



**DRAFT MINUTE OF  
ARGYLL & BUTE HEALTH & SOCIAL CARE PARTNERSHIP  
INTEGRATION JOINT BOARD  
Wednesday 28 March 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                               |
| Dr Michael Hall                 | Associate Medical Director                       |
| Liz Higgins                     | Lead Nurse, A&B HSCP                             |
| Alex Taylor                     | Head of Children and Families & Criminal Justice |
| Caroline Whyte                  | Chief Financial Officer, A&B HSCP                |
| Denis McGlennon                 | Independent Sector Representative                |
| Fiona Thomson                   | Lead Pharmacist                                  |
| Dr Peter Thorpe                 | Secondary Care Adviser, A&B HSCP                 |
| Maggie McCowan                  | Public Representative                            |
| Heather Grier                   | Unpaid Carer Representative                      |
| Elizabeth Rhodick               | Public Representative                            |
| Catriona Spink                  | Unpaid Carer Representative                      |
| Dawn McDonald                   | Staff Representative, NHS Highland               |
| Kevin McIntosh                  | Staff Representative A&B Council                 |
| Sandra Cairney                  | Associate Director for Public Health, A&B HSCP   |
| Alison McGrory                  | Health Improvement Principal, A&B HSCP           |
| Kirsteen Murray                 | CEO, Third Sector                                |
| Katrina Sayer                   | Third Sector Representative                      |
| Sarah Crompton-Bishop           | NHS Highland Non-Executive Board Member          |
| Gaener Rodger                   | NHS Highland Non-Executive Board Member          |
| Councillor Jim Anderson         | Argyll & Bute Council                            |
| Councillor Iain Shonny Paterson | Argyll & Bute Council                            |
| Councillor Alistair Redman      | Argyll & Bute Council                            |

**In Attendance:**

|                   |  |
|-------------------|--|
| Douglas Hendry    | Standards Officer, Argyll & Bute HSCP            |
| Lorraine Paterson | Head of Adult Services (West), A&B HSCP          |
| Jim Littlejohn    | 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                 |
| Sheena Clark      | PA to Chief Officer (Minutes)                    |

**Apologies:**

|              |                    |
|--------------|--------------------|
| Linda Currie | AHP Lead, A&B HSCP |
|--------------|--------------------|

| ITEM | DETAIL  | ACTION |
|------|---|--------|
| 1    | <b>WELCOME</b>  |        |
|      | The Chair welcomed everyone to the meeting and offered his apologies to the public and to staff for their concerns and anxieties at the proposal to discuss the paper referred to at agenda item 6.1.   |        |
| 2    | <b>APOLOGIES</b>  |        |
|      | Apologies were noted.   |        |
| 3    | <b>DECLARATIONS OF INTEREST</b>   |        |
|      | Denis McGlennon advised that he is a Director of Carers Direct.   |        |
| 4    | <b>APPROVAL OF MINUTE OF INTEGRATION JOINT BOARD 31 JANUARY 2018 AND ACTION PLAN</b>  |        |
|      | The Minutes were agreed as accurate and the update on the action plan was noted.  |        |
| 5    | <b>BUSINESS</b>   |        |
|      |   |        |
| 5.1  | <b>Clinical &amp; Care Governance Report</b>  |        |
|      | <p>The Lead Nurse highlighted the summary of HSCP activity in undertaking Significant Adverse Event Reviews (SAER) and the current HSCP position in implementing the Duty of Candour Procedures.</p> <p><i>The IJB :</i></p> <ul style="list-style-type: none"> <li>• <i>Noted the number and progress of SAERs in the HSCP.</i></li> <li>• <i>Noted the requirement to implement Duty of Candour procedures from 1 April 2018 and the current Argyll &amp; Bute HSCP status.</i></li> </ul>  |        |
| 5.2  | <b>Oban Laboratory Services</b>   |        |
|      | <p>The Lead Nurse reported on the significant progress in implementing improvements within the service, which are being overseen by a named person within NHS Highland.</p> <p><i>The IJB noted the progress within the Oban Laboratory Services.</i></p>   |        |
| 5.3  | <b>Finance – Budget Monitoring Report January 2018</b>  |        |
|      | <p>The Chief Financial Officer summarised the report on the financial position of the Integrated Budget which showed a forecast year-end outturn position of a projected overspend of £2.6m, a deterioration in the position at the start of the year.</p> <p>Progress with the financial recovery plan is being impacted by the demand for new services, continued service delivery and delays with the delivery of recurring savings in the Quality &amp; Finance Plan. It is unlikely that financial balance will be achieved at the year end.</p> <p><i>The IJB noted :</i></p> |        |

|            |   |   |
|------------|---|---|
|            | <ul style="list-style-type: none"> <li>• <i>the overall integrated budget monitoring report for the January 2018 period.</i></li> <li>• <i>that there is a projected year-end overspend of £2.6m.</i></li> <li>• <i>the progress with the delivery of the Quality &amp; Finance Plan and the overall forecast shortfall in delivery of savings.</i></li> <li>• <i>the progress with the implementation of the financial recovery plan and the trajectory of improvement required to deliver financial balance for the 2017-18 financial year.</i></li> </ul>  |   |
| <b>5.4</b> | <b>Public Health – Equalities Outcomes Framework Report</b>   |   |
|            | <p>The Health Improvement Principal reported that the IJB has a legal duty to demonstrate a planned approach to reducing inequalities. Inequalities in service provision and access to services amongst people with protected characteristic are known to result in a disparity in health and wellbeing outcomes.</p> <p>In response to an enquiry about the new requirement for statutory bodies to have regard for socio-economic disadvantage and planning provision, the Health Improvement Principal advised that planning will include sustainability in communities. The public health draft guidance will reflect how to incorporate the requirement as part of the Community Planning Partnership and Strategic Planning.</p> <p><i>The IJB :</i></p> <ul style="list-style-type: none"> <li>• <i>noted the fulfilment of statutory duties in relation to inequality and diversity.</i></li> <li>• <i>noted examples of good practice in equality across the HSCP and acknowledged the report is not a fully comprehensive account due to the vast scope of the framework.</i></li> <li>• <i>supported streamlining of the HSCP measures of alignment with NHS Highland and Argyll &amp; Bute Council measures.</i></li> <li>• <i>approved the report prior to publication on the NHS Highland and Argyll &amp; Bute Council websites, in accordance with the Equality Commission requirements.</i></li> </ul> |   |
| <b>5.5</b> | <b>Carer’s Act Implementation and Eligibility Criteria</b>  |   |
|            | <p>The Lead Nurse advised that the Carer’s Act will commence from 1 April 2018 and prior to this the IJB has to set out local eligibility criteria for the provision of services.</p> <p>The Lead AHP and IJB Carer representatives are working with carer’s centres to ensure the criteria of the Act are implemented locally.</p> <p>Ms Spink commented that outcome 6 of the Performance Reports, “Unpaid Carers are supported” showed 1 outcome which is not reflective of the broad range of input that carers provide. The Head of Planning &amp; Performance acknowledged this anomaly and provided reassurance that additional performance measures will be developed with the carers centres to reflect the contribution of carers.</p>  | <p><b>LC/HG/CS</b></p> <p><b>SW</b></p> |

|            |  |                              |
|------------|--|------------------------------|
|            | <p>Ms Spink expressed the view that consideration should be given to progressing step-up, step-down accommodation for clients requiring supported living.</p> <p>The Lead Nurse will consider the governance of the implementation of the Act as part of the workplan of the Clinical &amp; Care Governance Group.</p> <p><i>The IJB noted :</i></p> <ul style="list-style-type: none"> <li>• <i>the progress towards readiness for the implementation of the Carer's Act on 1 April 2018.</i></li> <li>• <i>the consultation carried out and agreed to adopt the proposed Argyll &amp; Bute Eligibility Criteria to ensure fair access to carer supports in line with the intentions of the Act.</i></li> <li>• <i>the ongoing work required during 2018-19 to ensure the consistent application of the Eligibility Criteria in Argyll &amp; Bute and the ongoing work required with the Carer's Centres.</i></li> <li>• <i>the financial framework to support the Act's implementation and the potential financial risk from new demand for services.</i></li> </ul> | <b>EH</b>                    |
| <b>5.6</b> | <b>Strategic Risk Register</b>   |                              |
|            | <p>It was reported that there are 17 risks detailed on the register, with the new General Medical Services Contract being added since the last meeting. A risk management audit was recently undertaken by the IJB internal auditors and the outcome will be presented to the Audit Committee on 29 March. Any changes to the risk management arrangements will be referred to the IJB for approval.</p> <p>A further IJB Development Session on the Strategic Risk Register will be arranged.</p> <p><i>The IJB noted the updated Strategic Risk Register for the Argyll &amp; Bute Health &amp; Social Care Partnership.</i></p>   | <b>CWh</b><br><br><b>CWh</b> |
| <b>5.7</b> | <b>Staff Governance Report</b>   |                              |
|            | <p>The Head of Planning &amp; Performance presented the quarterly report, providing information on :</p> <ul style="list-style-type: none"> <li>• Values refresh within the HSCP</li> <li>• iMatter – a continuous improvement tool</li> <li>• Workforce planning</li> <li>• Learnpro central training system</li> <li>• Social media in recruitment</li> <li>• Career paths for young people</li> <li>• Whistleblowing policies</li> <li>• Update on integrated HR issues</li> <li>• Organisational change &amp; service redesign issues</li> <li>• Recruitment &amp; redeployment activity</li> <li>• Statutory &amp; mandatory training</li> <li>• Workforce performance trends</li> </ul> <p>The Chair asked for assurance regarding access to the</p>   |                              |

|             |   |                                      |
|-------------|---|--------------------------------------|
|             | <p>Whistleblowing policy for all HSCP staff. It was noted that Whistleblowing is referenced in the Duty of Candour procedure for all health &amp; social care staff.</p> <p>Mrs Grier referred to Career Paths for Young People and the recent work in schools in Dunoon. It was agreed that this could be progressed across Argyll &amp; Bute and to discuss this further outwith the meeting.</p>   | <p><b>SW</b></p> <p><b>SW/HG</b></p> |
| <b>5.8</b>  | <b>Ministerial Strategic Group (MSG) Integration Performance Targets</b>  |                                      |
|             | <p>The report outlined the reporting to the MSG of the HSCP's performance under integration, explaining targets and performance measures and improvements in local environment.</p> <p>Members noted the MSG targets would only be finalised once the full year data was validated for 2017/18, this was expected to be by June 2018. A member asked if the IJB was accountable for this performance, Mr Whiston confirmed that the IJB was accountable for this performance as it developed and agreed its targets against the MSG domains.</p> <p><i>The IJB :</i></p> <ul style="list-style-type: none"> <li>• <i>recognised the ongoing development and importance of the MSG outcome measures with regards to tracking performance under integration and its alignment with the HSCP's 6 areas of focus.</i></li> <li>• <i>approved locality reporting responsibility with regards to the MSG performance targets and the objectives and action to achieve delivery.</i></li> <li>• <i>acknowledged the use of Pyramid performance tool to support locally performance monitoring and management.</i></li> </ul> |                                      |
| <b>5.9</b>  | <b>Request for Review of Integration Scheme</b>   |                                      |
|             | <p>The Chief Officer advised the IJB on an action mandate following the Special Council Meeting on 22 February 2018 which requested a formal review of the Integration Scheme to ensure that this continues to meet Scottish Government policy expectations, and how budget underspends or overspends are written back to the parent organisations.</p> <p>A paper will be brought to the IJB meeting in May which will outline the process and timeframe for progressing.</p> <p><i>The IJB noted the request by Argyll &amp; Bute Council to undertake a review of the Integration Scheme.</i></p>  | <b>CW</b>                            |
| <b>5.10</b> | <b>Chief Officer Report</b>   |                                      |
|             | <p>The Chief Officer welcomed Sandra Cairney following her appointment as Associate Director of Public Health, Argyll &amp; Bute HSCP. The Chief Officer thanked Alison McGrory, Health</p>   |                                      |

|                    |   |  |
|--------------------|---|--|
|                    | <p>Improvement Principal for her support following the resignation of Elaine Garman, Public Health Specialist.</p> <p><i>The IJB noted the content of the report from the Chief Officer.</i></p>  |  |
| <p><b>5.11</b></p> | <p><b>Finance Report<br/>– Budget 2018/19 Proposed Quality &amp; Finance Plan</b></p> <p>The Chief Financial Officer presented a report detailing the overall budget position and the estimated remaining budget gap of £5.3m for integrated services for 2018-19. The Quality and Finance Plan for 2017-19 was always noted to be subject to further review and development as the previously identified and approved savings did not fully address the budget gap. The IJB face a difficult and challenging financial position, as the scale of cost and demand pressures to sustain services is continuing to outstrip the available funding.</p> <p>It was noted that further work had been undertaken with officers, the Quality and Finance Plan Programme Board and the IJB through a number of development sessions to contribute to the development of further service change proposals. As part of that development process there was agreement to separately identify any service changes not in line with the Strategic Plan delivery and the aims and objectives of the partnership.</p> <p>The IJB were presented with further service change proposals for consideration to be incorporated to the Q&amp;F plan, planned to deliver £3.4m of savings. The intention to consider in private session a separate paper outlining further service changes not in line with the Strategic Plan was referred to, those proposals were outlined in a separate report for consideration by the IJB in private session in line with Exemption code E1.</p> <p>The IJB were asked to approve those service changes assessed as being aligned to the delivery of the Strategic Plan. If those service changes were to be approved there would be total savings of £11.1m on the Q&amp;F Plan and a remaining budget gap of £1.9m for 2018-19.</p> <p>The remaining budget gap was highlighted as a financial risk, not only to the IJB but also the funding partners, i.e. Argyll and Bute Council and NHS Highland. It was highlighted that there is no statutory requirement for the IJB to approve a balanced budget prior to the start of the financial year, however in not doing so there is a greater risk of financial sustainability and the ability to deliver services from within the delegated budget would be seriously compromised.</p> <p>At the conclusion of the overview of the finance report the Chair referred to a circulated letter from staff outlining their concerns in relation to the content of the separate report to be considered in</p> |  |

private session and a public petition of 1342 signatures submitted by Councillor Douglas Philand. The IJB noted the letter and the petition.

Following this the Chair tabled a motion, outlined below:

*The IJB :*

1. *Notes the overall budget position and estimated remaining budget gap for 2018-19 of £5.345m, this position reflecting the offers of funding from both NHS Highland and Argyll and Bute Council and assuming a three year re-payment for any 2017-18 budget overspend is approved by both partners.*
2. *Notes the previously approved Quality and Finance Plan for 2017-19 and approves the recommended changes to savings targets as detailed in Appendix 2.*
3. *Agrees to remove savings references AC1819(1), AC1819(2), AC1819(9) and AC1819(10) from Appendix 3.*
4. *Approves the remaining additions to the Quality and Finance Plan as detailed in Appendix 3, delivering total additional savings of £2.951m in 2018-19.*
5. *Notes the previously agreed and continuing principles for monitoring and implementation of the Quality and Finance Plan service changes.*
6. *Notes the overall assessment that the level of resources delegated to the IJB, together with the identified savings requirement, are not sufficient to deliver on the previously agreed Strategic Plan objectives and planned outcomes.*
7. *Notes the remaining budget gap of £2.394m for 2018-19.*
8. *Agrees to withdraw the separate report outlining potential further service changes to address this remaining budget gap, noting that these service changes would not have been in line with the Strategic Plan objectives and priorities of the partnership.*
9. *Approves the transfer of £0.011m of funding back to Argyll and Bute Council, in relation to funding allocated in error for British Sign Language.*
10. *Approves the continued support of the investment plan to provide targeted support to lever the service re-design changes.*
11. *Notes the financial risks associated with the overall budget position for 2018-19.*
12. *Notes that financial offers from the partners cannot be formally accepted at this stage and will be dependent on the IJB accepting savings required to deliver a balanced budget.*
13. *Notes the indicative budget outlook for 2019-20 to 2021-22 and that a financial plan to address this position will be developed alongside the next iteration of the Strategic Plan.*
14. *Requests officers to develop alternative savings proposals to be brought back to the IJB in May 2018 as part of a follow up report which will be presented at that IJB meeting.*
15. *Requests support from the Council, Health Board and Scottish Government for the delivery of the Strategic Plan and changes required to achieve our shared outcomes*

*Table of changes to budget:*

| Description   | Position in paper 18-19 | Change within motion | Resulting position 18-19 |
|---|-------------------------|----------------------|--------------------------|
| <b>Quality and Finance Plan Savings Requirement</b> | <b>£13.027m</b>         | <b>£0.000m</b>       | <b>£13.027m</b>          |
| <i>AC1819(1) – LD Resource Centres</i>              | <i>£0.165m</i>          | <i>(£0.165m)</i>     | <i>£0.000m</i>           |
| <i>AC1819(2) – Knapdale Ward</i>                    | <i>£0.300m</i>          | <i>(£0.300m)</i>     | <i>£0.000m</i>           |
| <i>AC1819(9) – Older People Day Services</i>        | <i>£0.000m</i>          | <i>£0.000m</i>       | <i>£0.000m</i>           |
| <i>AC1819(10) – Internal Homecare Services</i>      | <i>£0.000m</i>          | <i>£0.000m</i>       | <i>£0.000m</i>           |
| <b>Additional savings</b>                           | <b>£3.416m</b>          | <b>(£0.465m)</b>     | <b>£2.951m</b>           |
| <b>Updated remaining budget gap</b>                 | <b>£1.929m</b>          | <b>£0.465m</b>       | <b>£2.394m</b>           |

The motion was proposed by the Chair and supported by the vice chair.

There was consensus in acceptance of the motion by the IJB and the motion was carried.

Further actions required as part of the motion include:

- Officers to develop alternative savings proposals to be brought back to the IJB in May 2018 as part of a follow up report which will be presented at that IJB meeting.
- Request support from the Council, Health Board and Scottish Government for the delivery of the Strategic Plan and changes required to achieve our shared outcomes

It was also agreed community and staff engagement events will be progressed to further discuss the delivery of identified savings within the HSCP.

**CWh**

**CW**

**CW**

**6.1**

**Finance Report – Budget 2018-19 – Savings Outwith Strategic Plan**

The paper was not considered at the meeting (refer to agenda item 5.11)

**Date of Next Meeting: Wednesday 30 May 2018, 1.30pm  
Council Chambers, Kilmory, Lochgilphead**



## ACTION LOG – INTEGRATION JOINT BOARD 28-3-18

|   | <b>ACTION</b>  | <b>LEAD</b>                                      | <b>TIMESCALE</b> | <b>STATUS</b> |
|---|--|--|------------------|---------------|
| 1 | Development Session on Homecare to be arranged.  | A MacColl-Smith                                  | Early 2018       |               |
| 2 | Criminal Justice as a Development Session topic.   | A Taylor   | Early 2018       |               |
| 3 | 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      | Progressing   |
| 4 | Develop alternative savings proposals to be brought back to the IJB meeting on 30 May  | C Whyte  | 30 May 2018      |               |
| 5 | Request support from the Council, Health Board and Scottish Government for the delivery of the Strategic Plan and changes required to achieve our shared outcomes  | C West   |                  |               |
| 6 | Service changes - community and staff engagement events will be progressed   | C West   |                  |               |
| 7 | Career Paths for Young People – discuss work undertaken in Dunoon.   | S Whiston/<br>H Grier                            | 30 May 2018      |               |
| 8 | Strategic Risk Register topic for Development Session.   | C Whyte  | To be advised.   |               |
| 9 | Review of carer's centres to ensure the criteria of the Carer's Act is being managed.  | Linda Currie,<br>Heather Grier<br>Catriona Spink |                  |               |





# Argyll & Bute Health & Social Care Partnership

## Integration Joint Board

Agenda item: 5.1

Date of Meeting: 30 May 2018

Title of Report: Integration Joint Board : Amendment to Standing Orders

Presented by: Douglas Hendry, Standards Officer

### The Integration Joint Board is asked to :

Amend the voting section of the Standing Orders in relation to the dispute resolution procedure to be used where there is an equality of votes.

## 1. EXECUTIVE SUMMARY

The section of the Standing Orders in relation to voting as currently approved requires to be amended to comply with the terms of The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

## 2. INTRODUCTION

**2.1** The Standing Orders were adopted by the Integration Joint Board in August 2015 subject to further revisions. Following the governance development session on 4<sup>th</sup> September 2015 the Standing Orders were amended to reflect the discussions which took place.

**2.2** The Integration Joint Board accepted these changes and adopted the Standing Orders to govern proceedings at meetings of the Board and its committees at their meeting on 4<sup>th</sup> September 2015.

## 3. DETAIL OF REPORT

**3.1** The Standing Orders as adopted by the Integrated Joint Board do not currently comply with the requirements of The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 in relation to voting where there is an equality of votes. The Order states that the Standing Orders must include –

*“(a) a dispute resolution mechanism to be used in the case that there is an equality of votes cast in relation to any decision put to a meeting of the Integration Joint Board (but this dispute resolution mechanism may not consist of a particular member or group of members exercising a casting vote on the decision);”*

**3.2** The Standing Orders as currently approved state as follows:

- *“15.1 The IJB operating principle is partnership, cooperation and collaboration and members’ task will be to ensure that the IJB operates by consensus in its decision making where possible.*
- *15.2 Only the four members nominated by the NHS Board, and the four members appointed by the Council shall be entitled to vote. Voting shall be by show of hands.*
- *15. In the case of an equality of votes the Chairperson shall not have a second or casting vote. Where there is more than one amendment then the voting will proceed until one proposition has obtained an overall majority of the members taking part in the vote In such a circumstance the proposition with the fewest votes will drop out and a further vote or votes will be taken on those that remain until the overall majority is achieved or there is only a motion and amendment before the meeting in which case the proposition with the most votes will prevail,*
- *15.4 Where there is an equality of votes the voting members may agree that the decision will be made by an equitable method i.e. a written ballot and the Chairperson shall read out the result. If this voting method does not break the deadlock then the Chairperson or Vice Chairperson shall have a second or casting vote. Standing Order 12 shall not preclude reconsideration of any such item within a 6 month period.”*

**3.3** Paragraphs 15.1-3 comply with the Order but paragraph 15.4 does not as it permits the Chairperson or Vice Chairperson to have a casting vote which is not competent in terms of the Order.

**3.4** To comply with the Order it is recommended that 15.4 be deleted and the paragraph numbered 15 be renumbered 15.3 and that it should be amended to the following:-

- *“15.3 In the case of an equality of votes the Chairperson shall not have a second or casting vote. Where there is more than one amendment then the voting will proceed until one proposition has obtained an overall majority of the members taking part in the vote. In such a circumstance the proposition with the fewest votes will drop out and a further vote or votes will be taken on those that remain until the overall majority is achieved or there is only a motion and amendment before the meeting in which case the proposition with the most votes will prevail. If the voting members do not agree at the time on a proposed means of resolving a dispute at a meeting of the Integration Joint Board the matter will*

*be continued to the next meeting of the Integration Joint Board and if there is no resolution at that further meeting then the matter shall be dealt with in terms of the formal dispute resolution mechanism specified in the Integration Scheme. Standing Order 12 shall not preclude reconsideration of any such item within the 6 month period following the meeting which failed to reach a decision.”*

#### **4. CONTRIBUTION TO STRATEGIC PRIORITIES**

There requires to be a clear dispute resolution process in place where there is equality of votes to ensure any issues are resolved.

#### **5. GOVERNANCE IMPLICATIONS**

##### **5.1 FINANCIAL IMPACT**

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

##### **5.2 STAFF GOVERNANCE**

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

##### **5.3 CLINICAL GOVERNANCE**

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

##### **5.4 LEGAL IMPLICATIONS**

The Standing Orders for meetings must comply with the terms of The Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014.

#### **6. EQUALITY & DIVERSITY IMPLICATIONS**

There are no equality and diversity implications arising from consideration of this report.

#### **7. RISK ASSESSMENT**

Failure to amend the Standing Orders would be in breach of the legislative requirements.

## **8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT**

There has been no public user involvement and engagement. NHS Highland and Argyll and Bute Council have agreed the contents of this report.

## **9. CONCLUSIONS**

This report recommends amendment of the Standing Orders in order that they comply with the legislative requirements.

### **REPORT AUTHOR AND PERSON TO CONTACT;**

**Name: Douglas Hendry**

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**Telephone number: 01546 604244**



## ARGYLL AND BUTE HEALTH AND CARE PARTNERSHIP

Integration Joint Board

Agenda item 5.2

Date of Meeting : 30 May 2018

Title of Report : Proposal to Revise Integration Scheme

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

### The Board is asked to:

- **Note** The request by Argyll and Bute council to review the Argyll & Bute HSCP Integration Scheme
- **Note** - notification of this request has been submitted to NHS Highland Board secretary and acknowledged by the Board
- **Note** - the SGHD has offered to provide facilitation/support for the review of the scheme with the parties.
- **Note** – 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
- **Note** – the statutory responsibility to review the scheme sits with the NHS Highland Board and Argyll and Bute council

### 1. Background

The Argyll and Bute Integration Joint Board [the IJB] is a body corporate, established by Order under section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014. The Parties to the IJB are the Argyll and Bute Council [the Council], and NHS Highland [the Health Board].

The Parties agreed the Integration Scheme for the Argyll and Bute Health and Social Care Partnership, which sets out the delegation of functions by the Parties to the Integration Joint Board. This Integration Scheme came into effect on 27 June 2015, the date on which the Parliamentary Order formally established the Integration Joint Board.

The Scottish Government requires every Integration Authority to review its integration scheme before the expiry of the relevant period of 5 years beginning with the day on which the scheme was approved and each subsequent period of 5 years.

There is also a requirement to review integration scheme on the request of the local authority or the Health Board and the local authority and the Health Board must jointly carry out a review of the scheme for the purpose of identifying whether any changes to the scheme are necessary or desirable.

Any review of the integration scheme requires, to take account of any views of persons consulted under section 6 of the Act (as applied by subsection (3)), before revisions are made and the scheme resubmitted for ministerial approval.

Argyll and Bute Council at a special council meeting on the 22<sup>nd</sup> February 2018 requested a formal review of the integration scheme, the record of which is detailed below:

“c) Recognised the need for a further formal review of the full Integration Scheme to ensure that this continues to meet Scottish Government policy expectations, and that this must include how budget underspends or overspends are written back to the parent organisations;

d) Requested that the Chief Executive engage with NHS Highland and the Health and Social Care Partnership Integration Joint Board to initiate a formal review of the Integration Scheme.”

The Secretary of the NHS Highland Board has been notified of this request in March and the NHS Highland Board formally recorded this request at its March Meeting 27<sup>th</sup> March in the Chief Executives report:

“Argyll and Bute Council have agreed a Motion supporting a formal review of the full Health and Social Care Integration Scheme.

This is to ensure that it continues to meet Scottish Government policy expectations, including how budget underspends might be written back to the parent organisations.

The Council agreed that their Chief Executive should engage with NHS Highland and the Health and Social Care Integration Joint Board to initiate a formal review of the Integration Scheme.

Any revision to the scheme will require to be submitted to Scottish Ministers for their approval and will be subject to any provisions requiring local consultation”

## **2 Process**

Statutory responsibility for the review sits with the NHS Board and Local Authority and this requires both parties to agree to review the scheme. As such it is possible that one party may not support the review once the scope of the review has been clarified.

The original preparation of the Integration Scheme within Argyll and Bute was led at Chief Executive level. The scope of the review as a formal process requires Director level engagement from both organisations. Further as this is a statutory instrument it requires the legal teams of both of both the NHS Board and Local Authority to ensure compliance with the process and documentation.

Initial discussions with officers of the Local Authority and the Board and the IJB together with SGHD advice suggest the following process and timeline:

- Establishment by the Local Authority and NHS Board of a short life working group Chaired by Argyll and Bute council who as instigator of the request to review the scheme will lead the process (proposed membership Appendix 1)– May 2018
- Scope of review to be clarified by SLWG and a report and recommendation made to Local Authority and NHS Board - June 2018



- Formal agreement to proceed with review obtained from Argyll and Bute Council and NHS Highland Board - August 2018
- If approved, revisions to integration scheme identified and documented and submitted to Argyll and Bute Council and NHS Highland Board for approval September/October 2018
- Public consultation on revisions to scheme undertaken November/December 2018
- Argyll and Bute Council and NHS Highland Board consider results of consultation on revisions proposed – January 2019
- If revisions agreed, revised Integration scheme submitted to SGHD to be laid before parliament (28 days) awaiting ministerial approval – February 2019

The SGHD has offered support and any mediation needed in the process of the Council and the NHS Board agreeing the scope of the review and identifying what changes are necessary or desirable to the existing scheme

### **3 Contribution to Board Objectives**

The integration scheme is the statutory instrument which allows the IJB to exercise its functions and meet its strategic objectives. It is a legislative requirement with which both Local Authority and Council partners will need to comply fully and requires involvement of the wider health and social care partnership.

### **4 Governance Implications**

Argyll & Bute Integration Joint Board has responsibility for the Integration Scheme application. However the Scottish Government regulations require the parent bodies to agree and approve any amendments or changes to the Integration Scheme.

The IJB does therefore not have governance responsibility for this process nor can it instigate a review of the Integration Scheme this as stated is the statutory responsibility of the local authority and health board as partners.

#### **4.1 Corporate Governance**

#### **4.2 Financial**

There are direct financial implications potentially arising out of a review of the integration scheme based on the council's request which would require to be identified and assessed.

#### **4.3 Staff Governance**

Subject to the scope of the review there could be staff governance implications which will require to be identified.

#### **4.4 Planning for Fairness**

An EQIA is not directly required for the integration scheme.

#### **4.5 Risk**

There is a risk that revisions in the integration scheme 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 scope of the revision is known affect its ability to meet performance standards or outcomes as set by regulatory bodies

#### **4.6 Clinical and Care Governance**

The Clinical and Care Governance Committee will need to consider revisions to the scheme as to whether it compromises performance and standards as set out in the regulations.

#### **5 Engagement and Communication**

Changes to the Integration Scheme require that key stakeholder/prescribed consultees are either informed or formally consulted on this.

**Stephen Whiston**  
**Head of Strategic Planning and Performance**

## Appendix 1

### Short Life Working Group Membership

| <b>Designation</b>  |
|---|
| Director Argyll and Bute Council (Lead)                           |
| Director NHS Highland   |
| Chief Officer, Argyll and Bute Health and Social Care Partnership |
| Director of Finance NHS Highland                                  |
| Section 95 Officer Argyll and Bute Council                        |
| Chief Financial Officer Health and Social Care Partnership        |
| Legal Teams NHS Highland & Argyll and Bute Council                |
|   |





# Argyll & Bute Health & Social Care Partnership

## Integration Joint Board

Agenda item : 5.3

Date of Meeting : 30 May 2018

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

Presented by: Robin Creelman, Chair of IJB

### The Integration Joint Board is asked to :

- **Note** the draft IJB improvement plan developed to inform discussions at the development session on the 30<sup>th</sup> May
- **Instruct** the Chief Officer to bring a revised improvement plan, informed by Board members feedback, to the next IJB meeting on 1<sup>st</sup> August

## 1. EXECUTIVE SUMMARY

The attached draft IJB improvement plan has been 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 has been developed to inform the discussions of the IJB at the development session on 30<sup>th</sup> May 2018, where the Board members will have the opportunity to consider the need for and content of the draft plan, instructing the Chief Officer to make the required changes, prior to it coming back to the IJB for approval at the next meeting on 1st August 2018.

## 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, a draft plan which details a range of improvement work and support from partners required to implement visible changes to local arrangements has been developed.

### **3. DETAIL OF REPORT**

The draft 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 draft plan has been developed to inform the discussions of the IJB at the development session on 30<sup>th</sup> May 2018, where the Board members will have the opportunity to consider the need for and content of the draft plan, make the required changes, prior to it coming back to the IJB for approval at the next meeting on 1st August 2018.

As well as specific actions which are internally focussed, the draft 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 draft plan also begins to capture the offer of support from the Integration Team of the Scottish Government, which was initially explored during their visit to Argyll and Bute in April 2018.

### **4. CONTRIBUTION TO STRATEGIC PRIORITIES**

The draft 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 draft improvement plan develops, financial implications associated with specific actions will require to be identified.

#### **5.2 Staff Governance**

The draft 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 draft 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 draft IJB improvement plan which seek to achieve improved service user, staff and partner involvement and engagement.

## **9. CONCLUSIONS**

The attached draft IJB improvement plan has been developed in response to a range of feedback and issues experienced by the IJB over the past few months and is for Board members to consider further at the development session on 30<sup>th</sup> May 2018, and make the required changes prior to it coming back to the IJB for approval at the next meeting on 1st August 2018.





### Visible Changes Argyll & Bute Draft IJB Improvement Plan

|   | <b>Actions Required</b>  | <b>Lead/Timeframe</b>   | <b>Partner Support Required</b>  | <b>Progress</b>   |
|---|--|---|--|---|
|   | 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.  |   |  |   |
| 1 | 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 16 <sup>th</sup> May and calendar of quarterly meetings being finalised. |
| 2 | 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<br><br>Argyll & Bute Council and HSCP Transformation Boards established<br><br>Sept 2018 for scoping to be concluded | Support from Health Board and Local Authority to scope potential areas of redesign and realignment of corporate services across organisations. | Progress: work progressing across catering and co-location                                      |

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| 3 | 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.<br><br>Feb 2019- review process to be completed.  | SG Integration team support to facilitate/ support review process.<br><br>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. |
| 4 | 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.<br><br>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.                               |  |
| 5 | 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 | CEOs, CO, CFOs, HR – Oct 2018   | HR and Finance colleagues from Health Board and Local Authority to participate in SLWG, acknowledging final decision making sits with two employers.  |  |

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|    | and conditions.  |   | Opportunities and barriers identified by SLWG to be fed into groups supporting national health and social care workforce planning agenda.                                    |   |
| 6  | 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<br><br>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. |   |
| 7  | 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.                                     |   |  |   |
| 7a | Initial induction of new IJB members.  | CO- May 2018  |  | Progress: completed 15 <sup>th</sup> May  |
| 7b | Development session with all IJB members to discuss and inform Visible Changes IJB draft improvement plan and identify next steps  | CO- May 2018  |  | Progress: IJB development session on 30 <sup>th</sup> May to further develop draft improvement plan and agree priority areas for development and monitoring arrangements. |
| 7c | Development Programme for IJB to be created, informed by a self evaluation process.  | CO, Head of People and Change - August  | Areas which would benefit from facilitation/input from Local Government Improvement Service  |   |

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|    | Topics to include: governance, role on Board, decision making during times of change, measuring success   | 2018   | and Integration Team of SG to be discussed and agreed by IJB.  |   |
| 7d | 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-<br>July/Aug 2018                                 |  | Progress: IJB development session on 30 <sup>th</sup> May to discuss and agree process and monitoring arrangements. |
| 7e | Shadowing opportunities for IJB Chair, vice Chair and CO to benchmark and learn from other Partnerships   | CO, Chair and vice-Chair<br>July/Aug 2018                                  | Integration team of SG to identify Partnerships facing similar challenges to maximise potential for shared learning  |   |
| 7f | 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<br>June 2018   |  |   |
| 8  | Aim: Review and refocus communication and engagement strategy to improve understanding by communities of the case for change across health and social care services and provide opportunities for community feedback to influence the change. |  |  |   |
| 8a | Revised communications and engagement plan to be developed based on Transforming Together message-considering method, best practice, audience, case for change, process for   | 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 | Progress: Engagement Strategy paper to IJB 30 <sup>th</sup> May 2018  |

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|    | addressing differences of view, support from Scottish Health Council.  |   | and collective responsibility.<br><br>Identify opportunities for SG to communicate policy messages re integration and service change alongside HSCP staff.    |  |
| 8b | Information regarding the service areas within the Transforming Together programme of work, to be shared with communities and linked to the review of the Strategic Plan and budget consultation process as part of the revised Communication and Engagement Strategy. | Head of Service Strategic Planning, Associate Director of Public Health, Chief Financial Officer - June- Oct 2018 |   | Progress: Engagement Strategy paper to IJB 30 <sup>th</sup> May 2018   |
| 8c | 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 |
| 9  | Aim: Ensure consistent communication of the case for change across the HSCP and leadership capacity aligned to priority areas for change.  |   |   |  |
| 9a | Strategic Management Team structure to be strengthened through a review process, with changes implemented to   | CO, Head of People and Change.  |   | Progress: Management Structure paper to IJB 30 <sup>th</sup> May 2018.   |

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|    | ensure alignment with Transforming Together work plan.   |   |  |  |
| 9b | <p>Project Managers and Executive Sponsors to be aligned to priority areas of Transforming Together programme of work- leading to development of Strategy/Policy documents which will underpin the changes going forward:</p> <p>Transformation programme manager capacity and support may be available from the Local Government Improvement Service.</p> | <p>CO, Heads of Service- end June 2018</p> <p>CO- to explore by end June 2018</p>       | <p>Integration team of SG provide advice re contacts to share examples of good practice related to the Transforming Together programme of work.</p>  |  |
| 9c | <p>Finance Team to be realigned/reorganised to focus on supporting service to deliver on priority areas.</p> <p>Prioritise internal benchmarking analysis of areas/trends in pay and non-pay expenditure for SMT to support focussed performance management.</p>   | <p>Chief Finance Officer, CO, with support from Health Board and Council- July 2018</p> | <p>Support from Health Board and Local Authority required to progress alignment of the finance teams and integrated financial reporting, acknowledging the requirement for two sets of reporting to continue.</p> <p>Integration Team of SG to facilitate work with CFOs, including Argyll and Bute, to identify the potential to realise shift in resource from large acute settings to local community settings.</p> |  |
| 9d | <p>Continue to focus on delivering Commissioning Intentions notified to NHS GG&amp;C, with resulting reduction in</p>  | <p>Head of Service Strategic Planning, Chief Finance</p>                                | <p>Support from Integration Team of SG to review the costing model utilised between NHS Board</p>  |  |

|     |   |   |   |   |
|-----|---|---|---|---|
|     | <p>value of Service Level Agreement (SLA)- over 2 years equates to £2.5m.</p> <p>Re-negotiate terms of SLA to reflect IJB requirements and ensure timely agreement of payment value.</p>                        | Officer   | <p>responsible for delivery of acute services and Board of patient's residence.</p> <p>Support to include review of how the costing model influences commissioning intentions and resulting resource release.</p> |   |
| 10  | Aim: To develop a shared culture and identity across the HSCP, underpinned by a model of collective leadership.   |   |   |   |
| 10a | Enhanced leadership visibility to be achieved through SMT programme of ongoing staff engagement across localities, with clear processes identified for responding to staff feedback.                            | CO and Head of People and Change- outline programme to be developed by end June 2018. |   | Progress: Start the Year sessions undertaken April/May                  |
| 10b | SMT to identify different ways of working to ensure effective delivery of Transforming Together programme.  | CO- May 2018  |   | Progress: 18 <sup>th</sup> May session with Harvey MacMillan Associates |
| 10c | Develop programme of two way communication with managers across the organisation with regular meetings focussed on change and continued development of effective collective leadership across the organisation. | Heads of Service, Lead Nurse, Head of People and Change- June 2018                    | Organisational development resource from Health Board and Local Authority to support programme development.   |   |
| 10d | Refresh shared values of the HSCP and   | Head of People  |   | Progress: Staff Governance  |

|  |   |                            |   |  |
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|  | embed within recruitment, induction and performance management processes of the organisation.   | and Change-<br>August 2018 |   | paper provides update- IJB<br>30th May |
| 10e  | HSCP branding to facilitate staff having shared sense of identity and belonging, linked to refreshed HSCP shared values   | CO- August 2018            | Branding and identity development will require support from Health Board and Council.                                 |  |
| 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 |   |                            |   |  |
| 11   | 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 |  |
|  |   |                            |   |  |





## Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.4

Date of Meeting : 30 May 2018

Title of Report : HSCP Management Structure

Prepared by : Sandy Wilkie, Head of People & Change

Presented by : Christina West, Chief Officer

### The Integration Joint Board is asked to :

- **Approve** the proposed new HSCP Strategic Management Team structure.
- **Note** that appropriate staff consultation will be carried out and due process will be followed through the Staff Liaison and Organisational Change Groups.
- **Note** the follow up review of the LM/LAM structure, with a target date for full implementation by August 2019.

## 1. EXECUTIVE SUMMARY

1.1 A review of the Management Team structure was included as part of the approved Quality and Finance Plan. Following the IJB Meeting in March 2018, the SMT has taken the opportunity to reflect on the resilience and effectiveness of our management structures and used this to inform the review and recommended changes outlined in this report. We have also reflected on recent discussions with Scottish Government and Council colleagues.

1.2 To meet some of the challenges, a revised structure is proposed to ensure we have the appropriate collective leadership support to deliver transformational service change while we also manage challenges faced across existing services. The changes at the Strategic Management Team level will be implemented as soon as practically possible. We will be engaging with the Locality Managers and Local Area Managers at the end of June to review supporting leadership structures in Adult Services.

## 2. INTRODUCTION

2.1 A review of the current HSCP management structure has been carried out and this report outlines the outcome and recommendations following this review.

### **3. DETAIL**

#### **EXISTING HSCP SMT STRUCTURE**

- 3.1 The existing structure was put in place as part of an options appraisal in 2015. A number of options were considered prior to integration and the main variation under each of the options was the structure for Adult Services. The current structure includes two Heads of Service for Adult Services (East and West). The current structure is illustrated in Appendix 1.

#### **EVALUATION**

- 3.2 There are a number of weaknesses with the current SMT structure, some of which impact specifically on the effective leadership and management of change across services:

- Two Heads of Service for Adult Services has perpetuated an East/West spilt, leading to inconsistencies in practices and the implementation of service change;
- Professional leadership for Social Work within Adult Services lacks clarity, leaving integrated managers at the local level feeling exposed;
- There is limited capacity and direct support for the Chief Officer to deal with the strategic and corporate demands of the role, including the volume of information requests from elected representatives and stakeholders, this had led to an inefficient use of time from other senior officers;
- While there is professional representation on People and HR issues within the SMT, there is no formal presence for this on the IJB;
- 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 roles and 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 other HSCPs
- Our Communications team is not currently aligned with our public engagement work carried out within Public Health

#### **PROPOSED NEW MANAGEMENT STRUCTURE**

- 3.3 In reviewing options, the starting point was the development of a more effective structure for Adult Services. There is an opportunity to simplify the structure and introduce professional leadership for social work and care. The proposed revised structure is illustrated in Appendix 2.

- 3.4 The key changes are summarised as follows:

- Move from two Heads of Service for Adult Services, to one Head of Service covering the whole of Argyll and Bute. This would be supplemented or supported with a Deputy; this post will also function as a professional advisor and have a professional leadership role specifically for social work practice;

- Recruit a Business Support Manager to support the Chief Officer;
- Develop options for more effective support around governance and support for the IJB;
- Move the line of responsibility for the Head of People and Change to report directly to the Chief Officer and be designated as a formal professional advisory role to the IJB;
- Realign the grade and role of the Chief Financial Officer position to be that of a Chief Officer (Head of Service). Many other HSCPs 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 a specialist financial support and advice function requires the role to be graded appropriately.
- Move the Communications and engagement function from Strategy & Planning to report directly to the Associate Director of Public Health

3.5 There is no additional financial resource required, the changes to the structure can be accommodated from within the available budget. Further work is required to develop an approach to supporting governance for the IJB.

3.6 Following the implementation of the changes at SMT level a second stage review of the LM/LAM structure to support this will be undertaken. The scope of this review will include a requirement for any changes to the structure to be delivered from within the overall level of resource currently invested in this tier of management, i.e. there will be no overall additional cost. The target date for completion and implementation of the full review is by August 2019.

#### **ANTICIPATED BENEFITS**

3.7 The proposed structure will support a single strategic approach to service change across Adult Services to enable the six key HSCP Transformation Board projects to be implemented effectively. The Deputy Head of Service role will also provide professional leadership to support the Head of Service and local managers to meet the challenges of integrated management. The four localities will have clearer reporting lines, leadership and accountability for all aspects of service delivery.

3.8 There will be greater capacity and resource for handling external pressures, with professional support for people issues fully integrated within the SMT and IJB.

#### **4. CONTRIBUTION TO STRATEGIC PRIORITIES**

A refreshed SMT structure will provide the foundation for delivery of our Strategic Plan, Quality and Finance Plan and our transformation change programme.

## **5. GOVERNANCE IMPLICATIONS**

### **5.1 Financial Impact**

None. SMT changes funded from within existing budget and the scope for the review of LM/LAM management levels will include a requirement for no additional financial pressure.

### **5.2 Staff Governance**

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 will improve support for governance issues and address any gaps in professional leadership to reduce the risks at locality level.

## **6. EQUALITY & DIVERSITY IMPLICATIONS**

These will be picked up through our agreed Organisational Change process, in conjunction with staff-side colleagues.

## **7. RISK ASSESSMENT**

The proposed changes to the HSCP SMT structure are required to support a better pace of transformational change. Any local risks to service delivery will be highlighted and addressed at the Locality level.

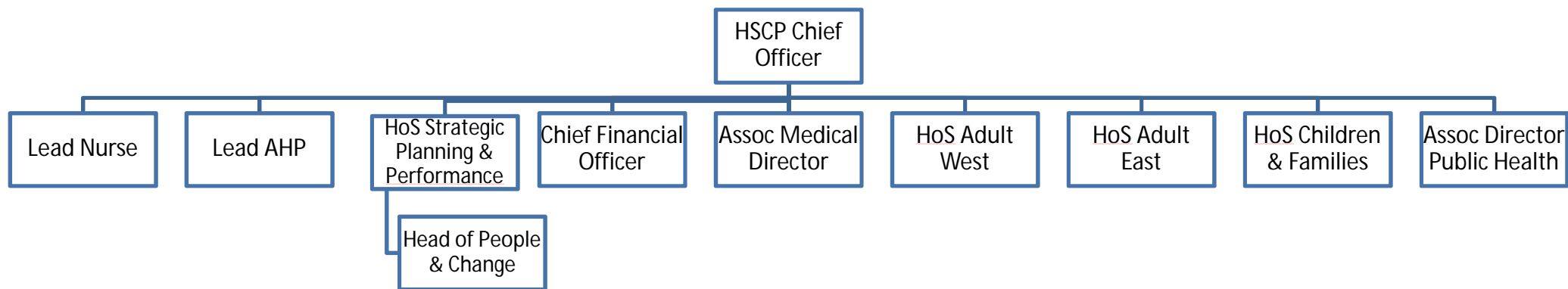
## **8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT**

Following approval, the new structure will be communicated to our Council/Third Sector partners, Locality Planning Groups and publically through a press release; this will highlight our renewed focus on driving forward service changes to ensure future sustainability.

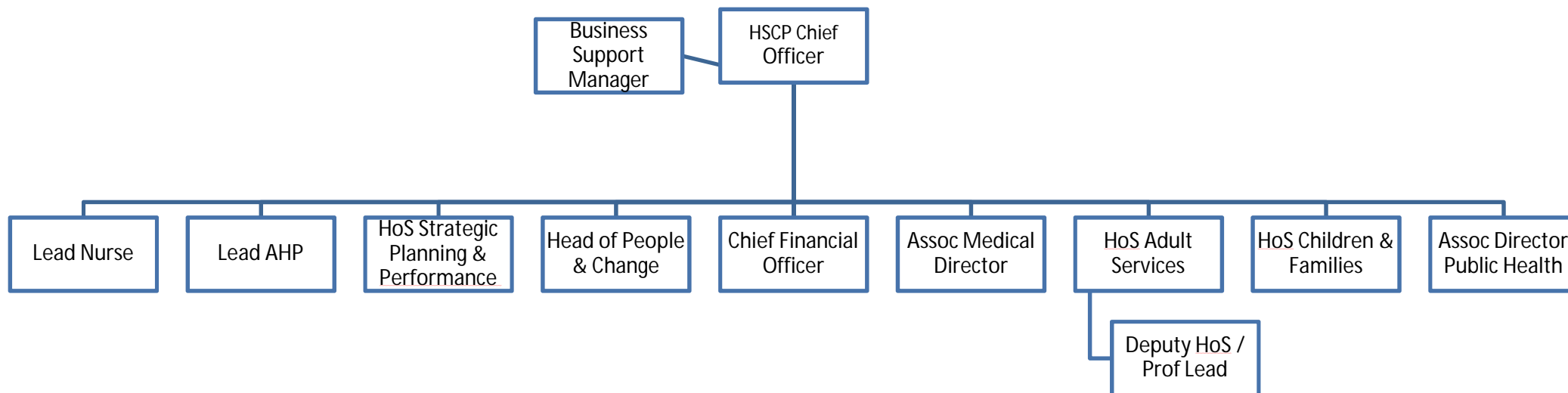
## **9. CONCLUSIONS**

- 9.1 A review of the management structure was planned as part of the Quality and Finance plan, this was with the expectation that two years into integration the effectiveness of management arrangements should be reviewed. A review has been carried out and a number of changes are recommended to make the structure more effective and to address a number of issues and gaps within the current structure. It is imperative that there is effective leadership and support for the HSCP to address the current and future challenges.

CURRENT STRUCTURE



PROPOSED STRUCTURE





# Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.5

Date of Meeting: 30 May 2018

Title of Report: Argyll and Bute HSCP's Engagement Strategy

Presented by: Sandra Cairney, Associate Director of Public Health

**The Integration Joint Board is asked to:**

- Note and support the intentions of the Engagement Framework in order to achieve improved planned engagement with the people of Argyll and Bute.

## 1. EXECUTIVE SUMMARY

The Strategic Management Team recognises the need for a strategic, comprehensive and planned approach to communications and engagement. The Engagement Framework (attached) articulates the approach to engagement, initially for the development of the revised Strategic Plan (2019-2022), but also providing a foundation for all future engagement approaches relating to service transformation.

## 2. INTRODUCTION

The Engagement Framework builds on the HSCP Communications and Engagement Strategy which adopts Statutory Guidance CEL 4 (2010)<sup>1</sup> and was approved by the Integrated Joint Board in June 2016.

The framework aims to provide a consistent approach, describing what and why engagement activities will take place, who should be involved and what processes will be adopted.

The Framework draws on the International Association for Public Participation's *IAP2 Spectrum for Public Participation*<sup>2</sup> and the Scottish Health Council's *Participation Toolkit*<sup>3</sup>. Both of which outline incremental levels of engagement.

A specific Communication & Engagement Group will be established to advise on the development and implementation of planned engagement activity.

### **3. DETAIL OF REPORT**

This Engagement Framework describes the intended engagement process initially over the next six months and specifically aims to:

- ensure stakeholder views are understood and considered when developing the revised HSCP Strategic Plan (2019-22) and subsequent service transformation;
- strengthen the relationship between stakeholders and the HSCP by ensuring they are informed about, get involved with, and have their say on matters which are important to them;
- ensure the 'feedback loop' is closed by strengthening communication from the HSCP so that stakeholders know when and how their contribution has been considered and has informed decisions.

The process will demonstrate the breadth and depth of contributions from stakeholders both as participants and facilitators in the process. The findings of these activities will be published on the website and circulated to participants.

### **4. RELEVANT DATA AND INDICATORS**

The Engagement Framework will be supported by 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 Framework is to ensure stakeholder views are understood and considered when developing the revised HSCP Strategic Plan (2019-22) and subsequent service transformation.

### **6. GOVERNANCE IMPLICATIONS**

#### **6.1 Financial Impact**

There are no direct financial implications arising from the implementation of the Engagement Framework as this will be overseen and delivered by existing HSCP teams.

#### **6.2 Staff Governance**

Health and social care staff will be encouraged to facilitate and participate in the engagement process outlined in the Engagement framework.

#### **6.3 Clinical Governance**

No issues identified.



## **7. EQUALITY & DIVERSITY IMPLICATIONS**

The Engagement Framework aims to address fairness and equity in relation to population groups sometimes classified as “hard to reach”, for example people who wouldn’t normally engage in formal consultations or people who are excluded for various reasons. Activity arising as a result of this Engagement Framework 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 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 this Framework seeks to achieve improved public, service user, staff and partner involvement and engagement.

## **10. CONCLUSIONS**

This Framework will enable the HSCP to achieve a consistent, comprehensive and effective approach to engagement. It is intended that the process builds greater co-production in relation to engaging widely about HSCP services that results in greater confidence that the organisation wants to listen and learn from people.





# ENGAGEMENT FRAMEWORK

DRAFT MAY 2018



# 1. INTRODUCTION

Argyll and Bute Health and 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 Integrated Joint Board approved the HSCP Communications and Engagement Strategy in June 2016 which adopts Statutory Guidance CEL 4 (2010)<sup>1</sup> as the baseline standard for all communications and engagement work, including formal consultation where service change is deemed major service change by the Scottish Government.

Effective engagement ensures decisions are informed by community needs and aspirations whilst balanced against available resources. It provides a platform for stakeholders to have their voices heard, their views considered and acknowledged, as well as strengthening relationships and building community capacity. The HSCP has adopted the “You Said, We Did” philosophy which supports building relationships with our communities, partners and staff.

Stakeholders include:

- people who use health and social care services;
- health and social care staff;
- partners, for example third sector and independent sector; and
- the wider public of Argyll and Bute

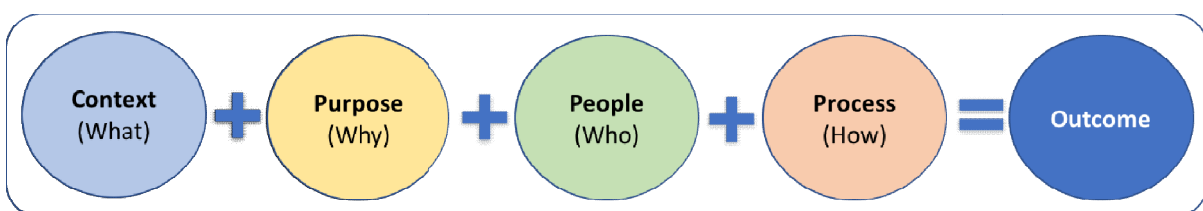
The HSCP has identified key areas where there is a requirement to and benefit from engagement with stakeholders:

- Development of a revised Strategic Plan for the period 2019 to 2022.
- Service change arising from the first Strategic Plan and detailed in the Quality and Finance Plan (2018-19).
- Ongoing consultation regarding the local development and implementation of national, regional and local policy, protocol and plans.

This framework has been developed to assist the HSCP in undertaking engagement with stakeholders. The Framework describes the foundation for all future engagement approached but focuses on the second Strategic Plan in the first instance.

The framework 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.

Fig 1. Engagement Formula



## **2. CONTEXT**

The Scottish Government published the Health & Social Care Delivery Plan which set out a programme for further enhancing health and social care services. This builds on the Government's goal to shift the balance of care from hospitals to community care sector by 2021. Critical to this programme is the ambition to support people at home where and whenever it is appropriate.

This will be the second Strategic plan for Argyll and Bute HSCP which will outline further opportunities to support the population to remain healthier and independent for longer. There have been significant improvements over the last three years but there is recognition that there is still a lot to do to realise the ambitions set out in the first Plan. However, it is anticipated that the public sector in Scotland will continue to face a challenging financial outlook. Furthermore, growing demographic demands; increasing costs; and staffing pressures place additional challenges on delivery sustainable services within the resources available. It is important that this context is understood and planned for, in support of the development and delivery of the HSCP's Strategic Plan (2019-22).

## **3. PURPOSE**

This Engagement Framework describes the intended process over the next six months and specifically aims to:

- ensure stakeholder views are understood and considered when developing the revised HSCP Strategic Plan (2019-22) and subsequent service transformation;
- strengthen the relationship between stakeholders and the HSCP by ensuring they are informed about, get involved with, and have their say on matters which are important to them;
- ensure the 'feedback loop' is closed by strengthening communication from the HSCP so that stakeholders know when and how their contribution has been considered and has informed decisions, following the "You Said, we Did" philosophy.

## **4. PEOPLE (stakeholders)**

Effective engagement relies on input from a wide range of people including staff, the public, people who use services and partner organisations. The geography and population of Argyll and Bute are very diverse. The estimated population of approximately 87,000 people is dispersed over a wide geographical area with urban population centres such as Helensburgh and Oban; remote communities like Campbeltown and Lochgilphead; remote and rural areas like Tighnabruich and Carradale; 23 inhabited islands; and isolated rural single dwellings. .

The dispersed nature of the resident population and workforce brings challenges in achieving effective engagement. Long travelling distances between communities makes it unlikely that people will be able to travel far outwith their own community to participate in an engagement event. All of these communities have very different in nature and will require a comprehensive approach to engagement where 'one size does not fit all'

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 events. This view has been reinforced by health and social care staff at the recent 'Start of the Year' staff engagement events (April/May 2018).

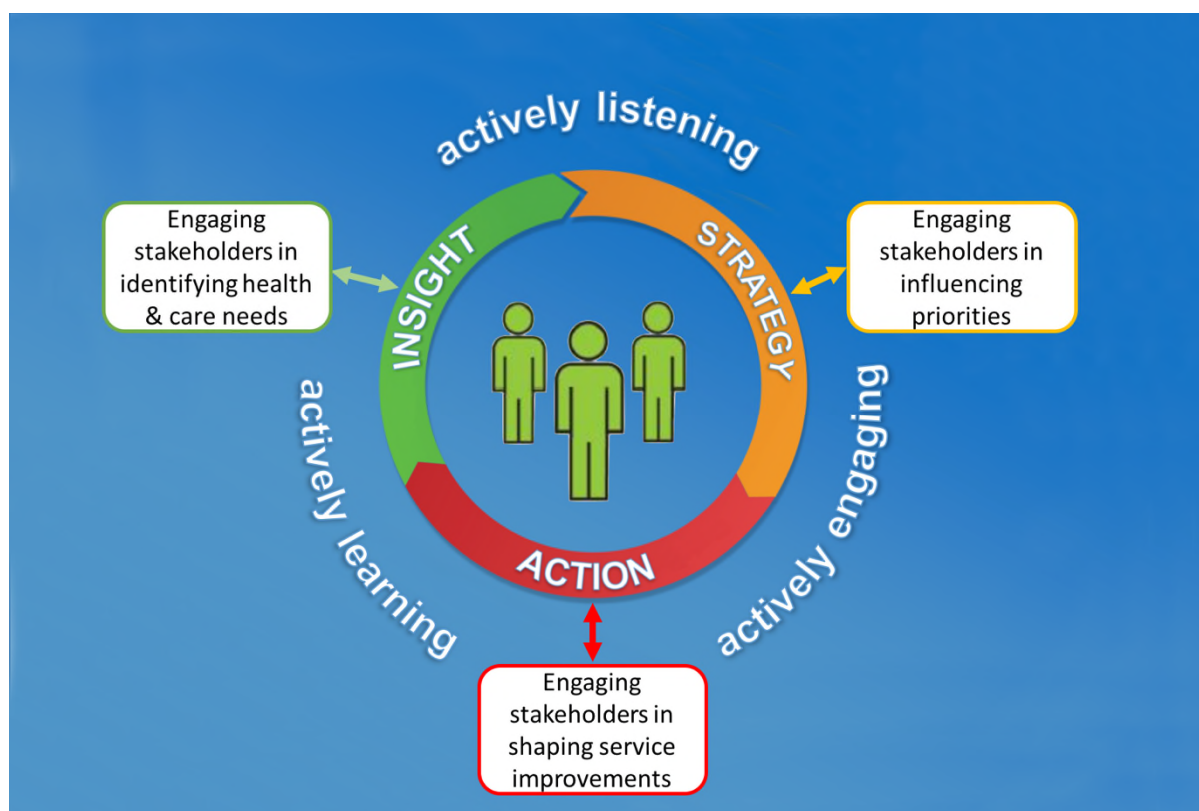
The engagement plan will therefore draw on the wide range of existing structures in place across Argyll and Bute that already provide the opportunity to engage and work with people in various contexts (refer to 5.6).

## 5. PROCESS

### 5.1 Engagement Model

The HSCP intends to engage with stakeholders through a transparent engagement process, the finding of which will inform decisions regarding health and social care priorities, changes in services and longer term commissioning intentions. This will involve moving beyond a data-driven approach to a model which actively listens to; engages with; and learns about different perspectives – people’s preferences, felt needs and expectations.

Fig 2. HSCP Model of Engagement



### 5.2 Engagement Principles

A set of key principles have been adopted to guide the HSCP’s approach to effective stakeholder engagement.

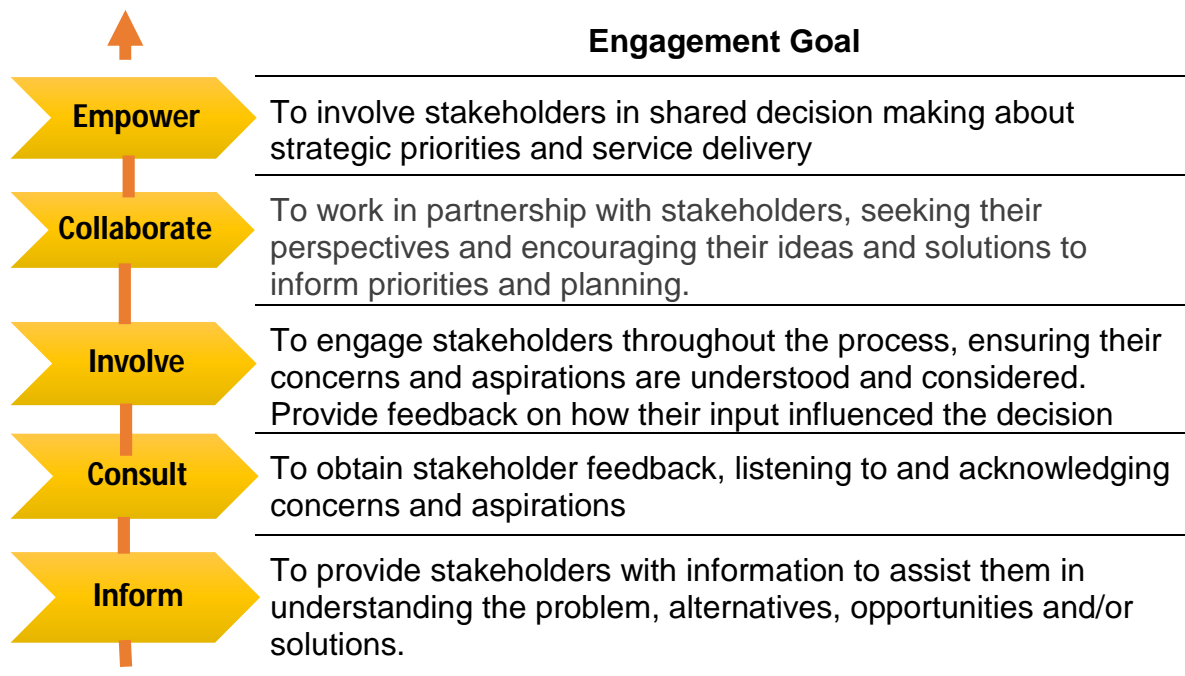
|            |   |
|------------|---|
| Meaningful | The purpose of the engagement is clear and stakeholders are informed about how their involvement will influence the decision-making process. Genuine opportunities are created for stakeholders to participate in issues of significance to the community |
| Structured | Engagement with stakeholders is built in during the planning stages, preferably during the scoping and identification of issues to maximise the level of influence they can have.   |
| Fair and   | Different methods of engagement are utilised to ensure  |

|               |   |
|---------------|---|
| equitable     | engagement activities are responsive to the needs of diverse stakeholders, especially “hard to reach groups”.   |
| User friendly | Information about the issue will be easily available to enable stakeholders to be fully informed when participating. Plain English will be used and jargon avoided. |
| Responsive    | Feedback will be provided to stakeholders at all key stages.  |

### 5.3 Engagement Approach

The HSCP’s approach to engaging about the Strategic Plan has been informed by the International Association for Public Participation’s *IAP2 Spectrum for Public Participation*<sup>2</sup> and the Scottish Health Council’s *Participation Toolkit*<sup>3</sup>. Both approaches outline incremental levels of engagement, with the lowest level being ‘Inform’, while ‘Empower’ involves the greatest level of public participation in decision making processes.

Fig 3. Participation Spectrum



### 5.4 Engagement Methods

A range of different methods will be required to ensure effective communication and engagement with many different audiences. These methods include but are not limited to:

- World Cafe/Open Space workshops providing stakeholders the opportunity to discuss issues using methods such as ‘Appreciative Enquiry’ and rich Pictures’.
- Focus groups with target groups such as service users, carers, health and social care staff.
- Reference group enabling stakeholders with particular areas of interest and expertise to be involved throughout an engagement process
- ‘Pop ups’ at existing events using ‘rapid surveys’ to capture views
- On line consultation using survey methods to gather qualitative and quantitative data

- Information for the wider public via Press releases, newsletters, facebook posts and key messages

## 5.5 Engagement Planning

A specific Communication & Engagement Group will be established to advise on the development and implementation of planned engagement activity. This group will involve community representatives from localities and will specifically inform the methods used to achieve effective engagement across stakeholders, recognising that one size does not necessarily fit all.

Staff will be welcome to participate in any of the engagement activities but there is recognition that specific sessions will be required for staff to provide wide opportunities to have their voice heard. Internal engagement with our HSCP staff & staff-side will be underpinned by our new HSCP Shared Values that will be launched in Autumn 2018 through a variety of face-to-face sessions across the Localities, this will create an additional opportunity to also have local conversations with our staff about transformational service change.

The HSCP will work in partnership with the Scottish Health Council who can provide advice and support to the processes adopted.

## 5.6 Engagement Activity

A series of engagement activities are planned over a five-month period from the beginning of June to the beginning of October 2018. Engagement will primarily take place where other activities and groups are already taking place. However, specific staff engagement sessions will be need to be arranged to ensure the health and social care workforce have the opportunity to participate.

The list below is not exhaustive and will be further informed by the Communication & Engagement Group.

| Stakeholders   | Engagement Method(s)   | Level       |
|--|--|-------------|
| Strategic Planning Group   | Discuss and collective agreement on the content and format of the final draft Strategic Plan | Empower     |
| Locality Planning Group  | Facilitated discussion workshops   | Collaborate |
| H&SC staff (and staff side)  | Facilitated workshop sessions for staff in localities; staff briefings                       | Involve     |
| Communications & Engagement Groups                                   | Facilitated discussions  | Involve     |
| Third Sector Interface Groups  | Community chat and survey  | Involve     |
| Health & Care Forums   | Facilitated discussions  | Involve     |
| H&WB Community Events (The public and local community organisations) | Community chat and survey  | Involve     |
| Community Planning events  | Community chat, Pop-up sessions and survey   | Consult     |
| Strategic Housing Group  | Pop-up sessions and survey   | Consult     |



|   |   |         |
|---|---|---------|
| Argyll and Bute Council<br>NHS Highland | Consultation on draft Strategic Plan                          | Consult |
| Wider public                            | Press releases; information on website and other social media | Inform  |

## 6. OUTCOME

This Engagement Framework and subsequent activity makes visible the HSCP's commitment to effective engagement. The process will demonstrate the breadth and depth of contributions from stakeholders both as participants and facilitators in the process. The findings of these activities will be published on the website and circulated to participants.

It is intended that the process builds greater co-production in relation to engaging widely about HSCP services that results in greater confidence that the organisation wants to listen and learn from people.

It is anticipated that the planned approach will provide greater consistency of approach, involving staff and partners in the process, embedding feedback mechanisms and providing evidence about what matter to stakeholders.

Evaluating the impact of this engagement will be an important aspect that will inform a programme of future engagement activity. This will include health and social care transformational service developments that will build in engagement when reviewing current model of service; considering current cost and proposed financial savings and developing new sustainable service models.

This Framework will be supported with a communication and engagement implementation plan which will more fully detail the engagement activity, times, dates, stakeholders and methods.

- 
1. CEL 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services, Scottish Government, February 2010
  2. International Association for Public Participation's *IAP2 Spectrum for Public Participation* <https://www.iap2.org/>
  3. Scottish Health Council *Participation Toolkit*. [www.scottishhealthcouncil.org/ppg.aspx](http://www.scottishhealthcouncil.org/ppg.aspx)





# Argyll & Bute Health & Social Care Partnership

**Integration Joint Board**

**Agenda item : 5.6a**

**Date of Meeting: 30<sup>th</sup> May 2018**

**Title of Report: Clinical & Care Governance – Health and Social Care Standards**

**Presented by: Elizabeth Higgins, Lead Nurse**

**The Integration Joint Board is asked to:**

- **Note the new Health and Social Care Standards**

## **1. EXECUTIVE SUMMARY**

A set of new Health and Social Care Standards have been introduced in Scotland and will be used in inspections from April 2018. The Standards are applicable across all care sectors; health, social care, early learning and childcare and social work services in Scotland. They are intended to help everyone focus on outcomes and the experience of people receiving care. The Standards aim to ensure that individuals are treated with respect and dignity and that the basic human rights we are all entitled to are upheld.

## **2. INTRODUCTION**

In 2014 the Scottish Government announced that the National Care Standards would be reviewed in line with current expectations of compassionate, high quality, safe and effective care. The Care Inspectorate and Healthcare Improvement Scotland were asked to produce these alongside people using services, providers and other agencies.

A single integrated Standards document, the new Health and Social Care Standards: *My support, my life*, was published by the Scottish Government in June 2017. The new Health and Social Care Standards replace the previous National Care Standards. They are however much broader in their application and the focus has shifted from measuring compliance with a prescriptive set of standards to a more holistic, person centred care model.

The National Care Standards were introduced in 2002 and applied only to registered social care services such as care homes and nurseries. The new Health and Social Care Standards will have a far wider impact and will apply to many more people's experiences of care, including non-registered care provided by the NHS and Local

Authority social work. A phased approach to using the Standards will be used by inspectorate, commencing in April 2018, starting with older peoples care homes. The approach in developing the Standards is intended to aid the integration of health and social care services and to create a more joined up service for the public.

### 3. DETAIL OF REPORT

The Standards are aligned with, and complement, sector specific standards and guidance, such as Healthcare Improvement Scotland's clinical standards and guidance issued by the Care Inspectorate.

#### 5 principle underpin the Standards

- Dignity and respect
- Compassion
- Responsive care and support
- Wellbeing
- Be included

The slide below, taken from a Care Inspectorate presentation, shows the principles in a circular layout to represent that there is no hierarchy of importance for the principles



The 5 general standards/headline outcomes are;

1. I experience high quality care and support that is right for me
2. I am fully involved in all decisions about my care and support
3. I have confidence in the people who support and care for me
4. I have confidence in the organisation providing my care and support
5. I experience a high quality environment if the organisation provides the premises.

The use of "I" to start each standard indicates that quality should be seen firmly through the lens of the individual experiencing care. This person-led approach is designed to help people and organisations work together to support people to direct their own care.

Within each of the 5 general standards/headline outcomes there are a number of descriptive statements related to the 5 key principles headings. These statements set out what achieving the outcome looks like in practice.

Table 1 illustrates the scope of the new Standards and how they apply across all sectors whilst working with service specific standards and guidance

| NHS healthcare provision              | Independent healthcare | Social care & social work | Early learning and childcare | Community justice |
|---------------------------------------|------------------------|---------------------------|------------------------------|-------------------|
| 5 overarching principles              |                        |                           |                              |                   |
| 5 general standards                   |                        |                           |                              |                   |
| HIS clinical standards                |                        |                           | Education standards          | Prison standards  |
| CI guidance and expectations          |                        |                           |                              |                   |
| Sector-led guidance and best practice |                        |                           |                              |                   |

**Table 1**

### Inspection using Standards

The Care Inspectorate have indicated that there will be no ‘big bang’ approach to how they implement inspections using these standards. From April 2018 they will be testing a new inspection methodology with older people care homes. It is anticipated that the approach will see a change in how services are inspected and that quality indicators with self evaluation will be at its core. The Care Inspectorate are keen that services and organisations will work together in implementing the Standards and have shared responsibility for service improvement.

The Care Inspectorate and Healthcare Improvement Scotland plan to discuss how to integrate the standards into their joint inspection methodology.

The Standards will also be used for strategic inspections of how public bodies are planning and commissioning care.

### Argyll & Bute position

All services within the Health and Social Care Partnership require to be aware of, and to be working towards, implementing and evidencing these Standards. Professional leadership and Clinical Governance staff have or plan to attend national learning events pertaining to the Standards and have already made links with inspectors to ensure we are sighted on the early work regarding the new methodology. There are a number of awareness sessions taking place with staff from both health and social care.

#### **4. CONTRIBUTION TO STRATEGIC PRIORITIES**

The Standards complement the strategic aims and priorities of the HSCP and should inform any decisions in relation to service redesign.

#### **5. GOVERNANCE IMPLICATIONS**

##### **5.1 Financial Impact**

Nil

##### **5.2 Staff Governance**

Staff require to be fully sighted on and conversant with these Standards and be able to demonstrate an understanding of how they are being achieved.

##### **5.3 Clinical Governance**

The implementation and ongoing monitoring of compliance with the standards will be monitored by the Argyll & Bute Clinical and Care Governance Committee

#### **6. EQUALITY & DIVERSITY IMPLICATIONS**

It is essential the Standards are applied across all Health and Social Care Services as intended – children, adults, older people, and that they are owned by all staff irrespective of employer.

#### **7. RISK ASSESSMENT**

There is a risk that these are seen as replacement care standards for registered services and therefore not embraced by all staff. A robust programme of awareness sessions is required to mitigate this risk and will be developed by professional leads in conjunction with Clinical Governance staff. An awareness session has already taken place with a number of managers and team leads.

#### **8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT**

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

#### **9. CONCLUSIONS**

Implementing the Health and Social Care Standards will require time and commitment from staff across the whole spectrum of health and social care. Having one set of Standards that are person centred and person-led is challenging but also exciting. In order to help make health and social care integration successful for the people using our services it is imperative that these Standards are owned by all and that they are used to improve the experience of all service users.



## Argyll & Bute Health & Social Care Partnership

### Integration Joint Board

Agenda item : 5.6b

Date of Meeting: 30 May 2018

Title of Report: Clinical & Care Governance- Infection Control

Author : Sheila Ogilvie, Infection, Prevention & Control Nurse

Presented by: Liz Higgins, Lead Nurse

#### The Integration Joint Board is asked to:

- **Note** the annual summary of Healthcare Associated Infection (HAI) surveillance and Infection Control activity.

### 1. EXECUTIVE SUMMARY

#### Infection Surveillance

The Infection Prevention and Control Team undertake continuous, real-time surveillance on a range of 'ALERT' organisms defined by Health Protection Scotland. These organisms are those which have either the ability to cause severe disease or can be easily transmitted and result in infection outbreaks. Some are the subject of HEAT\* targets which require enhanced surveillance and investigation by the multidisciplinary team.

#### Achievements

Throughout the year, the Infection Control Nurses (ICNs) in Argyll & Bute have undertaken training and developed their surveillance and recording systems to incorporate the ICNet software used in the rest of NHS Highland and throughout Scotland. This facilitates more accurate record keeping and enables real time communication between the ICNs, Infection Control Doctor, Microbiologists and Infection Control Manager in Inverness.

The ICNs continue to collaborate nationally with the Infection Control Teams in other Health Boards and in Health Protection Scotland (HPS) by means of informal visits, attendance at Conferences and attendance at HPS educational events.

ICN Yvonne Blainey has completed the Post Graduate Certificate in Infection

Control via the University of the Highlands and Islands, and is now studying for the Post Graduate Diploma.

In addition to ongoing clinical advice and ward based one-to-one education throughout the HSCP, the ICNs have delivered 53 formal education sessions to staff of all disciplines in both hospital and community settings.

## Challenges

Microbiology Laboratory samples processed via Oban laboratory are now being processed by Raigmore laboratory. Specimens generated from Cowal, Bute and Islay are still being processed through NHS Greater Glasgow and Clyde laboratories. The reporting of samples from NHS Greater Glasgow and Clyde laboratories to Argyll and Bute occurs via an email submission of a daily spreadsheet and follow up phone call.

However, it has proved challenging to ensure that all A&B GP practices have been included in the reporting system from GGHB and we are mindful that, until reporting is all by automatic data transfer to ICNet, the system remains people dependant and subject to error. This is acknowledged on the Risk Register.

## 2. INTRODUCTION

The purpose of this paper is to present the infection surveillance data gathered by the Infection Prevention and Control Team in Argyll & Bute HSCP from April 2017-Mar 2018. The report also provides detail as to the source, location and trends in infections and summarises any lessons highlighted by enhanced surveillance and root cause analysis. A synopsis of formal educational activity undertaken by the Infection Prevention and Control Nurses is also detailed.

Performance data related to hand hygiene, environmental cleanliness and maintenance is presented in the context of its contribution to NHS Highland targets.

## 3. DETAIL OF REPORT

### 3.1 Infection Surveillance Report

#### 3.1.1 Staphylococcus aureus bacteraemia (SAB)

*Staphylococcus aureus* is a bacterium normally found on the skin surface or nasal passages in about 30% of healthy adults. Confined to these sites, it is not harmful and is considered part of the normal bacterial flora. Bloodstream infection caused by this bacterium can, however, be extremely serious, carrying a mortality rate up to 50%.

*S. aureus* bacteraemia (SAB) is the subject of a HEAT target and each one is subject to detailed investigation and reported to Health Protection Scotland. SAB can develop in community settings if a wound, respiratory or other infection spreads to the bloodstream before it is recognised and treated. Healthcare interventions, either in hospital or in the community can also lead to SAB. Procedures such as intravenous cannulation, surgery and invasive investigations can result in SAB if bacteria are inadvertently introduced to the bloodstream. Healthcare associated SAB (as opposed to community acquired) is considered preventable until found otherwise, and all are subject to detailed surveillance to assess the root cause and learn lessons. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemias can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/publicationsdetail.aspx?id=30248>



|   |  |   |
|---|--|---|
| 1 <sup>st</sup> April 2017 –<br>31 <sup>st</sup> March 2018 | Lorn & Islands – 3<br>Community Hospitals 6<br>(across 3 CHs)<br><br>MSSA = 8<br>MRSA = 1<br><br>Total SABSs = 9 | Hospital Acquired Cases = 2<br>Healthcare Associated Cases = 2<br>Community Acquired Cases = 5<br><br>For definitions of above classifications<br>please see page 7 |
|---|--|---|

The NHS HEAT target for 2017/2018 was 24 SABS or less per 100,000 acute occupied bed days (AOBD). For NHS, this means no more than 60 SABS from April 2017 to end March 2018.

**Based on NHS data (57 cases) the Board has met this target for 2017/2018; it should be noted that this data is subject to validation from Health Protection Scotland.**

SAB was diagnosed in 9 patients within the surveillance period, which is equivalent to last year's total.

### 3.1.2 Clostridium difficile infection (CDI)

*Clostridium difficile* is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. Recurrent infection is common (up to 30%) especially in elderly females), More information can be found at:

<http://www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx>

NHS Boards carry out surveillance of *Clostridium difficile* infections (CDI), and there is a national target to reduce these. Information on the national surveillance programme for *Clostridium difficile* infections can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/ssdetail.aspx?id=277>

The NHS HEAT target for 2017/2018 was 32 cases or less of CDI in patients aged 15 and over per 100,000 total occupied bed days (OBD). For NHS Highland this means no more than 78 cases by 31<sup>st</sup> March 2018.

**Based on NHS data (77 cases) the Board has met this target for 2017/2018; it should be noted that this data is subject to validation from Health Protection Scotland.**

|   |   |  |
|---|---|--|
| 1st April 2017<br>to<br>31 <sup>th</sup> March 2018 | <b>Total CDI Cases aged 15 and over = 7</b>   |  |
|   | Healthcare Associated = 4 (3 of these were infection recurrences)<br><br>Community Acquired = 3 (2 of these were infection recurrences)<br><br>For definitions of above classifications please see page 7 |  |

In Argyll & Bute, 7 cases of CDI was diagnosed in 5 patients within the surveillance period, compared with 17 in the previous year.

### 3.1.3 *Escherichia coli* Bacteraemia (ECB) surveillance

As of 1<sup>st</sup> April 2016 the surveillance of *Escherichia coli* (E. Coli) Bacteraemia became a mandatory requirement for all NHS Boards to undertake. Data is collected by the Infection Prevention and Control Team in conjunction with the relevant clinical teams, and cases discussed to identify learning. The data collected and presented below highlights the local case numbers.

Argyll and Bute position showing actual case numbers as of 31<sup>st</sup> March 2018 (data not yet validated by HPS) is tabled below.

|   |   |
|---|---|
| <b>1st April 2017<br/>to<br/>31<sup>st</sup> March 2018</b> | <b>Total Cases = 28</b>   |
|   | Hospital Acquired = 3<br>Healthcare Associated = 9 (most common source = urinary catheter)<br>Community Associated = 14 (most common source = hepato-biliary sepsis)<br>Not Known = 2 |

### 3.2 Infection Outbreak Surveillance

In the year to end March 2018, 5 infection outbreaks were detected in both independent and local authority Care Home settings in A&B HSCP.

The outbreaks affected a number of patients and staff and resulted in homes being closed to admissions for several days- ranging from 6-23 days

Causes of outbreaks included, Norovirus, Influenza, a respiratory virus and vomiting and diarrhea symptoms

There were no hospital based infection outbreaks

### 3.3 MRSA Clinical Risk Assessment (CRA) Screening Audit

In 2010 Health Protection Scotland provided a Clinical Risk assessment tool comprising of three questions, to NHS Boards in order to ensure a consistent risk-based approach to mandatory MRSA swab screening is undertaken. As part of the national mandatory MRSA screening programme quarterly compliance data is submitted by NHS Boards to provide assurance that Clinical Risk Assessment (CRA) compliance is at or above 90%.

Staff are required to complete a Clinical risk assessment on all acute admissions as per the Health Protection Scotland definition defined criteria. The MRSA clinical risk assessment and screening process are embedded into the common admission document, and monitoring of compliance occurs by the Infection Prevention and Control Nurses across NHS Highland. Audit sites are selected randomly and the past three quarters show a sustained compliance within both NHS Highland and Argyll & Bute HSCP.

|   |                             |                              |                            |                              |                               |                              |                            |                              |                             |                              |                             |                         |
|---|-----------------------------|------------------------------|----------------------------|------------------------------|-------------------------------|------------------------------|----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|-------------------------|
| MRSA Key Performance Indicator Compliance % | 2015/2016<br>Apr-June<br>Q1 | 2015/2016<br>July-Sept<br>Q2 | 2015/2016<br>Oct-Dec<br>Q3 | 2016/2017<br>Jan-March<br>Q4 | 2016/2017<br>April-June<br>Q1 | 2016/2017<br>July-Sept<br>Q2 | 2016/2017<br>Oct-Dec<br>Q3 | 2017/2018<br>Jan-March<br>Q4 | 2017/2018<br>Apr-June<br>Q1 | 2017/2018<br>July-Sept<br>Q2 | 2017/2018<br>Sept-Dec<br>Q3 | 2018<br>Jan-March<br>Q4 |
| NHS Highland                                | 75%                         | 72%                          | 78%                        | 76%                          | 84%                           | 86%                          | 86%                        | 77%                          | 67%                         | 94%                          | 94%                         | 94%                     |
| NHS Scotland                                | 83%                         | 78%                          | 83%                        | 80%                          | 82%                           | 84%                          | 82%                        | 79%                          | 85%                         | 90%                          | 88%                         | 83%                     |

### 3.4 Hand Hygiene Reporting

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

Compliance data for this year (Jan2018 to March 2018) identifies an average of 97% for hand hygiene compliance across Argyll and Bute HSCP. Any areas auditing below the target are reported immediately to the relevant person for actioning. The annual performance for hand hygiene compliance during 2017/2018 was 97%.

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. More information on the importance of good hand hygiene can be found at:

<http://www.washyourhandsofthem.com/>

<http://www.washyourhandsofthem.com/documents/hand-hygiene-and-nhs-scotland/your-5-moments-for-hand-hygiene/5-moments-credit-card.aspx>

Each Board is responsible for monitoring and reporting hand hygiene compliance data.

|                  | April 2017 | May 2017 | June 2017 | July 2017 | August 2017 | Sep 2017 | Oct 2017 | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | March 2018 |
|------------------|------------|----------|-----------|-----------|-------------|----------|----------|----------|----------|----------|----------|------------|
| <b>Total</b>     | 94         | 99       | 100       | 99        | 98          | 100      | 100      | 100      | 100      | 100      | 98       | 100        |
| <b>AHP</b>       | 97         | 100      | 100       | 100       | 100         | 100      | 100      | 100      | 100      | 100      | 100      | 100        |
| <b>Ancillary</b> | 100        | 100      | 100       | 100       | 100         | 100      | 100      | 100      | 100      | 100      | 100      | 100        |
| <b>Medical</b>   | 80         | 97       | 100       | 97        | 93          | 100      | 100      | 100      | 100      | 100      | 90       | 100        |
| <b>Nurse</b>     | 100        | 100      | 100       | 100       | 100         | 100      | 98       | 100      | 100      | 100      | 100      | 100        |

### 3.5 Cleaning and Estates Audit

The Argyll and Bute HSCP monthly cleaning and estates audits, conducted as per the National Cleaning Services Specification and through the use of Synbiotix© (the Facilities Management Scotland web based audit tool), demonstrate compliance rates are being sustained above the locally defined targets (92% domestic monitoring and 95% estates monitoring).

The data for this year (Jan to March 2018) identifies an average compliance of 98% for domestic monitoring, and 96% for estates across Argyll and Bute. The annual performance for domestic monitoring during 2017/2018 was 97%. The annual performance for estates monitoring during 2017/2018 was 97%. Any areas identified during the audits, as requiring action are reported immediately to the relevant person

A series of unannounced Independent Public Peer Review audits is in progress; these occur across all hospital sites in NHS Highland.

#### Cleaning Compliance (%)

|              | April 2017 | May 2017 | June 2017 | July 2017 | August 2017 | Sep 2017 | Oct 2017 | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | March 2018 |
|--------------|------------|----------|-----------|-----------|-------------|----------|----------|----------|----------|----------|----------|------------|
| <b>Total</b> | 99         | 99       | 97        | 99        | 99          | 97       | 98       | 99       | 98       | 100      | 100      | 99         |

#### Estates Monitoring Compliance (%)

|              | April 2017 | May 2017 | June 2017 | July 2017 | August 2017 | Sep 2017 | Oct 2017 | Nov 2017 | Dec 2017 | Jan 2018 | Feb 2018 | March 2018 |
|--------------|------------|----------|-----------|-----------|-------------|----------|----------|----------|----------|----------|----------|------------|
| <b>Total</b> | 97         | 96       | 96        | 97        | 96          | 97       | 95       | 96       | 95       | 97       | 96       | 94         |

### 3.6 Healthcare Environment Inspections (HEI)

Benchmarking continues against all the national HEI inspection reports published, in order to ensure learning is disseminated.

No HEI Inspections have been carried out within Argyll and Bute in the last year.

### 3.7 Abbreviations

#### SAB Definitions

**Hospital acquired infection (HAI):** Positive blood culture obtained from a patient who has been hospitalised for ≥48 hours.

*OR* patient was transferred from another hospital, the duration of in-patient stay is calculated from the date of the first hospital Admission.

*OR* If the patient was a neonate/baby who has never left hospital since being born.

*OR* The patient was discharged from hospital in the 48hr prior to the positive blood culture being taken.

*OR* A patient who receives regular haemodialysis as an out-patient.

*OR* Contaminant if the blood aspirated in hospital

**Healthcare associated infection (HCAI):** Positive blood culture obtained from a patient within 48 hours of admission to hospital and fulfils one or more of the following criteria:

1. Was hospitalised overnight in the 30 days prior to the positive blood culture being taken.
2. Resides in a nursing, long term care facility or residential home.
3. IV, or intra-articular medication in the 30 days prior to the positive blood culture being taken, but excluding IV illicit drug use.
4. Regular user of a registered medical device e.g. intermittent self-catheterisation, home CPD or PEG tube with or without the direct involvement of a healthcare worker (excludes haemodialysis lines see HAI).

5. Underwent any medical procedure which broke mucous or skin barrier i.e. biopsies or dental extraction in the 30 days prior to the positive blood culture being taken.

6. Underwent care for a medical condition by a healthcare worker in the community which involved contact with non-intact skin, mucous membranes or the use of an invasive device in the 30 days prior to the positive blood culture being taken e.g. podiatry or dressing of chronic ulcers, catheter change or insertion.

**Community infection:** Positive blood culture obtained from a patient within 48 hours of admission to hospital who does not fulfil any of the criteria for healthcare associated bloodstream infection.

**Not known:** Only to be used if the SAB is not an HAI, and unable to determine if Community or HCAI

### **CDI definitions**

**Healthcare-associated CDI:** a case with onset of symptoms on day three or later, following admission to a healthcare facility on day one, OR in the community within four weeks of discharge from any healthcare facility. This may apply to the current hospital or a previous stay in another healthcare facility, e.g. in another hospital, a long-term care facility or other healthcare facilities (e.g. outpatient departments etc.)

Community-associated CDI: a case with [onset outside of healthcare facilities, AND without discharge from a healthcare facility within the previous 12 weeks] OR [onset on the day of admission to a healthcare facility or on the following day AND not resident in a healthcare facility within the previous 12 weeks].

**Unknown association: a case who was discharged from a healthcare facility 4–12 weeks before symptom onset**

HEAT\* Targets are set out by NHS Scotland and the Scottish Government's Health Directorates, to ensure services are constantly monitored and improved. There are four groups of Targets, collectively known as HEAT targets; these are:

- **H** - Health Improvement
- **E** - Efficiency
- **A** - Access to treatment
- **T** - Treatment

## **4. CONTRIBUTION TO STRATEGIC PRIORITIES**

Robust infection control arrangements are key in the delivery of safe and appropriate care

## **5. GOVERNANCE IMPLICATIONS**

### **5.1 Financial Impact**

Inadequate infection control governance has a potential financial impact if it results in avoidable treatments and increased lengths of stay in hospitals.

## **5.2 Staff Governance**

Staff required to be sighted on, and working towards, achieving safe patient and staff care by implementing best practice in infection control standards

## **5.3 Clinical Governance**

Infection Control is a key Clinical Governance work stream

## **6. EQUALITY & DIVERSITY IMPLICATIONS**

None

## **7. RISK ASSESSMENT**

Without a fully integrated electronic reporting system in place in Argyll & Bute, the surveillance aspects of the service is highly dependent on staff supporting manual inputting of data which carries risk of failure. This should be resolved with full implementation of ICNet which is due in June 2018

## **8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT**

There is public participation in peer audits of environmental cleaning. This requires a refresh regarding HEI peer reviews.

## **9. CONCLUSIONS**

The Infection Prevention and Control team within Argyll & Bute ensures there is a robust system in place for infection surveillance and support. This report should act as an assurance of that given the positive picture in relation to infection rates. Where challenges exist, the team works hard to ensure risks are minimised. Following significant delays, the full implementation of the ICNet data live feed should be concluded in the next month.



# Argyll & Bute Health & Social Care Partnership

**Integration Joint Board**

**Agenda item : 5.6c**

**Date of Meeting: 30 May 2018**

**Title of Report: HSCP Complaints Report January–March 2018 (Quarter 4)**

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

**Presented by: Elizabeth Higgins, Lead Nurse**

**The Integration Joint Board is asked to:**

- **Consider the HSCP activity and performance in relation to complaints**

## **1. EXECUTIVE SUMMARY**

The report provides information about complaints received 01 January – 31 March 2018.

## **2. INTRODUCTION**

The HSCP handles complaints in line with the NHS and Social Work Model Complaints Handling Procedure which is a two stage procedure: Stage 1 (Early Resolution) for complaints which are straightforward and easily resolved, requiring little or no investigation. Stage 2 (Investigation) is for issues that have not been resolved at the Early Resolution Stage or that are complex, serious or 'high risk'.

The target response times for Stage 1 complaints are 5 working days and for Stage 2, 20 working days.

### 3. DETAIL OF REPORT

#### 3.1 Complaints Performance Quarter 4 (01 January 2018 – 31 March 2018)

**Table 1: Stage 1 Health Complaints by Month**

|  | Total<br>Q.4 |
|--|--------------|
| No stage 1's received                      | 6            |
| Number Withdrawn                           | 0            |
| Number stage 1's investigated / closed     | 6            |
| <b>Adult Care</b>                          |              |
| Mid Argyll, Kintyre and Islay              | 2            |
| Oban Lorn and Islands                      | 2            |
| Helensburgh and Lomond                     | 0            |
| Cowal and Bute                             | 2            |
| Overall achievement against 5 working days | 5 (83%)      |
| Fully upheld                               | 1            |
| Partially Upheld                           | 3            |
| Not Upheld                                 | 2            |
| Number escalated to stage 2                | 0            |

**Table 2: Stage 2 Health Complaints by Month**

|   | Total   |
|---|---------|
| No stage 2's received                       | 17      |
| No stage 2's investigated                   | 16      |
| Withdrawn                                   | 1       |
| <b>Adult Care</b>                           |         |
| Mid Argyll, Kintyre and Islay               | 2       |
| Oban Lorn and Islands                       | 6       |
| Helensburgh and Lomond                      | 0       |
| Cowal and Bute                              | 7       |
| <b>Children and Families</b>                |         |
| Mid Argyll, Kintyre and Islay               | 0       |
| Oban Lorn and Islands                       | 0       |
| Helensburgh and Lomond                      | 0       |
| Cowal and Bute                              | 1       |
| Overall achievement against 20 working days | 3 (19%) |
| Fully upheld                                | 3       |
| Partially Upheld                            | 6       |
| Not Upheld                                  | 3       |
| Response outstanding                        | 4       |



**Table 3: Themes Stage 1 Health Complaints**

| <b>Complaint Theme</b>   | <b>Count</b> |
|--|--------------|
| Administration e.g. appointments, letters, reports, telephones, travel | 1            |
| Staff Attitude   | 2            |
| Waiting time for appointment   | 1            |
| Care / Treatment   | 2            |
| Estates / Grounds  | 1            |
| <b>Total</b>   | <b>*7</b>    |

\*6 complaints

**Table 4: Themes Stage 2 Health Complaints**

| <b>Complaint Theme</b>       | <b>Count</b> |
|------------------------------|--------------|
| Care / Treatment             | 10           |
| Staff Attitude and behaviour | 3            |
| Waiting Time                 | 1            |
| Availability of staff        | 1            |
| Withdrawal of therapy        | 1            |
| Discharge arrangements       | 1            |
| <b>Total</b>                 | <b>*17</b>   |

\*16 Complaints

**Examples of key actions as a result of health complaints:**

- Staff supervision and guidance
- Support with managing complaints effectively
- Case load reviews
- GIRFEC refresher training
- Communication and cover arrangements during staff sickness absence

**Table 5: Stage 1 Social Work Complaints**

| <b>Service</b>               | <b>No</b> | <b>Responded to within 5 days</b> | <b>Upheld</b> | <b>Partially Upheld</b> | <b>Not Upheld</b> |
|------------------------------|-----------|-----------------------------------|---------------|-------------------------|-------------------|
| <b>Children and Families</b> | 1         | 1 (100%)                          | 1             | 0                       | 0                 |
| <b>Adult Care</b>            | 3         | 2 (67%)                           | 1             | 1                       | 1                 |
| <b>Total</b>                 | <b>4</b>  | <b>3 (75%)</b>                    | <b>2</b>      | <b>1</b>                | <b>1</b>          |

**Table 6: Stage 2 Social Work Complaints**

| Service  | No        | Responded to within 20 days | Upheld   | Partially Upheld | Not Upheld |
|--|-----------|-----------------------------|----------|------------------|------------|
| <b>Children and Families</b>                     | 9         | 4 (44%)                     | 6        | 1                | 2          |
| <b>Adult Care</b>                                | 5         | 1 (20%)                     | 2        | 1                | 2          |
| Outstanding responses                            | 3         |                             |          |                  |            |
| Outcome (upheld / not upheld) still to be graded | 2         |                             |          |                  |            |
| <b>Total</b>                                     | <b>17</b> | <b>5 (29%)</b>              | <b>8</b> | <b>2</b>         | <b>4</b>   |

Note: Several of the Social Work complaints received during the quarter contained a number of concerns, if one concern in a complaint is upheld then the complaint is considered to be partially upheld. For example: One complaint contained 11 concerns, only one of which was upheld, so the whole complaint was considered to be partially upheld.

**Table 7: Themes Social Work Stage 1 and Stage 2 Complaints**

| Service                      | Complaint Theme       | Count     |
|------------------------------|-----------------------|-----------|
| <b>Children and Families</b> | Procedure             | 0         |
|                              | Communication         | 0         |
|                              | Care/Support          | 6         |
|                              | Staff Conduct         | 2         |
|                              | Withdrawal of Service | 1         |
|                              | Other                 | 1         |
| <b>Adult Care</b>            | Procedure             | 0         |
|                              | Communication         | 0         |
|                              | Care/Support          | 7         |
|                              | Staff Conduct         | 0         |
|                              | Withdrawal of Service | 0         |
|                              | Other                 | 1         |
|                              | <b>Total</b>          | <b>18</b> |

- 4. CONTRIBUTION TO STRATEGIC PRIORITIES**  
Robust governance arrangements are key in the delivery of strategic priorities.
- 5. GOVERNANCE IMPLICATIONS**
  - 5.1 Financial Impact**  
The time required to handle complaints effectively may have financial implications. Actions required as a result of complaints may have financial implications.
  - 5.2 Staff Governance**  
None
  - 5.3 Clinical Governance**  
Complaints handling is a key activity in relation to clinical governance.
- 6. EQUALITY & DIVERSITY IMPLICATIONS**  
Complaints may be concerned with equality and diversity.
- 7. RISK ASSESSMENT**  
Complaints can highlight risks and appropriate actions may be required to control highlighted risks.
- 8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT**  
Complaints are a valuable source of information to gain insight from a public and user perspective about the services delivered.
- 9. CONCLUSIONS**  
A number of actions are being implemented to support achievement of response timescales including the development of training for investigators. The aim is to deliver training in each locality commencing in July 2018.





# Argyll & Bute Health & Social Care Partnership

## Integration Joint Board

Agenda item: 5.7 (a)

Date of Meeting : 30 May 2018

Title of Report : Budget Monitoring: Year-end 2017-18

Presented by : Caroline Whyte, Chief Financial Officer

### The Integration Joint Board is asked to :

- **Note** 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
- **Approve** the updated Directions to NHS Highland and Argyll and Bute Council finalising the financial allocations to deliver services in 2017-18

## 1. EXECUTIVE SUMMARY

- 1.1 This report provides information on the financial position of the Integrated Budget as at the end of financial year 2017-18, the outturn position is an overall overspend of £2.528m, this consists of an overspend in Health delivered services of £1.373m and an overspend in Council delivered services of £1.155m.
- 1.2 There was a shortfall in delivery of the £8.7m of savings outlined in the Quality and Finance Plan with £4.5m of savings not delivered during 2017-18. This shortfall was partly offset by non-recurring underspends in services, the implementation of a financial recovery plan and a moratorium on non-essential spend. There have been significant delays with the delivery of recurring savings, it is clear that if savings were delivered as planned that financial balance would have been achieved.
- 1.3 As per the Scheme of Integration any overspend is required to be funded from additional payments in-year by the IJB partners, i.e. Argyll and Bute Council and NHS Highland. The Council and Health Board have allocated additional funding to the IJB in line with the overspend position for Health and Social Care services. This additional payment impacts on the future financial position of the IJB as this will required to be repaid in future years through a reduction in funding.

- 1.4 The closing balance on IJB reserves is £0.104m and this balance is earmarked to reinstate unspent SGHD specific project funding and to contribute to repayment of brokerage from NHS Highland.

## 2. INTRODUCTION

- 2.1 This report outlines the year-end position for 2017-18 for Integration Services. Provisional outturn information has been provided from both NHS Highland and Argyll and Bute Council and has been consolidated into the integrated outturn position. It should be noted that this position represents the unaudited position which may be subject to change following the external audit of NHS Highland and Argyll and Bute Council financial statements. Any change following the external audit process would be reported back to the IJB.

## 3. DETAIL OF REPORT

### 3.1 INTEGRATED BUDGET YEAR-END SUMMARY

- 3.1.1 This main overall financial statement for 2017-18 is included as Appendix 1. This contains an objective (service area) financial summary integrating both Health and Council services, with a reconciliation of the overall split of the budget allocation. This also contains a summary of the movement in the funding from the approved budget at the start of the financial year.

#### **Outturn Position – Overspend - £2.528m**

- 3.1.2 The year-end outturn position is an actual overspend against budget of £2.528m. This position is split between a year-end overspend in Health services of £1.373m and a year-end overspend of £1.155m in Social Care services. Separate budget outturn statements for Health and Council services are included in Appendices 2 and 3. The main areas contributing to the overall position are noted below:

#### **Adult Care – Overspend £5.1m**

- Agreed savings as part of the Quality and Finance Plan for 2017-18 not being achieved or achieved in full, for Adult Care these totalled £3.4m. The main areas are:
  - £1.3m community hospital bed reductions
  - £0.3m Lorn and the Isles hospital
  - £0.3m Cowal Out of Hours
  - £0.4m for Learning Disability services
  - £0.1m review of MAKI management structure
  - £0.2m for the redesign of services at Struan Lodge
  - £0.2m for prescribing

With the exception of prescribing, all of these service changes have all rolled forward into the Quality and Finance Plan for 2018-19.

- Overspend in Locum costs totalling £1.5m, relating to Lorn & Islands Hospital, Argyll & Bute Hospital, and services provided by GPs in Mull, Kintyre, Garelochhead, Cowal and Oban.
- Overspend of £0.6m in relation to agency and bank nursing staff across hospitals and community nursing teams.

- Overspend of £1.2m for Supported Living services in relation to physical and learning disabilities, this reflects the demand for services from new clients and the increasing need of existing clients. Significant savings are required to be delivered from supported living services and during 2018-19 a targeted piece of work as part of the Quality and Finance Plan is expected to significantly reduce these costs and ensure the services can be delivered from within the budget.

#### **Chief Officer** – Overspend £0.9m

- £1.7m of this overspend is reflective of the outstanding budget gap for social care services at the start of 2017-18, this balance has been added to the budget gap to be addressed as part of the 2018-19 budget process.
- This has been partly offset by the expected over-recovery of vacancy savings (£0.2m), funding set aside to fund cost pressures for war pensions and continuing care (£0.3m), which have not as yet been required and slippage on investment plan funding (£0.6m) which was paused as part of the financial recovery plan. These are now committed for 2018-19 as part of the Community Investment Plan and cost pressures have been reviewed as part of the budget process.

#### **Children and Families** – Underspend £0.8m

- Underspend of £0.2m in health services mainly in relation to additional vacancy savings
- Fostering, Kinship and supporting young people leaving care services overall underspend of £0.4m which reflects the level of demand for these services. These budgets will be kept under review together with the cost pressure for Continuing Care to ensure there is no ongoing recurring uncommitted budget going into 2018-19.
- Overspend of £0.2m in relation to residential placements which reflects the increase in demand for placements.
- In the Criminal Justice partnership there is an underspend of £0.2m reflecting staff vacancies interim management arrangements.
- In the main the overall underspend in Children and Families services is non-recurring, a review of the outturn position together with the cost and demand pressures for service delivery will be undertaken as part of the budget challenge process. However, the demand for children's social care services can be volatile and a small change in demand can have a significant impact on costs.

#### **Budget Reserves** – Underspend £1.8m

- Given the previously forecast overspend position during the 2017-18 financial year the decision was taken not to commit these budgets as part of the financial recovery plan. The underspends in budget reserves include funding set aside as part of the community investment plan, mental health funding, primary care transformation funding and winter pressure funding.
- These underspends are all non-recurring and some the allocations will require to be re-provided. Included in the budget for 2018-19 is a provision of £0.5m to reinstate the funds which have conditions attached and require to be spent in line with specific project parameters and therefore would have to be returned if not spent in line with the conditions.

**Other Areas** – Other areas include:

- Community and Dental Services (Underspend) £0.4m – mainly in relation to underspends on the salaried dental budget from a number of vacancies for dentists and support staff.
- Estates (Overspend £0.2m) – mainly due to savings targets not being achieved from the closure of West House and AROS
- Strategic Planning and Performance (Underspend £0.2m) – due to underspends in Technology Enabled Care and the e-Health Strategy due to delays in progressing IT projects and the provision of additional funding later in the financial year. The TEC funding will require to be re-provided in 2018-19 and provision has been made for this in the budget.
- GG&C Commissioned Services (Overspend £0.2m) – relates to services which are funded on a variable activity basis, including specific drugs. The SLA value for 2017-18 remains under negotiation, HSCP representatives will require the final payment to reflect the commissioning intentions issued to GG&C at the start of the year in relation to payment for delayed discharges, the final activity data for 2017-18 is not yet available to allow any reduction in the payment to be agreed. The year-end position does not reflect any of this potential benefit or reduction.

3.1.3 There are a number of smaller underspends across other service areas, which would be related to the expenditure restrictions as part of the financial recovery plan. The financial recovery plan was in place from August 2017 and was subsequently updated in October to include additional actions to increase the momentum of cost reduction to deliver financial balance. The overall financial position improved through the financial year however it was clear during the year that the scale of the improvement was not sufficient to deliver financial balance.

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

3.1.5 In summary financial overspend is as a result of the following:

- Unidentified savings of £2m at the start of the year, 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 services and care home placements).

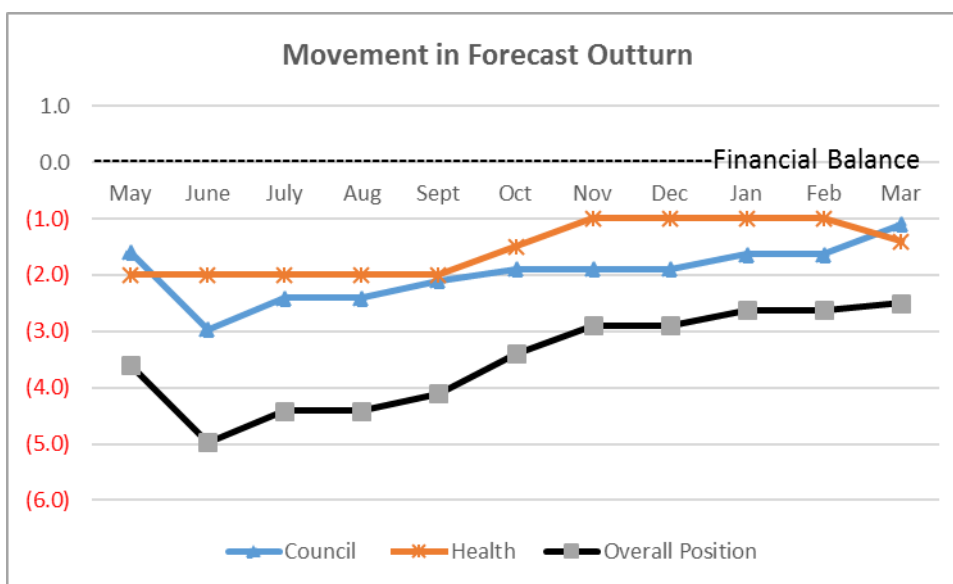
3.1.6 It is fortunate there were uncommitted budgets particularly in relation to project funding which could be re-directed, lower demand in some service areas and a recovery plan and restrictions on expenditure which partly offset this position and reduced the final overspend position.



### Movement in Forecast Outturn Position in 2017-18:

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

| Period           | 2     | 3     | 4     | 5     | 6     | 7     | 8     | 9     | 10    | 11    | 12    |
|------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Council          | (1.6) | (3.0) | (2.4) | (2.4) | (2.1) | (1.9) | (1.9) | (1.9) | (1.6) | (1.6) | (1.1) |
| Health           | (2.0) | (2.0) | (2.0) | (2.0) | (2.0) | (1.5) | (1.0) | (1.0) | (1.0) | (1.0) | (1.4) |
| Overall Position | (3.6) | (5.0) | (4.4) | (4.4) | (4.1) | (3.4) | (2.9) | (2.9) | (2.6) | (2.6) | (2.5) |



3.1.8 Some notable points are:

- Council position - steady reduction in year-end in projected overspend throughout the year, more variation in the social care position due to the demand led nature of services.
- Health position - not much movement in the overall projected position throughout the year, improvement in October due to assumption that GG&C SLA would be reduced, this position has not yet been finalised.
- Overall steady improvement from August due to financial recovery plan, although probably not all as a direct result of this.

3.1.9 It should be noted that given that many services are demand driven and some can be high cost, therefore it will never be possible to determine the year-end position in advance with absolute accuracy. However it is clear from the above that the year-end projections have been reliable during the year. Different accounting systems are used by Health and Council partners (cash and accruals basis), however this does not appear to be impacting on the ability to accurately project the year-end position, as for both partners the focus for budget monitoring during the year is the projected outturn position.

### 3.2 QUALITY AND FINANCE PLAN 2017-18

- 3.2.1 It has been noted previously that there was a significant risk around the deliverability of the Quality and Finance Plan for 2017-18. Progress for 2017-18 with the individual budget reductions outlined in the Plan is detailed in Appendix 4. Progress on the delivery of savings is summarised in the table below:

|       | Budget Reduction<br>£000 | Achieved to March 2018<br>£000 | Shortfall<br>£000 |
|-------|--------------------------|--------------------------------|-------------------|
| TOTAL | 8,703                    | 4,182                          | 4,521             |

- 3.2.2 Savings totalling £8.7m were included on the Quality and Finance Plan and to the financial year-end there was a shortfall of £4.5m, therefore £4.2m of savings were delivered on a recurring basis.
- 3.2.3 The main areas of delay are noted in Appendix 4. The most significant delays are in relation to Health delivered services, this is not an indication that Social Care services savings are on track as there was a shortfall in the savings identified at the start of the year and the majority of that gap remained on the social care side of the budget. This highlights that due to increased demand for social care services it is difficult to identify opportunities for savings. A number of the savings which were delayed have been on the savings plan for the last two years and they remain high risk in terms of deliverability. All of the undelivered savings, with the exception of the prescribing shortfall, have been reinstated on the Quality and Finance Plan for 2018-19. A Service Transformation Board has been established to progress the service redesigns for adult and corporate services. We have a consistent project management approach which ensures clear governance and ownership for service changes and allows the impact of delays in delivery to be reported at the earliest opportunity.

### 3.3 RESERVES

- 3.3.1 The Scheme of Integration states that “Argyll and Bute Integration Joint Board may retain any underspend to build up its own reserves and the Chief Financial Officer will develop a reserves policy for Argyll and Bute Integration Joint Board”. The IJB approved a reserves policy in March 2017, this outlines the governance for creating and holding reserves for the IJB. The IJB started the 2017-18 financial year with a reserves balance of £0.479m.
- 3.3.2 The Reserves Policy outlines that the balance of reserves will normally comprise of three elements one of which is the earmarking of funds set aside for particular purposes which would include future use of funds for a specific purpose agreed by the IJB or reserves for unspent revenue grants or contributions.
- 3.3.3 At the end of 2016-17 £0.451m was earmarked to reinstate unspent budget in relation to project funds which were not fully committed and required to be re-provided. These were funds provided by the Scottish Government for specific projects and there is an expectation that the funds would be utilised for the purpose allocated, regardless of the timing of expenditure. The re-provisions

included Technology Enabled Care, Primary Care Development and Transformation Fund and Mental Health funding. Of this earmarked balance £0.375m was spent during 2017-18, leaving a balance of £0.076m earmarked for these projects.

3.3.4 The free general fund balance at the start of 2017-18 was £0.028m, this amount is proposed to be earmarked to repay part of the Health brokerage during 2018-19.

3.3.5 The overall position for reserves is noted below:

|  | Reserves        |              |              |
|--|-----------------|--------------|--------------|
|  | Earmarked<br>£m | Free<br>£m   | Total<br>£m  |
| Opening Balance 1 April 2017             | 0.451           | 0.028        | 0.479        |
| Earmarked Reserves Expenditure           | (0.375)         | 0            | (0.375)      |
| <b>Closing Reserves at 31 March 2018</b> | <b>0.076</b>    | <b>0.028</b> | <b>0.104</b> |
| Proposed Earmarked Reserves              | 0.028           | (0.028)      | 0            |
| <b>Closing Reserves at 31 March 2018</b> | <b>0.104</b>    | <b>0</b>     | <b>0.104</b> |

3.3.6 One of the reasons the IJB should seek to hold reserves is to build up a contingency to cushion the impact of unexpected events or emergencies. The Reserves Policy suggests a prudent level of general reserve be set at 2% of the IJB net revenue budget, this would equate to around £5m. The 2% is in line with the position taken by a number of Integration Joint Boards facing similar strategic, operational and financial risks as Argyll and Bute and is also in line with the Council reserves policy. Currently this target is aspirational and should be viewed as an optimum level of reserves to be built up over time, recognising the tensions between prudent financial planning and budgetary constraints.

### 3.4 DIRECTIONS

3.4.1 The Integration Joint Board are required to issue Directions to NHS Highland and Argyll and Bute Council and these must specify the payment to be made to each partner. Directions were issued at the start of the financial year to outline the sums allocated to each partner, the Directions require to be updated for the 2017-18 year-end position. The updated Directions to NHS Highland and Argyll and Bute Council are included as Appendix 5.

3.4.2 NHS Highland and Argyll and Bute Council are required to treat the IJB as a Joint Venture in their annual accounts and recognise a share of the overall surplus or deficit of the IJB for the year. As health boards are required to produce their annual accounts much earlier than local authorities the financial position of the IJB had to be provided much earlier than the Council would normally require to finalise expenditure for the year, the Council position was successfully finalised in the timescale required to provide financial information to NHS Highland.

#### **4. CONTRIBUTION TO STRATEGIC PRIORITIES**

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

#### **5. GOVERNANCE IMPLICATIONS**

##### **5.1 Financial Impact**

- 5.1.1 The unaudited position for 2017-18 is an overall overspend of £2.528m across the Integrated Budget. This overspend has been offset by additional payments from Argyll and Bute Council and NHS Highland, these additional payments will require to be repaid with a reduced budget allocation in future years.

##### **5.2 Staff Governance**

None

##### **5.3 Clinical Governance**

None

#### **6. EQUALITY & DIVERSITY IMPLICATIONS**

None

#### **7. RISK ASSESSMENT**

- 7.1 There was a financial risk of delivering financial balance in 2017-18. There were significant financial risks in relation to the demands on service delivery and in relation to the delivery of the Quality and Finance Plan. The financial position was closely monitored with regular budget monitoring reports presented to the IJB throughout the year, this allowed a financial recovery plan to be put into place to manage the financial risk and reduce the overall year-end overspend.

#### **8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT**

None

#### **9. CONCLUSIONS**

- 9.1 This report summarises the financial position of the Integrated Budget as at the 2017-18 year-end, the unaudited position is an overall year-end overspend of £2.528m. There was an overspend position projected through the year and this position was reduced as a result of the impact of the financial recovery plan, however financial balance was not achieved due to the scale of the overspend and new in-year service pressures partly offsetting the benefit of the recovery plan.

- 9.2 There was a significant shortfall in the delivery of savings agreed as part of the Quality and Financial Plan. There remains a significant risk of achieving financial balance in future years. There is a significantly higher budget gap in 2018-19, partly due to savings in 2017-18 not being achieved and also with services continuing to face significant service delivery pressures to sustain current service models. The delivery of savings in future years will be key to ensure the ongoing financial sustainability of the partnership.
- 9.3 This outturn position reflects the unaudited position for NHS Highland and Argyll and Bute Council and is subject to change following the external audit of their financial statements, any change to this position will be reported to the IJB.

#### **APPENDICES:**

- Appendix 1 – Integrated Budget Monitoring Summary – Year-End 2017-18
- Appendix 2 – Overall Budget Outturn Statement – NHS Highland
- Appendix 3 – Overall Budget Outturn Statement – Argyll and Bute Council
- Appendix 4 – Quality and Finance Plan Progress to Year-End 2017-18
- Appendix 5 – Updated Directions to NHS Highland and Argyll and Bute Council



INTEGRATED BUDGET MONITORING SUMMARY - YEAR-END 2017-18

|   | Actual<br>£000 | Budget<br>£000 | Variance<br>£000 | Variance<br>% |
|---|----------------|----------------|------------------|---------------|
| <b>Service Delegated Budgets:</b>             |                |                |                  |               |
| Adult Care                                    | 136,025        | 130,904        | (5,121)          | -3.9%         |
| Alcohol and Drugs Partnership                 | 1,028          | 1,129          | 101              | 8.9%          |
| Chief Officer                                 | 695            | (164)          | (859)            | 523.8%        |
| Children and Families                         | 19,112         | 19,866         | 754              | 3.8%          |
| Community and Dental Services                 | 3,652          | 4,055          | 403              | 9.9%          |
| Estates                                       | 5,352          | 5,109          | (243)            | -4.8%         |
| Lead Nurse                                    | 1,293          | 1,319          | 26               | 2.0%          |
| Public Health                                 | 1,114          | 1,321          | 207              | 15.7%         |
| Strategic Planning and Performance            | 3,493          | 3,710          | 217              | 5.8%          |
|   | 171,764        | 167,249        | (4,515)          | -2.7%         |
| <b>Centrally Held Budgets:</b>                |                |                |                  |               |
| Budget Reserves                               | 0              | 1,888          | 1,888            | 100.0%        |
| Depreciation                                  | 2,502          | 2,504          | 2                | 0.1%          |
| General Medical Services                      | 16,010         | 15,887         | (123)            | -0.8%         |
| Greater Glasgow & Clyde Commissioned Services | 59,972         | 59,788         | (184)            | -0.3%         |
| Income - Commissioning and Central            | (1,268)        | (1,237)        | 31               | -2.5%         |
| Management and Corporate Services             | 4,533          | 4,698          | 165              | 3.5%          |
| NCL Primary Care Services                     | 8,254          | 8,254          | 0                | 0.0%          |
| Other Commissioned Services                   | 3,300          | 3,508          | 208              | 5.9%          |
|   | 93,303         | 95,290         | 1,987            | 2.1%          |
| <b>Grand Total</b>                            | <b>265,067</b> | <b>262,539</b> | <b>(2,528)</b>   | <b>-1.0%</b>  |

Reconciliation to Council and Health Partner Budget Allocations:

|                         | Actual<br>£000 | Budget<br>£000 | Variance<br>£000 | Variance<br>% |
|-------------------------|----------------|----------------|------------------|---------------|
| Argyll and Bute Council | 68,995         | 67,840         | (1,155)          | -1.7%         |
| NHS Highland            | 196,072        | 194,699        | (1,373)          | -0.7%         |
| <b>Grand Total</b>      | <b>265,067</b> | <b>262,539</b> | <b>(2,528)</b>   | <b>-1.0%</b>  |

The above does not include the additional in-year payments to fund budget overspend:

|                         |         |
|-------------------------|---------|
| Argyll and Bute Council | £1.155m |
| NHS Highland            | £1.373m |

FUNDING RECONCILIATION - YEAR-END 2017-18

| Partner  | £000           | £000           |
|--|----------------|----------------|
| <b>Argyll and Bute Council:</b>                                |                |                |
| Opening Funding Approved                                       | 56,360         |                |
| Annual Budget at March 2018                                    | 67,840         |                |
| <b>Movement</b>  | <b>11,480</b>  |                |
| <i>Details:</i>  |                |                |
| Transfer of Funds From NHS Highland                            |                | 11,416         |
| Non-recurring drawdown of budget from Reserves                 |                | 45             |
| Pensions Autoenrolment Funding                                 |                | 44             |
| Violence Against Women Funding Transfer                        |                | 3              |
| Integration Services Contribution to HR and First Aid Training |                | (28)           |
|  |                | <b>11,480</b>  |
| <b>NHS Highland:</b>   |                |                |
| <b>Opening Funding Approved:</b>                               |                |                |
| Opening Funding Approved                                       | 202,525        |                |
| Annual Budget at March 2018                                    | 194,699        |                |
| <b>Movement</b>  | <b>(7,826)</b> |                |
| <i>Details:</i>  |                |                |
| Transfer of Funds to Argyll and Bute Council:                  |                | (11,416)       |
| Other SG funding increases/decreases                           |                | 3,590          |
|  |                | <b>(7,826)</b> |



## Overall Budget Outturn Statement - NHS Highland



## Expenditure Analysis to 31st March 2018

| Service Area   | 2017-18 Position |                |                  | Prev month       |                  |
|--|------------------|----------------|------------------|------------------|------------------|
|  | Actual<br>£000   | Budget<br>£000 | Variance<br>£000 | Forecast<br>£000 | Movement<br>£000 |
| Adult Services - West                                  | 52,377           | 49,396         | (2,981)          | (2,523)          | (458)            |
| Adult Service - East                                   | 28,700           | 27,417         | (1,283)          | (1,277)          | (6)              |
| Children & Families Services                           | 6,159            | 6,342          | 183              | 214              | (31)             |
| Services Commissioned from NHS Greater Glasgow & Clyde | 59,972           | 59,788         | (184)            | (200)            | 16               |
| Services Commissioned from Other Providers             | 3,300            | 3,508          | 208              | 214              | (6)              |
| General Medical Services                               | 16,010           | 15,887         | (123)            | (120)            | (3)              |
| Community & Salaried Dental Services                   | 3,652            | 4,055          | 403              | 445              | (42)             |
| Dentists, Chemists & Opticians                         | 8,254            | 8,254          | 0                | 0                | 0                |
| Alcohol and Drugs Partnership                          | 1,028            | 1,129          | 101              | 105              | (4)              |
| Public Health  | 1,114            | 1,321          | 207              | 207              | (0)              |
| Lead Nurse   | 1,293            | 1,319          | 26               | 10               | 16               |
| Management Services                                    | 4,533            | 4,698          | 165              | 159              | 6                |
| Strategic Planning & Performance                       | 3,094            | 3,320          | 226              | 91               | 135              |
| Depreciation   | 2,502            | 2,504          | 2                | 0                | 2                |
| Budget Reserves  | 0                | 1,888          | 1,888            | 1,800            | 88               |
| Income   | (1,268)          | (1,237)        | 31               | 35               | (4)              |
| Estates  | 5,352            | 5,109          | (243)            | (160)            | (83)             |
| <b>Net Budget Position</b>                             | <b>196,072</b>   | <b>194,699</b> | <b>(1,373)</b>   | <b>(1,000)</b>   | <b>(373)</b>     |



## Overall Budget Outturn Statement - Argyll and Bute Council Integration Services

| Service                                   | Subservice                            | 2017-18 Position  |                    |                  |
|---|---------------------------------------|-------------------|--------------------|------------------|
|   |                                       | Expenditure<br>£  | Annual Budget<br>£ | Variance<br>£    |
| <b>CHIEF OFFICER</b>                      |                                       |                   |                    |                  |
| Chief Officer                             | Social Work Central Support           | 437,712           | 292,020            | (145,693)        |
|   | Health and Social Care Partnership HQ | 337,038           | 232,718            | (104,321)        |
|   | Savings to be Identified              | 0                 | (1,713,427)        | (1,713,427)      |
|   | Partnership Funding                   | (79,738)          | (56,556)           | 23,182           |
|   | Unallocated Cost and Demand Funds     | 0                 | 894,561            | 894,561          |
|   | Vacancy Savings                       | 0                 | 186,313            | 186,313          |
|   | <b>Totals</b>                         | <b>695,013</b>    | <b>(164,371)</b>   | <b>(859,385)</b> |
| <b>STRATEGIC PLANNING AND PERFORMANCE</b> |                                       |                   |                    |                  |
| Service Development                       | Service Development - Management      | 231,301           | 230,356            | (945)            |
|   | Service Development - Best Value      | 138,390           | 131,113            | (7,276)          |
|   | Integrated Care - Joint Future Team   | 28,943            | 28,327             | (616)            |
|   | <b>Totals</b>                         | <b>398,634</b>    | <b>389,796</b>     | <b>(8,837)</b>   |
| <b>CHILDREN AND FAMILIES</b>              |                                       |                   |                    |                  |
| Looked After Children                     | Adoption                              | 140,716           | 133,087            | (7,629)          |
|   | Fostering                             | 1,548,055         | 1,828,958          | 280,903          |
|   | Family Placement Team                 | 367,344           | 359,225            | (8,119)          |
|   | Residential Placements                | 1,200,808         | 972,501            | (228,307)        |
|   | Hostels                               | 1,162,827         | 1,179,774          | 16,947           |
|   | Children's Houses                     | 1,551,450         | 1,556,190          | 4,740            |
|   | Care and Reviewing Officers           | 305,221           | 287,914            | (17,307)         |
|   | Supporting Young People Leaving Care  | 486,886           | 599,413            | 112,527          |
|   | Consultation Support Forum            | 10,636            | 10,000             | (636)            |
|   | Life Changes Trust                    | 6,157             | 51,289             | 45,132           |
|   | <b>Totals</b>                         | <b>6,780,098</b>  | <b>6,978,350</b>   | <b>198,251</b>   |
| Child Protection                          | Children and Families Area Teams      | 2,777,921         | 2,700,518          | (77,403)         |
|   | Child Protection Committee            | 140,523           | 211,891            | 71,368           |
|   | Early Intervention Project            | 95                | 32                 | (63)             |
|   | Early Intervention                    | (1,092)           | 0                  | 1,092            |
|   | Fusions                               | 23,692            | 28,055             | 4,363            |
|   | Contact and Welfare                   | 198,680           | 253,214            | 54,534           |
|   | Historic Abuse                        | 50                | 0                  | (50)             |
|   | <b>Totals</b>                         | <b>3,139,869</b>  | <b>3,193,710</b>   | <b>53,841</b>    |
| Children with a Disability                | Children with a Disability            | 210,576           | 240,707            | 30,130           |
|   | Ardlui Respite Facility               | 92,837            | 103,973            | 11,136           |
|   | Other Residential Respite             | 16,497            | 20,824             | 4,327            |
|   | Home Based Respite Kintyre            | 99,777            | 109,326            | 9,549            |
|   | Third Sector Grants                   | 257,961           | 260,065            | 2,104            |
|   | <b>Totals</b>                         | <b>677,648</b>    | <b>734,895</b>     | <b>57,246</b>    |
| Criminal Justice                          | Criminal Justice Partnership          | (198,836)         | (41,876)           | 156,959          |
|   | Criminal Justice Offenders            | 149,438           | 172,899            | 23,461           |
|   | <b>Totals</b>                         | <b>(49,398)</b>   | <b>131,023</b>     | <b>180,420</b>   |
| Central Management Costs                  | Children and Families Management      | 123,068           | 221,074            | 98,006           |
|   | Integrated Care - Area Teams          | 1,444,864         | 1,478,419          | 33,556           |
|   | Service Strategy and Regulation       | 282,442           | 201,531            | (80,911)         |
|   | Integrated Care - Strategic Support   | 554,592           | 584,720            | 30,128           |
|   | <b>Totals</b>                         | <b>2,404,966</b>  | <b>2,485,744</b>   | <b>80,779</b>    |
|   | <b>Service Totals</b>                 | <b>12,953,183</b> | <b>13,523,722</b>  | <b>570,537</b>   |

| Service                           | Subservice                      | 2017-18 Position  |                    |                    |
|-----------------------------------|---------------------------------|-------------------|--------------------|--------------------|
|                                   |                                 | Expenditure<br>£  | Annual Budget<br>£ | Variance<br>£      |
| <b>ADULT CARE</b>                 |                                 |                   |                    |                    |
| Older People                      | Assessment & Care Management    | 3,006,174         | 3,000,433          | (5,741)            |
|                                   | Care Home Placements            | 9,402,875         | 9,273,795          | (129,080)          |
|                                   | Homecare                        | 13,250,201        | 13,524,081         | 273,880            |
|                                   | OP Other                        | 3,548,850         | 3,600,814          | 51,963             |
|                                   | Progressive Care                | 238,197           | 548,724            | 310,527            |
|                                   | Residential Units               | 4,359,122         | 4,370,424          | 11,303             |
|                                   | Respite                         | 119,693           | 162,440            | 42,746             |
|                                   | Sheltered Housing               | 85,467            | 103,590            | 18,123             |
|                                   | <b>Totals</b>                   | <b>34,010,580</b> | <b>34,584,301</b>  | <b>573,721</b>     |
| Physical Disability               | PD Assessment & Care Management | 123,255           | 143,328            | 20,073             |
|                                   | PD Other                        | 526,818           | 402,016            | (124,803)          |
|                                   | PD Residential Care             | 96,264            | 48,132             | (48,132)           |
|                                   | PD Respite                      | 10,245            | 14,620             | 4,375              |
|                                   | PD Supported Living             | 1,684,612         | 1,314,406          | (370,205)          |
|                                   | <b>Totals</b>                   | <b>2,441,195</b>  | <b>1,922,502</b>   | <b>(518,692)</b>   |
| Learning Disability               | Assessment & Care Management    | 709,459           | 761,648            | 52,190             |
|                                   | Joint Residential               | 3,647,195         | 3,408,558          | (238,637)          |
|                                   | LD Other                        | 1,862             | 1,862              | 0                  |
|                                   | Resource Centres / Day Services | 2,330,151         | 2,392,848          | 62,698             |
|                                   | Respite                         | 163,330           | 181,482            | 18,152             |
|                                   | Supported Living                | 8,391,687         | 7,574,514          | (817,173)          |
|                                   | <b>Totals</b>                   | <b>15,243,684</b> | <b>14,320,913</b>  | <b>(922,770)</b>   |
| Mental Health                     | Addictions / Substance Misuse   | 392,718           | 409,310            | 16,592             |
|                                   | Assessment & Care Management    | 687,685           | 675,126            | (12,558)           |
|                                   | MH Other                        | 504,628           | 546,298            | 41,670             |
|                                   | MH Residential                  | 279,488           | 224,962            | (54,526)           |
|                                   | Respite                         | 556               | 0                  | (556)              |
|                                   | Supported Living                | 852,747           | 915,189            | 62,441             |
|                                   | <b>Totals</b>                   | <b>2,717,822</b>  | <b>2,770,886</b>   | <b>53,063</b>      |
| Central Management Costs          | Adult Protection                | 103,741           | 101,018            | (2,723)            |
|                                   | Central/Management Costs        | 431,184           | 391,361            | (39,824)           |
|                                   | <b>Totals</b>                   | <b>534,926</b>    | <b>492,379</b>     | <b>(42,547)</b>    |
| <b>Service Totals</b>             |                                 | <b>54,948,205</b> | <b>54,090,981</b>  | <b>(857,225)</b>   |
| <b>Integrated Services Totals</b> |                                 | <b>68,995,035</b> | <b>67,840,128</b>  | <b>(1,154,910)</b> |

**INTEGRATION JOINT BOARD  
QUALITY AND FINANCE PLAN PROGRESS - YEAR-END 2017-18**

**APPENDIX 4**

| Ref                                   | Description   | Detail  | 2017-18 Budget Reduction £000 | Achieved 2017-18 | Remaining      |
|---------------------------------------|---|---|-------------------------------|------------------|----------------|
| <b>CHILDREN'S SERVICES:</b>           |   |   |                               |                  |                |
| CF01                                  | Redesign of Internal and External Residential Care Service  | Minimise the use of external placements, increase the capacity of our residential units by adding satellite flats and developing a core and cluster model. Develop social landlord scheme to support 16+ young people moving from foster care or residential care. Further review and where possible bring back all 16+ year olds to local area.  | 300                           | 300              | 0              |
| CF02                                  | Redesign staffing structure across Children and Families service to cope with duty under CYP Act and government initiatives within NHS.   | Scoping of children and Families staffing requirements as case load increases due to the requirements of the Children and Young People (Scotland) Act the service will be looking after children for longer. For the next 8 years there will be a steady increase only levelling out in 2026. Incrementally the service will require 5 additional social workers. Health visiting pathway requires additional Health Visitors, additional services for children in distress are required. Requirement to scope and cost a new staffing structure through consultation with staff and those who use the service, we will develop a programme board and look at front line staff and management structure to further develop integrated teams. Reviewing workloads and supporting third tier sector to undertake social care tasks. | 100                           | 50               | 50             |
| CF03                                  | School Hostels - Explore the opportunities to maximise hostel income.   | May be opportunities to actively market accommodation over holiday periods and use annexe accommodation to attract locums at a reduced cost. Although we have an income budget that we currently do not achieve we would hope to over recover income.   | 0                             | 0                | 0              |
| <b>LORN AND THE ISLANDS HOSPITAL:</b> |   |   |                               |                  |                |
| AC01                                  | Lorn and the Islands Hospital Future Planning to improve the local services and engage specialist services appropriately to deliver best possible care.   | LIH group established with representation from public, community, third and independent sector working jointly to design services that will minimise or avoid all delayed discharges, offer excellent quality local care complemented by specialist care out of area as required. Prevention of admissions to be achieved by shifting the overall balance of care and staff to ensure anticipatory care planning in place. Working with the LIH group to explore clinical options and offer continued, consistent appropriate hospital care. Data collection and scrutiny to inform the service design. Recruitment and retention strategies to support the service.  | 347                           | 30               | 317            |
| AC02                                  | Further improvement and investment in the scope of OLI Community Wards to offer quality services and support on discharge and timely assessment and reablement.   | Community staff further upskilled through training and understanding of scope of services. Resource to ensure that 'virtual wards' feel and give a service which is perceived as real and more effective than location based services.  | included above                | included above   | included above |
| <b>CARE HOMES:</b>                    |   |   |                               |                  |                |
| AC03                                  | Putting environment, independent living and service user choice at the heart of care support by reviewing the current buildings and care service employed by Ardfenaig and Eader Glynn to deliver an improved environment, better choice and control. | Identify all options with partners to better provide support when care at home is no longer possible. Seek engagement to review all options with full regard for choices and control of people who use these services.  | 0                             | 0                | 0              |
| AC04                                  | Identified demand for greater choice of support care on Tiree, currently and for future planning.   | Island demand to be quantified, and provision reviewed in line with current and emerging demands.   | 0                             | 0                | 0              |
| <b>LEARNING DISABILITY:</b>           |   |   |                               |                  |                |
| AC05                                  | Redesign of Learning Disability services including day services and support at home for adults across Argyll and Bute, the priority needs to be given to service user need and demand in each local area.   | Utilise learning from Helensburgh redesign, and engage with stakeholders. Full account of service user views and the current and emerging needs, encouraging independence and shifting the balance of care.   | 175                           | 67               | 108            |
| <b>COMMUNITY MODEL OF CARE:</b>       |   |   |                               |                  |                |
| AC06                                  | Repatriate top 15 high cost young adult care placements from outwith Argyll and Bute. This includes service users who are in residential care and some who are receiving specialist supported living services outwith the area.                       | Identify then review top 15 adults outwith the area currently and undertake review with a view to bringing their care package back to Argyll and Bute. Need to link with housing providers and social care providers to identify capacity and cost to bring adults back to shared tenancy arrangements.   | 73                            | 0                | 73             |
| AC07                                  | Supported living is categorised into four categories. Critical (P1) and substantial (P2) needs will be met and others will be signposted to self-help and community resources.  | Review existing supported living care packages to ensure that cases meet the priority of need framework. Promote use of SDS. Introduce Area Resource Groups to scrutinise adult care supported living and delayed discharge packages.   | 0                             | 0                | 0              |
| AC08                                  | Review the delivery of services for older people to consider alternative ways of delivering services for older people.  | Ensure all new packages adhere to Value for Money principles. Consider alternative ways to deliver support/meet the assessed outcomes of service users.   | 200                           | 200              | 0              |
| AC09                                  | Redesign the provision of sleepovers provided by the HSCP.  | Shift to new model of care using telecare/overnight response teams. Work with care providers to redesign unavoidable sleepover provision and look for opportunities to share provision across multiple service users.   | 200                           | 0                | 200            |
| AC11                                  | Investment in 'Neighbourhood Team' approach to delivery of care at home for the community across Mid Argyll, Kintyre and Islay. Putting service users at the heart of service design.   | More responsive and person centred approach to delivery, better meeting needs. A best practice model, which is truly person centred, maintains independence and recognises dignity alongside independence, and improved outcomes.   | 0                             | 0                | 0              |
| AC12                                  | Investment in 'Neighbourhood Team' approach to delivery of care at home for the community across Oban Lorn and the Islands. Putting service users at the heart of service design.   | More responsive and person centred approach to delivery, better meeting needs. A best practice model, which is truly person centred, maintains independence and recognises dignity alongside independence, and improved outcomes.   | 0                             | 0                | 0              |

| Ref                            | Description  | Detail  | 2017-18 Budget Reduction £000 | Achieved 2017-18 | Remaining |
|--------------------------------|--|---|-------------------------------|------------------|-----------|
| AC14                           | Modernise community hospital care in Campbeltown establishing a cross agency 'Planning for the Future' group, to actively review range of bed space uses and options. Aim to achieve community based, and community focussed hospital model linking seamlessly with enhanced community services.                             | Review group to identify and engage with stakeholders on best use of bed spaces to maintain a quality and responsive service 24/7 which supports patients appropriately and timeously. Improving community focus and hospital criteria aims to reduce or negate delayed discharges, improve prevention and anticipatory care planning. Potential for greater joined up working with other hospitals, and effective use of data assumed. | 232                           | 0                | 232       |
| AC15                           | Improvements to community focussed care in Mid Argyll, with focus on improving the model of delivery and service in MACHICC. Improved responsive community services able to respond 24/7 supporting patients in their own homes. Shifting the balance of care and ensuring effective and efficient use of hospital services. | Improvements and expansion of community based services in Mid Argyll to achieve reduced or nil delayed discharges, greater prevention and anticipatory care planning to enable people to live in their own homes, or return to their own homes as quickly as possible.  | 170                           | 20               | 150       |
| AC16                           | Continue with the review and redesign in-patient ward in Cowal Community Hospital currently reviewing the acute observation beds, short term assessment beds, delayed discharges, prevention of admissions and A&E breaches. The review will include considering enhanced community care to prevent admissions.              | Continue the current review and consider how we deliver community services in Cowal to provide 24/7 response to support patients at home.   | 537                           | 65               | 472       |
| AC17                           | Continue with the review and redesign GP in-patient ward in Victoria Hospital currently reviewing the acute observation beds, short term assessment beds, delayed discharges, prevention of admissions and A&E breaches. The review will include considering enhanced community care to prevent admissions.                  | Redesign of community services in Bute to provide 24/7 response to support patients at home. Community and staff engagement.  | 250                           | 0                | 250       |
| AC18                           | Improve and expand community based care on Islay through investment in preventative measures to address delayed discharge and reduce admissions. Shifting the balance will include making better use of Islay Hospital and Gortanvogie Care home to meet community care demands.   | Review use and need of community services on Islay to better support people to live at home with quality services. Enhancing community based care including using technology where appropriate, and consider use of alternative booking systems. Support from and engagement with both communities and staff to help shift balance.   | 330                           | 100              | 230       |
| AC19                           | Review of AHP Out-patient service delivery   | Consider increasing protocol driven review of follow-up and domiciliary visits. Use of technology like VC and Flo. Review whether AHPs could offer review instead of trips to GG&C to see consultants. Extension of roles like Orthopaedic triage and 'First Contact' input into GPs.   | 0                             | 0                | 0         |
| AC20                           | Seek to ensure care at home services offer flexibility and choice and are person centred and fit for purpose. Current in-house services are restricted and review would enable options to be explored with external providers to improve West Argyll service.  | Neighbourhood teams with external providers give flexibility and should be considered within options following period of market testing. Would require input from procurement and commissioning staff to expand and improve the current care at home service.   | 0                             | 0                | 0         |
| AC25                           | In older people day resource centres improve and address issues of high levels of management structure to integrate and consolidate services within realistic opening hours based on client demand.  | Review the management at HSCP operated day services. Consider a reduction in opening hours of adult day services. Evidence indicates shorter opening hours would be appropriate and acceptable in day services. Moreover, there is a high management resource which is capable of rationalisation. Engagement and consultation with service users and with staff to align needs and demands.  | 50                            | 0                | 50        |
| <b>MENTAL HEALTH SERVICES:</b> |  |   |                               |                  |           |
| AC21                           | Improve community based support and services for dementia to achieve shift in balance of care and respond to need and demand in person centred service.  | Implement full review and scoped options for community models which meet user demand, support carers and person centred outcomes. Appraise neighbourhood model and scope options which shift balance of care.   | 250                           | 200              | 50        |
| AC22                           | Deliver improved mental health consultant support and create dedicated consultants to each locality Community Mental Health Team, and a dedicated consultant for inpatients. Better sharing of on call services, additional locality clinics and support for crisis response and places of safety.                           | CMHT services and patients would benefit from the redesign to support an improved model. Locality consultation and with CMHT's to support change, and achieve better outcomes.  | 0                             | 0                | 0         |
| AC23                           | Steps to ensure and maintain patient and community safety will be taken by redesignating and maintaining a secure locked environment for those with the most fragile mental health requiring extra care. This is based on the needs of service users, and experience from current Intensive Patient Care Unit.               | Actions required pertain to legislation relevant to service delivery, which will be strictly followed. Work with staff to make changes to overall establishment and working practices and to agree robust admission criteria. Some work with GG&C should needs arise for additional services.   | 100                           | 100              | 0         |
| AC24                           | Further enhancement to community based care to ensure those with mental health issues have the same opportunities and choices. To include consideration of a step up / step down model for Lochgilphead and area service users.  | Adopt community focussed approach, and use technology when possible, to review use of Ross Crescent to make this appropriate for a modernised mental health service. Ensuring patient choice and views are at the centre of service provision, with independence encouraged and supported.  | 45                            | 0                | 45        |

| Ref                        | Description  | Detail  | 2017-18<br>Budget<br>Reduction<br>£000 | Achieved<br>2017-18 | Remaining    |
|----------------------------|--|---|--|---------------------|--------------|
| <b>CORPORATE SERVICES:</b> |  |   |  |                     |              |
| CORP1                      | Front line health and social care staff working together in same locations, and move corporate and support staff.  | Co-locate staff into unused space in our hospitals, close the corporate support HQ building in Lochgilphead, move to other sites in Lochgilphead including council offices. Savings expected to be achieved from a range of departmental budgets including; finance, planning, IT, HR, pharmacy management, medical management, lead nurse and estates. | 335                                    | 96                  | 239          |
| CORP2                      | Integrate health and social work administration, implement digital technology and centralise appointment systems.  | Follow on from co-location CORP 1, a targeted piece of work would commence in 2017-18 to extend the review of social work administration and medical record keeping. The implementation of electronic solutions to improve efficiency and a move to electronic medical records would be required.   | 120                                    | 55                  | 65           |
| CORP3                      | Management /Professional Leadership Review   | Review the overall management structure.  | tbc                                    | tbc                 | tbc          |
| CORP4                      | Rationalisation of Estates/Property-linked to CORP's 1 and 2.  | Review of current property portfolio and opportunities to rationalise this. Review the current leases in place and find alternative accommodation to reduce costs.  | 75                                     | 0                   | 75           |
| CORP5                      | Implement Lync/Skype for Business  | Implement Skype for Business (Microsoft Lync) communications platform, this will reduce telephone and travel costs and improve communication and collaboration. Business case is due to be finalised<br><br>It is required to maximise benefits in Corp 1 and Corp 2.   | 0                                      | 0                   | 0            |
| CORP6                      | Catering and Cleaning and other Ancillary Services   | Reduction in buildings occupied and opportunities to work with our partner organisations, take opportunities to reduce costs for catering and domestic services. Significant opportunities to share services and reduce costs.  | 505                                    | 124                 | 381          |
| CORP7                      | Vehicle Fleet Services   | Explore opportunities for the centralisation of shared fleet service (as in part of NHS Grampian), look to share vehicles with partners, and a review of the provision of services.   | 0                                      | 0                   | 0            |
| CORP8                      | The agreement with NHS Greater Glasgow & Clyde (NHS GG&C) provides hospital services outside Argyll and Bute.  | Invest in community services and IT to reduce delayed discharges and patients length of stay in NHS GG&C hospitals, and commission NHS GG&C to reduce return appointments and follow up rates. Activity targets to be agreed based on national target for Scotland to free up 400,000 occupied bed days.  | tbc                                    | tbc                 | tbc          |
| CORP9                      | Capital projects - Dunoan GP practices new build, Bute Health and care campus, Care Home redesign, and new model of care relocation of Salen Surgery to Craignure & elements of CORP 4 | Formal capital design projects at large and small scale, latter to be costed by March 2017 for inclusion in capital programmes for next 2 years. Large scale projects require formal processes and resource.  | 0                                      | 0                   | 0            |
| CORP10                     | Alcohol and Drugs Partnership  | The ADP will look to review and reduce costs being incurred in delivering alcohol brief interventions, supporting the voluntary sector and the ABAT statutory service sector. The reduction in 17-18 equates to 8% of the total budget for ADP.   | 100                                    | 100                 | 0            |
| <b>TOTAL</b>               |  |   | <b>4,494</b>                           | <b>1,507</b>        | <b>2,987</b> |

## 2016-17 QUALITY AND FINANCIAL PLAN

### PREVIOUSLY APPROVED SAVINGS - STILL TO BE DELIVERED:

|    |   |              |            |            |
|----|---|--------------|------------|------------|
| 1  | Prescribing   | 100          | 100        | 0          |
| 5  | Redesign of the Out of Hours Service for Cowal              | 300          | 55         | 245        |
| 13 | Closure West House  | 270          | 50         | 220        |
| 14 | Closure AROS  | 150          | 42         | 108        |
| 15 | Kintyre Medical Group                                       | 75           | 0          | 75         |
| 21 | Review Day Hospital Services for Older People with Dementia | 25           | 25         | 0          |
| 27 | Kintyre Patient Transport                                   | 25           | 0          | 25         |
| 29 | Mid Argyll Operational Teams Redesign                       | 20           | 0          | 20         |
| 45 | Ardlui  | 10           | 10         | 0          |
| 51 | Supporting Young People Leaving Care                        | 17           | 17         | 0          |
| 52 | Consultation Support Forum                                  | 5            | 5          | 0          |
| 55 | Struan Lodge  | 175          | 0          | 175        |
| 56 | Thomson Court   | 10           | 10         | 0          |
| 59 | Bowman Court Progressive Care Centre                        | 80           | 80         | 0          |
| 61 | Internal Mental Health Support Team                         | 60           | 60         | 0          |
| 62 | Assessment and Care Management                              | 12           | 0          | 12         |
| 63 | Assessment and Care Management                              | 30           | 0          | 30         |
| 66 | Supported Living Services                                   | 100          | 50         | 50         |
|    |   | <b>1,464</b> | <b>504</b> | <b>960</b> |

### 2016-17 SAVINGS - FULL YEAR IMPACT:

|    |              |           |           |          |
|----|--------------|-----------|-----------|----------|
| 58 | Tigh a Rhuda | 22        | 22        | 0        |
|    |              | <b>22</b> | <b>22</b> | <b>0</b> |

### 2016-17 APPROVED SAVINGS - ADDITIONAL SAVINGS DELIVERABLE:

|    |  |              |            |            |
|----|--|--------------|------------|------------|
| 1  | Prescribing  | 700          | 500        | 200        |
| 3  | Further Savings from closure of Argyll and Bute Hospital | 282          | 250        | 32         |
| 27 | Kintyre Patient Transport.                               | 25           | 0          | 25         |
| 5  | Redesign of the Out of Hours Service for Cowal           | 29           | 0          | 29         |
| 10 | NHS GG&C contract / services                             | 100          | 34         | 66         |
|    |  | <b>1,136</b> | <b>784</b> | <b>352</b> |

## NEW:

### EFFICIENCY SAVINGS:

|    |   |     |     |    |
|----|---|-----|-----|----|
| 1  | Commissioned Services   | 500 | 500 | 0  |
| 3  | Budget Reserves   | 350 | 350 | 0  |
| 4  | Equipment Depreciation  | 50  | 50  | 0  |
| 5  | Increased patients' services income   | 50  | 50  | 0  |
| 6  | Community Dental Services   | 20  | 20  | 0  |
| 7  | Review of Podiatry Services Budgets   | 20  | 20  | 0  |
| 8  | Helensburgh & Lomond Locality - local initiatives, recurring underspends  | 20  | 20  | 0  |
| 9  | Medical Physics Department - review of supplies budget to make best use of resources based on in year underspend. | 45  | 23  | 22 |
| 10 | Energy Costs for Health Buildings (excluding A&B Hospital & Aros)   | 50  | 40  | 10 |
| 11 | Oban, Lorn & Isles Locality - patients' travel  | 40  | 40  | 0  |
| 12 | Review of Radiography Services Budgets  | 50  | 50  | 0  |
| 13 | Mental Health Bridging Funding  | 0   | 0   | 0  |
| 14 | HEI Budget - reduction on basis that requirement will reduce in line with beds                                    | 0   | 0   | 0  |
| 15 | Mid Argyll Social Work Office   | 10  | 0   | 10 |
| 16 | Admin - travel reduction  | 3   | 3   | 0  |
| 17 | Planning  | 51  | 51  | 0  |

| Ref                | Description   | Detail | 2017-18<br>Budget<br>Reduction<br>£000 | Achieved<br>2017-18 | Remaining    |
|--------------------|---|--------|--|---------------------|--------------|
| 18                 | Review MAKI management structure to ensure best use of resources. |        | 130                                    | 0                   | 130          |
| 19                 | Children and Families - Respite                                   |        | 10                                     | 10                  | 0            |
| 20                 | Children and Families - Carers Payments                           |        | 10                                     | 10                  | 0            |
| 21                 | Children and Families - Children Affected by a Disability         |        | 10                                     | 10                  | 0            |
| 22                 | Adult Services Fees and Charges                                   |        | 50                                     | 50                  | 0            |
| 23                 | Children and Families - Child Trust ISAs                          |        | 10                                     | 10                  | 0            |
| 24                 | Adult Services Charging Order Long Term Debt Adjustment           |        | 25                                     | 25                  | 0            |
| 25                 | Social Work Utility Costs   |        | 33                                     | 33                  | 0            |
| 26                 | Mull Medical Group - reduction in use of GP locums                |        | 50                                     | 0                   | 50           |
|                    |   |        | <b>1,587</b>                           | <b>1,365</b>        | <b>222</b>   |
| <b>GRAND TOTAL</b> |   |        | <b>8,703</b>                           | <b>4,182</b>        | <b>4,521</b> |



**INTEGRATION JOINT BOARD**

**QUALITY AND FINANCE PLAN PROGRESS 2017-18**

| <b>Service re-design</b>  | <b>Shortfall</b> | <b>Reasons for Delay</b>  |
|---|------------------|---|
| Rural Cowal Out of Hours Service  | £0.3m            | <ul style="list-style-type: none"> <li>• Engagement with GPs</li> <li>• Resistance from community</li> </ul>  |
| Re-design of community pathways and community hospital services to shift the balance of care as a result of reduced length of stay, reduced delayed discharges and reduced emergency admissions – Campbeltown, Mid Argyll, Cowal, Bute, Islay | £1.3m            | <ul style="list-style-type: none"> <li>• Bed modelling based on current usage does not allow for significant reduction</li> <li>• Small community hospitals with small number of beds, bed reductions do not necessary release a corresponding saving</li> <li>• Resistance from communities</li> <li>• Delayed discharges due to care home and care at home availability</li> </ul>  |
| Lorn and the Islands Hospital Future Planning   | £0.3m            | <ul style="list-style-type: none"> <li>• Planning Group in place for Rural General Hospital re-design, no service changes identified which would result in reduction in resource</li> <li>• Resistance from community</li> <li>• Unsustainable service delivery model, reliant on locums and supplementary staffing</li> <li>• Delayed discharges due to care home and care at home availability</li> </ul>   |
| Struan Lodge Service Re-design  | £0.2m            | <ul style="list-style-type: none"> <li>• Resistance from community and action group</li> <li>• Political pressure to pause closure of residential service</li> <li>• Currently capacity in the locality would not allow for residents to be moved locally</li> </ul>  |
| Corporate and Support Staff Efficiencies  | £0.3m            | <ul style="list-style-type: none"> <li>• Still very much working with two systems and two approaches to corporate services</li> <li>• Resistance from staff groups and partners to co-location and integration of teams</li> <li>• Call on support services greater given new governance and reporting demands of the IJB</li> <li>• Not all corporate services delegated to IJB so at times can only look at one side of the partnership, inequitable</li> </ul> |
| Catering and Cleaning and other Ancillary Services  | £0.4m            | <ul style="list-style-type: none"> <li>• Delay in recruiting specialist advice and support for the project</li> <li>• Data quality issues, particularly with catering information on the Health side</li> <li>• Two separate approaches to service delivery</li> </ul>  |

|   |       |  |
|---|-------|--|
|   |       | <ul style="list-style-type: none"> <li>• Has the potential to deliver services in an integrated way and deliver significant savings</li> </ul>   |
| Prescribing   | £0.2m | <ul style="list-style-type: none"> <li>• Drug tariff costs and short supply issues</li> <li>• Difficulty in getting engagement from stakeholders</li> <li>• Expenditure delegated to practitioners, requires a change in behaviour</li> <li>• Total target is £0.8m, IJB agreed to remove shortfall from savings target for 2018-19</li> </ul> |
| Learning Disability Services (including sleepovers) | £0.4m | <ul style="list-style-type: none"> <li>• Vulnerable client groups, resistance from service users and their carers</li> <li>• Cost of sleepovers increased significantly</li> <li>• New service demand offsetting benefit of reduction</li> </ul>   |



## **ARGYLL AND BUTE INTEGRATION JOINT BOARD (THE “IJB”)**

### **WRITTEN DIRECTIONS TO ARGYLL AND BUTE COUNCIL**

This Direction is issued under sections 26 and 27 of the Public Bodies (Joint Working) (Scotland) Act 2014

This Direction will be for the period from 1 April 2017.

#### **1. FUNCTIONS AND SERVICES TO BE DELIVERED BY ARGYLL AND BUTE COUNCIL**

Argyll and Bute Council will carry out the functions specified in Annex 1a of Directions dated 28 September 2016.

Argyll and Bute Council will deliver the services to which those functions relate. These services are specified in Annex 1b of Directions dated 28 September 2016.

#### **2. DELIVERY OF FUNCTIONS AND SERVICES**

Argyll and Bute Council will carry out the functions and deliver the services in a way which complies with all legal and regulatory requirements and having regard to:-

- (a) the Integration Delivery Principles,
- (b) the National Health and Wellbeing Outcomes,
- (c) the Integration Scheme; and
- (d) the Argyll and Bute HSCP Strategic Plan 2016/17 to 2018/19

#### **3. FINANCE**

The payment that will be made to Argyll and Bute Council for the period 1 April 2017 to 31 March 2018 will be £68,995,035. This is in respect of the following:

|                                     |              |
|-------------------------------------|--------------|
| Argyll and Bute Council Requisition | £ 57,579,035 |
| Funding Transfer from NHS Highland  | £ 11,416,000 |

The funding transfer from NHS Highland is in respect of the following:

|                          |            |
|--------------------------|------------|
| Integration Fund 2016-17 | £4,649,000 |
| Integration Fund 2017-18 | £1,950,000 |
| Resource Transfer        | £4,897,000 |
| ICAT Team                | (£80,000)  |

The Argyll and Bute Council requisition includes £1,154,907 of additional funding from Argyll and Bute Council to fund the in-year overspend for delegated services, in line with the Integration Scheme this amount will be deducted from future year payments to the IJB. The amount in relation to the Integration Fund is to be transferred from NHS Highland during the 2017-18 financial year.

This payment was approved by the Integration Joint Board on 30 May 2018.



## **ARGYLL AND BUTE INTEGRATION JOINT BOARD (THE “IJB”)**

### **WRITTEN DIRECTIONS TO NHS HIGHLAND**

This Direction is issued under sections 26 and 27 of the Public Bodies (Joint Working) (Scotland) Act 2014

This Direction will be for the period from 1 April 2017.

#### **1. FUNCTIONS AND SERVICES TO BE DELIVERED BY ARGYLL AND BUTE COUNCIL**

NHS Highland will carry out the functions specified in Annex 1a of Directions dated 28 September 2016.

NHS Highland will deliver the services to which those functions relate. These services are specified in Annex 1b of Directions dated 28 September 2016.

#### **2. DELIVERY OF FUNCTIONS AND SERVICES**

NHS Highland will carry out the functions and deliver the services in a way which complies with all legal and regulatory requirements and having regard to:-

- (a) the Integration Delivery Principles,
- (b) the National Health and Wellbeing Outcomes,
- (c) the Integration Scheme; and
- (d) the Argyll and Bute HSCP Strategic Plan 2016/17 to 2018/19

#### **3. FINANCE**

The payment that will be made to NHS Highland for the period 1 April 2017 to 31 March 2018 will be £196,072,407. This is in respect of the following:

|  |               |
|--|---------------|
| NHS Highland Requisition                         | £ 207,488,407 |
| Less Funding Transfer to Argyll and Bute Council | £ 11,416,000  |

The funding transfer to Argyll and Bute Council is in respect of the following:

|                          |            |
|--------------------------|------------|
| Integration Fund 2016-17 | £4,649,000 |
| Integration Fund 2017-18 | £1,950,000 |
| Resource Transfer        | £4,897,000 |
| ICAT Team                | (£80,000)  |

The NHS Highland requisition includes £1,373,200 of additional funding from NHS Highland to fund the in-year overspend in delegated services, in line with the Integration Scheme this amount will be deducted from future year payments to the IJB. NHS Highland are to retain the current reserves balance of the IJB for use during 2018-19. The amount in relation to the Integration Fund is to be transferred to Argyll and Bute Council during the 2017-18 financial year.

This payment was approved by the Integration Joint Board on 30 May 2018.



# Argyll & Bute Health & Social Care Partnership

## Integration Joint Board

Agenda item: 5.7 (b)

Date of Meeting : 30 May 2018

Title of Report : Budget 2018-19

Presented by : Caroline Whyte, Chief Financial Officer

### The Integration Joint Board is asked to :

- **Note** the updated financial position for 2018-19, which reflects the outcome of the decisions taken at the IJB meeting on 28 March 2018
- **Note** the overall updated remaining budget gap for 2018-19 of £1.6m and the intention to address this through financial recovery plans, this will be monitored closely throughout the year by SMT, the Q&F Programme Board and the IJB
- **Note** the refreshed approach to the transformational change programme and the focus on planning and delivery of the £10.6m of savings already on the Q&F Plan
- **Note** 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.
- **Approve** the delegation to the Chief Officer to issue Directions to Argyll and 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

## 1. EXECUTIVE SUMMARY

- 1.1 The IJB was presented with the budget for 2018-19 at the meeting on 28 March, at that time there was a requirement to deliver an additional £5.3m of savings to agree a balanced budget. The IJB was presented with a number of service changes assessed as being in line with the Strategic Plan, these were recommended for approval by the IJB. In addition, to allow the IJB to set a balanced budget, a number of service changes assessed as not being in line with the Strategic Plan objectives and outcomes were presented for consideration. The IJB was required to consider the prioritisation of maintaining quality of care, meeting performance targets and expectations and delivering financial balance. At that meeting the Board did not prioritise financial balance over the quality and performance of services.
- 1.2 A motion was agreed at the IJB meeting which accepted a number of service change proposals, but not all proposals were approved. Noting that there was then a remaining budget gap of £2.4m for 2018-19 the motion stated the following:

- Requests officers to develop alternative savings proposals to be brought back to the IJB in May 2018 as part of a follow up report which will be presented at that IJB meeting; and
- Requests support from the Council, Health Board and Scottish Government for the delivery of the Strategic Plan and changes required to achieve our shared outcomes.

1.3 This report provides an update to the 2018-19 financial position and includes the following:

- Notes the remaining budget gap of £1.6m for 2018-19 and that further service change proposals have not been brought forward for approval, on the basis that it would be difficult to identify further service changes in the timescale which would be acceptable to the Board, efforts instead will be focussed on financial recovery and this approach is outlined in the report;
- Outlines the approach to delivery of savings totalling £10.6m from approved service changes contained within the Quality and Finance Plan, and notes the focus on delivery of these service changes, as the service and financial risk of non-delivery is far greater than the overall remaining budget gap; and
- An approach and timescale for developing the budget and service changes required to be implemented for the next Strategic Planning period, i.e. 2019-20 to 2021-22.

1.4 There is a significant financial risk to the IJB and the Council and Health Board partners as a result of the shortfall in identified savings, however there is an even greater financial risk around the delivery of the approved Quality and Finance plan given the scale and pace at which services require to change to deliver the required savings.

1.5 There is a significant financial risk associated with the 2018-19 budget, the remaining budget gap and the scale of savings planned to be delivered in the timescale required results in a high level of risk in delivering financial balance for the partnership. It is recommended that the offers of delegated funding are not accepted at this stage pending a response to the request by the Council for additional resources for the HSCP, and therefore further clarity on the adequacy of resources.

## **2. INTRODUCTION**

2.1 The IJB did not set a balanced budget at the meeting on 28 March 2018, a motion was passed which stated the following:

- Requests officers to develop alternative savings proposals to be brought back to the IJB in May 2018 as part of a follow up report which will be presented at that IJB meeting; and
- Requests support from the Council, Health Board and Scottish Government for the delivery of the Strategic Plan and changes required to achieve our shared outcomes.

2.2 This follow up report provides an update to the budget position for 2018-19 and provides an update to the Board on the progress with developing plans to achieve financial balance.

### 3. DETAIL OF REPORT

#### 3.1 UPDATED FINANCIAL POSITION 2018-19

3.1.1 The financial position following the IJB meeting on 28 March 2018 is noted below:

|                                   | <b>2018-19<br/>£m</b> |
|-----------------------------------|-----------------------|
| Baseline Budget                   | 259.554               |
| Cost and Demand Pressures         | 3.543                 |
| Inflation                         | 5.161                 |
| Total Expenditure                 | 268.258               |
| Total Funding                     | (263.078)             |
| <b>2018-19 In-Year Budget Gap</b> | <b>5.180</b>          |
| Projected Outturn 2017-18         | 1.376                 |
| Quality and Finance Plan 2017-19  | (1.211)               |
| <b>Remaining Budget Gap</b>       | <b>5.345</b>          |
| Savings Approved IJB 28-03-18     | (2.951)               |
| <b>Remaining Budget Gap</b>       | <b>2.394</b>          |

3.1.2 The table above notes that the remaining budget gap for 2018-19 following the March IJB meeting was £2.4m. The IJB did not decide to implement service changes which may have impacted negatively on quality and performance standards and instead noted that further work would be required to balance budget for 2018-19.

3.1.3 There are significant cost and demand pressures due to the nature of services delivered and the level of these pressures far outstrips the change in funding, this is essentially the reason for the budget gap. This is likely to be a continuing trend in future years with an ongoing requirement to address a budget gap. The changes required to service delivery are significant and the transformational change can only be delivered if services have the appropriate time to plan and implement savings.

3.1.4 There is a separate detailed budget monitoring report for the 2017-18 financial year which is also presented to the Board. During the 2017-18 financial year there was a projected overspend for the Integrated Budget and the position at January was an estimated year-end overspend of £2.628m. The Scheme of Integration states the below:

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

- 3.1.5 The final year-end outturn for 2017-18 is an overspend of £2.528m. The Integration Scheme does not stipulate the timing of repayment of any overspend. Both partners, the Health Board and Council have been asked to support a longer term repayment arrangement for the overspend.
- 3.1.6 NHS Highland have confirmed support for delay of repayment in line with the terms of the brokerage they have requested from the Scottish Government, and for planning purposes the IJB should assume repayment in full in 2021-22. Argyll and Bute Council have not yet confirmed the repayment arrangements, a report is being presented to the Council's Policy and Resources Committee on 24 May, in this several options are presented for consideration with a recommendation that repayment is phased with £0.100m in 2018-19, £0.300m in 2019-20 and the remaining balance in 2020-21.
- 3.1.7 The remaining budget gap has been updated below to reflect the actual year-end overspend at the 2017-18 financial year-end and the agreed or recommended repayment arrangements:

|  | <b>TOTAL<br/>£m</b> | <b>Health<br/>£m</b> | <b>Council<br/>£m</b> |
|--|---------------------|----------------------|-----------------------|
| Remaining Budget Gap                           | 2.394               | (0.380)              | 2.774                 |
| Previous Forecast Overspend repayment          | (0.876)             | (0.333)              | (0.543)               |
| <b>Budget Gap/(Surplus) – before repayment</b> | <b>1.518</b>        | <b>(0.713)</b>       | <b>2.231</b>          |
| Revised Repayment of 2017-18 Overspend         | 0.100               | 0                    | 0.100                 |
| <b>Updated Remaining Budget Gap</b>            | <b>1.618</b>        | <b>(0.713)</b>       | <b>2.331</b>          |

- 3.1.8 If Argyll and Bute Council approve the recommended repayment arrangement, the estimated remaining budget gap for 2018-19 is £1.6m.
- 3.1.9 It should be noted that the position in the table above is the planned position based on assumptions around funding, cost and demand pressures, inflationary increases and the approved savings being delivered in full. The remaining gap and risk is estimated to be £1.6m, but there remains a degree of uncertainty with this position as there are a number of financial assumptions within this.
- 3.1.10 In line with previous years any resource transfer in line with risk sharing arrangements between partners will be reviewed and based on the actual outturn position at the financial year-end. The Council's S95 officer does not agree with this approach and would prefer a transfer of funding at the start of the financial year. However this would be inconsistent with the approach taken in the two previous years of integration and may not be in the best interests of the HSCP.



## **3.2 MANAGING THE FINANCIAL POSITION**

3.2.1 There are a number of individual areas of focus to address the financial position in the short to medium term, these include:

- 1) Plans to address the remaining budget gap (estimated £1.6m)
- 2) Delivery of the Quality and Finance Plan (approved savings £10.6m)
- 3) Planning for the Budget 2019-20 to 2021-22

## **3.3 PLANS TO ADDRESS THE REMAINING BUDGET GAP**

3.3.1 As noted above the budget gap following the IJB meeting in March was £2.4m. The IJB did not take decisions in March 2018 to allow a balanced budget to be set and instead agreed a motion which:

- *“Requests officers to develop alternative savings proposals to be brought back to the IJB in May 2018 as part of a follow up report which will be presented at that IJB meeting; and*
- *Requests support from the Council, Health Board and Scottish Government for the delivery of the Strategic Plan and changes required to achieve our shared outcomes”.*

3.3.2 The estimated remaining budget gap has been reduced to £1.6m as a result of partners, NHS Highland and Argyll and Bute Council agreeing to delays with repayment of the brokerage or additional funding provided to the IJB in 2017-18 to offset the year-end overspend (Argyll and Bute Council approval pending). This reflects the outcome of a negotiation by HSCP officers with partner bodies to recognise the financial position of the IJB and the ability of the IJB to afford repayment in light of the financial challenges in 2018-19. This additional support from the partner bodies has allowed the remaining budget gap to be reduced.

3.3.3 The HSCP management team considered the request to develop further savings proposals to bring forward to the IJB for approval and have not brought forward any further recurring savings proposals for consideration by the IJB, this is for a number of reasons:

- A realistic approach has been taken to what services have confidence in being deliverable;
- It would not be possible to identify service changes in the timescale which would be in line with the strategic objectives and priorities of the IJB, and the IJB has already given clear direction to management that the Board are not willing to accept service changes not in line with delivery of the Strategic Plan;
- The reputational damage and confidence in the IJB by stakeholders if further savings proposals were presented for consideration which had not been subject to consultation and engagement processes;
- The greatest risk lies with the delivery of the approved Quality and Finance Plan and the service changes therein and efforts require to be focussed on the delivery of those savings and service changes;
- The remaining budget gap has reduced.

- 3.3.4 The remaining budget gap poses a significant financial risk for the partner bodies, as any overspend is required to be funded by additional payments from the partners in the short term. It is clear from the table at 3.16 that in line with the current risk sharing arrangements, as set out in the Integration Scheme, that Argyll and Bute Council would be liable for the risk associated with the remaining financial gap.
- 3.3.5 A motion was approved by Argyll and Bute Council at their meeting on 26 April 2018 which noted the challenges facing the IJB and agreed that the Council Leader should write to the Cabinet Secretary for Health and Sport to reassess the funding for the HSCP, a copy of the budget motion is included as Appendix 1. The IJB are not directly funded from the Scottish Government and consequently this request is an approach to the Scottish Government from the Council for additional funding.
- 3.3.6 There remains a budget gap and the scale of agreed savings planned to be delivered in the timescale required results in a high level of risk in delivering financial balance for the partnership. For this reason it is recommended that the funding offers are not formally accepted at this stage as it is not clear if the level of funding is adequate to deliver on the delegated services. Argyll and Bute Council have also agreed to approach the Scottish Government for additional resource for the HSCP. An update to this position will be provided at the next IJB meeting.
- 3.3.7 In terms of planning for financial balance in 2018-19, no further recurring savings proposals are presented for approval and instead an approach to managing financial recovery in-year is recommended. This includes a number of actions:

#### ***Financial Recovery Plan***

- 3.3.8 A financial recovery plan was in place during 2017-18 and this assisted with reducing the in-year overspend from £5m to £2.5m. The recovery plan was implemented from August 2017 and the full benefit of the plan was not fully recognised in the year-end outturn due to the timescale of implementation and in-year pressures and demand for services which partly offset the benefits.
- 3.3.9 For 2018-19 the Financial Recovery Plan has been revised and is included in Appendix 2 for information. The updated plan includes three main themes:
- Reviewing expenditure;
  - controls and authorisation escalation; and
  - workforce costs.

The plan also includes an assurance process and the Strategic Management Team and Quality and Finance Plan Programme Board will have oversight that the plan is being taken forward to ensure it has the impact required. The potential impact in financial terms cannot be estimated at this stage but progress with reducing costs in the targeted areas will be closely monitored.

### ***Budget Challenge Process***

- 3.3.10 As part of the financial recovery plan an action is included to carry out a budget challenge process. This process supported by the Health and Council finance teams will involve a forensic review of budgets and commitments. The aim is to ensure all existing budget allocations are being fully utilised in line with service objectives and to identify uncommitted budget which can be removed. This process will also identify areas of overspend and formalise a process with budget managers to re-align spending plans to the available budget. One of the contributing factors to not achieving financial balance during 2017-18 was ongoing service pressures, the budget challenge process will include reviewing areas of overspend and will require budget managers to clearly articulate the implications of delivering services within the delegated budget.
- 3.3.11 The budget challenge process will be completed by the end of June and the progress and outcome will be reported to the SMT and Quality and Finance Programme Board. The overall impact on the 2018-19 budget will be reported to the IJB as part of the routine budget monitoring report.

### ***Monitoring of Costs***

- 3.3.12 The Council and Health finance teams are developing a framework to report on a regular basis to the SMT and Quality and Finance Plan Programme Board on areas of high cost to ensure appropriate oversight is given to the trajectory of expenditure to allow corrective action to be taken. Potential areas of focus include for example, agency and locum costs, social care costs in different settings, high cost client packages and prescribing. It is expected that this information will be consolidated and available for scrutiny from August onwards and thereafter will be provided on an ongoing basis to provide a greater understanding of the demands on services and the impact of the financial recovery plan and other actions to reduce expenditure in high cost areas.

### ***Financial Risk***

- 3.3.13 It has not been possible to bring forward further service changes which are in line with the delivery of the Strategic Plan and would be deliverable in 2018-19. The remaining budget gap will require to be managed through the actions outlined above. The financial position and demand for services changes through the financial year, the opportunities for further savings may be a combination of both recurring and non-recurring savings, where there are any implications for service delivery these will be brought back to the IJB for approval.
- 3.3.14 The remaining budget gap represents 0.6% of the overall Integrated Budget, whilst this may not appear to be a significant gap, this position sits alongside the requirement to deliver £10.6m of savings which have been previously approved by the IJB, some of which are high risk in terms of deliverability. There will be an element of ongoing efficiencies and slippage in spend for services and projects, however as was experienced in 2017-18 new service demands and pressures may offset these financial benefits. The financial position for 2018-19 will be closely monitored and an update will continue to be presented at each IJB meeting.

### **3.4 DELIVERY OF THE QUALITY AND FINANCE PLAN 2018-19**

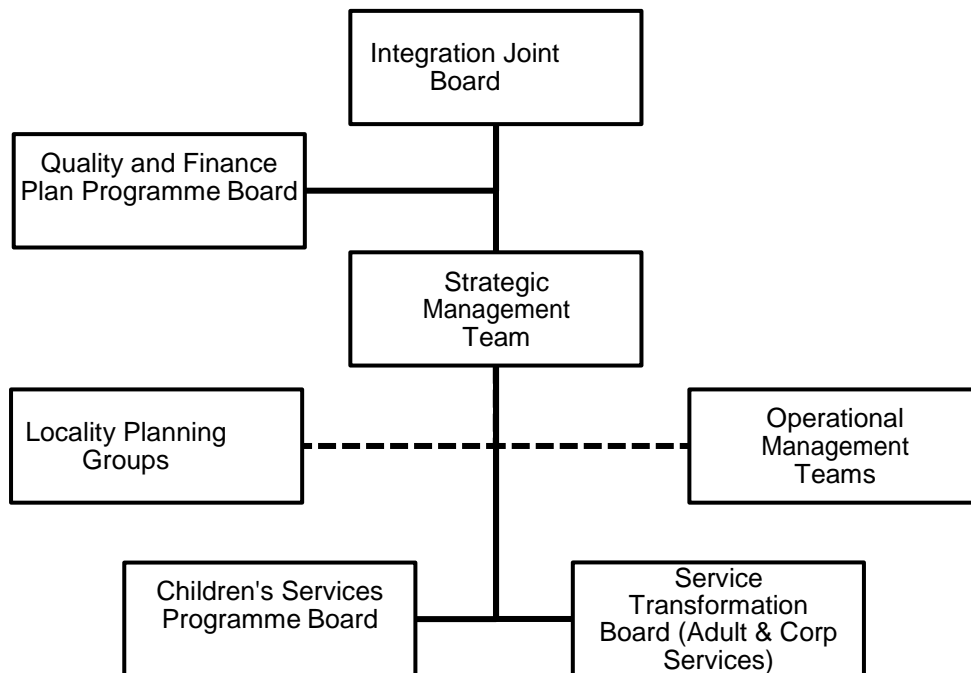
- 3.4.1 There are significant savings and service redesigns which are required as part of the Quality and Finance Plan and the delivery of the plan should remain the focus as this will have the greatest impact on the delivery of financial balance and on the ongoing sustainability of services.
- 3.4.2 There is an updated overall savings requirement of £12.2m for 2018-19, there are £10.6m of savings which have been approved which are included in the updated Quality and Finance Plan for 2018-19. The Quality and Finance Plan has been updated following the March IJB meeting and is available on the HSCP website.
- 3.4.3 The successful delivery of the Quality and Finance Plan will require a number of things to be in place:
- Governance - to provide strategic direction and support
  - Monitoring - consistent project management approach
  - Investment - targeted investment plan to lever change
  - Project Management support – capacity to drive actions forward
  - Communications and Engagement Plan
  - Management support - appropriate management structure

#### ***Governance***

- 3.4.4 The areas of focus for the approved Quality and Finance Plan for 2018-19 are illustrated in Appendix 3. During 2017-18 the governance for service changes was provided by the Quality and Finance Plan Programme Board, the Strategic Management Team and the Children's Services Programme Board. There have been significant delays with delivery of a number of service changes for Adult and Corporate Services and for that reason a Service Transformation Board has been established.
- 3.4.5 Governance arrangements are key to ensure services changes in Quality and Finance Plan are co-ordinated and executed to ensure savings are delivered as planned. Transformation and project boards will provide strategic direction, authorisation, accountability and support for delivery, monitor progress and resolve any issues that may compromise delivery of objectives and agreed benefits.
- 3.4.6 The Terms of Reference for the Service Transformation Board is included as Appendix 4. The main aims of the Service Transformation Board are 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;
  - consider and make recommendations on business cases, proposals and cases for change, as 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.

3.4.7 The Service Transformation Board is in addition to the existing governance arrangements which will remain in place. This additional oversight will also allow the Quality and Finance Plan Programme Board to not only have an overview of the service redesigns but also a focus on financial recovery and the development of savings plans for 2019-20 onwards. The programme of meetings for the Quality and Finance Programme Board for 2018 is included as Appendix 5.

3.4.8 The revised overall Governance Structure is illustrated below:



### **Monitoring**

3.4.9 A consistent project management and monitoring process is in place to enable progress on the delivery of the plan to be monitored both in operational and financial terms, this ensures there is an agreed process for recording progress with projects including risks and timelines being clearly identified and monitored this allows any deviations from plans or risks of non-delivery to be identified at the earliest opportunity. The financial progress is updated on a regular basis through the financial monitoring report and exception reports will be submitted to the IJB in line with the agreed safeguarding principles.

3.4.10 The Service Redesign and Project Management approach for the IJB was subject to review as part of the 2017-18 Internal Audit Plan, the report and recommendations were considered by the Audit Committee in March 2018. The main findings noted by Internal Audit were that there is assurance that the IJB's procedures reflect good practice in a number of areas:

- A number of staff have recently undertaken PRINCE2 Foundation project management training.
- There is an organisational-wide approach to project management which is similar to that already used by Argyll and Bute Council, increasing efficiency through the integration and consistency of working via established systems.

- Staff we encountered as part of this review are keen to engage with and get the most from the new project management approach.
- We have noted the intent of IJB Senior Managers to address training and engagement with new and existing colleagues.
- All projects reviewed had a designated project manager and sponsor. This is in line with IJB project management methodology and reflected in roles and responsibilities.
- The project risk assessment process is understood by staff and aligns with the IJB's approach to risk.
- Service re-design is starting to deliver savings, as identified in the Quality and Finance Plan update (Budget Monitoring - October 2017).
- In addition to the benefits above, there are some positive outcomes projected from re-design projects e.g. improvements to community-focused care in Mid Argyll.

Identified areas for improvement and recommendations to strengthen the control framework include:

- Improving the understanding of project management and the IJB approach through training, guidance and support.
- Evaluating best practice project management tools.
- Recommended changes to project management documentation to provide for example clarity around impact on performance measures and examples of well written project updates to be included in the guidance.

3.4.11 The project management guidance and approach is being updated and will continue to be used as the consistent approach for recording progress with service redesigns.

### **Investment Plan**

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

3.4.13 The plan has been refreshed for 2018-19, a total investment fund of £1.5m has been identified to invest in leveraging the change and the delivery of the changes in the Quality and Finance Plan. This is in addition to the central and locality allocations of the Integrated Care Fund. The IJB has an ambitious Strategic Plan which will require the transformation of health and social care services across Argyll and Bute to deliver on a number of national and local outcomes and service improvements, all at the same time as the requirement to deliver significant financial savings. It is crucial that this fund is protected to support the delivery of the service re-designs. Progress with the investment plan will be monitored by SMT and the Quality and Finance Programme Board to ensure the resource continues to be targeted in the most effective way.

- 3.4.14 A number of posts aligned to the investment plan have now been filled, most notably the project management support has been secured. This should have a significant impact on the delivery of savings as dedicated project management capacity will support services to co-ordinate and deliver service changes and savings.

#### ***Other Actions***

- 3.4.15 A separate report detailing a Communications and Engagement Framework is presented to the IJB for consideration. This outlines a fresh approach to communicating with communities, service users, staff, the media, partner bodies and other stakeholders. The IJB are acutely aware that more effective communication and engagement is required to ensure stakeholders understand and are supportive of the case for change.
- 3.4.16 A further report outlining proposed changes to the HSCP management structure is also presented to the IJB, this includes a review of the structure post integration. To meet some of the challenges, including delivering on service change a number of changes to the management structure are proposed. This is to ensure the appropriate collective leadership and support is in place to deliver on the transformational service change whilst also managing challenges and pressures faced across services.

#### ***Support from Partners***

- 3.4.17 The motion agreed at the IJB meeting in March included a direction to request support from the Council, Health Board and Scottish Government for the delivery of the Strategic Plan and changes required to achieve shared outcomes.
- 3.4.18 A draft IJB Improvement Plan has been developed which 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 draft plan has been developed to inform discussion from the IJB at the development session on 30 May 2018, where Board members will have the opportunity to consider and amend the plan prior to it coming back to the IJB for approval in August.
- 3.4.19 Together with specific internally focussed actions, the draft 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 delivered. The draft plan also begins to capture the offer of support from the Integration Team of the Scottish Government, which was initially explored during their visit to Argyll and Bute in April 2018.

### 3.5 BUDGET 2019-20 TO 2021-22

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

|                                | <b>2019-20</b><br><b>£m</b> | <b>2020-21</b><br><b>£m</b> | <b>2021-22</b><br><b>£m</b> |
|--------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 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)                     |
| <b>Estimated Budget Gap</b>    | <b>7.9</b>                  | <b>7.6</b>                  | <b>7.5</b>                  |
| Repayment of 2017-18 Overspend | 0.1                         | 0.3                         | 0.8                         |
| <b>Updated Budget Gap</b>      | <b>8.0</b>                  | <b>7.9</b>                  | <b>8.3</b>                  |
| <b>Cumulative Budget Gap</b>   | <b>8.0</b>                  | <b>15.9</b>                 | <b>24.2</b>                 |

3.5.2 For 2019-20 to 2021-22 this is a very high level estimate based on estimated funding available from partners and the level of cost and demand pressures in future years. 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.

3.5.3 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.

3.5.4 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.

3.5.5 A draft timetable has been developed for the development of the budget for 2019-20 to 2021-22 and this is included in Appendix 6. 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.

3.5.6 The IJB will be kept informed on progress with developing the budget and the Quality and Finance Plan Programme Board will also receive regular updates on progress with plans.

### **3.6 DIRECTIONS**

3.6.1 The IJB are required to issue formal Directions to delegate resources back to the Council and Health Board for 2018-19, these will require to be caveated around the requirement to take forward further actions to balance the budget for 2018-19. The IJB is asked to delegate the authority to issue these Directions to the Chief Officer. Any Directions issued will be in line with the position reported to and agreed by the IJB.

## **4. CONTRIBUTION TO STRATEGIC PRIORITIES**

4.1 The Integration Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure the financial decisions are in line with priorities and promote quality service delivery. The Quality and Finance Plan 2018-19 has been developed in line with delivering the strategic objectives. This report provides an update on the financial position and targeted actions to facilitate the delivery of the Plan.

## **5. GOVERNANCE IMPLICATIONS**

### **5.1 Financial Impact**

5.1.1 The service changes in the updated Quality and Finance Plan for 2018-19 were approved by the IJB on 28 March 2018. There remains an estimated shortfall in savings identified with a remaining budget gap of £1.6m in 2018-19. There are significant financial risks as a result of the unidentified savings and also around the delivery of the Quality and Finance Plan in light of the scale and pace of change required. This report outlines the approach to achieve financial balance and the actions being taken forward to ensure the service changes in the Plan can be delivered during 2018-19. The financial position of the IJB is very challenging and this will require to be closely monitored during the financial year.

### **5.2 Staff Governance**

The appropriate HR processes will require to be followed where staff are impacted by 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**

None, 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. A refreshed approach to overall Communications and Engagement aligned with the next iteration of the Strategic Plan is referenced and included in a separate report to the IJB.

## **9. CONCLUSIONS**

- 9.1 The IJB approved the Quality and Finance Plan for 2018-19 in March, at that point there remained 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 is in recognition that there are a number of recurring cost pressures which require to be addressed and also that the greater financial risk remains with the delivery of the savings included in the previously approved Quality and Finance Plan.
- 9.2 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 and reduction may potentially offset the savings shortfall.
- 9.3 The governance arrangements for the development and delivery of service changes have been outlined. The delivery of the approved savings requires to be the main focus, as it is clear that if there continue to be delays with delivery of service changes that are planned to deliver £10.6m of savings during 2018-19, then financial balance will be unlikely to be achieved.
- 9.3 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.

## **APPENDICES:**

- Appendix 1 – Motion from Argyll and Bute Council Meeting 26 April 2018
- Appendix 2 – Financial Recovery Plan 2018-19
- Appendix 3 – Q&F Plan Areas of Focus
- Appendix 4 – Service Transformation Board Terms of Reference
- Appendix 5 – Q&F Programme Board Programme of Meetings
- Appendix 6 – Draft Budget Timetable 2019-20 to 2021-22

## ARGYLL AND BUTE COUNCIL

MEETING 26 APRIL 2018

### MOTION

The Council:

1. Notes the Budget decisions made at March meeting of Argyll & Bute Health and Social Care Partnership's Integrated Joint Board meeting, which result in a need for further savings in excess of £2million to be identified
2. Notes that the 2017/18 overspend by the H&SCP, as reported in January, amounts to £2.9million with loan support now required from both the Council and NHS Highland. This is in the context of a national reported overspend of circa £67million with 23 partnerships across Scotland forecasting an overspend
3. Acknowledges the support and protection given by the Council to social work services - while the budget for social work services has increased overall by 1.08% since 2014/15, there has been a 4.27% overall reduction in the budget for all other council services
4. Notes that Argyll & Bute H&SCP faces significant challenges, including:
  - a. a shrinking and aging population which increases demand while creating difficulties in the recruitment and retention of staff;
  - b. delivery across a huge geographic area, including 23 inhabited islands;
  - c. a substantial proportion of their budget that is outwith their direct control (such as GP contracts, and recharges from other health boards);
  - d. maintaining core local hospital, acute and GP out of hours services delivered in multiple rural hospitals with unique recruitment challenges and cost burdens
5. Agrees that the Council Leader should write to the Cabinet Secretary for Health and Sport:
  - a. regarding the impact of current finances on the delivery of local services
  - b. highlighting the unique position the challenges detailed above create for the H&SCP
  - c. recognising that the budget pressures being faced by the H&SCP **right now** are preventing the timescales needed for community-driven transformation, and welcoming the commitment from the Cabinet Secretary to provide support for the H&SCP
  - d. acknowledging that the Council and NHS Highland currently face their own financial pressures and are not in a position to provide additional funding, and asking the Scottish Government to consider reassessing the funding levels provided for Health and Social Care in Argyll & Bute, alongside support for transformation.

Proposed: Cllr Aileen Morton

Seconded: Cllr Kieron Green



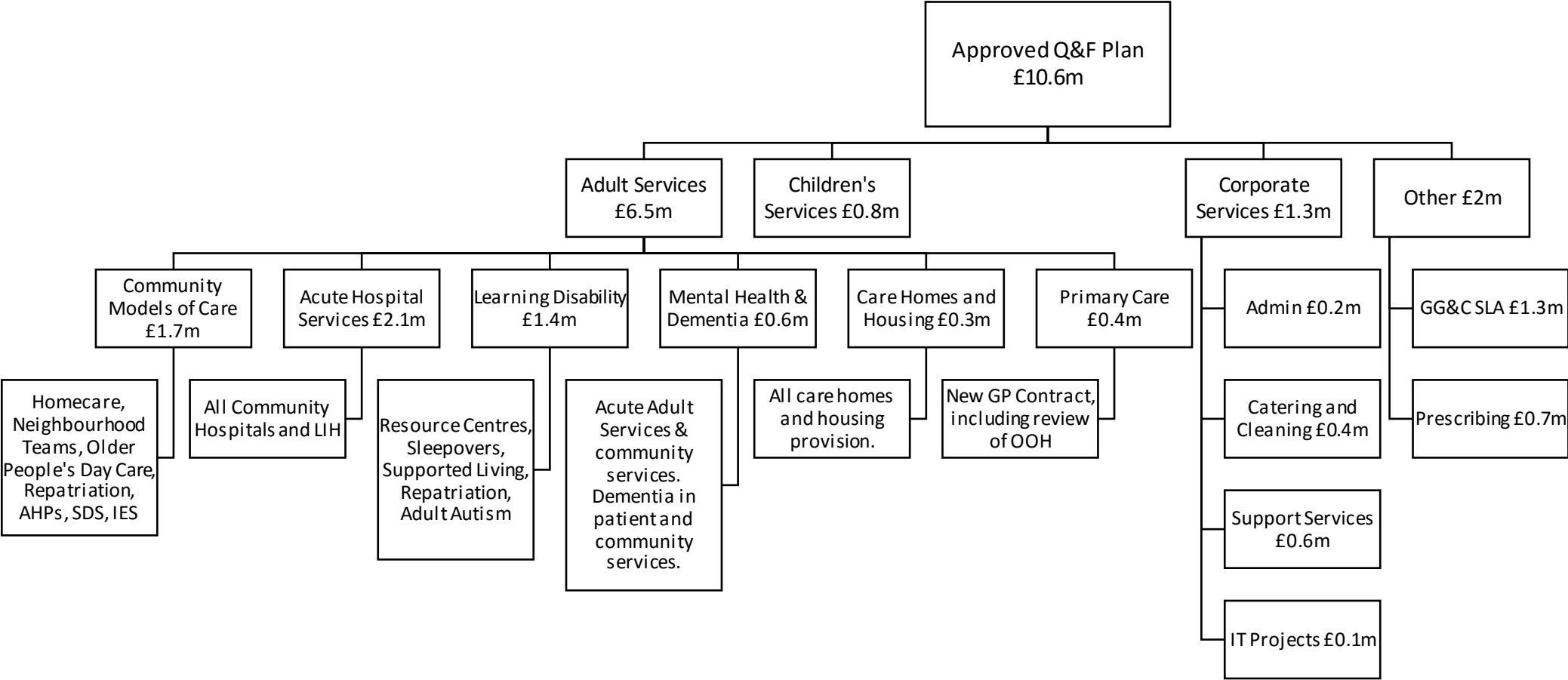
## FINANCIAL RECOVERY PLAN 2018-19

| Proposal                              | Action (s) Required                                | Service Implications   | Responsible Officer  | Timescale                               | Assurance   |  |
|---------------------------------------|--|--|--|---|---|--|
| <b>1. REVIEW EXPENDITURE:</b>         |  |  |  |   |   |  |
| A                                     | Improved Housekeeping                              | Communication issued to all budget managers to ensure efficient approach to daily working, including avoiding unnecessary journeys, switching off lights, efficient use of resources. This will include a review of stocks and stores.   | Cultural acceptance of using VC and other means to carry out meetings and an overall more efficient use of resources.  | Chief Officer                           | Ongoing from May 2018   | Formal communication issued to budget managers, ongoing monitoring of budgets.   |
| B                                     | Budget Challenge Process                           | Supported by finance, liaise with budget managers to review budgets and current commitments with a view to identifying any uncommitted discretionary expenditure budgets, potential budget will be removed. In addition to focus on areas of overspend and identify opportunities to bring expenditure back into line with budget.                         | Reduced flexibility for services to re-divert discretionary budgets to fund service pressures, delays in taking forward any pro-active service developments or initiatives. Positive impact in assisting budget managers to formally assess their budgets, commitments and plans for 2018-19.  | Chief Financial Officer                 | May to July 2018  | Outline of process agreed and timeline agreed with SMT. Report to SMT to assess impact of process and potential savings. |
| C                                     | Review Care at Home Packages                       | Review care at home packages in areas where the provision is disproportionately higher than in other areas, particularly in the West of Argyll. Assessment and review with an expectation that packages can be reduced.  | Additional assessment work required by local teams, may be some resistance from services users to a reduction in service provided. Would however ensure equality of provision across Argyll and Bute and provide a solution to capacity issues in some localities.   | Head of Adult Care                      | Formalise from June 2018  | Assurance plan to SMT by June 2018.  |
| D                                     | Review High Cost Care Packages                     | Review of all high cost care packages with a view to reducing, support for front line practitioners to review on the basis of equality of service and value for money.   | Resistance from services users and their families and also front line practitioners to reducing care packages already in place. Any change to services would be based on appropriate assessment and review.  | Head of Adult Care                      | Formalise from June 2018  | Assurance plan to SMT by June 2018.  |
| <b>2. CONTROLS AND AUTHORISATION:</b> |  |  |  |   |   |  |
| E                                     | Escalate authorisation processes                   | Review and agree appropriate authorisation levels for vacancy approval, overtime, locum and agency staff and where appropriate escalating these to Head of Service or professional lead level to ensure appropriate scrutiny of spend and consistency.   | Potential delays in recruitment and additional staff resource could lead to service delays and managing expectations of service users.   | Heads of Service and Lead Professionals | Immediate, already in place in some areas, for example Lead AHP, Lead Nurse | Assurance plan to SMT by June 2018.  |
| F                                     | Argyll and Bute Wide Adult Services Resource Group | Establish ASRG to approve all new adult social care packages over an agreed value. Governance group would ensure rigorous compliance with eligibility criteria and a consistency of approach across localities. The decision making would be restricted to a key group of senior managers and no packages would be agreed without the ASRG group approval. | Will ensure a consistency of approach across localities. Will also improve the timeliness of financial and case data which will support the accuracy of financial projections. Finance will support services to ensure value for money principles are followed and the financial implications of decision making are fully understood. | Head of Adult Care                      | Formalise from June 2018  | Assurance plan to SMT by June 2018.  |
| G                                     | NHS Policy - Medical Staff Locum Recruitment       | Compliance with NHS Highland approach to ensure medical locum staff can be obtained at a competitive hourly rate.  | There could be short term disruption to services, services will be required to develop contingency plans.  | Associate Medical Director              | Immediate   | Already in place   |
| H                                     | Moratorium on new service developments             | Any proposed new service developments not already included as part of the budget or Quality and Finance Plan will not be approved during 2018-19, with the exception of any business cases which can evidence no net impact on costs.  | May delay services in progressing positive service developments, service users may require to wait for new services.   | SMT                                     | Immediate   | SMT oversight of new developments.   |

## FINANCIAL RECOVERY PLAN 2018-19

| Proposal             | Action (s) Required                            | Service Implications   | Responsible Officer  | Timescale                 | Assurance                    |  |
|----------------------|--|--|--|---------------------------|------------------------------|--|
| <b>3. WORKFORCE:</b> |  |  |  |                           |                              |  |
| I                    | Workforce Monitoring                           | Ongoing application of consistent approach to workforce monitoring, including a review of participants and staffside/partnership input, will assist with workforce planning.   | Clearer overview of overall HSCP position in terms of recruitment, clearer formalised process.   | Head of People and Change | Immediate                    | Agreed workforce monitoring process in place, continually under review to ensure ongoing effectiveness.                    |
| J                    | Vacancy Management                             | Review current staffing establishment and closely scrutinise vacancies. Classify posts in terms of risk to service provision and apply an appropriate delay to filling positions. Escalate the approval for vacancies to be filled to Head of Service level.       | Delays in recruiting to positions may have impact on the timely provision of services and may also impact on other staff.  | Head of People and Change | Immediate                    | Links with workforce monitoring process. Assurance plan to SMT by June 2018.   |
| K                    | Recruitment Restrictions in line with Q&F Plan | Services to recruit to positions on a fixed term or temporary basis for positions which are in service areas being reviewed as part of the Quality and Finance Plan. Agreement by workforce planning on status of vacant positions to ensure clarity for services. | May lead to recruitment difficulties with attracting candidates to positions. Will assist with flexibility to implement service changes.   | Head of People and Change | Immediate                    | Links with workforce monitoring process. Assurance plan to SMT by June 2018.   |
| L                    | Managing Attendance                            | Support from HR to promote and manage attendance across the partnership to reduce both sick pay and cover costs. Review data from the Staff Wellbeing survey to implement some supportive actions, this will be discussed at the Joint Partnership Forum           | Positive impact on services and staff.   | Head of People and Change | Actions in place by Dec 2018 | Assurance plan to SMT by June 2018.  |
| M                    | Agency and Locum Staff                         | Services to review current use of agency and locum posts with a view to reducing. Co-ordinated process of review with overall review outcome reported to SMT.  | Removal of high cost agency and locum posts may leave gaps in services which cannot be covered through normal recruitment arrangements. May lead to delays to service delivery and a reduced level of service. May require future SMT or IJB approval to cease current arrangements. | SMT                       | By July 2018                 | Report to SMT to assess impact and potential cost reduction. Where a service is impacted this will be reported to the IJB. |

APPROVED Q&F PLAN AREAS OF FOCUS:









## Argyll and Bute Health & Social Care Partnership

### Service Transformation Board

#### Terms of Reference

##### 1. INTRODUCTION

- 1.1 With a focus on service quality and sustainability service delivery models across Argyll and Bute require to change, the implementation of planned changes will ensure the future sustainability of services together with delivering on the Quality and Finance Plan.
- 1.2 An Argyll and Bute wide approach is required to ensure the appropriate policies, standards and processes are established and implemented and that there is a clear overview of the development and communication of the strategy to drive forward the service changes. This will be with a focus on quality and safety, ensuring services are modernised and fit for the future.

##### 2. PURPOSE OF THE TRANSFORMATION BOARD

- 2.1 The purpose of the Service Transformation Board is:
  1. To provide strategic direction, authorisation, accountability and support for the delivery of strategic change projects for Adult and Corporate Services
  2. 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.
  3. To consider and make recommendations on business cases, proposals and cases for change, presented by Steering Groups and project leads
  4. Promote an Argyll and Bute wide consistent approach to the review and implementation of service changes
  5. To ensure the savings that are aligned to transformational change of services in the Quality and Finance Plan are co-ordinated and delivered.

##### 3. REMIT AND RESPONSIBILITIES

- 3.1 All service transformation will be fully aligned to the Health and Social Care Partnership Strategic Plan vision, values and priorities. The Transformation Board will align the agreed areas of focus with the approved Quality and Finance Plan to the appropriate steering group.
- 3.2 Specific areas of responsibility include:
  - To be responsible for the overall delivery of the required service re-design programme for Adult and Corporate Services

- To direct the establishment of the Steering Groups, which in turn will lead the establishment of any required Short Life Working Groups, Local implementation groups and/or Project Groups. The steering groups will report directly to the transformational board, to agree the goals, objectives and priorities for each service re-design project and ensuring these are clearly articulated to Steering Groups.
- To enable an Argyll and Bute wide approach to service transformation, considering the implementation of local and national initiatives, drivers for change and improvement
- To support the development of appropriate policies, services standards and processes for the provision of services
- To ensure proposals align with duties under the Equalities Act (EQIAs)
- To monitor and manage each Programme's progress, benefits realisation and impact through the agreed programme management process
- To determine and escalate for approval the key recommendations in business cases, proposals and cases for change from project groups
- To manage high level interdependencies and risks associated with the transformation of Adult Services
- To approve engagement methodology and ensure appropriate communication and engagement plans are in place for each service change
- To identify the areas of focus and themes for Adult and Corporate Service re-designs, ensure appropriate executive sponsorship and project support in place for each project

#### **4. CONSTITUTION**

- 4.1 The Strategic Management Team shall appoint the Transformation Board. The Transformation Board will include representation from officers, stakeholders and professional advisors.
- 4.2 The Transformation Board will at its discretion set up Steering Groups to lead, coordinate, implement and review its work. Membership of these groups will be coordinated by the executive sponsor and project leads. The steering groups will defer key service delivery decisions to the transformational board via its exception report.

##### **Membership**

- 4.3 The Transformation Board will consist of the following:
- Head of Strategic Planning and Performance (Chair)
  - Head of Adult Services (Vice-Chair)
  - Chief Officer
  - Associate Medical Director
  - Associate Director of Public Health
  - Lead Nurse
  - Lead AHP
  - HR Representation (Council and Health)
  - Chief Financial Officer
  - Staffside/TU Representatives (Council and Health)
- 4.4 Other professional advisors or persons shall attend meetings at the invitation of the Transformation Board.

## **Quorum**

- 4.5 Six members of the Transformation Board will constitute a quorum, with at least one Chair present, one other senior manager, one professional lead and one TU/staffside representative.

## **Meetings**

- 4.6 The Transformation Board will aim to meet monthly. Progress on each service change project will be provided to the Board in line with an agreed programme of work for the Board.

## **5. GOVERNANCE AND REPORTING ARRANGMENTS**

- 5.1 The Transformation Board has authority to make operational decisions in line with previously agreed service changes in the Quality and Finance Plan. Where the implications of decisions were not clear at the time of approval of the Plan or have policy implications these will be escalated to the Strategic Management Team, the Quality and Finance Plan Programme Board and Integration Joint Board as required.
- 5.2 The Transformation Board will use the escalation criteria in the Project Management process to determine when a proposed service re-design should be reported to the Integration Joint Board, in line with the safeguarding principles.
- 5.3 The Transformation Board will report to the Quality and Finance Plan Programme Board on a regular basis, using the agreed project management framework.

**April 2018**

## SERVICE TRANSFORMATION BOARD

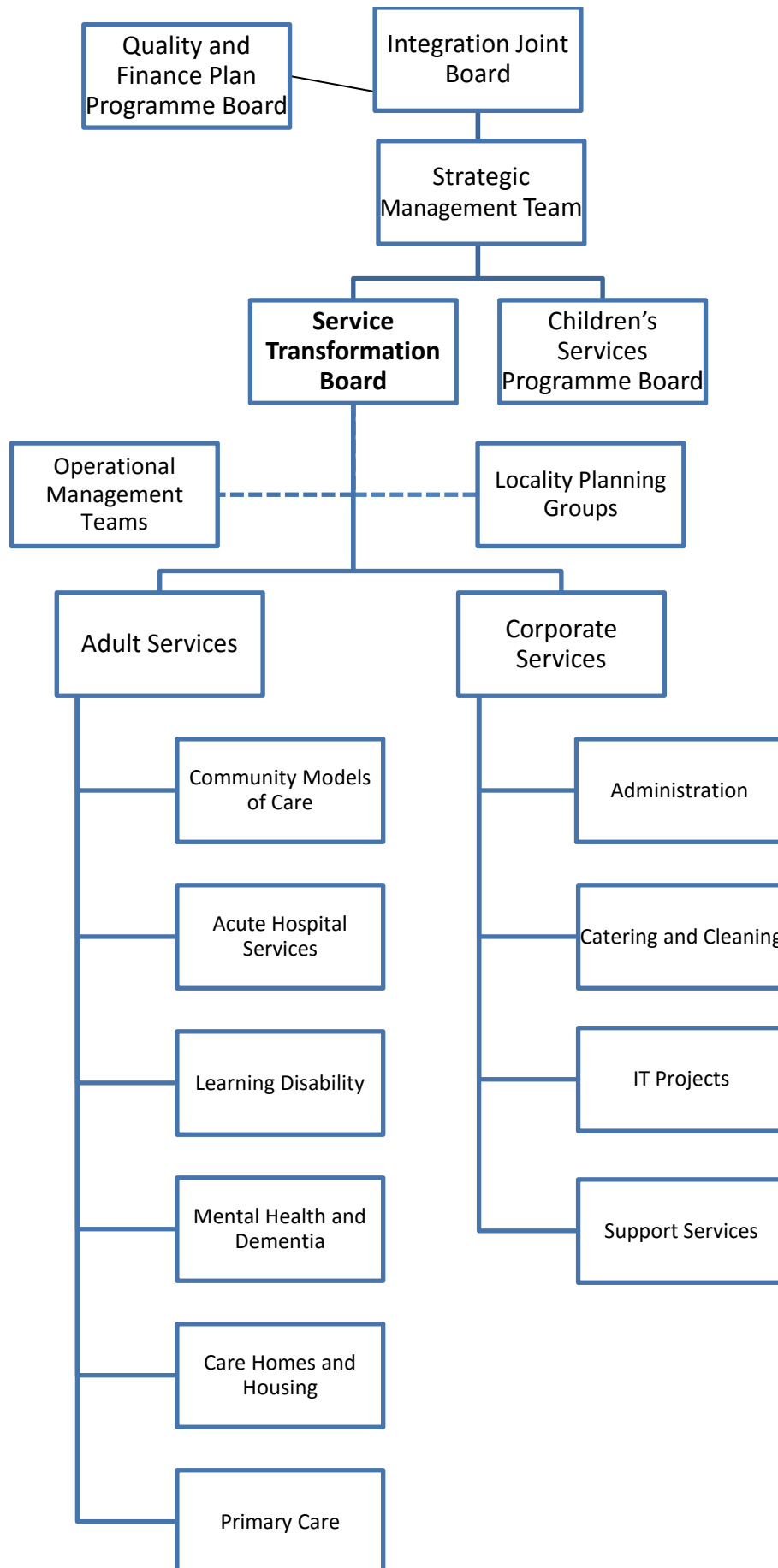
### Key Areas of Focus – Adult Services

|   | <b>Steering Group</b>      | <b>Service Area(s)</b>   | <b>SMT Sponsor</b>         |
|---|----------------------------|--|----------------------------|
| 1 | Community Models of Care   | Homecare, Neighbourhood teams (inc assessment and review), older people's day care, AHPs, SDS, IES | Head of Adult Services     |
| 2 | Acute Hospital Services    | All Community hospitals and LIH  | Lead Nurse                 |
| 3 | Learning Disability        | Resource centres, sleepovers, supported living, adult autism, health and social care teams.        | Head of Adult Services     |
| 4 | Mental Health and Dementia | Acute Adult Services and community services. Dementia in patient and community services.           | Head of Adult Services     |
| 5 | Care Homes and Housing     | All care homes and housing provision.  | Lead AHP                   |
| 6 | Primary Care               | New GP contract, include review of OOH   | Associate Medical Director |

### Key Areas of Focus – Corporate Services

|   | <b>Project</b>        | <b>Service Area(s)</b>   | <b>SMT Sponsor</b>                         |
|---|-----------------------|--|--|
| 1 | Administration        | Health and Social Work administration, digital technology and centralised appointment systems. | Head of People and Change                  |
| 2 | Catering and Cleaning | Catering and Cleaning across Health and Social Work and other Ancillary services.              | Head of Strategic Planning and Performance |
| 3 | IT Projects           | MIDAS, GP Server, Print Functions, Skye for Business, Fleet Services                           | Head of Strategic Planning and Performance |
| 4 | Support Services      | All support services. Co-location, rationalisation of estates and asset footprint.             | Chief Financial Officer                    |

GOVERNANCE STRUCTURE







## Argyll and Bute Integration Joint Board

### QUALITY AND FINANCE PLAN PROGRAMME BOARD

#### PROGRAMME OF MEETINGS 2018-19

| Meeting            | June   | August  | October   | December                                       | January   | February                |
|--------------------|--|---|---|--|---|-------------------------|
| Q&F Plan Projects: | Adult Services   | Children's Services   | Adult Services                                  | Children's Services                            | Adult Services  | Children's Services     |
|                    |  | Corporate Services  |   | Corporate Services                             |   | Corporate Services      |
| Business Agenda:   | Internal Audit Report - Service Redesign & Project Mgt | Financial Recovery Plan Progress - including recurring cost pressures | Integrated Financial Reporting - project update | Budget Outlook 2019-20 to 2021-22 (report)     | Detailed Service Re-design proposals 2019-20 to 2021-22 | Draft IJB Budget Papers |
|                    | Budget Preparation Timetable and approach (report)     | Communications Plan and Budget Consultation Approach (report)         | Service Re-design proposals 2019-20 to 2021-22  | Service Re-design proposals 2019-20 to 2021-22 | Budget consultation feedback                            |                         |
| Standing Items:    | HSCP Engagement Tracker                                | HSCP Engagement Tracker   | HSCP Engagement Tracker                         | HSCP Engagement Tracker                        | HSCP Engagement Tracker                                 | HSCP Engagement Tracker |
|                    |  |   |   |  |   |                         |

\* Highlight report submitted to each IJB meeting outlining work progressed in Q&F Plan Programme Board







Argyll and Bute Integration Joint Board

DRAFT TIMETABLE

Development of Quality and Finance Plan 2019-20 to 2021-22

| Forum                    | Activity/Actions                                   |                           |   |                                     |   |   |  |  |   |   |
|--------------------------|--|---------------------------|---|-------------------------------------|---|---|--|--|---|---|
|                          | 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<br>Business Meeting - Budget Outlook 2019-20 to 2021-22 (report) |   | Development Session - final scrutiny and consideration of proposals<br>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 & Bute Health & Social Care Partnership

## Integration Joint Board

Agenda item : 5.7(c)

Date of Meeting : 30 May 2018

Title of Report : Representation on IJB Audit Committee and Quality and Finance Plan Programme Board

Presented by : Caroline Whyte, Chief Financial Officer

### The Integration Joint Board is asked to :

- **Note** the changes in membership of the Integration Joint Board and the impact on the representation on the Audit Committee and Quality and Finance Plan Programme Board
- **Appoint** one IJB member to the IJB Audit Committee
- **Appoint** one IJB member to the Quality and Finance Plan Programme Board

## 1. EXECUTIVE SUMMARY

- 1.1 Following recent changes to elected member representation on the IJB there is a requirement for the IJB to appoint new members to the Audit Committee and Quality and Finance Plan Programme Board.
- 1.2 The IJB Audit Committee membership requires six members of the IJB with a minimum of two voting members. There is a requirement to appoint one additional IJB member representative and to appoint a vice chair to the committee.
- 1.3 The Quality and Finance Plan Programme Board requires four members of the IJB with the chair and vice chair required to be members, there is a requirement to appoint one additional IJB member to the project board.

## 2. INTRODUCTION

- 2.1 This report outlines the requirement for the IJB to make new appointments to the Audit Committee and Quality and Finance Plan Programme Board.

### 3. DETAIL OF REPORT

#### Audit Committee

- 3.1 The IJB Audit Committee Terms of Reference are included as Appendix 1. Membership of the Audit Committee includes six members of the IJB and professional advisors, the current IJB members are noted below:

|                       |                         |
|-----------------------|-------------------------|
| Heather Grier (Chair) | IJB Member              |
| Vacancy (Vice-Chair)  | IJB Member              |
| David Alston          | NHS Highland Board      |
| Kieron Green          | Argyll and Bute Council |
| Betty Rhodick         | IJB Member              |
| Heather Grier         | IJB Member              |

- 3.2 There is a requirement to appoint one new IJB representative and thereafter to appoint the Vice-Chair of the Audit Committee. The appointment to Vice-Chair cannot be the Chair or Vice-Chair of the IJB.

#### Quality and Finance Plan Programme Board

- 3.3 The Quality and Finance Plan Programme Board Terms of Reference are included as Appendix 2. Membership includes four members of the IJB and professional advisors, the current IJB members are noted below:

|                |                         |
|----------------|-------------------------|
| Robin Creelman | NHS Highland Board      |
| Kieron Green   | Argyll and Bute Council |
| Heather Grier  | IJB Member              |
| Vacancy        | IJB Member (any)        |

- 3.4 There is a requirement to appoint one new IJB member Quality and Finance Plan Programme Board.
- 3.5 Other than the changes to member representation on these Committees the membership is assumed to be unaffected and will be reviewed in line with the requirements set out in the Terms of Reference.

### 4. CONTRIBUTION TO STRATEGIC PRIORITIES

- 4.1 The IJB require to ensure appropriate arrangements are in place for representation on 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**

- 7.1 Risk of non-compliance with the Terms of Reference and agreed representation on Committees.

**8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT**

None

**9. CONCLUSIONS**

- 9.1 The IJB are required to nominate representatives to the IJB Audit Committee and Quality and Finance Plan Programme Board to replace the elected members no longer part of the Integration Joint Board. These arrangements would be effective immediately with the new members invited to the next meetings of the respective Committees.

**APPENDICES:**

Appendix 1 – IJB Audit Committee Terms of Reference

Appendix 2 – Quality and Finance Plan Programme Board 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 29<sup>th</sup> 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.

### **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 review risk management arrangements and receive regular risk management updates and reports.
- vi. To ensure compliance with IJB governance arrangements and strategies e.g. Risk Management Strategy, Participation and Engagement Strategy.
- vii. 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.
- viii. To escalate matters of concern to NHS Highland and/or Argyll & Bute Council, as required, for resolution.

#### **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.

September 2017





## Argyll & Bute Health & Social Care Partnership

### Quality and Finance Plan Programme Board

#### Terms of Reference

##### 1. INTRODUCTION

- 1.1 The Quality and Finance Plan Programme Board (Programme Board) is a sub-committee of the Integration Joint Board.
- 1.2 The Integration Joint Board at their meeting in May 2017 approved the Quality and Finance Plan which outlines service changes required to be implemented to move towards delivering financial balance whilst re-designing services to achieve the outcomes over the remaining period of the Strategic Plan.
- 1.3 The Integration Joint Board is facing a period of unprecedented financial challenge in planning and implementing service changes to deliver financial balance. The Quality and Finance Plan has been approved for 2017-18 and 2018-19 but here remains a budget gap. The further development of the Quality and Finance Plan will be an ongoing iterative process.

##### 2. PURPOSE OF THE PROGRAMME BOARD

- 2.1 The Quality and Finance Plan Programme Board has been established in response to the requirement to have a co-ordinating Programme Board in place to oversee the implementation and development of the Quality and Finance Plan. The Programme Board will also have oversight of any financial recovery plans, facilitating further scrutiny of the financial position and providing assurance to the Integration Joint Board.
- 2.2 The Programme Board has three main roles:
  - 1) To monitor and challenge progress with the delivery of the approved Quality and Finance Plan
  - 2) To develop and oversee the delivery of the Financial Recovery Plan (where required)
  - 3) The ongoing future development of the Quality and Finance Plan, to identify and develop further service changes which would be aligned to the delivery of the Strategic Plan and the financial requirements.

##### 3. CONSTITUTION

- 3.1 The Integration Joint Board shall appoint the Programme Board. The Programme Board will consist of not less than six members, being Integration Joint Board representatives, officers, stakeholders and professional advisors.

- 3.2 The Programme Board may at its discretion set up working groups for review work. Membership of working groups will be open to anyone whom the Programme Board considers will assist. The working groups will not be decision making bodies or formal committees but will report to the Programme Board.
- 3.3 The Strategic Planning Group are the key mechanism for the engagement and involvement of wider partners and stakeholders in the development of the Strategic Plan. The Programme Board will require to co-ordinate with the work of the Strategic Planning Group to ensure the Quality and Finance Plan is developed alongside the Strategic Plan.

### **Appointments**

- 3.4 The Integration Joint Board shall appoint IJB representatives to the Programme Board, appropriate officer representation will be co-ordinated by the Chief Officer.

### **Membership**

- 3.5 The Programme Board will consist of the following:
- Four members from the IJB, with two being the Chair and Vice Chair of the IJB
  - Chief Officer
  - Chief Financial Officer
  - Strategic Management Team Representatives (inc Professional Leads)
  - Staffside/TU Representatives
- 3.6 Other professional advisors or persons shall attend meetings at the invitation of the Programme Board.
- 3.7 Members will be required to comply with the standards of conduct and professional behaviour and will comply with the IJB Code of Conduct.

### **Chair**

- 3.8 The Chair of the Programme Board will be jointly shared by the Chief Financial Officer and Chief Officer.

### **Quorum**

- 3.9 Three members of the Programme Board will constitute a quorum, with at least one Chair present.

### **Meetings**

- 3.10 The Programme Board will meet at least six times each financial year.
- 3.11 The Chief Officer and Chief Financial Officer will arrange administrative support for meetings.

#### **4. AUTHORITY**

- 4.1 The Programme Board is authorised by the Integration Joint Board to request reports and any further information on any matter which fall within its Terms of Reference.
- 4.2 The Programme Board is not a decision making forum. Through consensus the Programme Board will aim to agree recommendations to submit to the Integration Joint Board for a decision.
- 4.3 The Integration Joint Board will remain informed of the work of the Programme Board.

#### **5. REMIT**

- 5.1 The Quality and Finance Plan Programme Board will review the overall programme of work to plan to deliver financial balance together with delivering on the Strategic Plan outcomes. It is fully aligned to the Health and Social Care Partnership Strategic Plan vision, values and priorities.
- 5.2 Specific areas of responsibility include:

##### **Delivery of the approved Quality and Finance Plan:**

- i. Monitor and challenge progress with the delivery of the approved plan
- ii. Review progress from project management processes, including highlight reports and risk registers for off-track projects
- iii. Provide support and advice to services to facilitate progress
- iv. Report back to the Integration Joint Board, via the agreed reporting routes, where there are issues with delays or non-delivery
- v. Provide an environment in which to challenge officers on progress with delivery
- vi. Provide assurance to the Integration Joint Board that there is sufficient oversight of the progress and plans to take forward service changes

##### **Develop and oversee the Financial Recovery Plan:**

- i. Where an in-year budget overspend is forecast, oversee the implementation and delivery of a financial recovery plan
- ii. Provide further scrutiny to the in-year financial position
- iii. Provide oversight and assurance to the Integration Joint Board that adequate arrangements are in place to ensure financial balance can be achieved

##### **Future Planning - Further develop the Quality and Finance Plan:**

- i. To develop an agreed strategy for incorporating further service changes to be added to the Quality and Finance Plan for 2018-19 and beyond
- ii. To agree a timetable and approach for developing proposals for new services changes, which will allow the Integration Joint Board to approve the budget in the required timescales

- iii. Oversight of the development of the financial outlook, including developing a medium to longer term budget outlook incorporating scenario planning
  - iv. To align the financial implications with the Strategic Plan vision, priorities and outcomes, including ensuring this is revisited with the new Strategic Planning period
  - v. To formulate and develop plans to allow these to be taken to the Integration Joint Board for approval
- 5.3 The Programme Board has no authority to make decisions in relation to the Quality and Finance Plan or any associated service changes to be implemented. The Programme Board has a responsibility to report progress and developments to the Integration Joint Board and take any proposals to the Integration Joint Board for approval.

September 2017

## Argyll & Bute Health & Social Care Partnership

### Integration Joint Board

Agenda Item : 5.8

Date of Meeting : 30 May 2018

Title of Report : Struan Lodge Re-Design

Presented by : Jim Littlejohn, Interim Head of Adult Services (East)

#### The Integration Joint Board is asked to :

- Acknowledge the continuing pressures to provide appropriate levels of residential and nursing care home placements across the Bute and Cowal locality.
- Note 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 and Cowal.
- Agree to engage with the Care Inspectorate with the objective of developing Struan Lodge as a Single Status facility which will be registered to provide residential and nursing care.
- Agree to support the continued development of a Cowal Campus concept for the services provided by Struan Lodge, the Cowal Community Hospital, the Older People and Learning Disability Day Centres with a view to transforming the services, to deliver new models of more integrated client/patient focussed care to enable people to remain at home for longer.
- Agree to further investigate the Struan Lodge Project Redesign Group's suggestions for the development of new residential facility within Cowal and to refer this to the Care Homes and Housing Model Group.
- Approve the removal of the closure of Struan Lodge from the Quality and Finance Plan.

### 1. EXECUTIVE SUMMARY

- 1.1 In March 2017 a paper was submitted to the IJB which outlined the challenges faced by the care provision sector across Cowal and Bute and in particular it highlighted the reduction in the number of places within the independent sector and raised concerns regarding further challenges and instability in this sector which could affect levels of provision across the HSCP.
- 1.2 It was noted that as the need for more placements for residents with more complex care needs was increasing there was insufficient capacity or

stability within the independent sector in Cowal to move towards ceasing the provision of residential care home placements at Struan Lodge. This continues to be the case.

- 1.3 A working group consisting of members of the Struan Lodge Development Group, Argyll and Bute Health and Social Care Partnership, Struan Lodge Staff, Community Representatives and service user's family members was established to reach a workable proposal for the future of Struan lodge
- 1.4 Communication and Engagement with the local community and staff was undertaken in the form of publicised events, press releases, Community Council attendance and reviews of information gathered from the previous engagement events regarding the original Struan Lodge proposals.
- 1.5 Shifting the balance of care remains at the centre of the transformational changes which are required to deliver improved outcomes for adults and older people across Argyll and Bute and consistent with this significant redesign work needs to be undertaken in Cowal to develop the correct range of services to meet future needs.

## **2. INTRODUCTION**

- 2.1 In May 2017 the IJB agreed to a further delay to the Struan Lodge service re-design, this was to allow the further consideration of community and staff feedback, to manage operational issues which had emerged since the proposal was agreed in June 2016 and to allow further work to be undertaken including further engagement events with communities. At that time it was acknowledged there had been a reduction in residential and nursing care bed provision and overall capacity levels was a continuing concern.
- 2.2 It was also highlighted that across the HSCP there were a number of care home providers experiencing a range of ongoing challenges and were actively reviewing options of remaining as residential or nursing care providers, this situation continues to be the case.

## **3. DETAIL OF REPORT**

- 3.1 The Struan Lodge Development Group has met on a monthly basis since 4 August 2017. In addition to detailed consideration of the new home option significant discussion has focussed on the following:
  - Agreeing the projected population demographics/data with the HSCP.
  - Communication and engagement strategy.
  - Step up/ step down proposal.
  - The proposal to develop the Cowal Campus concept.
  - The use of Struan Lodge for individuals awaiting Adults With Incapacity process completion.
- 3.2 The SLDG has not reached consensus regarding the proposal for an additional 50 bedded care home in Cowal. Whilst it is accepted that the



current emphasis for care and support should be to support service users and patients to remain in their own homes for as long as it is safe to do so it was also recognised that there will continue to be a need for a range of residential and nursing care options.

- 3.3 The SLDG fully supports the transformation of services and re-modelling of the care provided within the Bute and Cowal Locality, moving towards more effective approaches for supporting clients/patients with more complex care needs in their homes and within a variety of other settings.
- 3.4 Additional information obtained from case reviews across the Locality is indicating a reduction in the use of Sheltered Housing and this is another area that will merit further investigation, however there are now clearer indicators of a pattern of more natural transitions to Nursing care rather than to other forms of supported or residential care. This is consistent with the HSPC strategic objectives.
- 3.5 Additional analysis of the Admissions and Discharges to care highlights that residents average length of stay within the care homes are decreasing, with clearer evidence that new admissions are generally more frail and with greater complexity of care and support needs with this reflecting the shift in the balance of care being provided in the community.

#### **Care Home Bed Availability**

- 3.6 The table below summarises the total care home bed capacity and recent vacant bed numbers for Cowal:

| <b>Care Facility</b> | <b>Capacity</b> | <b>Vacancies<br/>13/04/18</b> | <b>Vacancies<br/>06/04/18</b> | <b>Vacancies<br/>30/03/18</b> |
|----------------------|-----------------|-------------------------------|-------------------------------|-------------------------------|
| Struan Lodge         | 12              | 1 respite                     | 0                             | 0                             |
| Ardenlee             | 33              | 3                             | 6                             | 6                             |
| *Ardnahein           | 30              | 0                             | 0                             | 0                             |
| Ashgrove             | 60              | 2                             | 4                             | 3                             |
| Inverreck            | 28              | 3                             | 3                             | 1                             |
| <b>Total</b>         |                 | 9                             | 13                            | 10                            |

\* Following the Care Inspection of Ardnahein Care Home on 30<sup>th</sup> and 31<sup>st</sup> January 2018 the Care Inspectorate reduced all grades from 5's to 1's, and served an Improvement Notice on the Home. The HSCP has managed a multi-agency approach to support the home to meet the requirements of its Improvement Notice and following a further Inspection, undertaken on 2 May 2018 the Care Inspectorate is satisfied there has been good progress made in most areas and the grades will now be increased to 3's.

#### **Step up/Step down Facility**

- 3.7 Over the course of the last year Step up/Step down beds have been provided on an adhoc basis at various homes across the Cowal area.

The Step up/ Step down (SUSD) sub group has continued to look at a working model with a close interface between Cowal Community Hospital, Struan Lodge and Community Services. The table below provides the Step up/Step down statistics for the past year:

| <b>Placed between March 2017-18</b> | <b>Number</b> |
|-------------------------------------|---------------|
| Struan Lodge                        | 6             |
| Other providers                     | 16            |
| <b>Total</b>                        | <b>22</b>     |

- 3.8 An analysis of recent figures show a reduction in demand however further analysis is required and we are currently looking at people's individual outcomes and what the positive benefits or improvement to care experience could have been.

Of the 22 individuals only 7 returned to their homes and the majority moved into permanent care including the 7 placed at Struan Lodge.

| <b>Outcome</b>                                | <b>Number</b> |
|---|---------------|
| Remained in care home as a permanent resident | 13            |
| Returned home with care package               | 6             |
| Returned home with no ongoing needs           | 1             |
| Admitted to hospital                          | 2             |
| <b>Total</b>                                  | <b>22</b>     |

- 3.9 Further opportunities exist to consider reviewing the experiences and expectations of the last years Step up/Step down activity with a view to possibly extending reablement work within Struan Lodge with the potential of developing reablement kitchen and bathroom areas on the ground floor. Although the level of use of Step up/Step down has been lower than anticipated, it and other models of Intermediate Care will continue to be promoted within the locality. In support of this, the Struan Lodge staff have been trained in Reablement and Physiotherapy core skills with other staff skilled as dementia champions and another training as a Palliative Care champion. The workforce skills and training needs have and will continue to be considered as part of the Workforce Planning Workshops and subsequent developments within the locality.

#### **4. CONTRIBUTION TO STRATEGIC PRIORITIES**

- 4.1 Re-design work across Cowal will align to the strategic priorities as outlined in the HSPC Strategic plan.
- 4.2 Improving access to day services contributes to maintaining the health and wellbeing of an aging population, supporting more vulnerable and frail residents to remain at home for longer and further options to extend the use of Day Care services will be explored in partnership with the independent and voluntary sector services to achieve better home care based outcomes.
- 4.3 The use of step up/step down and other models of Intermediate Care, and access to Day Services helps sustain the movement of the balance

of care from the more acute settings to the use of combined and integrated community assets.

4.4 The retention of Struan Lodge and the review of other Community Services, including Day Care will help support the Transformation required to ensure we make best and most efficient use of our resources across Health and Social care to the benefit of the patients and service users of the locality.

4.4 Progression of integration of Health and Social care by having flexibility of staff, training and resources across a Cowal Community Campus.

## **5. GOVERNANCE IMPLICATIONS**

### **5.1 Financial Impact**

5.1.1 The removal of the closure of Struan Lodge from the Quality and Finance Plan will result in a saving of £175k on the Plan being removed, this will add to the remaining budget gap for 2018-19.

5.1.2 There would be financial implications of the potential development of Struan Lodge into a single service facility (with the capacity to provide nursing care), any proposals would require further consideration and discussion with the Care Inspectorate.

### **5.2 Staff Governance**

5.2.1 An increase in opportunities to train in reablement skills and be flexible in delivering care across the range of Cowal's community, residential, nursing, day-care and hospital facilities. This will support our achievement of the Locality's Workforce Planning objectives.

5.2.2 The use of beds within Struan Lodge for those awaiting AWI and for step up/step down will require the continued clinical oversight from the Cowal Community Hospital and Local GP services.

## **6. EQUALITY & DIVERSITY IMPLICATIONS**

6.1 Comments and suggestions from previous engagement events were used as a basis for consideration of the populations concerns and wishes

6.2 Engagement events were held within Dunoon, widely advertised through a variety of media channels

6.3 Community Councils were visited for updates and discussion and were generally supportive of the proposals

6.4 The Struan lodge redesign will remain as an agenda item on the Cowal Locality Planning Group and the Health and Care Forum meeting agendas.

## **7. RISK ASSESSMENT**

- 7.1 There is evidence of there being increasing challenges for the providers of home based, community and residential and nursing care services across the HSCP with staff recruitment, retention and regulation becoming increasingly more challenging.
- 7.2 The closure of Struan Lodge has the potential to adversely impact on the fragile position of other services working at capacity in the locality.

## **8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT**

- 8.1 The Communication and Engagement group have met monthly since May 2017. Struan Lodge redesign is a standing agenda item and there have been 3 C&E events specifically focusing on developments so far. Despite being widely publicised in media including social media, the turnout and interest was quite low. Additionally the Locality Manager has attended a number of the Community Councils.
- 8.2 Struan Lodge Development has been an agenda item of the Health Care Forum (HCF) and the Cowal Locality Planning Group to ensure communities remained updated on progress and were able to comment on progress.
- 8.3 It is noteworthy that representation from the areas out with Dunoon remain more concerned regarding the availability of Day Care services in their local community than what is provided within Struan Lodge itself.
- 8.4 The members of the HCF were also focussed on local service. In addition concern was raised regarding the proposal of the Struan Lodge Development Group to charge all residents a fee to access services as and when required. As they may not ever require these services it was felt that this contribution was inappropriate to many.

## **9. CONCLUSIONS**

- 9.1 The demand for places and the capacity within care Homes in the Cowal area has changed since the initial proposal to close Struan Lodge was first made. There continue to be ongoing concerns of further instability in the residential/nursing home sector as has been the experienced in a number of Localities within the HSPC.
- 9.2 The demographic profile for the area is of an increasing older population with expectations of there being significantly higher levels of demand to meet multi-morbidity and complex care needs.
- 9.3 SLDG maintains that the demographic evidence is strong and members have proposed that even assuming a higher percentage of people are cared for at home, there is a case for a 50 bed care home. Significant research and details are included in this proposal which will be passed to the Care Homes and Housing Model Steering Group of the HSCP.

- 9.4 Consideration should be given to developing nursing care provision within Struan Lodge and also review the potential to increase its capacity. This will bring a degree of necessary stability to the residential and nursing care home sector and will provide an option to support local residents to remain in their home locality rather than move outwith the area.
- 9.5 Consideration should be given to developing the combined facilities of the Community Hospital, Struan Lodge Residential and Day Care “campus” to become the focus of transforming the established services and to support the provision of more integrated models of care across the locality.
- 9.6 In the course of the last 18 months there has been an overall reduction in the provision of residential and nursing care home beds in the communities of Bute and Cowal and there continue to be concerns around the stability and resilience of the care home sector, consequently there is a need to retain and develop Struan Lodge and for it to continue to provide increasingly more complex levels of care to meet the needs of the increasing number of more elderly local residents with more complex care and support needs.





## **Argyll & Bute Health & Social Care Partnership**

### **Integration Joint Board**

**Agenda item : 5.9**

**Date of Meeting: 30 May 2018**

**Title of Report: Staff Governance Report**

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

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

#### **The Integration Joint Board is asked to :**

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

### **1. EXECUTIVE SUMMARY**

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

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

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

### **2. INTRODUCTION**

This report provides an overview of the staff governance issues identified above as raised and discussed at the Senior Management Team and Joint Partnership Forum.

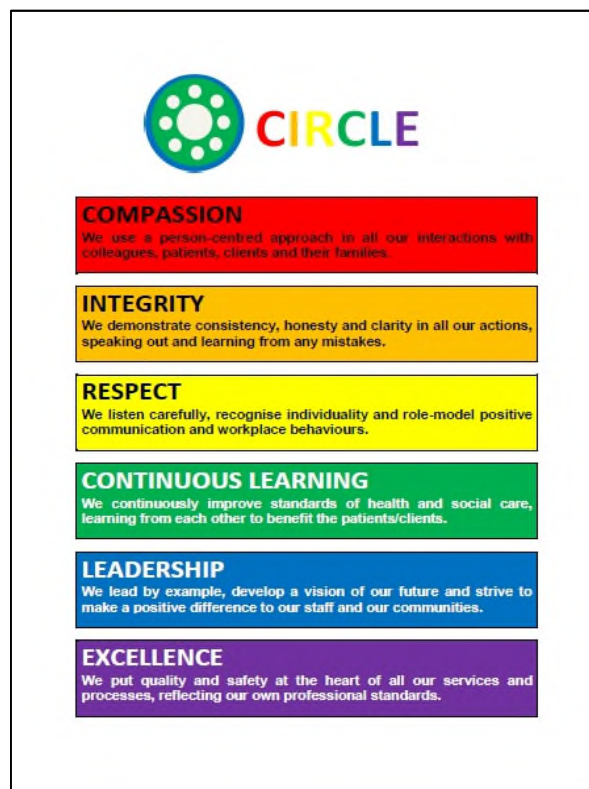
This report will be presented to the IJB on a quarterly basis. This report includes updates on:

- Values refresh within HSCP
- iMatter Wave 2
- Start the Year events
- Workforce Planning
- Staff Wellbeing Survey
- Career Paths for Young People
- Update on Integrated HR issues
- Organisation Change & Service Redesign issues
- Recruitment & Redeployment activity
- Statutory & Mandatory Training
- Workforce performance trends; attendance management, costs of sickness absence, fixed-term contracts, turnover, employee relations, performance management for Quarter 4
- Work planned over the next 3 months

The figures represent complete data for Quarter 4 (Jan-Mar 2018).

### 3. VALUES REFRESH WITHIN HSCP

Following focus group activity, we have completed a redesign of the HSCP Shared Values. The existing set were quite internally focused and did not articulate much about the future. The revised Shared Values have been agreed by the SMT at our May business meeting and work has commenced on developing a set of behaviours to support them.





We will bring the proposed Values & Behaviours back to the IJB for approval in August, prior to launching them and embedding them in Recruitment, Induction and Performance Management conversations. We anticipate the revised Values will help strengthen the feeling of integration across two employers.

#### **4. iMATTER WAVE 2**

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

The team confirmation stage has completed and iMatter questionnaire is launching across the HSCP during June. Team results will be available by early July and will provide an interesting comparison against the staff engagement benchmarks established in iMatter wave 1 last year.

Our aim is to lift local participation to 65% and to move closer to 50% of teams with completed action plans. This will help drive continuous improvement on people issues across the organisation.

#### **5. START THE YEAR EVENTS**

In response to feedback around leadership visibility from HSCP staff who participated in iMatter wave 1 (2017), the HSCP have completed a series of 'Start the Year' sessions in nine locations across Argyll & Bute. These 90 minute sessions were each facilitated by 2-3 senior managers and covered the following:

- Our achievements 2017-18, organisationally and locally.
- A draft set of HSCP Objectives for 2018/19 under the headings of People, Quality & Care.
- A reflection on some of the challenges we face.



The sessions have been well received as they gave staff the opportunity to engage in conversation with members of the SMT and articulate the nature of their staff experience.

A summary report of feedback will be produced in June and reported upon in the next Staff Governance paper (August 2018).

## 6. WORKFORCE PLANNING

The first HSCP Workforce Plan for 2018/19 has been developed iteratively over the last 6 months. Focusing primarily on Adult Services, the final version is will be ready by end-May, taken through local Partnership Forum for consultation in June and then brought to the IJB meeting in August for final approval.

We will continue developing the Plan so that it covers all services provided by the HSCP, partner organisations and the third sector by March 2019 and this will then align with and inform the HSCPs refreshed 3 year Strategic plan for 2019 to 2022 .

The Council have also published a Strategic Workforce Plan for 2018-2022.

## 7. STAFF WELLBEING SURVEY

In January 2018 a joint Staff Wellbeing survey with Argyll & Bute Council was issued; 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.

The data is being analysed and a summary of the key themes/trends will be provided in the next Staff Governance report (August 2018). Supportive actions based on the results will then be implemented later this year.

## **8. CAREER PATHS FOR YOUNG PEOPLE**

The development of the first HSCP Workforce Plan has highlighted some opportunities for entry level roles across the organisation. We have discussed this with Council HR colleagues and have agreed that we will bid for 5 Modern Apprentices to undertake their health & social care SVQ from August/September 2018.

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.

## **9. UPDATE ON INTEGRATED HR ISSUES**

The Terms of Reference for the Staff Liaison Group and Organisational Change Group have been updated with involvement from staff-side colleagues; an improved flowchart guiding managers through the process around organisational change has also been developed.

The new Council new HR & OD structure is now in place. The new HSCP HR team is now 'People & Change'; interviews for our final HR Business Partner vacancy have taken place this month. Our HQA Lead post moves into the team in June 2018 enabling us to link quality improvement work to OD support around transformational service change.

Plans for the move of some of the People & Change team from Aros to Kilmory now have a target co-location date of July 2018

## **10. ORGANISATIONAL CHANGE & SERVICE REDESIGN ISSUES**

An update on the review of catering services & efficiency was provided at the Staff Liaison Group in April 2018.

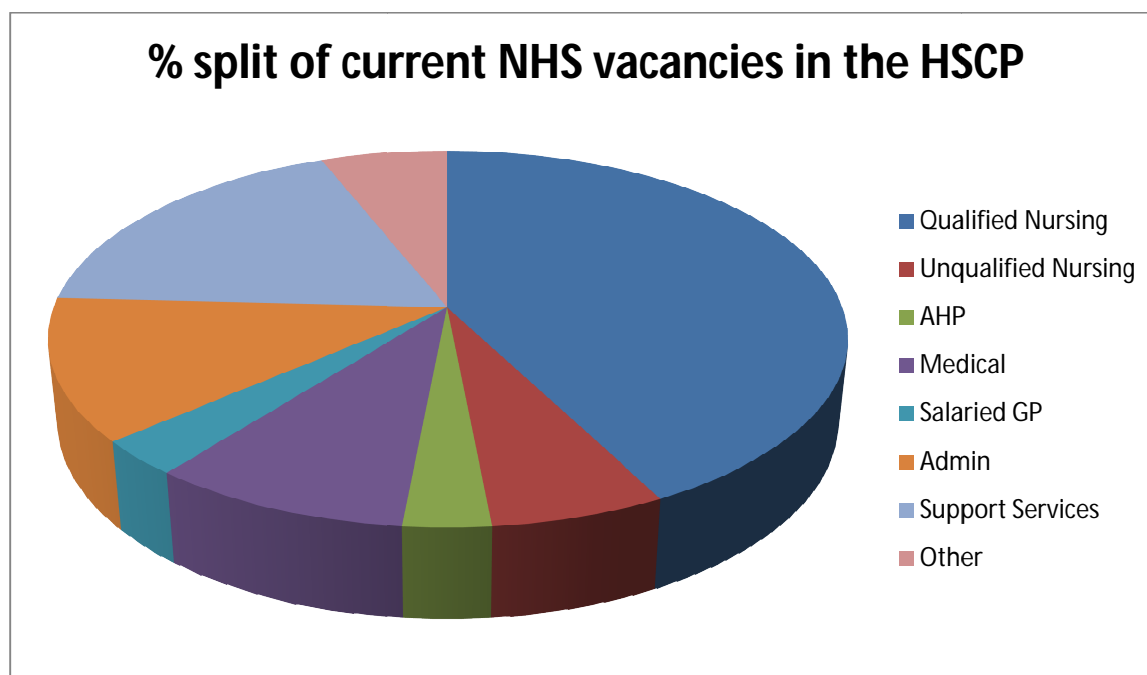
The HSCP Transformation Board is now established and we have aligned our People & Change HR Business Partners to each of the 6 key themes.

## 11. RECRUITMENT & DEPLOYMENT ACTIVITY

### NHS Vacancies

|                           | Jan       |           | Feb       |           | Mar       |           |
|---------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
|                           | New       | Re-Ad     | New       | Re-Ad     | New       | Re-Ad     |
| A&B Adult Services – East | 10        | 16        | 8         | 8         | 4         | 4         |
| A&B Adult Services – West | 7         | 3         | 18        | 12        | 15        | 8         |
| A&B Children & Families   | 3         | 2         | 3         | 3         | 5         | 2         |
| Corporate Services        | 1         | 0         | 1         | 0         | 2         | 0         |
| <b>Totals</b>             | <b>21</b> | <b>21</b> | <b>30</b> | <b>23</b> | <b>26</b> | <b>14</b> |
|                           | <b>42</b> |           | <b>53</b> |           | <b>40</b> |           |

The breakdown of current NHS vacancies by Job Family is as follows:



### Council Vacancies

For the month of **January 2018**, there were **5** internal job adverts within HSCP Social work, and **10** external job adverts.

For the month of **February 2018**, there were **4** internal job adverts within HSCP Social work, and **8** external job adverts.

For the month of **March 2018**, there were **5** internal job adverts within HSCP Social work, and **8** external job adverts.

There are now 33 staff on the NHS primary redeployment register (an increase of 2) 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.

## 12. STATUTORY & MANDATORY TRAINING

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

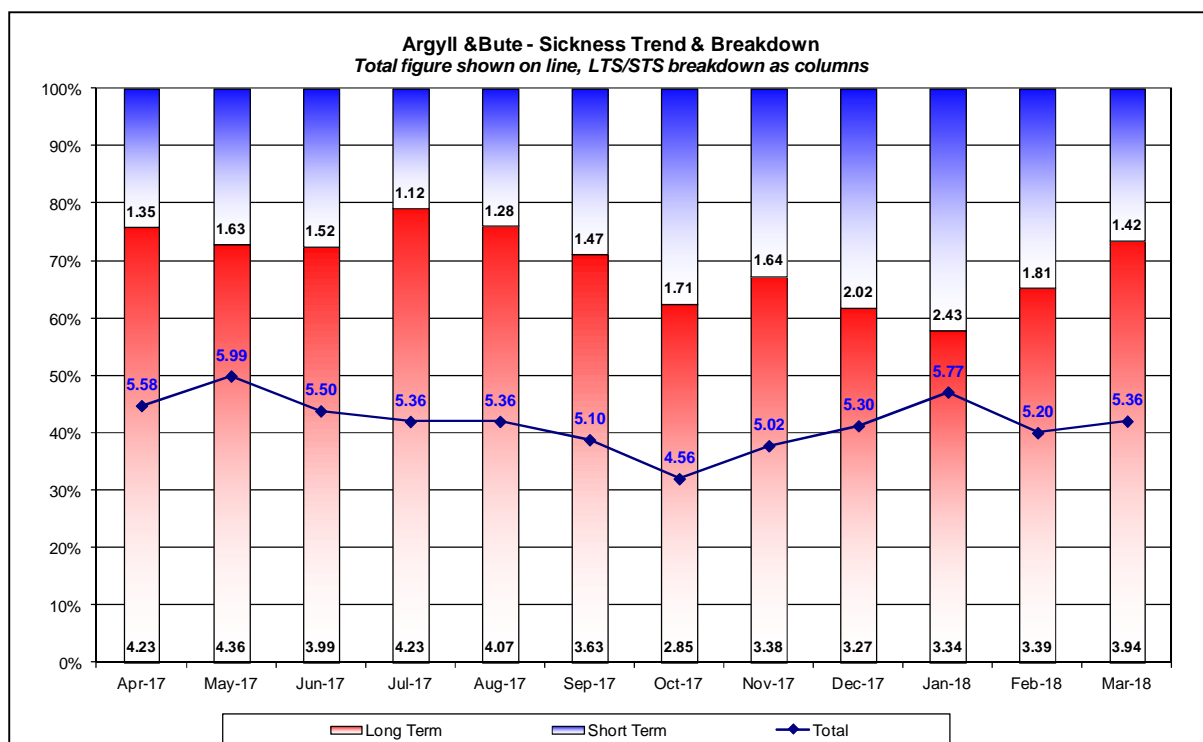
On the Council side, the following training was completed within Q4 of FY 17/18:

| <b>Numbers of Council Employees Completed Training Q4 2018</b> | <b>Training Required for Role</b> | <b>Training required by Council/PRD</b> |
|--|-----------------------------------|---|
| Adult Care West  | 110                               | 12                                      |
| Adult Care East  | 16                                | 4                                       |
| Children And Families  | 1                                 | 9                                       |
| Strategic Planning And Performance                             |                                   | 3                                       |
| <b>TOTAL</b>   | <b>127</b>                        | <b>28</b>                               |

## 13 WORKFORCE PERFORMANCE TRENDS

### 13.1 Attendance Management

Most NHS Boards/HSCPs remain above the national target of 4%. Sickness absence in Argyll & Bute had a seasonal peak of 5.77% in January 2018, but had fallen slightly to **5.36%** by March 2018.



The Council measures sickness absence as working days lost as per the required SPI for local government. The average number of working days lost per FTE Council employee working within the Partnership is **5.56** against a target of **3.78**.

The percentage of Return to Work Interviews completed in Q4 remains below the Council's target of 100% and a number of RTWIs are taking more than 3 days to complete.

## 13.2 Fixed Term contracts

### NHS employees

There are 34 staff currently on fixed term contracts (a decrease of 2).

|                     |           |
|---------------------|-----------|
| Adult Care West     | <b>14</b> |
| Adult Care East     | <b>9</b>  |
| Corporate           | <b>9</b>  |
| Children & Families | <b>2</b>  |
| <b>TOTAL</b>        | <b>34</b> |

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

## Council employees

|                                  |            |
|----------------------------------|------------|
| Adult Care West                  | <b>51</b>  |
| Adult Care East                  | <b>32</b>  |
| Children and Families            | <b>29</b>  |
| Strategic Planning & Performance | <b>1</b>   |
| <b>TOTAL</b>                     | <b>113</b> |

The trend since January 2017 has seen these numbers range between 98 and 117. Although the December 2017 number was lower at 79 due to a number of contracts ending, this quarter's figures are now back within the typical range.

### 13.3 Turnover

Monthly turnover for our NHS staff across January, February and March 2018 was 0.71%, 0.51% and 0.90% respectively. Our Annual Turnover for this quarter (Q4) was **9.76%**, down from 10.32% in Q3.

The Stability Factor for our NHS staff, the number of staff in post 12 months ago who are still in post, decreased slightly from 88.92% (Q3) to **88.80%**.

### 13.4 Employee Relations Cases

#### NHS

| <b>March 2018</b>   | Grievances Live | Conduct Live | Capability Live | B&H Live |
|---------------------|-----------------|--------------|-----------------|----------|
| Adult West          | 5               | 6            | 1               | 2        |
| Adult East          | 0               | 6            | 1               | 1        |
| Children & Families | 0               | 0            | 0               | 0        |
| Corporate           | 0               | 0            | 1               | 0        |
| <b>Total</b>        | <b>5</b>        | <b>6</b>     | <b>3</b>        | <b>3</b> |

This quarter has seen a rise in the total number of cases from 8 (Dec 2017) to 17 (March 2018). This reflects specific local issues in Oban Lorn and Isles and Mid Argyll, Kintyre and Islay localities. The impending appointment of an HR Business Partner to fill the final vacancy within People & Change will help provide more resources to support Locality Managers and Local Area Managers with these cases.

#### Council

| <b>March 2018</b>                  | Disciplinary Live | Grievances Live |
|------------------------------------|-------------------|-----------------|
| Adult West                         | 1                 | 1               |
| Adult East                         | 0                 | 1               |
| Children & Families                | 2                 | 0               |
| Strategic Planning and Performance | 0                 | 0               |
| <b>Total</b>                       | <b>3</b>          | <b>2</b>        |

## 13.5 Performance Management (/eKSF/TURAS/PRDs)

### NHS

Due to the closure of the eKSF system in January 2018 and the launch of the replacement TURAS system in April 2018, data on usage is unavailable for Q4. Statistics will be reported for Q1 2018 next time.

### Council

The performance review and development completion rates for council employed staff are detailed in the table below. The achievement target is 90%

| Q4 17/18                               | Performance Review and Development (PRD) Completions |                     |                    |
|--|--|---------------------|--------------------|
|  | No of employees                                      | No of PRDs complete | % of PRDs complete |
| Adult Care East                        | 130  | 36                  | 28%                |
| Adult Care West                        | 395  | 54                  | 14%                |
| Children & Families & Criminal Justice | 170  | 101                 | 59%                |
| Strategic Planning & Performance       | 11   | 10                  | 91%                |
| <b>HSCP % of PRDs completed</b>        | <b>706</b>   | <b>201</b>          | <b>29%</b>         |

There remains a legacy of information being updated on the pyramid system but performance in the HSCP is well below target and managers have been directed to prioritise this.

## 13.6 Exit Interviews

Within NHS Highland, these are only completed sporadically – around 7% are actually recorded and sent to Inverness. As part of an Intermediate HQA project, we are planning to carry out a small piece of improvement work in June/July 2018 to increase the return rate and start to use the intelligence gathered to inform decisions on how the vacancy might be filled.

## 14. 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 developed
- We aim to appoint our new HR Business Partner within People & Change by the end of June 2018; reporting to our HR Lead, they will have responsibilities for MAKI, Mental Health and Corporate areas (excluding People & Change)



- The SMT management structure has recently been reviewed; some changes will be implemented in June 2018
- A review of the Locality Manager and Local Area Manager structures within Adult Services will be undertaken
- An assessment of support needs across the LM/LAM management levels within Adults Services and Children's & Families Services will be undertaken so we can establish a programme of leadership development support
- We will complete the work around a new HSCP Values & Behaviors framework and develop a plan to launch & embed this; our aspiration is to become a values-based organisation.
- It is now hoped to have completed the co-location of the HSCP People & Change team and the Council HR & OD team by July 2018

## **15. 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.

## **16. GOVERNANCE IMPLICATIONS**

16.1 Financial Impact – N/A

16.2 Staff Governance – this is the staff governance report.

16.3 Clinical Governance – N/A

## **17. EQUALITY & DIVERSITY IMPLICATIONS**

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

## **18. RISK ASSESSMENT**

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

## **19. PUBLIC & USER INVOLVEMENT & ENGAGEMENT – N/A**





# Argyll & Bute Health & Social Care Partnership

## Integration Joint Board

Agenda item : 5.10

**Date of Meeting:** 30 May 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:  
9 & Customer Services- FQ3 17/18
- Note the actions identified to address deficiencies in performance as detailed in the exception reports
- Note the performance with regards to MSG targets

## 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 FQ3 17/18.

With regards to FQ4 17/18 the current reporting snapshot shows that 52 indicators are on track. It is expected that this current performance will improve as the final data submissions are collected and reported over the June period. FQ4 will be reported to the IJB in August.

|   |                        |                  |     |
|---|------------------------|------------------|-----|
| <b>Integrated Joint Board [IJB] Scorecard</b>   |                        | Success Measures | 102 |
|   |                        | On track         | 65  |
| Outcome 1 - People are able to improve their health<br>FQ3 17/18  | No of indicators<br>14 | On track         | 7   |
| Outcome 2 - People are able to live in the community<br>FQ3 17/18   | No of indicators<br>18 | On track         | 14  |
| Outcome 3 - People have positive service-user experiences<br>FQ3 17/18  | No of indicators<br>11 | On track         | 9   |
| Outcome 4 - Services are centered on quality of life<br>FQ3 17/18   | No of indicators<br>15 | On track         | 11  |
| Outcome 5 - Services reduce health inequalities<br>FQ3 17/18  | No of indicators<br>5  | On track         | 3   |
| Outcome 6 - Unpaid carers are supported<br>FQ3 17/18  | No of indicators<br>1  | On track         | 1   |
| Outcome 7 - Service users are safe from harm<br>FQ3 17/18   | No of indicators<br>12 | On track         | 8   |
| Outcome 8 - Health and social care workers are supported<br>FQ3 17/18   | No of indicators<br>5  | On track         | 1   |
| Outcome 9 - Resources are used effectively in the provision of health and social care services, with<br>FQ3 17/18 | No of indicators<br>12 | On track         | 7   |
| Customer Services<br>FQ3 17/18  | No of indicators<br>9  | On track         | 4   |

## 2.1 FQ3 17/18- IJB Scorecard

### Outcome 9:

7 Indicators are showing on track with 4 indicators reported as off track

### Outcome: Customer Service:

4 indicators are currently on track, 4 are not reported and 1 is off track

## 3. Details for Performance Report Outcome Indicators 9 & Customer Services

### Outcome-9

| Outcome / Performance Indicator                                  | Trend | Target | Actual | Responsible Manager |
|--|-------|--------|--------|---------------------|
| CJ63 - % CPO cases seen without delay - 5 days                   | ↓     | 80.0 % | 68.8 % | Alex Taylor         |
| SCRA43 - % of SCRA reports submitted on time                     | ↓     | 75 %   | 67 %   | Alex Taylor         |
| Falls rate per 1,000 population aged 65+ (Quarterly Conversions) | ⇒     | 22     | 26     | Lorraine Paterson   |
| % of new outpatient appointments DNA rates                       | ↓     | 6.9    | 12.3   | James Littlejohn    |

### Customer Service

| Outcome / Performance Indicator                          | Trend | Target | Actual | Responsible Manager |
|--|-------|--------|--------|---------------------|
| % of NHS simple complaints - achievement against 20 days | ↑     | 80%    | 33%    | Liz Higgins         |

#### 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                       | Red   |
| Unplanned Bed Days   | 2017/18 change: Expected target 64942 based on 0.6% reduction in overall total compared to FY16/17   | 64942                          | 49014           | 45802                      | Green |
| A& E Attendances     | 2017/18 change: Expected target 16079 based on sustained levels in overall total compared to FY16/17 | 16079                          | 12059           | 11989                      | Green |
| Delayed Discharges   | 2017/18 change: Expected target 6403 based on 10% reduction in overall total compared to FY 16/17    | 6403                           | 4797            | 5855                       | Red   |

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

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Performance Exception Report for Integrated Joint Board  
Outcomes 9 & Customer Service (FQ3-17/18) - May 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 FQ3 (17/18)

Outcome Indicators - 9 Resources are used effectively in the provision of health and social care services

| Outcome / Performance Indicator |   | Trend | Target | Actual | Responsible Manager |
|---------------------------------|---|-------|--------|--------|---------------------|
|                                 | CJ63 - % CPO cases seen without delay - 5 days                                    | ↓     | 80.0 % | 68.8 % | Alex Taylor         |
|                                 | SCRA43 - % of SCRA reports submitted on time                                      | ↓     | 75 %   | 67 %   | Alex Taylor         |
|                                 | * Falls rate per 1,000 population aged 65+<br>(Appears as a PI in Outcomes 2,4,7) | ⇒     | 22     | 26     | Lorraine Paterson   |
|                                 | % of new outpatient appointments DNA rates  | ↓     | 6.9    | 12.3   | James Littlejohn    |

Outcome Indicator- Customer Service

| Outcome / Performance Indicator |  | Trend | Target | Actual | Responsible Manager |
|---------------------------------|--|-------|--------|--------|---------------------|
|                                 | % of NHS simple complaints - achievement against 20 days | ↑     | 80%    | 33%    | Liz Higgins         |

## FQ3 17/18 Other NHWBO indicators currently off track presented for IJB reference

| Outcome/Performance Indicator  | Trend | Target | Actual | In charge         |
|--|-------|--------|--------|-------------------|
| <b>Outcome 1</b>   |       |        |        |                   |
| AC1 - % of Older People receiving Care in the Community (Joint Planning & Performance)                               | ↓     | 83 %   | 73 %   | James Littlejohn  |
| AC15 - No waiting more than 12 weeks for homecare service - assessment authorised (Home Care & Day Support Services) | ↓     | 6      | 10     | James Littlejohn  |
| A&B - % of LD Service Users with a PCP (LD Care Management)  | ↓     | 90 %   | 87 %   | James Littlejohn  |
| No of alcohol brief interventions in line with SIGN 74 guidelines (Health & Social Care Partner Data)                | ↑     | 765    | 385    | Lorraine Paterson |
| NHS-H7 - Proportion of new-born children breastfed - STANDARD (Quarterly Conversions)                                | ⇒     | 33.3 % | 30.0 % | Alex Taylor       |
| No of ongoing waits >4 wks for the 8 key diagnostic tests (Health & Social Care Partner Data)                        | ↓     | 0      | 281    | Lorraine Paterson |
| % >18 type 1 Diabetics with an insulin pump (Health & Social Care Partner Data)                                      | ⇒     | 12 %   | 7 %    | Lorraine Paterson |
| <b>Outcome 2</b>   |       |        |        |                   |
| AC5 - Total No of Delayed Discharge Clients from A&B (Delayed Discharge)   | ↓     | 12     | 32     | James Littlejohn  |

|   |   |         |         |                   |
|---|---|---------|---------|-------------------|
| % of patients who wait no longer than 18 wks for Psychological therapies (Health & Social Care Partner Data)  | ↓ | 90 %    | 50 %    | Lorraine Paterson |
| <b>Outcome 3</b>  |   |         |         |                   |
| No of patients with early diagnosis & management of dementia (Health & Social Care Partner Data)              | ↓ | 890     | 844     | Lorraine Paterson |
| <b>Outcome 4</b>  |   |         |         |                   |
| AC11 - Average working days between Referral & Initial AP Case Conference (Adult Protection)                  | ↓ | 15 Days | 18 Days | James Littlejohn  |
| No of outpatient ongoing waits >12 wks (Health & Social Care Partner Data)                                    | ↓ | 0       | 399     | Lorraine Paterson |
| % of patients on the admissions waiting lists with medical unavailability (Health & Social Care Partner Data) | ↓ | 2.0 %   | 2.4 %   | Lorraine Paterson |
| <b>Outcome 5</b>  |   |         |         |                   |
| No of treatment time guarantee ongoing waits >12 wks (Health & Social Care Partner Data)                      | ↓ | 0       | 1       | Lorraine Paterson |
| <b>Outcome 7</b>  |   |         |         |                   |
| 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 %   | 81 %    | Alex Taylor       |
| CP17 - % of CP investigations with IRTD within 24 hours (Child Protection)                                    | ↓ | 95 %    | 86 %    | Alex Taylor       |

| Outcome/Performance Indicator   | Trend | Target   | Actual   | In charge         |
|---|-------|----------|----------|-------------------|
| <b>Outcome 8</b>  |       |          |          |                   |
| Health & Social Care Partnership % of PRDs completed (HR2 - PRDs A&B Council)                 | ↓     | 90 %     | 58 %     | Alex Taylor       |
| Social Work staff attendance  | ↑     | 3.8 Days | 4.4 Days | James Littlejohn  |
| % of NHS sickness absence (Health & Social Care Partner Data)                                 | ↓     | 4.00 %   | 5.05 %   | Lorraine Paterson |
| % of NHS staff with a completed & recorded KSF/PDP review (Health & Social Care Partner Data) | ↑     | 20.00 %  | 13.81 %  | Lorraine Paterson |
|   |       |          |          |                   |

## Appendix 1 New Quarterly IJB Performance Reporting Timetable

| IJB Dates                 | Reporting Period         | Paper for SMT            | Papers for Sheena         | Pre- Agenda Meeting       |
|---------------------------|--------------------------|--------------------------|---------------------------|---------------------------|
| 30 <sup>th</sup> May      | FQ3 17/18( Oct-December) | 7 <sup>th</sup> May      | 14 <sup>th</sup> May      | 18 <sup>th</sup> May      |
| 1st August                | FQ4 17/18 ( Jan- Mar)    | 6 <sup>th</sup> August   | 13 <sup>th</sup> August   | 17 <sup>th</sup> August   |
| 28 <sup>th</sup> November | FQ1 18/19( April- June)  | 5 <sup>th</sup> November | 12 <sup>th</sup> November | 16 <sup>th</sup> November |
| ? February 2019           | FQ2 18/19( July- Sept)   | TBC                      | TBC                       | TBC                       |

# Management Exception Report

**Performance Indicator:** CJ63 - % CPO cases seen without delay - 5 days

**Responsible Manager:**

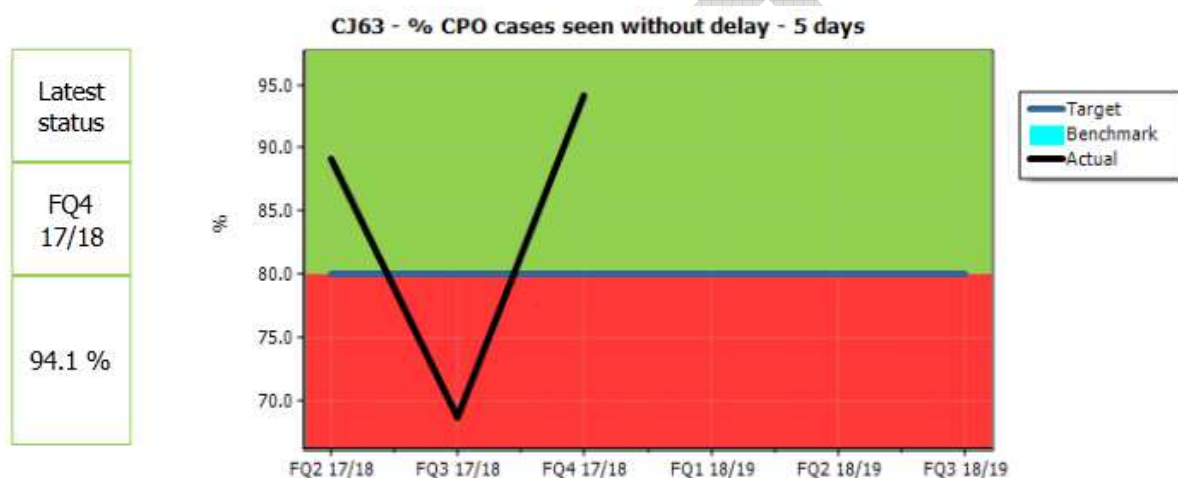
Alex Taylor

Target: 80%      Actual: 68.8%

Date of Report: FQ3 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 criminal justice service had a Community Payback Officer on long term sickness and was carrying a vacancy during this period. The service has as a consequence been operating at a 50% staffing level. More specifically of the cases that were not seen within timescale:

- One was in custody and the order was revoked
- One order was notified to us late by Greenock Sheriff Court
- The last Order was not seen due to service user failing to attend 2 scheduled appointments.

## 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)

An appointment has been made to the vacant post and the Community Payback Officer is back at work. .

## 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)

I have brought this Exception Report to the attention of the Service Manager CJSW to ensure offenders placed on a Community Payback Order are seen within 5 days of sentencing. No further

action is required at present.

**Additional Support Requirements Identified**

None at present

**Improvement Forecast Date:**

**Review Date:**

FQ1 2018

July 2018

# Management Exception Report

**Performance Indicator:** SCRA43 - % of SCRA reports submitted on time

**Responsible Manager:**

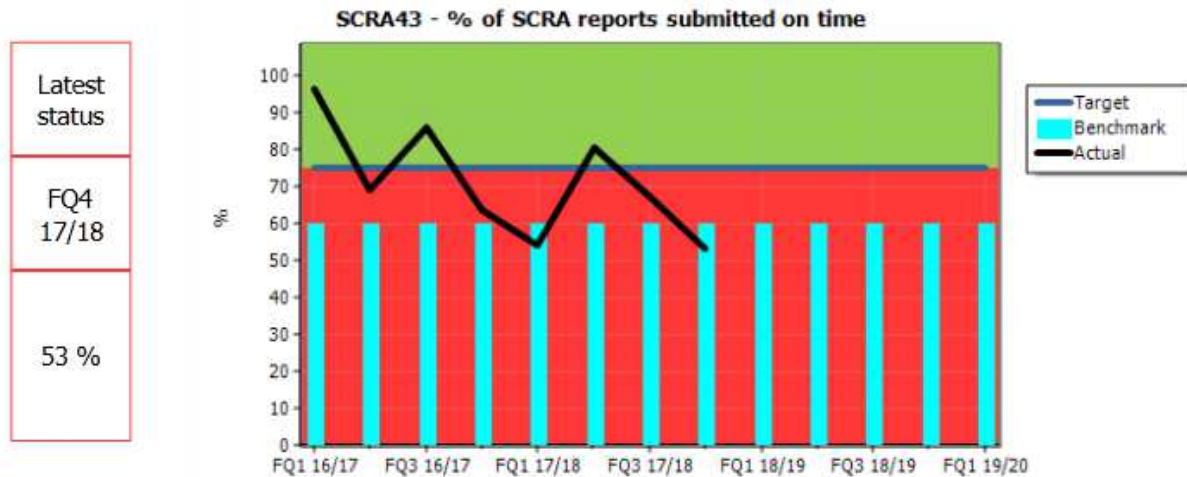
Alex Taylor

Target: 75% Actual: 67%

Date of Report: FQ3 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)



There has been an issue of capacity within the Children and Families Area Teams due to staff vacancies and long term sickness.

**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)

Vacancies are being recruited to and where necessary the use of locum social workers has been approved. The Head of Service has asked the Children and Families Locality Managers to prioritise this area of performance and ensure systems are place to effectively monitor the productions of reports for the Scottish Children’s Reporter Administration (SCRA).

**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)

None at present.

**Additional Support Requirements Identified**

None at present.

**Improvement Forecast Date:**

**Review Date:**

FQ1 2018

July 2018

**Management Exception Reporting**

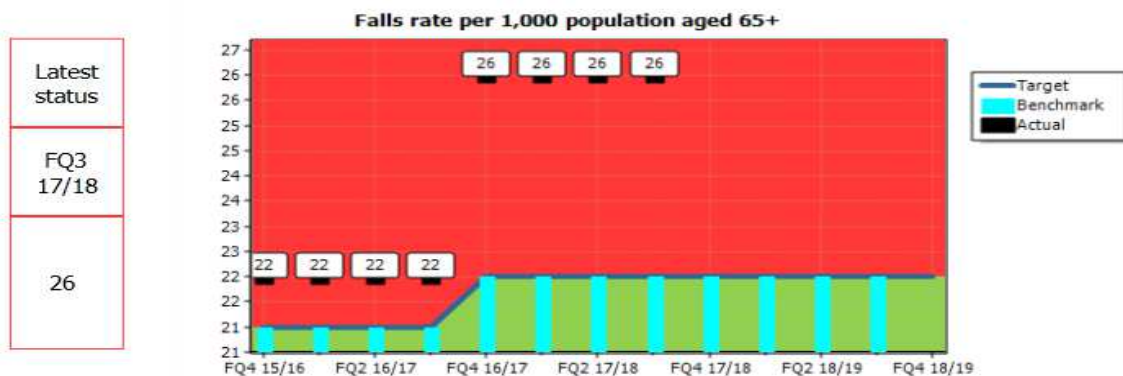
**Performance Indicator: Outcome 7**  
Falls rate per 1,000 population for adults aged 65+

**Responsible Manager:**  
Lorraine Paterson

Target: 22 Actual: 26

Date of Report: FQ3 17/18

**Description of Exception**



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**

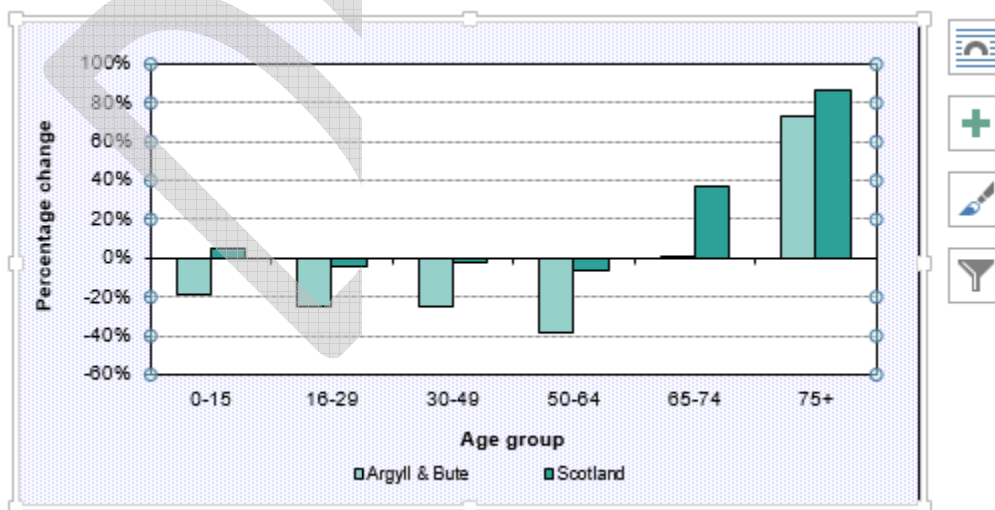
Development work is taking place with National Programme Manager for Prevention of Falls, LIST team from ISD and the support of the Active and Independent Living Programme to produce a quality dashboard of falls data for each locality. The data will have both outcome and process measures. This will be 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>

| <b>Additional Support Requirements Identified</b> |                     |
|---|---------------------|
| <b>Improvement Forecast Date:</b>                 | <b>Review Date:</b> |
| July 2018   | February 2018       |

# Management Exception Report

## Performance Indicator:

% of new outpatient appointments DNA rates

## Responsible Manager:

James Littlejohn/Lorraine Paterson

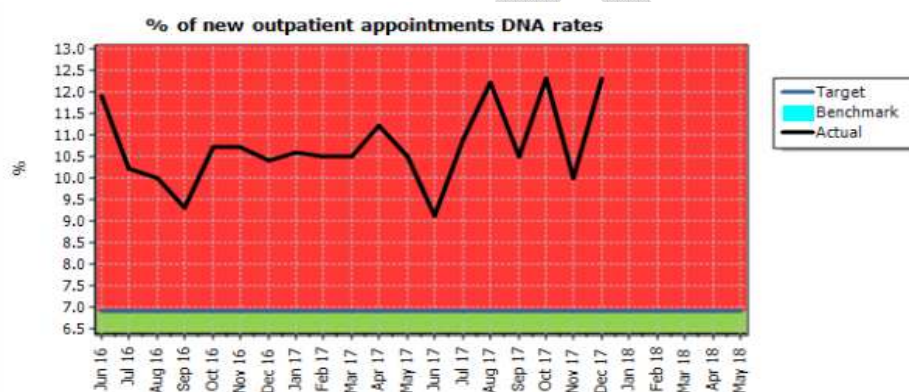
Target: 6.9%      Actual: 12.3%

Date of Report: Q3 2017/18

## 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

|               |
|---------------|
| Latest status |
| Dec 17        |
| 12.3 %        |



| Dec-17                          | Attendances |             |             | DNAs      |            |            | % DNAs to Total |            |            |
|---------------------------------|-------------|-------------|-------------|-----------|------------|------------|-----------------|------------|------------|
|                                 | New         | Return      | Total       | New       | Return     | Total      | New             | Return     | Total      |
| Argyll & Bute*<br>Mental Health | 36          | 276         | 312         | 18        | 57         | 75         | 33%             | 17%        | 19%        |
| Dunoon                          | 60          | 66          | 126         | 12        | 12         | 24         | 17%             | 15%        | 16%        |
| Islay                           | -           | -           | -           | -         | -          | -          | -               | -          | -          |
| Rothesay                        | 15          | 46          | 61          | 2         | 7          | 9          | 12%             | 13%        | 13%        |
| Lorn & Islands<br>Oban          | 315         | 510         | 825         | 40        | 66         | 106        | 11%             | 11%        | 11%        |
| Campbeltown                     | 124         | 135         | 259         | 9         | 12         | 21         | 7%              | 8%         | 8%         |
| Mid Argyll                      | 74          | 124         | 198         | 6         | 9          | 15         | 8%              | 7%         | 7%         |
| Mull                            | 11          | 4           | 15          | 2         | 0          | 2          | 15%             | 0%         | 12%        |
| <b>HSCP total</b>               | <b>635</b>  | <b>1161</b> | <b>1796</b> | <b>89</b> | <b>163</b> | <b>252</b> | <b>12%</b>      | <b>12%</b> | <b>12%</b> |

Source: Outpatient Statistics by Hospital

*Source - TrakCare PMS*

This target records the Do Not Attend (DNA) rates for patients attending new appointments for outpatient clinics in Argyll and Bute hospitals for consultant led specialties. The total DNA performance has exceeded the target consistently over the years.

Reasons for this include:

- Small numbers of patients attending clinics
- Specialties with high DNA rates e.g. Mental health and paediatric
- Patient choice in selecting dates
- Late notification of non-attendance

Differences in administrative practices across some departments

### **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 need for a consistent focus on performance across the HSCP sees the need for concentrated and consistent management actions to reduce DNA rates to best performance e.g. Rothesay and Mid Argyll.

Other action will include further media campaigns to alert patients to attend or notify etc. and more prominence in the performance report to operational management

Local data is being sourced to provide more up to date information and performance management.

### **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)

None at present.

### **Additional Support Requirements Identified**

None at present.

**Improvement Forecast Date:**

**Review Date:**

FQ1 2018

July 2018

# Management Exception Report

**Performance Indicator:** % of NHS simple complaints - achievement against 20 days

**Responsible Manager:**

Liz Higgins

**Target:** 80%      **Actual:** 0%

**Date of Report:** FQ3 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)

|                                   | Oct 17 | Nov 17 | Dec 17 |
|-----------------------------------|--------|--------|--------|
| <b>Complaints</b>                 |        |        |        |
| Maximum complaints received month | 3      | 1      | 6      |
| <b>Complaints</b>                 |        |        |        |
| Response within 20 days           | 33%    | 0%     | 33%    |

Complaint information is captured from NHS highland balance score card return and there is a significant lag in the availability of the data.

## 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)

A number of actions are being implemented by the Clinical Governance Manager and the Governance and Risk Manager, Argyll and Bute Council (in conjunction with localities and services in receipt of complaints) to support achievement of response timescales for both NHS and Council complaints including the development of training for investigators. The aim is to deliver training in each locality commencing in July 2018.

Local data is being sourced to provide more up to date information and performance will be reported at the Care and Clinical Governance committee.

## Actions Identified to Address Current /Future Barriers

None at present.

## Additional Support Requirements Identified

None at present.

**Improvement Forecast Date:**

**Review Date:**

DRAFT



## Argyll & Bute Health & Social Care Partnership

**Integration Joint Board**

**Agenda item: 5.11**

**Date of Meeting:** 30 May 2018  
**Title of Report:** Chief Officer Report  
**Presented by:** Christina West

**The Integration Joint Board is asked to :**

Note the following report from the Chief Officer

### **Fostering Service**

The Chief Officer attended a development day on Adverse Childhood Experiences (ACES), on Saturday 24th March 2018 at Furnace Primary School. The topic was Foster Caring and she met with fosterers and many of our children and young people.

Fostering provides the emotional security and normality of childhood which we associate with families. There are presently 41 children in foster care in Argyll and Bute, which includes new born babies to young people in continuing care.

We are very fortunate to have the excellent fostering service we do which we owe to the dedication and commitment of our carers to our children and young people. The fostering service is graded 5 (VERY GOOD) by the Care Inspectorate across all the quality statements.

### **West of Scotland Regional Health and Social Care Stakeholder Event**

Members of the IJB and officers attended the West of Scotland Regional Health and Social Care stakeholder event on the 12th May 2018 to receive an update on the development of the “regional plan and health and care model.” The plan covers the 2.7 million people who live within the West of Scotland communities.

Members heard about the West of Scotland ‘Model of Care’ and the ‘Settings for Care’. The next steps are to finalise the discussion document and prepare for consultation and engagement with staff, the public and stakeholders. The IJB is also required to formally consider and approve the plan and a full briefing/report will be presented to members in due course.

## **Health Records Staff Pass Course with Flying Colours**

Five health records staff from the Helensburgh and Lomond locality have recently completed an Institute of Health Records and Information Management course which will assist them in the day to day delivery of their duties for the benefit of patients and service users.

Congratulations go to:

Monica Hutton – Admin Assistant, School Nursing

Elaine McMillan – Admin Officer, Podiatry and Orthotics

Holly Cunningham – Clerical Officer, Child Health

Pam Durrant, Admin Officer for Paediatric Therapies

Pam Milne – Receptionist, Outpatients Department

## **HSCP Staff Excellence Awards**

The HSCP held its Staff Excellence Awards on Friday 27th April to recognise the exceptional health and social staff working for the HSCP.

This is the second year that the HSCP has held the awards and once again a wide range of nominations were received from fellow colleagues and members of the public.

Congratulations go to the following winners:

*Nurse/Midwife of the Year* - Jennifer MacIntyre (Senior Charge Nurse, Ward A Oban)

*Therapist of the Year* - Ann Evans (Occupational Therapist, Mull & Iona)

*Social Care Worker of the Year* - Richard Gault (Mental Health Social Care Worker, Dunoon)

*Admin Secretarial Worker of the Year* - Caroline Walton (Admin Support Officer, Oban)

*Support Worker of the Year* - Leanne Wallace (Domestic Assistant, Cowal)

*Pat Tyrrell Award for Caring Behaviours* - Betty MacIntyre (Midwife, Oban)

*Chief Officers Outstanding Contribution to Health Social Care* - Avril Coffield (Health Care Assistant, Campbeltown)

*Outstanding Individual* - Jane Williams (Local Area Manager, Isle of Bute)

*Outstanding Team* – Argyll and Bute Radiography

*Patient/Service User Choice Award* - Kate Paton (Practice Nurse Strachur)



## **Improving Support and Recognition for Unpaid Carers**

The Carers (Scotland) Act 2016 was passed by the Scottish Parliament on the 4th February 2016. It is a key piece of new legislation that promises to 'promote, defend and extend the rights' of adult and young carers across Scotland improving support and recognition for unpaid carers. The Act came into force on April 1st 2018.

All people who provide unpaid care for friends, family and neighbours will now have the right to a personalised plan. This will identify their needs and help them to access information, advice and support.

The HSCP is working directly with social work teams planning local training for carer centres and health and social staff to ensure delivery of support for carers in a more coordinated way.

## **New Home for Healthy Working Lives**

Healthy Working Lives has launched its new website, allowing organisations across Scotland to access personalised advice to improve the health, safety and wellbeing of their workforce.

The new home of health, safety and wellbeing ([www.healthyworkinglives.scot](http://www.healthyworkinglives.scot)) is packed with interactive features and its fresh and concise new content structure will make it easier for businesses to find what they need, when they need it.

The website is ideal for someone setting up a business in Argyll and Bute or businesses already established who would like access to policy or risk assessment templates. All the documents are downloadable and can be tailored specific to each workplace.

## **Rolling Media Features**

The HSCP Communications Team has been continuing to work closely with the local media to develop a series of rolling features highlighting the work carried out by health and social care staff across Argyll and Bute. Three publications (Oban Times, The Buteman and the Helensburgh Advertiser) are now signed up and the team will be approaching others in the near future to develop it further.