)

- Injury
- Serious abuse to self or other has occurred or suspected (Adult Protection)
- Access difficulties to or within the home
- Potential admission/readmission to hospital
- Carers Collapse (Could lead to emergency Placement)
- Ability to transfer has rapidly deteriorated (Chair, toilet, bed etc..)
- Immediate or complex rehabilitation
- Hospital discharge eg QEUH , RAH etc

Priority 2

Medium risk (Response within 48hrs from allocation)

- At risk of self abuse or to abuse others
- Extensive care and support needs which are ongoing or time limited (new or existing)
- Potential of Carer breakdown
- Reduced functional problems that could increase risk e.g. require a handrail.
- Requiring Rehabilitation

Priority 3

Low risk (Response within 5 working days from allocation)

- Care is already in place
- Requests for bathing
- Adaption request
- Signposting to resources
- Non urgent request for equipment

- The Team have introduced a standard 'Prioritisation of Needs Framework' that is used by all members of the community team, rather than separate frameworks per discipline, e.g. Community Nurses, Occupational Therapy, and Social Work.

A successful RPIW in 2016 on the Admission to Discharge Process of Medical Non-elective Patients in Lorn and Islands Hospital prompted a series of four Kaizen Events (small improvement event) in Community Hospitals in Argyll and Bute during 2017/2018. Changes in length of stay and readmission rates have been achieved as follows, with work ongoing in each locality.

Kaizan Area	Before Readmission rate	After Readmission rate	Before Average Length of Stay	After Average Length of Stay
Rothesay Victoria	10%	5.9%	5.7	4.8
Campbeltown Hospital	16%	11.2%	8.5	6.2
Cowal Community Hospital	8%	7.7%	7.2	5.6
Mid Argyll Community Hospital	14%	10%	6.3	8.0

3.10 Ministerial Strategic Group IJB Scorecard – Performance Measures

In order to fully understand and develop a view of how partnerships are progressing under integration the Ministerial Strategic Group for Health and Community Care (MSG) has asked all HSCP's to prepare trajectories with regards their individual performance in 2017/18 against six outcome measures identified below:

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

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

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

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

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

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

The HSCPs improvement targets and performance against these for 2017/18 is detailed in the table below:

MSG Indicator	Objective	Cumulative Target for FY 17/18	Cumulative Performance FY 17/18	RAG
Unplanned Admissions	2017/18 change: Expected target 8256 based on 5% reduction in overall total compared to FY16/17	8256	8779	
Unplanned Bed Days	2017/18 change: Expected target 64942 based on 0.6% reduction in overall total compared to FY16/17	64942	61131	
A&E Attendances	2017/18 change: Expected target 16079 based on sustained levels in overall total compared to FY16/17	16079	16004	
Delayed Discharges (Occupied bed days)	2017/18 change: Expected target 6403 based on 10% reduction in overall total compared to FY 16/17	6403	8414	
End of Life Care	Maintain current levels of performance	89.8%	89.8%*	
Balance of Care - (75+) at Home Unsupported	Maintain current levels of performance	84.1%	84.1%*	

*Provisional data (16/17)

The MSG identified four key objectives with regards to the nature of the performance reports and the actions required to improve performance:

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

The HSCP has initiated the actions below to meet these objectives.

Unplanned Admissions	Unplanned Bed Days	A&E attendances
•Development of community teams with advanced nurse practitioners to focus on assessment at home and increased anticipatory care planning. Ensure access to community teams is through a single point of contact.	•Apply standard work to the admission to discharge pathway to ensure timely process.	•Further scrutiny of reason for delay.
•Deliver short term assessment at A&E, with safe and supported return to home when appropriate.	•Apply Estimated Date of Discharge, and the principle of discharge planning from the point of admission.	•Implement short term assessment facilities to enable safe and supported return to home from A&E when appropriate.
•Falls Lead, LIST and National Program Manager to develop a quality dashboard of falls data for each locality. Data will have both outcomes and process measures and will be used to increase understanding of how we are intervening to reduce falls risk for individuals and our communities and to drive improvement. Testing will begin shortly working with service planning quality improvement team to identify in each locality where people who fall are presenting to services and what interventions they are currently having.	•Embed the Daily Dynamic Discharge approach across all hospitals.	•Improve access to timely investigations and improve flow and facilitation of discharges to ensure timely bed availability when required.
•Support more people to use technology to help them better manage long term conditions. Increased use of basic and enhanced Telecare and Telehealth home pods with overnight responder service in place.	•Facilitate Community pull through by community participation at daily huddles.	•Improved response and support for acute mental health presentations at A&E.
•Development of action plan from Potentially Preventable Admissions (PPA) report produced by Local Information Services Team, working with localities to look at avoidable pathways to admissions to care.	•Consider discharge to assess for identified persons.	•Continued working with SAS to ensure timely response to transfers.
	•Facilitate safe weekend discharges.	
	•Wider promotion of Power of Attorney.	

3.11. Customer Services

IJB Scorecard– Customer Services Performance Measures

Customer Services Indicators  x 7  x 2	2016/17	2017/18	Target
Adult Care - Resolve your queries the first time you contact us	91%	91%	90%
Adult Care Stage 1 Complaints - % of complaints responded to timeously	100%	100%	100%
Adult Care Stage 2 Complaints - % of complaints responded to timeously	100%	100%	100%
Children & Families - Resolve your queries the first time you contact us	91%	81%	90%
Children & Families Stage 1 Complaints - % of complaints responded to timeously	100%	100%	100%
Children & Families Stage 2 Complaints - % of complaints responded to timeously	100%	100%	100%
Number of NHS complaints received	4	5	7
% of NHS simple complaints – achievement against 20 day target	0%	0%	80%
Number of NHS high risk complaints received	0	0	2

Performance Assessment.

Of the 9 performance measures under Customer Service, 7 are reported as Green (on track) against performance target, with 2 reporting a red (off track) status.

It is anticipated that with the implementation of the new complaints procedure that our performance against the targets will improve. Stage

1- local resolution will reduce the number of the steps currently within the system to respond to a complaint within NHS services.

Training and awareness raising sessions on new procedure, combined with development session for local managers regarding their role and responsibility in ensuring a timely, person centred response to complaints is required. Quality assurance of formal complaints responses requires to move away from the Clinical Governance to Operational management.

4. Children & Families Services.

Our children and young people have the best start in life, are successful learners, confident individuals, effective contributors and responsible citizens. The life chances for children and young people and families at risk are improved

Maternity Services:

We have conducted a successful evaluation of the antenatal pathway for maternity services. In addition we have introduced "Attend Anywhere" which is a virtual service where patients can be seen as close to home as possible using technology to see the Consultant over video link. This is now working on Islay and Campbeltown and means women don't need to travel to Glasgow for consultant appointments.

Corporate Parenting:

Our Corporate parenting Board has produced a 3 year Action Plan (2018 – 2021). The Board has acted as a champion for our children and young people; an example of this is the adoption of the Family Firm approach to Modern Apprenticeships. They engage with care experienced young people and Participation Groups have been set up. Young people will be invited to a Corporate Parenting Board self-evaluation event in 2018.

Child Protection:

We have a strong Child Protection Committee and an interagency approach that protects vulnerable children and young people. We have implemented a child protection and parental mental health protocol. In addition we are evaluating the impact of the revised pre-birth pathway in improving outcomes for babies. A Child Sexual Exploitation Training Pathway has been put in place, including Child Sexual Exploitation Screening Tool Training for Social Workers.

Children and Families; Achievements during 2017/18.

- We have an effective Children and Young People's Service Plan 2017-2020
- We have implemented a revised parenting assessment framework.

- Completed an impact review of self-harm and at risk of suicide pathway.
- We have delivered on targets for Child Sexual Abuse training.
- Children's services have co-located as planned where possible; for example Health Visitors and Social Workers in Oban.
- We have re-designed the Children and Adolescent Mental Health (CAMH's) services and appointed a new Team Leader post. Also 2 additional Primary Mental Health Workers and an additional CAMH's Worker. It is anticipated that waiting times will reduce but figures are not yet available for this. A new single referral pathway and integrated data collection is being developed.
- We have opened a purpose built children and young people's residential house in Dunoon. All 3 residential houses have achieved Grades of 5 (VERY GOOD) across the board during inspection.
- We continue to exercise good stewardship and the cost of our residential care for children and young people ranks 3rd out of 32 councils.

Children and Families – what next?

Over the next year we will implement the Children and Young Person's Services and Corporate Parenting Plans. These plans will ensure we continue to evaluate our services and improve the outcomes for our children and young people.

Central to our approach is the participation and engagement of our children and young people. We have appointed a Lead Coordinator for Participation who will employ 2 care experienced young people, through the Modern Apprenticeship scheme to support the implementation of the Life Changes Trust participation plan.

In our quest for improvement we have a number of service reviews which are nearing completion. These reviews include Criminal and Youth Justice where we are looking to improve supports for young people, including diversions from prosecution and conviction. We have initiated a review of the Early Effective Intervention (EEI) process. We will also pilot a "Core and Cluster" model of working, which will expand our capacity to respond to crisis situations for children and young people and reduce the need for residential care.

Similarly, having reviewed CAMHS Tier 2 and 3 services and are currently reviewing Tier 4 with a view using our resources more effectively to improve the responsiveness of our services.

We will continue to implement the recommendations within "The Best Start" the maternity and neonatal five year plan giving priority to the continuity of midwifery care. Within child health we will continue implement and embed the Universal Health Visiting Pathway and rollout the Vaccination Transformation Programme.

Cool2talk

The cool2talk service launched in June 2017 and has received around 200 questions from young people aged 12-26 in Argyll and Bute. These questions were answered by our team of trained staff based in the Third and Independent Sector. The majority of questions posted by young people are around relationships and emotional health, however there have been many questions about sexual health, suicide and self harm. This pilot project is funded by the Alcohol and Drugs Partnership, Public Health and Children and Families until March 2020. A first year report detailing the activities of the first year will be published early summer 2018.

5. Criminal Justice Social Work.

Community safety, public protection, reduction of re-offending and social inclusion support desistance from offending

Our Criminal Justice Social Work aims to provide a Criminal Justice Social Work (CJSW) service which delivers Local Authority obligations under the Social Work (Scotland) Act 1968 and subsequent legislation, which contributes to our communities becoming safer and stronger by facilitating desistance from further offending, inclusion in society for people with an offending history and reduction in re-offending.

We said that we would work with partners to enhance our role in public protection by:

- promoting and delivering effective interventions with people with an offending history
- providing and supporting community based sentences
- promoting social inclusion and integration into communities for people with an offending history

Outcomes focus on reducing reoffending, strengthening community engagement and resilience and enhancing efficiency.

We are an active partner with Community Justice Scotland and other partner agencies in developing the local Community Justice agenda to improve pathways for people with an offending history, remove barriers for them to access services and deliver the best interventions to prevent re-offending.

We work closely with the third sector and other agencies to provide the best opportunities for those undertaking unpaid work to not only repay to their communities but develop their skills and employment prospects.

We have been reviewing the CJSW Service to improve effectiveness and efficiency and create a service structure to meet future challenges and opportunities.

We have set up a Joint Training Group and Practitioner's Forum with East and West Dunbartonshire to support staff development and training and have a comprehensive training plan.

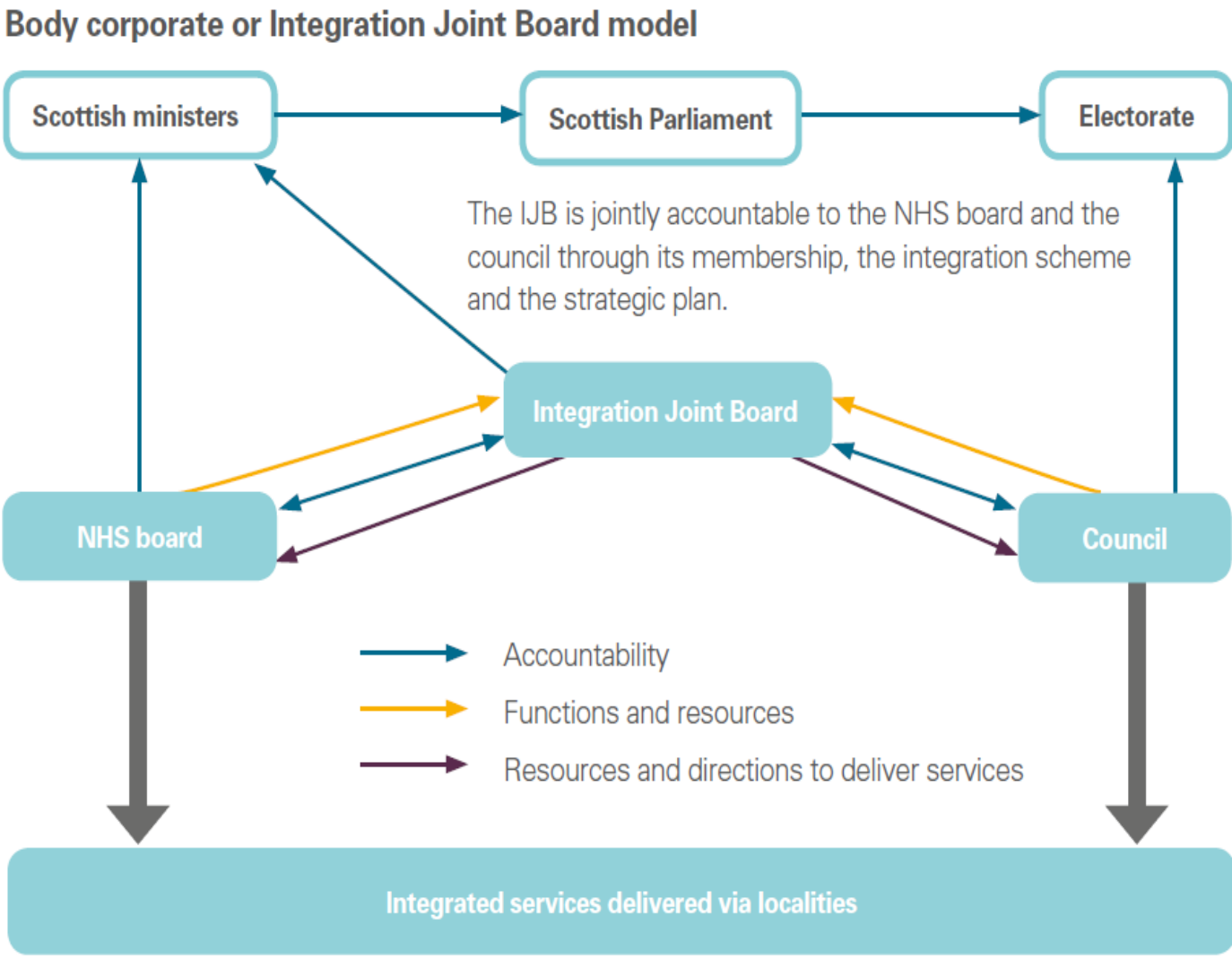
We have set up a Joint Management Forum with East and West Dunbartonshire to support practice development and joint working. We currently share services in relation to drug treatment and testing orders and business support. We are looking at ideas to develop joint provision of group work to those convicted of sexual offences and domestic abuse.

This has been a challenging year for Criminal Justice Services with the dissolution of our long standing partnership with East and West Dunbartonshire and further development of our Community Justice priorities and partnership. Throughout this time of change we have continued to deliver an effective and efficient Criminal Justice Social Work Service in Argyll and Bute. A service improvement plan is currently being formulated to ensure good governance and accountability for criminal justice social work services in 2018/2019.

6. HSCP Governance and decision making

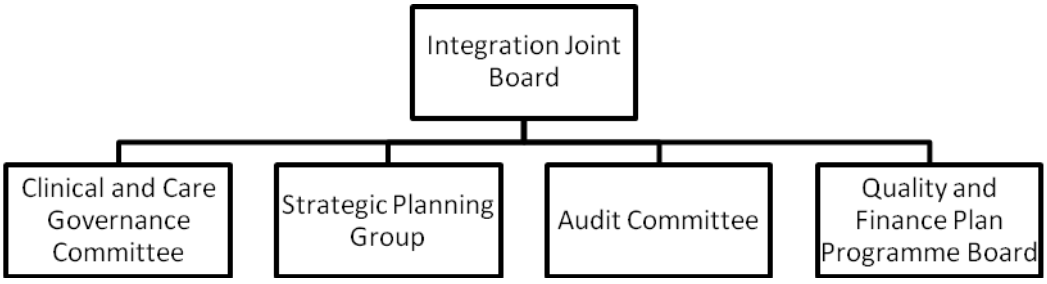
Accountability Relationships (Source, Audit Scotland)

The following diagram illustrates the accountability arrangements of the IJB in Argyll and Bute



Argyll and Bute HSCP Governance Structure

The Argyll and Bute HSCP operates the following formal governance arrangements as illustrated in the flow chart below:



Integration Joint Board:

- Responsible for the governance, planning and resourcing of services, has full power to decide how to use resources and deliver delegated services to improve quality and people's outcomes
- Work alongside NHS Highland, Argyll and Bute Council and community planning partnership to deliver health and social care services

Clinical and Care Governance Committee:

- Provide assurance to the IJB that systems, processes and procedures are in place to ensure delivery of safe and effective person-centred health and social care services.
- Support services to continuously improve the quality and safety of care, identify areas for performance improvement and to provide assurance for professional standards of care.

Strategic Planning Group:

- Support the IJB in preparing, consulting and publishing a Strategic Plan for integrated Health and Social Care services.
- Review progress of the Strategic Plan delivery through the Annual Performance Report and locality planning processes
- Provides leadership and supports the development and of Locality Planning Groups

Audit Committee:

- Ensure sound governance arrangements are in place for the IJB and ensuring the efficient and effective performance of the HSCP in order to deliver on outcomes
- Provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of financial reporting and annual governance processes

Quality and Finance Plan Programme Board:

- Oversee the programme of work to plan to deliver financial balance including delivery of the service changes in the Quality and Finance Plan, develop and oversee financial recovery plans and develop an approach to future planning for future service change proposals

7. HSCP Financial Performance & Best Value

Financial management and performance is regularly reported to the IJB during the financial year, covering the financial performance during the year and also the budget outlook for future years. This includes the monitoring and development of the Quality and Finance Plan which outlines the service changes required to deliver financial balance and the Strategic Plan objectives.

NHS Highland and Argyll and Bute Council delegate funding to the Integration Joint Board. The IJB then determines how to deploy these resources to achieve the objectives and outcomes in the Strategic Plan. The IJB then directs the Health Board and Council to deliver services in line with these plans.

This section summarises the main elements of our financial performance for 2017-18 and highlights the financial position and risks going forward into future years.

Financial Performance 2017-18:

The Integration Joint Board approved the budget for 2017-18 on 31 May 2017. At that time a two year Quality and Finance Plan for 2017-18 and 2018-19 was approved outlining service changes to deliver £12.3m of savings over the two financial years. The identified savings were not sufficient to plan for financial balance and there remained a shortfall of £2m in 2017-18 and a further £4.1m in 2018-19. It was planned to address the shortfall in 2017-18 through in-year financial recovery.

There were significant financial challenges during the year across a range of services reflecting high levels of demand, the cost of supplementary staffing and the non-delivery of savings (delays in projects commencing, delays in implementing service changes, projects unable to go ahead due to political pressure and further engagement required etc.). Throughout the financial year there was a projected overspend position, in July this was estimated to be £4.4m, as a consequence a financial recovery plan was put into place to support the delivery of services from within the delegated budget during 2017-18.

The IJB agreed a financial recovery plan during the year and this included:

- Control measures - escalation of authorisation processes
- Discretionary spend - reduction in staff travel and supplies budgets
- Staff costs - delays with filling vacant positions
- Funding/Income - ensuring the IJB secured fair share of funding from partners
- Projects - delays in investment and project funding
- Quality and Finance Plan – improved project management approach to push forward delivery of savings

The Quality and Finance Plan for 2017-18 included service changes required to deliver £8.7m of savings in-year, at the year-end £4.2m of these savings were delivered on a recurring basis, with a shortfall of £4.5m. The majority of the savings not delivered were highlighted as being high risk at the start of the year and require to remain on the plan to be delivered in 2018-19. The progress with delivering savings highlights the significant challenge facing the HSCP in delivering further savings in future years and the requirement to implement service change at scale and pace to ensure the ongoing financial sustainability of the partnership.

The table below summarises the overall financial performance:

2016-17 Budget £000	2016-17 Actual £000	2016-17 Variance £000		2017-18 Budget £000	2017-18 Actual £000	2017-18 Variance £000
			Service Delegated Budgets:			
127,103	131,803	(4,700)	Adult Care	130,904	136,025	(5,121)
1,294	1,265	29	Alcohol and Drugs Partnership	1,129	1,028	101
1,352	645	707	Chief Officer	(164)	695	(859)
19,816	18,840	976	Children and Families	19,866	19,112	754
4,108	3,978	130	Community and Dental Services	4,055	3,652	403
2,090	1,621	469	Integrated Care Fund	-	-	-
-	-	-	Estates	5,109	5,352	(243)
1,348	1,275	73	Lead Nurse	1,319	1,293	26
1,268	1,139	129	Public Health	1,321	1,114	207
3,704	3,582	122	Strategic Planning and Performance	3,710	3,493	217
97,533	94,989	2,544	Centrally Held Budgets	95,290	93,303	1,987
259,616	**259,137**	**479**	**Total Net Expenditure**	**262,539**	**265,067**	**(2,528)**
			Reconciliation to Funding:			
Budget £000	**Actual £000**	**Variance £000**		**Budget £000**	**Actual £000**	**Variance £000**
60,787	61,011	(224)	Argyll and Bute Council	67,840	68,995	(1,155)
198,829	198,126	703	NHS Highland	194,699	196,072	(1,373)
259,616	**259,137**	**479**	**Total Funding**	**262,539**	**265,067**	**(2,528)**

Overall there was a year-end overspend of £2.528m, with an overspend of £1.373m in Health Services and an overspend of £1.155m in Social Care Services.

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

- Adult Care - £5.1m overspend. This is mainly due to savings agreed as part of the Quality and Finance Plan not being delivered in-year, and overspend in medical locum costs and agency staff costs, and an overspend in Supported Living services due to demand for services.
- Chief Officer - £0.9m overspend. This overspend was in relation to the outstanding budget gap for social care services

at the start of the year, partly offset by the over-recovery of vacancy savings, funding set aside for cost pressures which did not arise and the non-committal of funding for the Community Investment Plan, these funds were not fully committed in 2017-18 as part of the financial recovery plan.

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

In summary financial balance was not achieved in 2017-18 for a number of reasons:

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

The Scheme of Integration states that any overspend is funded from additional payments in-year by the IJB partners, i.e. Argyll and Bute Council and NHS Highland. The Council and Health Board have allocated additional funding to the IJB, however this additional resource impacts on the future financial position of the IJB as this will require to be repaid in future years.

Locality Spend:

The net expenditure split for the last two years across the eight locality areas is noted in the table below:

Locality	**Total Expenditure 2016-17 £000**	**Total Expenditure 2017-18 £000**
Mid Argyll	27,084	27,570
Kintyre	16,098	16,401
Islay and Jura	7,064	7,170
Oban and Lorn	39,020	40,896
Mull, Iona, Coll, Tiree and Colonsay	7,903	8,155
Bute	12,505	13,217
Cowal	28,947	30,362
Helensburgh and Lomond	28,686	29,309
Total Locality Expenditure	**167,306**	**173,080**
Non Locality Specific Services	91,830	91,987
Grand Total	**259,137**	**265,067**

The expenditure for localities includes all area specific services which are geographically located in the localities. It is not possible to allocate all costs against individual localities as some services are centrally managed and therefore are Argyll and Bute wide costs and others are provided for in a way whereby the costs cannot be easily allocated to individual localities. The Non Locality Specific Services expenditure includes for example Acute Health services provided by NHS Greater Glasgow and Clyde, services provided by dentists, chemists and opticians, health promotion and Public Health services, Adult Protection, Criminal Justice, Integration Equipment Services and management costs to provide services across Argyll and Bute.

Financial Outlook, Risks and Plans for the Future

The IJB has a responsibility to make decisions to direct service delivery in a way which ensure services can be delivered within the finite financial resources available.

Taking into account the estimated available funding and the pressures in relation to costs, demand and inflationary increases the budget gap for the Partnership for 2018-19 is summarised below:

	2018-19 £m
Baseline Budget	259.6
Cost and Demand Pressures	3.5
Inflation	5.2
Total Expenditure	268.3
Total Funding	(263.1)
In-Year Budget Gap	**5.2**

There are significant cost and demand pressures across health and social care services and these are expected to outstrip any available funding uplifts and have a significant contribution to the overall budget gap. The main pressures relate to demographic and volume pressures including amongst other areas healthcare packages, growth in prescribing, growth in adult social care services, younger adult supported living services and acute health services. There are also significant costs of the uplift in the Living Wage rate, pay inflation costs for HSCP employees, inflationary increases for drugs and prescribing costs and for commissioned services.

A Quality and Finance Plan for 2017-19 has been developed and approved by the IJB, this outlines the service changes required to deliver on the Strategic Plan outcomes and deliver the savings required to address the budget gap. A copy of the Quality and Finance Plan can be found here: http://www.nhshighland.scot.nhs.uk/OurAreas/ArgyllandBute/abhscp/Documents/IJB/Quality%20and%20Finance%20Plan%20-%20Full%20Document%20-%20FINAL.pdf

There were significant shortfalls in delivering the service changes included in the Quality and Finance Plan for 2017-18, and this highlights the significant challenge in delivering savings in future years. However lessons continue to be learned and the approach to implementation is being adapted and strengthened as indicated in the diagram with a focus on the following:

The overall savings delivery requirement for 2018-19 is £12.2m, this includes addressing the in-year budget gap and also the requirement to deliver previously approved savings. The Quality and Finance Plan includes estimated planned savings totalling £10.4m to be delivered in 2018-19, an estimated shortfall of £1.8m.

The service changes included in the Plan are all in line with the delivery of the objectives of the Strategic Plan, it has been particularly difficult to identify service changes that are line with this and can be delivered in the timescale required, as such alongside the delivery of the savings

plan there will be an element of in-year financial recovery required during 2018-19 to deliver financial balance.

There is clearly a significant financial risk associated with the 2018-19 budget, the remaining budget gap and the scale of savings planned to be delivered in the timescale required results in a high level of risk in delivering financial balance for the partnership. The focus requires to be very much on delivery of the service changes outlined in the Quality and Finance Plan, not only to deliver financial balance but also to ensure the ongoing sustainability of health and social care services in Argyll and Bute.

The most significant financial risks facing the IJB over the medium term can be summarised as follows:

- The remaining budget gap where further opportunities for savings require to be identified
- Evidence base and communications and engagement is insufficient to convince communities of the case for change in the required timescale
- Delays in the delivery of the programme of service redesign resulting in inefficient use of resources, lack of sustainability, provision of poor quality services and a failure to meet the partnership shared vision and outcomes
- The ability to release resource from acute health services to allow investment and growth in community based services
- The increased demand for services alongside reducing resources
- The wider public sector financial environment, which continues to be challenging
- of The impact demographic changes
- The impact of the Living Wage and other nationally agreed policies which have financial consequences to deliver

Moving into 2018-19, we are working to proactively to address the financial challenges, while at the same time, providing high-quality health and social care services for the communities in Argyll and Bute.

There is likely to be a picture of a continuing budget gap for the partnership in future years and this will remain the case while cost and demand pressures and inflationary cost increases continue to outstrip the funding available. Many pressures in relation to Health and Social Care services are based on areas and trends of continuing service demand increases, for example for care home placements and home care services and the expectations of ongoing cost increases for example in relation to staff pay awards and living wage costs.

A high level estimate of the budget gap for the three years from 2019-20 is presented below:

	2019-20 £m	**2020-21 £m**	**2021-22 £m**
Baseline Budget	263.1	264.0	264.9
Cost and Demand Pressures	3.6	3.4	3.4
Inflation	5.2	5.2	5.2
Total Expenditure	271.9	272.6	273.5
Total Funding	(264.0)	(264.9)	(265.9)
Estimated Budget Gap	**7.9**	**7.6**	**7.5**
Repayment of 2017-18 Overspend	0.1	0.3	0.8
Updated Budget Gap	**8.0**	**7.9**	**8.3**
Cumulative Budget Gap	**8.0**	**15.9**	**24.2**

The three year position aligns with the next Strategic Planning period. The Strategic Planning Group will be developing and consulting on the next iteration of the Strategic Plan in the coming year and a financial plan will be developed to sit alongside this to ensure that the aspirations and outcomes are aligned with the available resources.

NHS Highland and Argyll and Bute Council delegate funding to the Integrated Joint Board (IJB). The IJB decides how to use these resources to achieve the objectives of the strategic plan. The IJB then directs the Partnership to deliver services in line with this plan.

The governance framework is the rules and practices by which the IJB ensures that decision making is accountable, transparent and carried out with integrity. The IJB has legal responsibilities and obligations to its stakeholders, staff and residents of Argyll and Bute.

The Health and Social Care Partnership ensures proper administration of its financial affairs by having an appointed Chief Financial Officer (section 95 of the Local Government (Scotland) Act 1973). The Chief Financial Officer is required to keep proper accounting records and take reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board.

The Integration Joint Board aligned the service changes outlined in the Quality and Finance Plan with the objectives of the Strategic Plan to ensure that resources are directed to deliver the planned performance levels and desired outcomes.

The Quality and Finance Plan for 2017-18 included service changes planned to deliver £8.7m of budget reductions, in reality £4.2m of these savings were delivered on a recurring basis. Many areas of the Quality and Finance Plan were focussed on reducing the cost of services through efficiencies, these included:

- Prescribing, targeted focus on safe, effective, appropriate cost effective prescribing as well as reducing waste
- Negotiation of reduced payment to NHS Greater Glasgow and Clyde through reducing admission rates and speedy discharge
- Aligning community hospital capacity across Argyll and Bute in line with the shift in the balance of care
- Review of estates and rationalisation of buildings
- Redesign of children's residential care services to minimise the use of external placements
- Review of Learning Disability services to ensure resources are prioritised effectively based on individual service users needs and the demand in each local area

There is evidence of transformation taking place at a strategic and operational level within the Partnership. However there remains a real challenge in disinvesting from expensive institutional based services. The IJB are focussed on directing the finite resources available to achieve Best Value, however there are particular challenges in achieving this in all areas due to the current arrangements for service delivery and the inherent cost of providing services in rural and remote areas. The continued investment in community services in 2018-19 will build capacity in communities and support the delivery of these service changes in the future.

8. Inspection Findings

The purpose of inspection of health and care services in Scotland is to make sure that they meet the right standards. In 2017/18 within our Adults and Children and Families services the following number of inspections were conducted:

Service	Number of Internal Inspections	Number of External Inspections
Children & Families	8	3
Older People Care homes	6	12
Older Peoples services	5	19
Adult services	6	9

The full detail of the inspections can be found by following this link:

http://www.careinspectorate.com/

A number of our Community Hospitals were also visited by the Mental Welfare Commission (MWC) who undertook thematic visits regarding care of people with dementia who are admitted to our hospitals.

The feedback to all our Community Hospitals was very positive with good person centred practice evident in all sites. Areas for improvement were noted and actions taken to address them.

In Feb 2018 the MWC conducted an unannounced visit to Knapdale, Dementia Assessment ward. At the time of the visit the ward was closed to admission due to recruitment difficulties. This was recognised by the Commission as being a national issue made worse by the rurality of

Argyll & Bute. All efforts to recruit continue. The visit resulted in 3 recommendations which are being addressed via an action plan.

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

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

9. Locality Arrangements

The Public Bodies (Joint Working) (Scotland) Act 2014 specified that Health and Social Care Partnerships (HSCPs) must set up two or more localities[1]. Localities were set up to enable service planning at locally relevant geographies within natural communities[2]. The HSCP is required to report annually on performance at the locality level[2].

Localities in Argyll and Bute were defined in section 6 of Argyll & Bute HSCP Strategic Plan 2016/17 – 2018/19[3]. Localities in Argyll and Bute are defined descriptively in the table below.

Locality Planning Group Area	Description
Oban and Lorn	Easdale to Oban, to Port Appin to Dalmally
Mull, Iona, Coll, Tiree and Colonsay*	Isles of Mull, Iona, Coll, Tiree and Colonsay
Mid Argyll	Tarbert, Lochgilphead, Ardfern, Inveraray,
Kintyre	Southend, Campbeltown, Muasdale, Carradale, Gigha
Islay and Jura	Isles of Islay & Jura
Cowal	Lochgoilhead, Strachur, Tighnabruaich, Dunoon,
Bute	Isle of Bute
Helensburgh & Lomond	Helensburgh, Kilcreggan, Garelochhead, Arrochar

**Mull, Iona, Coll, Tiree and Colonsay have held planning meetings separately for Mull and Iona and for Coll, Tiree and Colonsay. A single Locality Plan for OLI has been produced.*

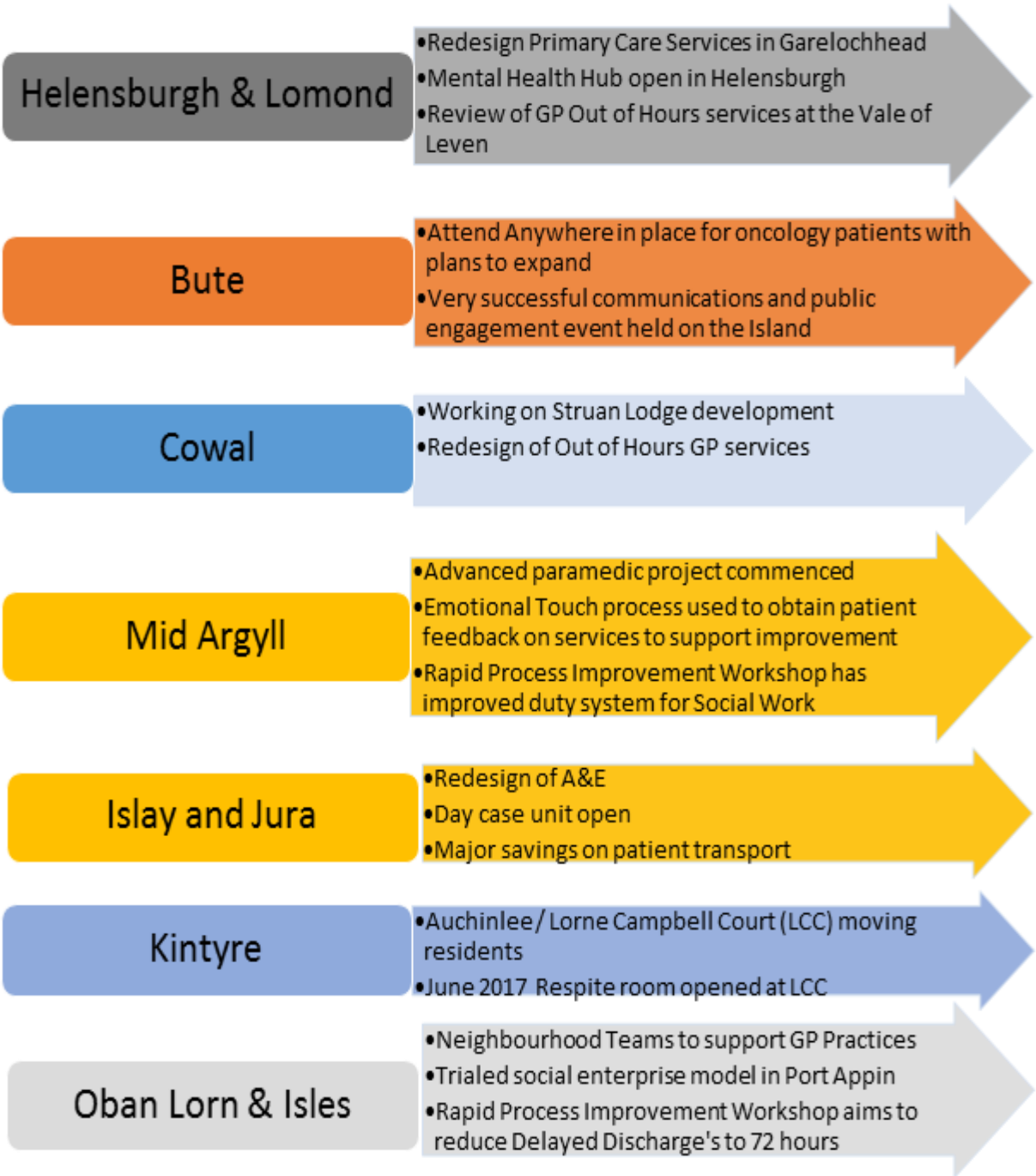
The HSCP strategic plan requires each Locality to prepare and work through their action plans which details the actions each locality will take to achieve the core strategic objectives as well as the 9 National Health and Wellbeing Outcomes. Over the last year, the Locality Planning groups have worked to address issues relating to health and social care within their local communities which are within the overall strategic framework.

[1] Public Bodies (Joint Working) (Scotland) Act 2014

[2] Localities Guidance (2015) Scottish Government

[3] Argyll & Bute HSCP Strategic Plan 2016/17 – 2018/19 NHS Highland and Argyll and Bute Council

Throughout the monthly meetings within 2017/18, Locality Planning groups have continued to progress their action plan aligned with the HSCP six areas of focus and objectives in the Quality and Finance plan. The diagram below summarises some of the work done in each locality:



10. Conclusion

The IJB is continuing its development as a maturing public body and beginning to articulate this so it is becoming more visible in the public, local and national political mind-set.

The IJB remains resolute in its commitment and vision to continue to support and improve the health and well-being of our population. This annual report show that we are beginning to make a practical difference to the people who use and rely on health and social care services.

We have made significant progress in continuing to meet the demand on our services and developing more resilient services by working with our staff and our users to redesign them to meet need.

But there is more to do, we are spending more money than we have and so we need to stop this and get back to a balanced budget. We also must make ourselves more efficient and effective and make best use of our skilled staff and maximise use of our buildings by co-locating.

We also must continue to progress the development of our workforce to implement the new models of care across Argyll and Bute and require to work hard with our Trade Union partners to achieve this. Alongside this we must also make better use of technology to help our staff to provide the quality service they want and ensure people can continue to access services in their locality.

It is clear that we need to do more to present our work, engage with our staff and communities and partners to progress the transformational change in health and social care that is needed. To this end we have established a Strategic Engagement Advisory Group comprising the Scottish Health Council; service User/Carer and 3rd Sector representatives and have developed a new engagement framework.

Our strategic plan refresh in 2018/19 will continue this work and alongside this we will be progressing the reform of the primary care system by implementing the new GP contract.

The IJB expect that as we come to write our next annual report we will continue to describe real progress in these areas, demonstrate sustained improvement in our performance targets and with the right support move back into financial balance.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.7i

Date of Meeting: **1 August 2018**

Title of Report: **Budget Monitoring Report**

Prepared by: **George Morrison, Head of Finance**
David Forshaw, Principal Accountant

Presented by : **Lesley MacLeod, Interim Chief Financial Officer**

The Integration Joint Board is asked to note:

- Funding offers from NHS Highland and Argyll & Bute Council have yet to be accepted for 2018/19.
- Budgets have been set based on the funding offers made.
- Planned expenditure exceeds the funding offers by £12.2m.
- A savings plan of £10.6m is in place and is being risk assessed, however schemes for the balance of £1.6m remain to be confirmed.
- There is concern around the pace of delivery of the savings programme and focus of the organisation.
- The year-end forecast outturn is currently a £4.4m overspend. This is not acceptable and all efforts must be focused on significantly improving this forecast position.

1. EXECUTIVE SUMMARY

The Argyll & Bute HSCP budget for 2018/19 is currently £265m. This is based on funding offers from Argyll & Bute Council and NHS Highland plus several in-year allocations from Scottish Government that have been passed through by NHS Highland.

Planned expenditure exceeds the available budget by £12.2m. There is therefore a requirement to achieve recurring savings of £12.2m to achieve a balanced budget. Savings plans identified to date total £10.6m. There is a remaining budget gap of £1.6m with underdeveloped schemes to address.

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

2. INTRODUCTION

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

3. DETAIL OF REPORT

3.1 Argyll & Bute HSCP Funding 2018/19

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

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

Table 1 below summarises the funding position of Argyll & Bute HSPC as at 30th June 2018.

Table 1: Argyll & Bute HSCP Funding 2018/19

	£ '000	£ '000
Funding offer from Argyll & Bute Council		56,389
Funding offer from NHS Highland		206,689
		263,078
In-year allocations passed through by NHS Highland		
Primary Care Improvement Fund	706	
New medicines	638	
Waiting Times	465	
Mental Health Strategy	204	
CAMHS & Psychological Therapies	128	
GP Out Of Hours	93	
Other miscellaneous allocations	82	
Contribution to CHAS	(112)	
Dentists, Chemists, Opticians funding adjustment	(254)	1,950
Total Funding as at 30 June 2018		**265,028**

As at 30th June 2018, operating budgets for Argyll & Bute HSCP total £265,028,000.

3.2 Year to Date Position

For the three months ended 30 June 2018, Argyll & Bute HSCP recorded an overspend of £288,000. This is summarised in table 2 below.

Table 2: Argyll & Bute HSCP Year to Date Position

	Annual Budget	Year to Date		
		Budget	Actual	Variance
Budget	£ '000	£ '000	£ '000	£ '000
Adult Services	131,451	32,579	30,689	1,890
Children's Services	20,014	4,657	4,348	309
Primary Care Services	28,247	7,153	7,135	18
NHS commissioned services (mainly GG&C)	63,196	15,808	16,095	(287)
All other budgets	22,120	1,777	3,995	(2,218)
	265,028	61,974	62,262	(288)

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

In considering the year to date variance, members should note that the figure can be significantly affected by contractual payment terms and delays in the submission, processing and/or payment of invoices for purchased social care services. Subsequently, members are advised to use the forecast outturn variance as a means of assessing the financial situation of the partnership

3.3 Forecast Outturn Projection

The year-end forecast outturn position for 2018/19 is a **projected overspend of £4.4m.**

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

The forecast of a £4.4m overspend therefore takes account of emerging cost pressures and savings not being achieved, offset to an extent by non-recurring benefits from vacancies and slippage on expenditure plans.

By far the biggest factor affecting the forecast overspend is confidence in the level of recurring savings likely to be achieved. As noted earlier, there is a savings plan of £10.6m in place. However it is likely that there will be a significant shortfall against the savings plan. Beyond this there is a further £1.6m budget gap with underdeveloped plans in place to address it. This is also influencing the forecast year-end outturn.

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

3.4 Savings Plan

The HSCP is currently pursuing delivery of a £10.6m savings plan. Limited progress has been achieved to date in terms of declaring recurring savings. In fact, only £540,000 has been declared . This is summarised in table 3 below.

Table 3: Argyll & Bute HSCP Savings Plan 2018/19

Savings targets identified	£ 10.60m
Savings declared to date	£ 0.54m
Savings still to be achieved	£ 10.06m

In addition, it must be remembered that there is a £1.6m additional risk referred to above.

It is acknowledged that this is very significant level of savings to be delivered and that confidence in full delivery is low given the current level of achievement. It is imperative therefore, the reporting and monitoring of this programme is done in a very open and transparent manner with clear lines of accountability.

In terms of governance, progress on delivering savings will be monitored by both the Quality and Finance Plan Programme Board and the newly established Service Transformation Board. There are certainly effective measures in place to oversee and monitor the progress of transforming services and delivering savings. However that doesn't necessarily guarantee success in the delivery of savings and robust forecasting will be required.

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

3.5 Financial Risks

As noted in section 3, the forecast year-end outturn is currently for a £4.4m overspend. Various risks and pressures are contributing to this forecast and the main ones worth highlighting are;

- A remaining budget gap of £1.6m. A review of budgets is currently underway to identify further options for savings to address this gap.
- An expectation that there will be a significant shortfall against the existing recurring savings plan of £10.6m.
- The savings plan contains a target saving of £1.2m against the SLA with NHS Greater Glasgow & Clyde for patients' services. However, NHS Greater Glasgow & Clyde has indicated an intention to *increase* the SLA charge by £768,000. There is therefore an almost £2m gap between our respective positions.
- Ongoing reliance on locum psychiatrists. Currently 4 posts are being covered by locums. This has caused a £202,000 overspend on the psychiatry medical staffing budget at month 3.

- Higher than expected demand for services across the whole client group supported by social work is likely to result in increased costs.
- Social care independent service provider failure requiring the HSCP to provide more expensive replacement services to ensure safe service continuity.
- Failure within social work to achieve expected income levels from clients due to changes in operational arrangements.
- Referrals to private sector healthcare providers, Huntercombe and the Priory. We have a small budget for referrals but currently there are 4 patients in these 2 establishments. This is higher than usual and although small numbers, it does generate high costs. This budget is overspent by £131,000 at month 3.
- Ongoing reliance on locum GPs on Mull.
- Ongoing use of agency nurses in Oban and Lochgilphead hospitals. Expenditure for the first 3 months was £128,412.
- Recruitment difficulties/staff absence in social work resulting in increased use of higher cost agency staffing.

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

4. CONTRIBUTION TO STRATEGIC PRIORITIES

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

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

The year-end forecast outturn position for 2018/19 is a **projected overspend of £4.4m.** This includes the budget gap of £1.6m, due to the shortfall in identified savings, and reflects the risk associated with the scale and pace of change required to deliver savings identified in the Quality and Finance Plan. This is a significant financial risk to the IJB, and Council and Health Board partners. The financial position is very challenging and will require to be closely monitored during the financial year.

5.2 Staff Governance

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

5.3 Clinical Governance

None.

6. EQUALITY & DIVERSITY IMPLICATIONS

Equality Impact Assessments will be carried out where required.

7. RISK ASSESSMENT

Financial risks are noted in the report.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

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

9. CONCLUSIONS

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

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

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

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

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

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.7ii

Date of Meeting : **1 August 2018**

Title of Report : **Budget Approach 2019-20 Onwards**

Presented by : **Lesley MacLeod, Interim Chief Financial Officer**

The Intergration Joint Board is asked to :

- **Note** the estimated budget gap for the three years from 2019-20 to 2021-21 is in the range of between £19m and £24m (approx £6m to £8m each year)
- **Note** the agreed timetable for the development of further service change proposals to work towards the agreement of a balanced budget for the IJB by March 2019

1. ESTIMATED BUDGET GAP

1.1 For 2019-20 to 2021-22 a very high level estimate based on estimated funding available from partners and the level of cost and demand pressures in future years is presented. The main variables or risk is the level of funding from Argyll and Bute Council and the level of cost and demand pressures. Two scenarios are presented to illustrate the estimated best and worst case. In the best case the Council funding is flat cash, as per the indicative budget allocation from the Council, however recognising that this will be subject to review and may be changed depending on the Council's settlement from the Scottish Government a worst case is also presented based on a share of a reduction in local government funding being passed to the IJB. In both scenarios the baseline NHS funding uplift is assumed to be 1.5%.

1.2 **Estimated Best Case Budget Gap 2019-20 to 2021-22:** (based on flat cash from Argyll and Bute Council)

	2019-20 £m	2020-21 £m	2021-22 £m
Baseline Budget	263.1	264.0	264.9
Cost and Demand Pressures	3.6	3.4	3.4
Inflation	5.2	5.2	5.2
Total Expenditure	271.9	272.6	273.5
Total Funding	(265.7)	(268.4)	(271.1)
Estimated Budget Gap	**6.1**	**5.9**	**5.8**
Repayment of 2017-18 Overspend	0.1	0.3	0.8
Updated Budget Gap	**6.2**	**6.2**	**6.6**
Cumulative Budget Gap	**6.2**	**12.4**	**19.0**

The overall cumulative reduction on 2019-20 baseline funding would be 7.2%.

1.3 **Estimated Worst Case Budget Gap 2019-20 to 2021-22:** (based on a reduction in funding from Argyll and Bute Council:

	2019-20 £m	2020-21 £m	2021-22 £m
Total Expenditure	271.9	272.6	273.5
Total Funding	(264.0)	(264.9)	(265.9)
Estimated Budget Gap	**7.9**	**7.6**	**7.5**
Repayment of 2017-18 Overspend	0.1	0.3	0.8
Updated Budget Gap	**8.0**	**7.9**	**8.3**
Cumulative Budget Gap	**8.0**	**15.9**	**24.2**

The overall cumulative reduction on 2019-20 baseline funding would be 9.2%.

1.4 It is clear there is a continuing picture of a budget gap and this will remain the case if cost and demand pressures continue to outstrip the funding available. Many pressures in relation to health and social care services are based on continuing service demand increases, for example for care home placements and care at home services and the expectations of ongoing cost increases for example in relation to staff pay awards and living wage costs. The assumptions made re cost and demand pressures and inflationary cost increases are noted in the table below:

	2019-20 £m	2020-21 £m	2021-22 £m
Cost Pressures:			
Health Care Packages	0.2	0.2	0.2
Prescribing Growth	0.2	0.2	0.2
Adult Care Growth	0.7	0.7	0.7
Younger Adults – supported living	0.3	0.3	0.3
Carer's Act	0.3	0.3	0.3
Sleepovers – SLW	0.2	0.0	0.0
National Care Home Contract	0.3	0.3	0.3
Health Service Pressures	1.0	1.0	1.0
Social Care Pressures	0.3	0.3	0.3
Total Cost Pressures	**3.6**	**3.4**	**3.4**
Inflationary Increases:			
Pay Inflation	2.4	2.4	2.4
Prescribing Cost Growth	0.6	0.6	0.6
Hospital Medication	0.1	0.1	0.1
GG&C SLA	0.8	0.8	0.8
Other Health SLAs	0.2	0.2	0.2
Living Wage Increase	1.0	1.0	1.0
Other social care increases	0.1	0.1	0.1
Total Inflationary Increases	**5.2**	**5.2**	**5.2**

1.5 Although these remain assumptions about future demands and cost increases these are based on historic trends and patterns of expenditure from previous years and it is likely that these trends will continue in the future.

2. BUDGET TIMETABLE

2.1 This three year position aligns with the next Strategic Planning period. The Strategic Planning Group will be developing and consulting on the next iteration of the Strategic Plan in the coming year and a financial plan will be developed to sit alongside this to ensure that the aspirations and outcomes of the refreshed Strategic Plan are aligned with the available resources.

2.2 The IJB did not approve all of the service change proposals presented in March 2018. It is clear that given the scale of the financial challenge ahead that early planning and preparation is required by the IJB. This is difficult as the IJB will always be reliant on the budget processes of NHS Highland and Argyll and Bute Council determining the level of funding available. But early planning can still take place based on the best available information and will ensure that the IJB are in a position to make the necessary decisions to balance the budget before the start of the financial year.

2.3 The draft timetable for the development of the budget for 2019-20 to 2021-22 and this is included in Appendix 1. There are some key requirements that have been taken into account:

- Decisions to be taken in March 2019 following notification of available funding;
- Timescales aligned with next iteration of the Strategic Plan and consultation;
- Aligned timescales to Council and Health Board planning cycles, particularly important for the Council in relation to any impact on staff;
- Timetable includes engagement with the Council and Health Board in relation to service changes prior to decisions being taken by partners re the level of resource to be delegated to the IJB;
- Includes a formal budget consultation process which will be carried out alongside the consultation on the Strategic Plan.

3. SERVICE CHANGE PROPOSALS

3.1 Service change proposals are to be developed by services between June and September 2018. It is to the benefit of the HSCP that service change proposals are locally owned and driven and based on an assets based approach for each individual locality.

3.2 Locality Managers and Local Area Managers will be provided with a structure and process, this will involve:

- Minimum of 3-4 sessions, through team meeting or separate forums
- Direct SMT support to deliver service change messages
- Narrative about where we are now, context setting, including service profiles, resources etc
- A method of engaging all staff on future proposals (acknowledging that these are likely to be from same service change areas as most areas are currently subject to review)
- LMs and LAMs will carry out a key leadership role in developing service change
- Proposals in relation to spend to save initiatives will be welcomed, recognising that this may result in more creative solutions and greater savings in the medium to long term
- Process for feedback by LMs and LAMs to SMT in relation to new proposals by the end of September

3.3 Draft service change proposals will be presented to the Programme Board in October, these will be detailed on the template included as Appendix 2.

4. COMMUNICATIONS AND ENGAGEMENT AND BUDGET CONSULTATION

4.1 The approach to communicating the Transforming Together approach of the Strategic Plan refresh and the approach to consulting and engaging with stakeholders through the implementation phase of the service changes outlined in the approved Quality and Finance Plan is included separately for the Quality and Finance Plan Programme Board.

4.2 As noted in the budget timetable a further report outlining the communications plan and budget consultation approach will be presented to the Quality and Finance Programme Board in August 2018, and thereafter to the IJB in September. A further update on the proposed approach will be presented in August.

APPENDICES:

Appendix 1 – Budget Timetable
Appendix 2 – Service Change Proposal Template

Argyll and Bute Integration Joint Board

BUDGET TIMETABLE

Development of Quality and Finance Plan 2019-20 to 2021-22

	Activity/Actions									
Forum	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**
IJB			Budget Outlook Report 2019-22 (report)	Budget Consultation Launch (report)				Development session - presentation of proposals		Development Session - final scrutiny and consideration of proposals
								Business Meeting - Budget Outlook 2019-20 to 2021-22 (report)		Business Meeting - Budget Report (Financial outlook, proposed Q&F Plan and Budget Consultation Feedback)
Q&F Plan Programme Board	Budget Preparation Timetable and approach (report)		Communications Plan & Budget Consultation Approach (report)		Service Re-design proposals 2019-20 to 2021-22		Service Re-design proposals 2019-20 to 2021-22	Detailed Service Re-design proposals 2019-20 to 2021-22	Draft IJB Budget Papers (report)	
							Budget Outlook 2019-20 to 2021-22 (report)	Budget Consultation Feedback (report)		
Argyll and Bute Council					Updated budget outlook P&R Committee - align with IJB	Administration Budget meeting - savings proposals		Elected Members Seminar - savings proposals	A&B Council Budget meeting - determine funding for HSCP	
NHS Highland						NHS Highland Finance Subcommittee - savings proposals		NHS Highland Finance Subcommittee - savings proposals		NHS H - Formalise funding offer to IJB
Other		Review Budget Assumptions			Staff Engagement Events	Review Budget Assumptions	Draft SG financial settlement - Council and HB	Review Budget Assumptions		
	Develop Service Change Proposals				Budget Consultation			Align budget to Strategic Plan		
						Formal Trade Union Consultation				

ARGYLL AND BUTE HSCP	**TRANSFORMING TOGETHER**
Service Area:	
Reference:	

Description of Savings Option:

Estimated Savings:

2019-20 £000	2020-21 £000	2021-22 £000

Impact on Service Delivery:

Actions Required to Deliver on Savings:

Impact on Staff:

Risks:

Impact on Assets:

Required Investment:

Estimated resource:

2019-20 £000	2020-21 £000	2021-22 £000

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.7c

Date of Meeting : 1 August 2018

Title of Report : IJB Audit Committee Terms of Reference

Presented by : Christina West, Chief Officer

The Integration Joint Board is asked to :

- **Approve** the recommended changes to the Audit Committee Terms of Reference which have been recommended by the Audit Committee.

1. EXECUTIVE SUMMARY

1.1 The Terms of Reference for the IJB Audit Committee were updated at the request of the IJB Audit Committee to incorporate the feedback from the Internal Audit carried out in relation to Risk Management and to allow members to nominate deputies to ensure future meetings are not re-scheduled or cancelled due to availability.

Having reviewed the changes, the IJB Audit Committee recommend tht the IJB approve the changes.

2. INTRODUCTION

2.1 This report outlines proposed changes to the Audit Committee Terms of Reference.

3. DETAIL OF REPORT

3.1 The Audit Committee Terms of Reference were last approved by the Integration Joint Board on 27 September 2016. These have been reviewed and the revised Terms of Reference with proposed changes highlighted are included as Appendix 1.

3.2 The proposed changes include:

- Amend quorum section to include a provision for the nomination of deputies to attend meetings to ensure that future quarterly meetings of the Audit Committee are not cancelled or re-scheduled due to availability, it is recommended that this would only be permitted with prior agreement from the Chair to ensure appropriate representation.
- Clarity of the role of the Audit Committee in relation to Risk Management. To reflect the recommendations from the Internal Audit review of Risk Management which included a recommendation that the Audit Committee has oversight of the Strategic Risk Register.

3.3 These changes are compliant with governance requirements for the effective operation of the Audit Committee. The IJB are asked to approve the proposed changes to the Terms of Reference which are recommended by the Audit Committee.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

4.1 The IJB require to ensure appropriate arrangements are in place for the sub committees of the IJB.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

None

5.2 Staff Governance

None

5.3 Clinical Governance

None

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

Updated Terms of Reference would include provisions for additional oversight of the Strategic Risks of the IJB.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None

9. CONCLUSIONS

9.1 The proposed changes to the Audit Committee Terms of Reference should provide more flexibility to ensure the cycle of Audit Committee meetings is not disrupted and also provide clarity on the role of the Audit Committee in relation to Risk Management.

APPENDICES:

Appendix 1 – IJB Audit Committee Terms of Reference

Argyll & Bute Health and Social Care Partnership
Integration Joint Board Audit Committee
Terms of Reference

1. INTRODUCTION

1.1 The Integration Joint Board (IJB) is required to properly manage its financial affairs. A key component to fulfilling this obligation is to have an Audit Committee.

1.2 The IJB Audit Committee was established as a Standing Committee of the IJB on 29th February 2016.

2. PURPOSE OF THE IJB AUDIT COMMITTEE

The IJB Audit Committee will have a key role with regard to:

2.1 Ensuring sound governance arrangements are in place for the IJB; and

2.2 Ensuring the efficient and effective performance of Argyll & Bute's Health and Social Care Partnership in order to deliver the outcomes set out in the Integration Scheme.

3. CONSTITUTION OF THE IJB AUDIT COMMITTEE

Appointments

3.1 The IJB will make all appointments to the IJB Audit Committee including the appointment of the Chair and Vice-chair of the Committee.

Membership

3.2 The Committee will consist of six members of the IJB. The Committee will include a minimum of two voting members, with one from NHS Highland and one from Argyll and Bute Council.

Chair and Vice-Chair

3.3 The Chair and Vice-Chair of the IJB Audit Committee will be appointed by the IJB. Neither may be the Chair or Vice-Chair of the IJB.

3.4 The appointment of Chair and Vice-Chair will be for a two year term.

Quorum

3.5 Three members of the Committee will constitute a quorum, with at least one of the members being the Chair or Vice-Chair. Members may nominate deputies to attend meetings to ensure meetings are quorate, this will be only permitted with prior agreement by the Chair.

Frequency of Meetings

3.6 The Committee will meet at least quarterly.

In Attendance

3.7 The Chief Officer, Chief Finance Officer and Chief Internal Auditor and other professional advisers or their nominated representatives will attend meetings. Other persons may attend meetings by invitation of the Chair.

3.8 The external auditor will be invited to attend meetings of the IJB Audit Committee.

Sub-groups

3.9 The Committee may at its discretion set up working groups for specific tasks. Membership of working groups will be open to anyone whom the IJB Audit Committee considers will be able to assist in the task assigned. The working groups will report their findings and any recommendations to the IJB Audit Committee.

4. POLICY AND DELEGATED AUTHORITY

4.1 The IJB Audit Committee is authorised to request reports and to make recommendations to the IJB on any matter which falls within its Terms of Reference.

5. REMIT

5.1 The IJB Audit Committee will review the overall internal control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement and any other matters within its Terms of Reference.

5.2 Specific areas of responsibility include:

Performance Monitoring

i. To ensure that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against agreed objectives, levels and standards of service.
ii. To consider reports on performance and to review progress against the national outcomes and the outcomes in the Strategic Plan.

Audit

i. To review and recommend the annual Internal Audit Plan to the IJB.
ii. To oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate.
iii. To consider monitoring reports on the activity of Internal Audit.
iv. To consider External Audit Plans and reports as appropriate; any matters arising from these and management actions identified in

response.

v. To ensure compliance with IJB governance arrangements and strategies e.g. Risk Management Strategy, Participation and Engagement Strategy.

vi. To be responsible for setting its own work programme including reviews in order to properly advise the IJB on matters covered by the IJB Audit Committee's Terms of Reference.

vii. To escalate matters of concern to NHS Highland and/or Argyll & Bute Council, as required, for resolution.

Risk Management

i. To review risk management arrangements and receive regular risk management updates and reports.

ii. Provide effective oversight to risk management arrangements, the Strategic Risk Register will be considered as a standing agenda item, with the Audit Committee reviewing key issues and changes to any strategic risks.

iii. Provide assurance to the IJB over the risk management arrangements in place.

Annual Accounts

i. To consider the annual financial accounts of the IJB and any related matters before submission to and approval by the IJB.

Standards

i. To promote the highest standards of conduct and professional behaviour by IJB members.

ii. To assist IJB Members in observing the relevant Codes of Conduct.

June 2018

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.8

Date of Meeting: **1 August 2018**

Title of Report: **Strategic Plan (April 2019- March 2022) - Stakeholder Engagement**

Presented by: **Sandra Cairney, Associate Director of Public Health**

The Integration Joint Board is asked to:

- Note the progress of engagement to inform the development of the Strategic Plan.

1. EXECUTIVE SUMMARY

A schedule of engagement activities is taking place between July and October 2018 [Appendix 1], the feedback from which will inform the next iteration of the HSCP Strategic Plan. Representatives from the locality Comms & Engagement groups played a key role in determining the key messages to be communicated to stakeholders.

2. INTRODUCTION

The Health & Social Care Partnership (HSCP) is seeking feedback from service users, carer, partners and staff on the development of the 2nd Strategic Plan (April 2019- March 2022), specifically on eight strategic areas of service change required to deliver the ambitions of the Partnership over the life of the Plan. These include:

1. Children's Services
2. Care Homes and Housing
3. Learning Disability Services
4. Community Model of Care
5. Mental Health Services
6. Primary Care Services
7. Hospital Services
8. Corporate Services

A reference group was established, consisting of representatives from locality Comms & Engagement Groups, the Scottish Health Council and HSCP engagement and public health officers. This group advised on the format and content of the material and importantly determined the key messages to be communicated, as well as identifying the stages of engagement.

3. DETAIL OF REPORT

The purpose of the engagement process is to:

- raise awareness of the HSCP's challenging financial position, service demands, public's expectations of care and the need to deliver services within a balanced budget;
- elicit comments about eight specific areas of service change;
- seek views about what we need to do to make sure we involve people as we go about making these changes;
- invite suggestions about how individuals, communities and our partners work with us to help people stay healthy and well; and
- be advised on how the HSCP can help communities to work with us and play an active role in developing and delivering future services.

The HSCP engagement process builds on the approach outlined in the Engagement Framework supported at the IJB meeting in May 2018 and involves in three stages.

Stage 1 – Informing and Consulting on the Strategic Plan (July to October 2018)

- Informing people about what the HSCP is going to do
- Inviting comments on the key service change areas that are required
- Inviting suggestions around what we need to do to make sure we involve people as we make these changes
- Use the information gathered in this stage to inform what we do next

Stage 2 – Involving and Collaborating on service redesign

- Developing the areas of work around the 8 key areas for service change
- Involve staff, citizens and partners as we take forward this work
- Publicise what we have found out and how this information will be used to make service changes

Stage 3 – Involving and Collaborating on implementing service change

- Involve people who use services, carers, staff and partners in how we implement service change

Engagement will primarily take place where groups are already organised for example community planning groups; health & wellbeing networks; and locality planning groups. Specific staff engagement sessions are being organised to ensure the health and social care workforce have the opportunity to participate.

4. RELEVANT DATA AND INDICATORS

Feedback from stakeholder engagement will be collated, analysed and interpreted to inform the Strategic Plan.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The purpose of engagement is to invite comments specifically about the eight key service changes required to deliver the Strategic Plan.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

No financial impact identified.

6.2 Staff Governance

Health and social care staff will be encouraged and supported to participate in the engagement process.

6.3 Clinical Governance

No issues identified.

7. EQUALITY & DIVERSITY IMPLICATIONS

The feedback will inform the Strategic Plan which will be subject to an EQIA

8. RISK ASSESSMENT

Planned engagement activities initially spanned the summer holiday period potentially limiting the reach of stakeholders. The engagement timeline has been extended to October in order to mitigate this risk.

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Public, service user, partners and staff involvement is planned into the schedule of activity.

10. CONCLUSIONS

The Strategic Plan engagement approach has been informed by the involvement of service users, carers and the Scottish Health Council. The staged approach will mean proportionate engagement is built into the Strategic Plan development; subsequent service development/redesign; and service change implementation.

Appendix 1

STRATEGIC PLAN (2019/22)

ENGAGEMENT PROCESS SCHEDULE OF DATES

EVENT/ACTIVITY	DATE
Health and Wellbeing Networks • Bute • Cowal • Helensburgh/Lomond • Islay/Jura • Kintyre • Mid Argyll • Mull, Iona, Coll, Colonsay, Tiree • Oban	 15.8.18 – Rothesay 24.7.18 - Dunoon 20.6.18 – Helensburgh 20.8.18 – Islay 20.6.18 – Campbeltown 1.8.18 – Lochgilphead 6.6.18 – Coll 16.8.18 – Oban
Area Community Planning Meetings • Cowal/Bute • Helensburgh/Lomond • MAKI • OLI	 14.8.18 - Dunoon 15.8.18 - Helensburgh 8.8.18 – Campbeltown 16.8.18 - Oban
Locality Planning Groups • Bute • Cowal • Helensburgh/Lomond • Islay/Jura • Kintyre • Mid Argyll • Mull, Iona • Coll, Colonsay, Tiree • Oban & Lorn	 TBC TBC TBC 4th Sep or 9th Oct TBC 8th Aug TBC TBC 21st Aug or 23rd Oct
Locality Communications & Engagement Groups • Oban & Lorn • Mid Argyll (bi-monthly) • Kintyre • Islay / Jura • Cowal • Bute • Helensburgh/Lomond • Coll, Colonsay, Tiree	 23rd Jul 8th Aug TBC Not active TBC TBC 28th Aug, 25th Sep, 30th Oct
Health & Care Forums (HCFs) • Oban & Lorn • Mid Argyll • Kintyre • Islay / Jura • Cowal • Bute • Helensburgh / Lomond	 6th Aug or 1st Oct 14th Aug or 9th Oct TBC TBC TBC 26th Sep

Community Councils (TBC)	Contact details of secretaries are here - https://www.argyll-bute.gov.uk/council-and-government/community-council
HSCP Staff Drop-ins	TBC
Adult Services Management Team (for onward dissemination by LAMs to teams)	12 July
Strategic Planning Group	5 July

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.9

Date of Meeting: **1 August 2018**

Title of Report: **Engagement Framework – Progress Update**

Presented by: **Sandra Cairney, Associate Director of Public Health**

The Integration Joint Board is asked to:

- Note the progress over a three month period in support of the implementation of the *HSCP Engagement Framework* and the *'IJB Visible Changes Argyll & Bute IJB Improvement Plan'.*

1. EXECUTIVE SUMMARY

The Integrated Joint Board supported the *HSCP Engagement Framework* at the Board meeting in May 2018. Since that date a range of actions have been identified and are being progressed to achieve a consistent, comprehensive and effective approach to engagement

2. INTRODUCTION

The *'IJB Visible Changes Argyll & Bute IJB Improvement Plan'* has been developed in response to a range of feedback and issues experienced by the IJB. This Plan identifies improvement activity required across all levels of the Health and Social Care Partnership, with specific actions that seek to achieve improved service user, staff and partner involvement and engagement.

3. DETAIL OF REPORT

The engagement activities outlined in the table below compliment the approach outlined in the HSCP *Engagement Framework* and are grouped under the engagement themes outlined in the *'Visible Changes Argyll & Bute IJB Improvement Plan'. These include:*

a) developing an induction and support programme for service user and carer representatives on statutory groups;

b) sharing information regarding the service areas within the Transforming Together programme of work with all staff and communities;

c) enhancing proactive communication across all stakeholders, with clear and unambiguous messages needed following IJB decisions; and

d) developing focussed work with clinicians and social work professionals so that they can explain proposed service changes to patients and service users.

Improvement Theme		Improvement Action
a)	Develop an induction and support programme for service user and carer representatives on statutory groups	A&B wide Service User & Carer Representatives Support Group being established following LPG workshop in September.
		Induction pack for representatives is being prepared including the following tools/documents: ▪ Working Agreement & TOR ▪ Code of Conduct ▪ Confidentiality Agreement ▪ IJB Report/Action Plan ▪ Aide Memoir & Glossary ▪ Learning Log ▪ Volunteer Remuneration
		IJB carer rep/Associate DPH working together to develop a quality assurance assessment framework
b)	Share information regarding the service areas within the Transforming Together programme of work with all staff and communities	Engagement with a wide range of groups is planned focussing specifically on the key service change areas that will support the delivery of the Strategic Plan.
		Working with the Scottish Health Council to develop an 'Engagement Specification' that will provide guidance to service managers and programme managers about good practice methods, tools and approaches. The Engagement Specification will support the eight areas of services change as part of the Transforming Together Programme.
		Engagement Tracker will be reviewed to meet the requirements of the Transforming Together Programme.
c)	Enhance proactive communication across all stakeholders, with clear and unambiguous messages needed following IJB decisions	A Strategic Engagement Advisory Group established comprising of the Scottish Health Council; service User/Carer, 3rd Sector and HSCP engagement, health improvement and planning officer, This group provides expertise and advice on: ▪ the development of functions, structure and governance arrangement for future engagement ▪ the development of support arrangements for service user, carer and third sector reps on statutory groups ▪ Establishing an engagement quality assurance assessment framework.
		A Communication Framework is in development

		outlining the aims, methods and audiences. The Framework will be supported through an annual delivery plan.
d)	Develop focussed work with clinicians and social work professionals so that they can explain proposed service changes to patients and service users	A training programme is current being delivered across localities. This programme will be revised following a review and redesign of engagement functions and structures.

4. RELEVANT DATA AND INDICATORS

The engagement actions outlined form part of a comprehensive implementation plan that will monitor effectiveness through qualitative and quantitative measures including the number of engagement activities and participants, as well as participant feedback. This information will inform further development of engagement approaches.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The purpose of the engagement activity is to ensure stakeholder views are understood and considered when developing the revised HSCP Strategic Plan (2019-22) and subsequent service change/transformation.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

No financial impact identified.

6.2 Staff Governance

Health and social care staff will be encouraged to participate in engagement processes outlined in the Engagement Framework

6.3 Clinical Governance

A quality assurance assessment programme is in development to ensure good practice is able to be evidenced.

7. EQUALITY & DIVERSITY IMPLICATIONS

Activity arising as a result of engagement will consider equality and diversity implications and this may, depending on the level of service change proposed, cross reference with Equality and Diversity Impact Assessments (EQIAs).

8. RISK ASSESSMENT

The Engagement Framework and associated action plan aims to mitigate risk associated with ineffective engagement in the development of the HSCP strategies, plans and service transformation.

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The purpose of the engagement action is to achieve improved public, service user, staff and partner involvement.

10. CONCLUSIONS

Actions progressed over the last two months are intended to respond to the themes outlined in the *'Visible Changes Argyll & Bute IJB Improvement Plan'.* This initial work establishes the foundation for future engagement activity across all levels of the organisation and addresses structural, functional and overarching governance arrangements.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item : 5.10i**

Date of Meeting: **1 August 2018**

Title of Report: **Staff Governance Report**

Prepared by: **Sandy Wilkie, Head of People & Change and Jo McDill, Council HR & OD**

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

The Integration Joint Board is asked to :

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

1. EXECUTIVE SUMMARY

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

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

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

2. INTRODUCTION

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

- HSCP Values & Practices Framework (CIRCLE)
- iMatter Wave 2 results
- Staff Wellbeing Survey
- Workforce Planning
- Update on Integrated HR issues
- Organisation Change & Service Redesign issues
- Recruitment & Redeployment activity
- Statutory & Mandatory Training
- Workforce performance trends.
- Work planned over the next 3 months

The figures represent data for Quarter 1 (Apr-Jun 2018).

3. HSCP VALUES & PRACTICES FRAMEWORK (CIRCLE)

Following design & testing, we have developed the final version of 'CIRCLE' as the new Shared Values for the HSCP. These have been accepted by the SLT at our July business meeting and a separate IJB paper today outlines the framework and a plan for launch and embedding.

Adoption of CIRCLE will make a significant contribution towards integrated teamworking, improved employee engagement and the emergence of a shared culture across NHS Highland and Argyll & Bute Council staff within the HSCP.

4. iMATTER WAVE 2 RESULTS

iMatter is a continuous improvement tool designed with staff in NHS Scotland to help individuals, teams and Boards understand and improve staff experience. In 2017 all HSCP staff (Council and NHS) were asked to participate in the iMatter survey.

The key timescales for wave 2 of iMatter this year were as follows::

- **Communication and Preparation** (March-April 2018)
- **Team Confirmation** (Monday 30th April to Friday 25th May 2018)
- **Questionnaire** Monday 28th May to Monday 18th June – 3 weeks)
- **Reports** (issued Monday 2nd July)
- **Action Plans** (12 week deadline - Friday 21st September)

By the end of the confirmation stage there were a number of teams that had not been confirmed by their manager, so some employees did not get to participate.

By the end of the questionnaire stage, there was a 50% response rate for the HSCP: 1119/2026 via email and 57/321 via paper. This is lower than the 61% in 2017. The aim is to review what went well and what lessons we can learn from this year to see how we can improve on the response rate for 2019.

The iMatter results and Engagement Scores (EEI) were released to the team managers on 2nd July 2018. The HSCP teams that had implemented actions in 2017 saw a positive rise in levels of engagement.

There is evidence to suggest that morale in several parts of the HSCP is low at the moment, so there is a need to improve staff engagement. We will be making an effort to increase action planning from the 2018 iMatter survey to above 40%. This should increase confidence in this (now annual) national process as a feedback & action-planning mechanism and help to lift levels of employee engagement across the HSCP.

5. STAFF WELLBEING SURVEY

Following the Q4 Staff Wellbeing Survey across the HSCP, the results have been analysed by our Health Improvement colleagues. A short-life working group has been established to identify key themes and develop an action plan around supportive interventions. This will be reported in the Q2 Staff Governance Report.

6. WORKFORCE PLANNING

The first HSCP Workforce Plan for 2018/19 has been developed iteratively, focusing primarily on Adult Services. The final version is complete and was taken to the local Partnership Forum in May and June and is tabled at this IJB meeting as a separate paper for final approval.

The Plan includes actions to improve the process of workforce planning including reviewing the outcome of the ihub work around how and when the simulation tool adds value, as well as actions to bridge the gap. Service specific integrated workforce plans will need to be developed as service redesigns are progressed for the six areas reporting to the Transformation Board. The next annual Workforce Plan for 2019/20 will need to complement this and include information about all services and encompass more detail about the role of the third-sector, voluntary organisations, community networks and other commissioned providers who support the HSCP. This will align with and inform the HSCPs refreshed 3 year Strategic plan for 2019 to 2022.

7. UPDATE ON INTEGRATED HR ISSUES

The Terms of Reference for the Staff Liaison Group and Organisational Change Group, plus a supporting flowchart, have now been approved by our local Partnership Forum.

The People & Change team have recruited two staff. An HR Business Partner to support MAKI, Mental Health and Corporate areas and a Service Improvement Lead for the Admin Services Review, one of our Transforming Together projects.

A number of HSCP Managers (both Council and NHS) have reported that they are struggling to become familiar with the Council's Talentlink online recruitment system. Online courses are available for this, as well as Council helplines, plus a number of webinars are being planned for all staff. A number of Council posts requiring to be uploaded onto Talentlink, will be input by the Community Services Directorate team, on behalf of the HSCP managers, to ensure timely recruitment.

8. ORGANISATIONAL CHANGE & SERVICE REDESIGN ISSUES

The Organisational Change Group have approved the implementation of changes around the mainstreaming of the Technology Enabled Care (TEC) Project into the Planning team.

We anticipate a growing number of service redesign proposals as the Transforming Together projects gather pace over the next 3-6 months.

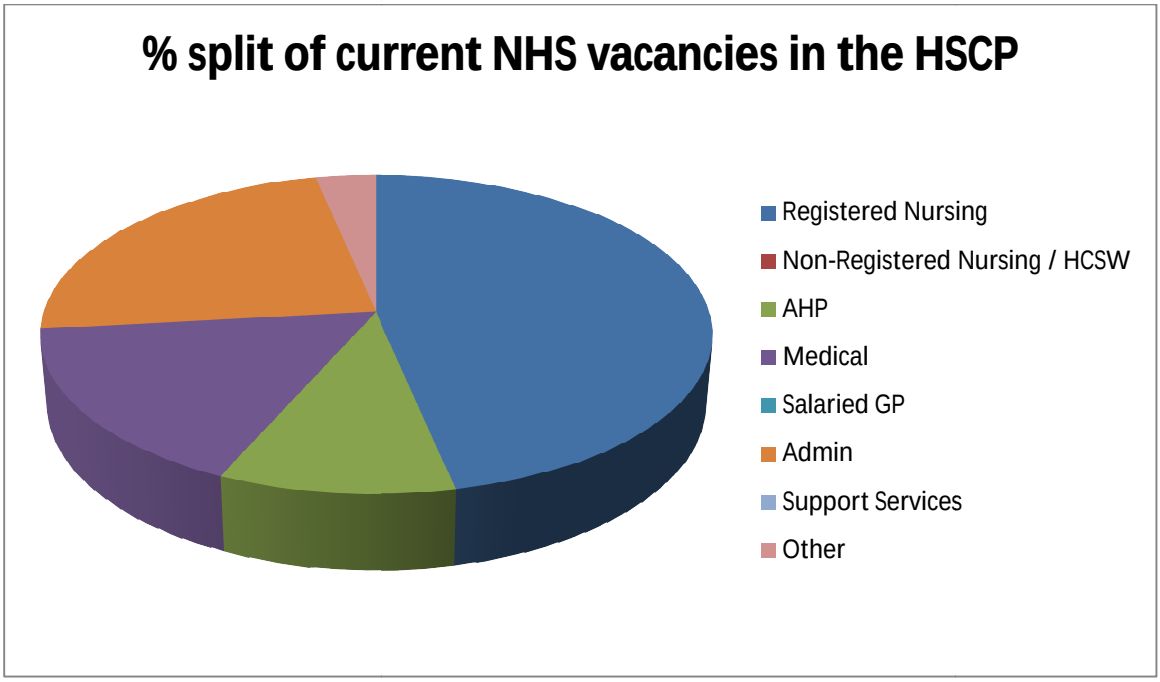
The Transformation Board has agreed the project scope for the Clinical and Corporate themes. Support from People & Change and the Council HR & OD team has been put in place on the relevant project steering groups.

9. RECRUITMENT & REDEPLOYMENT ACTIVITY

NHS Vacancies

	Apr		May		June	
	New	**Re-Ad**	**New**	**Re-Ad**	**New**	**Re-Ad**
A&B Adult Services – East	13	12	7	7	8	4
A&B Adult Services – West	17	10	15	11	17	8
A&B Children & Families	5	2	3	3	3	2
Corporate Services	2	0	1	1	2	1
Totals	**37**	**24**	**26**	**22**	**30**	**15**
	61		**48**		**45**	

The breakdown of current NHS vacancies by Job Family is as follows:



The local employment market in Oban has recently become challenging, with the planned expansion of retail sector jobs. This is impacting on recruitment to home care and care home vacancies in the locality and we have seen a significant number of vacancies for registered nurses over the past four months in Lorn & Islands Hospital.

Local data identifies the HSCP is 5.7% below establishment as at end June 2018, which equates to around 80 vacancies across a range of professional groups.

Council Vacancies

For the month of **April 2018**, there were **4** internal job adverts within HSCP Social work, and **9** external job adverts.

For the month of **May 2018**, there were **7** internal job adverts within HSCP Social work, and **8** external job adverts.

For the month of **June 2018**, there were **3** internal job adverts within HSCP Social work, and **15** external job adverts.

There are now 39 staff on the NHS primary redeployment register (an increase of 6) and 26 on the secondary register (no change from Dec 2017). The increase this quarter reflects a number of fixed-term contracts having ended, some matching processes for these staff are already underway.

No Social Work staff are currently on the redeployment register.

10. STATUTORY & MANDATORY TRAINING

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

Council staff completed the following training in Q1:

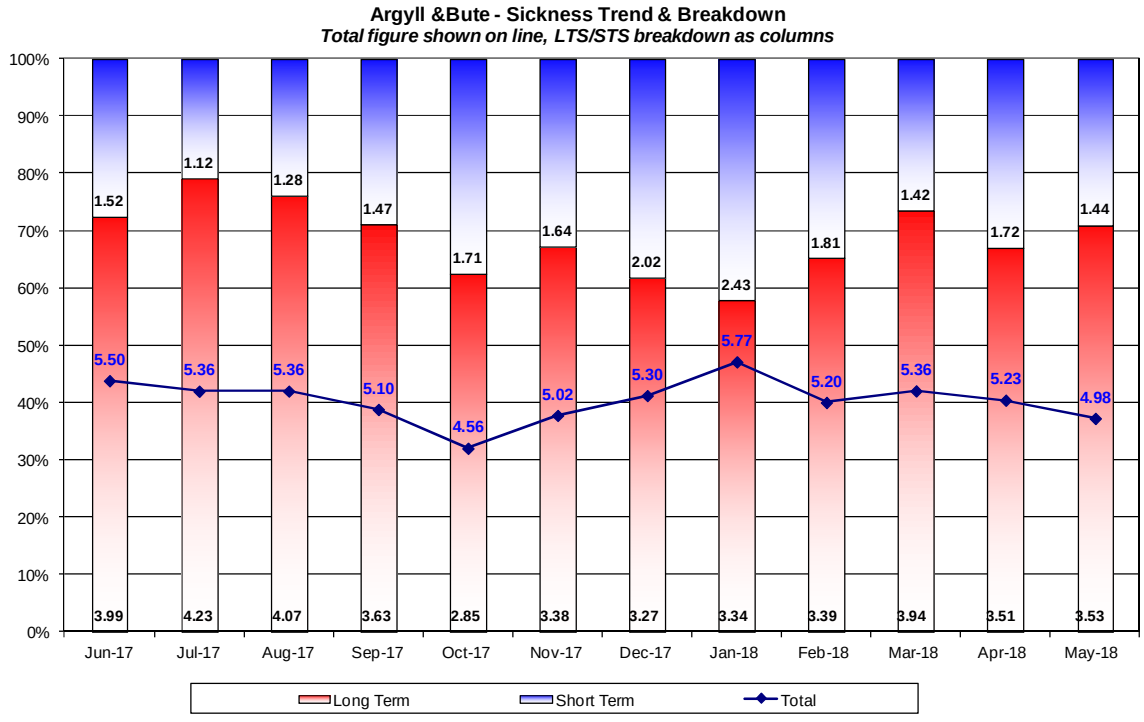
Numbers of Council Employees Completed Training Q1 2018	Training Required for Role	Training required by Council/PRD
Adult Care West	49	1
Adult Care East	36	8
Children And Families	4	7
Strategic Planning And Performance	1	0
TOTAL	**90**	**16**

11. WORKFORCE PERFORMANCE TRENDS

11.1 Attendance Management

Most NHS Boards/HSCPs remain above the national target of 4% for sickness absence, with the national average for 2017/18 at 5.38%[1].

Sickness absence for NHS employees within Argyll & Bute had a seasonal peak of 5.77% in January 2018, but had fallen to **4.98%** by May 2018 (June data not yet available



The Council measures sickness absence as working days lost as per the required SPI for local government. The average number of working days lost per FTE Council employee working within social work/care area of the Partnership is **5.65** against a target of **3.78**. This data is Q4 (Jan-Mar 2018) as more recent statistics for Q1 are not yet available.

In July, the People & Change team launched a 'How To Manage Attendance' guide for our locality managers, covering both NHS and Council processes. We will be developing a strategic paper around managing sickness absence across the HSCP and undertaking benchmarking with selected other HSCPs. The results of these will be reported at a future IJB meeting.

11.2 Fixed Term contracts

NHS employees

There are 39 staff currently on fixed term contacts (FTCs), an increase of 5 from Q4. This increase is due to the use of FTCs rather than permanent contracts for staff groups that may be directly affected by proposals developed through the Transforming Together change programmes; use of FTCs enables flexibility when progressing service redesign.

Adult Care West	**15**
Adult Care East	**10**
Corporate	**10**
Children & Families	**4**
TOTAL	**39**

The trend over the last 12 months has seen this number remain within the range of 32-39 staff.

Council employees

Adult Care West	**43**
Adult Care East	**33**
Children and Families	**29**
Strategic Planning & Performance	**0**
TOTAL	**105**

* Data for April & May 2018 only

The trend since January 2017 has seen these numbers range between 98 and 117. The figure for May 2018 represents a small decrease of 8 from Q4 due to contracts expiring.

11.3 Turnover

Monthly turnover for NHS staff across April and May 2018 was 0.77% and 1.16% respectively. Annual Turnover for May 2018 was **10.66%**, up from 9.98% in March 2018.

The Stability Factor for our NHS staff, the number of staff in post 12 months ago who are still in post, increased marginally from 88.80% (Q4) to **88.82%** (May 2018).

No turnover data is available for Q1 from the Council.

11.4 Employee Relations Cases

NHS

June 2018	Grievances Live	Conduct Live	Capability Live	B&H Live
Adult West	3	7	3	3
Adult East	0	0	2	1
Children & Families	0	0	0	0
Corporate	0	0	1	0
Total	**3**	**7**	**6**	**4**

Council

May 2018	**Disciplinary Live**	**Grievances Live**
Adult West	1	0
Adult East	0	0
Children & Families	2	0
Strategic Planning and Performance	0	0
Total	**3**	**0**

This quarter has seen a rise in the total number of cases from 17 (March 2018) to 20. This reflects specific local issues in Oban, Lorn and Isles and Mid Argyll, Kintyre and Islay localities. The new HR Business Partner will provide additional resources to support Locality Managers and Local Area Managers with these cases.

Discussions with staff-side / trade unions in the coming months will allow us to explore the reasons for staff progressing to formal complaints, as opposed to informal resolution or using mediation.

11.5 Performance Management (TURAS/PRDs)

A joint paper will be prepared for the September IJB meeting to outline how participation rates for NHS Knowledge & Skills Framework (KSF) Personal Development Planning & Process and Council Performance Review & Development plans will be improved across the HSCP.

12. PLANS FOR NEXT 3 MONTHS

- The results of the Staff Health & Wellbeing Survey are currently being reviewed by the Partnership Forum SLWG; a range of recommended actions will be finalised.
- An assessment of support needs across the LM/LAM management levels within Adults Services and Children's & Families Services is nearly complete; a programme of leadership development support will be designed.
- We launch CIRCLE, our new HSCP Values & Practices framework and start to embed this; our aspiration is to become a values-based health & social care organisation.

13. 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.

14. GOVERNANCE IMPLICATIONS

14.1 Financial Impact – N/A

14.2 Staff Governance – this is the staff governance report.

14.3 Clinical Governance – N/A

15. EQUALITY & DIVERSITY IMPLICATIONS

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

16. RISK ASSESSMENT

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

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

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.10ii

Date of Meeting : **1 August 2018**

Title of Report : **Argyll & Bute Health and Social Care Partnership Workforce Plan - 2018/19**

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

The Integration Joint Board is asked to :

Approve the first Argyll & Bute Health and Social Care Partnership Workforce Plan - 2018/19.

1. EXECUTIVE SUMMARY

This is our first HSCP Workforce Plan and is for 2018/2019, reflecting our current 3 year strategic planning cycle and focuses on Adult Services, the largest area of staff within the HSCP who are direct employees of Argyll and Bute Council and NHS Highland.

Our workforce is vital to support the HSCP to deliver our vision. We need to support our staff to continue to evolve their service delivery and develop and grow their skills, as well as the capabilities and capacity of the many people who contribute to delivering health and social care in Argyll and Bute.

Developing a workforce plan for the HSCP and effective workforce planning processes is key to ensure our workforce is transformed to meet the health and care needs of the people in Argyll & Bute for a sustainable future. The HSCP needs to ensure we have a workforce which is:

- Correctly established
- Appropriately skilled and knowledgeable
- Professionally led and accountable
- Locality planned, developed, implemented and monitored

2. INTRODUCTION

The HSCP Workforce Plan for 2018/2019 is our first, reflecting our current 3 year strategic planning cycle and is focusing on Adult Services. We have used the 6-Steps Model to help us construct it, with additional modelling input from iHub.

During the course of 2018/19 Parts 1 and 2 and 3 of the National Workforce plans were published and these are noted below:

- National Health and Social Care Workforce Plan - Part 1 a framework for improving workforce planning across NHS Scotland, Scottish Government, June 2017.
- National Health and Social Care Workforce Plan Part 2 – a framework for improving workforce planning for social care in Scotland, Scottish Government, December 2017.
- National Health and Social Care Workforce Plan Part 3 – a framework for improving workforce planning for primary care in Scotland, Scottish Government, April 2018

3. DETAIL OF REPORT

The HSCP Workforce Plan for 2018/2019 is arranged in 6 sections that cover the following areas and is 21 pages in length and designed so it will be a practical & dynamic document.

Further detail is available in the Appendices including an action plan for 2018/19, some of these actions will go beyond this timeframe and into the next 3-year strategic planning cycle.

4. NEXT STEPS

Service specific workforce plans will need to be developed as service redesigns are progressed as part of the 'Transforming Together' programme during 2018/19; these will provide more detail and will help to ensure equity across the HSCP as well as taking into account locality needs.

The next iteration of our Workforce Plan in 2019 will include information about other HSCP services; Children & Families, Mental Health, Learning Disabilities, Sexual Health, Public Health, Dental and Corporate services. There will also be more about the role of the third-sector, voluntary organisations, community networks and other commissioned providers who support the HSCP achieve our Vision and Key Objectives.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Our workforce is vital to support the HSCP to deliver our vision, and we need to support our staff as we transform our services for the future and deliver safe, sustainable and effective services. Workforce planning is iterative and emerging as we transform our services together across all partners of the HSCP.

The action plan includes actions to improve the process of workforce planning.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Part of the work going forward is to review the process for delivering workforce plans so they are more fully integrated with Financial and Service Planning, and contributing to NHS Highland's integrated workforce, financial and service planning model. This will enable the future production of fully developed workforce plans that are costed and evidence based wherever possible.

6.2 Staff Governance

Our workforce is vital to support the HSCP and effective workforce planning supports the staff governance standards. We need to support our staff to be appropriately trained and developed to deliver services for the future. The appropriate HR processes will require to be followed where staff are impacted by any service and workforce changes.

6.3 Clinical Governance

Effective workforce planning and development supports the safe and effective delivery of services and clinical governance standards.

7. EQUALITY & DIVERSITY IMPLICATIONS

Equality Impact Assessments will be carried out where required as part of local service plans and organisational change relating to our Transforming Together programme themes.

8. RISK ASSESSMENT

Effective workforce planning is needed to ensure the establishment of staff is correct and appropriately skilled and knowledgeable, and professionally led and accountable.

We know models of care delivery need to change to meet current and future demand. The drivers of demographic change, service sustainability and financial constraints means the status quo is not an option.

The workforce is ageing, with a substantial number aged over 50 years and recruitment challenges across a range of specialities and localities. The workforce needs to be designed for future services, creative, flexible, sustainable, multi-disciplinary and multi-agency, and with digital know-how.

Without effective workforce planning and data to support this process there are risks to sustainable service delivery and achieving the HSCP strategic objectives.

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Effective workforce planning and development of staff enhances staff engagement, knowledge and skills thereby enhancing user and public experience. The public and service users have not been directly consulted on the development of this workforce plan. Staff have been involved through the locality workforce planning workshops that were completed during 2017/18 phases 2-4 as part of the Improvement hub (ihub) project as well as through the Workforce Planning & Development Programme Board that has representation from across the HSCP and its partners.

10. CONCLUSIONS

Effective workforce planning is complex and the future will be at national, regional, board, HSCP and local level with recommendations for improving workforce planning at all levels in Parts 1 and 2 and 3 of the National Workforce plans.

The IJB are asked to approve the attached HSCP Workforce Plan for 2018/19.

Argyll & Bute
Health and Social Care Partnership
Workforce Plan - 2018/19

Contents

Appendices

1. INTRODUCTION

The Argyll & Bute Health & Social Care Partnership (HSCP) Strategic Plan 2016-19 sets out our vision that people in Argyll and Bute will live longer, healthier, happier independent lives. http://www.nhshighland.scot.nhs.uk/OurAreas/ArgyllandBute/Documents/SP%202016-2019%20%20Final.pdf

This is our first HSCP Workforce Plan; an important step in formulating a strategic approach to workforce planning across our integrated services. This plan is for 2018/2019 reflecting our current 3 year strategic planning cycle and is focusing on Adult Services, the largest area of staff within the HSCP who are direct employees of Argyll and Bute Council and NHS Highland.

The next iteration of our Workforce Plan in 2019 will include information about other HSCP services; Children & Families, Mental Health, Learning Disabilities, Sexual Health, Public Health, Dental and Corporate services. There will also be more about the role of the third-sector, voluntary organisations, community networks and other commissioned providers who support the HSCP achieve our Vision and key Objectives. Workforce planning is iterative and emerging as we transform our services together.

Our workforce is vital to support the HSCP to deliver our vision, and we need to support our staff to continue to evolve their service delivery and develop and grow their skills, as well as the capabilities and capacity of the many people who contribute to delivering health and social care in Argyll and Bute.

2. STRATEGIC CONTEXT

We recognise the way we provide care needs to change to meet current and future demand. The drivers of demographic change, service sustainability and financial constraints means the status quo is not an option.

"In the 70 years since the NHS was established, and indeed in the 50 years since the Social Work (Scotland) Act was signed, the West of Scotland has seen great changes in what, how and where care is delivered. We have made considerable strides in improving quality of care, and today we can and should take pride in the many examples of excellent care available….". John Burns, Chief Executive of NHS Ayrshire & Arran, and Regional Implementation Lead for the West of Scotland[1].
Celebrating the many changes and improvements in care along the way is very important as we transform services for the future.

The workforce needs to be designed for future services, creative, flexible, sustainable, multi-disciplinary and multi-agency, and with digital know-how.[2] Some key national policies of the changing landscape affecting workforce planning across Scotland are on page 5.

Transforming care means continuing to change our approach, moving away from services 'doing things' to 'fix and treat' people to one where we work with and involve people with their care, and support them to be responsible for their own health and wellbeing, with a greater emphasis on supporting people in their own homes and communities, and with

[1] Connecting beyond boundaries. Developing a new regional plan for the West of Scotland. Information for staff. May 2018
[2] North of Scotland Regional Workforce Plan, March 2018

less inappropriate use of hospitals and care homes. Services enabling people to keep healthy, fit and independent, and to supporting carers in their role.

A cultural shift is under way. People need to challenge outdated values and beliefs by moving away from a concentration on illness, limitations and deficits at both individual and community levels towards Asset and Strength-based approaches. This within an overall framework of co-production, designing services around how best to support individuals, families and their communities and promoting and maintaining health and healthy living.

Developing an appropriately skilled workforce is vital to the success of our HSCP that has a paid workforce with a variety of health and social care experience working to improve outcomes for people. They are employees of two different organisations – Argyll and Bute Council and NHS Highland. However the workforce extends beyond paid staff of these two employers. Within Argyll and Bute there are many organisations and individuals that contribute as part of an overall workforce delivering health and social care. These include unpaid carers and volunteers and third and independent sector providers, together enabling the delivery of good care and ultimately better outcomes.

Building stronger collaborative partnerships across health and social care, primary care and our independent and third sector partners, service users and carers, is really important to provide better and more efficient services. Our approach to workforce planning needs to take account of these contributions and support and build resilience as we move forward.

Effective workforce planning is complex and the future will be at national, regional, board, HSCP and local level with recommendations for improving workforce planning at all levels in Parts 1[3] and 2[4] and 3[5] of the National Workforce plans.

The Six Step methodology (see Appendix 1) is a requirement by the Scottish Government's CEL (2011)32[6] for integrated workforce planning. The HSCP is part of the West of Scotland Regional Planning Group, we contribute to the NHS Highland Board annual workforce plan, who are part of the North of Scotland Regional Planning group.

[3] National Health and Social Care Workforce Plan - Part 1 a framework for improving workforce planning across NHS Scotland, Scottish Government, June 2017.
[4] National Health and Social Care Workforce Plan Part 2 – a framework for improving workforce planning for social care in Scotland, Scottish Government, December 2017.
[5] National Health and Social Care Workforce Plan Part 3 – a framework for improving workforce planning for primary care in Scotland, Scottish Government, April 2018
[6] (CEL 2011)32 Revised Workforce Planning Guidance 2011. Available from: http://www.sehd.scot.nhs.uk/mels/CEL2011_32.pdf

Key national policy

Health & Social Care Delivery Plan

- o Prevention
- o Early intervention
- o Supported self-management

Three areas of focus:
- o Better Care
- o Better Health
- o Better Value

The Clinical Strategy for Scotland

How services need to change and challenges of:
- o Ageing population
- o Increasing demand
- o Increase in long-term conditions
- o Many experienced staff members will retire

Realising Realistic Medicine

- o Person-centred care
- o Less waste
- o Less variation in treatment
- o Maximise potential of person's health condition and quality of life and health and care resources

Active and Independent Living programme

- o Early years
- o Working age
- o Older people
- o AHP expertise and capacity from reactive to proactive
- o Targeted approaches
- o Maximise potential of AHP's to
  - independence
  - wellbeing

Carers Act - the right for carers needs to be assessed and supported to enable them to continue in their caring role

National / Regional / Local workforce planning

National Health and Social Care Workforce Plans

Staff Governance Standard of NHS Scotland / Everyone Matters 20:20 Workforce Vision

To provide a service that is safe, effective and person-centred, the workforce of NHS Scotland must work within a healthy organisational culture, underpinned by a workforce that is capable, sustainable and integrated, managed and led by effective leaders.

3. KEY CHALLENGES

Remote and rural location and workforce[7]

- There are 87,130 people living across Argyll and Bute
- 51% live in 'rural' areas and 73% in 'remote' areas
- Approximately 17% live on one of 25 inhabited islands
- Argyll and Bute is the third most sparsely populated local authority in Scotland
- There are 5 settlements with over 4000 people: Campbeltown, Dunoon, Helensburgh, Oban, Rothesay
- Helensburgh is the largest and includes Rhu, with 15,610 people, with 3,700 people in Garelochhead. Small areas in Helensburgh are classified as Urban.

Argyll and Bute is a unique part of Scotland with an outstanding natural environment, culture and heritage and close knit communities. This remote and rural location brings with it unique challenges to delivering services and planning, supporting and sustaining our workforce. See Appendix 2 for further information.

Ageing workforce

The majority of staff are aged 50-54 years, closely followed by staff who are 45-49 then 55-59 years	50% of registered nursing & midwifery staff are over the age of 45, this increases to 50 for some services*	A higher proportion of overall staff in the Council are over 50 with only a very small number under 25

*District nursing, Health visiting, Midwifery, Learning Disability, Mental health

Implications for future service planning are significant as the workforce ages and retires for the following reasons:

- The time taken to train qualified staff may be longer than the older workforce remain in post
- An older workforce tends to have more experience which is lost when they leave
- The physical nature of some of the roles is likely to impact on the health of an older workforce. If this is combined with the general health of the older population we are likely to see higher rates of absence among the older age group

A range of actions are being undertaken, some of these are in the Bridging the Gap section, some are moving forward operationally locally, nationally and regionally.

Recruitment

The public sector are important employers in the local community. Most of Argyll and Bute is geographically isolated apart from the Helensburgh area where there is more scope for movement between employers and options for employees in the greater Glasgow area. The largest employer, the Ministry Of Defence, is also based there and this is where the population is expected to increase the most.

[7] Scotland's Census, 2011, National Records of Scotland (NRS) estimate (NRS, 2016)

There are trends of shortfalls in certain posts which we cannot recruit to, this is across Scotland although in a number of key areas NHS Highland has consistently higher vacancy rates and in most cases have posts that are vacant for longer.

- Nursing & Midwifery vacancy rates of 7% are nearly double the Scottish average of 4.1%
- Community mental health nursing vacancy rate of 13.7% is more than twice the national average
- Health visitor vacancies are double the national average at over 16%[8]

Challenging posts to recruit to	Challenges impacting recruitment
- Consultant Psychiatrists - GPs - Allied Health Professional (AHP) posts (part-time, band 6) - Care giver roles e.g. Home Care - Health Visitors - Midwifes - Mental Health Nurses - Occupational Therapists - Pharmacists - Pharmacist Technicians - Radiographers - Social Workers - Social Workers with Mental Health Officer Status* **A specific challenge around these posts as they can be paid differently by different Councils and it can be difficult attracting people to remote and rural areas*	- National supply shortages in all job families - Onerous on-call requirements in remote and rural areas - Local accommodation availability and affordability - Part time professional posts in remote and rural areas - Lack of work for partners in the local area - Attracting staff to come and live, particularly in the west of the region and on the islands - Competition from other employers, particularly retail sector and tourism - Higher incomes offered in retail sector for health and care staff in lower bands - Increasing number of staff retiring due to age demographic of the workforce - Drop in numbers of applicants for nursing from the EU (thought to be due to Brexit) - Numbers of nursing staff leaving the profession[9]

Challenges in recruiting – two examples of impact

- Care giver roles for providers of home care services in the community, without this part of the workforce there is a knock on effect on the work of other teams and in timely discharges of people from the hospital to the community
- Long term vacancies creates additional pressure on our current workforce especially in small teams

Retention

Overall annual rolling turnover for the 12 months upto the end of February 2018 for NHS employed staff of the HSCP was 11.66%, and 9.76% at the end of quarter 4.. The Stability Factor was 90.58, this refers to the number of staff in post 12 months ago, who still are in post. The Council's overall retention rate was 92%. There are some differences in services, locations and staff groups in the NHS so it would be good to explore data over a longer time period across a range of key groups for both NHS and Council employed staff in the HSCP.

[8] NHS Highland Workforce Plan, 2018-19

[9] https://www.nmc.org.uk/news/news-and-updates/increasing-number-nurses-midwives-leaving-profession-major-challenges

Moving to Argyll & Bute can often be a lifestyle choice; many staff make the positive choice to come here, some then find it challenging away from extended family or for partners to find jobs with them; professional networks and peer support can be more challenging to secure in small, dispersed teams; some of our islands have solo practitioners who can feel isolated. We lack the 'critical mass' in some services to keep good staff here longer term.

Our health in the future

There is clear evidence that people are living longer, which is good news, however healthy life expectancy is not advancing at the same pace. There is, and will be an ageing population living longer with increasing presentations of mental health problems, obesity, dementia, diabetes and other long term conditions. We need to support and develop the future workforce to ensure we can support the delivery of increasingly complex and high-quality multi-morbidity health and social care. See Appendix 3 for some of the key challenges around this.

The health of our workforce is essential to the running of the organisation and the delivery of our strategic aims. We know our workforce is representative of the wider population and experiences the same health issues.

4. CURRENT WORKFORCE

At the end of March 2018 there was **2,406 staff** within Argyll & Bute HSCP:

- 851 Council employees, of which the head count for social work is 621
- 1,555 NHS employees

Job families

- Nursing and midwifery employees working in both hospital and community settings are by far our largest group with nearly twice as many employees as the next group

Age profile

- **50%** of NHS employees and **48%** of Council employees are **50 years and over**
- More than **two thirds** of NHS and Council employees are **over 45 years** with similar percentages in each age group

Sickness absence

- In 2016/17 the national NHS figure was 5.2% up from 4.6% in 2011/12
- The trends for NHS Highland employed staff remain above the national target of 4%
- This % reduced to 4.47% in October 2017 before rising slightly towards winter
- The average number of working days lost per Full Time Employed (FTE) Council employee working is 4.42%

Sickness absence

- Is an indicator of the health and wellbeing of the workforce
- The national target for NHS boards is a maximum of 4%
- The Council measures sickness absence as working days lost as per the required Statutory Performance Indicators (SPI) for local government with a target of 3.78%

Graphs can be seen in Appendix 4

We have been working with Healthcare Improvement Scotland's Improvement Hub (ihub) and its associates to test a change-based planning approach to support workforce change and development, introducing and utilising systems modelling at locality level. The approach has been designed to support localities in evaluating the potential effect of decisions relating to workforce change, and allows the effect of workforce change hypotheses to be examined and tested by means of computer simulation – without risk to operational activity, prior to recruitment or redeployment actions.

Initially the pilot work was in Oban, Lorn and the Isles and key staff groups most likely to change as we redesign services and continue to move towards community based care were agreed. These informed the parameters of the computer simulation tool. Following this the work progressed in the other localities: Cowal & Bute; Helensburgh & Lomond; Mid Argyll, Kintyre and Islay.

Localities were asked to quantify the current establishment and numbers required initially for 2018/19 through to 2020/21 for these staff groups, as well as turnover and recruitment for defined periods of time. Making projections for future workforce upto 2021 has been challenging for various reasons:

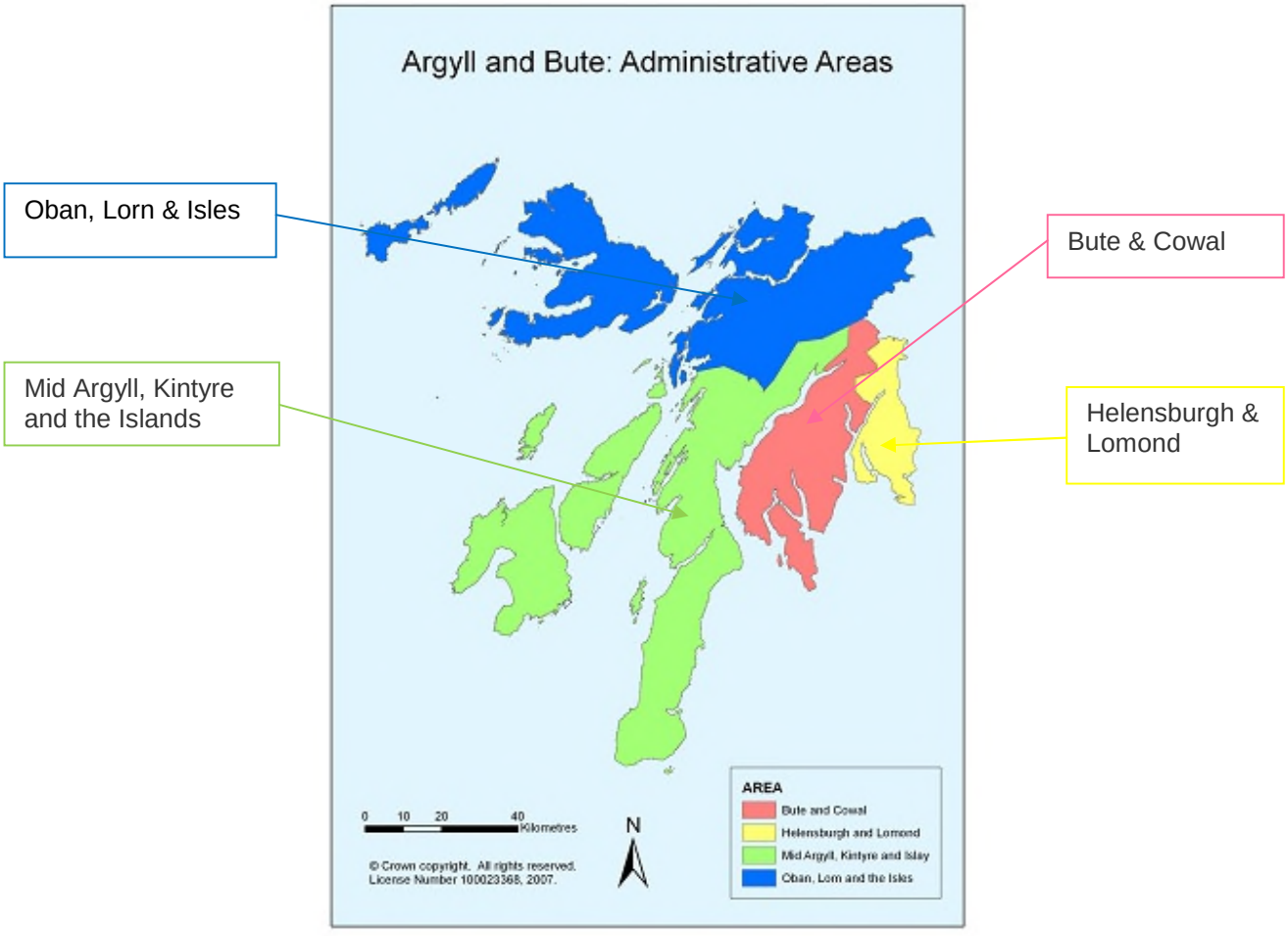
- Initially getting accurate and agreed baseline data to go into the model took longer than anticipated and was from multiple sources

- Some of the staff groups and expected future roles such as Assistant grade posts and Advanced practice posts are too small in number at locality level for model simulation. Some staff groups work across the locality so numbers were too small and not appropriate for sub locality modelling and this was the same for the banding detail of roles
- Service and community team redesign is in progress in some areas so detailed work is in progress which was required to accurately work out information for the future. Further information is required to quantify demand along with need (i.e. via analysis of future population need and caseload complexity) to assess future requirements accurately.

Alongside this the Deputy Lead Nurse has been using a complexity tool with nurses in community teams to understand caseload, this tool could be helpful for other professionals. Nationally a complexity tool is being looked at for use in the future.

The ihub work is to be completed in July and consideration given to how this modelling approach could be used in the future as part of workforce planning. The figures in Appendix 4 show the establishments of the staff groups as part of this work. There are info graphics for each locality and the independent sector on pages 12-15 showing local population, staff groups involved (see also note on page 12) and key priorities identified during the workshops for the locality for Adult services for 2018/19. The workshop approach moved this exercise from the desktop to a dynamic discussion. The map below helps to visual the localities.

Map 1: Argyll and Bute: Administrative Areas



Cowal & Bute locality

Population and locality description*

Cowal: 14,276
Dunoon
Lochgoilhead
Strachur
Tighnabruaich

Bute: 6,129
Isle of Bute

Nursing - Hospital
- Estab.No of WTE
- Actual No. of WTE
- Actual No. Headcount
- Estab.No of WTE for 2018/19

Nursing - Community
- Estab.No of WTE
- Actual No. of WTE
- Actual No. Headcount
- Estab.No of WTE for 2018/19

Occupational Therapy
- Estab.No of WTE
- Actual No. of WTE
- Actual No. Headcount
- Estab.No of WTE for 2018/19

Physiotherapy
- Estab.No of WTE
- Actual No. of WTE
- Actual No. Headcount
- Estab.No of WTE for 2018/19

Social Work
- Estab.No of WTE
- Actual No. of WTE
- Actual No. Headcount
- Estab.No of WTE for 2018/19

Key priorities / workforce implications for 2018/2019 for Adult services in the locality

- Develop Advanced Practitioner roles – e.g. first contact AHP practitioner – look at training needs
- Provision of 24/7 service in the community
- Continue to improve the discharge of people from hospital into the community
- Impact of demand from people being discharged from hospitals in Glasgow
- The Active and Independent Living Programme (ALIP) to maximise the contribution that AHPs make to the health and wellbeing of the population
- Preventative focus – education and key messages to people to support the focus on health and wellbeing

Please note: workforce numbers on pages 11-14 were collected mainly for the staff groups above, including registered and un registered, as part of the ihub project along with home care staff. There are many other staff groups/workforce contributing and providing high quality care to people, and that is changing the way it looks and works towards prevention, early intervention and supported self- management. **Where figures are not listed, they are still to be confirmed.**

** Source: NRS Mid-year estimate for 2016*

Helensburgh & Lomond locality

Population and locality description*

Helensburgh & Lomond: 26, 421
Helensburgh
Kilcreggan
Garelochhead
Arrochar

Nursing - Hospital
- There is no Hospital in this locality. People go to one of the Glasgow Hospitals

Nursing - Community
- Estab.No of WTE
- Actual No. of WTE
- Actual No. Headcount
- Estab.No of WTE for 2018/19

Occupational Therapy
- Estab.No of WTE
- Actual No. of WTE
- Actual No. Headcount
- Estab.No of WTE for 2018/19

Physiotherapy
- Estab.No of WTE
- Actual No. of WTE
- Actual No. Headcount
- Estab.No of WTE for 2018/19

Social Work
- Estab.No of WTE
- Actual No. of WTE
- Actual No. Headcount
- Estab.No of WTE for 2018/19

Key priorities / workforce implications for 2018/2019 for Adult services in the locality

- Develop Advanced Practitioner roles – e.g. Advanced Nurse posts in local GP practice, developing proposal for a first point of contact Physiotherapy service
- Explore possibility of nursing role to support continence
- Provision of 24/7 Discharge team – OT / Physios / nurses
- Continue to find efficient ways of working
- Implication of 8000 additional people in the local population
- Look at how the social work service could develop
- Continue to co-develop service and workforce planning with independent sector and third sector providers
- Communications to public about continence, general public health messages and promotion
- Explore appointment of Modern Apprentices within the Integrated Equipment Store

Where figures are not listed, they are still to be confirmed.

Mid Argyll, Kintyre & Islay localities

Population and locality description*

Mid Argyll: 9,137
Ardfern Invercraray
Lochgilphead Tarbert

Kintyre: 7,591
Campbeltown Carradale
Gigha Muasdale
Southend

Islay & Jura: 3, 365
Isles of Islay & Jura & Colonsay included here

Nursing - Hospital
- Estab.No of WTE
- Actual No. of WTE
- Actual No. Headcount
- Estab.No of WTE for 2018/19

Nursing - Community
- Estab.No of WTE
- Actual No. of WTE
- Actual No. Headcount
- Estab.No of WTE for 2018/19

Occupational Therapy
- Estab.No of WTE
- Actual No. of WTE
- Actual No. Headcount
- Estab.No of WTE for 2018/19

Physiotherapy
- Estab.No of WTE
- Actual No. of WTE
- Actual No. Headcount
- Estab.No of WTE for 2018/19

SocialWork
- Estab.No of WTE
- Actual No. of WTE
- Actual No. Headcount
- Estab.No of WTE for 2018/19

Key priorities / workforce implications for 2018/2019 for Adult services in the locality

- Service provision to enable people to stay at home
- Rotational posts for all new staff nurses
- Ageing workforce – agree actions to address this
- Skills matrix for community team neighbourhood model: Time to upskill staff, Impact on existing workforce; change management
- Implementation of community standards
- Managing expectations of changes likely and impact on roles
- Manage and inform public expectations so a greater understanding about being cared for in the community and that people don't need admission to hospital unless it is appropriate/necessary

Where figures are not listed, they are still to be confirmed.

Oban, Lorn & Isles localities

Population and locality description*

Oban and Lorn: 16,394
Easdale to Oban, to Port Appin to Dalmally
Isles of Tiree, Coll & Colonsay

Isles of Mull & Iona, Coll, Tiree & Colonsay: 3,817**
Isles of Mull & Iona, Coll & Tiree

Key priorities / workforce implications for 2018/2019 for Adult services in the locality

- Progress the vision for Community Teams & introduction of Single Point Of Access (SPOA) and approval for posts to support model locally and utilise matrix management, as appropriate
- Support self-help / peer support initiatives, work and greater Partnership with Communities, Care, Voluntary and Third Sector providers
- Establish 'smarter' commissioning strategies with robust scrutiny & monitoring of outputs that are outcomes orientated and overseen operationally in conjunction with Commissioning & Procurement colleagues
- Increase community capacity and encourage innovation (e.g. Community Enterprise Models) to help improve and manage hospital discharge and support people in their own homes
- Consider Resource Management to avoid assessors having to identify task and time, and promote efficiencies in care delivery and support interface with Commissioning and care regards review processes
- Promote staff training, upskilling, recruitment and retention including use of modern apprenticeships & use of technology
- Develop Advanced Practitioner roles to support GP Practices and new ways of working

Independent Workforce in Argyll and Bute

Care at Home (CAH) Provision February 2018

H&L – Helensburgh & Lomond
- 127 Staff
- 308 clients
- 3543 care hours per week
- 96 *WTE

B&C – Bute & Cowal
- 99 Staff
- 302 clients
- 4055 care hours per week
- 110 *WTE

MAKI – Mid Argyll, Kintyre & Islay
- 46 Staff
- 112 clients
- 1818 Care hours per week
- 49
- *WTE

OLI – Oban, Lorne & Isles
- 98 Staff
- 288 clients
- 4435 care hours per week
- 120 *WTE

A&B – Argyll and Bute (Overall)
- 370 + Staff
- 1010 clients
- 13,851 care hours per week
- 375 *WTE

**WTE = Approx. Whole Time Equivalent*

MAKI has in-house homecare too

It is noted the Argyll and Bute HSCP is concentrating on NHS and Council employees for this iteration of the Workforce Plan. Nonetheless it is imperative that due importance is given to how services will be commissioned from the independent sector care providers going forward. Care providers are dependant on knowing the future direction of travel of the HSCP so that they can plan their services accordingly and in partnership with local commissioners.

The majority (82%) of care at home services for older adults are purchased from the independent sector. The additional requirement for care at home staff to be registered with SSSC from October 2017 brings with it new training responsibilities for providers and is likely to impact significantly on recruitment. Staff numbers above approximated, as bank numbers fluctuate.

In addition to care at home services most Care Homes for older adults are in the independent sector. (15 Care Homes with 490 places, plus 1 day support service for 20 people). With similar staff training issues to care at home they especially struggle to recruit and retain trained nurses. This would be an area for the partnership to consider and seek joint solutions.

Careful consideration is needed as to how the HSCP and independent providers can build on the work to date and in partnership address the training requirements of the workforce and optimise recruitment and retention.

Independent care providers in Argyll and Bute have a reputation for working positively in partnership to flex their service to meet the requirements of the HSCP whenever possible. This positive partnership offers a firm foundation on which to build services that are fit for the future.

Please note: This is as accurate as can be at present based on information received from providers and Scottish Care Integration Leads' knowledge, hence in the total staff an approximation indicated by the +

5. REQUIRED WORKFORCE

Work is underway to transform the design and delivery of care for people in Argyll and Bute. The future health and social care workforce will be instrumental in the successful delivery of the Strategic plan for 2018/19 and for 2019-2022 and beyond.

We need to make the best use of people's skills and capabilities. The workforce, all professions, levels, and sectors will have a part to play. Staff need to be supported and developed as we transform together the way we deliver our services.

The Quality & Finance Plan 2017-19 describes a range of service developments and redesign, all have workforce implications, e.g. community services, community neighbourhood teams, modernising community hospital care. To meet our savings targets existing provision is being reviewed and may be not be in line with our strategic vision. The new General Medical Services (GMS) contract will present particular challenges as the HSCP looks to absorb staff and services from Primary Care.

The HSCP has reviewed its work and progress on transforming services and a Transformation Board has been established to co-ordinate and drive quality improvement and sustainability work across settings and care journeys, and increase the pace and gains of transforming care. Workforce planning is an integral part of service redesign and requires detailed work as part of the transformation for the following six areas where Steering groups have been established:

- Community Services (Community Teams, Care at Home)
- Acute Services (Community Hospitals)
- Primary Care (GP Contract)
- Mental Health / Dementia
- Learning Disabilities / Autism
- Care Homes & Housing

With the ongoing shift towards more care in the community and in a homely setting, this will be reflected in service and workforce redesign. The employers of this workforce will be dependent on the service delivery model, this includes delivery by HSCP employees or by external providers through our partners in the third and independent sector. The unpaid workforce, including carers and volunteers, is likely to increase.

Argyll & Bute Council's workforce plan[10] states "there is fragility in the commissioned sector and so it would be prudent to prepare for a potential rise of employees in the home care sector and to ensure that we provide appropriate training and registration to support the safe delivery of care."

Our Strategic plan for 2016-19 set out an aspiration to have single integrated health and care teams working to their full capability and capacity operating in an efficient and effective way. The integration between health and social care alongside multi-sector working is helping us to expand our community services so we can support people to stay at home independently for longer.

[10] Argyll and Bute Council, Strategic Workforce Plan 2018-2022

Key elements of our community teams are:

- Single point of access
- Rapid response to illness or reduced ability to manage at home
- Highly skilled workforce which avoids duplication of visits
- Responsive provision of services like care at home and medication
- Coordinated assessment and care planning

Working as teams to support carers, our carers' centres, and health and care teams working together to plan and deliver a person's care and support their carer.

We are working hard to minimise unnecessary stays in hospital and to increase our care in the community to enable us to manage more complex medical problems in a person's own home. We are working with the patient, and families or carers to ensure we maintain a person's independence, mobility and activity during their stay to minimise the deterioration caused by inactivity in hospital. We are working with our communities to raise understanding of the detrimental impacts of staying on a hospital ward unnecessarily due to increase in risk of infection and lack of activity.

Traditionally NHS Boards have projected future workforce requirements against existing supply. Recommendations nationally are for better long-term planning, workforce as well as overall financial planning. Audit Scotland reported that longer term decision making for the NHS workforce did not take into account future demand for healthcare, and what this might mean for the workforce in both size and shape.[11]

The national Workforce Plans highlight work to start improving workforce projections and to better link future demand for health and social care to national decisions. The future health needs of the Scottish population and locally in Argyll and Bute will determine future services the NHS and the health and social care workforce will need to provide. There needs to be scenario planning to anticipate the quantity and make-up of the future workforce required nationally to enable better forecasting of the demand for, and supply of, the health and social care workforce. This scenario planning will assist regional and local planning.

[11] NHS workforce planning: The clinical workforce in secondary care, July 2017

6. BRIDGING THE GAP

New roles & new ways of working

The vision for our community teams is to further develop our workforce to make best use of skill mix whilst fully appreciating the specialist unique skills each profession has to offer. The aim is to reduce duplication, maximise the capacity of the team and most importantly provide a seamless coordinated patient journey.

Community teams working with, and utilising the assets of, the local community, the third and independent sectors, as well as fully implementing our community standards, e.g. single point of access. Utilising the Buurtzog principles for developing community multi-disciplinary neighbourhood teams around a person and their local GP practice. Pilot areas of the national project are; Oban, Tiree, Colonsay, Mull & Islay.

Health & Social Care Support Workers	Advanced Practitioners	AHP Assistant grade posts
- Develop and increase the number of these generalist roles - Professionals need to be clear regarding their unique contribution to care to inform the role and purpose of the support workers and to be able to delegate safely and effectively	- Develop various roles, e.g. First contact practitioner for advanced Physios for all musculoskeletal conditions instead of the GP - Advanced Practitioners role are essential for building capacity across our hospital, community and primary care services	- Support wider numbers of assistant grades - Develop and utilise Band 3 and 4 AHP staff at clearly identified levels of competency to deliver programmes or simple assessments (Transforming Roles Programme)
Skilled professionals	**New ways of working**	**In partnership**
- National Transforming Roles Programme looking at contribution of NMAHP* workforce in context of integration e.g. professionals as more 'consultative' teaching and building skills in workforce - Need more of to shift work from GPs to the HSCP as a result of GMS contract/Part 3 of the National Workforce plan	- Rotational Staff Nurse posts working in a community hospital and in the community - Development of multi-disciplinary condition specific pathways e.g. Musculo-skeletal and frailty - Working in a preventative way – using every contact to provide health and well-being support, advice and signposting - Integrated health and social care management with professional accountability support - Utilise technology – see below	- Support wider numbers of care at home staff - Enable and maximise the potential of how third sector colleagues work with teams - The role of Carers centres will increase as measures from the Carers (Scotland) Act 2016 take effect to support Carers' health and wellbeing and help make caring more sustainable

**NMAHP - Nursing, Midwifery, Allied Health Professionals*

- **NHS Near Me** is utilising Attend Anywhere technology to provide care locally using video and telephone consultations. This can provide quicker access to professionals remotely (e.g. OT assessment via VC on Tiree) and reduces travel required
- **Mobile and agile working** in the community – enabling our staff and reducing the burden of work and increasing staff experience and productivity
- **Digitally skilled and equipped** workforce & **digitally educated** patient and user

Skills development

Leadership & Management	Training & development opportunities
* Analysis of needs to enable identification and development of appropriate opportunities to support key leadership roles * Band 7 Team Leadership development required to enable progression * Band 6 NMAHP development programme - run further programmes to support & develop future leaders * NMAHP Team Leader & Senior Charge Nurse Managers (SCNM) leadership seminars to develop leadership skills, increase resilience & make senior posts more attractive	Continue to develop and offer opportunities to attract, support, develop and encourage the retention of staff and ultimately the transformation of care: * Nurture partnership training & development opportunities * Utilise opportunities provided by the Council, e.g. Argyll & Bute Manager Programme * Utilise opportunities provided by NHS Highland: – NMAHP Graduate programme to attract, support, develop and retain newly qualified staff / NMAHP Leader seminars – Motivational interviewing to support staff to work in different ways to empower and motivate people to look after their own health and self manage their own long term health conditions * Advanced clinical practice across all professions, including Advanced Practice (AP) events and network to support and develop staff in these roles * Adult Support and Protection training to ensure improved professional practice to help support and protect our vulnerable clients * Teaching universal approaches and wider groups of multi-agency staff * Digital skills training and competency * Targeted use of our Service level agreement with University of West of Scotland to ensure our workforce is prepared for practicing in our integrated model

- The **Highland Quality Approach (HQA)** provides a framework to facilitate quality improvement initiatives across Argyll and Bute HSCP
- The aim is to build capacity and capability to undertake quality improvement work particularly utilising LEAN methodology and to embed this approach as normal behaviour - 'the way we do things around here'. We will share, scale up and spread resulting good practices
- Each year the HSCP will aim to deliver up to three Rapid Process Improvement Workshops (RPIWs), four Kaizen (Continuous Improvement) Events and two cohorts of HQA Intermediate training
- Members of SLT are required to undertake HQA Advanced Level training and most will go on to become 'Certified Lean Leaders', thus qualifying to facilitate and sponsor RPIWs and other LEAN events

Within NHS Highland an NMAHP Workforce Development group (sub-group of the NMAHP Workforce Planning & Development group) has been set up to help co-ordinate and focus on developing our NMAHP workforce. Within the Council there is a Social Work Training Board leading and co-ordinating the development and implementation of a learning and development strategy for Social Work. Within the HSCP there is a Workforce Planning & Development Programme Board that was initially set up to support the development of this plan. The work of these Boards need to support the Transformation programme of the HSCP.

Healthy Organisational Culture

Cultures are created by people within organisations through shared values and the development of and embedding of accepted behaviours. Work is in progress on HSCP Shared Values & Behaviours. Organisational development can support the HSCP to adapt and evolve as it transforms together. Change happens through conversations and the relationships people have affect the outcome. New ways of working and thinking require people taking time to reflect, listen and learn from each other.

Staff engagement and nurturing a healthy organisational culture can help to retain staff, reduce sickness absence and stress, and attract new staff. The HSCP needs to support and nurture a healthy culture and workforce to enable it's aspirations to be achieved, we need to value people.

iMatter is a continuous improvement tool designed with staff in NHS Scotland to help individuals, teams and Boards understand and improve staff experience. This benefits the employee as well as patients/service users, and their families. In 2017 61% of HSCP staff (Council and NHS employees) participated for the first time. NHS Highland is committed to delivering the key outcomes from the Everyone Matters 2020 Vision and there is an updated national Everyone Matters implementation plan.

In early 2018 a Staff Health & Wellbeing Survey was carried out. The results are being reviewed to develop an approach to improve the health and wellbeing of the workforce utilising healthy working lives initiatives and the NHS Highland Staff Health and Wellbeing Framework. A Health and Wellbeing Working Group of the Partnership Forum was established to lead on this. See Appendix 4 for additional information on the benefits of a healthy and well workforce.

Growing our own / Career Opportunities and pathways

The challenges of attracting experienced staff to Argyll & Bute means exploring a range of approaches and build on recent 'Growing Our Own' work within the Council to make more use of Modern Apprentices, Foundation Apprentices and creating career opportunities through Health and Social Care Scottish Vocational Qualifications (SVQs). We are looking to trial some placements during 2018 for Children and Families and extend into 2019 and beyond.

Working with Schools, proactively engaging young people to attract them into the workforce, offering work experience and volunteering opportunities are vital. Work experience gives individuals an opportunity to learn in a contextualised working environment, and can increase employability through developing transferable skills and a good attitude to work. A joint HSCP presence and branding around any local careers fairs where we have contact with school pupils, graduates or other young people seeking employment opportunities within Argyll & Bute council is being explored to strengthen our collaborative working.

Raise awareness in people of all ages of career and vocational pathways that may be available to them in health and social care – seeking opportunities to encourage people in mid career to make health and social care a positive choice.

Build on successes

- Trainee social worker scheme supports social care staff through Social Work degree - offered permanent social worker role – this has helped to fill vacancies
- Various staff encouraged to apply and complete Social Work Assistant and then Social Work Training – good foundation to build on for other roles
- Trainee course for Social Workers to acquire Mental Health Officer Status, with 2 placements per year, during 2018/19 this was increased to 3, however only 1 was utilised and there are some gaps to be addressed
- Work in partnership with the Open University to deliver their Pre- Registration Nursing Programme - this has seen a significant number of our Health Care Assistants make the transition from support worker to registered nurse

Recruitment

- Collaborative recruitment campaigns for all public sector services – Community Planning Partnership
- Utilise opportunities to recruit: career fairs, schools recruitment, social media, newsletters, local papers, etc
- Portfolio careers - actively seek to encourage people in mid career to make health and social care a positive choice
- Pro-actively monitor trends of hard to fill vacancies and staff retiring and utilise data to plan ahead
- Learn from other areas e.g. NHS Grampian colleagues recruited from Australia
- Highlight Return to Practice opportunities & communicate widely
- Continue to influence the numbers of nursing and other students being recruited at national level

Retention and keeping our current workforce

- Support people moving to the area
- Invest in the talent of existing employees
- Encourage employees to develop transferable skills and support to move into the areas of work the HSCP needs for service delivery
- Continue to utilise knowledge around horizon scanning for workforce planning
- Closely link with NHS Highland and Argyll and Bute Council and regional & national work regarding workforce planning
- Contribute to and utilise outputs from the NHS Highland Working Longer working group, the aim of this group is to:
  - Review and analyse data (e.g. age profile, retirement, absence) of the older workforce
  - Develop a toolkit for managers to support more flexible working for our older workers, enabling them to continue working if they wish
  - Develop support materials to enable employees to work longer if they wish
- Utilise exit interview data to understand the reasons why people choose to leave

Appendices

Appendix 1: Argyll and Bute Health & Social Care Partnership Strategic Plan 2016-19

Six areas of focus in delivering our vision

The Highland Quality Approach (HQA)

Appendix 2: Six Step Methodology to Integrated Workforce Planning

The Six Steps Methodology designed by Skills for Health is a practical approach to planning that ensures you have a workforce of the right size with the right skills and competencies. Use of the Six Steps methodology within NHS Scotland was noted in the revised workforce planning guidance published in CEL 32 (2011).

The practical framework outlines the elements that should be contained in workforce plans whether they are at departmental, service or Board level.

It also established that this methodology could be used for other areas of planning, most notably financial and service planning. In essence, the six steps are:

Step 1 – Defining the plan

Step 2 – Mapping the Service Change - what you want to do?

Step 3 – Defining the Required Workforce – what you need to achieve this? (WF Demand)

Step 4 – Understanding Workforce availability - what do you have at present?
capability/skill? (WF supply)

Step 5 – Developing an Action Plan – what needs to happen to deliver the change
required?

Step 6 – Implementation and Monitoring

There are strong similarities in approach between this methodology, the 8-stage guidelines set out by the Scottish Social Services Council, and a 4-stage process used within the third sector.

http://www.knowledge.scot.nhs.uk/workforceplanning/resources/six-steps-methodology.aspx

More recent thinking articulated in the North of Scotland Regional Workforce Plan, recognises this 6 step process is too linear and doesn't reflect the reality of workforce planning. They show a revised process, based on the Six Steps, that reflects an approach being adopted within the wider NHS workforce planning community. This includes developing and testing scenarios to find a balance between service need, finance and deliverable workforce solutions that balances supply and demand, and that also meet the requirements of: Affordable, Adaptable, Available.

Appendix 3 : Key Challenges

Our part of Scotland and population

The (2014-based) NRS population projections suggest that, between 2018 and 2024, the population of Argyll & Bute may decrease by 2% overall. The number of adults aged 16-64 may decrease by a larger percentage, 6%, whilst the number of people aged 74-75 may increase by 23% and the number of people aged 85+ may increase by 25%. Many older people will live in single occupancy households and will not have extended families that live locally. Many of these older people will live healthy, active lives, contributing to Argyll & Bute in many ways, but a significant percentage will live with a range of health conditions (often many at the same time, sometimes called multi-morbidity) and will require substantial health and social care support. For more information:
http://healthyargyllandbute.co.uk/wp-content/uploads/2013/03/JHIP-2017-22.pdf

Our context

The Quality and Finance Plan 2017-2019 was developed to support the delivery of the Strategic plan and identified risks associated with the scale and pace of change required to deliver the service changes and recurring financial savings. More recently the Quality and Finance Plan 2018-2019 has been developed and a Transformation Board is being established to lead the transformational change required. Meanwhile changing demographics are leading to an increased demand on health and social care services. There are workforce implications for service changes, and strategic, financial and workforce planning sit together.

HSCPs do not directly employ staff although they are responsible for coordinating services from a diverse workforce and as services change and develop this will impact on the experience, competence and capability required from the workforce to deliver more community based support. This is against a backdrop of financial pressures on the NHS and Local Authorities. Transformation is fundamental as we move forward, we need to adapt and evolve our services and our workforce.

The Primary Care Transformation work around the new GMS contract will have a significant effect on workforce requirements. The workforce and skills required to support the changes will be challenging in what is already a challenged service. The reduction and recruitment difficulties of GP and Consultants will have an impact on nursing workforce with increased requirement for Advanced Nurse Practitioners in a number of practice areas - unscheduled care, respiratory medicine, out of hours, mental health.

Our health in the future

Long-term conditions

There will be an increase in the numbers of people, many who will be older, living with multiple long term conditions and long term needs and with more complex issues. Key is supporting a person to avoid being diagnosed with or helping to manage their own condition as much as possible. To develop this we need to deliver more education programmes for people with a diagnosed medical condition e.g. the Expert programme for Diabetes and self-management classes run by Arthritis Care and working to educate wider communities including the younger population in the benefits of a healthier lifestyle.

We will be targeting education to wider groups of staff in all sectors e.g. schools, voluntary organisations to get health and wellbeing education out widely. The aim of this is to support our specialist professionals to have time to educate and treat the more complex range of problems a person with a long-term condition will have.

Falls
Different multi-agency responses are being developed to reduce the number and impact of falls: 1) to identify those at risk of falling; 2) support them to increase strength, balance and confidence; 3) assist non-injured fallers from the floor; 4) reduce falls in hospital and home.

Frailty
We now understand Frailty in the older population can cause a vicious circle of limited activity, reduced independence and dependency on services and carers. By using the electronic frailty index within GP practices we can identify our local elderly population and whether they are in early, moderate or severe stages. Development of targeted input by the multi-agency, multi-disciplinary local teams will mean we can reverse or delay the progress of a person's frailty and also at the more severe end coordinate and manage a person's care much more efficiently. As part of this we are developing joint work with third and voluntary sector colleagues to provide home-based exercise programmes e.g. Lorn Healthy Options in Oban.

Care planning needs to anticipate an individuals' health and care needs both by helping those with chronic and more complex conditions to manage their needs more proactively, and by focusing on a prevention and early intervention approach to supporting health. We need to work to improve and maintain a person's functional ability to manage such activities as getting out, preparing meals, doing housework and personal care. This helps to maintain a person's quality of life and reduces the demand for services. To do this we need families and carers to support us in maximising a person's independence. Sometimes this can feel we are not providing as many services, however we know by providing services we increase dependence.

Dementia
Dementia presents significant challenges to individuals, their carers and health and social care services. In Scotland there are increasing numbers of people living with Dementia, as of 2015 there were approximately 90,000 people; around 3,200 of these are people under the age of 65. In Argyll & Bute it is estimated 1,941 people may have dementia, of those 57 are people under the age of 65 *(Source, Alzheimer Scotland),* most recent GP data from QOF reported 815 people diagnosed with dementia.

http://www.alzscot.org/information_and_resources/about_dementia

We have developed a Dementia Friendly Argyll and Bute strategy that reflects the key outcomes of Scotland's National Dementia Strategy 2013 – 2016. Community Dementia Teams are an integrated service, embedded in localities and support people and their carers who are living with dementia by providing a range of services.

Diabetes
Diabetes is a serious long term health condition associated with poor health and wellbeing outcomes for people and significant costs for service delivery – up to 10% of all NHS spending in Scotland is on people with diabetes. There are various serious complications including eye problems, stroke, kidney failure and depression. Type 2 diabetes is a

preventable condition that is more common in people who are older and/or obese. There are approximately 4,200 people living with Type 2 diabetes in Argyll and Bute; this is increasing every year. We are building expertise in providing a tailored education programme for type 1 & 2 diabetes that people can be signposted to which support self-management of the condition with great results, and there is an Advanced Diabetes Nurse Specialist leading this. Front line staff have a role to play in the prevention of type 2 diabetes by raising the issue with people and talking to them about the benefits of maintaining a healthy body weight and being physically active.

Mental Health and wellbeing

In the 2011 census, 3,124 people living in Argyll and Bute (4%) reported living with a mental health condition. There are specific support needs for people with a mental health condition and we need to shape the future workforce to address this. The mental health workforce also faces specific issues such as an ageing workforce, Mental Health Officer Status, and application of the national workforce and workload planning tool. At present there is a Community Mental Health Service (CMHS) review in progress and during 2018/19 work will focus on various aspects including reviewing the current mental health workforce and supporting the development of a flexible integrated resilient and mentally healthy workforce as well an efficient, safe and person-centred workforce with a focus on mental health recovery

Looking to the future we also need to see how our model of care for mental health care looks considering the roles required to support change including:

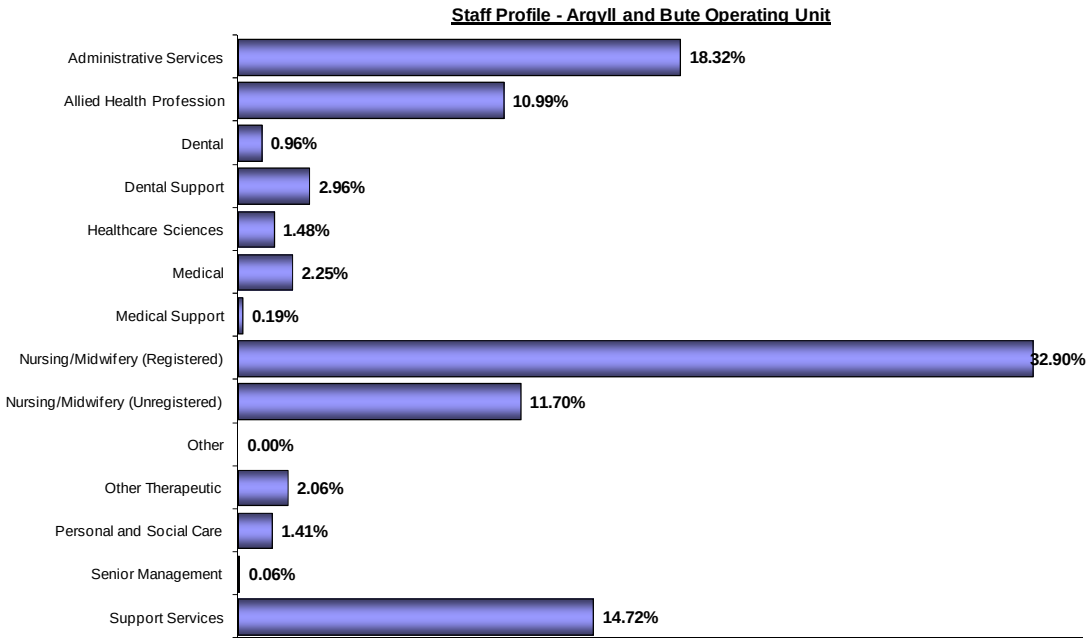
- Advanced Practice
- Peer Support/Lived Experience
- Mental Health practitioners embedded within primary care (supporting the GP contract)
- Commissioning and supporting more engagement to support mental health care in partnership with the third sector

Benefits of a healthy and well workforce
• Staff are present more often • Staff have better morale and motivation which has a positive impact on productivity and service delivery • Staff are motivated to promote healthy living messages with the people they come into contact with

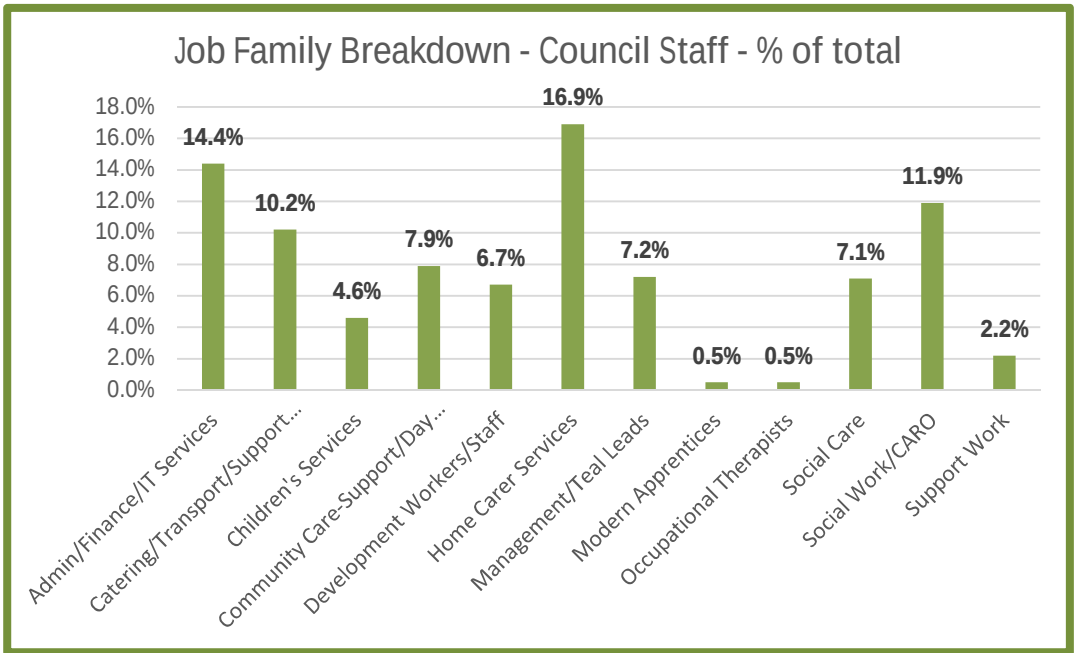
Workplace health and wellbeing
We spend a significant proportion of our time at work and the workplace can play an important role in promoting health and wellbeing that can include: - Creating a safe workplace - Enabling staff to have a say in how their work is carried out - Addressing staff welfare e.g. staff breaks, occupational health support - Promotion of healthy living messages - Enabling staff to adopt healthier lifestyles via a policy framework

Appendix 4 : Current Workforce in the HSCP

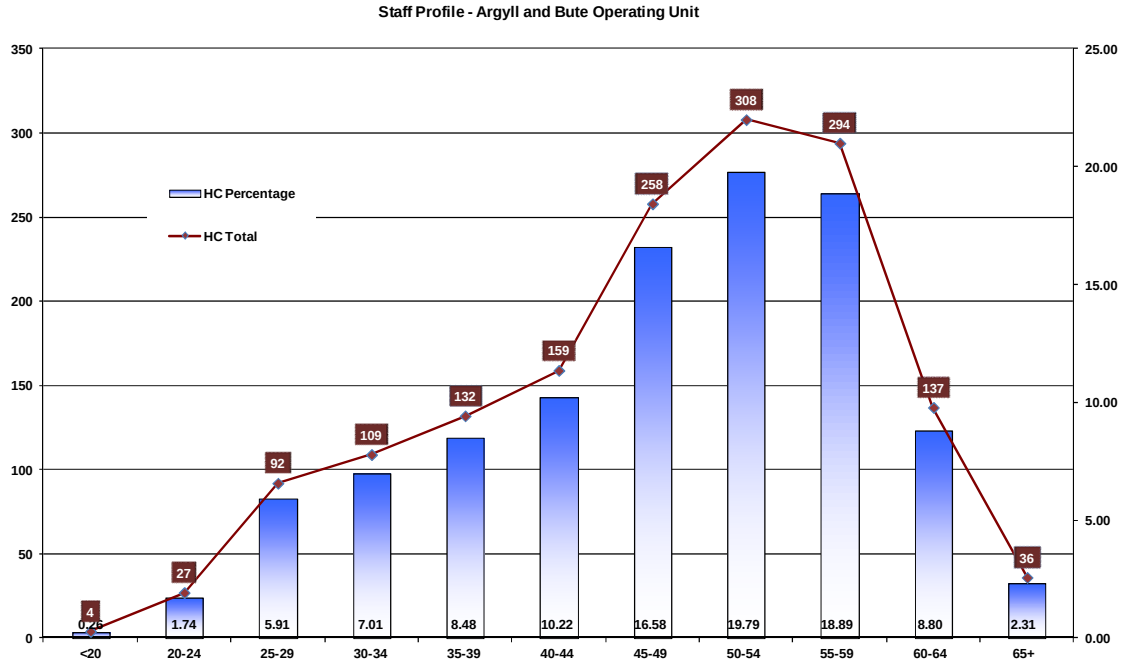
JOB FAMILY BREAKDOWN (Headcount) for NHS employed staff



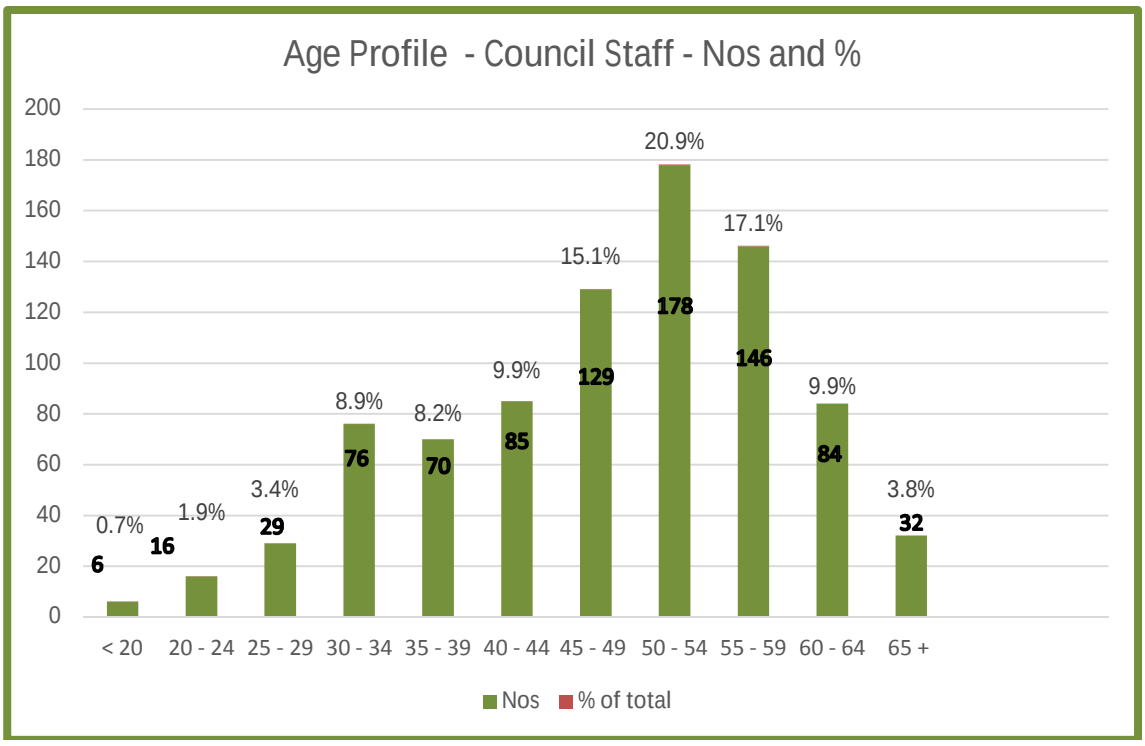
JOB FAMILY BREAKDOWN (Headcount) for Council employed staff



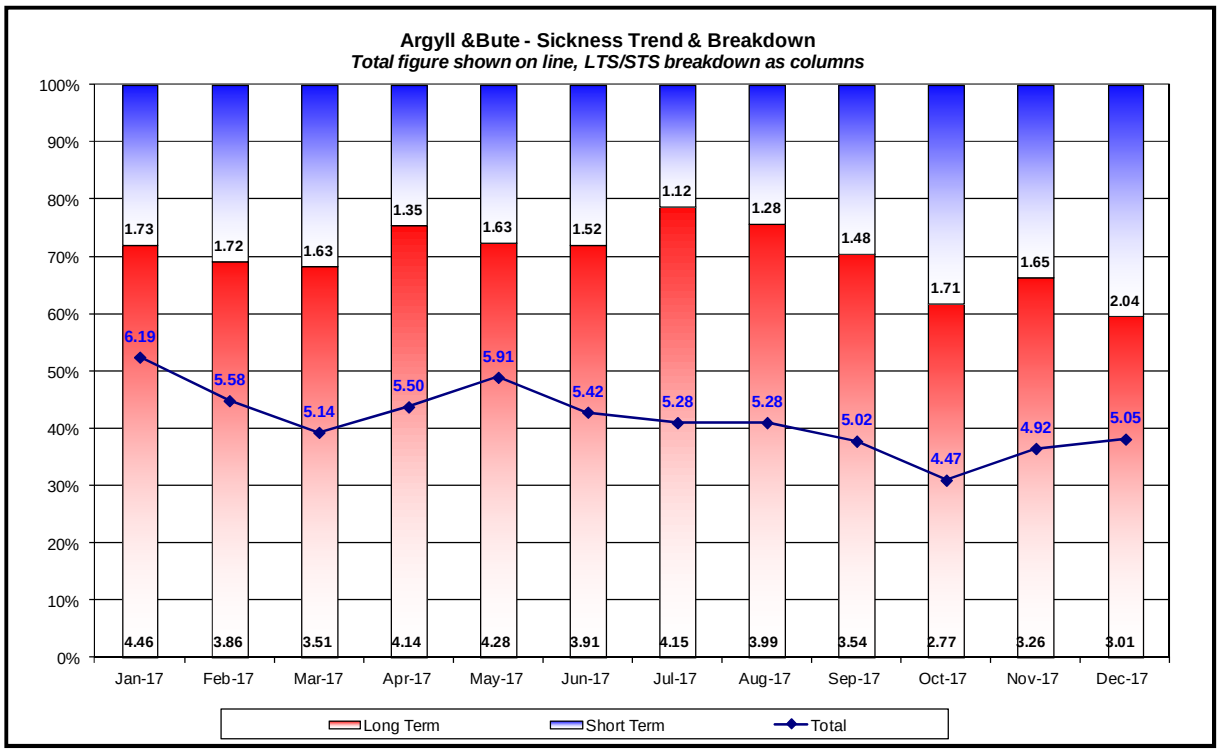
AGE PROFILE (Headcount) for NHS employed staff



AGE PROFILE (Headcount) for Council employed staff



Sickness trends for NHS employed staff in the HSCP during 2017/18



Locality Workforce Planning and Development - ihub project

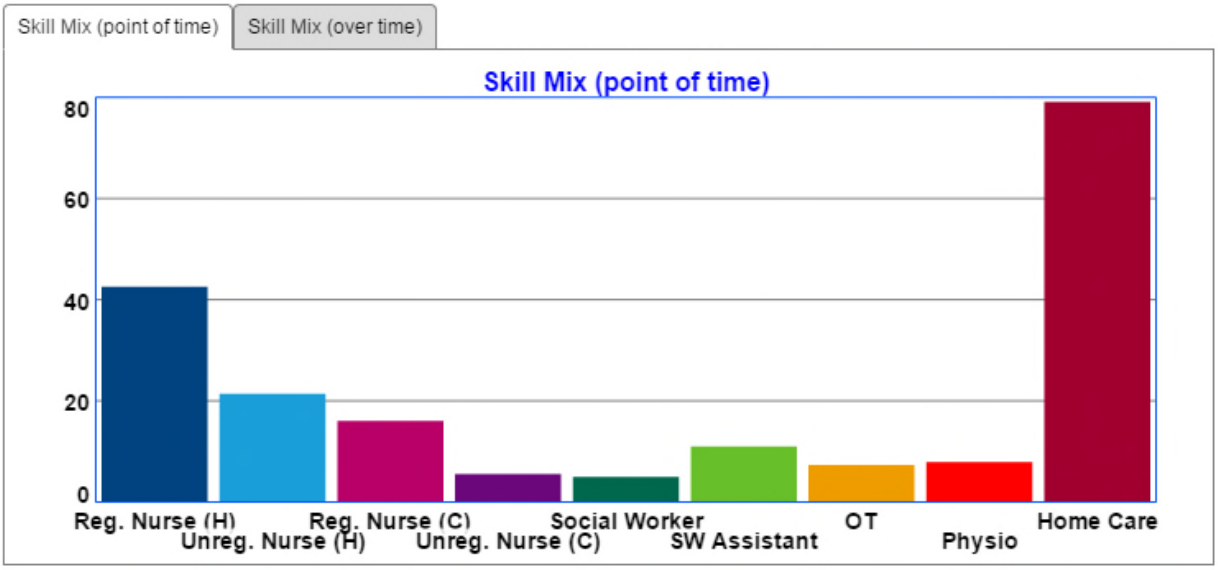
The key staff groups most likely to change as we redesign services and continue to move towards community based care were agreed as part of the initial pilot work in Oban, Lorn and the Isles (OLI). These informed the parameters and development of the computer simulation tool and the next phases of the project in the other localities: Cowal & Bute; Helensburgh & Lomond; Mid Argyll, Kintyre and Islay. These staff groups are listed below, and the 2017/18 establishments can be seen for each locality.

- Nursing staff:
    - Hospital registered
    - Hospital un-registered
    - Community registered
    - Community un-registered
- AHPs, in particular OTs and physiotherapists; including AHP assistants
- Social Workers and Social Work Assistants
- Home Care staff
- Generic Health & Social Care Worker (new role so baseline 0)*
- Advanced Practitioners (new role so baseline 0)

*As part of baseline data collection at locality level sometimes current data was given for this role whereas through conversation it emerged there were current variations of roles working in a generalist way, e.g. Healthcare support workers (NHS employees), Community Outreach Worker (Council employees), some of these generalist workers e.g. Health Care Assistants were counted under Community Nurse Unregistered. They are not shown in the charts.

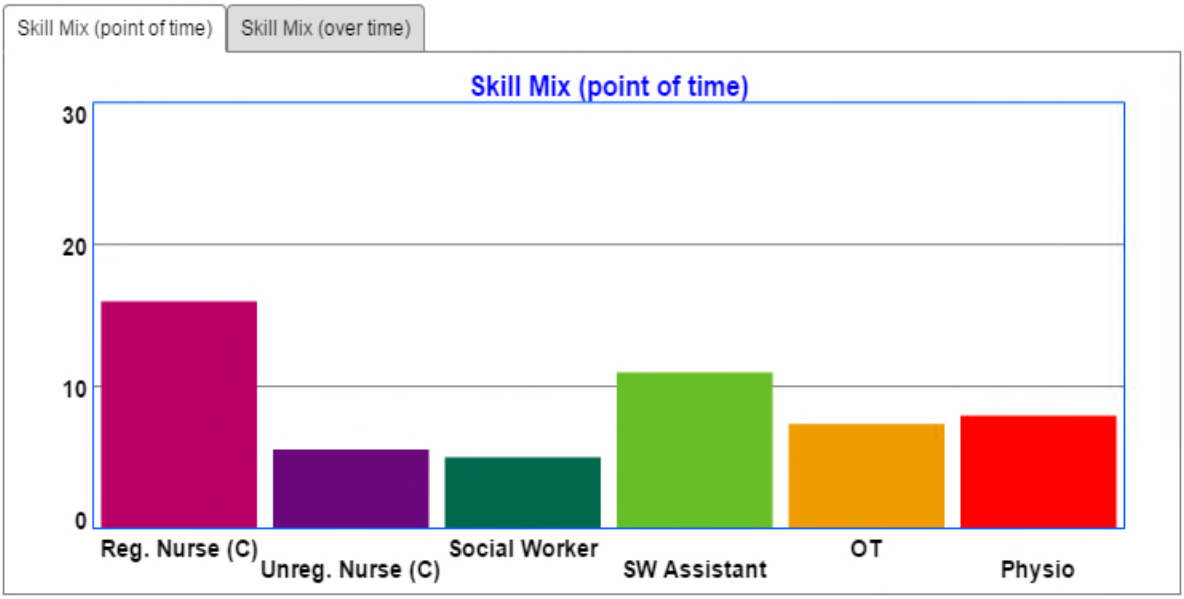
Also to note is in the OLI Phase 1 pilot the staff groups involving Assistants (OT, Physio, Social Work) were identified as important to include, however the OT and Physio Assistants were too small in number and so were excluded from the computer model, and it was not clear at that point whether the model was helpful for Social Work Assistants.

Cowal & Bute – 2017/18 establishments of staff groups as part of the iHub project

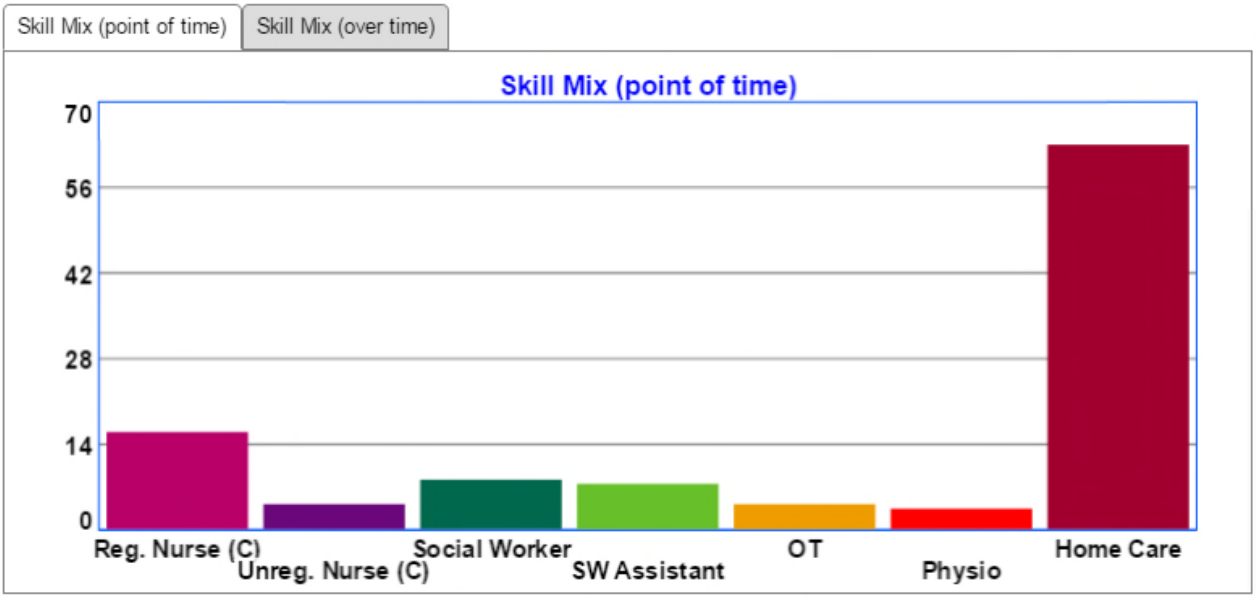


The above chart includes all hospital nursing staff (ward and A&E), and Home Care, whereas the chart below doesn't include Hosptial staff or Homecare

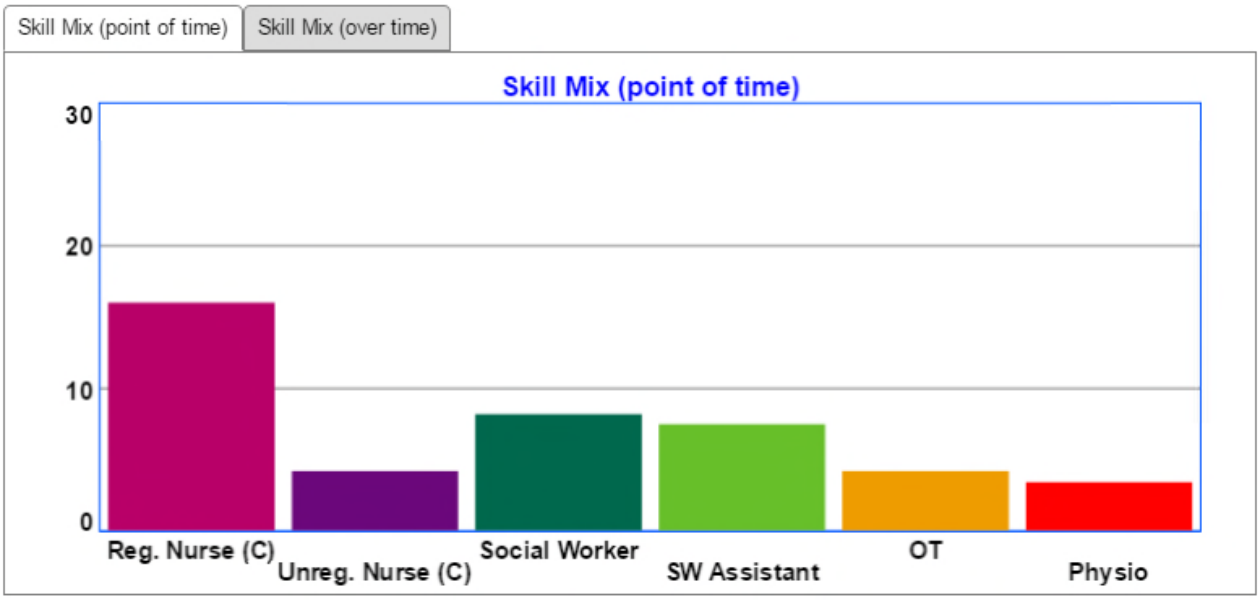
Cowal & Bute – 2017/18 establishments of staff groups as part of the iHub project



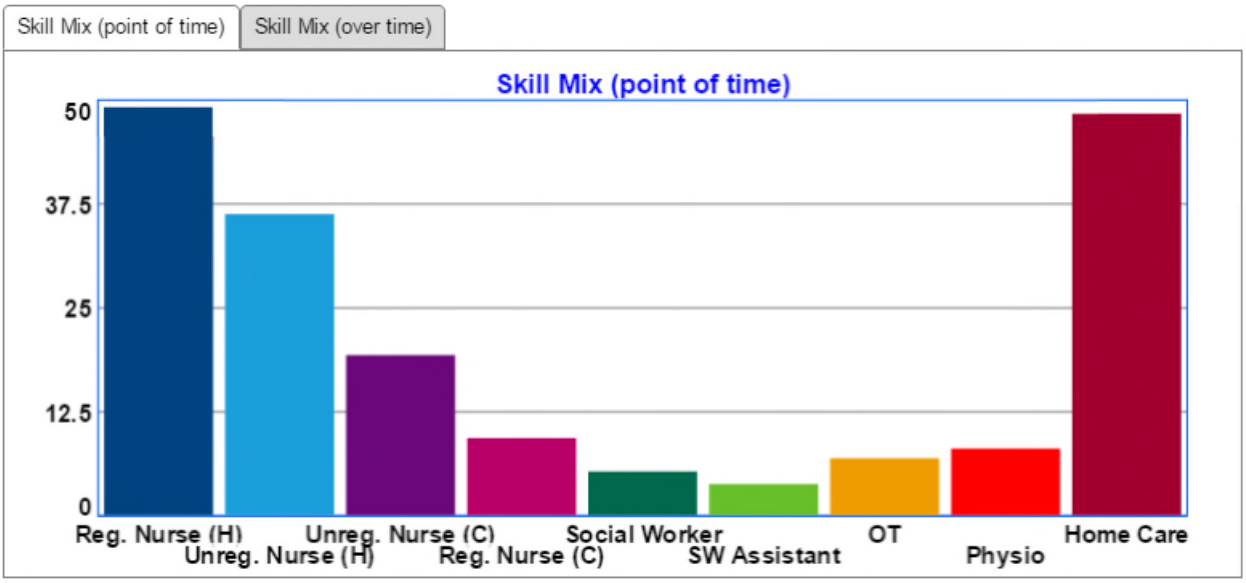
Helensburgh & Lomond– 2017/18 establishments of staff groups as part of the iHub project



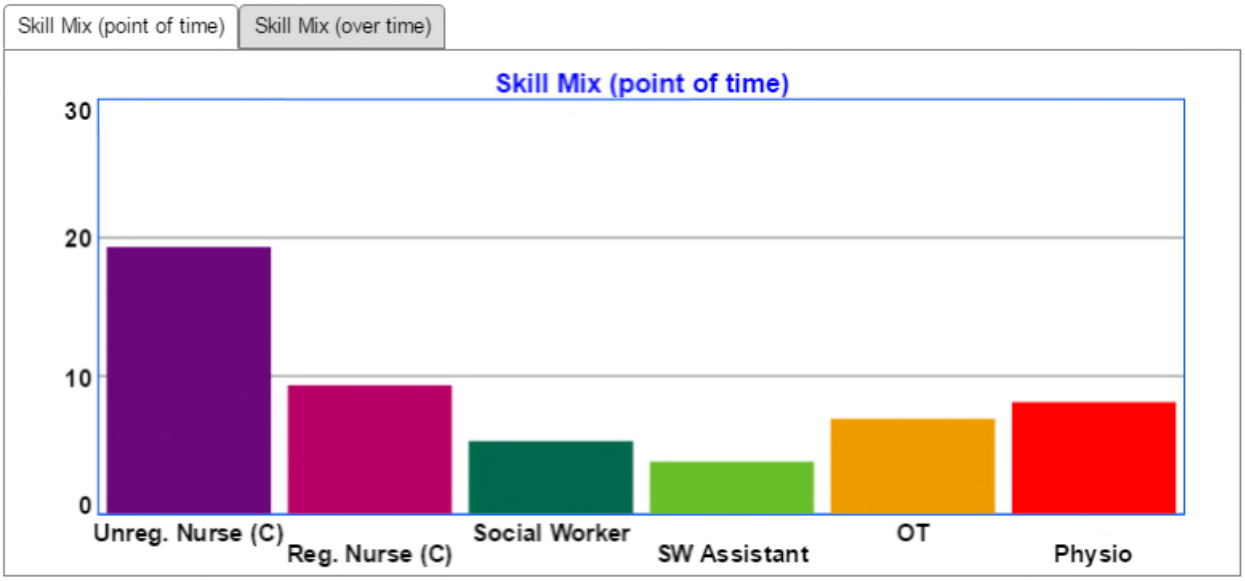
The above chart includes Home Care, whereas the chart below doesn't include Home Care that is all provided externally by our partner providers



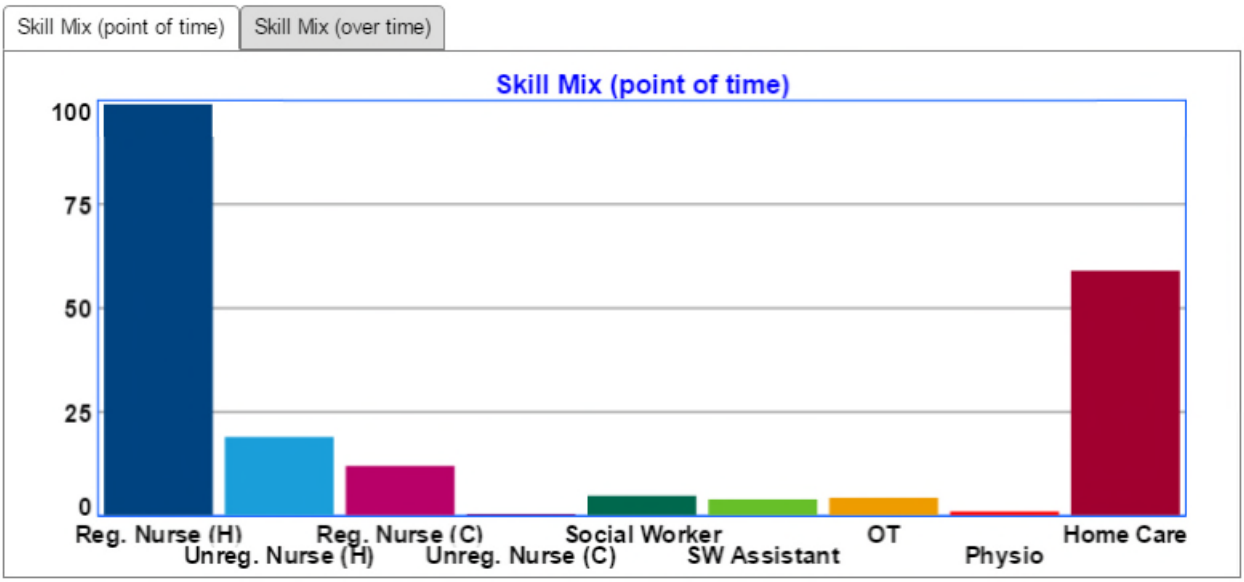
Mid Argyll, Kintyre and Islay – 2017/18 establishments of staff groups as part of the iHub project



The above chart includes all hospital nursing staff (ward and A&E), and Home Care, whereas the chart below doesn't include Hosptial staff or Homecare.

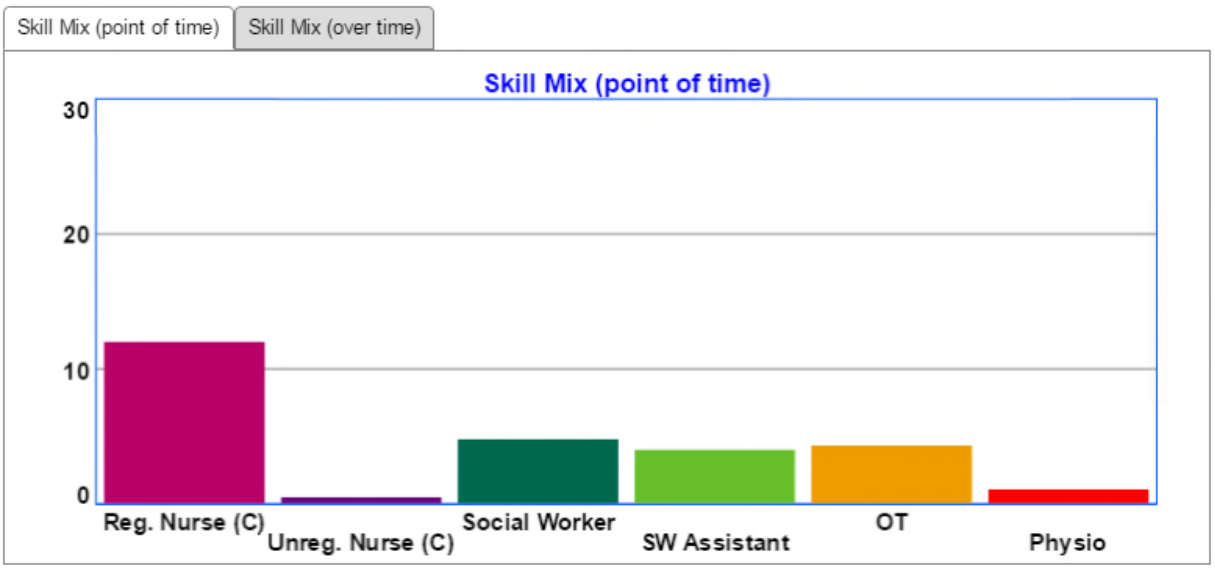


Oban, Lorn and the Isles – 2017/18 establishments of staff groups as part of the iHub project



Please note:

- Some of the data above, e.g Physio includes only physio establishment for the community and not all services such as in and out patients. For the other localities in phases 2-4 data for all services provided by AHPs was collected
- There were a range of gaps in the data at the end of the pilot phase for some staff groups in terms of establishment and future workforce and for parts of the locality. More detailed work subsequently started as part of the community neighbourhood team service redesign work and this included a baseline of current establishment. It was hoped to update the computer model with this verified data however this was not possible within the timescales. The recent data collection also captured the detail at sublocality level and staff groups in the Extended Community Care Team that were gaps in the pilot phase. This more detailed work also included banding of the staff groups that are key in terms of redesign, however the computer model does not support this level of detail.
- The above chart includes all hospital nursing staff (ward and A&E), and Home Care, whereas the chart below doesn't include these staff Groups



Appendix 5 : ACTION PLAN

1. Actions to improve the process of workforce planning

No.	Action	Leadership Group/ Lead/s	Timescale
1	Work with NHS Highland to review the process for delivering workforce plans within the Board and HSCP so that they are more fully integrated with Financial and Service Planning.*	WP&DPB / Planning / Finance / OD Lead	March 2019
2	Complete and review the value of the iHub model & approach to decide if it adds value at the Locality level going forward (model focused more on Steps 4/5 of the Six Steps (See Appendix 1)	WP&DPB	July 2018
3	Plan the final workshop with ihub and facilitate a way forward for Defining of the Required workforce *(Step 3). Detailed information is required to quantify demand (i.e. via analysis of future population need, caseload complexity) to assess future requirements accurately.*	WP&DPB	July 2018
4	Work with NHS Highland to develop workforce dashboards to support managers to access and analyse workforce data and help workforce planning. Build on the Council's dashboard.	WP&DPB / OD Lead / NHS Highland North	2018-2019
5	Review how we do succession planning for staff approaching retirement – how it's planned for across the HSCP and locally, included/monitored in relevant plans.	WP&DPB	March 2019
6	Review the process for workforce planning and the workforce data available in the HSCP, both Argyll & Bute wide and at locality level, consider learning from other areas and how it needs to look taking into account national, regional and local needs and in the context of NHS Highland/Argyll and Bute Council initially, and then third and independent sector partners.	WP&DPB / NHS and Council WFP leads	March 2019
7	Assess needs for increasing understanding and knowledge for key people/groups in workforce planning in relation to the Six Steps Approach and plan/commission and deliver training including opportunities for shared approaches.	WP&DPB / NHS and Council WFP leads / Planning	March 2019
8	The workforce implications of service change and redesign should be set out clearly in the Service Transformation plans. Adopt *Standard: Any Service redesign/organisational change planned should outline workforce implications from the outset and each should have a fully developed and integrated workforce plan utilising the Six Steps Approach*	Transformational Board / Leaders of Steering Groups	December 2018

No.	Action	Leadership Group/ Lead/s	Timescale
9	Develop the next iteration of the Workforce Plan for 2019/20, clarifying scope and fit with service specific integrated workforce plans, for all remaining HSCP services listed below. Service specific workforce plans will be developed as service redesigns are progressed as part of the Transformation Board – see action 8 and below. • Children & Families • Corporate services • Dental • Learning Disabilities • Mental Health • Public Health • Sexual Health The plan needs to encompass more detail about the role of the third-sector, voluntary organisations, community networks and other commissioned providers who support the HSCP achieve our Vision and key Objectives, its key the detail is included in service specific integrated workforce plans as part of the transformation work for adult and corporate services: • Community Services and model of care (e.g. Community Teams, Homecare) • Acute Hospital Services (Community Hospitals and Lorn & Islands Hospital) • Primary Care (GP Contract) (Primary Care Improvement Plan (PCIP)) • Mental Health / Dementia • Learning Disabilities / Autism • Care Homes & Housing Corporate services focus includes: Administration; Catering & Cleaning; IT projects; Support Services.	WP&DPB Leads of service redesigns / Transformation Board People & Change	Spring 2018
10	Review the terms of reference of the Workforce Planning & Development Programme Board and how this can best support the Transformation Board and future workforce plans	WP&DPB	July 2018

Note: Workforce Planning & Development Programme Board - WP&DPB

** This will include contributing to NHS Highland's integrated workforce, financial and service planning model that will enable the future production of fully developed workforce plans that are costed and evidence based wherever possible.*

2. Actions to Bridge the gap

2.1 New roles & new ways of working

No.	Action	Leadership Group/ Lead/s	Timescale
1	As part of the transformation programme identify the demand for various roles e.g. professionals including Rotational Staff Nurses, Health & Social Care Support Workers, Care at Home, Advanced Practitioners, Assistant Grades, as well as maximising the contribution of third sector colleagues. Also building in and promoting working in a preventative way, utilising HQA and digital technology.	Steering Groups for Transformation / other relevant groups	2018/19
2	Develop and increase the number of generalist roles - Health & Social Care Support Workers. Identifying training and developments needs and plans for staff starting or moving into these roles, as well as Professionals clarifying their unique contribution to care to inform the role and purpose of the support workers and to be able to delegate safely and effectively	Steering Groups for Transformation / other relevant groups / Professional leads	2018/19
2	Develop key Advanced Practitioner roles e.g. First contact practitioner for advanced Physios for all musculoskeletal conditions instead of the GP	Lead AHP/ NMAHP	2018/19
3	Develop and utilise Assistant Grade staff (Band 3 and 4 AHP) at clearly identified levels of competency to deliver programmes or simple assessments	Lead AHP/ NMAHP/AHP Forum	2018/19
4	Develop A&B approach with NHS Highland to the National Transforming Roles Programme of the contribution of the NMAHP workforce e.g. professionals as more 'consultative' teaching and building skills in workforce	Lead AHP/Lead Nurse	2018/19
5	As part of the transformation programme identify the demand for professionals to enable the shift in work from GPs to the HSCP as a result of the GMS contract / PCIP	Transformation Board / Primary Care Steering group	2018/19

2.2 Skills development

No.	Action	Leadership Group/ Lead/s	Timescale
1	Develop an approach in collaboration with key stakeholders to provide leadership support and development for Local Area Managers, Locality Managers and Team Leaders (see action 2)	SLT / People & Change / Council HR & OD	September 2018
2	Working with colleagues and NMAHP Workforce Development group to contribute to an annual work plan for the Education and development of the NMAHP workforce. This will include NMAHP Team Leader & SCNM leadership seminars, Band 6 NMAHP development programme, and Band 7 Team Leadership development, Graduate programme. ? Advanced	NMAHP / Lead and Deputy Nurse / AHP Lead	Summer 2018

	Practice (AP) events and network to support and develop staff in roles is part of this.		
3	Develop opportunities for more shared training and development with partners in Argyll and Bute and develop a menu of possibilities e.g. Motivational interviewing, teaching of universal approaches. Identification and prioritisation will come from the needs of the work of the Transformation Board. *(Aim to share development opportunities/learn from each other/open up relevant courses to a wider audience/further support the development of talent/reduce duplication)*	WP&DPB / Transformation Board	March 2019
4	Raise awareness and promote existing opportunities e.g. Argyll & Bute Manager Programme	SLT/ People & Change / Council HR & OD	ongoing
5	Offer and promote appropriate training to ensure improved professional practice, e.g. Adult Support and Protection training to help support and protect our vulnerable clients	Professional leads and groups	ongoing
6	Building on actions 1.10 and 2.2.6 consider the development of an annual work plan for the education, learning and development of the HSCP workforce to support the transformation of services e.g. NMAHP, Social work, Digital skills training and competency, etc.	WP&DPB / Transformation Board	October 2018
7	Targeted use of our Service level agreement with University of West of Scotland to ensure our workforce is prepared for practicing in our integrated model	Lead Nurse	ongoing

2.3 Healthy Organisational Culture

No.	Action	Leadership Group/ Lead/s	Timescale
1	Support the iMatter questionnaire for 2018 aiming for 60% response (65% ideally), utilise the continuous improvement tool, to support the development of Actions Plans	SLT / Locality Managers / OD Lead	National timeline
2	Develop a staff engagement strategy for the HSCP to enhance staff engagement and nurture a healthy organisational culture so people feel valued, utilising iMatter, and the Health & Wellbeing and Values and Behaviour work	Public health team/SLT/People & Change	Autumn 2018
3	Develop supporting Behaviours for the HSCP's refreshed Values and complete the Values & Behaviour Framework for IJB	SLT/Head of People & Change	August 2018
4	Launch and embed the Values & Behaviour Framework in Recruitment, Induction and Appraisal conversations	People & Change	By March 2019
5	Complete cultural audit to assess culture and progress with integration and identify gaps and support.	SLT/ People & Change	March 2019
6	Implement the health and wellbeing survey and review the results to develop an approach to	Health and Wellbeing	Autumn 2018

	improve the health and wellbeing of the workforce utilising healthy working lives initiatives, the NHS Highland Staff Health and Wellbeing Framework, and appropriate interventions.	Working Group of the Partnership Forum/ OD Lead	
7	Utilise organisational development, training and development and education, and service improvement as part of the Transformation programme to support change, increase collaborative working, development of relationships, and new ways of working.	Transformation Board/ People & Change / Council HR & OD	2018/2019 and beyond

2.4 Growing our own / Career Opportunities and pathways

No.	Action	Leadership Group/ Lead/s	Timescale
1	Develop a strategy for how we develop Talent across the HSCP, building on examples in NHS Highland/Argyll and Bute Council and learning from other areas e.g. Leadership development, coaching and mentoring – links with 2.2.1	WP&DPB/People & Change / Council HR & OD	2018/2019
2	Develop a formal partnership arrangement with Argyll and Bute Council around career paths for young people	WP&DPB/People & Change/ Council HR & OD	2018/2019
3	Explore and scope potential for Modern and Foundation Apprenticeships in the HSCP, initially for the Integrated Equipment Store / AHPs, utilising learning from the trial placements.	WP&DPB/ People & Change/ AHP Lead	2018/2019
4	Develop a planned approach to working with Schools to proactively engage young people to attract them into the workforce, offering work experience and volunteering opportunities. Also in raising awareness in people of all ages of career and vocational pathways that may be available to make health and social care a positive choice.	People & Change/ Council HR & OD/ Lead Nurse / AHP Lead	2018/2019
5	Contribute to and utilise the development of NHS Highland's structured work experience placement programme for key AHP roles.	AHP Lead	October 2018

2.5 Recruitment

No.	Action	Leadership Group/ Lead/s	Timescale
1	Work with our Community Planning Partnership (CPP) partners and NHS Highland to look at collaborative recruitment campaigns for all public sector services and utilise opportunities to recruit to "hard to fill" posts e.g. attend relevant fairs, schools recruitment, highlighting vacancies using social media, newsletters, local papers, highlight and communicate about Return to Practice opportunities.	People & Change / CPP Group / professional leads	ongoing
2	Contribute to and utilise NHS Highland's Workforce Strategy that will include a Recruitment and Retention Strategy	NHS Highland North / People & Change	2018/2019
3	Continue to pro-actively monitor trends of hard to fill vacancies and staff retiring and utilise data to plan ahead and look at learning from other areas	Workforce Monitoring Group / Management teams	ongoing

2.6 Retention and keeping our current workforce

No.	Action	Leadership Group/ Lead/s	Timescale
	See 2.4.1		
1	Review and improve the process for exit interviews so they are completed and the data utilised to understand the reasons and identify what would help	People & Change	March 2019
2	Contribute to and utilise outputs from NHS Highland's Working Longer group: – Review and analyse age profile, retirement and absence data related to the older workforce – Development of a toolkit and support materials for use by managers and employees	NHS Highland Working Longer Group / local A&B rep.	October 2018

Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item : 5.10iii**

Date of Meeting : 1 August 2018

Title of Report : HSCP Values & Practices Framework: CIRCLE

Presented by : Sandy Wilkie, Head of People & Change (HSCP)

The Integration Joint Board is asked to :
Approve our new Values & Practices Framework (CIRCLE) and approve its implementation across the HSCP.

1. EXECUTIVE SUMMARY

We have been working on a refresh of our HSCP Shared Values since January 2018. Following staff consultation we have chosen six new Values (CIRCLE) and developed these into a Values & Practices Framework. We seek approval from the IJB for the framework and our implementation.

2. INTRODUCTION

Our current HSCP Shared Values were defined in our 3-year Strategic Plan 2016-19:

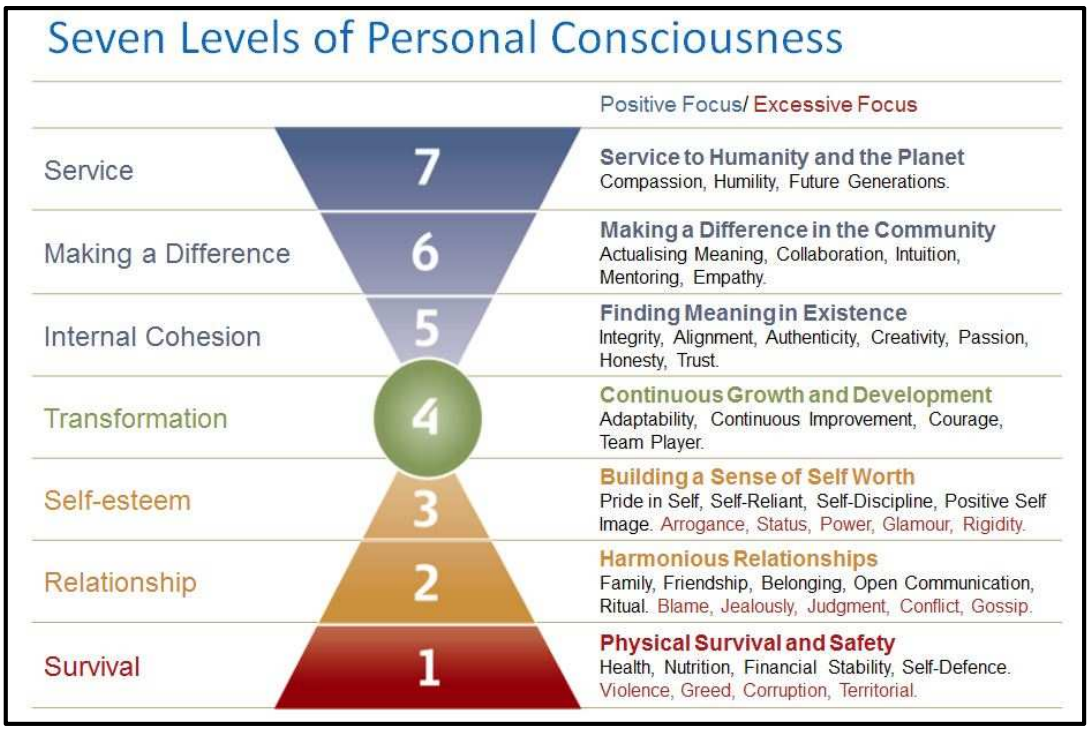
Respectful, Caring, Compassionate, Integrity, Person-Centred, Engaged

However awareness of them across the organisation is low and they have not been promoted or embedded within any of our people processes. They don't articulate much about the future – also, one of them (Engaged) is arguably more of an outcome than a value.

Organisational values offer the potential to bridge the gap between the NHS and Council cultures. They can help creating a shared sense of identity and articulate a positive view of our future. Importantly, values can also help define the behaviours that our staff demonstrate towards each other and service users.

3. VALUES REFRESH APPROACH

A number of focus groups were undertaken in January-March 2018 involving staff in Islay, Lochgilphead, Helensburgh & Oban. Staff were asked to consider the values contained within the Barrett Model, a recognised framework that has been used successfully with GPs and Trusts in NHS England. The Barrett Model provides a standard vocabulary of 45-50 values, represented across 7 levels:



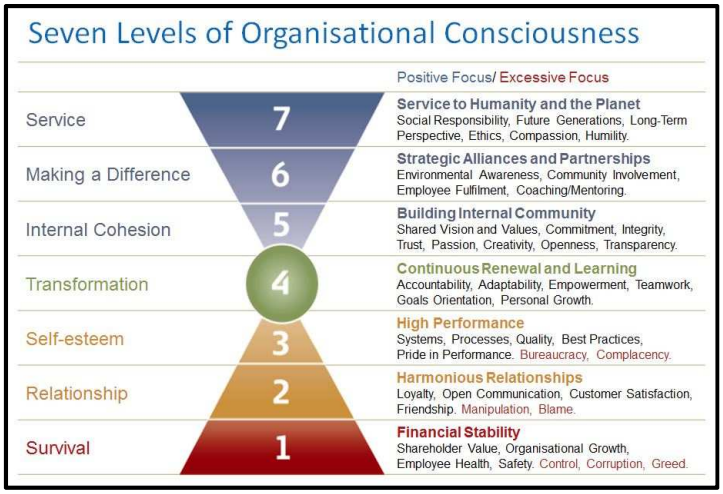
When asked to select 5-6 values that represented a combination of what the HSCP is now and what kind of organisation it should be in the future, the focus group activity produced the following long list – the cumulative number of votes are shown in brackets:

- **Respect** (32)
- **Integrity** (27)
- **Excellence** (26)
- **Compassion** (18)
- **Leadership** (17)
- Making a Difference (17)
- Vision (17)
- **Continuous-learning** (9)
- Future Generations (9)
- Teamwork (9)
- Entrepreneurial (9)
- Caring (6)
- Safety (6)
- Health (6)
- Commitment (6)

Of the 15 values above, **Respect**, **Integrity** and **Compassion**, represent continuity with the existing Shared Values. They are also a response to some of the themes evident in our recent Dignity At Work survey results (2017). **Excellence** reflects Quality, Safety & Professional Standards, whilst **Continuous-learning** echoes HQA improvement work.

The addition of **Leadership**, encompassing elements of vision and making a difference, is about having a positive impact on the future health & social care provision across our communities. It is also important that we have leadership capability at all levels within the HSCP. Having it as one of our new values builds upon our local iMatter results (2017); these showed a desire for greater leadership visibility.

Healthy organisations have a spread of values across the levels of the model, with a good number at Levels 4-7 representing ambition to change and influence the external environment.



	Existing	Proposed
	Compassionate	Compassion
	-	Leadership
	Integrity	Integrity
	-	Cont-learning
	Engaged	Excellence
	Respectful, Caring, Person-Centred	Respect
	-	

Our existing values only provide coverage at Levels 2,3,5 and 7. This puts more of a focus on internal 1:1 relationships and does not reflect transformation or wider community impact. The proposed replacement Shared Values are better balanced across the model; they are more outward-facing and actively endorse change. When listed in the order **C**ompassion, **I**ntegrity, **R**espect, **C**ontinuous-learning, **L**eadership, **E**xcellence they also create the acronym **CIRCLE**. As a metaphor, CIRCLE can have several meanings for us:

- Circles are part of our regional identity; early origins of community life are evidenced by cup & ring marks in various locations across Argyll
- A circle represents something universal & inclusive, embracing both Council & NHS employees
- Circles are groups of people with a shared interest; our local communities include staff, patients, clients and relatives
- We are looking to 'square the circle' in terms of the challenges of making health & social care integration sustainable

4. VALUES & PRACTICES DESIGN

Following selection of CIRCLE, we have tested an initial draft of the Values definitions and Practices (Behaviours) with a reference group drawn from the Caring Connections programme. This included some NHS practitioners, third-sector colleagues and two members of the IJB.

Following this session on 26th June, we revised the framework with comments from the participants (see Appendix).

Each of the 6 Values has an agreed definition plus 3 Core Practices; these apply to all HSCP staff and will feature in TURAS/PDR documents for reflection & discussion. A further 2 Additional Practices are available for use by each team who will be invited to custom write them to ensure each Value applies to their specific context; this will enhance staff buy-in.

We will test the Framework and customisation approach with AHP Leads on 12th July, prior to finalising the format of a 45min team rollout workshop.

5. CIRCLE LAUNCH & ROLL-OUT

An outline launch, communications & roll-out approach is shown in Appendix 2.

6. RECOMMENDATIONS

- The IJB approve our CIRCLE Values & Practices framework and consider reflecting the metaphor/colours in our proposed IJB branding
- We launch CIRCLE in early-Sept and embed them in Recruitment, Induction and Performance Management conversations.
- We will shape a TURAS objective for all managers & staff about living our Shared Values in practice
- The Barrett Model has an associated cultural audit tool, a values-based Cultural Values Assessment (CVA). A CVA survey across the HSCP in March 2019 to assess our culture and progress with integration.

7. CONTRIBUTION TO STRATEGIC PRIORITIES

This paper proposes Shared Values & Practices that will positively influence the workplace culture within the HSCP, provide a shared identity, support integration and the delivery of the our strategic priorities.

8. GOVERNANCE IMPLICATIONS

8.1 Financial Impact – values redesign has been completed in-house. We have staff within the People & Change Team with Barrett CTT accreditation.

7.2 Staff Governance – new Shared Values & Practices would be supportive of other Staff Governance initiatives.

7.3 Clinical Governance – n/a

8. EQUALITY & DIVERSITY IMPLICATIONS

None. Shared values apply to all HSCP staff employed by NHS Highland and A&B Council.

9. RISK ASSESSMENT

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

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

As part of the design of the full behavioural framework, the views of a representative sample of service users will be sought. Although our Shared Values are primarily for internal use, they will be visible to service users.

Appendix 1

CIRCLE

Argyll & Bute HSCP: **Shared Values & Practices** (v4)

COMPASSION

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

- I will focus on the needs and strengths of the individual when providing care or service
- I will demonstrate to others that I will work with them to understand their circumstances
- I will show self-compassion in situations where I need to learn to improve
- *We will …*
- *We will …*

INTEGRITY

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

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

RESPECT

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

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

Appendix 1

CIRCLE

Argyll & Bute HSCP: **Shared Values & Practices** (v4)

CONTINUOUS LEARNING

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

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

LEADERSHIP

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

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

EXCELLENCE

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

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

Appendix 2

Date	Action	Who
12.07.18	**Test team rollout workshop with AHP Leads & take feedback**	SW/FS
20.07.18	**Meet with the Director leading culture work in Argyll & Bute Council to share CIRCLE and discuss fit with 4C's**	SW
02.08.18	**Obtain IJB approval for Values & Practices Framework**	IJB
09.08.18	Place promotional CIRCLE pens & lanyards order	SW
10.08.18	Finalise launch team workshop following feedback from AHPs/IJB Choose HSCP staff to volunteer in short CIRCLE video	SW SW
13.08.18	Shoot CIRCLE video & edit Design supporting CIRCLE materials (Posters, Leaflet, Email footers)	Comms SW
03.09.18	**CIRCLE LAUNCH** All User E-mail & Intranet News to mark the launch Distribute Pans & Lanyards via LM/LAMs Pop-Up Locality roadshows to take team workshop bookings Distribute Posters to all Locations	 SW SW SW/FS/GD SW
10.09.18	Short Values feature in SLT Staff Briefing Cascade Email footer JPEG 7 (CIRCLE) Communicate shared TURAS/PDR Objective	SW/DR SW FS
17.09.18	Values Launch video on Intranet Values page goes live on public website Offer Values team sessions to all Localities Cascade Email footer JPEG 1 (COMPASSION) Develop Values Based Recruitment interview questions	Comms Comms SW SW SW/FH
24.08.18	Team sessions week 1 Cascade Email footer JPEG 2 (INTEGRITY)	SW/FS/GD SW
01.10.18	Team sessions week 2 Cascade Email footer JPEG 3 (RESPECT) Launch Values Based Recruitment interview questions	SW SW FH/SW
08.10.18	Team sessions week 3 Cascade Email footer JPEG 4 (CONTINUOUS LEARNING)	SW/FS/GD SW
15.10.18	Team sessions week 4 Cascade Email footer JPEG 5 (LEADERSHIP)	SW/FS/GD SW
22.10.18	Team sessions week 5 Communicate Values linkages to HSCP Staff Awards (April 2019) Cascade Email footer JPEG 6 (EXCELLENCE)	SW/FS/GD LH/SW SW
Dec 2018	Xmas Pulse Survey across HSCP to test levels of awareness	SW
Jan 2019	Evaluate Values spread/embedding and plan actions for 2019	SW
Feb 2019	Implement Barratt CVA Cultural Survey across HSCP	SW
Mar/Apr 2019	Analyse CVA results and develop actions to strengthen an integrated culture	SW

Red = Pre-Launch Tasks
Blue = Awareness
Green = Embedding
Orange = Evaluation

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.11

Date of Meeting: **1 August 2018**

Title of Report: **Chief Officer Report**

Presented by: **Christina West, Chief Officer**

The Integration Joint Board is asked to :

Note the following report from the Chief Officer

NHS Highland Chief Executive Decides to Step Down

Elaine Mead has announced that she is stepping down as Chief Executive of NHS Highland at the end of 2018. She informed staff that she felt the time was right for her to move on and pursue her passion for quality and improvement.

The Chief Officer would like to thank Elaine for her guidance and support, especially in relation to the integration of health and social care, and we all wish her well for the future.

Interim Chief Financial Officer

Lesley MacLeod has been appointed as Interim Chief Financial Officer and took up her post on the 16th July 2018. Lesley brings with her a breadth of experience at a senior level in the public sector and will be a welcome addition to the organisation.

Dental Clinical Lead

A new Dental Clinical Lead has recently been recruited and, following the completion of the relevant recruitment procedures, it is anticipated that they will take up post in the autumn.

Joint Inspection of Children's Services

The HSCP has been given formal notice that there will be a Joint Inspection of Children's Services in the autumn, with inspectors spending two separate weeks on site (weeks beginning 10th September and 22nd October).

The inspection concentrates on pathways for children and young people through the care system. A particular focus of the new inspection programme is corporate parenting, child protection and looked after children, with an emphasis on measuring impact through speaking to children and families.

An interagency inspection preparation group has been established which will lead the work of partners in the run up to inspection and there will be an opportunity for staff involvement through surveys and focus groups.

New Scanner for Campbeltown Hospital

A new mobile imaging scanner was recently purchased for Campbeltown Hospital with donations from Scottish Power Renewables, Springbank Distillers and Kintyre Forum on Community Care.

The scanner will be used by the GPs in the A&E Department and nursing staff will also have the opportunity to undergo training in the near future.

The HSCP would like to thank the Kintyre community and local businesses for their support and donations.

Short Film Launched to Promote the Positive Benefits of the Outdoors

A short film to highlight the positive benefits to people's mental health and wellbeing of spending more time outdoors has recently been launched. The film was created by the Argyll and the Isles Coast and Countryside Trust (ACT) in partnership with the HSCP and the Health and Wellbeing Network.

The film helps people recognise that being physically active doesn't necessarily have to mean doing sport or working out at the local gym. It can be as simple as taking part in nature-based and outdoor activities which can help reduce the levels of anxiety, stress, and depression in people suffering from mental ill-health.

NHS 70th Anniversary Celebration in Edinburgh

As part of the Scottish Government's celebration of the 70th anniversary of the NHS a national civic reception was held on the 5th July at the National Museum of Scotland in Edinburgh. Prince William and the First Minister were in attendance and a number of staff from across Argyll and Bute HSCP were invited to attend on the day.

Staff in the HSCP also celebrated the day with tea parties held in a number of localities. The HSCP also posted a series of messages on social media

encouraging the public to share their experiences of the NHS and also raise a cuppa in support of local charities.

West of Scotland Regional Health and Social Care Delivery Plan

The distribution of the draft West of Scotland Regional Health and Social Care discussion document to IJBs and Health Boards and the associated stakeholder engagement, which was due to take place from July – September, has been paused.

This pause provides an opportunity for the new Cabinet Secretary for Health to review and be fully briefed on the work done to date at both National and Regional level in Scotland.

An update will be provided at the next IJB meeting as to any further guidance that has been made available from the Scottish Government.

Refreshed Scottish Government Cabinet announced on 26 June 2018

Jeane Freeman has been appointed as new Cabinet Secretary for Health and Sport and *"will continue work to reform the NHS, and prepare it for the future"*

Aileen Campbell becomes Cabinet Secretary for Communities and Local Government and leads the Scottish Government's work to tackle poverty and inequality and, in partnership with councils, take forward plans to reform local governance.

Maree Todd continues in her role as Minister for Children and Young People.

The Highland Midwife

The second series of the Matchlight produced documentary series *The Highland Midwife* is currently being broadcast on Channel 5. The series features midwives from across NHS Highland, including midwives from Campbeltown in Argyll and Bute HSCP.

NOTE OF MEETING

Meeting: **Quality and Finance Plan Programme Board, Argyll & Bute Integration Joint Board**

Venue: **Boardroom, AROS, Lochgilphead (and VC)**

Date and Time **Wednesday 20 June 2018, 1:30pm**

In Attendance Christina West, Heather Grier, Fiona Broderick, Caroline Whyte, Stephen Whiston, Robin Creelman, Kieron Green, Liz Higgins (vc), Linda Currie (vc), Jim Littlejohn (vc), Gary Mulvaney (phone)

No	Item	Action
	Apologies	
	Apologies were noted from Lorraine Paterson and Kevin McIntosh.	
1.	**Note of Last Meeting**	
	The note was agreed as an accurate record of the previous meeting. **Update on Actions:** Review of Sleepovers and LD Care Packages (Gordon Murray) – Jim Littlejohn provided a verbal update on specific progress in some localities. Noted that progress has been slower than planned due to some political input, however now getting more acceptance that services need to change. Gordon Murray is supporting the work and localities to review individual cases to make sure the case for change is well understood in the LD community. Programme Board pleased to hear that there has been progress however this needs to be tracked. A written paper is required to provide assurance. Specifically in relation to sleepovers detail is required on the numbers in place, the planned reduction and progress with savings. Establish a protocol for Prince 2 Project Management Approach – noted that this will be picked up as part of the update to the project management guidance.	GM

	Establish arrangements to report back to the IJB – eg minutes of meeting or highlight report – highlight report on the work of the Programme Board will be presented to the IJB in August	
2.	**Internal Audit Report – Service Redesign and Project Management:**	
	Report Scott Moncrieff (Internal Audit) was provided for information, the report was the result of an internal audit review and was considered at the IJB Audit Committee in March 2018. The report was provided to the Q&F Programme Board for information due to the relevance of the audit to the work of the programme board. Caroline provided an overview of the report including the overall assessment that there are areas of good practice the report includes a number of recommendations for improvements to our current approach. Many of these will be picked up as part of a review of the project management guidance and paperwork. The Project Board requested an update on the project management support in place and how this aligns with the areas of focus in the Quality and Finance Plan. An update on the coverage of project management aligned to the service changes to provide assurance over coverage and how any gaps will be picked up will be provided for the next meeting. Stephen advised that there are plans to get all of the project managers together in July to ensure all have a clear direction and remit, they are all clear on processes and can highlight any further support required to deliver on objectives.	SW
3.	**Financial Recovery Plan – Assurance Reports**	
	The financial recovery plan from the IJB papers in May was included for information, accompanied by assurance plans from services on actions being taken or planned to be taken to implement the actions outlined in the plan. The feedback from the Q&F Programme Board included: • Would want to quantify what actions mean in monetary terms • Need more detail in some assurance plans that actions are being implemented and will make a difference, example being reviewing care at home packages, insufficient detail included in assurance plan • Request for next Programme Board that we have a progress update in terms of financial benefit of the plan, including forecast savings , planned, on/off track etc to allow an earlier feel of the impact of the recovery plan without waiting until the year-end • Noted plans re attendance management and the interdependency of this with other areas of the financial recovery plan, including vacancy	CFO

	management and gaps this may leave in teams	
4.	**Updated Quality and Finance Plan 2018-19:**	
	An overview of the updated Quality and Finance Plan document was provided, this is available on the HSCP websites and is an introductory document outlining the case for change and Argyll and Bute context and includes the approved service changes and investment plan. In addition the Programme Board were provided with a separate document which aligns the service changes to the areas of focus identified under the services and the short life working groups established to take forward the service changes. This is to ensure the transformation boards and short life working groups are clear on the savings that require to be delivered. It was noted as useful by the Programme Board to see the savings given a RAG status in terms of deliverability. To provide ongoing assurance of progress a greater level of detail will be required as we progress through the year, including specific actions, timeframe for delivery, savings profile and overall assessment if we are on target or not. To allow action to be taken to allow delivery to be put back on track. This will be picked up as part of ongoing project monitoring through the Programme Board and also as part of the ongoing approach to budget monitoring during 2018-19, where a focus on savings delivery will be required.	CFO
5.	**Transforming Together – Communications Approach:**	
	Draft presentation and outlined approach to a refreshed Engagement process was provided, this is the approach which will be adopted for the development of the next iteration of the Strategic Plan and in engaging communities with the ongoing service re-design. Q&F Programme Board noted that it was useful to split the Communications and Engagement elements, Heather has been involved in developing this approach and supports this as a positive development.	
6.	**Budget Approach 2019-20 Onwards**	
	Caroline presented a brief report outlining the proposed approach to developing the budget for 2019-20 onwards and the intention to develop a three year financial plan to sit alongside the next iteration of the Strategic Plan. The report included a high level timetable and a template for new service change proposals to come back to the Q&F Programme Board for approval. Taking into account of potential variations in funding there may be a gap of between £6m and £8m per annum over the next three years.	

	The report will require to be updated to be presented to the IJB in August, this should highlight the potential impact of the UK Government announcement in relation to additional funding for the NHS. Concerns were raised in relation to how much of any additional funding would actually be new monies with a number of Scottish Government health priorities required to be funded, eg the pay award, primary care, mental health. The approach to be recommended to the IJB would be that if there were any additional resources that these would be directed to service re-design to lever the service change required and not used as a measure to address the budget gap in the short term. There will be a key role for the partnership in managing the message going forward, may be a perception by the public that service change does not need to happen if there is additional resource, but the change still has to happen to ensure safe, sustainable services.	
7	**HSCP Engagement Tracker:**	
	Noted the tracker, this is a standing item, version at the meeting was a bit out of date. Sandra Cairney wants to change the tracker to make it more useful and accessible. Noted comments in the tracker in relation to 'no further savings are deliverable', not acceptable that this should be noted on the communications and engagement tracker and not flagged up to the programme board through highlight reports.	
8	**Programme of Q&F Programme Board Meetings:**	
	Noted	
9	**Minutes of Meetings:**	
	Noted	
10	**AOCB**	
	The Board gave thanks to Caroline Whyte on her last Programme Board meeting before leaving Argyll and Bute.	

Next meeting – August 29th 2pm

QUALITY AND FINANCE PLAN PROGRAMME BOARD
ACTION LOG – PROJECT BOARD 29-08-18

	Action	Raised	Lead	Timescale	Status
1	Review of Sleepovers and LD services – report to be submitted for sleepovers detailing progress, specific numbers and savings progress	June 2018	G Murray/ J Littlejohn	Aug 2018	
2	Overview of alignment of project management support to areas of service change in the Q&F Plan	June 2018	S Whiston	Aug 2018	
3	Update on progress with financial recovery plan, including planned and actual impact	June 2018	CFO	Aug 2018	
4	Further detail required on progress with savings delivery, individual plans for delivering savings and an assessment of savings trajectory	June 2018	HoS & CFO	Aug 2018 and ongoing	

Meeting: **Audit Committee, Argyll & Bute Integration Joint Board**
Venue: **Cowal Community Hospital, Dunoon (and VC)**
Date and Time **Tuesday 26 June 2018, 10am**

IN ATTENDANCE:

Heather Grier (Chair)	IJB Member
Cllr. Kieron Green	IJB Member, Councillor, Argyll & Bute Council
Cllr. Sandy Taylor	IJB Member, Councillor, Argyll & Bute Council
David Eardley (vc)	Scott Moncrieff, Audit Director
Michael Simpson	Audit Scotland, External Audit
Christina West	Chief Officer
Caroline Whyte	Chief Financial Officer

No	Item	Action
	Apologies	
	Apologies were noted from David Alston, Maggie McCowan and Ursula Lodge.	
1.	**Minute Of Meeting On 29 March 2018**	
	Minutes were noted as an accurate record of the meeting.	
2.	**UNAUDITED ANNUAL ACCOUNTS 2017-18**	**Action**
	Caroline presented the financial statements to the Audit Committee and requested that the committee approve the Governance Statement and submit the accounts to Audit Scotland for audit. Queries: • Page 31 – remuneration report update Robin Creelman to be against NHS Highland and check vice chair position Kieron Green dates (4th or 18th May) • Heather challenged Audit Committee re the update on governance issues previously highlighted and if the Committee are satisfied that progress is good enough. Concerns raised re	

	capacity and capability to take forward, particularly with departure of current CFO • Directions – chairs/vice chairs network highlighted as an area of improvement on how to use directions effectively • Chair/co-chair model for LPGs – TSI pulling some representatives from LPGs, may need to review/enable/facilitate other third sector organisations to support LPGs (TSI need to have facilitating/enabling role instead of driving forward) • Comms and engagement – a lot more assurance now the Associate Director of Public Health is taking forward a revised approach. The Audit Committee approved the Governance Statement and authorised the accounts for issue.	
3.	**INTERNAL AUDIT REPORT 2017-18**	
	David presented report to the Committee. Nothing inherently new, presented as part of requirement of public sector audit standards to provide an overall opinion. Overall audit opinion is a clean audit opinion, framework of controls in place, effective governance arrangements in place. Highlighted risk management audit, previous report at Audit Committee, evolving arrangements in relation to risk management. No grade 4 ratings, therefore doesn't impact on the overall audit opinion for the IJB, further work on risk management but doesn't tip into altering overall opinion. Audit Committee noted the report.	
4.	**INTERNAL AUDIT PLAN 2018-19 TO 2020-21**	
	David presented the draft internal audit plan. Internal Audit comply with internal audit standard and consider the audit needs of the organisation. Not infinite resource so look at areas of greatest risk to provide assurance. Mix of desk based research and conversations with officers to establish scope of the plan. Look at 3 year plan in context but focus on this year in terms of the Audit Committee approving work to be taken forward. Key pieces of legislation to be taken forward, audit how the IJB are responding to this. Service redesign is the driving force for change. We had a review in 2018, so makes sense to come back to after a period of time. Should bring it back into 2019-20 instead of 2020-21 which would be a delay	DE

	of two years, David to update the plan. Commissioned care providers – review not to directly review sustainability of providers, but focus on evaluations and controls in place between the IJB and the Council. How is this risk assessed, how are plans managed, what contingency plans are in place. Crucial to delivering the change we need. May need to speak to Council partners as some testing will involve Council process. Absolutely needs to be cross cutting as it is Council's commissioning team that undertake most of risk assessment process on behalf of the HSCP. Final substantial review for 2018-19 is compliance with integration scheme. Is there anything that needs to be changed, how this is being interpreted and to establish if there is clarity in the scheme. As the overarching governance document, makes sense for internal audit to review. Review of integration scheme initiated by Council. The internal audit work should happen early in the plan to help inform this review, should be the first piece of audit work to inform Council/HB review of the integration scheme. Request to share final plan with colleagues in Argyll and Bute Council to highlight planned audit work to ensure they can support work. Page 82 outlines other areas that would be of value to explore but not included as a priority in the audit plan for the next 3 years. Audit Committee interested in workforce planning and where this fits with service redesign. Need to focus on the areas of responsibility that are IJB specific and refer to workforce planning in the plan. Need to be sighted on the audit plan for the Council and Health Board for workforce planning to gain assurance, statutory responsibility for the Council and HB. The IJB are also working towards our own integrated workforce plan. Risk register in internal audit plan for completeness to link audit activity to strategic risks, to provide assurance re arrangements for managing risks. Need to determine audit timetable to schedule work across the year, Scott Moncrieff will complete with specific dates and times. Relatively small plan, workload can be spread across the year. Project management support, are we comfortable we have the capacity to deliver. Bring back to Audit Committee for assurance, after this has been to the Q&F programme board.	CW CFO CFO

5.	**TERMS OF REFERENCE – AUDIT COMMITTEE**	
	Deputies – could look at for other Committees also. Committees should be made up of people that make a commitment, can't have meetings cancelled because not quorate. Programme of back to basics training for everyone, appoint the right people that have an interest and a challenging mind-set. Where contribution not felt people don't show up. IJB Improvement Plan to look at maximising contribution that members can make across different Committees. 8 voting members, limited pool of people. Mentoring approach may also help to help prioritise meetings. Strategic Planning Group attendance recently poor, so not just Audit Committee. Could schedule committees on the same days to maximise attendance. Competence/knowledge based approach – deputies will need to be trained, not just turn up – eg have a skill set and interest. Could have independent representation on the Audit Committee. Should further explore membership of the Audit Committee, look at arrangements in other areas.	CFO
	Risk management, Audit Committee want the detail to challenge, to get assurance. Scrutiny role, how much of a scrutiny role should the Audit Committee have? Would want to see trends, exceptions, and fitness for delivery. Actions: • Performance reports – exception reports (Christina to speak to Stephen Whiston to align AC and IJB reporting) • Risk management SRR, more detail on impact of mitigating actions • Develop an understanding of expectations re the Audit Committee as a working committee Could review information for IJB as assurance provided by the Audit Committee, potential to report back to IJB thematically. Updated ToR to be submitted to IJB for approval in August.	CW CFO CFO CW
6.	**IJB STRATEGIC RISK REGISTER**	
	Changes with the SRR more important than the SRR itself. Danger that control measures lie with owners, along with the assurance that	

	measures will deal with these risks. Internal audit could look at whether control measures are being taken forward, the adequacy of the new control measure and the impact. Could have a seminar approach once a year, to facilitate ownership. Ties in with conversation at last Audit Committee re issues log or SRR and separating the two. Gives risk register more credibility, more items does not necessarily make it an effective document. Actions: • Risk management development session – risk management, scott Moncrieff • Feedback re use of an issues log in North Highland	 DE CW
7.	**AUDIT RECOMMENDATIONS – FOLLOW UP**	
	Remove RAG status from tracker, ongoing or delayed indicates whether on track. Delays with a number of actions due to capacity and other priorities. Review timelines against actions to make them more realistic, show progress – e.g. project management. More information on delayed actions rather than those which are ongoing, e.g. provide updated planned timescales.	 CW
8.	**AOCB**	
	Council are looking to use resources to put together a suite of training for managers, business development coaching, looking to get managers to support change management. HSCP should be looking to access this training resource. The Audit Committee expressed thanks to Caroline for her support as CFO.	CW
	Date of Next Meeting	
	Next meeting to take place (Cowal Community Hospital): • Tues 11th September 2018 – 10am – look at changing date (conflicts with licensing board)	 CW

Argyll and Bute HSCP

Meeting:
Clinical and Care Governance Committee

Venue:
AROS Boardroom / Multi Site VC

Date and Time
Thursday 21st June 2018

MINUTE

No	Item	Actions
1.	**WELCOME** **IN ATTENDANCE** Liz Higgins (LH)– A&B Lead Nurse – (CHAIR) Christina West (CW) -Chief Officer Donald Watt (DW) – Locality Manager MAKI Nikki Gillespie (NG) Local Area Manager Mental Health Linda Currie (LC) – Lead AHP Jim Littlejohn (JL) – Acting Head of Service East Kieron Green (KG)– Elected Member Phil Cummins (PC) – Head of Service Mark Middleton (MM) – Health and Safety Manger Kathy Graham (KG) – Clinical Services Manager/SCN Cowal **APOLIOGIES** Robin Creelman (RC) – Chair IJB Fiona Campbell (FC)-Clinical Governance Manager, Dawn MacDonald (DMCD) – Staff side rep Alex Taylor (AT)– Head of Service C&F Lorraine Paterson (LP) – Head of Adult Services, West Caroline Henderson (CH) – Local Area Manager OLI	
2.	**MINUTES OF PREVIOUS MEETINGS** Agreed by group as accurate.	
3.	**MATTERS ARISING**	

	3.1 Action Log LH took the group through the action log, giving an update on each action. Sandra Cairney, Associate Director Public Health, to be added to distribution list.	CH
4.	**SCHEDULED REPORTS** **4.1 Bute and Cowal** KG gave a verbal update from Bute & Cowal. Key points – • KG informed the group of an incident in Casualty regarding to INR testing. The learning will be disseminated to Argyll & Bute and NHS Highland • Ongoing Sexual Health provision and governance issues. LH informed the group Jaki Lambert, Head of Midwifery A&B and Sandra Cairney Associate Director Public Health are taking this work forward for Argyll and Bute. • No local Clinical and Care Governance meeting this year. **4.1.2 Helensburgh and Lomond** JL tabled Helensburgh exception report. Key points – • Ongoing issues with Integrated Equipment Store- staffing, storage and cleaning JL asked to gather information in relation to any delays in patients getting equipment. • Ongoing Sexual Health provision and governance issues. • Concerns around the lack of Women's Health Physiotherapy Service. Post was passed by Workforce Monitoring Group on Monday 18th June 2018. This will now go out to advert. • Local Clinical and Care Governance took place more than 2 months ago. **4.1.3 Mid Argyll, Kintyre and Islay** DW tabled MAKI exception report. Key points – • Islay has ongoing parking issues which are impacting on plans for co-location of Health & Social Care staff • Review of paperwork required to allow mobidity and mortality reviews in Community Hospitals. LH informed group the paperwork is in the process of being finalised and will be circulated as soon as possible.	

- Staffing issues continue in Knapdale (Dementia Assessment) and the ward is currently closed to admission. All posts continue to be advertised.
- There is currently a very experienced mental health manager providing part time leadership cover to Knapdale and she is working on an improvement plan including recruitment issues
- In-patients fall rates in Campbeltown are improving.
- Local Clinical and Care Governance meetings currently sit on the Head of Department agenda and the Committee asked that the Clinical Governance meeting is reinstated
- LH asks only one MAKI exception report is tabled at future meetings.

4.1.4 Oban, Lorn and Isles

PC tabled the OLI exception report.
Key points –

- Falls are still the highest adverse event and there is current ongoing focussed work around this.
- The wait time for clinical typing is still an issue
- Major staffing issues and difficulties recruiting across the whole spectrum of care in Oban- hospital, Care Homes and Care at Home.
- Lynn of Lorne announced de-registration of nursing care- and locality working hard to prepare for that change
- Lab inspection took place on Wednesday 20th June – awaiting feedback
- The new model of Primary Care in Mull being discussed with community. This will help with the locum overspend
- A Locality Manager Adult Services for Oban, Lorn and Isles has been appointed - Morven Gemmill
- March meeting of Local Clinical and Care Governance was cancelled

4.1.5 Mental Health
DW tabled Mental Health exception report.
Key points –

- A risk was identified regarding the door hinges in the new unit. These have all be removed and replace with anti-ligature items.
- The escort service is causing difficulties at the moment. NG currently working on this. LH to speak with NG regarding this.
- 1 SAER still to take place

4.1.6 Maternal & Newborn
LH tabled Maternal exception report.
Key points –

- Staffing issues are slowly improvement but still fragile.
- Jaki Lambert now in the Interim Head of Midwifery post for Argyll and Bute.

	The Committee made it clear that each locality must have a local Clinical Governance meeting separate to Heads of Department. They should be a minimum of quarterly and chaired by the locality manager. **4.2 Children and Families** LH sought the opinion of the committee re. establishing specific Children & Families Governance group. In AT absence it was agreed that LH will discuss with AT prior to the next meeting **4.3 NHSH Operational Unit Exception Reports** For noting and shared learning. Kg asks if readmission rates in A&B have risen as in Raigmore they went from 5.7% to 7%. It was noted that A&B rates have gone down from 7% to 4%. MM asked if there was a better way of sharing the learning and closing the loop. LH suggested benchmarking document similar to HEI in adopted. LH will discuss with FC	
5.	**QUALITY AND EFFECTIVENESS OF CARE** **5.1 Health and Social Care Standards** LH gave verbal update. A paper went to the May IJB. A programme of awareness sessions have taken place and summer dates are currently awaited This has been an agenda item of the Quality Professional and Practice Standards meeting and a number of other meetings. **5.2 Quality and Patient Safety Dashboard** LH brought the dashboard to the meeting for the 1st time. LH informs the group this may replace some of the other information that is tabled at this Committee. LH to work with FC to decided how to use the dashboard going forward. Comments were that there needs to be an understanding of base line activity and narrative to go with the figures supplied. **5.3 Mental Health Documents** **5.3.1a DNA Policy** Presented by NG and ratified by the Committee **5.3.1b DNA SOP** Presented by NG and ratified by the Committee **5.3.2 Guidelines for Pre-Admission, Admission, Transfer and Discharge Criteria to and from Acute In-Patient Mental Health**	LH/FC

	Services Presented by NG and ratified by the Committee. This document was welcomed by the members of the Committee and NG and colleagues congratulated on producing such a helpful guideline **5.3.3 Confidentiality and Consent Leaflet** Presented by NG and ratified by the Committee **5.3.4 Protocol for Admission of Young People to an Adult Psychiatric Ward** Some feedback given. NG to work further on this protocol given the feedback. To come back to September Committee to be ratified. **5.4 MWC Unannounced Visit to Succoth** NG updated on the unannounced Visit to Succoth. Action plan progressing. **5.4.1 MWC Unannounced Visit, Knapdale Ward, MACHICC 29.02.18 & 5.4.2 Improvement Plan** Inspection report and improvements plan tabled. Additional actions suggested by group. Kate MacAulay to send completed plan to Liz Higgins. **5.4.3 Systems of Notifyiting Professional Leads of Inspection Activity** LH informs the Committee that Professional Leads need to be sighted on inspection activity. LH to refreshed guidance on how to do this. **5.5 Care Home Assurance Short Life Working Group** LH informs the Committee she will be chairing the above group and that the Local Integration Leads will be leading on this work. The first meeting is planned for July. The aim is to have the same standards across commissioned and internal care homes. Currently internal care homes are not subject to the level of scrutiny from within the organisation as commissioned services are	NG KMacA LH
6.	**SAFETY** **6.1 HSCP Health and Safety Group Action log** MM tabled H&S Action Log. Top 3 priorities • Lone working • Sharps • Quarterly workplace inspection Future priorities will be - • Risk Assessments	

	• Skin Health • Medical Gasses **6.2 Adverse Events** For noting. Each locality should be sighted on their own top 10. For the HSCP the top 3 remain – • Violence & Aggression • Falls • Tissue Viability **6.3 SAER Learning Summaries** For noting **6.4 Falls** SBAR briefing tabled regarding current falls situation in Argyll and Bute. Increase in falls noted in a number of wards including falls with harm. Focussed support is being provided by A&B Falls Lead, Associate Lead Nurse and staff from improvement team in Inverness, working closely with staff to deliver improvements. Update to this committee in September.	
7.	**EXPERIENCE** **7.1 HSCP Complaint** For noting. Trend data requested however this is contained within the dashboard **7.2 The Positive Power of Stories – Emotional Touchpoints** Report tabled. LC informed the group the approach is well established and the chaplains will continue to do the work going forward. Training is planned for People and Change staff next week.	
8.	**PROFESSIONAL REGULATION AND WORKFORCE DEVELOPMENT** **8.1 SBAR MHO and Mental Health Services** PC will be leading on this work. He is to meet with the MHO's & AT to	

	discuss how to move forward. PC informs the committee a service review is planned **8.2 LearnPro** Fiona Sharples, Organisation Development Lead, tabled two documents relating to Learnpro for discussion FC asked that if anyone knows of trainers or courses that are not yet on Learnpro and should be that they contact Jacqui McCann, HR Advisor who will then arrange for the courses/trainers to be added.	PC
10.	**AOCB** • **HEI INSPECTIONS** LH informed the Committee that HEI Inspections have been announced for Cowal, Bute, Mid Argyll and Campeltown for 16th, 17th and 18th July. Preparation for the inspection is already underway • **OBAN** LH raised concerns regarding the number of nursing vacancies within inpatient wards in Oban. The protracted nature of the vacancies and the wider issues in Oban adds to the concerns that the current situation is unsustainable,. LH is currently compiling a report to outline what she considers as risk and actions required to address the risks. • **LOCUM GP** Following due process, a locum island GP has been removed from post with immediate effect as a consequence of information and concerns received regarding patient safety and patient experience. The HSCP is now required to undertake an investigation based on the information and concerns highlighted which will be progressed with utmost urgency, acknowledging the impact this is having on both continuity of patient care and the doctor concerned • **JOINT INSPECTION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE IN THE ARGYLL & BUTE COMMUNITY PLANNING PARTNERSHIP AREA** CW asked the committee to note that the Joint Inspection will begin on Monday 10th September 2018. Patricia Renfrew is the Joint Inspection Co-ordinator	
11.	**DATE, TIME AND VENUE FOR NEXT MEETINGS** Tuesday 4 September, A01, Dunoon, 9:30-12:30 (Development Session) DUNOON Thursday 27 September, A02, Dunoon, 14:00 – 17:00	

	Wednesday 21 November**,** JO3-J07 MACHICC, Lochgilphead, 10:30-13:30 **V/C facilities will be available**	