

MINUTE OF INTEGRATION JOINT BOARD (IJB)
held in Council Chambers, Kilmory, Lochgilphead on
Wednesday 28 November 2018 at 1.30pm

Present:

Robin Creelman	NHS Highland Non-Executive Board Member (Chair)
Councillor Kieron Green	Argyll & Bute Council (Vice Chair)
Joanna MacDonald	Chief Officer
David Alston	NHS Highland Chair
Dr Michael Hall	Associate Medical Director, Argyll & Bute HSCP
Alex Taylor	Head of Children and Families & Criminal Justice
Linda Currie	Lead AHP, Argyll & Bute HSCP
Elizabeth Higgins	Lead Nurse, Argyll & Bute HSCP
Lesley MacLeod	Interim Chief Financial Officer, Argyll & Bute HSCP
Dr Angus MacTaggart	GP Representative, Argyll & Bute HSCP (VC)
Sandra Cairney	Associate Director for Public Health, Argyll & Bute HSCP
Elizabeth Rhodick	Public Representative
Heather Grier	Unpaid Carer Representative
Catriona Spink	Unpaid Carer Representative
Kirsteen Murray	CEO, Third Sector Interface
Sarah Compton-Bishop	NHS Highland Non Executive Board Member
Gaener Rodger	NHS Highland Non Executive Board Member
Councillor Aileen Morton	Argyll & Bute Council
Councillor Sandy Taylor	Argyll & Bute Council

In Attendance:

Stephen Whiston	Head of Strategic Planning&Performance, Argyll & Bute HSCP
Lorraine Paterson	Head of Adult Services, Argyll & Bute HSCP
Phil Cummins	Interim Head of Adult Services, Argyll & Bute HSCP
George Morrison	Head of Finance, Health
David Forshaw	Principal Accountant, Argyll & Bute Council
Charlie Gibson	Acting Head of People and Change
Charlotte Craig	Business Improvement Manager, Argyll & Bute HSCP
David Ritchie	Communications Manager, Argyll & Bute HSCP
Sally Amor	Child Health Commissioner/Public Health Specialist, NHSH
John Owen	ADP Chair, Argyll & Bute
Craig McNally	ADP Co-ordinator, Argyll & Bute
Laura Stevenson	Senior Health Promotion Officer, Argyll & Bute HSCP
Laurence Slavin	Chief Internal Auditor, Argyll & Bute Council
Patricia O'Neill	Central Governance Manager, Argyll & Bute Council
Sheena Clark	PA to Chief Officer

Apologies:

Councillor Gary Mulvaney	Argyll & Bute Council
Fiona Thomson	Lead Pharmacist
Fiona Broderick	Staff Representative, Argyll and Bute HSCP
Denis McGlennon	Independent Sector Representative

ITEM DETAIL

1 WELCOME

The Chair welcomed everyone to the meeting and introductions were made around the table.

Patricia O'Neill, on behalf of Douglas Hendry, Standards Officer, referred the IJB to non-compliance as detailed in Standing Order 5.1 "failure of service of the notice on any Member shall not affect the validity of anything done at a meeting" and Standing Order 11.1 "the Chief Officer shall be responsible for giving public notice of the time and place of each meeting... not less than five days before the date (of the meeting)".

The IJB agreed to suspend the standing orders, noting that Standing Order 13 provides that "any Standing Order... in the case of emergency as determined by the Chair upon motion may be suspended... at any meeting so far as regards any business at such meeting provided that two thirds of the Members present and voting shall so decide..." .

2 APOLOGIES

Apologies were as noted above.

3 DECLARATIONS OF INTEREST

No declarations of interest were intimated.

4 APPROVAL OF MINUTE OF INTEGRATION JOINT BOARD HELD ON 26 SEPTEMBER 2018 AND ACTION NOTES

The minute was agreed as an accurate record and the updates on the action plan noted.

5 BUSINESS

5.1 IJB Improvement Plan Update

IJB members were content with the improvement in the reporting of the RAG rated table and noted the detail of the issues recorded.

The IJB :

Noted the progress made across the range of actions contained within the IJB Visible Changes Improvement Plan.

5.2 Building on Experience: A Vision for Mental Health Services in Argyll & Bute – The Reprovision of an Acute Inpatient Facility

The report updated on the interim reprovision of the acute inpatient mental health services following the relocation to a fully upgraded

environment on the lower ground floor of Mid Argyll Community Hospital & Integrated Care Centre. The move has been fully tested over a 12 month period and meets the requirements of a full risk assessment against national standards. The utilisation of the vacant space within the existing building is cost efficient.

There is in-built flexibility to address any change in demand and delivery of service in the longer term, as part of the ongoing work of implementing the Scottish Government Mental Health Strategy.

The IJB recognised the significant historical reputation of Argyll & Bute Hospital and agreed the requirement to formally recognise the closure of the facility.

The IJB :

- *agreed the recommendations within this paper and its presentation to NHS Highland Board :*
- *Noted the Mental Health Inpatient unit in Mid-Argyll Hospital and Integrated Care Centre is agreed to be the permanent facility.*
- *agreed to formally progress with the closure of the Argyll and Bute Hospital.*
- *agreed to making these recommendations to NHS Highland Board.*
- *agreed to informing the Scottish Government that there is no longer a requirement to proceed with a business case for a new built facility.*
- *agreed to the undertaking of ongoing engagement to inform of the new status.*

5.3 Staff Governance Report

A summary of the report was presented to the IJB. The Interim Head of NHS People & Change undertook to progress a response outwith the meeting to queries raised in relation to :

- statutory and mandatory training - number of Council employees completed in Adult Care East.
- cost of Council staff absence.
- Council employee relations

The IJB requested NHS and Council staff absence costs are detailed in future reports.

There was agreement that an iMatters action plan would be a key matrix for the IJB to identify and monitor the results and engagement scores. The IJB will consider and determine the level of information for an appropriate matrix.

The Annual Workforce Plan should reflect the detail of the National Workforce Plan.

The IJB :

noted the content of this quarterly report on the staff governance

5.4 Public Health

a) NHS Highland Director of Public Health Annual Report

The presentation by the Child Health Commissioner/Public Health Specialist, NHS Highland provided an overview of the Director of Public Health Annual Report on Adverse Childhood Experiences (ACEs).

The key messages were set out in the report. A working group has been established to take forward the recommendations and develop and action plan, to be overseen by the Community Planning Partnership.

The IJB acknowledged the input by Samantha Campbell, Senior Health Improvement Specialist for Mental Health.

The IJB :

- *noted the importance of offsetting the effect of childhood adversity as detailed in the 2018 Director of Public Health Annual Report on Adverse Childhood Experiences (ACEs).*
- *supported the principle of the Argyll and Bute Health and Social Care Partnership working as a trauma informed and trauma responsive health and social care service.*

b) Scotland's Smoke Free Charter

Report from the Associate Director of Public Health and Senior Health Promotion Officer, outlining the 6 principles of the Charter, as a tool to raise the profile of smoking cessation and prevention

The IJB :

The IJB Signed up to Scotland's Charter for a Smoke Free Generation and:

- *recognised the harmful effect smoking has on the health of our population.*
- *supported the request to be personal advocates for a smoke-free generation.*
- *recognised the importance of front line service delivery shifting toward preventing problems from arising and the contribution stopping smoking has on improving health and wellbeing.*

5.5 Alcohol & Drugs Partnership Business

a) Alcohol/Drugs Dependency Services Correspondence Review

The joint report from the HSCP Associate Director of Public Health and the Council Chief Internal Auditor advised on the final audit report and the conclusions of the audit conducted. Point 3.4 of the paper was highlighted to the IJB, detailing the focus of the audit and

the requirement to provide evidence based responses to the queries raised by the correspondent(s) as summarised by Audit Scotland. Appropriate Council Officers and NHS Highland Officers have accepted the contents of the report and agreed responses and timescales in the associated action plan.

The IJB

- *reviewed and endorsed the report; and*
- *directed relevant Council officers and NHS officers to prepare and deliver an action plan to address the risks identified in the report*

b) ADP Annual Report

The report gave a snapshot of the ADP activity and strategic work and provided an overview of the funding allocated to the IJB to help meet the Scottish Government ministerial priorities and other priorities set out by the ADP. The ADP's revised structure in public and user involvement and engagement was recently launched.

The IJB:

noted the Alcohol & Drug Partnership (ADP) 2017/18 annual report which was submitted to Scottish Government in September 2018.

c) Allocation of Scottish Government “Programme for Government” Funding

The ADP Co-ordinator presented the paper, setting out the high level proposal submitted to the Scottish Government in response to the “Programme for Government” letter of August 2018, detailing a series of national priorities for the development and delivery of services, against an additional £315,000 funding to Argyll & Bute HSCP ADP.

The IJB were advised that Appendix 1 (2018-19 Investment Plans and Reporting Template) is indicative to meet Scottish Government requirements for the additional funding allocation. A more detailed plan will be presented to a future IJB meeting.

The IJB :

noted the high level proposal submitted to the Scottish Government (October 2018) for allocation of £315,000 additional resource to meet national priorities.

5.6 Communication and Engagement

a) Strategic Plan Consultation Feedback

The report presented the findings of the feedback to inform the development of the 2nd Strategic Plan, April 2019-March 2022. The 3 stages of the HSCP Engagement approach was well received by staff and communities. The process was far-reaching across the HSCP and partners and an excellent response was received from all

groups.

The IJB :

considered the contents of this report and noted the findings will inform the next Strategic Plan.

b) Locality Planning Group Evaluation – Outcome of Option Appraisal

Following the recent participatory approach to evaluating the current arrangements for the Locality Planning Group, the IJB were asked to approve Option 2, “Four Locality Planning Group “ as the preferred model. This model will align with the Community Planning Partnership and future planning arrangements.

Amendments to the titles of LPG Workshop members were noted.

The IJB

- *noted the contents of this report;*
- *noted that success of the preferred model hinges on the development of effective engagement mechanisms at a community level;*
- *noted the Strategic Planning Group’s endorsement of Option 2; and*
- *approved Option 2 : ‘Four Locality Planning Group Model’ as the preferred model for locality planning arrangements for Argyll & Bute HSCP.*

c) Engagement Quality Assurance Framework

Report from the Associate Director of Public Health presented the draft document to support the HSCP’s Engagement Quality Assurance Framework (2018), focussing on 4 key engagement standards, each setting out a number of quality dimensions to be evidenced. The framework sets out an engagement matrix, describing the levels of organisational engagement that can be expected by stakeholders.

The IJB

- *considered the outcomes and standards; and*
- *approved the Engagement Quality Assurance Framework*

5.7 West of Scotland Regional Health & Social Care Plan

Presented by the Head of Strategic Planning & Performance, the paper set out the draft response from the HSCP to feed back on the West of Scotland Regional Health & Social Care Delivery Plan. The HSCP and other IJBs are important stakeholders to ensure the developing care models are influenced by and take account of urban and rural health and care needs of both mainland and island communities.

The outcomes of the Argyll & Bute stakeholder event held on 23 November will be incorporated into the final response, due for submission on 3 December 2018.

During discussion, the following comments were noted to inform the feedback :

- a population based approach is needed to reflect the impact of island communities accessing services.
- travel arrangements and costs should be reflected.
- workforce planning challenges, nationally and locally.
- requirement to mitigate for Argyll & Bute patients accessing services.

The IJB :

- *noted the West of Scotland Regional Delivery Plan discussion document.*
- *considered the draft response on behalf of the HSCP which has been developed through, management, staff and stakeholder feedback.*
- *remitted final submission subject to inclusion of feedback from the stakeholder workshop on the 23rd November 2018 to Head of Strategic Planning and Performance for the 3rd December 2018 deadline.*
- *noted the next steps.*

5.8 Clinical & Care Governance Report

The Lead Nurse highlighted key points from the report.

The Infection Control Management Software (INet) is now in use by the Argyll & Bute team.

The Healthcare Environment Inspection (HEI) report gave positive feedback on their recent visit to hospital sites. An action plan is in place to address the recommendations within the report.

The IJB :

- *noted the biannual summary of Healthcare Associated Infection (HAI) surveillance and Infection Control activity.*
- *noted the recent HEI inspection report and associated action plan*

5.9 Finance – Budget Monitoring

Report from the Interim Chief Financial Officer advised on the financial performance for 2018/19 up to end October, progress on implementing measures to achieve savings and a projected year-end forecast outturn of £4.0m.

Resulting from concerns raised relating to the report presented, the IJB considered and agreed the following as a record of the discussions.

The Integrated Joint Board records its appreciation to all staff who

are working to address overspends and deliver savings this year; recognising the substantial efforts being made to return the HSCP to financial balance.

However, the Board expresses concern at the level of forecast outturn reported at the end of Month 7. Although a slight improvement on the position reported to the Board on 26 September 2018, based on Month 5, it is still a significant overspend at £4million.

The Board also notes that there is no update from the Quality and Finance Programme Board on the measures put in place to minimise discretionary spend and in year overspends, despite the Board agreeing at the September meeting that this should be a standing item on the agenda.

The Integrated Joint Board agrees:

- 1. Reiterated its acceptance of current budget offers for 2018-19 from NHS Highland and Argyll and Bute Council, as noted at the September IJB meeting*
- 2. To note the forecast outturn of £4.0m as at the end of October 2018 reflecting a marginal improvement of £0.2m since update in September*
- 3. To note the limited information provided to IJB members on the composition of this overspend and require further, more detailed reports to be presented to the next meeting of the Quality and Finance Programme Board providing this information*
- 4. To note that it will be extremely challenging for the HSCP to achieve a year-end break even position and instruct the Chief Officer and the Chief Financial Officer to write to the Council and NHS to seek approval for the recovery plan to extend beyond the current financial year as required by the Scheme of Integration (Scheme paragraph 8.2.19)*
- 5. To the continued restriction of all non-essential spend and for an update on progress to be provided to the next IJB meeting*
- 6. To require the provision of a detailing itemised progress towards the delivery of the £10.6m agreed savings in 2018/19 – including profiling and forecast outturn of each savings proposal; a break down between Council and NHS overspends; a list of all in-year cost and demand pressures with steps being taken to mitigate these pressures.*

Furthermore the Board notes that there is no paper in front of us providing detail of the 2019/20 Budget gap and the savings required but the estimated budget gap for 2019/20 will be substantial considering the likely cost and demand pressures as well as the expected failure to deliver recurring savings in 2018/19.

The Board instructs officers to bring back a report to the January meeting providing an overview of the Budget outlook over the next 3

years, a detailed analysis of the composition of the budget gap for 2019/20, and providing details of potential savings options to close this gap for the Board's consideration.

5.10 Argyll & Bute HSCP Performance Report

The Head of Strategic Planning and Performance presented a review and summary of the key themes, acknowledging the request for a review of the target areas showing red. Exception reports and achievements will be included in future reports to the IJB.

- *endorsed the work completed and the work in Pyramid (train) to review the current performance reporting in line with ongoing National Review of current Health & Wellbeing Outcome Indicators (NHWBOI's).*
- *endorsed the review and approach to scorecard rationalisation.*
- *considered and noted the HSCP performance against National Health and Well Being Outcome Indicators: 3 and 4 and the Ministerial Steering Group measures of integration for the HSCP.*
- *noted the Head of Services Performance Commentary with regards to local actions to address exceptions against indicators 3 and 4*

5.11 Chief Officer Report

Report from the Chief Officer was presented, highlighting the positive report from the Care Inspectorate following their unannounced visit to Helensburgh Children's House. The Chief Officer commented on her recent visits, with the Head of Children & Families, to Children's homes and acknowledged the work of the staff in providing quality of care and support, and management and leadership.

Responding to an enquiry relating to the timescale for the HSCP Commissioning Plan, the Head of Strategic Planning & Performance advised that the plan will be informed by the Strategic Plan 2019 - 2022.

Argyll & Bute HSCP are in discussions with the Commissioning Team to develop a plan for the Care Sector. A formal event process will commence in 2019.

Members acknowledged the suggestion of approaching external consultants to assist in progressing the plan.

A paper will be brought to the IJB in January 2019, detailing the timescale for the draft HSCP Commissioning plan.

The IJB :

noted the report from the Chief Officer

5.12a Commissioning & Contracting Arrangements with NHS Greater Glasgow & Clyde for Acute Clinical Services

Report by Stephen Whiston, Head of Strategic Planning

5.12a is restricted for the following reason:

E8 - The amount of any expenditure proposed to be incurred by the authority under any particular contract for the acquisition of property or the supply of goods or services.

The IJB:

considered the information in the report provided and supported.

5.12b NHS Greater Glasgow & Clyde Service Level Agreement Value for 2018/19

Report by Lesley MacLeod, Interim Chief Financial Officer

5.12b is restricted for the following reason:

E8 - The amount of any expenditure proposed to be incurred by the authority under any particular contract for the acquisition of property or the supply of goods or services.

The IJB:

considered the information in the report provided, discussed and supported an action.

Integration Joint Board

Agenda item: 4.1

Date of Meeting: 30 January 2019

Title of Report: Employee Governance Report

**Presented by: Charlie Gibson, Acting Head of People and Change
Jane Fowler, Head of Improvement and HR**

The Integration Joint Board is asked to:

- Note the proposed direction of travel to improve the reporting of employee information
- Note that this direction of travel is intended to support strategic decision making
- Note that a detailed report in a revised format will be brought to the next IJB
- Note that in order to align with national developments on workforce planning, the updated Workforce Plan will be brought to the next IJB meeting

1. EXECUTIVE SUMMARY

IJB members have received regular updates on staff governance since its inception. At the last meeting, members requested a more integrated approach to the presentation of Employee information as this has been presented to date in different formats, depending on the employer's information source.

This report sets out the direction of travel to improve the presentation of employee information to the IJB to support strategic decision making.

2. INTRODUCTION

The IJB has been receiving regular reports on Employee information since its inception. This report sets out the future proposed direction of travel in reporting on employee information to support strategic decision making by the IJB.

3. DETAIL OF REPORT

Employee Information Reporting

Whilst being managed through the Health and Social Care Partnership by managers who have an integrated role, all staff remain employees of their

parent bodies, Argyll and Bute Council and NHS Highland. This brings a number of challenges in gathering and reporting on employee information.

To date the Employee Governance report has presented information in a way that separates Council data from NHS data. The reasons for this stem from the fact both that the systems in use collate and configure the data in different ways and because the two parent organisations have different statutory reporting requirements that require the information to be presented at different times in different formats. A specific example of this is absence data. The Council is bound by a performance indicator nationally and must report in terms of working days lost. The NHS is bound by national guidance and must report in % days absent.

The Council have systems that provide up to date sickness absence information to managers ,however NHS rely on North Highland providing all sickness absence data and this is 6 weeks in arrears due to the time to migrate data from different reporting systems. It is envisaged this will reduce significantly with the roll out of eESS (Electronic Employee Support System) and SSTS (Scottish Standard Time System).

Recognising this and also recognising that the scope to alter this is not within the gift of the HSCP, there are still ways that some of the employee data can be better presented to allow the IJB to take a strategic overview of the people resources in the organisation.

In order to achieve this, it is proposed that the 2 HR teams along with support from the Performance and Improvement teams work together to collate relevant employee information into formats that allow the IJB to review appropriate information across the workforce and to move away from the separate employer data with different presentation styles and information.

The teams will map the timescales attached to data production by the parent bodies and identify the appropriate reporting period for particular IJB meetings. This timeline will build in appropriate time for analysis and review of the data to develop and report on the findings, making it specific and relevant to the IJB's priorities and outcomes.

The HR teams will use this as an opportunity to listen to the needs of the IJB and shape the data reporting accordingly, within the parameters of the available data.

The next report on employee data to the IJB will be in the new format and will be brought forward in line with the reporting periods as determined by the parent bodies issuing of data.

Workforce Planning

The next iteration of the HSCP workforce plan was due to be brought to this meeting of the IJB. However, there are ongoing developments at

national level which inform this piece of work. Postponing the Workforce Plan until publication of the National Workforce Plan and associated guidance will allow officers to fully take this into account and will prevent unnecessary duplication of work.

4. RELEVANT DATA AND INDICATORS

None for this report.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Delivering the IJB's strategic priorities is dependent on the effective performance of the workforce. The staff governance paper should provide the IJB with assurance that the HSCP management team is ensuring that employees are supported to perform to the best of their ability. This means having the right people in the right place at the right time with the right skills and at the right cost. People governance is as important to delivering the strategic priorities as is financial prudence.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

No impact from this paper

6.2 Staff Governance

Reporting on employee data complies with staff governance arrangements

6.3 Clinical Governance

No impact from this paper

7. EQUALITY & DIVERSITY IMPLICATIONS

These issues are picked up within the NHS People & Change and Council HR & OD teams as appropriate when policies and strategies are developed. An EQIA is also completed as standard practice within the Transforming Together projects.

8. RISK ASSESSMENT

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

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

N/A

10.DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	✓
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

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Integration Joint Board

Agenda item: 4.2.1

Date of Meeting: 30 January 2019

Title of Report: Budget Monitoring as at 31 December 2018

Presented by: Kirsty Flanagan, Interim Chief Financial Officer

The Integration Joint Board is asked to:

- Note the forecast outturn position for 2018-19 is a forecast overspend of £4.398m.
- Note that as part of the recovery plan, actions are being taken to gain more grip and control of the financial situation.
- Consider any further actions to take based on the budget monitoring information.
- Note that it is unlikely at the stage that the Health and Social Care Partnership will achieve financial balance by the end of the financial year.

1. EXECUTIVE SUMMARY

1.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 31 December 2018.

1.2 There is a year to date underspend of £0.549m as at 31 December 2018. This consists of an overspend of £1.118m within Health delivered services offset by a year to date underspend of £1.667m within Social Work.

1.3 The forecast outturn position for 2018-19 is a forecast overspend of £4.398m. This is a deterioration from the overspend of £4.006m reported as at the end of October 2018. There is a separate report on the agenda providing information on the progress with the quality and finance plan and you will see from this report that there is a shortfall in savings for 2018-19 of £7.177m. This is the main reason for the forecast overspend. The most significant risk affecting the forecast outturn position is the SLA for Greater Glasgow and Clyde. At the last IJB a decision was made to reject the increase and the forecast outturn reflects this position. If this position is not accepted by Greater Glasgow and Clyde then there is a risk that the outturn will increase by £1.1m.

- 1.4 As part of the recovery plan, action has already been taken and continues to be taken to gain more grip and control of the financial situation, however, it is unlikely at this stage that the Health and Social Care Partnership will achieve financial balance by the end of the financial year and it will therefore need to look to its partner bodies for additional funding.

2. INTRODUCTION

- 2.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 31 December 2018. Information is provided on both the year to date position and the forecast outturn position and is summarised at a service/activity level.

3. DETAIL OF REPORT

3.1 Year to Date Reporting within Partner Organisations

- 3.1.1 In terms of the year to date position, it should be noted that on an overall Health and Social Care Partnership basis, it can be difficult to fully interpret how the year to date figures link to the forecast outturn position.

- 3.1.2 Health undertake high level monthly accrual accounting which means that expenditure and income adjustments are made at the end of each month to align expenditure and income to the correct month. As a result you should see a correlation in their year to date position and their forecast outturn position.

- 3.1.3 The Council don't undertake monthly accrual accounting but they do profile their budgets across the months when they expect the expenditure and income to happen, however, there may be a mis-match between year to date actuals and year to date budgets due to timing differences as to when invoices are actually paid. The Council put more focus into the forecast outturn position.

- 3.1.4 Monitoring information is provided and is split across Health and Social Work which allows the differences in monthly accounting treatment to be more visible. It would be the intention to move to align the accounting treatment, however, we have to accept that the Health and Social Care Partnership finances are recorded across two different organisations with differing financial reporting procedures.

3.2 Year to Date Position as at 31 December 2018

- 3.2.1 There is a year to date underspend of £0.549m as at 31 December 2018. This consists of an overspend of £1.118m within Health delivered services offset by a year to date underspend of £1.667m within Social Work. Further information is provided within Appendix 1.

- 3.2.2 Within Health delivered services the overspend is mainly linked to savings not being achieved in addition to increased costs for oncology drugs, pharmacy costs, patient referrals, and agency/locum staff. The overspends have been offset to an extent by vacancy savings and also budget reserves which includes one-off in year allocations.

3.2.3 Within Social Work the variances are mainly as a result of profiling issues and there are delays on receipt and payment of supplier invoices particularly within older person's services. This is being followed up by the Finance Team.

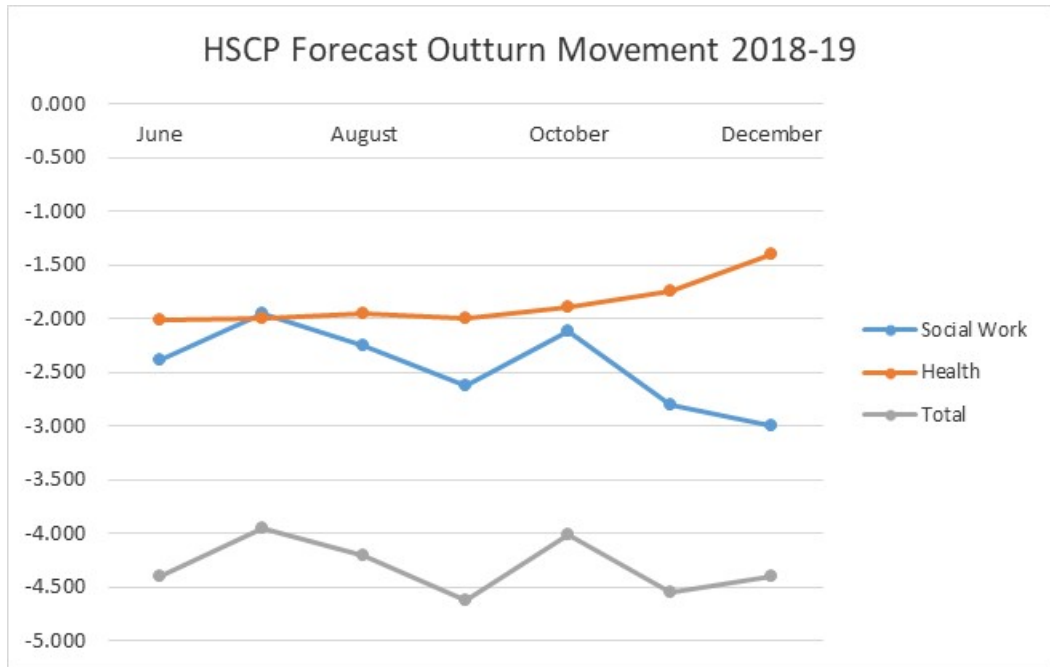
3.3 Forecast Outturn Position as at 31 December 2018

3.3.1 The forecast outturn position for 2018-19 is a forecast overspend of £4.398m. This is a deterioration from the overspend of £4.006m reported as at the end of October 2018. There is a separate report on the agenda providing information on the progress with the quality and finance plan and you will see from this report that there is a shortfall in savings for 2018-19 of £7.177m. This is the main reason for the forecast overspend. Further information is provided within Appendix 2.

3.3.2 Within Health delivered service the forecast overspend is linked to the year to date overspend due to the accrual accounting. The overspend is mainly linked to savings not being achieved in addition to increased costs for oncology drugs, pharmacy costs, patient referrals, and agency/locum staff. The overspends have been offset to an extent by vacancy savings and also budget reserves which includes one-off in year allocations. The most significant risk affecting the forecast outturn position for Health is the SLA for Greater Glasgow and Clyde. At the last IJB a decision was made to reject the increase and the forecast outturn reflects this position. If this position is not accepted by Greater Glasgow and Clyde then there is a risk that the outturn will increase by £1.1m.

3.3.3 Within Social Work there has been higher demand than budgeted for supporting living and care home services within learning and physical disability and children's external placements as well as planned savings options within these services not being delivered in full. There are underspends within older people care home placements, investment fund, foster care services and supporting young people leaving care that help to reduce the overspend.

3.3.4 The chart below shows the forecast outturn movement during 2018-19. You will see that whilst there has been variations across the month, the overall Health and Social Care Partnership overspend is currently forecasting a similar level of overspend to that reported 6 months ago in June. This is extremely disappointing and demonstrates that there has either been increased demand and/or a lack of control over expenditure. There has been an improvement in the Health position, mainly as a result of the decision to reject the Greater Glasgow and Clyde SLA increase, however, within Social Work there has been a deterioration of the position due to demand which has hidden the results of review work in young adult services which has reduced care package sizes and costs.



3.3.5 The Board at its meeting on 26 September instructed officers to put in place measures to minimise discretionary spend and in year overspends. Whilst this was communicated to staff, from the figures noted above it has been largely ineffective and has not given the outcome anticipated.

3.3.6 It is unlikely at this stage that the Health and Social Care Partnership will achieve financial balance by the end of the financial year and it will therefore need to look to its partner bodies for additional funding. At this stage, it is unclear as to when any “loan” from the partner bodies will have to be repaid, but it will be extremely challenging if this has to be paid back in 2019-20 as a result of the progress on the Quality and Financial plan and every effort should be made to negotiate an extended period of pay back with the partner bodies.

3.4 Measures to Improve the Financial Position

3.4.1 As a result of the deteriorating Social Work position and also the financial situation that NHS Highland are in, I had a conversation with the Chief Officer the first week in January to discuss putting in place a moratorium on all non-essential spend.

3.4.2 Staff meetings took place with Brian Steven (an officer appointed by the Scottish Government to deal with the NHS Highland financial situation) on 10 and 11 January 2019. He discussed various opportunities/methods to assist with turning around the financial position which included grip and control measures, general housekeeping, cross cutting reviews and transformational change.

3.4.3 The Chief Officer has communicated clearly to her Senior Leadership Team that we need to take greater grip and control of the financial position and the Senior Leadership Team meeting on 14 January was focused on this - the diagrams included within Appendix 3 provide information on what was

discussed. Weekly meetings are already in place for vacancy management. Other measures that will be taken include:

- daily review/authorisation of all non-essential and non-clinical expenditure;
- further enhanced workforce authorisation and controls;
- centralisation of all care home placement and care at home decision making;
- engagement with Greater Glasgow and Clyde to move forward the SLA negotiations;
- reduced authorisation limits and central approval on expenditure procured through the PECOS system; and
- greater grip on the outstanding Social Work invoices which will help to validate and refine the outturn position.

3.4.4 These additional measures will be in place indefinitely, i.e. this is not something that will be put in place until the end of this financial year, but having greater grip and control is proven to lead to a change in culture in respect of finances and this is necessary in order to bring the expenditure under control in the future.

4. RELEVANT DATA AND INDICATORS

4.1 Information is derived from the financial systems of NHS Highland and Argyll and Bute Council.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The Integrated 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. This needs to be considered when options are developed to balance the budget.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – The forecast outturn position for 2018-19 is a forecast overspend of £4.398m. This is a deterioration from the overspend of £4.006m reported as at the end of October 2018. This is a significant financial risk to the IJB, and Council and Health Board partners.

6.2 Staff Governance – None directly from this report but there is a strong link between HR and delivering financial balance.

6.3 Clinical Governance - None

7. EQUALITY AND DIVERSITY IMPLICATIONS

7.1 None directly from this report but any proposals to address the estimated budget gap will need to consider equalities.

8. RISK ASSESSMENT

8.1 The forecast outturn position takes into consideration financial risks. Further information will be provided on the financial risks within the next budget monitoring report. Operational and clinical risks will be taken into account as part of the implementation of the financial recovery plan.

9. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

9.1 None directly from this report but any proposals to address the estimated budget gap will need to take into consideration local stakeholder and community engagement.

10. CONCLUSIONS

10.1 This report provides a summary of the financial position of the Health and Social Care Partnership as at 31 December 2018. The forecast outturn position for 2018-19 is a forecast overspend of £4.398m. This is a deterioration from the overspend of £4.006m reported as at the end of October 2018.

10.2 As part of the recovery plan, action has already been taken and continues to be taken to gain more grip and control of the financial situation, however, it is unlikely at this stage that the Health and Social Care Partnership will come back into financial balance by the end of the financial year and it will therefore need to look to its partner bodies for additional funding.

11. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	√
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

APPENDICES:

Appendix 1 – Year to Date Position as at 31 December 2018

Appendix 2 – Forecast Outturn for 2018-19 as at 31 December 2018

Appendix 3 – Grip and Control slides discussed at Senior Leadership Team on 14 December 2018

REVENUE BUDGET MONITORING SUMMARY - AS AT 31 DECEMBER 2018

YEAR TO DATE POSITION

Reporting Criteria: +/- £50k or +/- 10%

For information:

The Council don't do monthly based accrual accounting, whereas Health do.

On the Council side, there may be a mismatch between year to date actual and budgets, due to timing differences as to when invoices are paid.

Health do monthly based accrual accounting, therefore, you should see a correlation in their year to date position and the year end outturn position.

Service	YTD Actual £000	YTD Budget £000	YTD Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	(11,161)	(11,194)	(33)	0.30%	Outwith reporting criteria.
Service Development	263	261	(2)	(0.76%)	Outwith reporting criteria.
Looked After Children	5,308	5,140	(168)	(3.17%)	The YTD variance arises due to higher than budgeted demand for external residential placements for children and young people.
Child Protection	2,211	2,319	108	4.89%	The YTD variance arises mainly due to budget profiling issues.
Children with a Disability	544	541	(3)	(0.55%)	Outwith reporting criteria.
Criminal Justice	29	89	60	206.90%	The YTD variance reflects various over and underspends across the service. The main underspend arises from staffing vacancies.
Children and Families Central Management Co	1,589	1,750	161	10.13%	The YTD variance arises mainly due to an underspend on staffing due to vacant posts, premises costs due to the profiling of rent payments and slippage arising from the delay in the introduction of new overnight working arrangements in the children's homes and hostels.
Older People	24,088	25,539	1,451	6.02%	The YTD underspend arises due to a combination of lower than budgeted demand for care home and home care services and delayed receipt/processing of supplier invoices and the over-recovery of income in fees and charges as well as profiling of internal transfer income.
Physical Disability	1,885	1,471	(414)	(21.96%)	The YTD overspend reflects higher than budgeted demand for supported living services and slippage on the delivery of associated savings.
Learning Disability	10,752	10,937	185	1.72%	The YTD underspend arises due to a combination of staffing and supplies underspends in the resource centres, higher than budgeted receipts from client charges and delayed receipt/processing/payment of supplier invoices.
Mental Health	1,831	2,116	285	15.57%	The YTD underspend arises mainly due to budget profiling issues in Addiction and Choose Life services where the YTD budget and YTD actual are out of sync and staffing underspends in addiction services.
Adult Services Central Management Costs	353	390	37	10.48%	Outwith reporting criteria.
COUNCIL SERVICES TOTAL	37,692	39,359	1,667	4.24%	

REVENUE BUDGET MONITORING SUMMARY - AS AT 31 DECEMBER 2018

YEAR TO DATE POSITION

Reporting Criteria: +/- £50k or +/- 10%

For information:

The Council don't do monthly based accrual accounting, whereas Health do.

On the Council side, there may be a mismatch between year to date actual and budgets, due to timing differences as to when invoices are paid.

Health do monthly based accrual accounting, therefore, you should see a correlation in their year to date position and the year end outturn position.

Service	YTD Actual £000	YTD Budget £000	YTD Variance £000	% Variance	Explanation
HEALTH SERVICES:					
Adult Services - West	39,795	37,852	(1,942)	(4.88%)	Savings not being achieved and several budget overspends, including; Psychiatric medical services - locums, LIH Day Bed Unit - oncology drugs, Mull Medical Group - locums, LIH wards - agency nurses, LIH Laboratory - agency staffing & non pay costs, Lochgilphead Medical Practice - prescribing and locums, Kintyre Medical Group - locums & non pay costs
Adult Services - East	21,794	21,318	(476)	(2.19%)	Savings not being achieved and budget overspends on GP prescribing; Millig Practice, Helensburgh, McLachlan Practice, Helensburgh
Children & Families Services	4,660	4,994	334	7.16%	Mainly due to vacancies
Commissioned Services - NHS GG&C	47,032	46,016	(1,016)	(2.16%)	Savings not being achieved and increased charges for; oncology drugs and pharmacy homecare
Commissioned Services - Other	3,103	2,741	(362)	(11.68%)	Increased referrals to Huntercombe and the Priory and a high cost patient admission to the Walton Centre, Liverpool
General Medical Services	12,465	12,437	(29)	(0.23%)	Outwith reporting criteria.
Community and Salaried Dental Services	2,664	2,924	260	9.77%	Mainly due to vacancies
Other Primary Care Services	6,627	6,627	0	0.00%	Outwith reporting criteria.
Public Health	1,330	1,477	147	11.06%	Slippage on in year allocations
Management and Corporate Services	3,131	3,507	376	12.01%	Mainly due to vacancies
Health Board Provided Services	1,563	1,563	0	0.00%	Outwith reporting criteria.
Depreciation	1,835	1,891	57	3.09%	Capital underinvestment
Estates	4,061	3,794	(266)	(6.56%)	Savings not being achieved and Argyll & Bute Hospital - rates
Budget Reserves	0	1,800	1,800	0.00%	Slippage and uncommitted budget reserves
HEALTH SERVICES TOTAL	150,060	148,942	(1,118)	(0.75%)	
GRAND TOTAL	187,752	188,301	549	0.29%	

REVENUE BUDGET MONITORING SUMMARY - AS AT 31 DECEMBER 2018

FORECAST OVERTURN POSITION

Reporting Criteria: +/- £50k or +/- 10%

Service	Annual Budget £000	Forecast Outturn £000	Forecast Variance £000	% Variance	Explanation
COUNCIL SERVICES:					
Chief Officer	(11,817)	(10,994)	(823)	6.97%	Overspend arises due to unidentified savings figure and central repairs account partially offset by estimated slippage on the Community Services Investment Fund, an underspend on additional funding for pension costs linked to auto-enrolment and a forecast over-recovery on vacancy savings. Work is ongoing to identify additional savings / underspends to cover off the unidentified savings figure of £1.330m (down from £2.345m in June).
Service Development	383	379	4	1.04%	Outwith reporting criteria.
Looked After Children	6,754	7,456	(702)	(10.39%)	Overspend arises mainly due to the high cost of meeting demand for expensive external care home placements and estimated slippage on efficiency savings designed to reduce this cost. This is currently partially offset by forecast underspends on the foster care and supporting young people leaving care budgets.
Child Protection	3,285	3,279	6	0.18%	Outwith reporting criteria.
Children with a Disability	858	905	(47)	(5.48%)	Outwith reporting criteria.
Criminal Justice	97	(19)	116	119.59%	Underspend arises mainly due to vacant posts and estimated lower than budgeted spend on external services. The overall forecast is negative as the forecast spend is currently less than the specific grant payment for the year.
Children and Families Central Management Co	2,446	2,498	(52)	(2.13%)	Overspend arises due to slippage on the delivery of savings partially offset by savings accruing from the delay in implementing new overnight staffing arrangements in the children houses and hostels, travel costs and from an accrual from 2017/18 which is no longer required.
Older People	34,917	34,354	563	1.61%	Underspend arises mainly due to lower than budgeted demand for care home placements partially offset by an overspend on the internal care homes.
Physical Disability	1,936	2,684	(748)	(38.64%)	Overspend arises mainly due to higher than budgeted demand as well as slippage on the delivery of efficiency savings for supported living services, higher demand for residential care placements and the purchase of equipment by the Integrated Equipment Store.

REVENUE BUDGET MONITORING SUMMARY - AS AT 31 DECEMBER 2018

FORECAST OUTTURN POSITION

Reporting Criteria: +/- £50k or +/- 10%

Service	Annual Budget £000	Forecast Outturn £000	Forecast Variance £000	% Variance	Explanation
Learning Disability	14,176	15,570	(1,394)	(9.83%)	Overspend arises due to a combination of higher than budgeted demand for supported living and care home services and estimated slippage on savings developed to reduce both of these commitments partially offset by underspends in assessment and care management and respite.
Mental Health	2,701	2,586	115	4.26%	Underspend reflects current known demand for supported living services and staffing underspends on the addiction and area community support teams.
Adult Services Central Management Costs	495	531	(36)	(7.27%)	Outwith reporting criteria.
COUNCIL SERVICES TOTAL	56,231	59,229	(2,998)	(5.33%)	

REVENUE BUDGET MONITORING SUMMARY - AS AT 31 DECEMBER 2018

FORECAST OUTTURN POSITION

Reporting Criteria: +/- £50k or +/- 10%

Service	Annual Budget £000	Forecast Outturn £000	Forecast Variance £000	% Variance	Explanation
HEALTH SERVICES:					
Adult Services - West	50,442	52,999	(2,557)	(5.07%)	Savings not being achieved and several budget overspends, including; Psychiatric medical services - locums, LIH Day Bed Unit - oncology drugs, Mull Medical Group - locums, LIH wards - agency nurses, LIH Laboratory - agency staffing & non pay costs, Lochgilphead Medical Practice - prescribing and locums, Kintyre Medical Group - locums & non pay costs
Adult Services - East	28,453	29,006	(553)	(1.94%)	Savings not being achieved and budget overspends on GP prescribing; Millig Practice, Helensburgh, McLachlan Practice, Helensburgh
Children & Families Services	6,647	6,207	440	6.62%	Mainly due to vacancies
Commissioned Services - NHS GG&C	61,350	62,600	(1,250)	(2.04%)	Savings not being achieved and increased charges for; oncology drugs and pharmacy homecare
Commissioned Services - Other	3,654	4,073	(420)	(11.48%)	Increased referrals to Huntercombe and the Priory and a high cost patient admission to the Walton Centre, Liverpool
General Medical Services	16,583	16,633	(50)	(0.30%)	Outwith reporting criteria.
Community and Salaried Dental Services	3,923	3,578	345	8.79%	Mainly due to vacancies
Other Primary Care Services	8,844	8,844	0	0.00%	Outwith reporting criteria.
Public Health	2,002	1,803	199	9.95%	Slippage on in year allocations
Management and Corporate Services	4,964	4,665	299	6.02%	Mainly due to vacancies
Health Board Provided Services	2,085	2,085	(0)	(0.02%)	Outwith reporting criteria.
Depreciation	2,523	2,443	80	3.15%	Capital underinvestment
Estates	5,097	5,429	(332)	(6.51%)	Savings not being achieved and Argyll & Bute Hospital - rates
Budget Reserves	2,778	378	2,400	86.39%	Slippage and uncommitted budget reserves
HEALTH SERVICES TOTAL	199,343	200,743	(1,400)	(0.70%)	
GRAND TOTAL	255,574	259,972	(4,398)	(1.72%)	

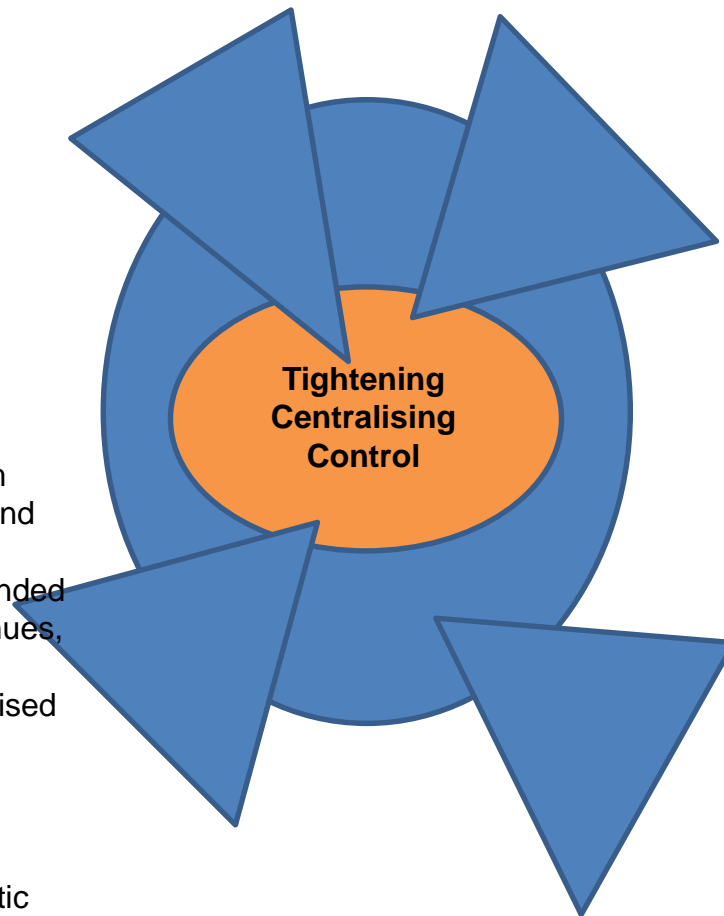
Proposed Grip and Control-Regime

Integrated Performance Regime

- Monthly
- Strict focus on Business
- Formal i.e. Minutes taken
- Actions chased up
- No Mission Creep
- Clear Roles & Responsibilities

Finance / Procurement

- Authorisation for non-exempted goods to be 100% via central team
- Daily review of all non-essential and non-clinical requisitions
- All non-urgent expenditure suspended incl. Training, Hiring of off site venues, etc
- Ban on all consultancy not authorised by CO/CFO
- 100% of all orders through Procurement System
- No PO = no order authorised
- Orders out with system = automatic escalation



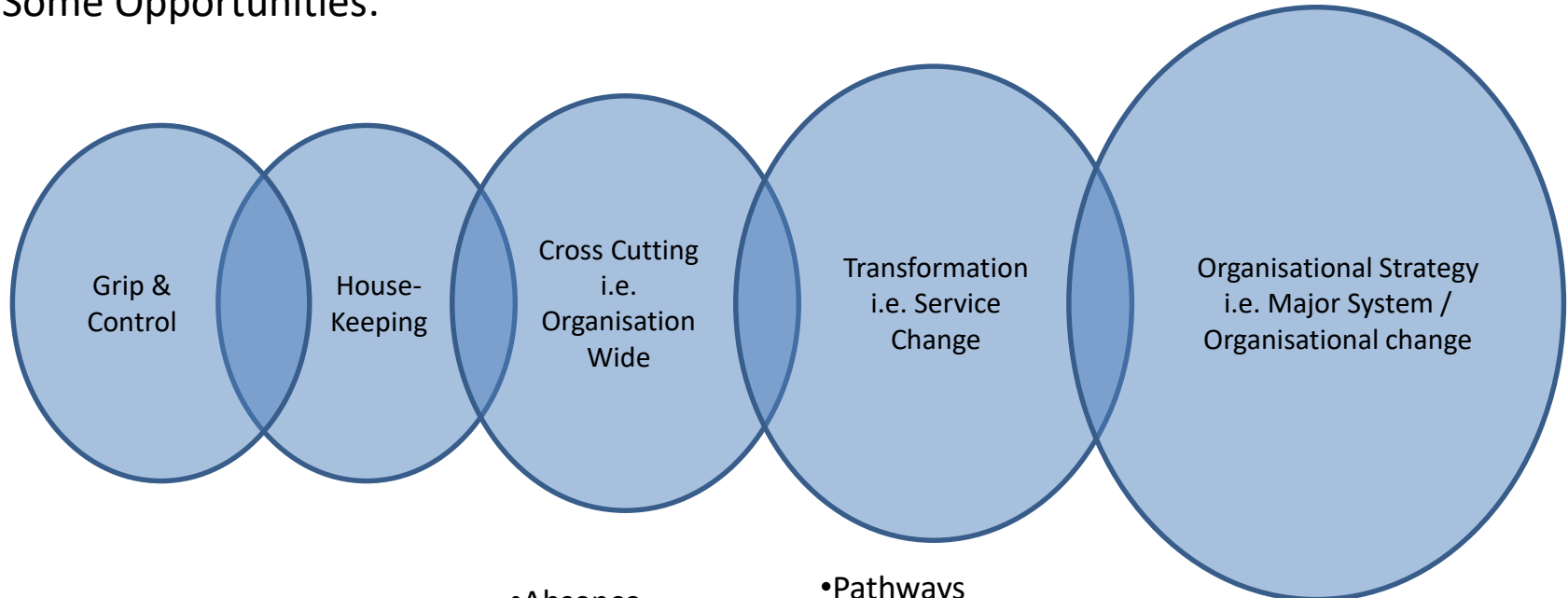
Workforce Controls

- Ban all non clinical or social work agency
- All Medical staffing agency – prospective MD sign off
- All Nursing staffing agency – Chief Social Worker sign off
- All Social Work staffing agency – Chief Social Worker sign off
- Review of all unfunded posts and vacant posts
- Review of Consultant non-Clinical PAs
- Weekly Division / Exec review of temp staffing
- Weekly Exec review of all recruitment requests (new replacements)
- Weekly Exec review of sickness absence plans
- Weekly review of all overtime and excess hours against activity
- Weekly review of all unfilled posts
- Weekly review of all back to work interviews
- Weekly review of all pre-employment/check pipeline

Control Environment

- No Netting of O/Spends with U/Spends
- No reinvestment of CRES achieved
- No virement
- Suspension of delegated authority
- SFI Sanctions Applied
- Funding allocated on spend not in block

Some Opportunities:



- Pay
- Non Pay

- All Routine

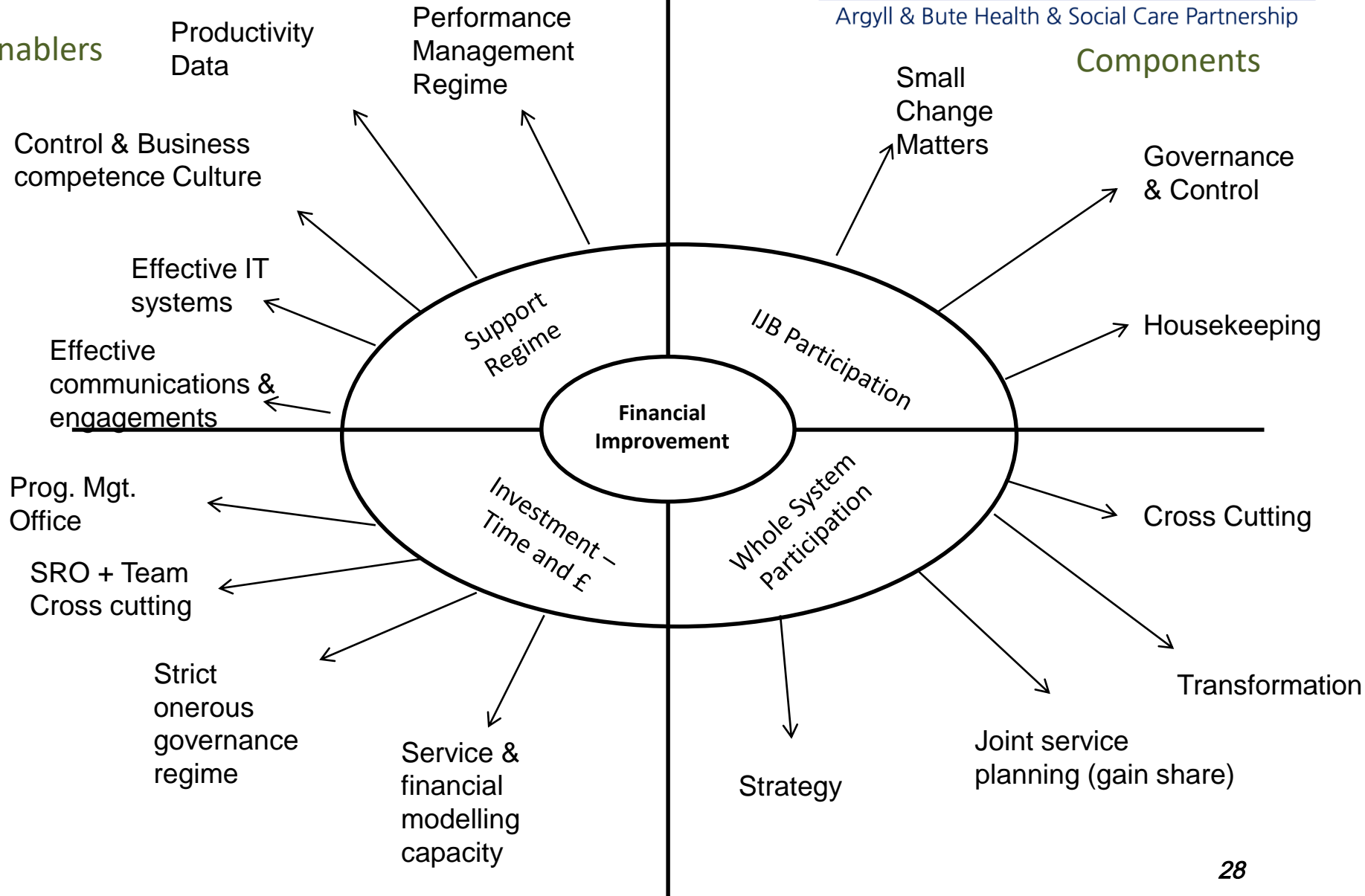
- Absence
- Agency
- Procurement
- Make or Buy
- Etc

- Pathways
- Service Models
- Gain Share (Inter Agency Working)
- Use of AI e.g. Babylon

- Mental Health Model
- Community Hospitals



Components



Integration Joint Board

Agenda item: 4.2.2

Date of Meeting: 30 January 2019

Title of Report: Quality and Finance Plan 2017-19 - Update

Presented by: Kirsty Flanagan, Interim Chief Financial Officer

The Integration Joint Board is asked to:

- Note the differences between the approved Quality and Finance Plan and the savings figures that officers have been working to and approve the additional savings of £0.321m in 2018-19 and £0.322m in 2019-20.
- Note the progress with the Quality and Finance Plan and note that further updates will be reported to the Integrated Joint Board as part of routine finance reports. Note that against an overall savings target of £11.471m, only £6.437m is anticipated to be delivered, a shortfall of £5.034m. There are 76 savings options on the plan, 27 are either delivered or on track to be delivered, 21 are delayed, 23 are not achievable in full and 5 are still being developed.
- Approve that the savings options categorised as “not achievable in full” are removed and/or reduced to the level of the revised profile, reducing the Quality and Finance Plan savings by £3.898m. This amount will be added to the budget gap in 2019-20 and alternative savings options will be required.
- Note that from the revised Quality and Finance Plan savings target of £7.573m, £6.222m is anticipated to be delivered in 2019-20, a further £0.215m in 2020-21 with £1.136m of potential savings for those savings that are currently being developed.

1. EXECUTIVE SUMMARY

- 1.1 This report provides an update on progress with the Quality and Finance Plan previously approved by the Integrated Joint Board.
- 1.2 The Integrated Joint Board at its meeting on 28 March 2018 agreed to a savings plan of £10.633m in 2018-19 rising to £11.149m in 2019-20. Although progress with savings had been monitored by both Health and Social Work finance teams, the information was never pulled together and reconciled to the actual savings agreed by the Board. As a result, the target officers were working towards was different to the approved plan, however,

it was higher with a target of £10.954m in 2018-19 and £11.471m in 2019-20.

- 1.3 It is very disappointing to note the lack of progress with the savings options. Against an overall savings target of £11.471m, only £6.437m is anticipated to be delivered, a shortfall of £5.034m.
- 1.4 It is evident that a number of the savings options were not developed enough when put forward for approval and there is £3.898m of savings that are not achievable that reduces the savings plan to £7.573m.
- 1.5 The revised profile of savings has been factored into the budget outlook, including the savings shortfall within the “being developed” category and alternative savings will require to be identified. If additional savings are identified from those options “being developed”, the budget gap will be amended accordingly.
- 1.6 Now that this monitoring process has been established, progress with the savings plan will be reported to the Integrated Joint Board as part of the routine finance reports.

2. INTRODUCTION

- 2.1 This report provides an update on progress with the Quality and Finance Plan previously approved by the Integrated Joint Board.

3. DETAIL OF REPORT

3.1 Approved Quality and Finance Plan

- 3.1.1 At the Integrated Joint Board on 28 March 2018, the existing Quality and Finance Plan 2017-19 was noted and there were two recommended changes approved in respect of Struan Lodge and Prescribing which resulted in £7.682 savings remaining in the Quality and Finance Plan to be delivered in 2018-19. Also at the meeting additions to the Plan were agreed amounting to £2.951m in 2018-19 rising to £3.467m in 2019-20. This is summarised in the table below:

Plan	2018-19 £000	2019-20 £000
Quality and Finance Plan 2017-19	7,682	7,682
Quality and Finance Plan 2018-19	2,951	3,467
Total Savings	10,633	11,149

- 3.1.2 Progress with the savings options have been monitored by the Health and Social Work Finance teams, however, this information has never been pulled together into one document nor was the consolidated document reconciled to the actual savings that were agreed by the Integrated Joint Board on 28 March 2018.
- 3.1.3 In consolidating the savings options that officers are monitoring against, there are differences between the approved plan. It is difficult to ascertain why these differences have arisen, particularly as two key members of staff

have moved on, however, the savings options that officers are working to are higher than the original approved plan. It is recommended that the Board approve the changes between the original approved plan and what officers are working to as there are no changes that significantly change the original saving or have policy implications. The changes are summarised below with more detail contained with the appendix. There is an increase in the 2018-19 savings of £0.321m and £0.322m in 2019-20.

Ref/Saving	Approved 2018-19 £000	Approved 2019-20 £000	Revised 2018-19 £000	Revised 2019-20 £000
55 – Struan Lodge	175	175	0	0
EFF3 – Budget Reserves	(150)	(150)	100	100
EFF19 – Energy Costs	0	0	10	10
EFF12 – Review of Radiography Service Budgets	3	3	0	0
AC05-07 – Learning Disability	1,137	1,137	1,183	1,183
AC11-12 – Neighbourhood Team	270	270	250	250
AC25 - Day Resource Centres	208	208	212	212
AC24 – Enhancements to Community Based Care	45	45	50	50
CORP1 – Co-location	235	235	274	274
CORP2 – Admin and Digital	134	134	180	180
CORP6 – Catering and Cleaning	281	281	307	307
AC1819(4) – Delay introduction on SLW rate for sleepovers	182	0	176	0
CORP1819(6)	27	32	27	27
CORP1819(8) – Locality Efficiencies	130	130	119	119
SMIG Budget Efficiencies	0	0	60	60
IT Service Gains	0	0	50	50
Total	2,677	2,500	2,998	2,822

3.1.4 The total revised savings options are summarised as follows:

Plan	2018-19 £000	2019-20 £000
Original Q&F Plan 2017-19	7,682	7,682
Original Q&F Plan 2018-19	2,951	3,467
Increases (as noted above)	321	322
Total Savings	10,954	11,471

3.2 Update on Progress with Savings

3.2.1 It is very disappointing to note the lack of progress with the savings options. When consolidating the plan it was not always clear who was the owner of each saving option and who was taking responsibility for delivering the saving. Savings owners have now been agreed for each saving option. It is also evident that a number of the savings options were not developed enough when put forward for approval and in reality they were either not deliverable or cannot deliver the level of saving approved.

3.2.2 I have classified the progress with savings options into five categories as follows:

Category	What this means
Delivered	Saving has been delivered as per original timeframe and profile
On Tack to be Delivered	Saving is on track to be delivered as per original timeframe and profile.
Delayed	There is a delay in delivering the saving, but the level of saving can be delivered, albeit later than originally intended.
Being Developed – shortfall	The saving option is still being developed and there is scope to deliver savings, however, there is currently a shortfall. The shortfall will be updated as further progress is made.
Not Achievable in Full	The saving option cannot be delivered in full. The revised profile of the savings represents the full extent of what can be delivered.

3.2.3 Against an overall savings target of £11.471m, only £6.437m is anticipated to be delivered, a shortfall of £5.034m. There are 76 savings options on the plan, 27 are either delivered or on track to be delivered, 21 are delayed, 23 are not achievable in full and 5 are still being developed. The position with each individual saving option is detailed within the appendix to this report.

3.2.4 It is recommended that the savings options that have been categorised as “not achievable in full” are either removed from the plan and/or reduced to the level of revised profile as noted within the appendix. This would remove £3.898m from the overall savings plan reducing the target from £11.471m to £7.573m. It is anticipated that £6.222m of this target would be delivered in 2019-20, a further £0.215m delivered in 2020-21 with £1.136m of potential savings for those savings that are currently “being developed”.

3.2.5 The revised profile of savings has been factored into the budget outlook, including the savings shortfall within the “being developed” category and alternative savings will require to be identified. If additional savings are identified from those options “being developed”, the budget gap will be amended accordingly.

3.2.6 Now that this monitoring process has been established, progress with the savings plan will be reported to the Integrated Joint Board as part of the routine finance reports.

3.3 Impact on Budget Monitoring

- 3.3.1 It is worth commenting on how the progress with savings options has impacted on the current budget monitoring position for 2018-19.
- 3.3.2 Against the officer target of £10.954m in 2018-19, only £3.777m of savings are estimated to be achieved, resulting in a shortfall of £7.177m. The overspend is currently £4.398m and, therefore, there has been £2.779m of other in year savings that have reduced the overspend. In addition to the savings target, there was also £1.6m of unidentified savings (£2.345m unidentified savings in Social Work offset by an expected approx. £0.700m underspend in Health) at the beginning of the financial year which therefore increases the other in year savings identified to £4.379m.
- 3.3.3 In terms of Health, the savings target in 2018-19 is £7.076m with £1.971m expected to be achieved, a shortfall of £5.105m. Their forecast overspend is £1.400m which means they have managed to reduce the overspend by £3.705m of other in year savings (the £0.700m anticipated underspend referred to in para 3.3.2 will be part of this).
- 3.3.4 In terms of Social Work, the savings target in 2018-19 is £3.878m plus £2.345m unidentified savings (referred to in para 3.3.2) with £1.806m of savings to be achieved, a shortfall of £4.417m. Their forecast overspend is £2.998m which means they have managed to reduce the overspend by £1.425m of other in year savings. £1.015m other savings have been identified on a recurring basis and the unidentified savings now reported within the budget outlook report for Social Work has reduced from £2.345m to £1.330m.
- 3.3.5 Further analysis is required on the savings used to reduce the overspend and whether any of these savings are recurring and can be used to reduce the budget gap in future years.

4. RELEVANT DATA AND INDICATORS

- 4.1 There are no specific indicators identified in relation to the savings options.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 The Integrated 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. This needs to be considered when options are developed to balance the budget.

6. GOVERNANCE IMPLICATIONS

- 6.1 Financial Impact – There is a significant shortfall in previously agreed savings options and alternative options will require to be brought forward to meet the budget gap.

6.2 Staff Governance – None directly from this report but there is a strong link between HR and delivering financial balance.

6.3 Clinical Governance - None

7. EQUALITY AND DIVERSITY IMPLICATIONS

7.1 None directly from this report but any new proposals to address the estimated budget gap will need to consider equalities.

8. RISK ASSESSMENT

8.1 There is a risk that sufficient proposals are not approved in order to balance the budget in 2019-20. Any proposals will need to consider risk.

9. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

9.1 None directly from this report but any new proposals to address the estimated budget gap will need to take into consideration local stakeholder and community engagement.

10. CONCLUSIONS

10.1 Progress with savings options has not been as planned. Against an overall savings target of £11.471m, only £6.437m is anticipated to be delivered, a shortfall of £5.034m. There are 76 savings options on the plan, 27 are either delivered or on track to be delivered, 21 are delayed, 23 are not achievable in full and 5 are still being developed.

10.2 It is evident that a number of the savings options were not developed enough when put forward for approval and there is £3.898m of savings that are not achievable that reduces the savings plan to £7.573m.

10.3 Now that that this monitoring process has been established, progress with the savings plan will be reported to the Integrated Joint Board as part of the routine finance reports.

11. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	√
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

APPENDICES:

Appendix 1 – Quality and Finance Plan Summary of Position as at end of December 2018

COMBINED QUALITY AND FINANCE PLAN FROM 2018-19
SUMMARY OF POSITION - AS AT END OF DECEMBER 2018

Appendix 1

Health or Social Work	Status	No of Options	Status Graphic	IJB	IJB	Working Target	Working Target	Revised Profile	Revised Profile	Revised Profile	Revised Profile	
				Approved Savings 2018-19 £000	Approved Savings 2019-20 £000	2018-19 £000	2019-20 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	
Health	Delivered	10	✔	140	140	405	405	405	405	405	405	
Health	On Track to be Delivered	6	✔	941	941	930	930	925	930	930	930	
Health	Delayed	4	⚠	222	222	222	222	25	222	222	222	
Health	Being Developed - Shortfall	5	✘	1,104	1,104	1,154	1,154	18	18	18	18	
Health	Not Achievable in Full	20	✘	4,257	4,533	4,365	4,636	598	866	982	982	
Health Sub-Total				45	6,940	7,076	7,347	1,971	2,441	2,557	2,557	
Social Work	Delivered	8	✔	449	374	503	434	503	434	434	434	
Social Work	On Track to be Delivered	3	✔	233	346	233	346	233	346	346	346	
Social Work	Delayed	17	⚠	2,637	2,738	2,667	2,768	738	2,669	2,768	2,768	
Social Work	Being Developed - Shortfall	0	✘	0	0	0	0	0	0	0	0	
Social Work	Not Achievable in Full	3	✘	650	751	475	576	332	332	332	332	
Social Work Sub-Total				31	3,969	3,878	4,124	1,806	3,781	3,880	3,880	
TOTAL				76	10,633	11,149	10,954	11,471	3,777	6,222	6,437	6,437

<i>Recommended Revision to Target</i>			
Revised Savings Target 2019-20 £000	Revised Savings Target 2020-21 £000	Target Still to be identified £000	Total Revised Target £000
405	405		405
930	930		930
222	222		222
18	18	1136	1,154
866	982		982
2,441	2,557	1,136	3,693
434	434		434
346	346		346
2,669	2,768		2,768
			0
332	332		332
3,781	3,880	0	3,880
6,222	6,437	1,136	7,573

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						2018-19 £000	2019-20 £000	2018-19 £000	2019-20 £000	2018-19 £000	2019-20 £000	Status	Status Graphic	Revised Profile 2018-19 £000	Revised Profile 2019-20 £000		Revised Profile 2020-21 £000	Revised Profile 2021-22 £000
Previously Approved 2016-17 Q&F Plan																		
1	Prescribing	Targeted focus on safe, effective, appropriate cost effective prescribing, as well as reducing waste. Argyll and Bute Medicines Management Group re-established to take forward actions.	Health	Fiona Thomson	Fiona Thomson	700	700	700	700	0	0	On Track to be Delivered	🟢	700	700	700	700	
3	Further Savings from closure of Argyll and Bute Hospital	Transfer of inpatient mental health services from Argyll and Bute Hospital to MACHIC.	Health	Lorraine Paterson	Lorraine Paterson	32	32	32	32	0	0	Delivered	🟢	32	32	32	32	
5	Redesign of the Out of Hours Service for Cowal	Carry out review of service delivery model and implement service re-design.	Health	Phil Cummins	Phil Cummins	274	274	274	274	0	0	Not Achievable in Full	🔴	0	0	0	0	Has been discussed for over a year. Unable to recruit other professionals such as APP/ANP's to incorporate as part of the review. Remove for further development.
10	NHS GG&C contract / services	Participate in a review of the costing and activity model to review tariff and activity levels. Take action to reduce admission rates and speed discharge up to local services and reduce outpatient follow up appointments.	Health	Stephen Whiston	Stephen Whiston	66	66	66	66	0	0	Delivered	🟢	66	66	66	66	Achieved through national reduction in Hepatitis C treatment drugs. Saving achieved is £174k. Balance of £108k scored against new £1.2m target.
13	Closure West House		Health	Lorraine Paterson	Lorraine Paterson	220	220	220	220	0	0	Not Achievable in Full	🔴	50	170	170	170	Initial discussions have taken place with GG&C to ensure a defined pathway to GG&C is available for patients requiring IPCLU care.
14	Closure AROS	As per paper to IJB in November 2017, any shortfall in delivery of this saving will be added to corporate support services savings target	Health	George Morrison	SIO To be allocated	108	108	108	108	0	0	Not Achievable in Full	🔴	0	40	68	68	Full saving cannot be made until the remainder of staff based in Aros are found suitable alternative accommodation. This is proving difficult but being pursued.
15	Kintyre Medical Group	No final agreement reached.	Health	Lorraine Paterson	Donald Watt	75	75	75	75	0	0	Not Achievable in Full	🔴	0	0	0	0	Won't be achieved if KMG is transferred to Campbeltown Medical Practice at their asking price. CMP requested to make a decision by the end of January 2019
27	Kintyre Patient Transport	Provide appropriate services locally to reduce travel and technology to reduce travel requirement.	Health	Lorraine Paterson	Donald Watt	100	100	100	100	0	0	Not Achievable in Full	🔴	12	12	12	12	Saving of £12k achieved by moving to direct flight booking. Moved to direct booking on 1st December 2018. Weekly monitoring to evidence reduced travel and escort costs. actual travel costs.
55	Struan Lodge	Closure of Struan Lodge overnight residential care, decision taken to pause but no IJB decision as yet on whether closure is to proceed.	Social Work			175	175	0	0	(175)	(175)	Not Achievable in Full	🔴	0	0	0	0	Saving not progressed as evidence presented at the time indicated a requirement for the beds. IJB agreed to look at a proposal for the future made by the Struan Lodge Development Group.
56	Thomson Court		Social Work	Phil Cummins	Jane Williams	10	10	10	10	0	0	Delayed	🟡	0	10	10	10	£10k achieved for 2018-19. For review.
62/63	Assessment and Care Management	Reduce cost of financial assessments.	Social Work	Lorraine Paterson	Morven Gemmill	42	42	42	42	0	0	Delayed	🟡	0	42	42	42	No change until April 2019.
EFF3	Budget Reserves		Health	George Morrison	George Morrison	(150)	(150)	100	100	250	250	Delivered	🟢	100	100	100	100	
EFF9	Medical Physics Department	Review of supplies budget to make best use of resources.	Health	George Morrison	George Morrison	22	22	22	22	0	0	Delayed	🟡	0	22	22	22	Progress has been slow - a further report required to evidence achievability.
EFF19	Energy Costs		Health	Lorraine Paterson	David Ross			10	10	10	10	Delivered	🟢	10	10	10	10	
EFF12	Review of Radiography Services Budgets		Health	George Morrison	George Morrison	3	3	0	0	(3)	(3)	Not Achievable in Full	🔴	0	0	0	0	Saving not progressed.
EFF13	Mental Health Bridging Funding		Health	Lorraine Paterson	Lorraine Paterson	400	400	400	400	0	0	Not Achievable in Full	🔴	0	0	0	0	Mental Health redesign achieved and the closure of West House is complete. However as there is still an issue of staff based in old Succoth. Saving proposed is likely to be required to secure definitive accommodation.
EFF14	HEI Budget - reduction on basis that requirement will reduce in line with beds		Health	Liz Higgins	Liz Higgins	50	50	50	50	0	0	Delivered	🟢	50	50	50	50	
EFF26	Mull Medical Group - reduction in use of GP locums		Health	Lorraine Paterson	Morven Gemmill	50	50	50	50	0	0	Delayed	🟡	0	50	50	50	Rotas to be reviewed to consider if a reduction in locum use can be achieved now. Definitive reduction in locums requires implementation of the new GP and OOH's model for Mull
Quality and Finance Plan 2017-19 (added 2017-18)																		
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.	Social Work	Alex Taylor	Alex Taylor	100	100	100	100	0	0	On Track to be Delivered	🟢	100	100	100	100	

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						2018-19 £000	2019-20 £000	2018-19 £000	2019-20 £000	2018-19 £000	2019-20 £000	Status	Status Graphic	Revised Profile 2018-19 £000	Revised Profile 2019-20 £000	Revised Profile 2020-21 £000	Revised Profile 2021-22 £000		
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.	Social Work	Alex Taylor	Alex Taylor	100	100	100	100	0	0	Delayed	🟡	0	100	100	100	100	This is being reviewed following the inspection of services. Therefore the saving will be delayed until 2019/20.
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.	Health	Alex Taylor	Alex Taylor	50	50	50	50	0	0	On Track to be Delivered	🟢	50	50	50	50	50	Marked as on track to be delivered and there is scope to do so. However, decisions need to be taken which will release the saving.
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 increase income	Social Work	Alex Taylor	Mark Lines / Pamela Hoey	10	10	10	10	0	0	Delayed	🟡	5	10	10	10	10	Latest assessment is that this will be partially delivered at Glencruitten from rents to approx. £5k. Dunoon not expected to deliver any increase in income. Hopeful to get 50% of saving in 2018-19.
AC01 & AC02	Lom 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.	Health	Lorraine Paterson	Morven Gemmill	617	617	617	617	0	0	Not Achievable in Full	🔴	0	0	0	0	0	No evidence of progress that will release recurring savings. Scope exists but decisions to reduce beds and staffing levels will need to be taken. Remove saving at this stage and more work will be actioned to scope out an alternative saving that will be brought forward in due course.
AC03 & AC04	Review provision of HSCP operated care homes, in line with Care Inspectorate standards and emerging new models of enhanced community care.	Establish a Care Home Strategy for Argyll and Bute. Using demographic data, establish the projected need and identify future provision requirements.	Social Work	Linda Currie	John Dreghorn	99	99	99	99	0	0	Delayed	🟡	0	0	99	99	99	New model not in place until at least April 2020, delayed until then.

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AC05, AC06 & AC07	Review of Learning Disabilities Services across Argyll and Bute . To include health, social care, day services, sleepovers, resettlement and adult autism services. The outcome will be an A&B LD strategy with associated streamlined services.	Establish a service transformation project board with associated SLWG'S. Service Improvement officer allocated to this project.	Social Work	Phil Cummins	Phil Cummins	1,137	1,137	1,183	1,183	46	46	Delayed	🟡	546	1,183	1,183	1,183	Area wide change, small saving achievable in 2019/20. Planning for further saving to forecast saving for 2021/22.
AC05, AC06 & AC08	Review of Learning Disabilities Services across Argyll and Bute . To include health, social care, day services, sleepovers, resettlement and adult autism services. The outcome will be an A&B LD strategy with associated streamlined services.	Establish a service transformation project board with associated SLWG'S. Service Improvement officer allocated to this project.	Health	Phil Cummins	Jim Littlejohn	25	25	25	25	0	0	On Track to be Delivered	🟢	25	25	25	25	
AC09	Redesign the provision of sleepovers provided by the HSCP.	Shift to new model of care using telecare/overnight response teams. Work with care providers to redesign unavoidable sleepover provision and look for opportunities to share provision across multiple service users. Part of this saving links in with the re-design of Learning Disability services.	Social Work	Phil Cummins	Locality Managers	200	200	200	200	0	0	Delayed	🟡	20	200	200	200	Review is underway.
AC11 & AC12	Investment in 'Neighbourhood Team' approach to delivery of care at home for the communities across Argyll and Bute. Putting service users at the heart of service design.	More responsive and person centred approach to delivery, better meeting needs. A best practice model, which is truly person centred, maintains independence and recognises dignity alongside independence, and improved outcomes.	Social Work	Lorraine Paterson	Morven Gemmill	270	270	250	250	(20)	(20)	Delayed	🟡	0	250	250	250	Service redesign. Implementation will be complete in 2019/20 and anticipated saving at this stage.
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.	Health	Lorraine Paterson	Donald Watt	232	232	232	232	0	0	Being Developed - shortfall	🔴	0	0	0	0	Change has been implemented in practice with short of resource, no immediate saving.
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.	Health	Lorraine Paterson	Donald Watt	150	150	150	150	0	0	Being Developed - shortfall	🔴	0	0	0	0	Requires further development.
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.	Health	Phil Cummins	Jane Williams	472	472	472	472	0	0	Being Developed - shortfall	🔴	15	15	15	15	Requires further development on model. £15k saving on reduced medical staffing.
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.	Health	Phil Cummins	Jane Williams	250	250	250	250	0	0	Being Developed - shortfall	🔴	0	0	0	0	Requires further development 2019/20
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.	Health	Lorraine Paterson	Donald Watt	230	230	230	230	0	0	Not Achievable in Full	🔴	0	0	0	0	Requires further development 2019/20

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						2018-19 £000	2019-20 £000	2018-19 £000	2019-20 £000	2018-19 £000	2019-20 £000	Status	Status Graphic	Revised Profile 2018-19 £000	Revised Profile 2019-20 £000	Revised Profile 2020-21 £000		Revised Profile 2021-22 £000
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.	Social Work	Lorraine Paterson	Morven Gemmill	160	160	160	160	0	0	Delivered	✔	160	160	160	160	
AC25	In older people day resource centres improve and address issues of high levels of management structure to integrate and consolidate services within realistic opening hours based on client demand.	Review the management at HSCP operated day services. Consider a reduction in opening hours of adult day services. Evidence indicates shorter opening hours would be appropriate and acceptable in day services. Moreover, there is a high management resource which is capable of rationalisation. Engagement and consultation with service users and with staff to align needs and demands.	Social Work	Lorraine Paterson	Morven Gemmill	208	208	212	212	4	4	Delayed	⚠	106	212	212	212	
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.	Health	Phil Cummins	Nicki Gillespie	50	50	50	50	0	0	Delayed	⚠	25	50	50	50	50 Being reviewed through MH and dementia steering group for transformational change. Issues with recruitment to medical and nursing posts still an issue. Initial discussions with GG&C to secure a defined pathway for behavioural assessment. However, £25k should now be declared against LD / MH as confirmed by Denise McDermott 8/1/2019.
AC23	Steps to ensure and maintain patient and community safety will be taken by redesigning 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.	Health	Phil Cummins	Donald Watt	100	100	100	100	0	0	Delayed	⚠	0	100	100	100	100 Initial discussions have taken place with GG&C to ensure a defined pathway to GG&C is available for patients requiring IPCU care.
AC24	Further enhancement to community based care to ensure those with mental health issues have the same opportunities and choices. To include consideration of 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.	Health	Phil Cummins	Donald Watt	45	45	50	50	5	5	Delivered	✔	50	50	50	50	
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.	Health	SLT	Lead HoS and SIO Resource pending allocation	235	235	274	274	39	39	Not Achievable in Full	✘	149	174	174	174	Requires a review of potential efficiencies with further integration. Further development required.
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.	Health	Sandy Wilkie	Locality Managers	134	134	180	180	46	46	Not Achievable in Full	✘	100	100	100	100	The £100k relates to relocation of Succoth Ward to MACHICC and has been fully achieved. Further development required to achieve full efficiency of integrated support services.
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.	Social Work	Stephen Whiston	Stephen Morrow	125	125	125	125	0	0	Delayed	⚠	0	125	125	125	Unclear whether £125k can be delivered in future years. This is linked to admin review CORP2 and IT support to produce cost reduction/productivity gain due to deployment of mobile working etc. Will require financial analysis of trend expenditure following implementation of systems in 18/19 and 19/20 (see IT paper JB 30/01/19)
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.	Health	Lorraine Paterson	David Ross	75	75	75	75	0	0	Not Achievable in Full	✘	0	0	0	0	Requires further development into whether there are offset costs in relocating staff and integrated services.

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CORP6	Catering and Cleaning and other Ancillary Services	Benchmarking review of NHS Catering and Domestic service productivity and cost to NHS Highland and Scotland targets	Health	Stephen Whiston	Jayne Jones	281	281	307	307	26	26	Not Achievable in Full	⊗	83	112	200	200	Most catering savings achieved to date have been achieved by Locality Management from vacancies etc benchmarking to catering review findings. Review recommendations not implemented in Oban and Dunoon for new staffing rota by locality management. Improvements in retail sector been made increase in income and service quality. Domestic standards and cost benchmarking exercise commenced in Nov 18 complete Feb 19. Cost saving impact of catering and domestic Service Review very limited to date and will require NHS displacement processes to be enacted before staff savings can be realised.	
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.	Social Work	Stephen Whiston	Stephen Whiston	100	100	100	100	0	0	Delayed	⊕	0	100	100	100	Work is still ongoing re this saving aligned to co-location work by HoSE & Wand Childrens. Business case in preparation to integrate catering services to provide single health, education and social care. Proposal to be submitted to SLT once complete.	
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.	Health	Sandra Cairney	Sandra Cairney	50	50	50	50	0	0	Delivered	⊙	50	50	50	50		
Quality and Finance Plan 2017-19 (added 2018-19)										0	0								
CF1819(1)	Reduce external placements by 2 in addition to current Q&F Plan 2017 18.	Extend reach and intensity of the current service design 2017 / 18. Extend Fostering Service to prevent any further external placements and where possible to return externally placed children.	Social Work	Alex Taylor	Alex Taylor	273	364	273	364	0	0	Not Achievable in Full	⊗	162	162	162	162	Discussions ongoing around continuing care entitlements and models of care. New community models of support are required to ensure young people have a local alternative. This is likely to be delayed until 2019/20 plus there have been additional cases in recent months - saving in 2019-20 is not guaranteed.	
CF1819(2)	External Placements - re-negotiate splitting costs with Education 50/50.	The apportionment of costs is presently approximately Social Work 66% and Education 33%. This is hard to justify on the basis of cost. Many local authorities apportion costs on a 50/50 basis.	Social Work	Alex Taylor	Alex Taylor	150	150	150	150	0	0	Delayed	⊕	0	150	150	150	Revised service model required within Education as well as SW to keep young people in Argyll and avoid expensive placements. New arrangements under discussion but not likely to be in place in 2018/19.	
CF1819(3)	Investing in Alternative to Care services - Introduce the Core + Cluster Hubs.	This is already a service redesign within the 2017 / 18 Quality and Finance Plan. A business case is being prepared to pilot the model at East King Street.	Social Work	Alex Taylor	Mandy Sheridan	50	50	50	50	0	0	Delayed	⊕	0	50	50	50	The new model is unlikely to be in place until 2019/20. Plans will be developed to identify 1/2 young people in external placements who could return as part of a broader strategy to maximise the benefit of this service model.	
CF1819(4)	School hostels - review of catering and domestic staffing.	Saving to be achieved by review of catering and domestic supply contracts and review of staffing rotas.	Social Work	Alex Taylor	Mark Lines / Pamela Hoey	50	50	50	50	0	0	Delayed	⊕	38	50	50	50	Options are being developed around staffing reviews. The saving appears to be on track subject to some Assume 75% of saving can be delivered in 2018-19.	
CF1819(5)	Maternity Services - savings from Locality Patients Travel Services in Adult Services (West).	Scanning Services provided in Oban and Campbeltown Hospitals. Also 'Attend Anywhere' arrangements currently being piloted in Oban allowing patients on Islay and Tree to attend appointments locally.	Health	Alex Taylor	Alex Taylor	18	18	18	18	0	0	On Track to be Delivered	⊙	18	18	18	18	Continued review pending patient travel costs.	
CF1819(6)	Ensure all grant added third sector bodies operate within their assigned grant allocation.	Where this is not the case give notice and pay agreed grant / contract level. Where appropriate put in place contingency plans.	Social Work	Alex Taylor	Brian Reid	23	23	23	23	0	0	Delayed	⊕	0	23	23	23	23	Agreed no delivery in 2018/19. Options to be developed further for 2019/20.
CF1819(7)	Criminal Justice - manage service within Scottish Government grant allocation (£1.059M).	Savings cannot be taken until the service redesign has been completed in June 2018. Specific savings have not been identified yet and will require a lead in time.	Social Work	Alex Taylor	Shona Williams	20	20	20	20	0	0	On Track to be Delivered	⊙	20	20	20	20	On track to be delivered as part of service review.	
AC1819(3)	Contract management to reduce payments to commissioned service providers. Reductions have already been agreed with commissioned providers.	Review service provision. Consult with agencies. Adjust funding levels. These reductions have already been negotiated and agreed with commissioned providers. Reduction includes previously agreed reductions to housing support services, efficiencies following the transfer of	Social Work	Phil Cummins	Commissioning	202	212	202	212	0	0	Not Achievable in Full	⊗	170	170	170	170	No further opportunities have been identified to date but will continue to review further opportunities.	

Ref	Description	Detail	Health or Social Work	Owner	Delivery Lead	JJB PAPER 28/03/2018		TARGET OFFICERS ARE WORKING TO		VARIANCE TO JJB PAPER 28/03/2018		UPDATE TO Q&F BOARD 18/12/2018					Explanation		
						2018-19 £000	2019-20 £000	2018-19 £000	2019-20 £000	2018-19 £000	2019-20 £000	Status	Status Graphic	Revised Profile 2018-19 £000	Revised Profile 2019-20 £000	Revised Profile 2020-21 £000		Revised Profile 2021-22 £000	
AC1819(4)	Delay introduction of SLW rate for sleepovers until March 2019.	Policy decision on implementation date for the uplift of the commissioned provider rate to the end of March 2019. This would remove a cost pressure from the 2018-19 budget. SG requirement to implement during 2018-19.	Social Work	Phil Cummins	Commissioning / David Forshaw	182	0	176	0	(6)	0	Delivered	✔	176	0	0	0	0	Estimate £6k cost to implement from 25 March 2019.
AC1819(5)	Review hours worked by Advanced Nurse Practitioners - Oban	Reconfigure work pattern of ANPs in Oban to nights and weekends for Out of Hours. Days would be covered by senior charge nurse, junior doctors and local managers.	Health	Lorraine Paterson	Morven Gemmill	130	130	130	130	0	0	Not Achievable in Full	✘	36	50	50	50	50	Roles of ANP's to be reviewed as part of the acute services review. Delayed until 19/20
AC1819(6)	Review care management arrangements across Argyll and Bute to ensure consistency of approach to service delivery and support, minimum intervention, application of the Priority of Need Framework and service reviews. This proposal would include the creation of a temporary team of care managers to independently review all current homecare services across the HSCP. Additionally, the review team would look to support service users to access services from the third sector and other agencies in order to reduce reliance upon the HSCP's resources.	Consult upon, develop and agree a set of standard principles, processes and procedures to be applied by all care managers in the HSCP. Prepare a registry of alternative service provision which care managers and service users can access to access support. Recruit the temporary independent reviewing team from within our existing pool of care managers. Consult with care managers on the role and remit of the reviewing team and task the team with reviewing all existing homecare service provision, including services delivered via direct payment.	Social Work	Lorraine Paterson	Morven Gemmill	107	214	107	214	0	0	Delivered	✔	107	214	214	214	214	
AC1819(7)	Adopt a single Community Team approach to undertaking assessment and care management activity in order to remove duplication and reduce the amount of staff and service users time involved.	Develop the community team model, alongside Single Point of Access for Referrals (SPAR), this is being rolled out across Argyll and Bute. Consult with staff. Implement the model in pilot sites and assess the benefits before expanding/revising the approach.	Social Work	Lorraine Paterson	Morven Gemmill	30	120	30	120	0	0	Delayed	⚠	0	120	120	120	120	No change until April 2019.
AC1819(8)	The withdrawal of the provision of lunch club and meals on wheels services. Service users would be signposted to alternative suppliers including local cafes, clubs and restaurants and frozen meal providers.	Consultation would be required with service users, families and communities. The saving value reflects a lead in time for consultation which would allow the service users' needs will be assessed and they will either be signposted to alternative providers or will continue to receive a meals on wheels service albeit most likely at a higher charge to ensure that the service is fully self-funding.	Social Work	Lorraine Paterson	Locality Managers	33	44	33	44	0	0	Delayed	⚠	23	44	44	44	44	Reviewing progress
AC1819(12)	Value Management Structure for AHPs	Establishment of value management meetings on quarterly basis for all out-patient based AHP professions.	Health	Linda Currie	Linda Currie	40	40	40	40	0	0	Not Achievable in Full	✘	20	20	20	20	20	Requires further development.
AC1819(13)	Change the means test used to calculate the amount service users pay in charges towards services delivered in the community, including day services, homecare, housing support, sleepovers and waking nights. The changes would involve increasing the weekly maximum charge cap from £100 to £125 per week and increasing the amount of service users' disposable income taken into account in the calculation of their charges.	Consultation with service users to explain the changes, how they will be affected and why the changes are being made. Seek approval from the JJB to submit a request to change the Non-Residential Care Charging Scheme to the Council for approval - note the formal change is reserved to the Council as it is outside the scope of integration.	Social Work	Phil Cummins	Jim Littlejohn / David Forshaw	113	226	113	226	0	0	On Track to be Delivered	✔	113	226	226	226	226	Offset against additional NRC Income
CORP1819(1)	Reduce value of SLA agreement with NHS Greater Glasgow & Clyde (NHSG&C) to provide hospital services outside Argyll and Bute.	Invest in community services and IT to reduce delayed discharges and patients length of stay in NHS GG&C hospitals, and commission NHSG&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.	Health	Stephen Whiston	Stephen Whiston	1,200	1,200	1,200	1,200	0	0	Not Achievable in Full	✘	108	108	108	108	108	Declared saving relates to the balance of saving achieved from the reduction of Hepatitis C drugs (see above). Hard to see how the balance of saving can be achieved when NHS GG&C are pursuing a claimed underspend of £2.5m. Commissioning intentions and revised SLA terms supported by mediation from SGHD
CORP1819(2)	Corporate Support Services - further reduction to corporate services including Finance, HR, IT, Estates, Communications, Planning.	Further saving in addition to previously approved savings from corporate support services, on the expectation that following co-location and development of systems that further efficiencies can be obtained from corporate support services.	Health			50	300	50	300	0	0	Not Achievable in Full	✘	13	13	13	13	13	Partial saving of £13k declared from a retirement.
CORP1819(3)	Reduction to Performance Team	AFC Band 5 Medical Records Advisor post not replaced, post is currently vacant.	Health	Stephen Whiston	Dougie Hunter	26	26	26	26	0	0	Delivered	✔	26	26	26	26	26	

Ref	Description	Detail	Health or Social Work	Owner	Delivery Lead	IJB PAPER 28/03/2018		TARGET OFFICERS ARE WORKING TO		VARIANCE TO IJB PAPER 28/03/2018		UPDATE TO Q&F BOARD 18/12/2018				Explanation		
						2018-19 £000	2019-20 £000	2018-19 £000	2019-20 £000	2018-19 £000	2019-20 £000	Status	Status Graphic	Revised Profile 2018-19 £000	Revised Profile 2019-20 £000		Revised Profile 2020-21 £000	Revised Profile 2021-22 £000
CORP1819(4)	Replace MIDIS System	Replace with Carefirst system for all users, resulting in a saving from the licence fee. Programme of training and roll out to users.	Health	Stephen Whiston	Dougie Hunter	22	43	22	43	0	0	Not Achievable in Full	⊗	0	0	0	0	Funded by an SG in-year allocation. Therefore this is a cost reduction achievement.
CORP1819(5)	Rationalise GP practice Servers	Action by centralising in Hub in locality or via cloud. Trials to be undertaken on Mull, Islay and Kintyre- could be applied to whole mainland HSCP- business case to be developed in 2018. IT Infrastructure enhancement complete by April 2018. Capital investment in central servers- June/July 18 (Figure TBC estimated £25K per merger (£75K). Islay first, Mull TBC, Kintyre by Nov 2018)	Health	Stephen Whiston	Stephen Morrow	36	36	36	36	0	0	Not Achievable in Full	⊗	0	0	0	0	Can't be declared as a recurring saving as current costs are funded by SG in-year GMS allocation. Project delayed as Mull Islay practice merger not proceeded due to GP vacancies. Islay and Kintyre programmed for 2019/20
CORP1819(6)	Vehicle Fleet Services	Explore opportunities for the centralisation of shared fleet service, look to share vehicles with partners, and a review of the provision of services. Not replace AFC Band 6 Support Services Manager following retirement. Redesign duty primarily fleet management and Refuse contracts within planning team- by June 2018	Health	Stephen Whiston	Stephen Whiston	27	32	27	27	0	(5)	Not Achievable in Full	⊗	27	67	67	67	Balance of £5k to be used to install telematics system in some of the HSCP NHS fleet to support achievement of 7.5% reduction in cost of NHS fleet in 2019/20. Installation of telematics delayed to 19/20 to produce non-recurring saving of £5k for 18/19.
CORP1819(8)	Locality efficiency target - 1% savings target applied across all services supplies and services and travel budgets.	Apply efficiency target reduction to all relevant budgets across all services, budgets to be reduced from the start of the financial year. Services will require to review and right-size spending plans in line with this, reducing discretionary spend on supplies and services and reducing travel and subsistence.	Health	Lorraine Paterson & Phil Cummins	Lorraine Paterson & Phil Cummins	130	130	119	119	(11)	(11)	On Track to be Delivered	⊙	119	119	119	119	Reviewing monitoring of efficiencies targets and impacts on overall savings reporting.
LN(1)	Lead Nurse - Reduce travel and subsistence budgets across all elements of service	Introduce system to scrutinise and manage travel requests. Restrict travel outside Aravil and Bute area.	Health	Liz Higgins	Liz Higgins	18	18	18	18	0	0	On Track to be Delivered	⊙	13	18	18	18	
LN(2)	Lead Nurse - Reduced admin support for infection control team	Infection control team to continue to undertake own admin, supported when required by Lead Nurse PA.	Health	Liz Higgins	Liz Higgins	5	5	5	5	0	0	Delivered	⊙	5	5	5	5	
PH(1)	Public Health - HIRS allocation to Inverness £15k	Cessing of provision of health promotion leaflets. Affected parties have already been notified.	Health	Sandra Cairney	Sandra Cairney	16	16	16	16	0	0	Delivered	⊙	16	16	16	16	
	SMIG Budgets - 61 - 16/17 - Mid Argyll		Social Work	Lorraine Paterson	Locality Managers	0	0	11	11	11	11	Delivered	⊙	11	11	11	11	
	SMIG Budgets - 61 - 16/17 - Kintyre		Social Work	Lorraine Paterson	Locality Managers	0	0	6	6	6	6	Delivered	⊙	6	6	6	6	
	SMIG Budgets - 61 - 16/17 - Lom		Social Work	Lorraine Paterson	Locality Managers	0	0	9	9	9	9	Delivered	⊙	9	9	9	9	
	SMIG Budgets - 61 - 16/17 - Bute		Social Work	Phil Cummins	Locality Managers	0	0	14	14	14	14	Delivered	⊙	14	14	14	14	
	SMIG Budgets - 61 - 16/17 - Cowal		Social Work	Phil Cummins	Locality Managers	0	0	20	20	20	20	Delivered	⊙	20	20	20	20	
	IT services - productivity gains, telephony cost reduction		Health	Stephen Whiston	Stephen Morrow	0	0	50	50	50	50	Being Developed - shortfall	⊗	3	3	3	3	Small saving declared from cancellation of redundant BT lines.
						10,633	11,149	10,954	11,471	321	322			3,777	6,222	6,437	6,437	

Integration Joint Board

Agenda item: 4.2.3

Date of Meeting: 30 January 2019

Title of Report: Budget Outlook 2019-20 to 2021-22

Presented by: Kirsty Flanagan, Interim Chief Financial Officer

The Integration Joint Board is asked to:

- Consider the current estimated budget outlook position for the period 2019-20 to 2021-22 and consider any actions as a result of the reported budget outlook position.
- Instruct officers to engage with both NHS Highland and Argyll and Bute Council to discuss a revised repayment plan for the 2017-18 overspend and also the 2018-19 estimated overspend.
- Instruct officers to bring forward proposals to bridge the budget gap to the next Quality and Finance Programme Board on 20 February 2019 and then onto the next Integrated Joint Board on 27 March 2019.

1. EXECUTIVE SUMMARY

- 1.1 This report summarises the budget outlook covering the period 2019-20 to 2021-22. The budget outlook has been prepared using three different scenarios, best case, worst case and mid-range.
- 1.2 The funding from the partner organisations has been estimated based on the Scottish Government budget announcement for 2019-20 but still needs to be agreed by NHS Highland and Argyll and Bute Council.
- 1.3 The base budget for 2019-20 is the budget approved in 2018-19 adjusted for any one-off items. There is one adjustment to the base budget in respect of the likely pay award for Social Work staff. The increase is based on the latest offer on the table for SJC employees for 2018-19.
- 1.4 There are estimated employee cost increases in respect of pay award and incremental change. For NHS employees the pay award has been agreed through to 2020-21. For Social Work employees the mid-range scenario has been based on the current pay offer on the table for SJC employees.

- 1.5 Non-pay inflation has been built into the budget gap where it is deemed to be absolutely necessary. No general inflation is assumed across expenditure categories. Inflation amounting to £3.186m in the 2019-20 mid-range scenario are noted below:
- Prescribing
 - Hospital Drugs
 - Main GG&C SLA
 - Other SLAs
 - Energy Costs
 - Social Work:
 - Catering Purchases
 - National Care Home Contract
 - NHS Staffing Recharges
 - Purchase and Maintenance of Equipment
 - RPI Essential increases
 - Scottish Living Wage.
- 1.6 Cost and demand pressures have been contained within current resources where possible but there remains pressure on services. Cost and demand pressures amounting to £4.883m in the 2019-20 mid-range scenario are noted below:
- LIH Laboratory
 Pharmacy Homecare Services (Chrohn's Disease)
 Oncology Drugs – GG&C
 Oncology Drugs – LIH
 Prescribing Demand Growth
 Out of Hours GPs
 GG&C Clyde Effect
 GG&C Mental Health SLA
 GG&C Pharmacy SLA
 Car-T Cell national development
 Other NSD developments
 PACS refresh – LIH
 Rothesay mortuary upgrade
 CAMHS development in Cowal and Bute
 Freestyle Libre (Diabetes)
 Older People Growth
 Care Services for Younger Adults
 Sleepovers Night Rates
 National Care Home Contract
 Continuing Care of Looked After Children.
- 1.7 The Quality and Finance Plan has been reviewed by both the Senior Leadership Team and also the Quality and Finance Programme Board and the profile of the savings have been revised. In addition to a change in the profile there are also some savings options where they are no longer deemed to be achievable. The budget outlook reflects the savings that are currently not anticipated to be achieved as well as the balance of the unidentified savings from 2018-19.
- 1.8 The Quality and Finance Programme Board reviewed the spend to date and the anticipated spend in 2019-20 on the investment plan. It was agreed that

a recommendation should be made to the Integrated Joint Board that any new investment should be stopped, unless a spend to save option that would yield a reasonable return, and that current spending should be considered and if it is not giving desired outcome, should be reduced or eliminated. Based on the update, it was estimated that there was a recurring underspend of £0.699m in 2019-20 with the possibility of further savings after the current spending is reviewed. This current underspend has been built into the outlook in all three scenarios.

- 1.9 In the mid-range scenario, the Health and Social Care budget gap estimated over the three year period 2019-20 to 2021-22 is £16.819m with a gap of £6.572m (2.6%) in 2019-20.
- 1.10 In contrast, the budget gap in the best case scenario over the three years is £3.431m with a gap of £2.736m in 2019-20 and in the worst case scenario, the budget gap over the three years is £25.667m with a gap of £9.356m in 2019-20.
- 1.11 The budget figures do not account for repayment to the partner bodies for the 2017-18 overspend and also the estimated overspend in 2018-19. It is my understanding that the Health overspend in 2017-18 has been written off by the Scottish Government and there is scope to write off some of the 2018-19 overspend, however, I need to get this confirmed by NHS Highland. At a minimum, if I exclude the Health overspend, the amount to be repaid back to the Council is £1.155m relating to the 2017-18 overspend and £2.998m relating to the estimated 2018-19 overspend, a total of £4.153m.
- 1.12 There are a number of measures being introduced to regain grip and control of the financial position. Savings options to bridge the budget gap are also currently being identified and will be brought forward to the next Quality and Finance Programme Board meeting on 20 February 2019 and then onto the next Integrated Joint Board on 27 March 2019.

2. INTRODUCTION

- 2.1 This report summarises the budget outlook covering the period 2019-20 to 2021-22.
- 2.2 The budget outlook has been prepared using three different scenarios, best case, worst case and mid-range. Relatively small variations in assumptions can lead to fairly significant changes in the outcome. In the paragraphs that follow, the mid-range outlook is shown, however, all three scenarios are detailed within Appendix 1.

3. DETAIL OF REPORT

3.1 Funding Estimates

- 3.1.1 NHS Highland and Argyll and Bute Council provide funding for the Health and Social Care Partnership. The funding from both partner organisations for 2019-20 will not be confirmed until March and therefore the funding is estimated at this stage.

3.1.2 Following the announcement of the Scottish Government’s budget for 2019-20 on 12 December 2018, indicative Health Board allocations for 2019-20 were advised in a letter to Health Boards. Argyll and Bute Health NRAC share of the NHS Highland budget for 2019-20 remains at 28.87% (£196.261m). For 2019-20, Health Boards will receive a minimum baseline uplift of 2.5% which includes funding for the 2019-20 pay award. Those Boards furthest from NRAC parity will also receive a share of £23m, this includes NHS Highland and the share for Argyll and Bute is £0.520m. In addition there is also funding for new medicines and this amounts to £0.821m.

3.1.3 For future years assumptions:

- The baseline uplift is estimated to be between 1% (worst case) and 2.5% (best case) with a mid-range of 1.5% (in line with NHS Highland assumptions).
- It is assumed that additional funding will be provided for the pay award and although 2020-21 is the end of the three year deal and therefore the end of the anticipated funding, additional funding has also been assumed in 2021-22.
- For NRAC parity it has been assumed there will be a similar increase within the best case scenario and no further increase in the worst and mid-range scenarios.
- For new medicines, the 2019-20 funding is proposed to be in year funding and not added to the base. The same level of funding has been assumed for future years.

3.1.4 The table below outlines the estimated funding from NHS Highland over the next three years within the mid-range scenario.

	2019-20 £000	2020-21 £000	2021-22 £000
Baseline funding	196,261	196,261	196,261
Baseline funding uplift	4,475	7,108	9,780
Pay award funding	1,588	3,176	4,764
NRAC Parity	520	520	520
New Medicines	821	821	821
Total Funding NHS	203,665	207,886	212,146

3.1.5 The Local Government Finance Circular 8/2018 published on 17 December 2018 provides detail of the provisional total revenue and capital funding allocations for 2019-20. Total additional funding of £160m is allocated to Health and Social Care and Mental Health and has to be additional to each Council’s 2018-19 recurrent spending on social care and not substitutional. It means the Local Authority social care budgets for allocation to Integration Authorities and funding for school counselling services must be £160m greater than the 2018-19 recurrent budgets. The breakdown of the additional £160m is:

- £108m Health and Social Care – A&B share £1.980m.
- £10m Implementation of Carer’s Act – A&B share £0.183m.
- £12m Counselling Services – still to be distributed.

- £30m Free Personal Care Under 65s – still to be distributed.

3.1.6 The planning assumptions for Social Care funding built into Argyll and Bute Council's budget outlook, prior to the Local Government funding announcement, assumed in the best case scenario (worst case for the HSCP) a funding cut equal to the level of Local Government funding cut, in the mid-range scenario a flat cash position and in the worst case scenario (best case for the HSCP) an increase equal to the increase in 2018-19 (£0.844m). From the conditions outlined in the Local Government Finance Circular, I have assumed no decrease in our worst case scenario for 2019-20. For the mid-range I have assumed that the additional £1.980m distributed will be passed over to the HSCP. For the best case scenario, I have assumed the additional £1.980m distributed will be passed over in addition to the same level of increase as 2018-19 (as was included in Argyll and Bute's budget outlook). For future years, I have assumed flat cash in the worst case and mid-range scenarios and an increase equal to the increase in 2018-19 in the best case scenario.

3.1.7 The funding for Counselling Services and Free Personal Care for Under 65s has still to be distributed. Once this distribution is known, this funding will be built in, as well as additional cost pressures to match the funding. It is unclear at this stage as to whether the Counselling Services will fall within the remit of the Council or the HSCP.

3.1.8 The table below outlines the estimated funding from Argyll and Bute Council over the next three years within the mid-range scenario.

	2019-20 £000	2020-21 £000	2021-22 £000
Baseline funding	56,389	56,389	56,389
HSCP Funding as per Finance Circular (share of £108m)	1,980	1,980	1,980
Carer's Act Funding as per Finance Circular (share of £10m)	183	183	183
Adjustment to funding (nil in mid-range scenario)	0	0	0
Total Funding Council	58,552	58,552	58,552

3.1.9 The table below summarises the total estimated funding over the next three years within the mid-range scenario.

	2019-20 £000	2020-21 £000	2021-22 £000
Funding NHS	203,665	207,886	212,146
Funding A&B Council	58,552	58,552	58,552
Total Funding	262,217	266,438	270,698

3.2 Base Budget

3.2.1 The starting point/base budget for 2019-20 is the budget approved in 2018-19, adjusted for any one-off items.

3.2.2 There is one adjustment to the base budget in respect of the likely pay award for Council staff in 2018-19. Negotiations are still ongoing for 2018-19, however, there is currently a 3.5% offer on the table for SJC employees for 2018-19. The budget for social work staff within 2018-19 was based on the public sector pay commitment of 3% for those earning below £36,500, 2% for those earning above £36,500 with a cap of a £1,600 rise for those earning above £80,000. If a 3.5% pay award is agreed this would cost an additional £0.169m for social work staff. As well as this being a pressure in 2018-19, this would need to be added into the base budget for 2019-20.

3.2.3 The table below summarises the base budget in the mid-range scenario.

	2019-20 £000	2020-21 £000	2021-22 £000
Base Budget NHS	196,261	196,261	196,261
Base Budget Council	56,389	56,389	56,389
Pay Award	169	169	169
Base Budget	252,819	252,819	252,819

3.3 Employee Cost Increases

3.3.1 The changes to the employee costs are in respect of pay inflation and increments.

3.3.2 For Health staff, a 3 year pay deal has already been agreed for 2018-19 to 2020-21 at 3% each year. For 2021-22, it has been assumed that the 3% will continue within the best case and mid-range scenarios, with a 3.5% increase in the worst case scenario. Funding has been assumed to increase equal to the 2019-20 increase.

3.3.3 For Social Work staff, negotiations are still ongoing, however, there is currently a three year offer on the table for SJC employees with a 3.5% increase in 2018-19 and a 3% increase in both 2019-20 and 2020-21. For all three scenarios, this level of pay award has been assumed. For 2021-22, the best case scenario assumes the public sector pay commitment which averages around 2.6%, the worst case scenario assumes a 3.5% increase (similar to the 2018-19 offer) and the mid-range scenario assumes a 3% increase.

3.3.4 There are also additional costs in relation to incremental drift and the estimate has been built into all three scenarios.

3.3.5 The changes to the employee budgets estimated over the next three years within the mid-range scenario are summarised in the table below.

	2019-20 £000	2020-21 £000	2021-22 £000
Health pay award	1,800	3,654	5,562
Health pay increments	300	609	927
Social Work pay award	962	1,953	2,973
Social Work pay increments	91	185	281
Total Employee Cost Changes	3,153	6,401	9,743

3.4 Non-pay Inflation

3.4.1 Due to the pressure on the Health and Social Care Partnership's financial position, non-pay inflation should only be built into the budget where it is deemed to be absolutely necessary. No general inflation is assumed across expenditure categories. The finance teams have considered the non-pay inflation required, in consultation with budget holders, and the table below summarises the non-pay inflation estimated over the next three years within the mid-range scenario. Further information is included within Appendix 2.

	2019-20 £000	2020-21 £000	2021-22 £000
<u>Health:</u>			
Prescribing	570	1,157	1,761
Hospital Drugs	125	256	394
Main GG&C SLA	1,375	2,784	4,228
Other SLAs	275	557	846
Energy Costs	75	153	234
<u>Social Work:</u>			
Catering Purchases	18	36	54
National Care Home Contract	5	10	15
NHS Staffing Recharges	57	114	171
Purchase and Maintenance of Equipment	7	14	21
RPI Essential increases	39	78	117
Scottish Living Wage	640	1,679	2,604
Total Non-Pay Inflation	3,186	6,838	10,445

3.5 Cost and Demand Pressures

3.5.1 As with non-pay inflation, due to the Health and Social Care Partnership financial position, cost and demand pressures should be contained within current resources where possible. The table below summarises the cost and demand pressures estimated over the next three years within the mid-range scenario that cannot be contained within current resources. Further information is included within Appendix 3.

	2019-20 £000	2020-21 £000	2021-22 £000
<u>Health:</u>			
LIH Laboratory	100	100	100
Pharmacy Homecare Services (Crohn's Disease)	100	200	300
Oncology Drugs – GG&C	250	500	750
Oncology Drugs – LIH	350	700	1,050
Prescribing Demand Growth	190	382	576
Health Visitors Re-grading	100	100	100
Health Visitors Re-grading – should be fully funded, see note below in para 3.5.2	(100)	(100)	(100)
Out of Hours GPs	500	500	500

GG&C Clyde Effect	500	513	526
GG&C Mental Health SLA	835	856	877
GG&C Pharmacy SLA	100	103	106
Car-T Cell national development	207	207	207
Other NSD developments	50	100	150
PACS refresh – LIH	102	102	102
Rothsay mortuary upgrade	45	45	45
CAMHS development in Cowal and Bute	77	77	77
Freestyle Libre (Diabetes)	100	100	100
Social Work:			
Older People Growth	320	645	975
Care Services for Younger Adults	178	359	537
Sleepovers Night Rates	171	171	171
National Care Home Contract	299	610	933
Continuing Care of Looked After Children	226	463	712
Carer's Act	183	230	534
Carer's Act – reduce to cap funding – see note below in para 3.5.3 be.	0	(47)	(351)
Allowance for Unknown Cost and Demand Pressures	0	500	1,000
Total Cost and Demand Pressures	4,883	7,416	9,977

- 3.5.2 The cost pressure in respect of re-grading of Health Visitors has been estimated at £0.100m. This pressure should be fully funded by Scottish Government and therefore, the pressure is shown in the table above for information purposes but is not included within the outlook as additional funding should be received for this.
- 3.5.3 The cost pressure in respect of the additional responsibility for continued implementation of the Carers (Scotland) Act 2016 has been estimated over the next three years, however, this is an initiative that should be fully funded from the Scottish Government. Additional funding of £0.183m has been allocated in 2019-20 and the budget to be spent on this area will be capped at this level in both 2020-21 and 2021-22 until funding for future years is confirmed.
- 3.5.4 No cost pressure has been calculated for the implementation of free personal care for the under 65s. As noted earlier in the outlook £30m has still to be distributed for this and the cost pressure will need to be contained within the funding available.
- 3.5.5 When creating a budget outlook beyond one year, there is a risk that new cost and demand pressures will emerge that have not been included within the outlook. It is suggested that from 2020-21 onwards, a £1.000m general allowance is included within the worst case scenario each year, a £0.500m

allowance included within the mid-range scenario each year and no allowance included within the best case scenario.

3.6 Quality and Finance Plan

- 3.6.1 The Integrated Joint Board at its meeting on 28 March 2018 agreed to a savings plan of £10.633m in 2018-19 rising to £11.149m in 2019-20. Although progress with savings had been monitored by both Health and Social Work finance teams, the information was never pulled together and reconciled to the actual savings agreed by the Board. As a result, the target officers were working to was different but was a higher target of £10.954m in 2018-19 and £11.471m in 2019-20. The increase in the savings between 2018-19 and 2019-20 of £0.517m has been built into the budget outlook.
- 3.6.2 The Quality and Finance Plan has been reviewed by both the Senior Leadership Team and also the Quality and Finance Programme Board and the profile of the savings have been revised. In addition to a change in the profile there are also some savings options where they are no longer deemed to be achievable. These changes are summarised in the table in paragraph 3.6.4. There is a separate report on the agenda in relation to the Quality and Finance Plan that provides more detail.
- 3.6.3 In addition to the Quality and Finance Plan savings, the overall Health and Social Care Partnership budget wasn't balanced for 2018-19 and there were unidentified savings of £1.6m in 2018-19 (£2.345m unidentified savings in Social Work offset by an expected approx. £0.700m underspend in Health). Recurring savings of £1.015m have been identified in Social Work to reduce their unidentified savings to £1.330m and there remains £0.615m of recurring uncommitted reserve in Health leaving a balance of £0.715m of savings still to be identified that is reflected in the updated budget gap.
- 3.6.4 The table below summarises the adjustments required to the budget outlook in terms of previously approved savings and the outstanding unidentified savings.

	2019-20 £000	2020-21 £000	2021-22 £000
Increase in savings between 2018-19 and 2019-20	(517)	(517)	(517)
Reduce/remove savings categorised as not achievable in full	4,014	3,898	3,898
Delayed Savings	99	0	0
Savings still being developed – if additional savings are identified this amount will be reduced	1,136	1,136	1,136
Remaining Unidentified savings	715	715	715
Savings Adjustment	5,447	5,232	5,232

3.7 Investment Plan

3.7.1 The continued support of a £1.551m investment plan was agreed by the Board on 28 March 2018 and an update on spend to date and anticipated spend in 2019-20 was presented to the Quality and Finance Programme Board on 18 December 2018, see Appendix 4. It was agreed that a recommendation should be made to the Integrated Joint Board that any new investment should be stopped, unless a spend to save option that would yield a reasonable return, and that current spending should be considered and if it is not giving desired outcome, should be reduced or eliminated. Based on the update, it was estimated that there was a recurring underspend of £0.699m in 2019-20 with the possibility of further savings after the current spending is reviewed. This current underspend has been built into the outlook in all three scenarios.

3.8 Updated Budget Outlook

3.8.1 The updated budget outlook for the mid-range scenario, taking into consideration all the factors noted within this report, is summarised in the table below.

	2019-20 £000	2020-21 £000	2021-22 £000
Base Budget	252,819	252,819	252,819
Employee Cost Changes	3,153	6,401	9,743
Non-Pay Inflation	3,186	6,838	10,445
Cost and Demand Pressures	4,883	7,416	9,977
Adjustment to Savings	5,447	5,232	5,232
Investment Plan stopped	(699)	(699)	(699)
Total Estimated Expenditure	268,789	278,007	287,517
Estimated Funding	262,217	266,438	270,698
Estimated Budget Surplus / (Gap) Cumulative	(6,572)	(11,569)	(16,819)
Estimated Budget Surplus / (Gap) In Year	(6,572)	(4,997)	(5,250)

3.8.2 In the mid-range scenario, the Health and Social Care budget gap estimated over the three year period 2019-20 to 2021-22 is £16.819m with a gap of £6.572m (2.6%) in 2019-20.

3.8.3 In contrast, the budget gap in the best case scenario over the three years is £3.431m with a gap of £2.736m in 2019-20 and in the worst case scenario, the budget gap over the three years is £25.667m with a gap of £9.356m in 2019-20.

3.8.4 The budget gap for 2019-20, split across the two partner bodies is summarised within the table below.

	Health 2019-20 £000	Council 2020-21 £000	Total 2021-22 £000
Base Budget	196,261	56,558	252,819
Employee Cost Changes	2,100	1,053	3,153
Non-Pay Inflation	2,420	766	3,186
Cost and Demand Pressures	3,506	1,377	4,883
Adjustment to Savings	4,020	1,427	5,447
Investment Plan stopped	(372)	(327)	(699)
Total Estimated Expenditure	207,935	60,854	268,789
Estimated Funding	203,665	58,552	262,217
Estimated Budget Surplus /(Gap) Cumulative	(4,270)	(2,302)	(6,572)

3.8.5 The total estimated expenditure figure show in the table above does not include circa £11.5m of Scottish Government funding routed via NHS Highland for Social Work Services (this includes our share of the funding previously provided for the Scottish Living Wage). This is accounted for differently in the two partner bodies and a conversation needs to take place around how this is most appropriately shown within the budget outlook and in the partner organisations monitoring. There is no bottom line impact on the budget gap.

3.8.6 The budget gap figures do not account for repayment to the partner bodies for the 2017-18 overspend and also the estimated overspend in 2018-19. It is my understanding that the Health overspend in 2017-18 has been written off by the Scottish Government and there is scope to write off some of the 2018-19 overspend, however, I need to get this confirmed by NHS Highland. At a minimum, if I exclude the Health overspend, the amount to be repaid back to the Council is £1.155m relating to the 2017-18 overspend and £2.998m relating to the estimated 2018-19 overspend, a total of £4.153m.

3.8.7 Negotiations took place with the Council at the end of 2017-18 and the Council agreed that the 2017-18 overspend of £1.155m be repaid over three years. Repayments were £0.100m in 2018-19, £0.300m in 2019-20 and £0.755m in 2020-21. The agreement was also due to be reviewed at the end of 2018-19. The repayment due in 2018-19, due to the forecast overspend has not been able to be made.

3.8.8 I would recommend that we engage with the Council for them to consider a revised repayment plan with repayments deferred for a further year, thereby allowing the Health and Social Care Partnership to regain grip and control of their financial position. Any agreed repayment plan will add to the estimated budget gap noted above.

3.9 Measures to Improve the Financial Position

3.9.1 The Chief Officer has communicated clearly to her Senior Leadership Team that we need to take greater grip and control of the financial position and the Senior Leadership Team meeting on 14 January was focused on this. Weekly meetings are already in place for vacancy management. Other measures that will be taken include:

- daily review/authorisation of all non-essential and non-clinical expenditure;
- further enhanced workforce authorisation and controls;
- centralisation of all care home placement and care at home decision making;
- engagement with Greater Glasgow and Clyde to move forward the SLA negotiations;
- reduced authorisation limits and central approval on expenditure procured through the PECOS system; and
- greater grip on the outstanding Social Work invoices which will help to validate and refine the outturn position.

3.9.2 These additional measures will be in place indefinitely, i.e. this is not something that will be put in place until the end of this financial year, but having greater grip and control is proven to lead to a change in culture in respect of finances and this is necessary in order to bring the expenditure under control in the future.

3.10 Savings Options to Balance the 2019-20 Budget

3.10.1 At the Integrated Joint Board meeting on 28 November 2018, the Board instructed officers to provide details of potential savings options to close the 2019-20 budget gap. The budget gap as noted earlier within this report is £6.572m for 2019-20 and this will be challenging to address.

3.10.2 Officers have been working on identifying savings options, however, they are not at the stage where they could be brought forward to this Board meeting for consideration. It is vitally important that any savings options brought forward for consideration are tested by the Senior Leadership Team and further time is required to allow for this to happen. In addition, when savings options are brought forward they will need to be clear as to their deliverability, have a realistic timeframe for implementation and outline the risks.

3.10.3 Gaining grip and control over the financial position and identification of options to balance the budget are the two priorities of Senior Management at this time and it is intended that options will be brought to the next Quality and Finance Programme Board on 20 February 2019 for discussion and then be presented to the Integrated Joint Board at their meeting on 27 March 2019.

4. RELEVANT DATA AND INDICATORS

4.1 The budget outlook is based on a number of assumptions, using a best, worse and mid-range scenario. These assumptions will be regularly reviewed and updated as appropriate.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The Integrated 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.

This needs to be considered when options are developed to balance the budget.

6. GOVERNANCE IMPLICATIONS

- 6.1 Financial Impact – There is a significant budget gap for future years that requires to be addressed.
- 6.2 Staff Governance – None directly from this report but there is a strong link between HR and delivering financial balance.
- 6.3 Clinical Governance - None

7. EQUALITY AND DIVERSITY IMPLICATIONS

- 7.1 None directly from this report but any proposals to address the estimated budget gap will need to consider equalities.

8. RISK ASSESSMENT

- 8.1 There is a risk that sufficient proposals are not approved in order to balance the budget in 2019-20. Any proposals will need to consider risk.

9. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

- 9.1 None directly from this report but any proposals to address the estimated budget gap will need to take into consideration local stakeholder and community engagement.

10. CONCLUSIONS

- 10.1 In the mid-range scenario, the Health and Social Care budget gap estimated over the three year period 2019-20 to 2021-22 is £16.819m with a gap of £6.572m (2.6%) in 2019-20. The budget gap figures do not account for repayment to the partner bodies for the 2017-18 overspend and also the estimated overspend in 2018-19 and this could be in the region of £4m.
- 10.2 Engagement should take place with the Council and NHS if required to agree a repayment plan that is in the interest of both partners.
- 10.3 Officers are currently considering savings options to bridge the budget gap and these will be brought forward in due course.

11. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	√
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

APPENDICES:

Appendix 1 – Budget Outlook Best, Worst and Mid-Range Scenarios

Appendix 2 – Non-Pay Inflation

Appendix 3 – Cost and Demand Pressures

Appendix 4 – Investment Plan Updated presented to Q&F Board 18/12/2018

BUDGET OUTLOOK 2019-20 TO 2021-22
INTEGRATED JOINT BOARD - 30 JANUARY 2019

APPENDIX 1

	Best Case Scenario			Mid-Range Scenario			Worst Case Scenario		
	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Base Budget:									
Base Budget	252,650	252,650	252,650	252,650	252,650	252,650	252,650	252,650	252,650
Base Budget Adjustments	169	169	169	169	169	169	169	169	169
Revised Base Budget	252,819	252,819	252,819	252,819	252,819	252,819	252,819	252,819	252,819
Employee Cost Changes:									
Pay Award	2,762	5,607	8,535	2,762	5,607	8,535	2,762	5,607	8,535
Pay Increments	391	794	1,208	391	794	1,208	391	794	1,208
Total Employee Cost Changes	3,153	6,401	9,743	3,153	6,401	9,743	3,153	6,401	9,743
Non-Pay Inflation:									
Health:									
Prescribing	380	768	1,163	570	1,157	1,761	760	1,550	2,371
Hospital Drugs	75	152	232	125	256	394	175	362	562
Main GG&C SLA	1,100	2,222	3,366	1,375	2,784	4,228	1,650	3,350	5,099
Other SLAs (GPs, GG&C, other HBs, service inputs)	220	444	673	275	557	846	330	670	1,020
Energy	56	114	173	75	153	234	94	193	296
Social Work:									
Catering Purchases	18	36	54	18	36	54	18	36	54
National Care Home Contract	3	6	9	5	10	15	8	16	24
NHS Staffing Recharges	57	114	171	57	114	171	57	114	171
Purchase and Maintenance of Equipment	5	10	15	7	14	21	8	16	24
General RPI Increases	31	62	93	39	78	117	46	92	138
Scottish Living Wage	640	1,679	2,604	640	1,679	2,604	640	1,679	2,604
Total Non-Pay Inflation	2,585	5,607	8,553	3,186	6,838	10,445	3,786	8,078	12,363
Cost and Demand Pressures:									
Health:									
LIH Laboratory	100	100	100	100	100	100	100	100	100
Pharmacy Homecare Services (Crohn's Disease)	100	200	300	100	200	300	100	200	300
Oncology Drugs - GG&C	200	400	600	250	500	750	300	600	900
Oncology Drugs - LIH	250	500	750	350	700	1,050	400	800	1,200
Demand Growth	95	190	286	190	382	576	285	574	868
Health Visitors Re-grading	100	100	100	100	100	100	100	100	100
Health Visitors Re-grading - should be paid for by SG	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(100)
Out of Hours - GPs option out of hours	375	375	375	500	500	500	700	700	700
GG&C Clyde Effect	0	0	0	500	513	526	767	790	814
GG&C Mental Health SLA	0	0	0	835	856	877	1,671	1,721	1,773
GG&C Pharmacy SLA	100	103	106	100	103	106	100	103	106
Car-T Cell national development	207	207	207	207	207	207	207	207	207
Other NSD developments	50	100	150	50	100	150	50	100	150
PACS refresh	102	102	102	102	102	102	102	102	102
Rothesay Mortuary upgrade	45	45	45	45	45	45	45	45	45
CAMHS development in Cowal and Bute	77	77	77	77	77	77	77	77	77
Freestyle Libre (Diabetes)	100	100	100	100	100	100	100	100	100
Council:									
Older People Growth	0	0	0	320	645	975	641	1,302	1,983

BUDGET OUTLOOK 2019-20 TO 2021-22
INTEGRATED JOINT BOARD - 30 JANUARY 2019

APPENDIX 1

	Best Case Scenario			Mid-Range Scenario			Worst Case Scenario		
	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Care Services for Younger Adults	0	0	0	178	359	537	356	723	1,079
Sleepovers Night Rates	171	171	171	171	171	171	171	171	171
National Care Home Contract	224	455	693	299	610	933	373	765	1,177
Continuing Care of Looked After Children	113	229	348	226	463	712	339	703	1,095
Carer's Act - SHOULD BE FULLY FUNDED	183	230	534	183	230	534	183	230	534
Carer's Act - Cap cost pressure at 2018-19 funding levels	0	(47)	(351)	0	(47)	(351)	0	(47)	(351)
Allowance for Unknown Cost and Demand Pressures	0	0	0	0	500	1,000	0	1,000	2,000
Total Cost and Demand Pressures	2,492	3,537	4,593	4,883	7,416	9,977	7,067	11,066	15,130
Release Budget from Investment Fund	(699)	(699)	(699)	(699)	(699)	(699)	(699)	(699)	(699)
Quality and Finance Plan Savings:									
Increase in savings between 2018-19 and 2019-20	(517)	(517)	(517)	(517)	(517)	(517)	(517)	(517)	(517)
Reduce/remove savings categorised as not achievable in full	4,014	3,898	3,898	4,014	3,898	3,898	4,014	3,898	3,898
Delayed Savings	99	0	0	99	0	0	99	0	0
Savings still being developed - if additional savings are identified this amount will be reduced	1,136	1,136	1,136	1,136	1,136	1,136	1,136	1,136	1,136
Remaining Unidentified Savings	715	715	715	715	715	715	715	715	715
Adjustment to Quality and Finance Plan	5,447	5,232	5,232	5,447	5,232	5,232	5,447	5,232	5,232
Total Estimated Expenditure	265,797	272,897	280,241	268,789	278,007	287,517	271,573	282,897	294,588
Funding:									
NHS	203,665	209,641	215,726	203,665	207,886	212,146	203,665	207,008	210,369
Council	59,396	60,240	61,084	58,552	58,552	58,552	58,552	58,552	58,552
Total Funding	263,061	269,881	276,810	262,217	266,438	270,698	262,217	265,560	268,921
Budget Surplus / (Gap) Cumulative	(2,736)	(3,016)	(3,431)	(6,572)	(11,569)	(16,819)	(9,356)	(17,337)	(25,667)
Budget Surplus / (Gap) In Year	(2,736)	(280)	(415)	(6,572)	(4,997)	(5,250)	(9,356)	(7,981)	(8,330)

Partner Bodies Split:									
Health	(1,976)	(614)	639	(4,270)	(5,812)	(7,565)	(6,357)	(9,892)	(13,703)
Social Work	(760)	(2,402)	(4,070)	(2,302)	(5,757)	(9,254)	(2,999)	(7,445)	(11,964)
Budget Surplus / (Gap) Cumulative	(2,736)	(3,016)	(3,431)	(6,572)	(11,569)	(16,819)	(9,356)	(17,337)	(25,667)
Budget Surplus / (Gap) In Year	(2,736)	(280)	(415)	(6,572)	(4,997)	(5,250)	(9,356)	(7,981)	(8,330)

**HEALTH AND SOCIAL CARE PARTNERSHIP
NON-PAY INFLATION FOR BUDGET OUTLOOK 30 JANUARY 2019**

APPENDIX 2

Health or Social Work	Inflation Assumption	Best Case			Mid Range			Worst Case		
		2019-20 £000	2020-21 £000	2021-22 £000	2019-20 £000	2020-21 £000	2021-22 £000	2019-20 £000	2020-21 £000	2021-22 £000
Health	Prescribing - estimated cost growth between 2%-4%, mid-range 3%	380	768	1,163	570	1,157	1,761	760	1,550	2,371
Health	Hospital Drugs - estimated cost growth between 3%-7%, mid-range 5%	75	152	232	125	256	394	175	362	562
Health	Main GG&C SLA - information regarding SG uplifts for 2019-20 indicate that 2.5% uplift is likely. Best Case assumes 2%, worst case 3%, mid range 2.5%.	1,100	2,222	3,366	1,375	2,784	4,228	1,650	3,350	5,099
Health	Other SLAs (GPs, GG&C, other HBs, service inputs) - information regarding SG uplifts for 2019/20 indicate that 2.5% uplift is likely. Best Case assumes 2%, worst case 3%, mid range 2.5%.	220	444	673	275	557	846	330	670	1,020
Health	Energy - estimated cost growth 4%, reference to RPI for energy costs. Best Case 3%, worst case 5%, mid-range 4%.	56	114	173	75	153	234	94	193	296
Social Work	Catering Purchases - reflects the expected increase in the unavoidable food costs associated with the provision of meals at the partnership's care homes, children's houses, hostels and progressive care centres.	18	36	54	18	36	54	18	36	54
Social Work	National Care Home Contract - reflects the estimated impact on the cost of replacement care arising from the annual review of the rates set out in the National Care Home Contract.	3	6	9	5	10	15	8	16	24
Social Work	NHS Staffing Recharges - reflects the estimated impact on Social Work of increased charges for services provided by NHS staff arising from annual pay increments and inflation.	57	114	171	57	114	171	57	114	171
Social Work	Purchase and Maintenance of Equipment - reflects the estimated impact of inflation on the purchase and maintenance costs of aids and equipment provided by the Integrated Equipment Store to support discharge from hospital and help people continue to live at home for longer.	5	10	15	7	14	21	8	16	24
Social Work	General RPI Increases - reflects the estimated impact of inflation on a range of unavoidable costs including the IJB annual audit fee from Audit Scotland as well on care and support costs for carers.	31	62	93	39	78	117	46	92	138
Social Work	Scottish Living Wage - reflects the estimated cost of maintaining the IJB's commitment that all adult social care staff employed by external providers or service users are paid at least the Scottish Living Wage. The estimate takes account of annual inflationary uplifts in the funding provided by the Scottish Government, routed via NHS Highland, to fund the national commitment to the Scottish Living Wage.	640	1,679	2,604	640	1,679	2,604	640	1,679	2,604
TOTAL NON-PAY INFLATION		2,585	5,607	8,553	3,186	6,838	10,445	3,786	8,078	12,363

COST AND DEMAND PRESSURES FOR BUDGET OUTLOOK 30 JANUARY 2019

Health or Social Work	Service	Cost/Demand Pressure	Best Case			Mid Range			Worst Case		
			2019-20 £000	2020-21 £000	2021-22 £000	2019-20 £000	2020-21 £000	2021-22 £000	2019-20 £000	2020-21 £000	2021-22 £000
Health	Adult Services	Lorne and the Isles Hospital (LIH) Laboratory: increased running costs due to changes to necessary enhancements to clinical quality control and the outcomes of recent clinical audit inspection to meet accreditation.	100	100	100	100	100	100	100	100	100
Health	GGC Homecare Pharmacy Services	Pharmacy Homecare Services (Crohn's disease): Scottish Medicine Consortium have approved new drug treatments which are prescribed by hospital consultants for dermatology and Crohn's patients. This has led to increased numbers of patients receiving ongoing treatments. Historical analysis of patient numbers and treatments indicates an increasing demand in future years.	100	200	300	100	200	300	100	200	300
Health	Oncology Drugs GGC	Oncology Drugs GG&C: Scottish Medicine Consortium are approving new oncology drugs many of which are for end of life or orphan drug use. This has increased the scope of patients who qualify for oncology treatment. In addition, a number of drugs are now being approved for multiple cancers which again increases treatment options. There is currently a cost pressure due to both activity and cost increases and both are expected to increase in future years. In particular lenalidomide, pembrolizumab and inotuzumab have seen significant increases in 18/19.	200	400	600	250	500	750	300	600	900
Health	Adult Services	Oncology Drugs LIH: Scottish Medicine Consortium are approving new oncology drugs many of which are for end of life or orphan drug use. This has increased the scope of patients who qualify for oncology treatment. In addition, a number of drugs are now being approved for multiple cancers which again increases treatment options. There is currently a cost pressure due to both activity and cost increases and both are expected to increase in future years. In particular lenalidomide, ruxolitinib and pembrolizumab have seen significant increases in 18/19.	250	500	750	350	700	1,050	400	800	1,200
Health	Prescribing	Prescribing Demand Growth - Best Case 0.5%, mid range 1%, worst case 1.5%	95	190	286	190	382	576	285	574	868
Health	Childrens and Families	Health Visitors Regrading -The Children and YP Scotland Act (2014) states the Named Person should be in a 'promoted' post.	100	100	100	100	100	100	100	100	100
Health	Childrens and Families	Health Visitors Regrading - should be fully funded	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(100)
Health	Adult Services	Out of Hours GP: Impact of GPs opting out of "Out of Hours" service. Mull £200k, Coll, Colonsay and Jura £100k each. Best case based on no additional cost, mid-range and worst case based on estimated cost impact.	0	0	0	500	500	500	500	500	500

HEALTH AND SOCIAL CARE PARTNERSHIP

APPENDIX 3

COST AND DEMAND PRESSURES FOR BUDGET OUTLOOK 30 JANUARY 2019

Health or Social Work	Service	Cost/Demand Pressure	Best Case			Mid Range			Worst Case		
			2019-20 £000	2020-21 £000	2021-22 £000	2019-20 £000	2020-21 £000	2021-22 £000	2019-20 £000	2020-21 £000	2021-22 £000
Health	GGC Services	GG&C Clyde Effec: GGC have removed the rebate A&B received as they believe treatment in Clyde hospitals is not cheaper than Glasgow hospitals. Best case is based on IJB agreed position, Mid-range is based on a phased removal of the rebate and worst case is full removal of the rebate.	0	0	0	500	513	526	767	790	814
Health	GGC Services	GG&C Mental Health SLA: GGC have been undercharging for the mental health element of the SLA for a number of years. In addition, activity has not been updated. In future years activity is expected to increase in future years in respect of dementia continuing care patients. Best case is based on the IJB agreed position, Mid-range is based on phased implementation of the proposal and worst case is the full implementation of the proposal.	0	0	0	835	856	877	1,671	1,721	1,773
Health	Pharmacy Management	GG&C Pharmacy SLA will be extended to cover ambient transfer of drugs to A&B hospitals, a requirement to ensure the safe transport of drugs.	100	103	106	100	103	106	100	103	106
Health	All Services	Car-T Cell national development - this is a national service development. Car-T Cell Therapy is an immunotherapy treatment for cancer. Contributions are based on NRAC shares.	207	207	207	207	207	207	207	207	207
Health	All Services	Other NSD developments - NHS Board Chief Executives Group approve a number of services to be provided on a national basis each year. Contributions are based on NRAC shares.	50	100	150	50	100	150	50	100	150
Health	Corporate Services	PACS refresh - LIH - National upgrade to radiology system.	102	102	102	102	102	102	102	102	102
Health	Adult Services	Rothesay mortuary upgrade -revenue consequences of capital purchase. Upgrade required due to new SG guidance on mortuary standards.	45	45	45	45	45	45	45	45	45
Health	Childrens and Families	Tier 3 CAMHS development in Cowal and Bute approved at SLT October 2018	77	77	77	77	77	77	77	77	77
Health	Prescribing	Freestyle Libre sensors for type 1 diabetics. Protocol in place to ensure appropriate prescribing. Current cost pressure in 18/19.	100	100	100	100	100	100	100	100	100
Social Work	Adult Care	The number of older people is increasing and older people are living longer with significant health and support needs and significant expectations of the support they are entitled to receive. Demand pressure estimates 3% growth in homecare and care home placements, this increase is supported by the growth in clients and care requirements over a number of years although in some areas the service capacity is being fully utilised and service expansion is proving difficult. The best case recognises the current capacity limits, the mid-range reflects 1.5% growth and the worst case reflects 3% growth.	0	0	0	320	645	975	641	1,302	1,983

HEALTH AND SOCIAL CARE PARTNERSHIP

APPENDIX 3

COST AND DEMAND PRESSURES FOR BUDGET OUTLOOK 30 JANUARY 2019

Health or Social Work	Service	Cost/Demand Pressure	Best Case			Mid Range			Worst Case		
			2019-20 £000	2020-21 £000	2021-22 £000	2019-20 £000	2020-21 £000	2021-22 £000	2019-20 £000	2020-21 £000	2021-22 £000
Social Work	Adult Care	There has been continuing increase in demand for care and support services for profoundly disabled younger adults (ie under 65) whose parents have historically provided care but are no longer able to. The best case assumes new demand will be met from attrition or reductions in existing services, the mid-range reflects demand of 1.5% and the worst case reflects demand of 3%.	0	0	0	178	359	537	356	723	1,079
Social Work	Adult Services	Reflects the cost of bringing sleepovers for commissioned social care providers into line with the Scottish Living Wage (SLW) by 2019-20. There may be some reduction in the best case scenario if the number of sleepovers can be reduced, this will be kept under review. Note: after the switch to a SLW based rate, year on year increases will be included within the annual non-pay inflation estimate.	171	171	171	171	171	171	171	171	171
Social Work	Adult Services	National Care Home Contract: Contract rates are negotiated on an annual basis with representatives of the Scottish care home sector by Scotland Excel. The best case scenario figures provided are based on an annual increase of 3% (in-line with the 2019/20 increase in the Scottish Living Wage rounded to the nearest whole number), the mid range reflects an increase of 4% and the worst case 5%.	224	455	693	299	610	933	373	765	1,177
Social Work	Children and Families	Continuing Care of Looked After Children: Part 11 of the Children and Young People (Scotland) Act 2014 introduced new provisions requiring Social Work to continue to provide accommodation for Looked After and Accommodated Children (LAAC) born after 1 April 1999 from their 16th birthday until they reach 21 years if the child chooses to remain in their current or equivalent alternative accommodation. Based on the expenditure trend over the period 2014/15 to 2018/19. the average annual increase in spending is 5%. The best case reflects an increase of 2.5%, the mid range 5% and the worst case 7.5%.	113	229	348	226	463	712	339	703	1,095
Social Work	Adult Services	Carer's Act: Carers Act commenced on 1 April 2018. Funding allocated as part of the £66m social care funding, the cost pressure represents the share of funding in relation to the Carers Act and this funding will be the basis of the agreement of the eligibility criteria. There are concerns re the Scottish Government fully funding the commitment and implications of the Act and there is no funding allocation for replacement care, costs will be closely monitored during 2018-19.	183	230	534	183	230	534	183	230	534
Social Work	Adult Servies	Carer's Act: Cap cost pressure to the level of funding in 2019-20 until confirmation of future years funding is known.	0	(47)	(351)	0	(47)	(351)	0	(47)	(351)
Both	All Services	Provision for Unknown Cost and Demand Pressures	0	0	0	0	500	1,000	0	1,000	2,000
TOTAL COST AND DEMAND PRESSURES			2,117	3,162	4,218	4,883	7,416	9,977	6,867	10,866	14,930

QUALITY AND FINANCE PROGRAMME BOARD - 18 DECEMBER 2018

SUMMARY OF INVESTMENT PLAN POSITION AS AT 30 NOVEMBER 2018

Ref	2018/19 investment allocations	Allocation £'000	Forecast Spend 2018/19			Forecast Spend 2019/20			How the money is being spent
			Health £'000	Council £'000	Total £'000	Health £'000	Council £'000	Total £'000	
1	3xWTE Service Improvement Officers	150	35	124	159			0 a { SIO for Mental Health (CW) £6k	
							54	54 a { SIO for Community Services (GMC) £37k	
							34	34 a { SIO for Care Homes Review (JD) £32k	
							0	0 a { SIO for Learning Disability (GM) £50k	
							0	0 a { External consultants Red Hen for LD review £19k	
							0	0 a { SIO for Primary Care (LML) £15k	
2	Professional Lead for Hotel Services	35	35	0	35			0 b 0.5wte for Catering & Domestic Services Review (JJ)	
3	Centralisation of the patients booking service	30	0	0	0			0 c	
4	Project management role to redesign administration service	50	0	39	39		53	SIO for Admin Review (JS)	
5	Service improvement role Children's services	50	0	54	54		57	SIO for Children's Services (MS)	
6	HR strategic support	42	72	0	72	58		Additional 2.0wte HR staffing (TK & JM) - exceeds approval	
7	Communications officer	57	33	0	33	29		Additional 1.0wte Comms Officer (EB) & 1.0wte Admin (JH)	
8	Public Involvement Manager	45	29	0	29	29		1.0wte Engagement Officer (JW)	
9	West Sector - Neighbourhood/Community Team models	205	70	0	70	70		OLI locality - 2.49wte Health Care Assistant posts	
								0 c OLI locality - 0.80wte Comm Nurse Linne of Lorne pressure	
								0 c MAKI Locality -	
10	H&L Anticipatory/Emergency Nurses Primary Care (3 WTE)	140	125	0	125	140		3.0wte Advanced Nurse Practitioners	
11	Reablement update for providers - OT input	20	0	0	0			0 c	
12	Cowal and Bute - OT input re-ablement	20	0	0	0			0 c	
13	Investment in Early Intervention to reduce children in care	150	150	0	150	107		{ CAMHS 2.0wte, Clinician & Team Lead £107k	
						43		{ 1.0wte Paediatric OT £43k	
14	Care and Repair	80	80	0	80	80		80 b Contribution to external care & repair service	
15	Garelochhead GP Practice	86	57	0	57	66		66 d Clinical Leadership & Management	
16	Capacity for investment in IES, Housing	131	44	0	44	0		{ 3 mths HQA post double running costs £12k	
						12		{ 0.5wte Housing Occupational Therapist £12k	
						20		{ 1.0wte Integrated Equipment Service Domestic post £20k	
17	Co-location of staff	260	36	0	36			0 b { IT equipment and professional fees for closure of Aros £34k	
								0 b { Professional fees for Campbeltown co-location £2k	
		1,551	766	217	983	654	198	852	

Reconciliation to Budgets	2018-19			2019-20	
	Budget £'000	Forecast	Forecast	Forecast	Forecast
		Spend £'000	Underspend £'000	Spend £'000	Underspend £'000
Health held budget	1,026	766	260	654	372
Council held budget	525	217	308	198	327
	1,551	983	568	852	699

Notes:

- a SIO's, where there is one, should now all be under Council employment. Redhen contractor costs unknown.
- b Continuing costs in 19/20 unclear - awaiting info from managers
- c Plans unclear or have not been implemented - awaiting info from managers
- d Spend against non recurring element unclear - awaiting info from managers

As a more general point, there exists scope for unknown costs to materialise due to lack of detailed plans (ie, £131k allocation for Capacity for investment in IES, Housing).

APPROVED QUALITY AND FINANCIAL PLAN 2017-18 TO 2018-19
INVESTMENT PLAN - DETAIL

Theme	Ref	Re-design Area(s)	Role/Description	Additional Resource	Justification for Additional Resource	2018-19 Estimated Cost £000
Project Management	1	Adult Services Quality and Financial Plan Service Redesigns	3xWTE Service Improvement Leads	No current internal resource to support service redesign and improvement. Service Improvement leads required to work alongside operational managers. Role required to undertake significant change and complex re-design work to move to new models of care.	Operational capacity to deliver in a timely way. Current operational managers require support with project management and communications and engagement. Delays in delivering savings during 2016-17 due to limited project management capacity, need to learn lessons from this and prioritise additional support to drive forward service changes.	150
	2	Catering and Cleaning Services	Professional Lead for Hotel Services within Argyll and Bute HSCP. Ideally this is someone with a Catering background as there are statutory requirements in these services.	External candidate required Graded AfC Band 7 full time post and is likely to be required as a permanent role but for a minimum of 2 - 3 years as the scale of the change is significant requiring significant trade union and council partnership working.	NHS HDL (2005) 31 NHS Highland has reviewed its cost model for catering services benchmarking it against the national best practice releasing significant efficiency savings by bringing provision and staff costs in line with benchmarks. These savings can be delivered by more effective business management of these services. There is no one with professional qualification in hotel services and ideally Catering management in the HSCP. It is recommended that this post be given direct management of all Hotel Services for a period of time to effect the necessary changes.	35
	3	Medical Records professional leadership and centralised booking	To lead and implement the centralisation of the patients booking service in Argyll and Bute	Band 6 1.0 wte	Essential to rationalise the appointing process to move to a digital delivering and consistent standard and service effective system for productivity and service quality benefits. By year 2 drive out saving and turnover.	30
	4	Administration Services	Dedicated project management role to support the redesign of administration service to achieve saving, improve quality and support change.	Project management support.	Integrated admin is required to support teams. There is potential to assist the whole system with integration while supporting improved quality and achieve savings. Significant savings proposed to be delivered from administration services.	50
	5	Childrens Services Re-designs	Dedicated service improvement role to deliver on all areas of change to Children's services including residential care services and staffing structures.		No capacity in current team to lead on the service changes, dedicated support will enable savings and service re-configuration to be delivered. Role may be undertaken by internal resource but this will require backfill.	50
	6	All areas - HR Support	Redesign of team to deliver joined up HR strategic support and project support.	Additional staffing resource	Current HR capacity is insufficient to deliver joined up HR initiatives such as iMatter and HQA improvement work across all staff groups in HSCP. No capacity to take on additional org change work within current HR workforce - required for 2 year period. There is unprecedented organisational change, this additional resource will allow HR to support with communicating changes to staff and build on the relationship with the staff side partnership. Putting in place a joined up approach to service re-design and engagement with staff. Capacity to facilitate workforce planning and manage staff process to remove risk of redundancy.	42
Communications and Engagement	7	All areas - Communications	Additional communications officer responsible for PR to enhance the comms strategy both internal and external re HSCPs transformational change, communications and public engagement admin resource & social media support.	External post/support required Band 6 1.0 wte for 12 months- no additional support from NHS highland as not replaced vacancy. A&B council current vacancy and discussions on going re quantification of SLA input. Alternative sources being examined including lhub support. 1.0 wte band 3- internal displaced member of dental team for 12 months. Releasing existing social Media expert from TEC programme for 2 days to support HSCP work .	Not enough capacity or requisite skills in existing organisation. IJB direction for additional resource essential to support communications and engagement activity.	57
	8	Care homes. Learning disability, hospital redesign, GP out of hours, community care	Additional Public Involvement Manager to support operational units in the public engagement activity across the HSCP with regard to the level of redesign and to support compliance with CEL 4 2010	External candidate required Graded AfC Band 6/7 full time post and is likely to be required as a permanent role but for a minimum of 2 1/2 years as the scale of the change is significant requiring significant trade union and council partnership working.	Scale of change and IJB direction for further resource.	45
Models	9		Argyll and Bute West Sector - Develop capacity within the Neighbourhood/Community Team models to provide person centred care, focussing on integrated or Buurtzorg Principles to provide new ways of working in the community. This would include all personnel required to deliver reablement, falls prevention, anticipatory care, rehabilitation, 7 day access and pull through from GG&C.	Teams required to identify any additional support required to meet the aims of care in the community to meet the SG Integration measures.	Support people to stay in their own homes longer, reduced emergency admission, support timely discharge, promote anticipatory care and therefore shift the balance of care.	205

APPROVED QUALITY AND FINANCIAL PLAN 2017-18 TO 2018-19
INVESTMENT PLAN - DETAIL

Theme	Ref	Re-design Area(s)	Role/Description	Additional Resource	Justification for Additional Resource	2018-19 Estimated Cost £000
Implement New Community Based	10		Helensburgh and Lomond Anticipatory/Emergency Nurses (band 7) Primary Care (3 WTE) - New role based in GP clusters targeting all patients house visits, nursing homes visits, Anticipatory Care Planning, for those with LTC, at risk of admission to hospital, COPD, polypharmacy, comorbidity etc across Helensburgh and Lomond locality. Speedy intervention will prevent the need for admission to hospital for all older people.	Additional capacity to deliver transformational changes, improve outcomes, sustain people in communities, significantly reduce admissions to glasgow hospitals, free up GP time. Prevent admission to hospital and ensure anticipatory is delivered as per ACP.	This is a fundamental change in how we deliver improvement to supporting patients in the helensburgh and lomond locality. This development will prevent admission or slow down the need for admission Slow down admission rates. and transform the link with primary care across Helensburgh and Lomond. Preventaive approach secured across all GP practices and support people to live at home. Reduce unsheduled admissions and cut delayed discharge from Vale of leven and other Glasgow hospitals.	140
	11		Reablement update for providers - OT input to registered providers on principles and practical assistance to embed a re-ablement approach to providing care at home to all current care packages.	Additional capacity to work alongside providers to embedd re-ablement approach in all visits where appropriate	Better use of existing resources in terms of interventions at home for all people who have capacity to undertake tasks independently. Ensure providers are maximising independence and improving targeted input to service users.	20
	12		Cowal and Bute - OT input to registered providers on principles and re-ablement approach to providing care at home	additional capacity to work alonside providers to embedd re-ablement approach to interventions at home	better use of exisiting resources in terms of interventions at home for all people who have capacity to undertake tasks independently	20
	13		Investment in Early Intervention to reduce children in care - "the edge of care". Investment in Health Visitors, AHP to support prevention.	Additional resource required to fund early intervention activities and prevention. This will help to develop service for young people in distress and will be a spend to save initiative.	Additional work in the community could avoid increases in demand in the future and would support prevention. Parenting support needs to be re-introduced in each area and services from across all parties for young people in distress needs introduced.	150
	14		Care and Repair	Additional payment to support equipment - will be reviewed as part of IES review and contract management during 2018-19		80
	15		Garelochhead GP Practice	Additional Funding as part of 17c Contract		86
	16		Capacity for investment in IES, Housing, training for Clinical leads/managers and IT/technology	Remaining balance of funding available, to be allocated in-year		131
Co-location of Teams	17		Cowal and Bute - Co-location of staff in Cowal and Bute, Kintyre, Islay and Mid Argyll	Additional one off payment to deliver co-location	Integrated working improved through co-location which is one of the single best actions to improve better more efficient teams working together. Improve our performance and team function, reduce waste and cut duplication of effort through improved co-ordination of staff time and deployment.	260
						1,551

Integration Joint Board

Agenda item: 4.2.4

Date of Meeting: 30 January 2019

Title of Report: Social Care Fees and Charges

Presented by: David Forshaw, Principal Accountant – Social Work

The Integration Joint Board is asked to:

- Note the introduction of the Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018 which come into effect on 1 April 2019 and which extend free personal and nursing to those aged under 65, commonly referred to as Frank's Law.
- Note the application of a standard annual inflationary increase of 3% applied to all social work charges from April 2019.
- Endorse the adjustment of the charges for residential care provided in the partnership's older people care homes and for sleepover services to ensure that both charges reflect the cost of service provision.
- Endorse the proposed introduction of three new charges related to the provision of Telecare services in order to generate additional income and which reflect the evolution of the Telecare service.
- Endorse changes to the financial means test rules contained within the Non-Residential Care Charging Scheme in order to increase income generation to provide additional funding to support service provision.
- Endorse the introduction of a requirement that service users pay their care charges by Direct Debit in order to maximise income collection, provide increased convenience and protection for service users and reduce administrative and bad debt costs.

1 EXECUTIVE SUMMARY

1.1 This report provides details of the following changes to the Social Work Fees and Charges arrangements which are proposed to come into effect in April 2019:

- The introduction of the Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018 which come into effect on 1 April 2019 and which extend free personal and nursing to those aged under 65, commonly referred to as Frank's Law;
- The application of a standard annual inflationary increase of 3% applied to all social work charges from April 2019;

- The adjustment of the charges for residential care provided in the partnership's older people care homes and for sleepover services to ensure that both charges reflect the cost of service provision;
- The proposed introduction of three new charges related to the provision of Telecare services in order to generate additional income and which reflect the evolution of Telecare equipment and its benefits beyond the traditional community alarm provision which has been provided historically;
- Changes to the financial means test rules contained within the Non-Residential Care Charging Scheme in order to increase income generation to provide additional funding to support service provision; and
- The introduction of a requirement that service users pay their care charges by Direct Debit unless there is a substantive reason for not doing so, such as capacity to give instruction or no access to a suitable bank account.

1.2 Members are reminded that decisions on changes to the partnership's Non-Residential Care Charging Scheme are reserved to Argyll and Bute Council (the Council) and that members of the IJB are asked to review and, if so minded, endorse the proposed changes to the scheme ahead of a formal submission to the Council's budget meeting in February 2019 to seek ratification for their implementation from April 2019.

2 INTRODUCTION

2.1 This report sets out details of an array of changes to the Social Work Fees and Charges regime to come into effect from April 2019, including statutory changes affecting the charging for services for under 65s, the adjustment to charge rates to reflect inflation and match the cost of service provision, the introduction of new service charges which reflect changes in the service model, adjustments to the non-residential care charging scheme designed to generate additional income in order to sustain service provision and the introduction of a Direct Debit First charge collection policy.

3 DETAIL

3.1 Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018 (aka Frank's Law)

3.1.1 From April 2019 the Scottish Government's Free Personal and Nursing Care Scheme, which has been in place since July 2002 for service users aged 65 and over, will be extended to apply to personal and nursing care services provided to all adults. These changes will primarily impact service users in one of two ways depending on the nature of the care they require:

- For people living in the community, all personal care which they receive will be provided free of charge; or

- For people resident in a care home who own capital and assets exceeding the upper capital limit set annually by the Scottish Government under the National Assistance (Assessment of Resources) Regulations 1992, currently standing at £27,250 for 2018/19, they will receive a weekly subsidy from the partnership towards their personal and, if in a nursing home, nursing care costs. The subsidy rates are set by the Scottish Government annually and currently stand at £174.00 per week for personal care and £253.00 per week for personal and nursing care.

3.1.2 To qualify for relief on the cost of care, service users must have a need for support which has been identified by their Health and Social Care Partnership following the completion of a care needs assessment.

3.1.3 Work has started to ensure that the new arrangements are implemented on time. The actions required include:

- The identification of the service users affected. These will be people aged under 65 who pay a charge for their service and who receive personal care. This work will be undertaken jointly between Strategic Finance and Social Work administrative staff and has already commenced;
- The charge assessment calculator will be updated to reflect the new statutory requirements. This work will be completed by Strategic Finance staff by the end of January 2019;
- A revised charge assessment calculation will be undertaken for every relevant service user and they will be notified in writing of their new charge from 1 April 2019. This work will be completed by Social Work administrative staff with support from Strategic Finance where required by the end of March 2019; and
- Updated billing arrangements will be put in place by Social Work administrative staff during April 2019 to incorporate the revised charges in to the service users bills/direct debit payments.

It should be noted that charges for non-personal care provided, such as housing support and sleepovers, will continue and that, depending on the amount of non-personal care provided to a service user, they might not see any reduction in their weekly care charge despite their personal care becoming free. Service users with high capital residing in a care home will be responsible for approaching their host partnership to request an assessment for a free personal and nursing care subsidy.

3.1.4 The Scottish Government is providing an additional £30m in funding to partnerships across Scotland to fund the loss of income and additional payments to care homes arising from the new rules. Argyll and Bute's share of this funding has still to be confirmed but is likely to be in the range of 1%-2%, equivalent to £0.300m to £0.600m. The cost to the partnership of applying the new rules will not become clear until all of the relevant service user charge reviews have been completed but a

preliminary, very rough impact assessment, suggested an impact of less than £0.300m in 2019/20.

3.2 2019/20 Annual Inflationary Uplift

- 3.2.1 Annexe 1 to this report provides the list of uprated fees and charges for 2019/20 after the application of a 3% annual inflationary uplift – there may be some minor variations due to rounding in the smaller charges.
- 3.2.2 The weekly charge for residential care provision in the partnership's older people care homes has been increased by 6% to bring the weekly charge into line with the average weekly cost of providing the service across the partnership's care homes. The impact of this increase will be limited to residents who own capital and assets exceeding the upper capital limit set annually by the Scottish Government under the National Assistance (Assessment of Resources) Regulations 1992, currently standing at £27,250 for 2018/19, and other local authorities who place their service users in the partnership's care homes. At the time of writing, there were 11 residents out of 70 in the partnership's care homes with capital and assets exceeding the upper threshold who would be affected. It isn't possible to estimate the potential value of additional income which could be generated through this change due to the variability in the number of full funding clients who are cared for annually in the homes and the difference in their individual financial circumstances, which would affect how long they would pay the increased charge for.
- 3.2.3 The weekly charge for sleepover services has been increased by 18% to reflect the increased cost of buying sleepover services after the pay rates are brought into line with the Scottish Living Wage from March 2019. The impact on service user charges is likely to be very limited as charges for sleepover services are means tested and service users contribute based on their financial circumstances and their ability to pay.
- 3.3.3 Members are asked to endorse the larger uplifts set out in paragraphs 3.2.2 and 3.2.3 above ahead of their formal submission to the Council's budget meeting in February 2019.

3.3 New Telecare Charges

- 3.3.1 The three new charges noted below have been proposed to generate additional income and reflect the evolution of Telecare equipment and its benefits beyond the traditional community alarm provision which has been provided historically. Early estimates suggest that the amount of additional income generated based on the current use of the services affected will be in the region of £0.020m per annum.

Description	Proposed Weekly Charge
Non - Residential Services - Telecare - Care Assist System	4.50
Non - Residential Services - Telecare - Mobile Devices and Monitoring	2.50
Non - Residential Services - Telecare - Canary System	2.00

It is proposed that these charge would be levied on the same basis as the existing weekly Community Alarm charge, on a flat rate per week basis, not subject to means under the Non-Residential Care Charging Scheme.

- 3.3.2 Members are asked to endorse the introduction of these new charges ahead of their formal submission to the Council's budget meeting in February 2019.

3.4 Non-Residential Care Charging Means Test Changes

3.4.1 The current non-residential care charging scheme was introduced in 2011/12 and governs the charges paid by service users towards care provided in the community based on a mixture of flat rate charges, for services such as community alarms and transport to care, and charges which are levied subject to a financial means test. The means test applies to charges for the more expensive services such as home care, supported living and day care services with the means test in place to ensure that service users are not asked to pay more than they can afford.

3.4.2 The means test calculation used by the partnership takes account of the best practice guidance issued by COSLA. It has been updated annually to take account of changes in weekly allowance rates, capital thresholds levels and the rules around how different types of income and capital are treated, which have changed over time and most recently in relation to the treatment of war pensions.

3.4.3 It is proposed that two parts of the means test calculation are changed in order to increase charging revenue in order to sustain service levels and help meet the increasing demand for social care services. The two parts involved are:

Charging Taper Percentage

The charging taper percentage is currently set at 75%. The calculation example below provides a simple illustration of how the taper percentage is used to calculate a service user's weekly charge:

Description	Amount £
Service user's assessable weekly income	200
Less the weekly allowance left with the service user for living costs	(100)
Residual income (ie income left after taking account of living costs)	100
Service user charge = residual income multiplied by the 75% charging taper percentage	75

It is proposed that the taper percentage is increased to 80% from April 2019 in order to generate additional income to fund service delivery. This would result in a 6.7% increase in the fees paid by the 369 service users who currently pay for their services, amounting to an estimated annual increase in income of circa £0.045m – subject to the impact of Frank's Law which won't be known until all of the affected service user's charges are re-calculated in February/March 2019.

Maximum Weekly Charge for Means Tested Services

To ensure that the means test is fair and does not expose service users to excessive care charges, weekly charges for means tested services are currently capped at £100 per week. The £100 cap has been in place since the charging scheme was introduced in 2011 and has now fallen behind service costs and service user income levels. Subsequently, in order to bring the cap up to date, it is proposed to increase the maximum charge to £125 per week from April 2019. As at December 2018, there were 62 service users whose charge was capped at £100 who would pay up to a maximum of £25 per week more towards their care costs – subject to the impact of Frank's Law. Depending on the circumstances of the individuals affected and the impact of Frank's Law, the additional income generated as a result of this change will range from £0 to a maximum of £0.080m per annum.

- 3.4.4 In proposing the above changes to the non-residential care charging scheme, and despite efforts to ensure that the charging arrangements are fair, officers are mindful of the impact on service users and that some may face financial hardship due to the impact on them of the above changes in combination with other financial pressures in their lives, such as debt. In order to support service users who pay for their care and who may face financial hardship, a waivers and abatements policy and procedure is in operation which provides senior managers with a means to afford relief on part or all of a service user's care charges. Waivers and abatements granted are subject to regular review under the scheme to ensure that a balance is found between ensuring that the service user is not in financial hardship and that all service users who pay for their care contribute on a fair and equitable basis.
- 3.4.5 Members are asked to endorse the introduction of these new charges ahead of their formal submission to the Council's budget meeting in February 2019.

3.5 Direct Debit First Policy

- 3.5.1 The board is asked to support the implementation of a Direct Payment First policy in relation to the collection of care charges from service users unless there is a substantive reason for not doing so, such as capacity to give instruction or no access to a suitable bank account. The policy would come into effect from April 2019 with service users having the option to complete a Direct Debit mandate with their care manager, by post via their local Social Work Office or over the phone via the Council's customer contact centre.
- 3.5.2 The Council currently operates a voluntary scheme for people paying their care charges by Direct Debit. At the moment, approaching 60% of the people who pay for their care fees pay via Direct Debit. Our objective is to increase this percentage to as close to 100% as possible in order to improve convenience and protection for service users, increase collection rates, reduce bad debt and reduce payment transaction and recovery costs.
- 3.5.3 The cost to the partnership of bad debt during 2017/18 was circa £0.065m. By insisting that charges are paid via Direct Debit, collection rates will be increased, resulting in the reduction of this cost to almost zero over the next few years.
- 3.5.4 Service users would be protected under the Direct Debit Guarantee which would afford them the following rights and protections:
- Organisations using the Direct Debit Scheme go through a careful vetting process before they're authorised, and are closely monitored by the banking industry. The efficiency and security of Direct Debit is monitored and protected by the service user's own bank or building society.
 - The Direct Debit Guarantee applies to all Direct Debits. It protects service users in the rare event that there is an error in the payment of their Direct Debit. The Guarantee covers Direct Debit payments. It cannot be used to address contractual disputes between the service user and the billing organisation.

Direct Debit Guarantee

- The Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits;
- If there are any changes to the amount, date or frequency of the service user's Direct Debit the organisation will notify them (normally 10 working days) in advance of their account being debited or as otherwise agreed. If the service user requests the organisation to collect a payment, confirmation of the amount and date will be given to the service user at the time of the request;
- If an error is made in the payment of the Direct Debit, by the

organisation or bank or building society involved, the service user is entitled to a full and immediate refund of the amount paid from their bank or building society;

- If they receive a refund they are not entitled to, the service user must pay it back when the organisation asks them to; and
- The service user can cancel a Direct Debit at any time by simply contacting their bank or building society. Written confirmation may be required. The service user should also notify their social work office.

(Source: Official Direct Debit Website)

3.5.5 In order to implement the policy, all new service users due to pay for their care whose service commences after 1 April 2019 would be required to complete a Direct Debit mandate to set up their payments. Existing service users paying via traditional invoice would be contacted to move them across to Direct Debit. In order to reduce costs a covering letter explaining the benefits to the service user and the partnership as well as a blank mandate and contact details for the customer contact centre would be posted out in the same envelope as the invoice issued to them in April.

3.5.6 Members are asked to endorse this change in procedure ahead of its formal submission to the Council's budget meeting in February 2019.

4 RELEVANT DATA AND INDICATORS

4.1 There are no current specific indicators identified in relation to the changes outlined/proposed above.

5 CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The Health and Social Care Partnership faces a combination of increasing demand and service costs which is outstripping the funding available to sustain service delivery in its current form. The above proposals provide a means of raising additional funding to pay for services from the people who use them in a fair and sustainable way whilst also reducing administrative costs and ensuring that as much funding as possible is focussed on front line services.

6 GOVERNANCE IMPLICATIONS

6.1 Financial Impact – The above changes will produce an increase in income from service users who are not affected by the implementation of Frank's Law in April 2019 and an improvement in charge collection rates resulting in a reduction in the cost to the partnership of bad debt arising from the delayed or non-payment of care charges. The Scottish Government is providing additional funding to meet the cost of Frank's Law arising from, primarily, the loss of income from the removal of charging for personal care and the payment of personal and nursing care subsidies to adults aged under 65 who own capital and assets in excess of the National Assistance upper capital limit.

6.2 Staff Governance – Updated charging guidance and forms will be issued to staff to explain the new charging regime for under 65s arising from Frank’s Law and in relation to the introduction of the Direct Payment First policy.

6.3 Clinical Governance – none.

7 EQUALITY AND DIVERSITY IMPLICATIONS

7.1 The implementation of Frank’s Law will address a historic charging inequality in relation to the difference in treatment between under 65s and their older counterparts. The other proposed changes apply equally to everyone who revives a service which the partnership will continue to charge for. Subsequently, there are no anticipated adverse equality or diversity issues arising from this report.

8 RISK ASSESSMENT

8.1 There are three potential risks identified in relation to the above changes/proposals:

- The impact on individual service users of paying more for their care - A waivers and abatements policy and procedure, including a monitoring and review regime is already in place to mitigate the risk of service users facing financial hardship as a consequence of the above changes.
- A service user does not have a bank account from which they can pay a Direct Debit or is unable to give consent to their bank to authorise a Direct Debit mandate – Existing invoicing arrangements will continue for service users who meet either of these two criteria so that affected service users can continue to pay their care charges.
- The demand for personal care for under 65s increases as a result of the service becoming free of charge and outstrips the finance and/or service capacity available – Service provision will continue to be provided subject to needs assessment and the partnership’s existing priority of need framework in order to focus resources on those with the greatest need. Demand for services will be monitored and action taken as necessary to relieve pressure where possible.

9 PUBLIC & USER INVOLVEMENT & ENGAGEMENT

9.1 None to date. Service users will be contacted by their local social work office ahead of the changes coming into effect and will be provided with information about their new charges when their annual charge reassessment has been completed.

10 CONCLUSIONS

10.1 This reports details the statutory changes coming into effect on 1 April 2019 in relation to charging for personal care for service users aged under 65, provides advance notice to the board in relation to the annual

inflationary uplift to the 2019/20 Social Work Fees and Charges and seeks support from the board to submit a formal request to Argyll and Bute Council at its 2019/20 Budget Meeting in February 2019 to approve:

Larger increases to the uplift in the care charges for residential care provided by the partnership in its own care homes and to sleepover services in order to ensure that both charges reflect the cost of service provision;

Two changes to the non-residential care charging scheme means test to increase the charging taper percentage from 75% to 80% and the maximum weekly charge for means tested services from £100 to £125 per week; and

The introduction from 1 April 2019 of a Direct Debit First policy in relation to the collection of fees and charges for Social Care in order to improve income collection rates and reduce bad debt and debt recovery costs.

11 DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	
	Argyll & Bute Council	✓
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

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APPENDICES:

Appendix 1 – 2019/20 Social Care Fees and Charges List

APPENDIX 1 - 2019/20 SOCIAL CARE FEES AND CHARGES LIST

Description	Other	2018/19				2019/20				Increase		Notes/Comments
		Net £	VAT Rate	VAT £	Gross £	Net £	VAT Rate	VAT £	Gross £	£	%	
SOCIAL WORK												
Local Authority Residential Care Provision (Community Care) Weekly Charge		1,243.90	Outwith the Scope	0.00	1,243.90	1,313.73	Outwith the Scope	0.00	1,313.73	69.83	6%	Increase exceeds 3% as charge has been right-sized to reflect budgeted costs.
Residential Service - Respite - Pension Age (weekly charge)		194.00	Outwith the Scope	0.00	194.00	TBC	Outwith the Scope	0.00	TBC	0.00	0%	Subject to annual benefit uplift, details of which are not available from DWP yet.
Residential Service - Respite - Working Age 25+ (weekly charge)		110.40	Outwith the Scope	0.00	110.40	TBC	Outwith the Scope	0.00	TBC	0.00	0%	Subject to annual benefit uplift, details of which are not available from DWP yet.
Residential Service - Respite - Working Age 18 -24 (weekly charge)		95.20	Outwith the Scope	0.00	95.20	TBC	Outwith the Scope	0.00	TBC	0.00	0%	Subject to annual benefit uplift, details of which are not available from DWP yet.
Approved Weekly Rates for Private Providers - Residential Care - Elderly rate, as per COSLA Agreement		TBC	Outwith the Scope	0.00	TBC	TBC	Outwith the Scope	0.00	TBC	0.00	0%	Await outcome of discussions between COSLA and care home providers. Subject to National Care Home Contract.
Approved Weekly Rates for Private Providers - Residential Care - Enhanced Residential Rate (specific criteria)		TBC	Outwith the Scope	0.00	TBC	TBC	Outwith the Scope	0.00	TBC	0.00	0%	Await outcome of discussions between COSLA and care home providers. Subject to National Care Home Contract.
Approved Weekly Rates for Private Providers - Nursing Care - Elderly rate as per COSLA Agreement		TBC	Outwith the Scope	0.00	TBC	TBC	Outwith the Scope	0.00	TBC	0.00	0%	Await outcome of discussions between COSLA and care home providers. Subject to National Care Home Contract.
Non - Residential Services - Lunch Clubs - per meal		4.25	Outwith the Scope	0.00	4.25	4.40	Outwith the Scope	0.00	4.40	0.15	4%	
Non - Residential Services - Telecare - Community Alarms - per week		5.15	Outwith the Scope	0.00	5.15	5.30	Outwith the Scope	0.00	5.30	0.15	3%	
Non - Residential Services - Telecare - Care Assist System - per week						4.50	Outwith the Scope	0.00	4.50	4.50	0%	New charge proposed to be introduced in 2019/20
Non - Residential Services - Telecare - Mobile Devices and Monitoring - per week						2.50	Outwith the Scope	0.00	2.50	2.50	0%	New charge proposed to be introduced in 2019/20
Non - Residential Services - Telecare - Canary System - per week						2.00	Outwith the Scope	0.00	2.00	2.00	0%	New charge proposed to be introduced in 2019/20
Non - Residential Services - Home Help - hourly rate		17.44	Outwith the Scope	0.00	17.44	17.96	Outwith the Scope	0.00	17.96	0.52	3%	Adjusted to be divisible by 4 to reflect quarter hour visits
Non - Residential Services - Housing Support - hourly rate		17.44	Outwith the Scope	0.00	17.44	17.96	Outwith the Scope	0.00	17.96	0.52	3%	Adjusted to be divisible by 4 to reflect quarter hour visits
Non - Residential Services - Employment Support - hourly rate		17.44	Outwith the Scope	0.00	17.44	17.96	Outwith the Scope	0.00	17.96	0.52	3%	Adjusted to be divisible by 4 to reflect quarter hour visits
Non - Residential Services -Sleepover Service - per night		85.32	Outwith the Scope	0.00	85.32	100.44	Outwith the Scope	0.00	100.44	15.12	18%	Rate increase reflects change in base to match Scottish Living Wage which is a Scottish Government requirement from 2018/19 onwards.
Non - Residential Services -Transport - per day		2.70	Outwith the Scope	0.00	2.70	2.78	Outwith the Scope	0.00	2.78	0.08	3%	
Non - Residential Services -Elderly Day Care - hourly rate		8.56	Outwith the Scope	0.00	8.56	8.80	Outwith the Scope	0.00	8.80	0.24	3%	Adjusted to be divisible by 4 to reflect quarter hour visits
Non - Residential Services -Learning Disability Resource Centre Service - hourly rate		22.65	Outwith the Scope	0.00	22.65	23.32	Outwith the Scope	0.00	23.32	0.67	3%	Adjusted to be divisible by 4 to reflect quarter hour visits
Provision of Occupational Therapy Consultation - Per assessment/consultation		237.45	Outwith the Scope	0.00	237.45	244.55	Outwith the Scope	0.00	244.55	7.10	3%	

Description	Other	2018/19				2019/20				Increase		Notes/Comments
		Net £	VAT Rate	VAT £	Gross £	Net £	VAT Rate	VAT £	Gross £	£	%	
SOCIAL WORK												
Provision of Professional Services - Per Community Care Assessment/ Consultation		595.15	Outwith the Scope	0.00	595.15	613.00	Outwith the Scope	0.00	613.00	17.85	3%	
Provision of Professional Services - Full needs assessment only		451.85	Outwith the Scope	0.00	451.85	465.40	Outwith the Scope	0.00	465.40	13.55	3%	
Provision of Professional Services - Needs Review only		165.25	Outwith the Scope	0.00	165.25	170.20	Outwith the Scope	0.00	170.20	4.95	3%	
Children & Families - Local Authority Residential Care Provision: Dunclutha (weekly charge)		TBC	Outwith the Scope	0.00	TBC	TBC	Outwith the Scope	0.00	TBC	0.00	0%	Unit cost to be calculated once 2019/20 budget has been set by IJB.
Children & Families - Local Authority Residential Care Provision: Shellach View (weekly Charge)		TBC	Outwith the Scope	0.00	TBC	TBC	Outwith the Scope	0.00	TBC	0.00	0%	Unit cost to be calculated once 2019/20 budget has been set by IJB.
Children & Families - Local Authority Residential Care Provision: Helensburgh (weekly Charge)		TBC	Outwith the Scope	0.00	TBC	TBC	Outwith the Scope	0.00	TBC	0.00	0%	Unit cost to be calculated once 2019/20 budget has been set by IJB.
Children & Families - Other Charges - Inter Country Adoptions		6,238.40	Outwith the Scope	0.00	6,238.40	6,425.55	Outwith the Scope	0.00	6,425.55	187.15	3%	
Inter-Authority Substitute Family Care Placements: Within Scotland	In line with British Association of Adoption and Fostering (BAAF) recommended figures		Outwith the Scope				Outwith the Scope					In line with British Association of Adoption and Fostering (BAAF) recommended figures.
Inter-Authority Substitute Family Care Placements: Elsewhere - 1 child	In line with British Association of Adoption and Fostering (BAAF) recommended figures		Outwith the Scope				Outwith the Scope					In line with British Association of Adoption and Fostering (BAAF) recommended figures.
Inter-Authority Substitute Family Care Placements: Elsewhere - 2 children (siblings placed together)	In line with British Association of Adoption and Fostering (BAAF) recommended figures		Outwith the Scope				Outwith the Scope					In line with British Association of Adoption and Fostering (BAAF) recommended figures.
Inter-Authority Substitute Family Care Placements: Elsewhere - 3 children (siblings placed together)	In line with British Association of Adoption and Fostering (BAAF) recommended figures		Outwith the Scope				Outwith the Scope					In line with British Association of Adoption and Fostering (BAAF) recommended figures.
Hostel Charges - Room hire - children's hearing - half day		21.95	Exempt	0.00	21.30	21.95	Exempt	0.00	21.95	0.65	3%	
Hostel Charges - Room hire - children's hearing - Full day		36.65	Exempt	0.00	35.60	36.65	Exempt	0.00	36.65	1.05	3%	
Hostel Charges - Room hire - half day		36.65	Exempt	0.00	35.60	36.65	Exempt	0.00	36.65	1.05	3%	
Hostel Charges - Room hire - full day		65.90	Exempt	0.00	64.00	65.90	Exempt	0.00	65.90	1.90	3%	
Hostel Charges - Catering: Tea, Coffee and Biscuits		2.67	Standard	0.52	3.10	2.67	Standard	0.53	3.20	0.10	3%	
Hostel Charges - Catering: Soup and Sandwiches		5.21	Standard	1.01	6.05	5.21	Standard	1.04	6.25	0.20	3%	
Hostel Charges - Catering: Lunch (2 course with coffee)		7.96	Standard	1.54	9.25	7.96	Standard	1.59	9.55	0.30	3%	
Hostel Charges - accommodation - Argyll & Bute Council - Bed & Breakfast		30.54	Standard	5.93	35.60	30.54	Standard	6.11	36.65	1.05	3%	
Hostel Charges - accommodation - Argyll & Bute Council - Half Board		42.83	Standard	8.32	49.90	42.83	Standard	8.57	51.40	1.50	3%	

Description	Other	2018/19				2019/20				Increase		Notes/Comments
		Net £	VAT Rate	VAT £	Gross £	Net £	VAT Rate	VAT £	Gross £	£	%	
SOCIAL WORK												
Hostel Charges - accommodation - Other Groups - Bed & Breakfast		30.54	Standard	5.93	35.60	30.54	Standard	6.11	36.65	1.05	3%	
Hostel Charges - accommodation - Other Groups - Half Board		42.83	Standard	8.32	49.90	42.83	Standard	8.57	51.40	1.50	3%	
Hostel Charges - accommodation - Other Groups - Full Board		48.92	Standard	9.50	57.00	48.92	Standard	9.78	58.70	1.70	3%	

Integration Joint Board

Agenda item: 5.1

Date of Meeting: 30 January 2019

Title of Report: Finance Governance

**Presented by: Charlotte Craig, Business Improvement Manager /
Kirsty Flanagan, Interim Chief Financial Officer**

The Integration Joint Board is asked to:

- Review and approve an option for establishing a specific Finance sub-committee

1. EXECUTIVE SUMMARY

The Audit Committee are proposing the establishment of a permanent sub-committee with responsibility for the overview for finance.

The IJB Audit Committee has defined its role as seeking the assurance that the measures are in place to monitor finance and the Quality and Finance Board which as a board offers the opportunity for in depth operational scrutiny of the financial performance and planning.

It was proposed that a more formal and permanent committee would benefit the ongoing development of the IJB financial governance.

This paper identifies a number of options for taking this forward.

2. INTRODUCTION

This paper requests members to consider the benefits of ongoing rigorous financial scrutiny by officers while seeking financial balance and the formal governance supporting this and continued financial balance.

3. DETAIL OF REPORT

The Quality and Finance Board functions to review, develop and monitor the Quality and Finance plan, set up to address overspend and support a number of service transformation activities where savings were identified. This group also reviews the Investment plan funding.

The Transformation Board reports to the Quality and Finance Board as activity is synchronous.

As previously noted Audit Committee seeks to have an overview of the process and facility available for financial monitoring.

The committee wishes to address a perceived gap in the financial governance with a number of options proposed.

- Option 1

Retain the Quality and Finance Board as is with the minute submitted to the IJB for note.

- Option 2

Retain the Quality and Finance Board with current responsibilities but on a permanent basis with the minute submitted to the IJB.

- Option 3

Formation of a Finance Committee operating at the same level of Governance as the Audit Committee with a wider scope of financial management and decision making capability.

- Option 4

Formation of a Finance Committee operating at the same level of Governance as the Audit Committee with a wider scope of financial management and decision making capability. Retain an ongoing group of senior officers and members with responsibility for operational scrutiny.

The paper seeks to consider each of these options and highlight the balance between appropriate Governance and the time consideration of officers. As such the recommendation is Option 4.

4. RELEVANT DATA AND INDICATORS

- 4.1 Budget Monitoring Report
- 4.2 Budget Outlook
- 4.3 Investment Plan
- 4.4 Quality and Finance Plan

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 Seeking Financial Balance and Service re-design.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Robust financial monitoring.

6.2 Staff Governance

None

6.3 Clinical Governance

None

7. EQUALITY & DIVERSITY IMPLICATIONS

None

8. RISK ASSESSMENT

None

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Support increased transparency and access to information about Argyll & Bute Integrated Joint Board.

10. CONCLUSIONS

It is recommended that the Integration Joint Board:

- Note and approve an option to support financial governance.

11. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

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Joanna MacDonald, Chief Officer, Argyll & Bute HSCP
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Argyll and Bute HSCP

Meeting:
Clinical and Care Governance Committee

Venue:
A01, Dunoon / Multi Site VC

Date and Time
Monday 29th October 2018 – 10am

MINUTE

No	Item	Actions
1.	<p>WELCOME</p> <p>PRESENT Robin Creelman (RC) – Chair IJB Liz Higgins (LH)– A&B Lead Nurse Donald Watt (DW) – Locality Manager MAKI Kieron Green (KG)– Elected Member Dr Mike Hall (MH) – Associate Medical Director Julian Gasgoine (JG) Health and Safety Manger Kathy Graham (KGhm) – Clinical Services Manager/SCN Cowal Fiona Campbell (FC)-Clinical Governance Manager Lorraine Paterson (LP) – Head of Adult Services, West Caroline Henderson (CH) – Local Area Manager OLI (joined at 10.20am) Jaki Lambert (JL) – Lead Midwife Argyll & Bute Linda Currie (LC) – Lead AHP (joined at 11am) Fiona Thomson (FT) – Lead Pharmacist Claire Higgins (CHg) – PA to Lead Nurse (minute taker)</p> <p>APOLOGIES Joanna Macdonald (JMcD) Phil Cummins (PC) – Head of Service Dawn MacDonald (DMCD) – Staff side rep Alex Taylor (AT)– Head of Service C&F Morven Gemmell (MG)– Locality Manager Oban, Lorn & Islands</p>	

<p>2.</p>	<p>MINUTES OF PREVIOUS MEETINGS</p> <p>Agreed by group as accurate. Agreed to change 'In Attendance' to 'Present' Ensure identifiers for actions are not duplicate</p>	<p>CHg</p>
<p>4.</p>	<p>SCHEDULED REPORTS</p> <p>4.1 Bute and Cowal</p> <p>KGhm tabled report Cowal Exception report - Key points –</p> <ul style="list-style-type: none"> • KGhm reported low staff morale due to current financial climate. Steps that are being taken to address this. RC asked for regular updates on the situation. • 6 Datix are related to Scottish Ambulance Service. SAS seems to be an issue across the HSCP. This will be flagged to Stephen Whiston to inform planning meetings. <p>4.1.2 Helensburgh and Lomond</p> <p>No one present from Helensburgh to present exception report. Key points –</p> <ul style="list-style-type: none"> • MH raised the issue of no one being available to present this report although it was noted that this was unusual. Localities to be reminded that a rep from each area should be present at each committee. • RC raised the issue of vehicles due to a number of Datix relating to them. An assurance report has been requested for next the meeting. <p>4.1.3 Mid Argyll, Kintyre and Islay</p> <p>DW tabled MAKI exception report. Key points –</p> <ul style="list-style-type: none"> • SAS liason meeting has been cancelled twice by SAS, still trying to re-arrange. • It was suggested that Anti-ligature work could be shared with NHS Highland and Nationally. FC informed the group she will action through appropriate forum. <p>4.1.4 Oban, Lorn and Isles</p> <p>CH tabled the OLI exception report. Key points –</p> <ul style="list-style-type: none"> • There is an improvement in the falls rate in Ward B. LH 	<p>KGhm LH Helensburgh LM FC</p>

	<p>informs group it is early days in terms of the improvement work but already we are seeing an impact from supported improvement work and that, this need to be sustained.</p> <ul style="list-style-type: none"> • Staff levels are short across the locality. RC asked if there is a standard approach to reporting staff shortages. The committee was informed there is NESH Staff Shortage Guidance, FC will re-issue the guidance for Health Staff. A gap was identified for such guidance for Social Care staff. This needs further exploration. • ENT waiting time is at 54 weeks • The Care Commission has been to Eader Glyn Care Home and the initial feedback was satisfactory. Eader Glyn Care Home has been closed to admission for 6 months due to staffing shortages. • Following due process, a locum island GP has been removed from post with immediate effect as a consequence of information and concerns received regarding patient safety and patient experience. <p>4.1.5 Maternal & Newborn</p> <p>JL gave verbal Maternal exception report. Key points –</p> <ul style="list-style-type: none"> • The implementation of Badgernet is ongoing. A 0.5 WTE has been employed to oversee the implementation. • The circumstances around two concealed pregnancies in Argyll & Bute are being reviewed. • The results from Maternity Survey have, on the whole, been positive. Staffing pressures in Oban locality were noted in the survey. • A Clinical Risk Midwife has been recruited. <p>4.2 Children and Families</p> <p>As per last meeting LH sought the opinion of the committee re. a specific Children & Families exception report. As AT was not present at meeting it was agreed LH will discuss with AT prior to the next meeting. It was also agreed if AT is not available to attend this committee a deputy must attend in his place.</p> <p>4.3 NESH Operational Unit Exception Reports</p> <p>For noting and shared learning.</p>	<p>FC</p> <p>JL</p> <p>LH/AT</p>
<p>5.</p>	<p>QUALITY AND EFFECTIVENESS OF CARE</p> <p>5.1 Quality and Patient Safety Dashboard</p> <p>FC presented the Dashboard and asked the Committee to note that</p>	

	<p>we are not achieving compliance with response times for Stage 2 complaints. Training for Team Leads will be arranged to help rectify this situation.</p> <p>FT questioned how the average is set on the dashboard. FC to enquire and to bring back info for the next meeting.</p> <p>It was agreed this was a good way to present a large volume of information but that accurate background data is crucial. It was noted that this Dashboard only covers Health and that the joint report that is tabled at Adult Services Management Team should also come to this Committee to ensure no gaps in Social Care assurance.</p> <p>The NHHSH Clinical and Care Governance Committee have identified areas that they would like this Committee to provide an update and assurance on. Medication Incidents is one of these areas and has now been put on as a standing agenda item. Falls is another area that was highlighted as requiring on going scrutiny and it was recognised that this committee already has a good oversight of falls in A&B</p> <p>5.2 Children’s Inspection</p> <p>Carry forward to next meeting for detailed update.</p> <p>5.3 HAI Announced Visits Report / Action Plan</p> <p>In July 2018 HAI inspectors were on site for 2 days. This was a cluster inspection which meant there were two inspection teams across 3 sites – Cowal, Mid Argyll and Campbeltown. Initial feedback on the day was very positive with comments such as ‘spotless’ from the inspectors however the report indentified 8 requirements. A number of the requirements related to Board wide issues such as Water Safety and policies. Others were one of incidents that were rectified on the day of inspection. An action plan has been developed and progressed.</p> <p>LH would like to note that staff are to be commended for all their hard work in the preparation for inspection and on the high standards that are maintained every day.</p> <p>5.4 Care Home and Care at Home</p> <p>LP informed the group that the required support and surveillance is being undertaken across all our care homes. Work is ongoing in Oban to explore how we will provide 24hours nursing care. The application of the new health and social care standards in the inspection process has seen a reduction in grading in a number of our homes.</p>	FC
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	<p>5.5 Clydeview Large Scale Investigation</p> <p>Report tabled. Clydeview was a Care Home that closed as a result of a number of issues- care standards and management. A Care Home Assurance Short Life Working Group has been set up with the Scottish Care Local Integration Leads and Lead Nurse leading on this work.</p> <p>5.6 HSMR</p> <p>Report tabled. LiH is part of a larger group across NHS who scrutinise HSMR data. LiH have seen an increase in data points and this is been monitored closely.</p> <p>MH informed the Committee that there is no regulation for Community Hospitals to report on mortality or HSMR data but Argyll & Bute HSCP have decided to do adopt an approach to review data in our Community Hospitals. Planned roll out before the end of the year.</p>	MH/FC/LH
6.	<p>SAFETY</p> <p>6.1 HSCP Health and Safety Group Action log Action log tabled.</p> <p>JG expressed concerns regarding the length of time it is taking to close actions. The Committee had a significant discussion regarding the roles of LM's and LAM's in maintaining and reviewing risk registers. Discussion also took place regarding meeting attendance, LP to take out with the meeting and discuss roles & responsibilities with LM's & Lam's.</p> <p>6.2 Falls</p> <p>LH tables report produced by Christine McArthur. LH informed the Committee this report has been to the Quality Professional and Practice Standards meeting and is on as a standing agenda item.</p> <p>Improvements are being seen in falls rates across A&B but LH emphasis this improvement must be sustained.</p> <p>6.3 Face Fit Testing</p> <p>SBAR tabled outlining recent incident related to face fit testing. Each area should scrunitse their Face Fit testing figures and undertake a review of the management of the database ensuring it is up to date and accurate.</p> <p>Face Fit testing will be added to Dashboard and Accountability Walls.</p>	LP

	<p>6.4 Medicines Management and Incident</p> <p>It was agreed to include this in the Clinical and Care Governance work plan for the year. High level incidents report will be presented to the group picking up on any themes.</p> <p>6.5 Missing Patient final draft</p> <p>Agreed to ratify and implement without further delay. More work is required however to ensure there is a policy that will cover all localities/hospitals and not just mental health.</p>	<p>FT</p> <p>NG/LAMs</p>
7.	<p>EXPERIENCE</p> <p>7.1 Inpatient and Health and Care Surveys</p> <p>FC spoke to paper. FC to check with Joyce Robinson, Primary Care Manager if this information has been shared with GP clusters.</p> <p>Agreed to put on Quality, Professional and Practice Standards meeting agenda.</p> <p>LiH to develop action plan against survey results, FC happy to be part of that group.</p>	<p>FC</p> <p>CHg</p> <p>CH/FC</p>
8.	<p>FOR NOTING</p> <p>10.1 SPSO on Whistle blowing</p> <p>For noting and promoting.</p>	<p>All</p>
9.	<p>DATE, TIME AND VENUE FOR NEXT MEETINGS</p> <p>Wednesday 21 November, JO3-J07 MACHICC, Lochgilphead, 10:30-13:30 (date to be rescheduled)</p> <p>V/C facilities will be available</p>	<p>CH</p>

Clinical Care & Governance Committee Meeting 2019 Dates

<u>Date</u>	<u>Time</u>	<u>Venue</u>
Wednesday 13 th Feb	9.30am – 1.30pm	Boardroom, Aros
Thursday 25 th April	9.30am – 1.30pm	J05-J07, Lochgilphead
Thursday 20 th June	9.30am – 1.30pm	J05-J07, Lochgilphead
Thursday 5 th Sept	9.30am – 1.30pm	Boardroom, Aros
Thursday 14 th Nov	9.30am – 1.30pm	J05-J07, Lochgilphead

**Key Points from Clinical and Care Governance Committee
Monday 29th October 2018 for noting and action as required.**

- There must be representation for each locality at this meeting. If Locality Managers are unable to attend a deputy must attend in their place.
- Each area should scrutinise their Face Fit testing figures and review of the management of the database ensuring it is up to date and accurate.
- An improvement has been seen in Falls figures, well done. This improvement should be sustained.
- Staff Shortage guidance will be reissued. A gap has been identified in guidance relating to Social Work staff. This will be looked into and further information sent out once developed.
- We are currently not achieving the compliance rate for Stage 2 complaints.
- A Care Home Assurance Short Life working group has been set up.
- HEI report has been published and action plan developed.
- Medicines Management should be a standing agenda item on the local Clinical and Care Governance Meetings.
- Patients Experience surveys have been published, please take some time to read.
- SPSO Whistleblowing Update should be promoted where possible i.e. agenda on local C&CG and Team Lead meetings

Integration Joint Board

Agenda item: 6

Date of Meeting: 30 January 2019

Title of Report: Chief Social Work Officer (CSWO) Annual Report 2017/18

Presented by: Alex Taylor, CSWO and Head of Service

The Integration Joint Board is asked to:

- Note and comment on the report

1. EXECUTIVE SUMMARY

The Chief Social Work Officer Annual Report (2017/18) provides an overview of Social Work activity undertaken across Argyll and Bute during the past year. It outlines the statutory functions of the Social Work service, demonstrating the span of activity and how the component services are working to improve outcomes for the most vulnerable children, young people and adults in our community. The report also details the priorities and the challenges currently facing the Social Work service.

2. INTRODUCTION

The Chief Social Work Officer Annual Report (2017/18) provides an overview of Social Work activity undertaken across Argyll and Bute during the past year.

3. DETAIL

Each local authority in Scotland has a Chief Social Work Officer (CSWO) and each CSWO is required to produce an annual report of local activity. The production and format of the CSWO Annual Report is set out in Scottish Government guidance, *Role of the CSWO: Principles, Requirements and Guidance* (revised version issued in 2016). This report covers the delivery of Social Work services within Argyll and Bute and is intended to support the governance and accountability of the Social Work service.

The Social Work (Scotland) Act 1968 requires local authorities to appoint a single Chief Social Work Officer (CSWO) for the purposes of listed Social Work functions. The Public Bodies (Joint Working) (Scotland) Act 2014 made provision for the CSWO to undertake this role for all delegated Social Work services within the integration scheme. One of the key duties of the CSWO is to ensure the provision of appropriate professional advice to the Argyll and Bute Integration Joint Board (IJB), Argyll and Bute Council and NHS Highland.

The Argyll and Bute Social Work service is comprised of Adult Care, Children and Families and Criminal Justice Social Work. The Social Work service sits within the Argyll and Bute Health and Social Care Partnership (HSCP) which is set out in the integration scheme under the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014. The integration scheme transferred all the Argyll and Bute Council's Social Work services to the Argyll and Bute HSCP on the 1st April 2016.

The theme of this year's report is change and how the Social Work service has steered its way through the multiple challenges it has faced. Key to the direction of the Social Work service are the core principles of Social Work which have informed our journey.

These core principles include:

- Involving service users / carers and the wider public in the development of quality care services
- Ensuring safe and effective services through appropriate staff support and training
- Striving for continuous improvement with effective policies and processes in place
- Ensuring accountability and the management of risk

These principles run through the report and help evidence that the Argyll and Bute Social Work service continues to meet the needs and expectations of the communities it serves.

4. RELEVANT DATA AND INDICATORS

None.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The CSWO Annual Report promotes the strategic priorities of the HSCP.

6. GOVERNANCE IMPLICATIONS

6.1 Financial impact

None.

6.2 Staff Governance

None.

6.3 Clinical Governance

None.

7. EQUALITY AND DIVERSITY IMPLICATIONS

None.

8. RISK ASSESSMENT

None.

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None.

10. CONCLUSION

Social Work service staff, including the staff working for our commissioned services should be proud of the provision of support, care and protection they have provided to our vulnerable children, young people and adults throughout this past year. As the report has highlighted, we are working in challenging times with many challenges still ahead. The increasing demand for services combined with rising public expectations in a context of continuing financial constraint will be difficult. The focus will continue to be on ensuring we maintain high standards of service delivery whilst reviewing and redesigning the way we work to make the best use of all the available resources so we can continue to support, care for and protect those in greatest need.

11. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	X
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

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15th January 2019



**Argyll and Bute
Health and Social Care Partnership
Chief Social Work Officer
Annual Report
2017/18**



Alex Taylor

Chief Social Work Officer

September 2018

Foreword

Welcome to the annual Chief Social Work Officer report for the year 2017/18.

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Alex Taylor
Chief Social Work Officer
September 2018

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1. Summary Reflections

It is likely that at some point in our lives either we, a member of our family or a close friend will receive support, care or protection from the Social Work service. My starting point is these are essential public services which we should all cherish, support and when necessary hold to account.

Each day the Argyll and Bute Social Work service delivers support, care and protection to some of our most vulnerable people. These services are wide ranging and include services delivered directly through the HSCP and services which have been commissioned from independent and private providers. The work of the Social Work service is complex and conducted out of sight of the public often being poorly understood and on occasion misrepresented. This report affords me the opportunity to shed some light on the role of the Social Work service and its challenges.

The British Association of Social Work's vision clearly articulates the purpose of the Social Work service:

"Social Work is a practice based profession and an academic discipline that promotes social change. Principles of social justice, human rights, collective responsibility and respect for diversities are central to Social Work."

The vision stresses the unique contribution the Social Work service makes to people's lives and to our communities. It is one of the few services delivered on a 24 hours a day, 7 days a week, 52 weeks a year basis. For example, the Adult Service either directly delivers or arranges essential support that allows many vulnerable people to remain in their own homes when the alternative would be institutional care. The fact is this is not always low cost and may entail risk and this is where the assessment and risk management skills of the Social Work service come to the fore.



In supporting, caring for and protecting vulnerable groups it is important to acknowledge that much of the work that the Social Work service undertakes is in partnership with other occupational and professional groups. The effectiveness of the Social Work service lies in its capacity to work effectively within partnerships and where necessary to lead partners in supporting, caring and protecting vulnerable groups. This is illustrated by the work of the Children and Families Service which is the lead agency for Child Protection and Looked After Children and for which our staff have expertise in child and family assessment, risk and care management.

Likewise, the Criminal Justice Social Work Service works closely with Police Scotland, the Scottish Courts and Tribunals Service and the Scottish Prison Service amongst other partners. Where appropriate the service diverts vulnerable groups from custodial to community disposals to enable the underlying causes of the offending behaviours to be addressed and to minimise the risk of future offending. To do this the Criminal Justice Social Work Service has a suite of assessment and risk management tools which enable staff to effectively manage high risk offenders and so protect our community from future harm.

This is a time of considerable change across all the public services including Social Work services. The budgetary challenges have escalated this past year as the demands and expectations placed upon Social Work services have continued to grow. In response the Social Work service has initiated a number of service reviews which aim to combine service improvement with the best use of all the available resources. The redesign of Social Work services has begun and will involve change at all levels within the Social Work service. These are without doubt times of significant change and the importance of communicating and engaging with our staff, our partners and our communities cannot be over stated.



The Social Work service plans strategically to ensure the right services are delivered to the right people at their point of need both efficiently and effectively. Key to this is a well-trained and supported Social Work service workforce who are located across the authority and equipped to perform their duties. The recruitment and retention of staff is becoming increasingly difficult and is now one of our biggest challenges. In Argyll and Bute our workforce planning is addressing this through a “grow your own” programme and in working closely with local colleges and training consortia. Once employed staff receive regular supervision, performance review and development (PRD) combined with training and development opportunities.

The formation of the Argyll and Bute HSCP has brought an opportunity for Health and Social Work services to jointly consider the Highland Quality Approach (HQA) and Performance Improvement Model (PIM) in support of an outcomes-focussed approach to service development and delivery. HQA applies improvement methodology to support change, reduce duplication and implement LEAN working. Likewise, the PIM model continues to be used by the Care Inspectorate to evaluate how effective Social Work services are in delivering improved outcomes for adults, children and families.

The integration of health and social care services within Argyll and Bute and the alignment of the corresponding organisational and governance structures remains work in progress and an ongoing challenge. The challenge is all the greater when the HSCP continues to operate two separate systems for human resources, finance and IT. Over the past year the Integration Joint Board (IJB) through the instrument of the Clinical and Care Governance Committee has made progress in extending its oversight to include Adult Care, Children and Families and Criminal Justice.

In conclusion, if the Argyll and Bute Social Work service has a unique selling point it is the sheer dedication, skilfulness and creativity of our staff and it is to their credit that we have continued to deliver improvement throughout this period of change.



2. Service Challenges, Developments & Improvements

Adult Care

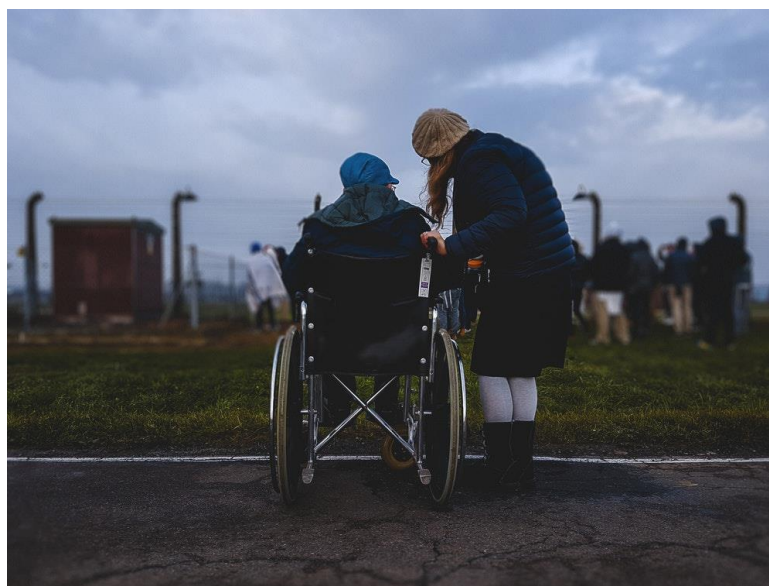
An overview

Similar to other Health and Social Care Partnerships, Argyll & Bute faces pressures of demographic change and financial constraints, resulting in pressure on services throughout the health and social care system. Effects of these pressures include demand on services, readmission to hospital, delayed discharge, and extended stays.

Specific recruitment and delivery challenges are present, largely because of Argyll & Bute's geography. These relate particularly to the delivery of care at home, one consequence being that services originally intended to provide short term input are providing longer term care which reduces their capacity.

Work across the partnership to date to address these challenges has focussed on the development of neighbourhood-based delivery models. Considerations of these models has identified opportunities around the development of a re-ablement focussed Health and Care Support Worker role. Possible challenges in relation to maintaining professional identity and addressing support and supervision requirements for individual staff members have been identified.

Our work has benefitted from pilot activity both locally and elsewhere. NHS Scotland is operating a pilot of the Buurtzorg principles (a self-managing and joined up neighbourhood model) with NHS Highland. Similarly process improvement work in Mid-Argyll has tested some of the approaches needed to introduce a single point for access to services.



Argyll & Bute have explored workforce planning tools, including the six-step model for workforce change, and the use of system dynamics approaches for the development and monitoring of workforce change plans. However, these tools require a shared sense of direction before their benefits can be maximised.

The partnership's strategic plan makes clear that improvements with service delivery will be locally owned, planned and delivered. The changes proposed are intended to assist services to become more accessible, flexible, and responsive to clients' needs and to drive a cultural shift towards managing teams in a more integrated way. In the short term the localities have expressed an immediate need to develop multi-disciplinary Community Teams and 'Single Point of Access' to the services they offer. This should better integrate services from the point of view of the customer, while ensuring sufficient flexibility is available to meet the needs of individual agencies.

The consequences of work to date are proposals for conceptually simple changes to the way services are presently organised and operated.

These can be summarised to be:

- Single point of access to Health and Social Care Partnership Community Services operating unique to each locality, by means of a single phone number replacing routes managed by individual disciplines (but not replacing existing referral / direct pathways from GP's for example)
- Integrated working, via frequent multi-disciplinary discussion and review to ensure cases are managed in coordinated ways under the care of an appropriate lead professional
- Greater focus on the opportunities for independence from service delivery, supported by improved links to third sector support provision and the offer of rapid response and re-ablement approaches.
- Introduction of a consolidated route by which to obtain services, minimising duplication of administrative activity and ensuring that people are supported to get to the right service at the right time.
- Improved collaborative working to ensure the needs of people requiring a multi-disciplinary approach are met in a coordinated way.
- Identifying and addressing bottlenecks to ensure that Rapid Response and Re-ablement Provision offer people the best chance of recovery and independence

The effective delivery of change will require continued focus, resilience and a robust strategy delivered through careful planning and sensitive implementation to achieve improved outcomes for service users, within the context of local and national policy objectives and legislation.

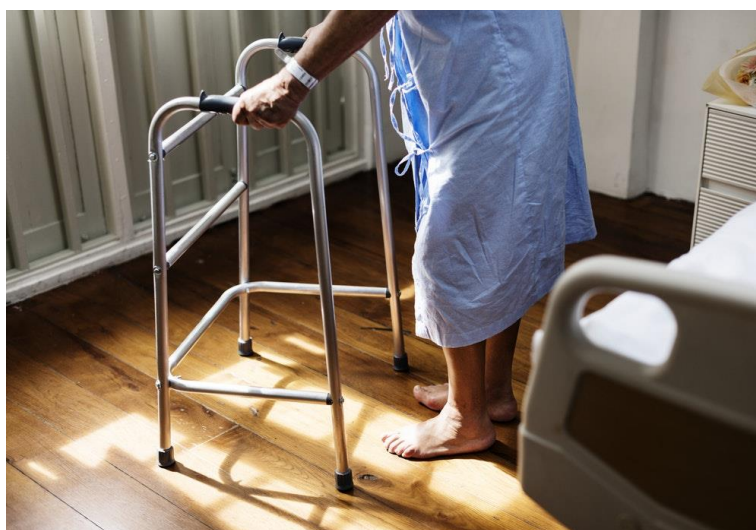
Care at Home

Whilst we have been active in re-designing older people's services we will need to continue to do so in order to prepare for the pressures of demographic change and the continued public expectation for improvement in Adult Care services and care at home. Our ability to recruit staff into home care services in particular presents a significant challenge for the Health and Social Care Partnership, and those providers we commission from.

Given some of the challenges described above, Argyll and Bute recently invested in ten Just Checking Daily Living Systems, which provide evidence of a person's abilities by combining both movement and activity monitoring. This initiative has already realised a reduction in care hours and freeing up home care support capacity to assist with delayed discharge pressures from hospital. It is anticipated if the project is rolled out to all areas in Argyll and Bute that additional resource savings could be generated across all areas.

The features of Just Checking allow the system to:

- Inform assessment at home
- Determine and evidence the most appropriate support/outcome
- Provide evidence of progress during re-ablement
- Help people live more independently
- Reduce hospital admissions
- Evidence the most appropriate technology required
- Reassure family
- Reduced number of bed days for hospital discharge



Care Homes

The provision of the Care Homes, whether it is in-house or in partnership with independent providers and/or Housing Associations requires ongoing assessment and engagement. Nationally we know that recruitment and retention of staff in care homes is a significant challenge. Also, it is recognised that the number of older people is set to rise significantly in the coming years; with the steepest rises being in the over 75 year age group. 10.7% of the current population is aged 75 and over. Increasing demand for adapted properties as more older people are enabled to stay at home is likely to require longer-term sustainable solutions for high level needs (24-hour care). Within the Argyll and Bute Partnership we also recognise the need to ensure the quality of the service being provided in care homes is kept under review, especially in view of the reduced capacity of care homes locally. Given the challenges the Partnership has developed specific meetings across Argyll and Bute to help assess and review the quality of care being delivered across our care homes. Our challenges are providing suitable housing and sustainable 24 hour care and care at home due to our workforce difficulties. A health and social care housing needs assessment has been completed to support the application of a Care and Nursing Home Modelling Tool to better assess and project future need and the development of a new model of care.

Delayed Discharge

Delayed discharges remain a key challenge across the partnership. This is due primarily to the availability of care at home or care home placement, however issues around Adults with Incapacity also has an impact on the delays.

All localities are working towards an integrated community team approach to manage this by implementing the Argyll and Bute Community Standards for every team. These include, single point of access, multi-disciplinary triage, lead professional, re-ablement, community medication support, anticipatory approaches with a focus on avoiding unnecessary admissions, generic workforce skill set, advanced nursing workforce within the teams and a self-management approach to care and assessment.

All inpatient units in Argyll and Bute implement the 6 essential actions of unscheduled care to ensure a timely patient pathway through the service. This ensures a strong community pull through of all inpatients. This essentially focuses on safe, person centred, effective care delivered to every patient, every time without unnecessary waits, delays and duplication.

Adult Protection

Adult Support and Protection (ASP) remains a key priority and under integration Argyll and Bute HSCP has improved the continuity of care and outcomes for service users, as there is a greater sharing of knowledge and experience in this area. Already there is evidence that professionals are working in a more joined up way, exchanging information which they individually hold to protect those who are most vulnerable. There is also evidence that we are reaching more people by delivering training to front line services including third sector agencies, who have responded well to the increased knowledge they have gained. In the past we have focused on raising awareness of financial harm and this emphasis as well as wider issues of harm continue to be heightened and explored as part of quarterly quality assurance group meetings which in turn helps to ensure ASP standards are maintained within care homes across Argyll and Bute.

The Adult Support and Protection Committee has developed and is implementing an overarching strategic plan which provides a framework for consistency in promoting and delivering the adult protection agenda across Argyll and Bute. Key priorities are further supported through local ASP operational groups led by local area managers which focus on delivery outcomes and standards ranging from staff induction/training; referral discussions/decision making; use of chronologies; recording of risk assessments; self-evaluation and involvement of advocacy. Strategic oversight sits with the Chief Officer Group for Public Protection (COG PP) which has adopted an expanded and more joined up approach to public protection generally.



Self-Directed Support

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

- Respected
- Treated with fairness
- Able as possible, to enjoy the same Freedoms as everyone else
- Able confident that their Safety is a priority
- Able to live with as much Independence as possible

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

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

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

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

The support offered has included:

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

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

Mental Health

Within Scotland it is recognised that mental health and wellbeing is a significant challenge and that good mental health is important and required to support the population of Scotland (Scottish Government Health Directorates, 2018). In response to this challenge the Scottish Government launched the ten year Mental Health Strategy and vision for Scotland in 2017. Moving forward the strategy supports a stronger emphasis on prevention, earlier intervention and improved partnership working.

Locally, Argyll and Bute HSCP Community Mental Health Teams have been evolving consistently with national drivers. For instance, across each locality practitioners are embedded within each adult team, this includes nursing, psychological therapy, occupational therapy, medical and social work staff. With the exception of Helensburgh and Lomond where mental health care is provided under service level agreement with NHS Greater Glasgow and Clyde. This has resulted in more patients being cared for within the community and the localities of Argyll and Bute HSCP. It is noted that the balance of care has shifted towards supporting more people to live in their community.



Since the enhancement of the Community Mental Health Teams and the establishment of psychological therapies provision within the teams, there has been the ability to offer over 10,000 hours of psychological therapy. It is noted that a large majority of the referrals to the CMHS relate to mild/moderate mental ill health (anxiety/depression). During 2017 it was evident that there is an increase in the demand for mental health care within the localities, the Community Hospitals and Mental Health Teams. There are eight times more patients cared for within the Community than admitted to In-patient services in Argyll and Bute. Practice varies within each locality of Argyll and Bute HSCP in respect of referral criteria, prescribing practices, pathways and delivery of care, use of care programme approach, workforce, training and development, assessment and recording of care within care records. However, within Argyll and Bute HSCP the Strategic Plan (2016-2019) the key emphasis is to continue to build on the need for mental health services to:

Meet the increased demand for the provision of support for mental health

“clients within community settings; ensure we have a range of appropriate accommodation options for mental health service users, with different levels of severity and degrees of difficulty, and varying care and support needs”.

Argyll and Bute HSCP Strategic Plan (2016-2019)

Autism

Argyll and Bute Health and Social Care Partnership recognise the importance of supporting people living in Argyll and Bute with autism and associated life skill disorders. The Argyll and Bute Strategy for Autism was launched in February 2017 in conjunction with local and national partners. The Autism Implementation Plan has focussed on the four national outcomes which have set the direction of travel for the next five years.

More recently the Argyll and Bute Autism Strategy Group has been tasked to review the delivery and progress of the Implementation Plan. One area of progress has been the adult diagnostic and signposting service, for which a new Autism practitioner post is currently being advertised. This post will work alongside the existing co-ordinator and consultant psychiatrists. It is anticipated this post will maximise the availability of appointments and ensure diagnosis and signposting is at an optimum across Argyll and Bute.

Work is also in train with regard to the repatriation of individuals who are currently placed outwith Argyll and Bute. This is not without its challenges as it brings with it the requirement for additional specialist resources and provision, however, we remain committed to exploring and developing services to meet these identified needs. To this end we are working with housing and third sector partners including Scottish Autism and Cornerstone to support this work. An example of this is the development of an Autism Toolbox which is being used in schools and our ongoing work with Cornerstone on a 10-bed resource in Garelochhead. Work is also underway with Scottish Autism to develop a resource in Helensburgh.

Carers

The Carers (Scotland) Act 2016 came into force on 1st April 2018 introducing new rights for unpaid carers and new delegated duties which have been transferred from Argyll and Bute Council and NHS Highland to the Health and Social Care Partnership. The new Act formalises the need for unpaid carers to be recognised and supported in continuing in their caring role as long as they wish to do so and to have a life alongside their caring role. The Act is in many ways an acknowledgement of the substantial amount of support unpaid carers provided throughout Scotland.

In the past a carer was identified as someone who provided a substantial amount of care. With the implementation of the Act a carer is now defined as someone who provides care no matter how much or little they provide. To receive support from statutory services (e.g. replacement care or direct support to maintain a life alongside their caring role) a carer must meet the eligibility criteria as set by the HSCP. This differs from the eligibility criteria set by the Department of Work and Pensions (DWP). All carers who reside in Argyll and Bute will be able to access some form of support no matter if they meet eligibility criteria or not. Access to services such as information and advice from local councils and local carer support services/Carers Centres. Carers may also be offered support such as breaks from caring via a variety of resources. Significantly, health staff are now required to identify carers and take account of their views in making decisions relating to hospital discharge in relation to the cared for person. A five year Carers Strategy is presently being jointly prepared with our partners.



Alcohol and Drug Partnership (ADP)

Within Argyll and Bute the Alcohol and Drug Partnership works in partnership to prevent and support recovery from the harmful use of alcohol and drugs. Specifically, Argyll and Bute Addiction Team (ABAT) comprising Social Workers, Nurses and a Psychiatrist provides specialist addiction services from bases in Dunoon, Rothesay, Helensburgh, Oban (outreach to Mull and Tiree), Lochgilphead and Campbeltown (outreach to Islay).

Services include Assessment, Recovery Planning, Harm Reduction, Sexual Health Information, Blood Borne Virus Information and Testing, Opioid Replacement Therapy and Naloxone Training and Supply. Referral is via another professional e.g. GP, Social Worker etc. In addition, ADDACTION is delivering services across Argyll and Bute to those with a substance use issue, this is a commissioned service from the Alcohol and Drug Partnership. ADDACTION similarly offers one to one, group work, peer support, harm reduction advice, needle exchange service, DTTO (Drug Treatment and Testing Orders for the courts) and advice/support to relatives and family members.

Children & Families

Getting it Right for Every Child

The Children and Young People's (Scotland) Act 2014 is one of the most significant pieces of children's legislation in recent years. The 2014 Act offers us the opportunity to further transform and consolidate our services through the application of the National Practice Model (GIRFEC). The model assists us in better supporting our children, our young people and their families through the identification of problems at an early stage rather than waiting until a situation reaches crisis point.

The Getting it Right for Every Child (GIRFEC) approach is about putting the best interests of children and young people at the heart of services and ensuring everyone works together so that each child has the best possible start in life. This approach incorporates the Named Person and Lead Professional roles and the Child's planning process, all of which are fully embedded across Argyll and Bute. Strong leadership across partner agencies has and will continue to ensure the success of GIRFEC. As in all matters, success requires a well-trained and confident staff group which our service improvement work will further develop.

The Children and Young People's Service Plan 2017 - 20 has had its first Annual Review (2018) and highlights overall we have made good progress in achieving a number of outcomes. The plan is being delivered through our multi-agency locality arrangements and will require ongoing close monitoring and support from the Performance and Quality Assurance (PQA) group. Following the Supreme Court ruling, the role of the Named Person is now subject to the passage of The Children and Young People (Information Sharing) (Scotland) Bill which will

clarify the sharing of information. The implementation of the General Data Protection Regulations (GDPR) in April 2018 has further clouded the issue of information sharing between professionals. In response to this the Chief Officer Group for Public Protection issued a letter to all staff across the public protection agencies clarifying the position. It is, however, clear we will need to ensure our staff are appropriately trained and supported to continue to work to the National Practice Model.

Corporate Parenting

The Argyll and Bute Corporate Parenting Board is the instrument through which our Corporate Parents work together to improve outcomes for our Looked After Children and Young People. Corporate Parenting and the current duties of Corporate Parents can be traced back to the publications Extraordinary Lives (2006), We Can and Must Do Better (2007), These are our Bairns (2008) and more recently the Children and Young People (Scotland) Act 2014. Corporate Parents now have a legal duty to work together to combat the stigma and redress the numerous disadvantages our care experienced children and young people face in life. In Argyll and Bute we aim to do this by bringing our key improvement priorities together within our Corporate Parenting Plan.

Central to this are:

- Engagement and Participation
- Supporting Vulnerable Children and their Families
- Health and Wellbeing
- Attainment and Achievement
- Housing and Accommodation
- Youth and Criminal Justice
- Permanence
- Leadership



The Corporate Parenting Board has made good progress across all our priority areas this year. Central to the work of the Corporate Parenting Board is the engagement and participation of our care experienced children and young people. To assist us in improving these arrangements we have been accepted by the Life Changes Trust (LCT) and are now completing our first year of a three year programme. The Argyll and Bute Corporate Parents have adopted the “Family Firm” approach to recruitment and two LCT Participation Assistants will be recruited under the Modern Apprenticeship scheme from within our cohort of care experienced young people.

Looked After Children

Whilst all of our Children’s Houses are presently graded 5 (Very Good) we will continue to strive for improvement and excellence. Likewise, whilst our Adoption and Fostering services are also graded 5 (with one 4) there remains room for improvement in our support to adopters and our engagement with our children and young people. Much progress has also been made and remains to be made with regard to securing our children’s futures once they are Looked After and Accommodated (LAAC). Over the past year we have worked closely with the Centre for Excellence for Looked After Children in Scotland (CELCIS) and have joined the Permanence and Care Excellence (PACE) programme which we are piloting in the Helensburgh and Lomond Locality. The programme uses data analysis to examine the care pathway and applies improvement methodology to streamline and refine the journey to permanence and thereby improve individual outcomes. The staff training and development provided by PACE has been excellent and has greatly improved our understanding of the pathway. As a result our staff feel better equipped and more confident to pursue permanence when it is indicated.

Through and Aftercare

The Children and Young People (Scotland) Act 2014 has provided an ambition and a framework with which we can continue to drive improvement. The Through and Aftercare service is delivered through a single team that is dispersed across Argyll and Bute. In response to the 2014 Act the team is now led by a social work Practice Lead who is supported by 2 Social Workers and a small team of Through and Aftercare workers. Argyll and Bute has adopted the Scottish Care Leavers Covenant which supports the implementation of Part 10 the 2014 Act. This means supporting the 'aftercare' (advice, guidance and assistance) of care leavers in transitioning into adulthood. The Covenant will also support our Corporate Parents in delivering the changes needed to bring improvement and consistency to the care of our young people. It offers clear guidance (Agenda for Change Model) on how to meet the needs of young people who are often disadvantaged as a result of their care experiences.

This entitlement to support is now well understood in Argyll and Bute and opportunities are available for all our care experienced children and young people requiring such support up to their 26th birthday. Outcomes for our care experienced young people are improving and this is illustrated by 100% of our care leavers now being offered appropriate housing at the point of transition.

Child Protection

The past year (2017/ 18) has been challenging for the Child Protection Committee (CPC) which has seen the embedding of the Health and Social Care Partnership. This has been supported within Children’s Services through the use of the GIRFEC National Practice Model which has facilitated the integration of operational services. Improvements in early help have been achieved through the organisational re-alignment of services within the HSCP. For example, wherever possible social work and health staff are being co-located. During this period there have been significant staff and management changes across partner agencies which has been reflected in the membership of the Chief Officer Group for Public Protection (COG PP) the CPC. Throughout the year the CPC has continued to focus on its core functions and we have had a number of notable successes in embedding improvements in our identification and initial response to children at risk. We have also strengthened our focus on improving planning for children at risk and in our use of chronologies. However, we still need to improve the outcomes for our vulnerable children, particularly those affected by neglect and parental mental health. We have focused on developing social work practice through our child protection training and development strategy, improving the quality of our risk assessment and planning for children at risk and in developing our confidence in the use of the national risk assessment toolkit, the neglect toolkit and in embedding a stronger and more consistent approach to supporting those who self-harm or who are at risk of suicide.



Criminal Justice Social Work

During 2017/18 Community Justice Scotland (CJS) was launched by the Scottish Government along with a National Strategy for Community Justice, a National Outcomes Performance and Improvement framework and more recently a new Justice Strategy (Justice in Scotland). The aim of CJS is to bring partner agencies together using the Community Planning Partnership framework to deliver innovation and partnership working to manage crime and its impact on society. Criminal Justice Social Work (CJSW) has contributed to the Community Justice Outcome Improvement Plan 2018/19 along with other partners and will be involved in delivering these outcomes.

The CJSW service is no longer delivered within a partnership with East and West Dunbartonshire Councils but some joint working continues via Service Level Agreements. Due to the dissolution of the Partnership, CJSW services in Argyll and Bute are undergoing a period of change in terms of staff structure and service delivery. The redesign of the CJSW service will be ongoing throughout 2018 and will ensure services are developed to meet current and future requirements. The CJSW service's core functions are to provide statutory supervision to offenders via Community Payback Orders (CPO) and assist community reintegration and rehabilitation via post release supervision, assessment reports to Court and Parole Boards and participate in the Multi Agency Public Protection Arrangements (MAPPA). The service works with other agencies, both within the HSCP and beyond, including Police Scotland, the Scottish Prison Service, NHS Highland and Greater Glasgow and Clyde and a range of third sector providers.

Within Argyll and Bute there is a disproportionately high number of Multi Agency Public Protection Arrangements (MAPPA) cases being managed by the CJSW Service and partner agencies. In March 2018, 13 out of the 50 high risk cases nationally were being managed within our services. This poses a challenge for both CJSW and our key statutory partners, housing and Police Scotland due to the resource intensive nature of this work. The reasons for this are complex and are likely to be due to a number of factors. One factor is the absence of nationally accredited treatment programmes suitable for use in our dispersed and rural communities where group work programmes are not practical. We are currently training our CJSW staff in the delivery of the Moving Forward Making Changes (MFMC) programme which will address this.

CJSW service are a key partner in Argyll and Bute's Violence Against Women Partnership. The service plays a small but vital role in managing and reducing the risks that perpetrators of domestic abuse pose to our communities. Key developments are ongoing in relation to this work central to which is the appointment of a Multi-Agency Risk Assessment Conference (MARAC) co-ordinator who will work across Argyll and Bute and West Dunbartonshire to safeguard victims of domestic abuse and oversee the implementation of an accredited perpetrator intervention programme which will be available to the Courts at the point of sentence as a requirement of a Community Payback Order. These and other developmental initiatives form part of the CJSW service redesign which will also take cognisance of the extension of the presumption against short sentences and the Management of Offenders (Scotland) Bill which will ensure our CJSW service has the appropriate staffing levels, skills and knowledge to deliver out statutory functions.



Unpaid Work

The Community Payback Order (CPO) requirement for unpaid work continues to be offered by CJSW and services have been developed to meet the needs of offenders within the available resources. Consultation and agreement with local communities and organisations continues with good publicity, projects and placements being realised. An example of the contribution that Unpaid Work can make to our communities can be illustrated by the Blairmore projects. In this instance the work undertaken contributed to Blairmore being awarded a Gold standard from Beautiful Scotland and the winner of the Coastal Village category. A number of service users have continued to be involved with the projects once they have completed their unpaid work, with some having gained employment as a result. The work they have been involved in includes gardening, cooking, and retail shop work, computing, archiving and recycling.

3. Partnership Working, Governance and Accountability

The Role of the Chief Social Work Officer

The Social Work (Scotland) Act 1968 (the 1968 Act) requires local authorities to appoint a single Chief Social Work Officer (CSWO) for the purposes of listed social work functions. The Public Bodies (joint Working) (Scotland) Act 2014 made provision for the CSWO to undertake this role for all delegated Social Work services within the integration scheme. One of the key duties of the CSWO is to ensure the provision of appropriate professional advice to the Argyll and Bute Integration Joint Board (IJB), the Argyll and Bute Council and NHS Highland.

“The CSWO should assist local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery - including in relation to particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders - and also the key role social work plays in contributing to the achievement of a wide range of national and local outcomes. The CSWO also has a contribution to make in supporting overall performance improvement and management of corporate risk. “

The Role of the Chief Social Work Officer. Scottish Government May 2016.

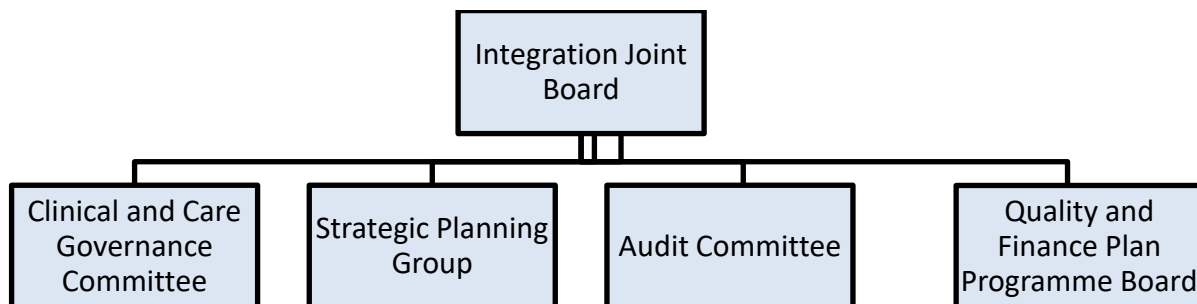
There are clear lines of accountability between the CSWO to the Chief Officer of the HSCP and the Chief Executive of the Council. The view of the CSWO is sought on policy and strategic developments as well as complex operational issues. To support this there are regular scheduled meetings between the CSWO, the Chief Officer of the HSCP and the Chief Executive of the Council. The CSWO has a statutory role as the professional advisor and non-voting member of the IJB and also sits on the Clinical and Care Governance Committee which has widened its governance role and is refining its processes to more effectively assure itself with regard to the range of social care activity. The CSWO is also a member of the Chief Officer Group for Public Protection (COG PP) and is the MAPPA lead. The CSWO is also a member of the Child Protection and Adult Protection Committees.

The CSWO attends the Social Work Scotland Chief Social Work Officers Group and heads a professional leadership group within Argyll and Bute which addresses policy and strategic developments as well as issues of professional practice. The CSWO conducts annual meetings across all four localities with Social Work service staff to share developments in professional practice and discuss any professional issues raised by staff. The CSWO has a high and personal profile within the Social Work service and can be readily approached by staff for advice and support on professional matters as and when the need arises.

The CSWO is also the Head of Children and Families and Criminal Justice and manages Child Health (including CAMHS) and Maternity Services as part of an integrated remit. When the CSWO is absent or on leave the CSWO role is delegated to a competent third tier manager and this arrangement has worked well and has served to introduce less senior social work managers to the role of the CSWO as part of their professional development.

Argyll and Bute Health and Social Care Partnership Governance Structure

The Argyll and Bute HSCP operates the following formal governance arrangements as illustrated in the flow chart below:



Integration Joint Board:

- Responsible for the governance, planning and resourcing of services, has full power to decide how to use resources and deliver delegated services to improve quality and people's outcomes
- Work alongside NHS Highland, Argyll and Bute Council and community planning partnership to deliver health and social care services

Clinical and Care Governance Committee:

- Provide assurance to the IJB that systems, processes and procedures are in place to ensure delivery of safe and effective person-centred health and social care services.
- Support services to continuously improve the quality and safety of care, identify areas for performance improvement and to provide assurance for professional standards of care.

Strategic Planning Group:

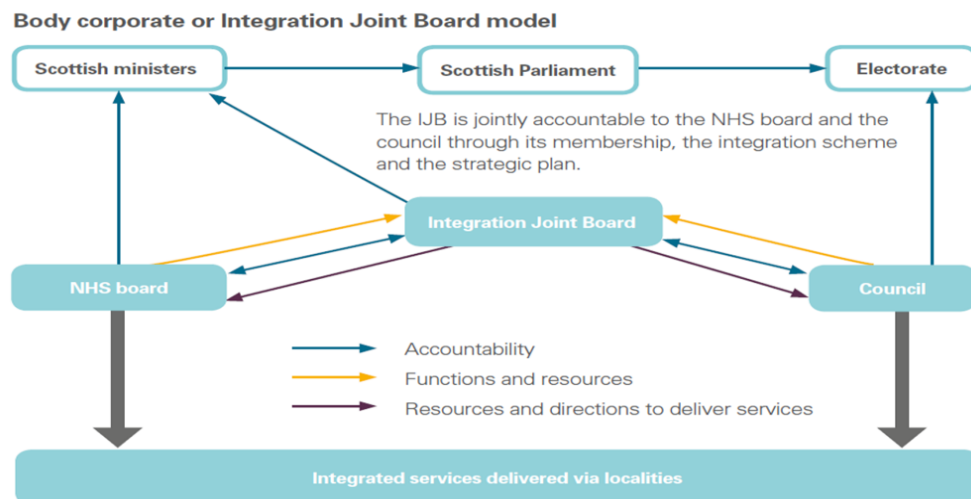
- Support the IJB in preparing, consulting and publishing a Strategic Plan for integrated Health and Social Care services.
- Review progress of the Strategic Plan delivery through the Annual Performance Report and locality planning processes
- Provides leadership and supports the development and of Locality Planning Groups

Audit Committee:

- Ensure sound governance arrangements are in place for the IJB and ensuring the efficient and effective performance of the HSCP in order to deliver on outcomes
- Provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of financial reporting and annual governance processes

Quality and Finance Plan Programme Board:

- Oversee the programme of work to plan to deliver financial balance including delivery of the service changes in the Quality and Finance Plan, develop and oversee financial recovery plans and develop an approach to future planning for future service change proposals.



Chief Officer Group for Public Protection

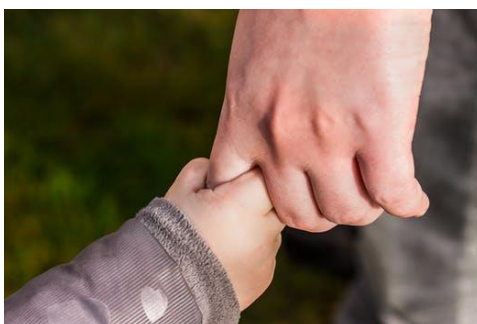
The Chief Officer Group for Public Protection (COG PP) is chaired by the Chief Executive of Argyll and Bute Council. The membership includes the CSWO, the Chief Officer of the HSCP, the HSCP Heads of Service, the Police Scotland Divisional Commander as well as the Argyll and Bute public protections leads. Over the past year COG PP have led the closer integration of the work of the Child Protection Committee with the Adult Protection Committee. Having completed a self-evaluation exercise COG PP later draw up a Public Protection Strategy and has begun to align the Multi Agency Public Protection Arrangements (MAPPA), Violence Against Woman Partnership (VAW), Community Justice and the Alcohol and Drugs Partnership (ADP) to effect a more joined up approach to public protection.

Community Planning Partnership

The Argyll and Bute Community Planning Partnership (CPP) is designed to provide strong multi-agency leadership in order to deliver the best possible outcomes for the people of Argyll and Bute. The Partnership is supported to deliver outcomes through six outcome delivery groups which take forward the key strategic priorities of the partnership.

The Outcome Delivery Groups are given direction, challenge and support from the Community Planning Partnership Management Committee which provides the key link between strategy and delivery of local outcomes for our communities. Four Area Community Planning Groups consider local issues of relevance to the outcome of the Partnership and feedback on these to both the Outcome Delivery Groups and the Management Committee through regular agenda items at each. The CPP has a Full Partnership Board which meets annually and considers overall progress and direction. The CPP board is led by the Leader of Argyll and Bute Council.

The Argyll and Bute Children's Strategic Group reports to the Community Planning Management Group as part of these governance arrangements. The Children's Strategic Group has produced the Children's Service Plan (2017 20) which it presently reviews on an annual basis. The Children's Strategic Group also provides oversight and governance for Corporate Parenting, child protection and Getting Right for Every Child (GIRFEC).



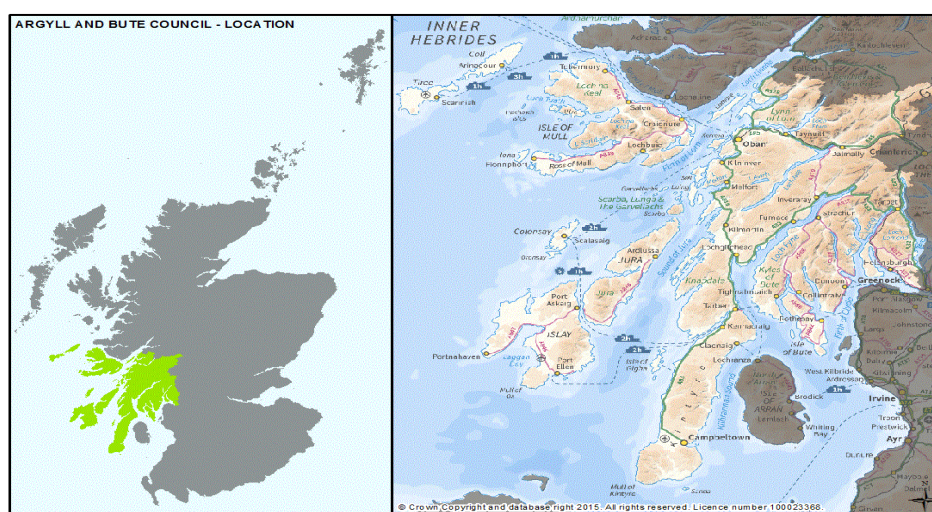
4. Social Work Services Delivery Landscape

An Overview

Argyll and Bute is the second largest local authority by area in Scotland, after Highland. The authority covers a land area of 690,947 hectares having the third sparsest population (averaging just 13 persons per square kilometre) of Scotland's 32 local authorities (Census 2011).

The landscape is characterised by long sea and freshwater lochs, peninsulas and islands. The physical geography of the area adds considerably to the journey times between settlements and communities. The limited road network makes the area vulnerable to disruption, and diversions tend to be long. Island communities are vulnerable to ferry disruptions, particularly in the winter months.

Argyll and Bute has 23 inhabited islands, more than any other Scottish local authority. These are: Bute; Coll; Colonsay; Danna; Easdale; Eilean da Mheinn; Erraid; Gigha; Gometra; Inchtavannach; Innischonan; Iona; Islay; Jura; Kerrera; Lismore; Luing; Mull; Oronsay; Seil; Shuna (Luing); Tiree; Ulva (Census 2011).



Population

Argyll and Bute has a total population of 86,810 (NRS 2017 MYE). The population profile for Helensburgh and Lomond is younger than for the other three Administrative Areas. Nonetheless, the population of Helensburgh and Lomond, in common with populations across the rest of Argyll and Bute, is ageing.

The population projections for Argyll and Bute indicate a gradual and sustained reduction in the number of children and young people aged 0-16 and our working age population. The projections indicate an increasing population of older people over the period from 2016 to 2041.

2016- Based Principle Population Projections for 2016-2041

Age cohort	Base year 2016	NRS 2016-based population projections						%change within cohort (2014-2039)
		2016	2020	2025	2030	2035	2041	
0-15	13,238	13,238	12,989	12,528	11,910	11,475	11,073	-16.4
16-24	8,746	8,746	7,507	6,618	6,613	6,285	5,981	-31.6
25-44	17,443	17,443	17,417	17,384	16,542	15,610	14,464	-17.0
45-64	26,147	26,147	25,615	23,776	21,509	20,046	19,978	-23.6
45-74	38,368	38,368	38,013	36,095	34,916	33,656	32,141	-16.2
75+	9,335	9,335	10,199	11,870	12,776	13,826	15,548	66.6
Total population	87,130	87,130	86,125	84,495	82,757	80,852	78,907	-9.4

(Sources: NRS 2016-based principal population projections for 2016-2041)

The NRS 2016-based projections highlight the demographic challenge facing Argyll and Bute. If current trends continue, absolute numbers and proportions of older people will increase as numbers and proportions of people in younger age cohorts will fall.

Economy

Argyll and Bute's economy is predominantly service-based. Argyll and Bute has relatively high levels of employment in accommodation and food services and low levels of employment in manufacturing and finance. The proportion of employee jobs within the public sector is higher in Argyll and Bute than the national average.

Out-of-Work Benefits claimant rates in Argyll and Bute are below the Scottish average although, because of the high levels of seasonal employment in the area, rates vary according to time of year.

The Faslane Naval Base is the largest single site employer in Scotland. The MOD directly employs some 4,660 people in Argyll and Bute (3,240 military personnel and 1,420 civilians) (MOD, Quarterly location statistics: 1 October 2017). The age profile of the military personnel lowers the average age of the population in Helensburgh and Lomond, and produces a noticeable bulge in younger working-age male cohorts in the area.

Deprivation

The SIMD 2016, produced by the Scottish Government, identifies small-area concentrations of multiple deprivation across Scotland. The SIMD is produced at datazone level, with datazones being ranked from 1 (most deprived) to 6,976 (least deprived).

According to SIMD 2016, the most recent version of the index, 11 datazones within Argyll and Bute were in the 20% most overall deprived datazones in Scotland.

These eleven datazones are located in Argyll and Bute's main towns:

- Three in Helensburgh
- Two each in Rothesay and Campbeltown
- Three in Dunoon
- One in Oban.

Patterns of deprivation vary by deprivation domain. A particular contrast can be seen between levels of access deprivation, which affects most of rural Argyll and Bute and levels of deprivation across other SIMD domains, which show higher levels of deprivation in the towns.

Integration of Health and Social Care Services.

Argyll Bute HSCP has set out an ambition to implement "Locality Planned, Owned and Delivered" arrangements which will:

- Understand health and care needs of our communities
- Bring together partners to plan within a strategic framework to meet needs and achieve national outcomes
- Organise and deliver services in local areas which are integrated of high quality, safe, appropriate, sustainable and continually improving.
- Operate within budgets, complying with care, workforce, and audit standards
- Manage performance ensuring this is informed by service user and public involvement and feedback
- Be the local focus for service delivery and support to the population or communities within the area concerned.

To support these local arrangements early work has been undertaken in defining localities across Argyll and Bute, based on the 2011 data-zones with a correction for Colonsay. The eight localities are identified as:

HSCP locality	Areas covered
Bute	Isle of Bute
Cowal	Lochgoilhead, Strachur, Tighnabruaich, Dunoon
Helensburgh and Lomond	Helensburgh, Kilcreggan, Garelochhead, Arrochar
Mid-Argyll	Tarbert, Lochgilphead, Ardfern, Inveraray,
Kintyre	Southend, Campbeltown, Muasdale, Carradale (including Gigha)
Islay and Jura	Isles of Islay & Jura
Oban, Lorn	Easdale to Oban, to Port Appin to Dalmally, Lismore and Kerrera
Mull, Iona, Coll, Tiree and Colonsay	The Isles of Mull, Iona, Coll, Tiree and Colonsay

Throughout 2017/18 the Locality Planning Groups have been meeting to identify local priorities within the context of the Health and Social Care Partnership's 3 year Strategic Plan, with the aim of setting locality plans.

5. Resources & Finance

An Overview

There is a history of strong financial management within the Social Work service and the CSWO participates in the budget planning for the Health and Social Care Partnership (HSCP) as do all the Heads of Service. It should be noted the Social Work Service is needs-led and there will always be potential for volatility in the budget.

The Integration Joint Board (IJB) approved a balanced budget for 2017-18 and a Quality and Finance Plan was approved outlining the service changes required to deliver the £8.7m of savings necessary to deliver financial balance.

There were significant financial challenges during the year due to increasing demand for social care services, and the scale and the pace of service change required to deliver the financial savings. Throughout the financial year there was a projected overspend position and as a consequence a financial Recovery Plan was put into place which included restrictions on non-essential spend and vacancy management to ensure services could be delivered from within the delegated budget during 2017-18.

The Quality and Finance Plan for 2017-18 included service changes required to deliver £8.7m of savings in-year, at the year-end £4.2m of these savings were delivered on a recurring basis, with a shortfall of £4.5m. The majority of the savings not delivered were highlighted as being high risk at the start of the year and require to remain on the plan to be delivered in 2018-19. The progress with delivering savings highlights the significant challenge facing the HSCP in delivering further savings in future years.

Budget and Expenditure

Adult Services	2014/2015 (£000s)	2015/2016 (£000s)	2016/2017 (£000s)	2017/18 (£000s)
Net Expenditure	42,963	43,857	47,071	54,948
Children & Families and Criminal Justice Services				
Net Expenditure	11,891	13,359	12,911	12,953

Between 2016/17 and 2017/18, after adjusting for the impact of a change in the accounting treatment of £4.943m of resource release income, the net expenditure on Adult Services increased by 6.23%.

Between 2016/17 and 2017/18 the net expenditure on Children and Families services increased by 0.33%.

Overall spend on net Social Work services in Argyll and Bute as a proportion of net Council Services spend was 27%

In terms of Health and Social Care Partnership, overall spend on net Social Work services in Argyll and Bute as a proportion of all HSCP spend was 26%.

Adult Care

Adult Care directly provides or commissions support, protection and care for vulnerable adults and adult with a range of disabilities whether it is associated with mental health, learning disability, sensory impairment or old age.

Adult Care Service Net Expenditure:

Home care:	£13.250m
Council care homes for older people:	£4.359m
Commissioning care homes for older people:	£9.403m
Supported living for learning disability:	£8.392m
Commissioning care homes for learning disability:	£3.647m
Assessment and care management (Older People):	£3.006m

HEMOCARE - ACTUAL GROSS EXPENDITURE PER YEAR

Sector	2013-14 (£000s)	2014-15 (£000s)	2015-16 (£000s)	2016-17 (£000s)	2017-18 (£000s)
Internal Homocare	2,612	2,943	3,191	3,216	3,151
External Homocare	8,620	8,971	9,387	9,572	10,412
Total	11,232	11,914	12,578	12,788	13,563

COMMISSIONING OF CARE HOME BEDS - ACTUAL EXPENDITURE BY CLIENT GROUP PER YEAR

Client Group	2013-14 (£000s)	2014-15 (£000s)	2015-16 (£000s)	2016-17 (£000s)	2017-18 (£000s)
Older People	7,154	7,596	7,701	8,994	9,403
Physical Disability	104	96	42	70	96
Learning Disability	1,808	1,869	1,947	2,103	3,647
Mental Health	155	37	40	82	280
Addictions	20	24	12	17	13
Grand Total	9,241	9,622	9,748	11,266	13,439

Children and Families & Criminal Justice

Children and Families service directly provide or commission support, care and protection for vulnerable children, young people and their families.

The financial impact of Children and Young People (Scotland) Act 2014 has seen a significant increase in funding in order to deliver the statutory duties within the Act. In October 2015 parity for kinship carer and foster carers was introduced so kinship carers receive the same financial allowance as foster carers (foster carers also receive an additional fee element to reflect their training and skills). The Scottish Government and the HSCP financial support for kinship carers will initially meet service demand, however, future demand is projected to outstrip allocated resources. The financial impact of Parts 10 and 11 of the 2014 Act will put pressure on the whole system to provide support to Looked after Children up to their 26th birthday. With increased costs of internal and external placements the amount allocated to the HSCP is unlikely to meet the increasing costs over next 2 years.

Children & Families Service Expenditure:

In 2016/17, the net revenue expenditure for Children and Families was £14m. The most significant costs during 2016-17 were as follows:

Assessment and Care Management:	£2.778m
Family Placement (includes fostering and adoption):	£2.056m
HSCP Care Homes:	£1.551m
External Residential Placements:	£1.201m
Children with a Disability:	£0.211m

Criminal Justice

The Argyll and Bute Criminal Justice Service is dispersed across Argyll and Bute to provide reports to the local courts and manage the community disposals. A significant and growing area of activity is the assessment and management of high risk offenders. We have observed an upward trend in the number of high risk offenders with complex needs which has made finding suitable accommodation more difficult. Criminal Justice finance is centrally funded by Scottish Government and is ring fenced. The finance formula is based on workload and takes no consideration of rurality. Following the implementation of the Community Justice (Scotland) Act 2016 the Community Justice Partnership of which Argyll and Bute was a member has been dissolved. Whilst there remains close working between the former partner agencies the budgets have been realigned to reflect this.

One immediate consequence of this has been that the Helensburgh and Lomond locality which was previously managed by West Dunbartonshire has transferred to Argyll and Bute.

Criminal Justice Service Expenditure:

Employee Expenses:	£0.848m
Premises Related Expenditure:	£0.030m
Supplies & Services:	£0.027m
Third Party Payments:	£0.044m
Transport Related Expenditure:	£0.062m
Total Expenditure:	£1.011m

6. Service Quality and Performance

Adult Care Performance

Care at Home

Argyll and Bute Social Work services continue to support an increasing number of older people to live at home, reporting year on year increases in the number of people aged 65+ directly receiving homecare. The proportion of care at home provision in terms of Personal Care remains significantly high.

The number of service users awaiting a Homecare service has reduced from 13 last year to 6 reflecting steps taken to address issues with care provision in certain areas within Argyll and Bute.

The overall trend with regards to those in receipt of homecare the data notes a 7% increase in the number of people receiving homecare from 2015/16 to 2017/18. The trend trajectory for the data notes a year on year increasing trend equating to more people each year being supported to live at home.

Homecare Data	2015/16	2016/17	2017/18
Number of people aged 65+ receiving homecare	1,019	1,069	1,090

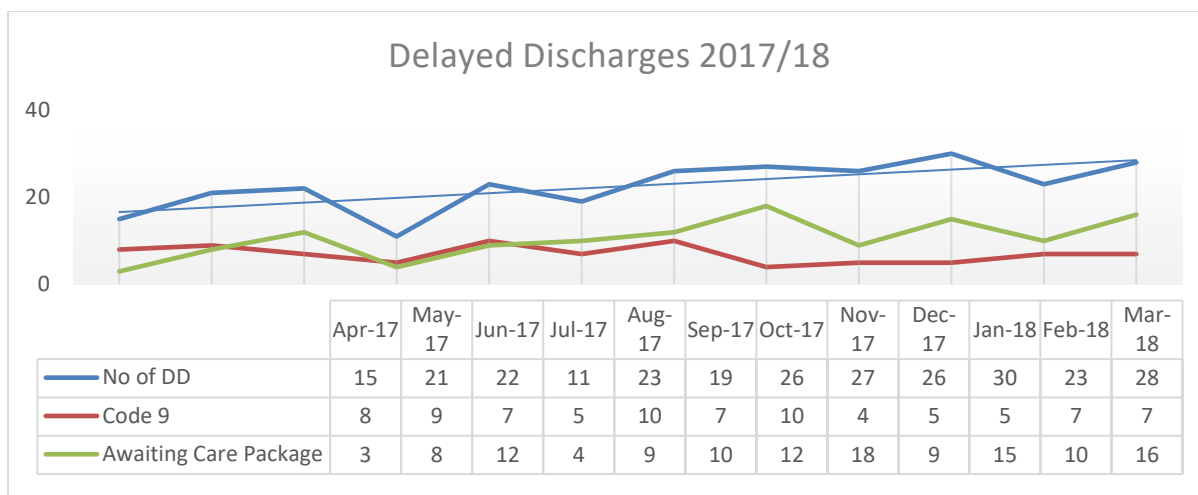
Residential Care

In conjunction with supporting more people to live at home, Social Work services have focussed on managing a reduction in the number of people across the age groups, admitted to care homes. Over the last year the overall number of admissions has decreased slightly from a total of 609 in 2016/17 to 595 in 2017/18, reflecting consistent levels of demand for older people's services in Argyll and Bute. The relatively flat trend across this data is suggestive that current strategies to support more people to remain in their own homes (increasing homecare trends) may be statistically impacting on the levels of care home admissions.

Care Homes	2015-16			2016-17			2017/18		
Number of Permanent / Long Stay Residents Supported in Care Homes	18-64	65+	Total	18-64	65+	Total	18-64	65+	Total
Total	45	521	566	57	552	609	50	545	595

Delayed Discharges

Sustaining a high level of performance in Delayed Discharge has been challenging. During this period the number and dependency levels of those service users coming through the system continues to increase and recruitment into home care and key NHS community posts has become increasingly problematic.



Argyll and Bute Adult Care Services monitors the total number of delayed discharge clients within hospitals from Argyll and Bute Area who are medically fit for discharge including Complex Needs Codes 9, 9/51X and 9/71X. Complex Needs are categorised as: - Code 9 - Exemption Code 9/51X - AWI cases (Adult with Incapacity) Code 9/71X - Interim placement out with local area is unreasonable. National measure for 17/18 was exceptions over 72 hours. Across FY 2017/18 Argyll and Bute performed 17th out of the 32 Local Authorities.

Adult Protection

The Adult Support and Protection (Scotland) Act 2007 (The Act) seeks to protect and benefit adults at risk of being harmed. The Act requires public bodies to work together to support and protect adults who are unable to safeguard themselves, their property and their rights. It provides a range of measures which they can use. The public bodies are required to work together to take steps to decide whether someone is an adult at risk of harm, balancing the need to intervene with an adult's right to live as independently as possible. Adult Protection Committees set the strategic direction for multi-agency working at the local level in accordance with the Act.

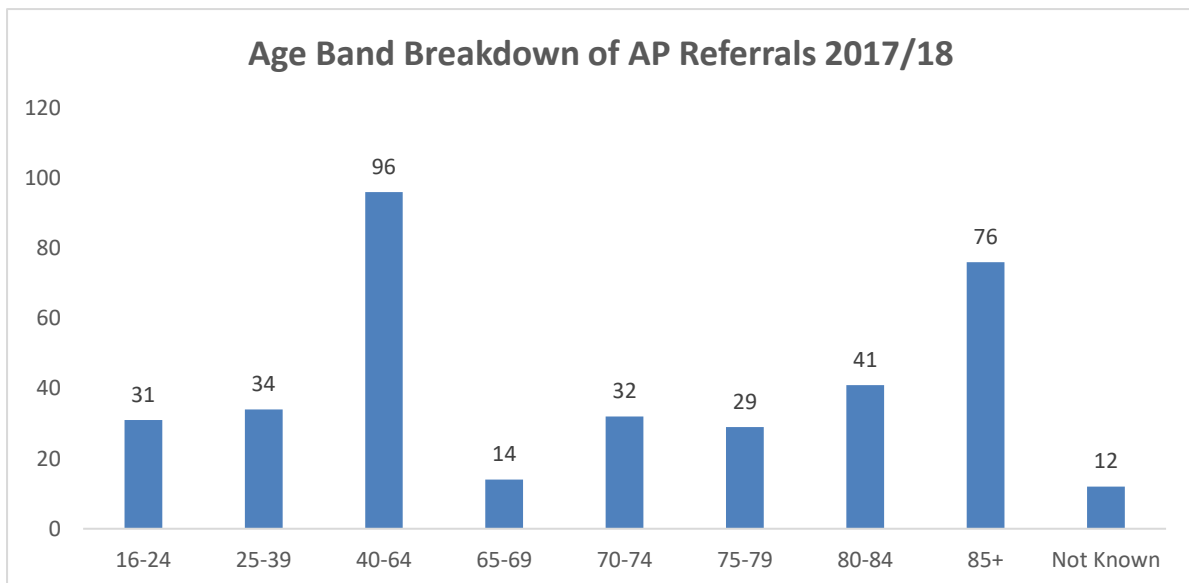
Across 2017/18 there were 365 Adult Protection referrals, with 35% from Police. 82% of referrals were dealt with through other supporting processes, and 9.3% leading to further Adult Protection activity. There were 34 investigations during 17/18, however no Protection Orders were granted during this reporting year.

Adult Protection Referrals

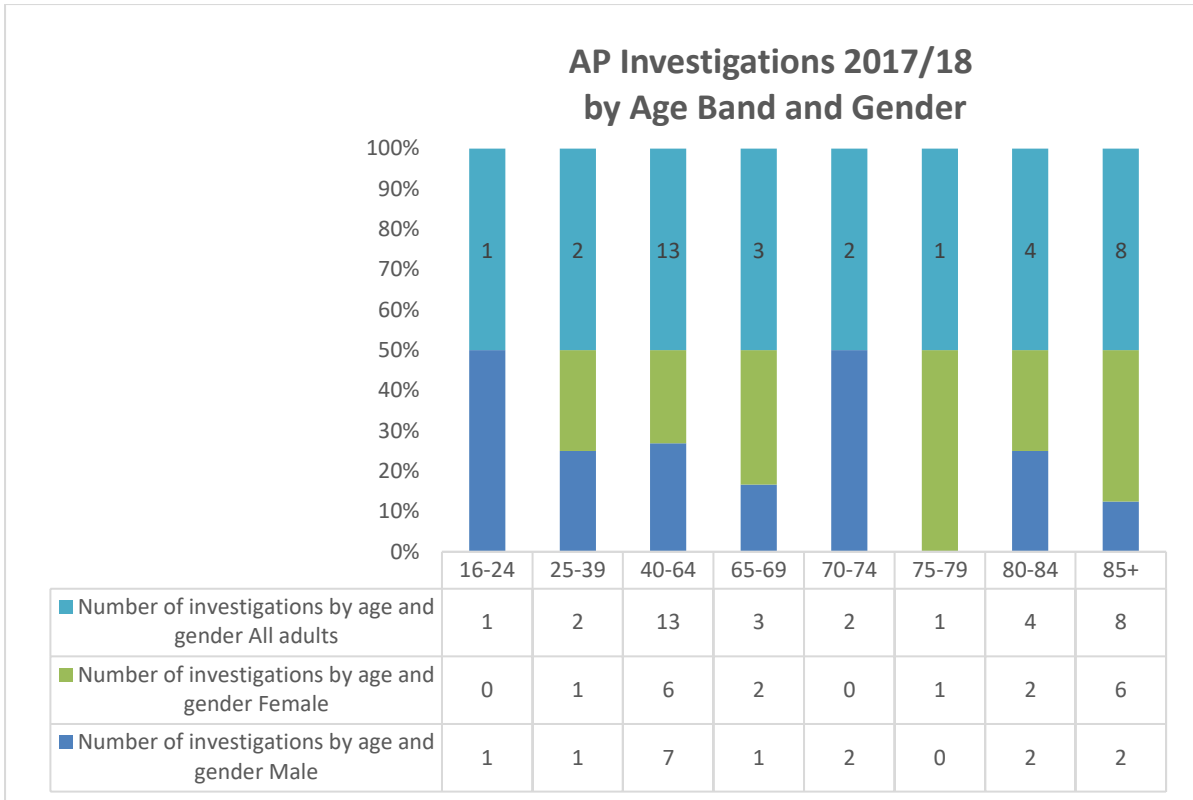
Summary of volume and range of adult protection activity, as below.

The data below notes that from the overall number of referrals received (365) the conversion rate to Investigations is (9%), conversion to Initial Case Conference is (5%) and to Review Case Conferences is (4%).

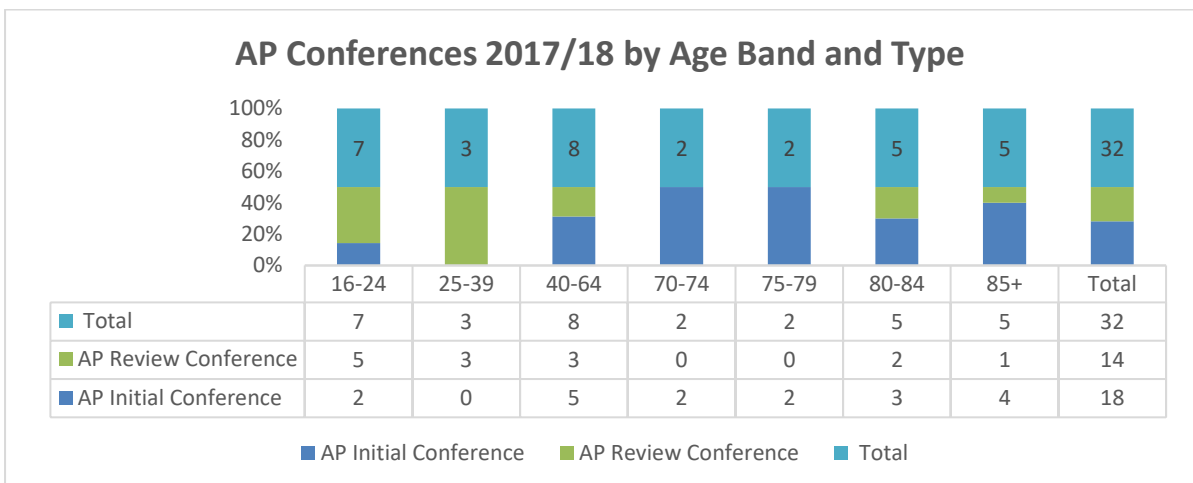
Year 2017 – 2018	Number
Referrals	365
Investigations	34
Initial Case Conferences	18
Review Case Conferences	14



Analysis of the top three age groups for referrals notes statistically that the age group 46-64 remain the highest group of referrals received (96) against 85+ (76) and 80-84 (41). The lowest referral age groups were noted within both the 65-69 (14) and not known (12).



Analysis of the data with regards to investigation by age and gender notes the number of males within the 40-64 age groups (7 males) form the highest referral group, with females forming the next highest statistical group in both the 40-64 (6 females) and 85+ (6 females). The lowest number of investigation by gender and age are noted in the 16-24 age groups (1 male) and (1 female) in the 75-79 age groups.



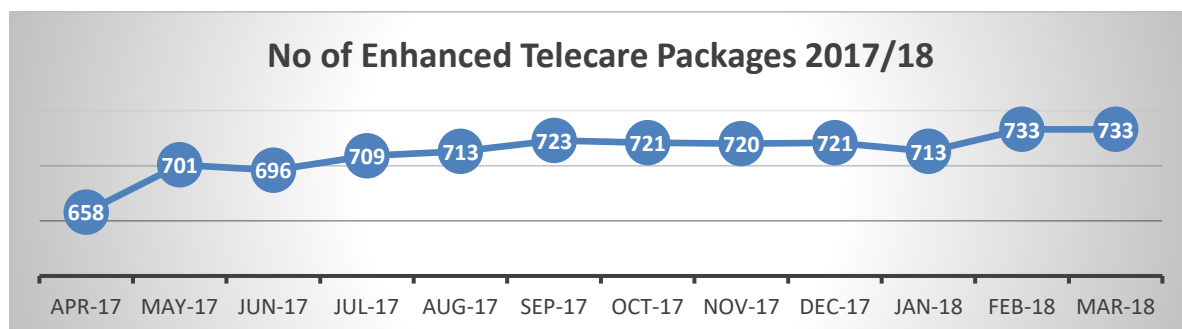
With regards to Adult Protection Conferences the data notes the highest overall conference rate is within the 40-64 age group (8) which in turn represents 25 % of the total number of conferences.

Self-directed Support

Self-Directed Support enables people to be in control of and direct how, when, in what way and by whom, they are supported. During 2017/18 there were 3668 adult service users known to have been supported by a social worker, of which 2134 were assessed for SDS. The numbers supported to select Option1 (direct payment) rose to 159, an increase of 6% over the reporting year.

Telecare

The number of enhanced telecare packages within Argyll and Bute continued to rise across 2017/18, with reported increase of 11.4%. Enhanced Telecare packages offer a range of sensors; alerts and reminders that play a key role in enabling people remain safely in their own homes and communities. Some packages can be remotely monitored via web-based technology, reassuring relatives or alerting professional carers to specific needs e.g. wandering.



Mental Health

Mental Health Officers (MHOs) are appointed by the Chief Social Work Officer / Local Authority to carry out a statutory role with people with a mental disorder. MHO's undertake statutory assessments, prepare applications, reports and care plans in relation to individuals who may be subject to compulsory care and treatment in the hospital or in the community. MHOs present reports and evidence to the Mental Health Tribunal of Scotland and/or Courts and work within a range of legislative frameworks relating to mental health, adults with incapacity and criminal justice.

Purpose of team, size location 2017/18 has shown a sustained increase in the number of MH Service Users being supported in the Community, increasing from 273 in April 2017 to 322 as at March 2018, reflecting 97.8% of mental health patients supported in a community setting. This can be attributed mainly to the early co-location and integration of the mental health and community care teams which has been a positive model of collaborative working with Argyll and Bute.

Rates of Detention for period April 2017 to March 2018 under the Mental Health (Care and Treatment) (Scotland) Act 2003

Category of Detention:	Numbers:
Number of Emergency Detention Certificates	34
Number of Short Term Detention Certificates	48
Number of Compulsory Treatment Orders (new applications)	9

NB: Helensburgh & Lomond recorded separately due to current SLA with GGC.

Adults With Incapacity

2017 - 2018	Numbers
Existing Guardianship Total (Private and Local Authority)	147
Local Authority Existing Guardianships	19

Adult Services – Inspection Reports for 2017/1

Internal Care Home Providers				
Care Homes	Care & Support	Staffing	Management & Leadership	Environment
Struan Lodge	5	5	5	5
Thomson Court	4	5	5	5
Eadar Glinn	5	6	6	4
Tigh a Rhuda	4	4	3	4
Ardfenaig	3	5	3	4
Gortanvogie	3	3	3	3
External Care Home Providers				
Care Homes	Care & Support	Staffing	Management & Leadership	Environment
Invereck	4	4	4	4
Argyle Care Centre	4	4	3	3
Ardnahein	3	3	3	3
Kinytre Care Centre	3	3	4	3
Lochside Care Home	4	4	4	3
Ashgrove	3	4	4	4
Lynn of Lorn	3	3	3	3
Morar Lodge Nursing Home	5	5	5	5
Palm Court	3	3	3	3
North Argyll House	5	5	5	5
Ardenlee	5	4	5	4
Northwood House	4	5	4	4

Internal Home Care & Day Centre Providers				
Care Homes	Care & Support	Staffing	Management & Leadership	Environment
Mid Argyll , Jura, Islay, and Kintyre Homecare	3	4	3	NA
Mull & Iona, Tiree and Colonsay Homecare	3	4	1	NA
Lynnside Day Centre	5	5	4	5
Struan Lodge Day Care	4	5	4	5
Thomson Court Day Care	5	5	4	4
Mid Argyll Day Care	3	4	4	3
Greenwood	4	4	4	NA
ASIST	3	4	3	4
Community Resource Team	5	4	3	NA
Lochgilphead Resource centre	6	4	5	4
Lorne Resource Centre	4	4	3	4
Woodlands Centre	5	5	5	4
External Home Care & Day Centre Providers				
Care Homes	Care & Support	Staffing	Management & Leadership	Environment
Allied Health Care (Helensburgh & Cowal)	5	5	5	NA
Allied (Isle of Bute)	5	5	4	NA
Argyll Homecare	5	5	4	NA
Care+ (Oban)	4	4	4	NA
Careplus	5	5	5	NA
Carers Direct	4	4	4	NA
Carewatch	5	5	5	NA
Carr Gomm Argyll & Bute	5	5	5	NA
Oasis Day Centre	6	6	5	6
Cowal Care Services	5	5	5	NA
Crossroads (Cowal & Bute)	5	5	4	NA
Joans Carers	4	4	4	NA
Mears Homecare	4	4	4	NA
Mears Care Ltd	4	4	3	NA
Premier Healthcare	5	5	4	NA
Quality Care	5	5	4	NA
Crossroads North Argyll	5	5	4	NA

Scotnursing	5	5	4	NA
Clyde Carers	5	3	3	NA
Highland Home Care	4	4	4	NA
Blue Triangle Oban Housing	3	4	3	NA
HELP Project	6	6	6	NA
Affinity Trust	4	4	4	NA
Enable Scotland (Dunoon)	5	4	4	NA
Enable Scotland (Helensburgh)	6	5	6	NA
Enable Scotland (Lorn & Isles)	5	6	5	NA
Enable Scotland (Helensburgh Day Services)	5	5	5	NA
Enable Scotland (Mid Argyll & Kintyre)	4	4	4	NA
Key Community	4	4	4	NA
Mariner Homecare	5	5	5	NA
South Peak	4	4	4	4
Addaction Scotland Recovery Service	5	5	5	NA
Maxie Richards Foundation	5	5	5	NA

Case Studies

Use of Re-ablement

In this example an elderly person had been discharged home from hospital following gall bladder inflammation. The Extended Community Care Team (ECCT) provided morning personal care support and external Care Provider afternoon support and tuck-in visit. The ECCT and carers provided intensive re-ablement encouraging exercises and practice with transfers. Equipment was also provided on discharge. Following a timeous 4 weekly joint review the package was ceased as re-ablement goals were met.

Use of Carer Support

In this example an elderly person was living at home with her son who is her primary carer. Without his support she would require care home placement. The son has a learning disability and is his mother's main carer. Following a review of the elderly persons care and the completion of a carer's assessment the son was referred to Crossroads for carer support and respite which allowed him to attend a weekly walking group which greatly supported him in his carer role. The Case Manager continues to maintain oversight of the arrangement through regular contact and is able to provide reassurance and advice when needed.

Use of New Technology

The Mid-Argyll, Kintyre and Islay Integrated Occupational Therapy Service is one of the first in the UK to use a new technology service to bring benefits to its clients and to increase efficiencies. The Occupational Therapy team has used Just Checking's new Daily Living System to provide unbiased evidence of progress during re-ablement, to create efficiencies for practitioners and help to ensure that individuals get the right level and type of support.

For one elderly woman, the Daily Living System provided the evidence needed to adjust her care package to better suit her needs. On being discharged from hospital she was originally supported through four care visits a day, including a lunch-time visit. However, she disliked the frequency of visits, did not often eat the lunch made for her, and did not want to make her own lunch when the carers were there. She told the team that she no longer wanted the lunch-time visit and would prefer to make her own lunch when she wanted it.

The occupational therapy team were not confident that she would be motivated to prepare her own meals and drinks, but were able to agree to her request to remove the lunch-time visit by installing the Daily Living System which helped to inform the overall assessment and reassurance that the package of care could be adjusted, accordingly.

In another instance the HSCP had been supporting two young women both of whom experienced learning disabilities in a shared tenancy for a considerable number of years. One of the young women also had a significant visual impairment. In consultation with the parents and guardians, the two service users, the Social Worker, the provider and our Tech team we reached a decision to progress with a review of the sleepovers which had been in place for a number of years. Despite high levels of anxiety and trepidation from the families with regards the possibility of increased risk it was agreed that we would install Just Checking which would allow all parties to monitor nocturnal sleep patterns and need for support.

After a six week period all the parties were able to review the data and it was concluded that the sleep pattern and need for support and intervention was not required and could be safely removed. The sleepovers were removed and additional Tech installed to provide additional levels of security. The two young woman are very proud of the independence which they have achieved. This is a positive example of partnership work between the individuals, families involved and the use of technology which allows for measured and appropriate decision making to be made in a safe and robust manner with sound evidence that promotes independence and enables those in receipt of support to be more independent and less dependent on staff.

Children & Families Performance

An Overview

The number of Looked After Children reports a fall of 5.4% during 2017/18, with Kinship placements falling concurrently during the same period. Latest national publication (March 2017) reported Argyll and Bute ranked 14th of the 32 Scottish local authorities for the rate per 1000 of Children aged 0-15 who are LAC (1.2), against the reported Scotland rate of (1.4).

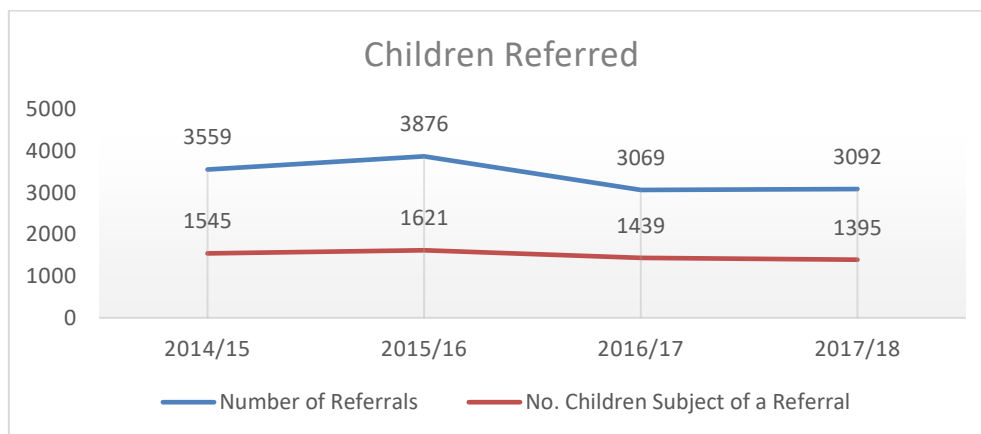
The balance of care for children and young people who are looked after in either a community or family setting notes a slight decrease during 2017/18 from 94.0% to 84.0%, against the latest reported Scotland Rate of 89.8%.

Child Protection registrations, whilst increasing, remain low at 31 with a numeric increase of 3 (8.8%) reported across 2017/18.

Description	2014/15	2015/16	2016/17	2017/18
N.of referrals	3559	3876	3069	3092
No. of Children Subject of a Referral	1545	1621	1439	1395
Looked After Children	183	178	185	175
Looked After Accommodated Children	134	124	135	117
Child Protection Investigation	132	173	207	191
Child Protection Registrations	23	27	34	31
No. Foster Care Placements	57	49	50	46
No. Kinship Placements	44	45	56	48
No. Throughcare Clients	40	59	68	91
No Ex-care Leavers with a Pathway Plan	37	37	43	39

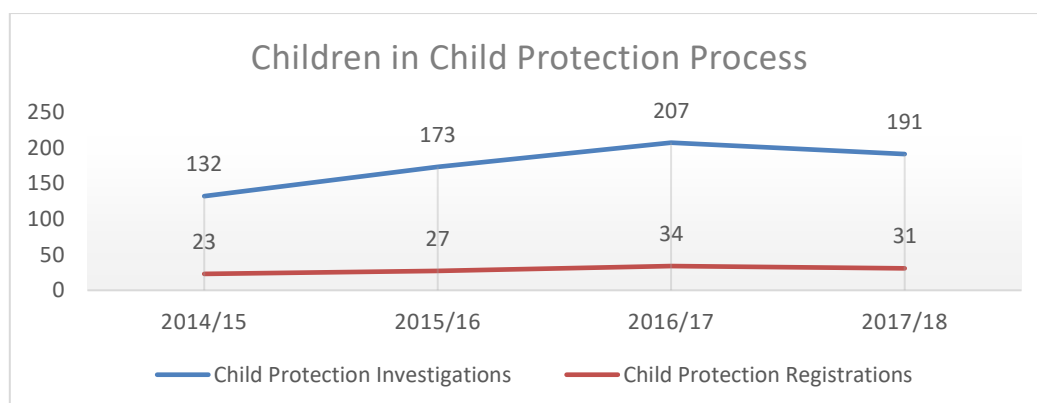
Number of Children Referred

The reported number of total referrals to Children and Families is consistent with 2016/17, increasing by 1% from 3069 to 3092. The number of children subject of a referral also remained consistent, reporting a slight decrease of 3%, from 1439 to 1395 (11.2%) over the same period. This has been achieved through the introduction of a streamlined 'Single Point of Contact' referral processes and early filtering under the Early & Effective Intervention (EEI) arrangements. Children and Families continue to work with the majority of children and their families on a voluntary basis.



Child Protection

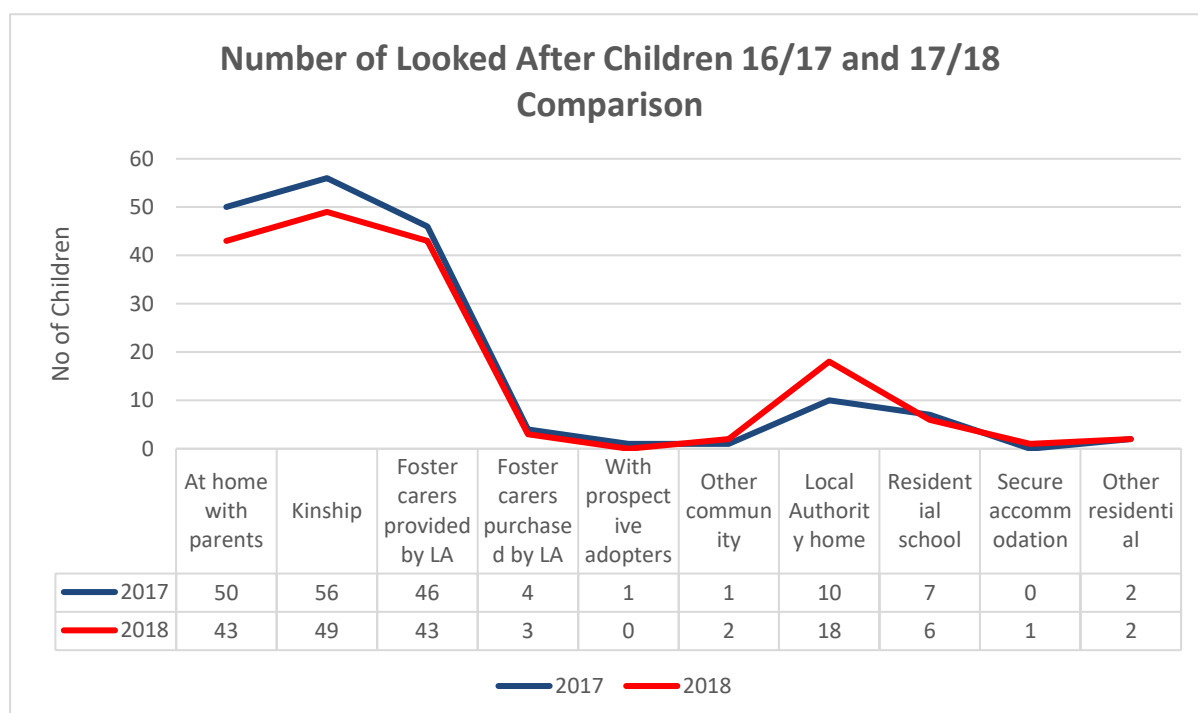
The number of Child Protection Investigations has decreased by 7.7% (16) in 2017/18 from 207 to 191. While there was slight decrease reported in 2014/15, the figures have remained relatively static over the past 4 year period. Child Protection Registrations (CPR) remain low at 31, and have decreased in line with decreasing investigation rates across reporting year.



Looked After Children

The overall performance trend notes an overall 6% reduction in accommodated Looked After Children for 2018 as compared with 2017. The number of children supported at home with parents from (50) in 2017 to (43) in 2018, alongside this the number of children in receipt of Kinship reduced from (56) for 2017 to (49) in 2018 and the number of children in HSCP Homes increased for (19) in 2017 to (18) for 2018. The number of children in Foster Care Purchased by the HSCP reduced from (4) in 2017 to (3) in 2018.

Children & Families Inspection Reports



The latest inspection grading's for Children and Families services registered with the Care Inspectorate are as below.

Children and Families - Quality Theme Care Inspectorate Grades (1-6)

Care Inspectorate Number	Name	Care & Support	Environment	Staffing	Management & Leadership
CS2005091229	Achievement Bute	5	N/A	5	4
CS2012307560	Cornerstone	5	N/A	5	5
CS2006129195	Scottish Autism – Oban autism Resources	5	N/A	4	5
CS2010249688	Ardlui Respite House – Sense Scotland	5	4	4	4
CS2003000426	Helensburgh Children's Unit (Argyll and Bute Council)	5	5	5	5
CS2003000461	Shellach View (Argyll and Bute Council)	5	5	5	5
CS2003000451	Dunclutha Residential Home (Argyll and Bute Council)	5	5	5	5
CS2006115758	Dunoon School Hostel (Argyll and Bute Council)	4	5	4	3
Cs2006130205	Glencruitten Hostel (Argyll and Bute Council)	3	5	3	3
CS2004082322	Argyll and Bute Adoption Service	4	N/A	5	5
CS2004082341	Argyll and Bute Fostering Service	5	N/A	5	5
CS2004079237	Kintyre Community Support Network	4	N/A	4	3

Participation and Engagement

Participation and engagement remains our key priority and a major driver for service improvement and change. In partnership with the Life Changes Trust and Who Carers Scotland the Argyll and Bute Corporate parenting Board has appointed a Participation Officer and is in the process of appointing two care experienced modern apprentices as Assistant Participation Officers. Having established a Champions SUPPORT Board our aim is to develop on a co-productive basis a participation framework with which to assist our children and young people in engaging with their corporate parents in the evaluation and redesign of services.

The fostering service organises training and development events for our foster carers which also provides an opportunity for us to undertake consultation and engagement exercises. Child care is arranged for the children and young people (a crèche for the under 5s and outdoor Stramash activities for the older children) to maximise attendance. The events occur twice yearly being always very well attended and well evaluated. Whilst these events are open to adopters and kinship carers more targeted arrangements are needed with regard to consultation and engagement.

Arrangements are in place to secure parental engagement within the children protection and looked after children arrangements. The Care Assessment and Reviewing Officers routinely meet with parents before conferences and reviews to explain the process and ensure parents are prepared and supported to participate in the meetings. One area for improvement is in the use and return of questionnaires regarding parental experience of the service. Similarly parents often chose not to participate in follow-up interviews.

Children 1st and Who Cares Scotland are advocacy services commissioned by Argyll and Bute HSCP to advocate for support our children and young people within the child protection or looked after processes. All children and young people within this process are offered support and advocacy. In addition our Care Assessment and Reviewing Officers, who chair these meetings, ensure children and young people's views are fed into assessments and care planning using different tools. Often Viewpoint, an electronic questionnaire, is used or for older young people the Care Assessment and Reviewing Officer will meet prior to the meeting.

Case Examples

The type of work undertaken by Children & Families and Criminal Justice Social Work is best illustrated through case examples. Two case examples have been included in this section of the report to do this.

Adoption

The following case example serves to illustrate the work of the Adoption and Fostering Team and their approach to permanence. In this case Child H is the fourth child of a sibling group born to the same mother. She also shares the same father as two of her siblings. As all three older children had previously been placed for Adoption, and the parents had not evidenced any change to their lifestyle, it was anticipated that an assessment of their capacity to parent this child would highlight the same problems as previously. Child H was made subject of a Child Protection Order at birth, and on discharge from hospital, went to local foster carers. Prospective adopters were identified who were willing to have the child placed with them on a fostering basis initially, whilst the child's plan was being fully assessed and progressed to permanence. This involves risk, as the child's ultimate plan may not be for Adoption, or to remain with them, but it also offers an excellent opportunity for the adopters and their birth children to have the child join their family at the earliest opportunity, and in this case, child H was placed with the adopting family aged 4 days.

Assessments were carried out, including a sibling assessment and parenting assessments, and ultimately, an Adoption Order was made 17 months later. Prior to this, the family was involved in the progression of the child's plan, attending LAAC reviews and Children's Hearings and the male carer met with the birth parents. All of this experience enabled them to be fully involved in the child's journey, and to have valuable information to share with her about her experiences when she is older. Also, Child H did not have to deal with transitioning from one carer to another, and all the resultant loss and difficulty that a child can experience through having to move placements.

The key aims for a child where their birth parents cannot parent them, is to provide stability, security and a loving, nurturing alternative family for them as soon as possible. Minimizing delay and disruption as well as multiple placements is always a priority, and this example shows how this can work out well for the child, to their short and long term benefit.

Criminal Justice

The following case example demonstrates the work of the CJSW with service users to assist them to gain an understanding of the underlying reasons for their offending behaviour and seeks to provide them with opportunities to address these. In this case by attending an external resource with the overall aim of rehabilitation and moving forward towards a life free from crime.

Mr B, a 57 year old man was convicted of careless driving, whilst under the influence of alcohol and also failing to provide details to the police. Mr B was sentenced to a 1 year Community Payback Order with supervision requirement. Mr B had been in the army for a considerable part of his life, joining when he was 16 and leaving aged 43. On leaving the army, Mr B had worked as a HGV Driver until he was convicted of these offences.

Mr B found life outwith the army difficult to adjust to and had for many years self- medicated with binge drinking to cope with the loss of identity and camaraderie that army life provided him with. Mr B had problems sustaining long term relationships and was at the time the order was imposed seeking a divorce for the third time. Due to this criminal conviction Mr B also lost his HGV licence and this impacted on his capacity to earn a living.

Mr B was encouraged to view his Community Payback Order as an opportunity to invest in himself and he was encouraged to attend COMBAT STRESS - The Veterans Mental Health Charity based in Ayrshire to help him address his drinking, PTSD Symptoms and anger management issues that can be associated with this. He was supported to attend for two separate residential courses to address the outlined areas of work and these were considered to be successful in Mr B regaining control of his life and gave him the skills to manage his alcohol use and conflict resolution.

Mr B also attended regular supervision appointments with his Criminal Justice Social Worker and he accepted full responsibility for his offending and the public safety issues inherent in driving offences.

As Mr B had complied fully with his Community Payback Order, had addressed all aspects of his offending behaviour, and was managing the underlying causes of this i.e. his own mental health and alcohol use and had the offer of employment abroad through his army contacts, an application was made to the Court for an early discharge of his CPO. The Court recognised the progress that Mr B had made in his life and granted the early discharge.

Integrated Joint Board & National Health and Wellbeing Outcomes

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.

The IJB receives a summary of the scorecard at each meeting highlighting the HSCPs performance against the NHWBO performance on the pyramid reporting system. The scorecard above illustrates its performance as at the end of March 2018. Of the 102 scorecard success measures 65 are currently reported as being on target.

7. Delivery of Statutory Functions

An Overview

Much of the activity of the Social Work service is laid down by statute and externally regulated. The CSWO is responsible for a number of specific decisions and oversight of the Social Work services statutory functions particularly in relation to the legal rights, wellbeing and the safe care of vulnerable individuals and the wider protection of the public. Whilst some of these duties are delegated the CSWO remains the accountable officer. The key legislation is identified at the end of this chapter for which the HSCP is responsible under the integration scheme.

Child Protection.

The protection of children is one of the core duties of the HSCP and forms a significant part of the work of our local Children and Families social work teams. The HSCP has specific duties in relation to children and young people placed on the Child Protection Register. The protection of children is undertaken on a partnership basis and is overseen by the Children Protection Committee (CPC) which reports to Children's Strategic Group and the Chief Officer Group Public Protection (COG PP).

Looked After Children (LAC).

These duties relate to the provision of early intervention to avoid where possible the need for admission to care through to the provision of appropriate accommodation and subsequent Through and Aftercare services as well as Continuing Care. The Corporate Parenting Board forms part of the governance for LAC and reports to the Children's Strategic Group.

Children's Hearings and Statutory Orders.

These duties require that where appropriate referrals are made to the Reporter and reports prepared for a Children's Hearing and when an order is made the conditions are complied with. This includes the arrangements for the "urgent" transfer of children and young people subject to a Compulsory Supervision Order.

Adoption and Fostering.

These are registered services in which the key decisions are progressed through the Approval and Matching Panel to the Agency Decision Maker (ADM). In Argyll and Bute the ADM is also the CSWO. The Approval and Matching Panel is independently chaired by an experienced social work professional.

Secure Accommodation.

The emergency admission of a child or young person to secure care is very strictly regulated and must be authorised by the CSWO in conjunction with the Head of the Secure Establishment. Under these regulations the child or young person's case must be presented to a Children's Hearing within 72 hours. Thereafter the CSWO remains sighted on the child or young person to ensure they continue to meet secure criteria.

Adult Support and Protection.

As with children the protection of vulnerable adults is delivered on partnership basis through the Adult Protection Committee which reports to the COG PP.

Management of High Risk Offenders.

The CSWO is the MAPPA lead for the HSCP and chairs MAPPA Level 3 risk management meetings. Level 3 offenders are assessed to represent a very high risk to the public and are subject to robust risk assessment and risk management arrangements.

Mental Health Statutory Provisions.

The Social Work service has a legal duty to provide a mental health service which employs specially trained social workers known as Mental Health Officers (MHO) to exercise statutory powers in relation to people who have severe mental health problems and represent a risk to either themselves or others.

Adults with Incapacity and Welfare Guardianship.

Many of these legal provisions are administered by a social worker whilst others are required by law to be administered by an MHO. Where a court has determined an adult to be with "incapacity" and made subject to a Welfare Guardianship Order the named guardian is the CSWO.

Statutes:

Adult Care Services provide statutory functions subject to the following legislation:

Social Work (Scotland) Act 1968

National Health Service and Community Care Act 1990

Adults with Incapacity (Scotland) Act 2000

Adult Support and Protection (Scotland) Act 2007
Mental Health (Care & Treatment) (Scotland) Act 2003
Public Reform (Scotland) Act 2010
Equality Act 2010
Social Care (Self-directed Support) (Scotland) Act 2013
Public Bodies (Joint Working) (Scotland) Act 2014
Carers (Scotland) Act 2016

Children & Families provide statutory functions subject to the following legislation:

Children and Young Person (Scotland) act 1937
Social Work (Scotland) Act 1968
Children (Scotland) Act 1995
Regulation of Care (Scotland) Act 2001
Protection of Children (Scotland) Act 2003
Adoption and Children (Scotland) Act 2007
Public Reform (Scotland) Act 2010
Equality Act 2010
Children’s Hearing (Scotland) Act 2011
Children and Young Person (Scotland) Act 2014
Public Bodies (Joint Working) (Scotland) Act 2014
Carers (Scotland) Act 2016

Criminal Justice Services provide statutory functions subject to the following legislation:

Social Work (Scotland) Act 1968, S.27
Criminal Procedure (Scotland) Act 1995
Criminal Justice and Licensing (Scotland) Act 2010

Management of Offenders (Scotland) Act 2005

In addition there is key sex offender legislation:

The Sex Offenders Act (1997)

Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005

Sexual offences (Scotland) Act 2009

Community Justice (Scotland) 2016

8. Workforce - Planning & Development

Social Work Training Board

The Social Work Training Board is chaired by the CSWO and responsible for leading and coordinating the development and implementation of a learning and development strategy informed by Social Work principles and values, which develops professional, safe practice resulting in a competent and confident workforce.

Specific objectives include:

- To identify and agree learning and development priorities for workforce development
- To support and inform HR and OD staff
- To disseminate training information to staff within respective services
- To lead and co-ordinate learning and development within the service
- To deliver relationships and shared learning and development initiatives with other statutory and voluntary agencies in Argyll and Bute
- To approve Further Education Studies – Course Request Forms
- To co-ordinate practice learning.

The board is made up of representatives from social work, health, HR and OD staff and meets every 2 months.

Registration with SSSC

Employees are responsible for registering with the SSSC once their register is open, if they can only register with conditions we ensure they are provide with the correct SVQ to enable full registration. The Argyll and Bute Council Training Centre has received excellent verification reports from the SQA. The Table below highlights the SVQ Courses undertaken across the Social Work staff group in Argyll and Bute and the employees who have completed in the period April 2017 – March 2018

SVQ - Adult Care	No. Completed 2017/18
SVQ2 Social Services and Healthcare	4
SVQ3 Social Services and Healthcare	0
SVQ4 Social Services and Healthcare	2
SVQ4 Leadership and Management for Care Services	1
SVQ Medication Unit	0

LandD9DI (Assessor Award)	0
CPD Units at Level 4	1

SVQ – Children & Families	No. Completed 2017/18
SVQ3 Social Services (Children and Young People)	5
SVQ4 Social Services (Children and Young People)	2

Leadership

Managers are being nominated via their Heads of Service to undertake the Argyll and Bute Manager Programme. The Management Development Programme is a comprehensive training course made up of 16 core modules which incorporate a variety of learning methods split into 10 tutor based courses and 6 e-learning courses. The programme has been designed to reflect our core competencies and is targeted at people with a line management responsibility. It is designed to be flexible by combining face-to-face delivery and e-learning with other learning methods and it is anticipated that it should take 18 to 24 months to complete. During 2017/18, 2 employees within Adult Care and 4 within Children and Families have completed the Argyll and Bute Manager programme. In March 2017 we changed the programme, and this is now delivered as 2 separate programmes, Preparing to Manage and Managing Teams.

Preparing to Manage

The comprehensive Management Development titles Preparing to Manage Programme is made up of an induction plus 15 core modules which incorporate a variety of learning methods:

- 1 tutor based course
- 14 e-learning courses

The programme has been designed to reflect our core competencies and is targeted at people preparing for line management responsibility or newly appointed line managers. It is designed to be flexible by combining face-to-face delivery and e-learning with other learning methods and it is anticipated that it will take 18 to 24 months to complete. Employees must undertake all of the modules and also complete a short reflective essay demonstrating how Preparing to Manage has improved their effectiveness and/or how they have applied their learning in the workplace.

Managing Teams

The Management Development Programme includes a Managing Teams Programme which is made up of an induction module plus 18 core modules which incorporate a variety of learning methods:

- 4 tutor based courses
- 14 e-learning courses

The programme has been designed to reflect our core competencies and is targeted at people with a line management responsibility. It is designed to be flexible by combining face-to-face delivery and e-learning with other learning methods and it is anticipated that it will take 18 to 24 months to complete. Employees must undertake all of the modules and also complete a short reflective essay demonstrating how Managing Teams has improved their effectiveness as a manager. We currently have 2 employees within Adult Care undertaking the Preparing to Manage Programme. We also have 3 employees in Adult Care and 2 within Children and Families undertaking the Managing Teams programme.

Professional Qualifications

Employees are invited to apply for professional qualifications as agreed by the Social Work Training Board on an annual basis. The undernoted qualifications were funded in 2017/2018:

Qualification	Number of employees funded
K101/DD102 Open University Foundation Courses	8 employees
OU BA (Hons) Social Work (Scotland)	2 employees
Post Graduate Certificate in Child Welfare and Protection	2 employees
Professional Development Award in Practice Learning	2 employees
MHO Award	1 employee

Growing Our Own - OU BA (Hons) Social Work (Scotland)

Within Argyll and Bute there is difficulty recruiting social workers, it is for this reason that a “growing our own” scheme was developed. Each year the council sponsor two applicants to undertake the degree in social work. The “growing our own” scheme is an opportunity for Argyll and Bute to support talented individuals to undertake their social work qualification.

Successful applicants are sponsored through Stages 2, 3 and 4 with a requirement to work for this authority for a further two years. The course includes two 100 day compulsory social work placements which require staff to be absent from their present post during this time. One of the placements is external to Argyll and Bute. Employees are supported by our own practice teachers during their in-house placement. We currently have 3 employees at stage 2, 2 employees at stage 3 and 2 employees at stage 4 of the Social Work Degree. We have just selected another 2 employees to commence stage 2, bringing the total of 7 employees in the programme with the Open University.

Placements

Learning Network West provide us with students to place. We also offer 10/20 day observational placements and in addition, we hold an annual Learning Awards Ceremony where people who are undertaking any major training are presented with their certificate to highlight their achievement. With regard to Mental Health Officer (MHO) training HSCP puts through a minimum of one qualified Social Workers per annum onto the Mental Health Officer course which is an essential element of the HSCPs continuing to meet its statutory obligations.

E-Learning

LEON (Learning Electronically and On-line) is our e-learning system through which employees can access a wide range of online courses. It is available to all employees giving to access these courses at a time which is convenient and from any computer with internet access. The Talent Management team are working towards providing a variety of easily accessible courses when needed which will give employees the information, knowledge and skills required to do their job. Employees are able to complete courses which have been sourced to support employees in all roles within the organisation or that have been custom-built by the team around our policies and procedures. Our online courses complement our tutor-led training courses, helping employees to gain new knowledge and refresh on specific topic areas. In addition Learn-In Bytes provides the ability to test your knowledge through the use of short assessments

Training

All learning and development requests are based on need as evidenced by job specific competency requirements, organisational core competency requirements or team/service/departmental or organisational priorities.

9. Conclusion

Social Work service staff, including the staff working for our commissioned services should be proud of the provision of support, care and protection they have provided to our vulnerable children, young people and adults throughout this past year. As the report has highlighted we are working in challenging times with many challenges still ahead. The increasing demand for services combined with rising public expectations in a context of continued financial constraint will be difficult. The focus will continue to be on ensuring we maintain high standards of service delivery whilst reviewing and redesigning the way we work to make the best use of all the available resources so we can continue to support, care for and protect those in greatest need.

Alex Taylor
Chief Social Work Officer
September 2018

Integration Joint Board

Agenda item: 7

Date of Meeting: 30 January 2019

Title of Report: Carers Strategy and Short Breaks Statement

**Presented by: Linda Currie, Lead Allied Health Professional
on behalf of the Carers Partnership**

The Integration Joint Board is asked to:

- Endorse the Carers Strategy and Short Breaks Statement

1. EXECUTIVE SUMMARY

As part of implementation of the Carers Act we are required to publish a Carers Strategy and Short Breaks Statement. A decision has been made to join the two documents and if agreed they can be printed and launched at the planned Carers Conference in March 2019.

2. INTRODUCTION

Each Local Authority or delegated Health & Social Partnership has been tasked with developing a Carers Strategy and Short Breaks Statement. Our documents have been created by the Carers Partnership and consultation has been carried out for the Strategy and is being progressed for the Short Breaks Statement. Consultation so far has been very positive and we are progressing formal approval before the documents are finalised, printed and shared.

3. DETAIL OF REPORT

The strategy and statement have been drafted following guidance from Carers Trust and the Scottish Government Carers Branch. A review of other partnership strategies was also carried out.

The Carers Partnership oversaw 11 versions of the strategy being drafted until it went out for wider consultation.

Feedback has been positive with some constructive comments about support for bereaved carers and an increased emphasis on working harder to find unknown carers have featured in feedback and been incorporated into the strategy.

The Short Breaks Statement has also had a positive response with support for a short and simple document without listing every provider of short breaks which would be a lengthy document and hard to keep up to date. Feedback was that carers need to know where to go locally to be signposted for this type of support. This document can be updated over time as we get further feedback from carers.

Most feedback was provided about the Strategy implementation plan, how achievable all the actions would be and where and how they would be measured. This feedback has been incorporated into the plan. There was feedback related to the size of the Strategy document, we produced the executive summary to be a brief overview of the strategy and a leaflet could be developed as part of our communication strategy.

A carer suggested a leaflet style brief version of the Short Breaks Statement which will be an action within our implementation plan.

4. RELEVANT DATA AND INDICATORS

See implementation plan.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Robust support to carers is a fundamental aspect of our strategic vision and priorities. By supporting carers we will help to maintain people within their own homes living as independently as possible. Supporting carers is a key strategic priority of the HSCP and the implementation of the Carers Act will allow us to support more carers in Argyll and Bute. We also know that without unpaid carers we would be unable to meet the demand with statutory services. Supporting carers is also therefore critical in reducing demand on care at home services and achieving financial sustainability.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

The partnership currently funds approximately £635,000 to the Carers Centres and one youth development service across Argyll and Bute. The planning group is currently writing a specification for 3 year contracts for Carers Services from September 2019 which will be managed under normal Procurement and Commissioning processes. There will also be a phased implementation process in line with the financial projections to increase activity year on year. The total Scottish Government funding is estimated to be £90m by year 5 from implementation on 1 April 2018. There are some concerns around the assumptions in the financial memorandum, including non provision for waiving of charges or replacement care costs and also the assumption that demand will build up evenly across the 5 years, there is clearly a financial risk that the demand is greater in the earlier years.

We are currently analysing an increase in demand for Carer Centres but have not seen a significant increase in demand on replacement care or social work teams.

6.2 Staff Governance

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

6.3 Clinical Governance

Through HSCP governance structures as appropriate.

7. EQUALITY & DIVERSITY IMPLICATIONS

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

8. RISK ASSESSMENT

There are risks associated with lack of engagement for 'unknown carers' and we hope to mitigate that with enhanced work identified in the implementation plan.

Other associated risks around funding and process of supporting carers will be overseen within our Carers Act Social Work group which is in early stages of being established.

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Drafts of the Carers Strategy and Short Breaks Statement have been produced in conjunction with the multi-agency Carers Partnership. The strategy has been out to consultation with survey monkey, written questionnaires and focus groups during the period of consultation and has been widely circulated across all sectors.

Feedback was excellent with a number of survey monkey responses and many comments to the author and Carer Lead. Thanks also to our Carers Centres who have consulted with carers widely.

The Short Breaks Statement is a more fluid document and can be altered if required as we consider increasing our flexible respite options. The Carers Partnership supported an approach to keep this information simple and minimal and ensure that local contacts are the key elements of information. On scoping there are over 60 options for respite without considering national options and keeping this register up to date and part of the SBS would prove a difficult and onerous task. A number of carers from North Argyll Carers Centre provided detailed feedback on the draft which has been incorporated into the final version.

10. CONCLUSIONS

The Strategy and Short Breaks statement will be printed and shared widely in electronic and paper version once agreed with a formal launch planned at the Carers Conference in March 2019.

Short Breaks Service Statement

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP

CARING TOGETHER



Introduction

This Short Break Services Statement (SBSS) is designed to provide you as a carer with information about the type of short breaks services available both locally and across Scotland for both you as a carer and for the person or people you care for.

The SBSS will form a fundamental part of your Adult Carer Support Plan (ACSP) or Young Carer Statement (YCS). Your needs for a short break or replacement care will be explored during the completion of your personal ACSP/YCS. This will include how you may be able to provide this for yourself through family and friends or if there are more formal services required.

This is a legal requirement for Argyll and Bute Health and Social Care Partnership (HSCP) as introduced by the Scottish Government within the Carers (Scotland) Act 2016.

Purpose

The purpose of this Short Break Services Statement is to provide you with specific information so that you;

- Recognise how you may be able to access a break in a range of ways
- Are informed about short breaks which may be available to you
- Understand the choices in the support you may be able to utilise
- Can identify what a short break means for you, how you can be supported to meet your needs and achieve your outcomes.

Definition

A short break is any form of service or assistance which enables you as a carer to have periods away from your caring routines or responsibilities.

The purpose of a short break is to support you with your caring relationship and promote your own health and well-being. This in turn may be beneficial to the person you provide care to, as well as other family members affected by your caring situation.

Ways to Take a Short Break

A short break can take any number of forms in order to achieve your identified outcomes. The short break should support you to have a life outside or alongside your caring role.

Your break from caring may:

- be for a short or extended period,
- take place during the day or overnight,
- involve the person with support needs having a break away from home which will, allow you to have time for yourself
- allow you to have a break away with replacement care provided, if required,
- take the form of you and the person you care for having a break together, with assistance if necessary,
- provide a break from the demands of your daily caring routines.

Outcomes

The process of completing an Adult Carer Support Plan or Young Carer Statement will help you to explore your own needs against a risk matrix and eligibility criteria. This will enable you to understand your own needs. You will be supported to identify outcomes which are personal to you. Your identified outcomes, whether these be eligible for statutory services or preventative supports, should help you to have a life alongside and continue with your caring role.

Your identified outcomes may explore and include the potential need and benefits of having a short break from your caring situation. If

identified the outcome of a short break will be personal to you but may also benefit the person you care for.

Where identified as a personal outcome, receiving a short break may provide you with the following possibilities:

- Having more opportunities to enjoy a life outside/alongside your caring role
- Feeling better supported
- Improve your confidence (for example, support or training to be more confident as a carer)
- Increase your ability to cope
- Reduced social isolation and loneliness (for example, increasing social circles, connections and activities)
- Increase your ability to maintain your caring relationship - and continue with your caring role where this is desired.
- Improve your health and wellbeing
- Improve your quality of life
- Reduce the likelihood of you experiencing a breakdown or a situation of crisis.

Self-Directed Support (SDS) may also be referred to as personalisation which means you control how your supports are provided and this can include short breaks if you met the eligibility criteria. SDS includes four options:

- Option 1: A Direct Payment, you are provided with an agreed amount of funds to purchase your own support.
- Option 2: You can identify which services you would like and the HSCP will manage the payments and organisation of the service on your behalf.
- Option 3: The HSCP organises your short break without any direction or input from you.
- Option 4: Is a mixture of the above three options.

Further information regarding SDS can be accessed via your local Carer Centre, Argyll and Bute's Self-Directed Support Officer or your local HSCP Social Work Departments on 01546 605517.

Support Options for the Person being Cared For and Carers;

The following list gives examples of possible different ways that breaks can be provided. However consideration must be given to the possibility that there may be additional eligibility criteria attached to different organisations. There may be additional costs attached to some services which will need to be met personally and will not be financed within your agreed Short Break Service.

Breaks in care homes (with or without nursing care)

Within Argyll and Bute we have a network of 20 approved Care Homes. Support can be provided to identify care homes out with Argyll and Bute if a care home is required in a different area. Some care homes may have a small number of places set aside specifically for short breaks. Rather than simply offering a 'spare bed' the home may provide activities for short-term guests to suit individual needs and interests. To find out about care homes in your local area you can contact your local HSCP social work department on 01546 605517 or contact your local Carer Centre (details below) who may be able to support you in choosing the right care home for the person you are caring for.

Breaks in the home of another individual or family

These may involve overnight breaks provided by paid or volunteer carers in their own home. Argyll and Bute HSCP identifies these services as replacement care. In the past these were known or referred to as shared lives or shared care especially in relation to care provided to children. These services may also be provided in the form of family based or adult placement schemes. Families or individuals offering this support are carefully recruited and registered – normally by the local authority or through voluntary sector organisations. You can request additional information by contacting your local HSCP Social Work Department on 01546 605517.

Breaks provided at home through a care attendant or sitting service

This includes individual support provided in the home of the cared-for person for periods of a few hours or where necessary you may be able to receive overnight support for the person you care for. The purpose of these type of breaks may be to provide support while you

are away, or to support you in other ways, e.g. by enabling you to have an undisturbed night's sleep. Within Argyll and Bute we have a network of providers who can support you with this. Additional information can be gained at your nearest Carer Centre or Social Work Department on 01546 605517.

Supported access to clubs, interest or activity groups

These opportunities may focus on a particular activity (e.g. sports clubs, leisure activities) or may be based in a community building. These generally take place over a few hours perhaps once or twice a week or, in the case of children who have a disability, they may be planned over the school holidays. In addition these groups or clubs may be specific to the diagnosis of your cared for person (e.g. dementia clubs or MS Society meetings etc.) The availability of adapted equipment or trained workers can vary dependant on the type of facility to be accessed therefore enrolment may depend on the requirements of the person you care for. Within Argyll and Bute we have clubs which are dedicated to supporting people of all ages and for those with physical, emotional or mental health needs. Information regarding these services can be gained from the Carers Centres or your local HSCP Social Work Department or by requesting information on 01546 605517.

Holiday breaks

These include opportunities for people to have a short break together, or independently. Breaks can be supported in different ways – through an agency specialising in breaks for people with particular needs; in adapted accommodation; or in ordinary hotels and guest houses, perhaps with additional equipment. More mainstream breaks may also be possible with the support of a paid carer or companion. These breaks can also be supported by the transfer of current care provision to services within the area you are taking a holiday. To organise this or to request additional information contact your allocated Social Worker or your local HSCP Social Work Department on 01546 605517.

Befriending schemes where volunteers provide short breaks

Befriending normally involves a paid worker or volunteer assisting someone with care and support needs to have access to activities, for

example going to the cinema, meeting friends, shopping, swimming and other such leisure pursuits. Befriending can be on a one-to-one basis or as part of a group. Befriending services are available throughout Argyll and Bute. You can make a self-referral to your local befriending service or for additional information or for support to make a referral contact your local Carer Centre or HSCP Social Work Department on 01546 605517.

Day care

We have day care resources within Argyll and Bute which are typically based in a community building and provided by a local authority, HSCP or voluntary organisation. The degree of flexibility varies; most are characterised by fixed opening hours on particular days; some offer a drop-in service whereby people can attend for part of the day only. Day care is not generally provided for short breaks or respite purposes but services which offer more flexible arrangements, designed around the needs of both the client and carer, can achieve this purpose. Day care services are subject to charges in that transport costs will have to be met and the cost of meals where provided will be charged. However if an individual wants to take their own food no charge will be levied in relation to the preparation/heating of personal food items as this will be identified as replacement care.

Alternative breaks

Increasingly, with the development of Self-directed Support (SDS), more people are finding creative ways to take a break that don't necessarily involve external services. For example, they might use leisure equipment, computers, gardens or anything else that may provide a break from normal routines. In addition to this Argyll and Bute have a telecare service which may support you as a carer to leave your home safe in the knowledge that if required the person you care for can contact services for support with the push of a button. Responders can be yourself or anyone you have identified as an additional responder should you not be available. In conjunction with this service an emergency day response service or overnight service may be available in within your local area. There is a charge linked to the telecare equipment but any support provided as a result of utilising the telecare service may not be chargeable. Information

regarding these services can be gained by contacting your local HSCP Social Work Department on 01546 605517.

Eligibility

Within the Carers (Scotland) Act 2016 the Scottish Government has placed a responsibility on each local authority or HSCP to set its own Eligibility Criteria. The Eligibility Criteria adopted by Argyll and Bute HSCP was produced by the National Carers Organisation and has been identified by the Scottish Government within their Statutory Guidance. It is based on specific risk areas of a carer's life rather than the priority of needs which forms the basis of other social work provision.

To ensure you receive the right support, at the right time and in the right manner we will work with you to explore:

- The impact caring has on your health, wellbeing, employment opportunities as well as your chances to socialise
- Your relationship with the person you care for (or your wider family) and explore if these relationships are becoming difficult
- The amount of time you spend caring each week
- How long it has been since you last had a break
- If you are the only person caring and if you care for more than one person
- Your ability to make arrangements to take a short break with support.

Some of your identified personal outcomes may be achieved through accessing universal services. Universal services are those which are provided to the public in general (e.g. Carer Centre support organisations or group meetings, leisure and recreation facilities, dedicated support groups or neighbourhood networks).

Where you do not meet the eligibility criteria for a short break provided through statutory supports, you may be able to access a short break provided by one of our partner Carer Centres or respite organisations.



Charging Policy

Indication of charges (and waivers)

As identify your individual outcomes will be identified and discussed. The Eligibility Criteria set by Argyll and Bute HSCP will determine if you should receive support from statutory services or be referred to one of Argyll and Bute's partner organisations for preventative support.

Services or supports which are provided directly to you as a carer to support you in continuing with your caring role where you wish to do so, should not be subject to a financial assessment or be charged for. Services which are provided direct to the person you care for will still be subject to Argyll and Bute's current Community Based Charging Policy.

If you no longer wish to continue with your caring role or can no longer provide support to the person you care for, Argyll and Bute HSCP have a duty to provide support to the cared for person utilising the current Community Based Charging Policy

Further Information

What help is available to me as a carer if I don't want to involve social work?

There are four Carer Centres in Argyll and Bute run by charitable organisations. Using the same risk matrix and eligibility criteria as the Health and Social Care Partnership the Carer Centres may be able to provide you with information regarding local respite facilities or short break opportunities, supports or assistance. Based on your identified risks within your personal life and your personal outcomes they may also assist and support you to have some respite or a short break. They can also help you gain access to possible supports or services by engaging with the Health and Social Care Partnership if statutory supports are indicated, but only if you wish. You can contact the Carers centres at:

Dochas Carers Centre

50 Campbell Street,
Lochgilphead,
PA31 8JU
Tel: 01546 600 022
Email: enquiries@dochasfund.org.uk
Web: www.dochasfund.org.uk

Helensburgh and Lomond Carers SCIO

Lomond House, 29 Lomond Street
Helensburgh
G84 7PW
Tel: 01436 673 444
Email: admin@helensburgh-carer-support.org
Web: www.helensburgh-carer-support.org

North Argyll Carers Centre

Albany Street,
Oban
PA34 4AL
Tel: 01631 564 422
Email: info@northargyllcarers.org.uk
Web: www.northargyllcarers.org.uk

Crossroads North Argyll

Albany Street
Oban.
PA34 4AL
Tel: 01631 562277
Email: info@crossroadsna.org.uk
Web: www.crossroadsnorthargyll.co.uk

Crossroads and Carers Centre

(Cowal and Bute)
61/63 Argyll Street,
Dunoon,
PA23 7HG
Tel: 01369 707 700

Who to contact for more information.

To request further information you can visit your local Social Work Office or request additional information by ringing 01546 605517 where you will be directed to the social work department in your area. In addition to this, if you are able to utilise the internet you can access information online at one of the above individual Carer Centres or further information from the HSCP can be found at: <https://www.argyll-bute.gov.uk/social-care-and-health/support-carers>



Caring Together

Argyll and Bute Carers' Strategy and Action Plan 2018 - 2023

Pat Tyrrell



Argyll & Bute Health & Social Care Partnership

Argyll and Bute Carers Strategy 2018 – 2023

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SECTION ONE: SETTING THE SCENE

1.1. Introduction

Our success lies in our relationships— with the family we are born into, the friends we make, the people we fall in love with, and the children we have. Sometimes we struggle, sometimes we adapt, and at other times we set a course for others to follow. We are all leaders and followers in our lives. We are constantly learning from and teaching one another. **“We learn, too, that the most important work is not done by those who seem the most important, but by those who care the most.”**

Caroline Kennedy

Argyll and Bute Health and Social Care Partnership, and their partners, including the Carers' Partnership, believes that caring for others, at an individual, family and community level is the most important work that any of us can do. We strive to keep this philosophy of caring at the heart of all our work. Central to our individual ability to care for others is our ability to care for ourselves. We aim to work alongside carers, recognising them and supporting them in their roles while we all care for people in our communities.

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“Caring for my mother, who is 98 years old, has been the most difficult and the most rewarding experience in my life. It can feel relentless, unappreciated, and exhausting and then it can also be loving, rewarding and motivating- all in one day. I love my mother and I want to return the care and love that she gave so willingly in her years as a parent. However, I cannot do this alone and need to know that the supportive services are there to help me when I am struggling to cope”. **Carer**

1.2 Executive Summary

Our world is changing, and it has been since the inception of the National Health Service in 1948. Never before have so many people lived for so long. There have been huge successes in the health status of our population in Scotland and in overall life expectancy.

The maintenance of lives that are as healthy, independent and happy as possible relies hugely on the efforts of many in the statutory and voluntary sectors.

Even more than this, the support and care provided by Carers has never been more extensive and more essential. Without their input, the health and social care systems would be unable to function.

The Carers' Strategy for Argyll and Bute recognises this and has been developed as a result of discussion and feedback with a wide range of stakeholders, of whom our Carers have been the most important.

The consultation process has led to several iterations of our priority outcomes and commitments.

We have identified 27 commitments in order to achieve our desired outcomes.

These outcomes are:

- All Carers are identified at the earliest opportunity and offered support to assist them in their caring role
- Young Carers are supported with their Caring roles and enabled to be children and young people first
- Mental and physical health of Carers is promoted by ensuring that they can access or be signposted to appropriate advice, support and services to enable them to enjoy a life outside their caring role
- Carers have access to information and advice about their rights and entitlements to ensure they are free from disadvantage or discrimination in relation to their caring role
- People who provide care are supported to look after their own health and wellbeing which includes reducing any negative impact of their caring role on their own health and wellbeing

The actions which we have identified in our implementation plan will, we believe, lead to the outcomes that Carers have identified as being most important for them.

In addition, to our local priorities and feedback, we have taken account of the requirements of the Carers' Scotland Act, and have included these within this strategy.

The Carer's Strategy is aligned with the Health and Care Strategic Plan for Argyll and Bute as well as with the Integrated Children's Services Plan for Argyll and Bute.

We aim to deliver each of the actions within the appointed timescale and to measure the impact in achieving our commitments and outcomes.

1.3 Carers' (Scotland) 2016 Act

On 1st April 2018 the Carers (Scotland) Act 2016 came into effect. The Act extends and enhances the existing rights of Carers in Scotland. This is to help improve their health and wellbeing so that they can continue to care, if they so wish, and support their ability to have a life alongside caring.

The Carers Act 2016 brings a new range of duties and powers which include:

Adult Carer Support Plans & Young Carer Statements

These plans will replace Carers' assessments and consider a range of areas that impact on a Carer. Young Carer statements must also be produced.

Carers Charter

This sets out the rights of Carers under the Act

Eligibility Criteria

Eligibility criteria for access to services for Carers must be published.

Carer Involvement

Carers must be involved in both the development of Carers' services and in the hospital discharge processes for the people they care for.

Local Carers Strategies

Local Carers' strategies, such as this one, must be produced and reviewed within a set period.

Information and Advice

An information and advice service must be provided for relevant Carers, with information and advice about rights, advocacy, health and wellbeing (amongst others)

Short Breaks Statements

To prepare and publish a statement on short breaks, and flexible respite options, available in Scotland for Carers and cared for persons.

The Act places a duty on local authorities and health boards to prepare a local **Carers Strategy**, covering both Adult and Young Carers. This was delegated to the Argyll & Bute Integrated Joint Board, which has responsibility for the strategic planning and direction of the delivery of certain services by the Health and Social Carer Partnership. The Board has determined there will be seven areas of focus that will drive its work, and these are aligned with the National Health & Social Care Outcome for Carers in Scotland, which aims to:

Support unpaid Carers to reduce the impact of their caring role on their own health and wellbeing.

To enable this to happen the Integrated Joint Board has made the following commitment:

"We will deliver services that are integrated from the perspective of the person receiving them and represent best value with a strong focus on the wellbeing of unpaid Carers."

In addition, the Integrated Children's Services Plan for Argyll and Bute includes outcomes for young carers and specifies that:

"Young Carers needs are recognised and appropriately met."

Argyll and Bute's Carers' Strategy consequently encompasses all ages and relates equally to Young Carers as it does to adult Carers. The strategy sets out how the Argyll and Bute Health and Social Care Partnership (A&B HSCP) intends to deliver the requirements of the Act particularly in relation to:

- identifying both Adult and Young Carers,
- understanding the care that they provide and their support needs, and
- providing comprehensive and easily accessible information and advice on the type of support available as well as how and where to get it.

1.4 Purpose of the Strategy

This strategy was co-produced with carers and service providers from across Argyll and Bute and its purpose is to set out clearly:

- the **key outcomes which we want to achieve**,
- **the central commitments** for ensuring that those who are caring for others are supported and sustained in looking after themselves as well as those for whom they are caring.
- the **actions** necessary to implement these commitments across Argyll and Bute
- the accountable persons/agencies and
- the timescales for completion.

1.5 Implementation of the Strategy

This strategy represents a five-year plan to be delivered in full by 2023. Overall responsibility for the statutory obligations of the Act will sit with the Integrated Joint Board and on-going implementation of the Strategy will be overseen by the multi-agency Argyll & Bute Carers Partnership.

The IJB is a public body that, from the 1st of April 2016, has been responsible for the planning and delivery of all health and social care services in Argyll and Bute.

The IJB works in partnership with voluntary and private sector partners and communities to improve the quality and effectiveness of health and social care services, as well as supporting people in communities to keep well and live independent and fulfilling lives in their own right.

It is important to note that the IJB works closely and collaboratively with the Argyll and Bute Council and NHS Highland, as well as being a partner within the Argyll and Bute Community Planning Partnership.

The future of health and social care services emphasises the strong need to support and encourage people to help themselves to be as healthy and as independent as possible. This will then determine our ability to meet local needs. Our ambition is that

individuals and communities obtain the help required regardless of how complex the nature.

The direction, governance and responsibility for delivering the strategic implementation plan will lie with the IJB who will work in partnership with the Argyll and Bute Carers Partnership.

1.6 Performance Monitoring

The Scottish Government Carers Branch are initiating a national dataset for Carers. Argyll and Bute HSCP have a responsibility to report data around implementation of the Carers Act. This data will be collected from centres, combined with HSCP data and returned to Scottish Government. This will allow for local monitoring and performance reporting direct to the IJB and also opportunity to evaluate our data against a national dataset.

In addition, we will monitor activity and trends with the expectation of an increase in carers assessments and support offered to carers, in line with the commitments of this strategy.

2. SECTION TWO: CURRENT PROFILE

2.1 Who Is A Carer?

A Carer is anyone who cares, unpaid, for a friend or family member who is affected by illness, disability, frailty, mental health or alcohol or drug use.

The circumstances of each Carer are unique. Carers can be any age, from children to older people, and Carers are part of every community and culture. Carers may be parents, spouses, grandparents, daughters, brothers, same sex partners, friends or neighbours.

Some Carers may be disabled or have care needs themselves. Sometimes two people with care needs are carers for each other. Some Carers can provide care and support for more than one person.

A Young Carer is a child or young person under the age of 18 who has a role in looking after someone in their family. They may have practical caring responsibilities or be emotionally affected by a family member's care needs. (Caring Together – the Carers Strategy for Scotland 2010-2015; Carers (Scotland) Act 2016)

Support for Kinship Carers is also important – a Kinship Carer is an extended family member or close friend who looks after a child, if they cannot remain with their birth parents.

The Carer does not need to be living with the cared for person to be a Carer.

It is important that Carers are not confused with paid workers, who are sometimes called carers too: paid carers are care workers.


Equally, Carers are not volunteers. There may well be volunteers supporting the cared-for person and/or the Carer, but they are not Carers.

2.2 Impact of Caring

While caring for someone else can bring feelings of wellbeing, fulfilment and compassion, and in this way can enrich lives, for many people caring is a round the clock responsibility where there is little opportunity to 'get out' or 'switch off' from the caring role.

Caring can involve meeting a wide range of emotional and physical needs in the cared for person. These can include, but not exclusively:

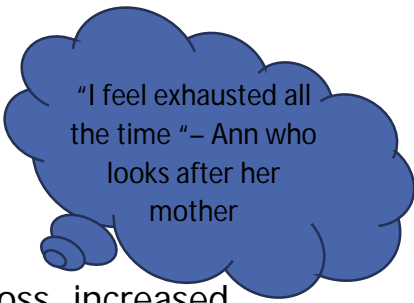
- Supporting, encouraging, counselling
- Advising, informing, reinforcing, reminding
- Planning
- Washing, dressing, moving and handling
- Shopping, cleaning, cooking
- Assisting with eating and drinking and medication
- Observing and supervising
- Working in collaboration with a range of professionals



"Caring for dad has brought us closer as a family" - John

Changes triggered for people in caring roles can include, but not exhaustively:

- Chronic sleeplessness and tiredness
- Increased anxiety and worry
- Financial concerns
- Frustration, hopelessness and depression
- Grief and bereavement
- Physical health changes – weight gain, weight loss, increased substance dependence, lack of exercise



"I feel exhausted all the time" – Ann who looks after her mother

Taking on a caring role frequently triggers changes in family relationships, including that between the Carer and the cared for person. What was normal is redefined. Constantly having to make allowances is difficult, not everyone takes kindly to being cared for, while caring for their relative or friend has also enabled many people to become closer.

2.3 Case Study: Young Carer

Figure 3: Case Study, Young Carer

J aged 9 was referred to the Young Carers Service by Social Work due to his mum, K's prolonged alcohol abuse. When J was 3, his dad sadly died of cancer and his mum was unable to cope and used alcohol as a coping mechanism. This resulted in J and his sister being regularly removed from her care. Unfortunately, J would always insist on staying with his mum and would regularly run away from his Gran's house to be with his mum. J witnessed his mum under the influence of alcohol and being physically abused by various boyfriends. When K is under the influence of alcohol, J will be responsible for cooking meals, getting ready for school and ensuring his mum's physical and mental wellbeing is cared for. Police would regularly be in attendance and J would be removed back to the care of his Gran.

For the past year his Mum has been working with the Social Work Department to manage her alcohol addiction, however, J remains on the Child Protection register because of the emotional abuse he has suffered since the age of 3. The Young Carers Support Worker (YCSW) is part of J's Child Protection Core Group, and works alongside partner agencies to achieve a positive outcome for J.

During meetings, it became clear J did not have any male role models in his life and associated men with being violent and aggressive. Feedback from his school teacher showed he was displaying learned behaviours by being aggressive and bullying other boys in his class. This prompted the YCSW to try and find a suitable male mentor for J.

G has volunteered as a mentor with our young carer's service for over 2 years and has been working with a young carer whose father is terminally ill. G is a very experienced mentor and after talking through J's needs with him, he was happy to meet the family.

YCSW facilitated a meeting between G, K and J's social worker. K was happy for G to start taking J out once a week to get to know him and be a positive role model in J's life. At the first meeting between J and G, the YCSW attended and J talked through the things he enjoyed doing and what he would like to do on their weekly outings. J advised G that all his friends could swim and regularly go swimming, but he couldn't go as he had never learned to swim.

G went the local swimming pool and arranged weekly swimming lessons for J. G takes J every week to swimming lessons and takes him out for his dinner afterwards, to allow them to have 1:2:1 time. J has now been attending swimming lessons for 6 months and completed his 2nd level. This is a huge achievement for J and he thrives on the one to one attention and praise he receives from G.

Children 1st carried out an assessment with J on his emotional needs prior to a Child Protection hearing and, in their assessment, it transpired that the person J feels safest with, is G and that he trusts him. He feels G is the one constant person in his life who turns up when he says he will and never lets him down.

Daniel Keogh, Children and Families Social Worker said: ***"J thrives on the 1:2:1 attention he receives from G. The support that Young Carers has provided for J will last him a life time and help him become more trusting of adults."***

J said: ***"Tuesday can't come quick enough. It's the best day of the week. I like to stand at the window watching for G to arrive. He always gets out his car waving like a madman! He always makes me laugh. G takes me to my swimming lessons every week and I can't wait to show my friends that I'm not a baby and can swim now."***

2.4 Carers in Argyll and Bute

There are several measures to estimate the number of Carers in Argyll and Bute. Based on information from the Scottish Health Survey 2015, the tables below show the estimated numbers of carers in the Local Authority area.

Table 1: Number of people estimated to provide unpaid care, by area and number of hours care provided

HSCP localities	Population aged 16+	Number (16+) estimated to be providing unpaid care			
		Any hours	under 35 hours	35+ hours	Variable hours
Bute	5570	947	724	167	56
Cowal	12712	2161	1653	381	127
Helensburgh and Lomond	22085	3754	2871	663	221
Islay, Jura and Colonsay	2982	507	388	89	30
Kintyre	6618	1125	860	199	66
Mid Argyll	7974	1356	1037	239	80
Mull, Iona, Coll and Tiree	3249	552	422	97	32
Oban and Lorn	13380	2275	1739	401	134
Argyll and Bute	74570	12677	9694	2237	746

Source: Derived using data published by National Records of Scotland (2011 Mid-year population estimates, Crown copyright) and Scottish Health Survey (Scottish Government, Crown copyright).

Table 2: Estimated percentage of unpaid carers, by age and gender

Age Band	Female	Male
16-24	12%	8%
25-34	11%	9%
35-44	21%	12%
45-54	27%	19%
55-64	32%	23%
65+	18%	18%

Source: Scottish Health Survey. Crown Copyright. The Scottish Government.
<http://www.gov.scot/Publications/2015/03/1081>

Table 3: Number of People aged 0-15 estimated to provide unpaid care

HSCP localities	Number of people (age 0-15)	Provision of unpaid care				
		None	Any hours	<20 hours	20-34 hours	35+ hours
Bute	794	762	32	24	3	4
Cowal	2062	2036	26	20	3	3
Helensburgh and Lomond	4125	3960	165	127	17	21
Islay, Jura and Colonsay	489	469	20	15	2	3
Kintyre	1173	1126	47	36	5	6
Mid Argyll	1415	1358	57	44	6	7
Mull, Iona, Coll and Tiree	625	600	25	19	3	3
Oban and Lorn	2609	2505	104	80	10	14
Grand Total	13292	12760	532	409	53	69

Source: Derived using data published by National Records of Scotland (2015 Mid-year population estimates, Crown copyright) and Scottish Health Survey (Scottish Government, Crown copyright).

Table 4: Number of people self-reported to be providing 35+ hours unpaid care per week, by age and general health

Age band	Very good or good health	Fair health	Bad or very bad health	Total
0 -24	77	7	5	89
25-49	625	125	45	795
50-64	573	223	103	899
65 +	485	340	112	937
Total	1760	695	265	2720

Source: Census 2011, people living in households. Crown copyright, National Records of Scotland.

Table 5: Number of people self-reported to be providing 35+ hours unpaid care per week, and to be in bad or very bad health by age

HSCP Locality	Age Band				Total
	0 to 24	25 to 49	50 to 64	65 +	
Bute	0	6	13	9	28
Cowal	2	15	20	41	78
Helensburgh and Lomond	3	10	29	27	69
Islay, Jura and Colonsay	0	1	3	0	4
Kintyre	0	3	13	12	28
Mid Argyll	0	3	7	6	16
Mull, Iona, Coll and Tiree	0	2	3	5	10
Oban and Lorn	0	5	15	12	32
Grand Total	5	45	103	112	265

Source: Census 2011, people living in households. Crown copyright, National Records of Scotland.

2.5 What Matters to Carers

We work closely with Carers and seek their views and feedback on their lives as Carers, what matters to them and what they feel needs to change to improve their lives in Argyll and Bute. We have summarised below the words and the main themes and issues which matter to Carers in Argyll and Bute.

**Figure 4– Most commonly expressed words by Carers
(from Carers' Conference Feedback 2017)**



Figure 5: What Matters to Carers (Carers' Conference Feedback 2017)

Carers Support and Services	Carers Involvement
<ul style="list-style-type: none"> - Identify Carers and let them know they are Carers - Early Carers assessments and Emergency Plans - Continuity of care from care agencies - Consistency of care provision across Argyll and Bute - Use the triangle of care - Emotional support - Respite care and short breaks - Financial advice - Signposting and information - Befriending support 	<ul style="list-style-type: none"> - Increase chances to participate in planning and decision making - Keep emergency plans at home with Carer - Local meetings for Carers to express and record views - Use technology to better involve Carers who are more isolated
Hospital Discharge	Remote and Rural
<ul style="list-style-type: none"> - Listen to the Carer at time of admission and discharge and throughout hospital stay - Make sure Carers are identified in person's hospital record - Enable Carers to be as involved in the care as they wish to be during the person's stay in hospital - Plan for discharge to make sure everything is in place - Provide the right information on the person's care and treatment, including medication, after discharge 	<ul style="list-style-type: none"> - Identify information sources and hubs for Carers - Identify new transport solutions to enable better connections for Carers in remote areas - Find better ways of providing personal care support in more remote areas - Provide outreach support for Carers in remote areas

2.6 How We Currently Care for Carers

Argyll and Bute is composed of four administrative areas, known as localities, which are:

- Helensburgh and Lomond
- Bute and Cowal
- Mid Argyll, Kintyre and Islay
- Oban, Lorn and Isles

"If it hadn't been for the Carers Centre, I don't know how I would have coped".

Each of these localities has its own Carers Centre, all of which are registered charities and are operated with their own managers and boards within their local communities. Because the centres have emerged and developed in response to local circumstances and need, their profiles are somewhat different. More information on each of the Centres is included in Appendix Two.

The Centre managers work closely together to share and learn and to affect the development of consistent approaches across Argyll and Bute. At present the Centres provide some or all of the following services:

"the support and friendship are priceless."

- Information and advice
- Emotional support and a listening ear
- Advice on your rights and entitlements
- Informal advocacy
- Carers Training
- Support Groups
- Hospital Liaison
- Holistic therapies
- Counselling sessions
- Short Breaks for Carers
- Carers Support Plans
- Young Carer Statements
- Befriending service
- Signposting to other support groups and organisations
- Social activities

They have reminded me to look after myself and how important it is to keep me well'

2.7 Case Studies – Carers Centres

Figure 6: Case Studies

"C (35) came to the centre looking for some advice on moving and handling. He explained that his wife has chronic epilepsy; he has had to give up work at present to look after her. He stated that having somewhere to come to talk about his difficulties and stresses has made him not so angry. He comes along to the weekly drop in (which is all women) and he stated that he gets so much out of it. He has attended every lunch and has brought his wife with him on several occasions. We supported him to get a break to Arran for 5 days, it was 5 years since they had a holiday, and unfortunately it had to be cancelled due to H being in hospital following an episode of seizures. But they got there eventually and had the best time. He is fantastic support to others around him a real asset to the groups." **Centre Manager**

"M came to the centre just to talk to someone. She came back on a number of arranged appointments to discuss her situation with caring for her mother 95 and her daughter who has learning disabilities. She was offered some therapies to help her relax, some counselling to assist her to cope with her caring responsibilities, we organised a short respite break that was hindered by the people she cared for as they did not want to do without her. She stated that everyone commented on how well she looked when she came back from her short break. She loved it and is planning to have another break next year." **Centre Manager**


"The help I have received from the Carers centre has been invaluable. My husband and I had recently moved to the area and my Mum had moved with us. It soon became clear that my Mum was not as well as I thought and caring for her was a full-time job. I had become very stressed my husband had called into the carers centre for some advice he then dragged me in one day we were in town. I can honestly say that I think the support I have had from the centre has saved my marriage as we had both reached breaking point. It was good for both of us to be able to speak to someone and voice our concerns. I was given advice about Power of Attorney which I knew nothing about I started to attend the Dementia carers support group where I have enjoyed peer support from other people in the same situation as myself and I have made some very good friends. I cannot praise the centre enough." **Carer**

3. SECTION THREE: IMPROVING LIVES OF CARERS IN ARGYLL AND BUTE

3.1 Our Vision for Carers in Argyll and Bute

Our vision is that all Carers (both young and adult) in Argyll and Bute:

- Feel supported, valued, informed, respected and engaged in their role as a Carer
- Are able to have a life alongside caring



"I know so much about Daniel, I want professionals to work with me" - mum

3.2 Our Values Working with Carers

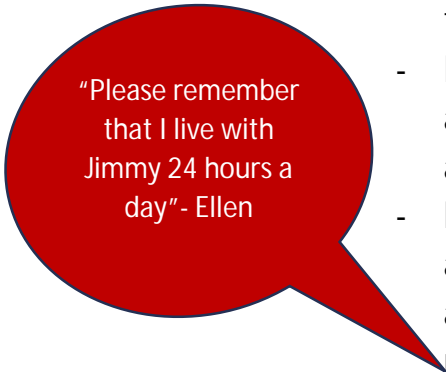
Our values reflect the values of Argyll and Bute Health and Social Care Partnership. These include compassion, integrity, respect, continuous learning, leadership and excellence (CIRCLE).

We will work with Carers in ways that are:

- **Person centred** - People with a caring role should be aware of any support/services available so that they can make informed decisions about them. They can choose what, if any services they wish to be involved in or even if they wish to make it known that they are a carer. Each person with a caring role is unique and this should be recognised and respected regardless of their circumstances.
- **Caring and Enabling**- Carers are assisted and supported to minimise the negative impact of their caring role while maximising their confidence to cope with their caring role and thrive within that and other areas of their daily life.
- **Integrity**-based- People with a caring role should be asked for feedback about how they perceive and experience services. This information should be considered and, where appropriate, acted on and used to rectify mistakes and improve service provision and design. Any outcomes of such

feedback should, in turn, be fed back to those appropriate people


- **Compassionate** – People with a caring role are treated with positive regard and empathy at all times
- **Respectful** – People with a caring role are respected at all times; their knowledge and skills are recognised and valued.
- **Engaging and inclusive** - People with a caring role are valued and included as equal partners in planning and developing carer support services. this is a means of taking over elements of control where there is a shift in balance of decision making and authority from professionals to the people who use services.



"Please remember that I live with Jimmy 24 hours a day" - Ellen

3.3 Equality, Diversity and Human Rights

The principles of equality, diversity and human rights are the underpinning rights for all carers. Carers reflect the diversity of Scotland's population. We will work to ensure that Carers are aware of their rights under this legislation and that no carer is disadvantaged due to age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity, race; religion or belief; or sex or sexual orientation, in line with the Equality Act 2010.



"I would just like more time to hang out with my mates" - Duncan

All children and young people have an established set of rights and principles based on the United Nations Convention on the Rights of the Child. These say that nobody should treat a child or young person unfairly and that when adults make a decision about a child or young person it is what's best for the child or young person that should be the most important thing to consider. The child or young person must have their say too.

3.4 Key Outcomes for Carers

In order to address the requirements of the Carers (Scotland) Act 2016, and to address the issues which Carers have told us matter to them, we have identified the following five outcomes which this strategy will achieve over the next five years.

- All Carers are identified at the earliest opportunity and offered support to assist them in their caring role
- Young Carers are supported with their Caring roles and enabled to be children and young people first
- Mental and physical health of Carers is promoted by ensuring that they can access or be signposted to appropriate advice, support and services to enable them to enjoy a life outside their caring role
- Carers have access to information and advice about their rights and entitlements to ensure they are free from disadvantage or discrimination in relation to their caring role
- People who provide care are supported to look after their own health and wellbeing which includes reducing any negative impact of their caring role on their own health and wellbeing

4. SECTION FOUR: OUR COMMITMENTS TO CARERS

4.1. Our commitments

We make 27 **commitments** to enable us to deliver on the 5 key **outcomes** detailed at section 3.4 above. These commitments will inform the **actions** that need to be taken forward to deliver this strategy.



Outcome 1

All Carers are identified at the earliest opportunity and offered support to assist them in their caring role

Our commitments are:

- We will develop a model which supports early identification of Carers and prevention of crisis situations.
- We will work with partner agencies and groups to raise awareness of Carers and to increase accessibility and connectedness for Carers within their communities
- There will be multi-agency guidance for our workforce on identifying, supporting, listening to and involving Carers in planning of services and supports as equal partners in care. This will include guidance on how we communicate and work together.

Outcome 2

Young Carers are supported with their Caring roles and enabled to be children and young people first

Our commitments are:

- We will identify and agree services for Young Carers and implement recommendations across Argyll and Bute.

- We will develop a model with educational and training establishments that will enable early identification of Young Carers.

Outcome 3

Mental and physical health of Carers is promoted by ensuring that they can access or be signposted to appropriate advice, support and services to ensure they are supported to enjoy a life outside their caring role

Our commitments are:

- There will be an information booklet/checklist that enables individuals to identify that they are Carers.
- Each identified Carer in Argyll and Bute will have the opportunity to participate in completing his/her individual Carer's Support Plan or Young Carer's Statement. This will be personalised to the individual needs of the Carer, and where appropriate, the needs of the person being cared for.
- Each Carers Support plan will be co-ordinated by a named person through the Carers' Centres and information shared, as agreed with the Carer, with appropriate others (meeting the requirements of the current data protection legislation).
- Eligibility criteria will determine access to services for Carers wherever they are based in Argyll and Bute, even where the cared for person lives outwith the local authority area.
- Carers' voices will be represented at all levels of planning and decision making in Argyll and Bute
- There will be a Carers' participation and engagement statement which sets out how Carers will be promoted and encouraged to be meaningfully involved in the strategic planning and shaping of services to support them and the person they care for.

Outcome 4

Carers have access to information and advice about their rights and entitlements to ensure they are free from disadvantage or discrimination in relation to their caring role

Our commitments are:

- We will develop and implement a communication strategy which includes the continuation of an Annual Carers Conference to increase awareness, understanding and identification of carers.
- We will have clauses within commissioned services contracts that they have a responsibility to identify and signpost Carers to appropriate supports.
- Every effort will be made to include unpaid Carers as part of the workforce working as part of the team and providing them with support, supervision and training
- There will be a learning and development plan to support implementation of the Carers (Scotland) Act 2016 and to build confidence and skills of our workforce in supporting Carers.
- There will be a robust plan to deliver outreach work for Carers in remote and rural areas – including the use of technology where helpful.
- There will be an agreed statement, pathway, guidance and a workforce strategy for identifying and involving Young and Adult Carers in admission to hospital and discharge planning process in line with section 28 of the Carers (Scotland) Act 2016.
- We will work with partners in NHS Greater Glasgow and Clyde and NHS Highland hospitals to ensure Carer involvement.
- We will make sure that there is access to all information on services and supports for Carers and that Carers can be signposted to support services through a variety of methods.
- We will identify and deliver rolling programmes of education and training to support Carers in their roles.
- We will support Carers in providing palliative and end of life care

Outcome 5

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

Our commitments are:

- We will work with educational, cultural and leisure organisations to improve access for Carers to programmes and establishments across Argyll and Bute and beyond.

- We will provide counselling and group support services for Carers.
- We will increase access to befriending and respite services for Carers.
- We will develop a Short Breaks Statement for Carers in Argyll and Bute.
- We will review and expand the range of short break/respite options available to meet the different needs of Carers.
- We will increase information about, and access to, bereavement support for Carers
- We will develop standards and raise awareness among employers and academic institutions as to how they can become Carer positive organisations.
- We will develop a register in Argyll and Bute of all those organisations which have achieved Carer positive status.
- We will work collaboratively to ensure that we increase the number of Carer positive organisations each year.

SECTION FIVE: FINANCE PLAN

5.1 Overall Budget available

The total budget available, through the Health and Social Care Partnership in Argyll and Bute, to support Carers is roughly £1.5 million for 2018-2019. This includes the annual allocations to the Carers' Centres, funding for the Carers' Act and the respite funding through Commissioned Services.

In addition to this funding from the statutory sector, each of the Carers Centres raises additional income through funding bids and fundraising activities.

The implementation plan which accompanies this strategy will be costed and prioritised to ensure that the financial allocation is appropriately deployed to achieve the agreed outcomes.

5.2 Budget

The table below shows how the funding available was allocated across the Carers Centres in 2017-2018.

Table 6: Carers Centres Allocation 2017-2018

Description	Total
Helensburgh & Lomond Carers	£147,300
Crossroads (Cowal & Bute) caring for carers	£97,300
Dochas Carers Centre	£105,952
Crossroads North Argyll	£45,800
North Argyll Carers Centre	£84,500
Carers Networking Board - Admin costs	£4,400
Carers Networking Board - Conference costs	£5,808
Crossroads Caring Scotland - Dalriada & The Isles	£0
Kintyre reallocation - to go to cost centre S3005001238 when new Lorn Campbell Court day service comes into operation	£32,625
Unallocated Funding - Can be used for implementation of the act	£8,723
	£532,408
Further budget put in as part of Q&F plan - allocation to Carer's Act Prep	£37,000
	£569,408

5.3 Respite Budget for Argyll and Bute

At present, the budget for respite care is allocated on a needs led basis – all clients are assessed under the Eligibility of Need Framework. This will be reviewed to ensure that future allocations meet the requirements of the short breaks policy for Carers in Argyll and Bute.

5.4 Funding Allocation for 2018 -2019

Table 7 shows the gross expenditure available for 2018-2019. This includes the total allocations to the Carers Centres, funding for respite (Commissioned Services) and Carers Act funding.

TABLE 7: Gross Budget Breakdown 2018-2019

Head of Service	Classification	Sum of Annual Budget (Copy)
Adult Care	Carers Centres	536,820
	Commissioned Services	347,898
	Carers Act/Commissioned Services	375,846
Adult Care Total		1,260,564
Children and Families	Ardlui	107,089
	Commissioned Services	21,447
	Kintyre Network Centre	115,535
Children and Families Total		244,071
Grand Total		1,504,635

5.5 Projected Funding - Carers' Act

The table below shows the projected funding available to support implementation of the requirements of the Carers (Scotland) Act 2016.

Table 8: Projected Funding For Carers Act Implementation 2018-2022

Argyll and Bute Estimated Funding

Funding Component	2018/19		2019/20		2020/21		2021/22	
	Scotland Amount (£m)	Argyll and Bute Share* (£m)	Scotland Amount (£m)	Argyll and Bute Share* (£m)	Scotland Amount (£m)	Argyll and Bute Share* (£m)	Scotland Amount (£m)	Argyll and Bute Share* (£m)
Adult Carer Support Plan	2.350	0.042	3.420	0.062	6.640	0.120	7.710	0.139
Young Carer Statement	0.270	0.005	0.500	0.009	0.740	0.013	0.970	0.017
Information and Advice Service	3.040	0.055	3.040	0.055	3.040	0.055	3.040	0.055
Duty to Support Adult Carers	9.935	0.179	17.079	0.308	24.808	0.447	51.218	0.923
Duty to Support Young Carers	1.465	0.026	2.930	0.053	4.395	0.079	6.493	0.117
Additional Short Breaks Component	2.360	0.043	2.360	0.043	2.360	0.043	2.360	0.043
Local Carer Strategies	0.000	0.000	0.000	0.000	0.160	0.003	0.000	0.000
Total	19.420	0.350	29.329	0.530	42.143	0.760	71.791	1.294
YOY Increase £m				0.180		0.230		0.534
YOY Increase %				51.43%		43.40%		70.26%

*Based on 1.802% of Scotland Figure
Source = Bill Financial Memorandum
Allocation remains flat from 2021/22

SECTION SIX: How We Will Achieve Our Outcomes And Deliver Our Commitments

6.1 Implementation Plan

No.	Commitment	Actions	Accountability	Date for Completion	Evidence
Outcome 1:					
All Carers are identified at the earliest opportunity and offered support to assist them in their caring role					
1.	We will develop a model which supports early identification of Carers and prevention of crisis situations.	1.1 Develop and implement guidance for all staff and services to ensure that Carers are identified as early as possible	Carers Act Social Work Group	April 2019	Guidance produced
		1.2 Develop and implement processes to ensure that Carers Support Plans, Young Carers Statements and Emergency Plans are completed, and information shared across all services as agreed	Carers Act Social Work Group Carer centres	April 2019	Guidance produced
2.	We will work with partner agencies and groups to raise awareness of Carers and to increase accessibility and connectedness for Carers within their communities	2.1 12.1 Develop and implement a communication strategy.	Carers Partnership	December 2019	Strategy produced.
		2.2 Work with partner agencies and community groups to enact improvements for Carers in their services	Carers Partnership	December 2019	Diary of activities held by Carers Partnership

No.	Commitment	Actions	Accountability	Date for Completion	Evidence
3.	There will be multi-agency guidance for our workforce on identifying, supporting, listening to and involving Carers in planning of services and supports as an equal partner in care. This will include guidance on how we communicate and work together.	3.1 In collaboration with Carers and with staff, develop appropriate guidance which meets the requirements of commitment 9.	HSCP Carer Lead Lead for Social Work Carers Act Social Work Group-local reps	April 2019	Guidance produced
		3.2 Implement guidance across all relevant services	HSCP Carers Lead Heads of Service Lead for Social Work Carers Act Social Work Group-local reps Locality management teams	April 2019	Guidance produced and implemented
		3.3 Audit impact of guidance in practice one-year post-implementation	HSCP Carers Lead Heads of Service	December 2020	Carers census Contract monitoring. Annual survey. Sharing of carer assessments with SW teams.
<p>Outcome 2: Young Carers are supported with their caring roles and enabled to be children and young people first</p>					
4.	We will identify and agree services for Young Carers	4.1 Identify and agree services for Young Carers through commissioning process	Children's Locality Manager with portfolio for Young Carers/HSCP Carers Lead/Procurement	December 2020	Contracts in place for 2019 to 2022.

No.	Commitment	Actions	Accountability	Date for Completion	Evidence
			& Commissioning team		
5.	We will develop a model with educational and training establishments that will enable early identification of Young Carers	5.1 Combine with action 18.1 to ensure that all educational and training establishments have systems in place to enable early identification of Young Carers	HSCP Carer lead/Education colleagues/Young Carer Service providers/ Children's Service.	December 2020	Regular item at Children's Strategic meeting
Outcome 3:					
Mental and physical health of Carers is promoted by ensuring that they can access or be signposted to appropriate advice, support and services to ensure they are supported to enjoy a life outside their caring role					
6.	There will be an information leaflet that enables individuals to identify that they are Carers	6.1 Develop a leaflet with simple checklist that informs and enables Carers to identify that they are carers	Carers Partnership/Carers Lead	June 2019	Leaflet to all A&B homes 2019
		6.2 Implement leaflet with distribution and implementation plan to ensure that it is available in all key locations, both in hard copy and electronically	Carers Partnership/Carers Lead	June 2019	Leaflet created and distributed
7.	Each identified Carer in Argyll and Bute will have the opportunity to participate in completing his/her individual Adult Carer's Support Plan (ACSP) or	7.1 Develop and implement guidance for staff and Carers in the completion of ACSP/YCS	HSCP Carers Lead/Carers Act Social Work group	April 2019	Guidance produced
		7.2 Review, as part of an annual evaluation, the ACSPs/YCSs to ensure that they meet the standards agreed	Local managers/HSCP Carer Lead/Centre managers	March 2020	Contract monitoring/feedback from local teams
		7.3 Elicit feedback from Carers as part of the annual audit to ensure they have the	HSCP Carers Lead/Procurement	March 2020	Annual audit/survey completed

No.	Commitment	Actions	Accountability	Date for Completion	Evidence
	Young Carer's Statement (YCS). This will be personalised to the individual needs of the Carer, and where appropriate, the needs of the person being cared for.	opportunity to participate in completing their plans and to influence the completion of the plans	& Commissioning team		
8.	Each Adult Carers Support plan and Young Carers Statement will be co-ordinated by named person through the Carers' Centres and information shared, as agreed with the Carer, with appropriate others (meeting Data Protection requirements)	8.1 Develop and implement guidance for staff and Carers in the co-ordination and sharing of information/actions included within the ACSP/YCS IT solution sourced and implemented	Carers Act Social Work group/Carer Lead and as part of contracts	April 2019	Guidance produced. Contract monitoring

No.	Commitment	Actions	Accountability	Date for Completion	Evidence
9.	Eligibility criteria will be evaluated to ensure access to services for Carers wherever they are based in Argyll and Bute, even where the cared for person lives outwith the authority area	9.1 Evaluate, in collaboration with Carers, effectiveness of eligibility criteria one-year post-implementation	HSCP Carers Lead/ Council Finance team.	June 2019	IJB reports Census evaluation
10	Carers voices will be represented at all levels of planning and decision making in Argyll and Bute	10.1 In collaboration with Carers, develop plan to ensure that feedback and input from Carers are included in all appropriate planning and decision making and within the Carers' participation and engagement statement	Deputy Director of Associate Director of Public Health/ Carers Partnership/Carer Lead	September 2019	Input to Strategic Planning Group/Carer rep role in IJB reviewed. Carer rep at Partnership meetings Engagement framework
11	There will be a Carers' participation and engagement statement which sets out how Carers will be promoted and encouraged to be meaningfully involved in the strategic planning and shaping of	11.1 In collaboration with Carers, develop the participation and engagement statement which meets the requirements as set out in the Carers (Scotland) Act 2016.	Associate Director of Public Health	September 2019	Statement produced and agreed

No.	Commitment	Actions	Accountability	Date for Completion	Evidence
	services to support them and the person they care for.				
Outcome 4 Carers have access to information and advice about their rights and entitlements to ensure they are free from disadvantage or discrimination in relation to their caring role					
12	We will develop and implement a communication strategy which includes continuation of Carers Conference to increase awareness, understanding and identification of Carers.	12.1 Develop and implement a communication strategy which includes continuation of Carers Conference to increase awareness, understanding and identification of Carers.	Carers Partnership	March 2019	Strategy produced. Conference occurs.
13	We will have clauses within commissioned services contracts that they have a responsibility to identify and signpost Carers to appropriate supports.	13.1 In collaboration with the Commissioning Team and service providers, develop and agree wording for inclusion in contracts	HSCP Carer Lead	March 2019	Contract updated
		13.2 Review the impact of the clauses as part of the service review process	HSCP Carer Lead	March 2020	Census data

No.	Commitment	Actions	Accountability	Date for Completion	Evidence
14.	There will be a learning and development plan to support implementation of the Carers (Scotland) Act 2016 and to build confidence and skills of our workforce in supporting Carers.	15.1 Create a learning and development plan to meet the requirements identified through both the Carers (Scotland Act 2016 and the Caring Together strategy for Argyll and Bute -EPiC tool used	Carers Partnership HSCP L&D Plans Carers Act Social Work group	September 2020	Plan developed
15.	There will be a robust plan to deliver outreach work for Carers in remote and rural areas.	16.1 Carry out gap analysis of outreach services in more remote and rural areas	Carers Partnership	December 2020	Within contracts
		16.2 Develop and implement plan to address the identified gaps	Carers Partnership	December 2021	Within contracts
16.	There will be an agreed statement, pathway, guidance and a workforce strategy for identifying and involving all Carers in admission to hospital and discharge planning process in line with section 28 of the Carers (Scotland)	17.1 Develop and implement, in collaboration with Carers and staff, the necessary guidance, pathways and plans to ensure that Carers are identified and engaged throughout the hospital admission and discharge periods	Carers Centres within contracts	September 2020	Added to Carer contract 2019-22 following hospital discharge pilots
		17.2 Audit the impact of the guidance one-year post implementation	HSCP Carer Lead	September 2021	Census data

No.	Commitment	Actions	Accountability	Date for Completion	Evidence
	Act 2016.				
17.	We will work with partners in NHS Greater Glasgow and Clyde and NHS Highland hospitals to ensure Carer involvement	18.1 Identify key partners and colleagues in NHS GGC and Highland and agree and implement necessary actions to ensure cross boundary involvement of Carers in hospital discharge.	Head of Planning/ Carers Partnership Carers Centres within contracts	December 2019	KPI's from Hospital Discharge Pilot. Activity embedded into future contracts.
		18.2 Seek feedback from Carers who have experienced services in NHS GGC and Highland and ensure appropriate communication channels to report back to GGC and Highland	Head of Planning/Carers Partnership Carers Centres within contracts	December 2019	Carers Survey
18.	We will make sure that there is access to all information on services and supports for Carers and that Carers can be signposted to support services through a variety of methods	19.1 Review of current information provision for Carers and ensure that modern information and service directories are developed and made available through range of media which all Carers can access. 19.2 Ensure robust information provided for hospitals.	Carers Centres within contracts	December 2019	Within contracts from 2019.
19.	We will identify and deliver rolling programmes of education and training to support Carers in their roles	20.1 Evaluate current training programmes and availability for Carers across Argyll and Bute	Carers Centres within contracts	January 2020	Training Plan established by all centres.
		20.2 Implement plan to address deficits identified to ensure that all Carers have access to core training to enable them to carry out their role	Carers Centres within contracts	July 2020	Training Plan established by all centres.

No.	Commitment	Actions	Accountability	Date for Completion	Evidence
21.	We will support Carers in providing palliative and end of life care	21.1 Work with partners to develop and implement a palliative end of life care pathway which includes support and training for Carers – including how to access clinical advice and support at all times, including emergencies	Carers Centres within contracts	July 2020	Census data
Outcome 5					
People who provide care are supported to look after their own health and wellbeing including to reduce any negative impact of their caring role on their own health and wellbeing					
22.	We will work with educational, cultural and leisure organisations to improve access for Carers to programmes and establishments across Argyll and Bute and beyond	22.1 Identify key partner organisations and groups across Argyll and Bute	Carers Partnership	January 2019	Communication Strategy
		22.2 Work with identified partners and Carers to develop plans to improve access for all Carers	Carers Partnership- individual to be identified	October 2019	Communication Strategy
23.	We will provide counselling and group support services for Carers	23.1 Carry out gap analysis to identify areas of good practice and areas where there are no/inadequate services currently available	Carers Centres within contracts	June 2019	Census data
		23.2 Develop plan to address deficits identified, using models of good practice to inform future provision	Carers Centres within contracts	December 2019	Census data
24.	We will increase	24.1 Carry out gap analysis to identify	HSCP Carer Lead	June 2019	Census data

No.	Commitment	Actions	Accountability	Date for Completion	Evidence
	access to befriending and respite services for Carers	areas of good practice and areas where there are no/inadequate services currently available	Carers Centres within contracts		
		24.2 Develop plan to address deficits identified, using models of good practice to inform future provision	HSCP Carer Lead	December 2019	Census data
25.	We will develop a short breaks statement for Carers in Argyll and Bute	25.1 Develop, in collaboration with Carers Partnership, a short break statement which meets the requirements of the Carers (Scotland) Act 2016 and the outcomes of this strategy	HSCP Carer Lead	December 2018	SBS produced as part of Strategy
26.	We will increase information about, and access to, bereavement support for carers	26.1 Review gaps in current bereavement support services provided by all partners in Argyll and Bute	Carers Partnership	March 2020	Report produced For partnership group
		26.2 Identify how current gaps can be addressed and work in partnership with other key organisations and groups to address	Carers Partnership	March 2020	Report produced For partnership group
		26.3 Make information on bereavement support services accessible to Carers	Carers Partnership	March 2020	Within contract
27.	We will review and expand the range of short break/respite options available to meet the different needs of Carers	27.1 Review current provision and uptake of both respite and short break options available to Carers in Argyll and Bute	Carers Partnership	March 2019	Within future contracts
		27.2 Implement plan to expand the range of options available to address the gaps identified in existing provision	Carers Partnership HSCP Carer Lead	March 2021	Within future contracts

7. SECTION SEVEN: ADDITIONAL INFORMATION

7.1 Appendices

Appendix 1

Individuals and Groups involved in development of the Strategy

- Argyll and Bute Carers Partnership
- Further details to be included on completion of the engagement phases

Appendix 2

Membership of Argyll and Bute's Carers Partnership

- To be added

Appendix 3

Carers Centres Information – as provided by the Centres

1. Oban, Lorn and Isles

- North Argyll Carers Centre (NACC) provides a person-centred support service for unpaid family carers across Oban, Lorn and Isles area, making a positive difference to the lives of carers, supporting carers from the age of 8 upwards.

- NACC offers a wide range of support services including: information and advice, daily drop in, listening ear, complementary therapies, signposting and referral to other agencies, counselling service and informal advocacy. There are a range of support groups including Dementia Carers, Parkinson's Carers, Mental Health Carers and Parent Carers.
- An active social programme including leisure groups, e.g. writing and gardening groups gives carers the opportunity to take time out from their caring role. Also available is a training and activities programme supporting both role specific training and learning from moving and handling to power of attorney information sessions. This is run side by side with wellbeing activities enabling carers to think about their own health and wellbeing including stress management, mindfulness and more.
- There is a young carers service working with carers from the age of 8-18, including young carers support groups, one to one support, school drop-in time and respite activities throughout school holidays. There is also a young adult carers support group meeting once monthly and ongoing support available for young adult carers
- There is funding support for respite breaks and administer Cherish Transport Fund supporting transport needs for carers and those they support.
- A team of Carer Support Workers, including island-based Carer Support Workers and a Carer Support Worker for rural mainland, ensures carers are supported across the area of Oban, Lorn and Isles.
- The Support Workers work closely with Lorn and Isles Hospital to support a Carer Friendly Hospital with a permanent information area in the main foyer of Lorn and Islands Hospital reception, awareness raising sessions for staff and a Support Worker in the Hospital one afternoon a week
- A key element of the work is partnership, with colleagues in health and social care across the communities of Oban, Lorn and Isles.
- The Centre is affiliated to the Carers Trust, a National Carer Organisation and works also with MECOPP (Minority Ethnic Carers of People Project) supporting Scottish Travellers in caring roles.

The Support Workers work closely with Lorn Oban Healthy Options, working holistically on preventative work in our communities, including joint delivery of a self-management programme for carers and those living with long term conditions, and also works collaboratively towards the Healthy Villages concept. It is part of the Lorn Medical Practice Frailty Project multi-disciplinary team and the Steering Group for Oban Health Town. It works closely with a wide range of organisations to create strong links for carers. Local organisations, it works with include Oban Youth Cafe, CarrGom, Curam (Tiree), RVS, Green Shoots Gardening Project, ACHA Health and Wellbeing Network. It also works closely with the three fellow Carers Centres across Argyll and Bute, and Crossroads North Argyll, sharing resources and good practice.

2. Mid Argyll, Kintyre and Islay

Dochas Carers Centre

- The Dochas Carers Centre covers Mid Argyll, Kintyre and the Isles (Gigha, Islay and Jura). It covers over 1000 square miles of Argyll and Bute (42%) and has a population of 20,533.
- The Centre has also helped hundreds of unpaid carers and those they care for by easing the stress and sense of isolation often felt by carers living in the rural and remote areas.
- It has support groups that both carers and their loved ones attend, and where many friendships are formed. It has been a revelation to see how much carers help other carers.
- It has a huge range of services and activities, all brought about by suggestions made by the carers themselves and the training sessions led by health or social service professionals for carers are hugely appreciated - with one lady's life being saved by a recommendation of the visiting Nurse to see her doctor the next morning - and he would check up that she did so!
- The Centre's strap line is **'Bringing people together who care'** and Dochas means Hope.
- **Services offered:**

- Information and support to Carers including emotional support
- Adult Carer support plans
- Training on Self Advocacy skills – Dochas employee
- Counselling service – 8 trained counsellors
- Carers training and information sessions
- Peer support groups - condition specific (including an informal drop in morning)
- Monthly lunch groups in Lochgilphead, Tarbert, Campbeltown and Islay.
- Playlist for Life service
- Time for Me – respite service
- Circle of Friends – Befriending Service (25 volunteers)
- Creative breaks and small grant funding
- Emergency planning
- Social outing and events throughout the year

Mid Argyll Youth Development Service

Mid Argyll Youth Development Service has recently been commissioned to offer young carers services in the Mid Argyll, Kintyre and Islay area. It is a voluntary organisation working with young people between the ages of 0 and 25 years old. We work with young people to provide a wide range of recreational, educational, social and learning opportunities. We have a diverse range of Projects and Programs that incorporate working with young parents and their children, young carers and their families, young people not in employment education or training, young offenders and your everyday average young people.

3. Bute and Cowal

- Crossroads Cowal and Bute Carers Centre provides a needs led service which puts the carers at the heart

of all support offered and ensures that their voices are listened to.

- The aim is to:
 - Enhance the quality of life for carers and their families
 - Empower carers to maximise their rights and entitlements
 - Raise public awareness of carers and their needs
 - Raise awareness of the value of carers and their contribution to society
 - Become a recognised centre of Excellence for carer support_
- Support Services Available
 - Carers wellbeing service:
 - Social events and days out
 - Health and wellbeing events
 - Training/information sessions
 - Access to wellbeing and health promotion strategies such as mindfulness, stress management, telephone support
 - Support and information service
 - Home visits
 - Directive 1-1 support
 - Information packs
 - Emotional support and listening
 - Carer Support Plans
 - Signposting/referral to other services

- Emergency planning
 - Knowing your rights as a carer
 - Informal advocacy
- Outreach service reaches out to carers in all areas throughout Cowal and Bute. The outreach Co-ordinator and support worker aims to take out all services to these areas to ensure that carers living in more rural settings are not disadvantaged or disconnected. The outreach service focuses closely on improving the health & wellbeing of Carers through a variety of strategies which can be delivered directly in the carers home or in a group setting. Staying connected is vital for carers in outlying areas and the Outreach service makes regular telephone contact support calls and home visits to ensure carers are not alone in the caring journey.
- Young Carers Service
Supports children and young people 5 to 24 years with a caring responsibility for another. As a child centred service it aims to include children and young people (young carers) in all aspects of the service that meets their individual needs.
The service provides school lunchtime drop in sessions and After School clubs alongside weekend and non-term time holiday activity provision. It offers residential trips and activities dependant on funding. Those aged 16 years plus are invited to join the weekly walking group. In addition, it provides one to one sessions, advocacy, having a voice, a Young Carers Education Card for those in S1 & above, skills & training, information & support, signposting & referral, a listening ear.
It works closely with young carers, families and partners throughout Bute and Cowal and has provided informal & formal presentations into Schools, Social Work, Health and many of its third sector partners & colleagues.
- Respite Service

The Respite Service (care attendant at home) allows carers some time out to relax or do things that need to be done out with their caring responsibilities. This can allow the carer some time to recharge their batteries and return to their caring role feeling more able to cope. It is also proven to be a vital part of ensuring the Carers wellbeing is not adversely affected as a direct result of the challenges that they face.

4. Helensburgh and Lomond

- The Charity operates within Helensburgh and Lomond, which is one of four administrative districts formed in Argyll & Bute when local government in Scotland was restructured in 1996. It covers a relatively large geographic expanse extending to over 366 sq. kilometres, of which more than half is rural hinterland and stretches from the top of Loch Lomond just beyond the small village of Inverarnan in the north, to Cardross in the south, and from the 'Rest and be thankful' in the west across to Luss in the east. It has a resident population of 26,170 people.
- The Charity believes unpaid carers should be able to participate in normal activities and live their lives in ways that maximise feelings of choice and control and encompass their social, physical and emotional needs, no matter their age, circumstances or where they reside. Their caring commitments and responsibilities can present barriers or challenges to this and it benefits society as a whole, if they receive the support needed to ensure they have a safe, acceptable and stimulating experience of life. Whilst it is not solely the responsibility of the Charity to provide that support and deliver the interventions required, its Mission is:
 - *"To make a positive difference to the lives of unpaid carers."*

- **Aims**

- identify carers living in Helensburgh and Lomond to ensure they are supported and empowered to manage their caring role;
- ensure that young carers are thriving and protected from inappropriate caring roles;
- promote the health and wellbeing of carers, to ensure they are mentally and physically well and treated with dignity;
- ensure carers are free from disadvantage or discrimination related to their caring role;
- promote the right of carers to enjoy a life outside their caring responsibilities, and
- ensure carers are recognised and valued as expert care partners.

- **What the Charity does**

- Caring for someone can feel like a huge responsibility and it is easy to be drawn into feelings of anxiety when faced with the maze of services and benefits available. You may be wondering how to access the help needed by you and the person you look after. The charity helps Carers by offering:
 - **Information and advice**
 - **Emotional support and a listening ear**
 - **Advice on your rights and entitlements**
 - **Informal advocacy**
 - **Carers Training**
 - **Support Groups**
 - **Holistic therapies**
 - **Counselling sessions**
 - **Short Breaks for Carers**
 - **Carers Support Plans**
 - **Befriending service**

- **Signposting to other support groups and organisations**
- **Social activities**
- **Homework Study Group (young Carers)**
- **Mentoring Service (young Carers)**
- **Peer Support Groups**
- **Summer Programme (young Carers)**

All of the above services are also accessible in outreach areas throughout Helensburgh & Lomond.

Appendix 4

Carers Information



Unpaidcare-Argyll-Bute-2015-population-estimates.pdf

7.2 REFERENCES

1. Carers (Scotland) Act 2016

2 Report on provision of Unpaid Care Argyll and Bute , November 2016: Argyll and Bute Health and Social Care Partnership Public Health Information

3. Children and Young Peoples Services Plan 2017-2020, Argyll and Bute

With thanks to the Argyll and Bute Carers Partnership particularly Crossroads and Carer Centres detailed below and Pat Tyrell for their work in drafting the Carers Strategy.



**DOCHAS
CENTRE**





Integration Joint Board

Agenda item: 8

Date of Meeting: 30 January 2019

**ARGYLL & BUTE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP)
CARE COMMISSIONING PLAN PROGRAMME 2019/2020**

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

The Integration Joint Board is asked to:

Note and approve the proposed programme and timetable to develop an adult care commissioning plan with partners in 2019/20

1. Introduction

This paper will provide the IJB with an outline of the process and approach to primarily develop a strategic commissioning plan for adult services to support the achievement of the IJBs vision, strategic plan objectives and the following:

- To improve the quality and consistency of services for patients, carers, service users and their families;
- To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so
- To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

Such a commissioning plans for all adult care groups, will allow the IJB to design and commission services in new ways in collaboration with their partners. This plan will formally incorporate the important role of informal, community capacity building and asset based approaches, to deliver more effective preventative and anticipatory interventions, in order to optimise the potential to reduce demand at the 'front door' of the formal health and social care system.

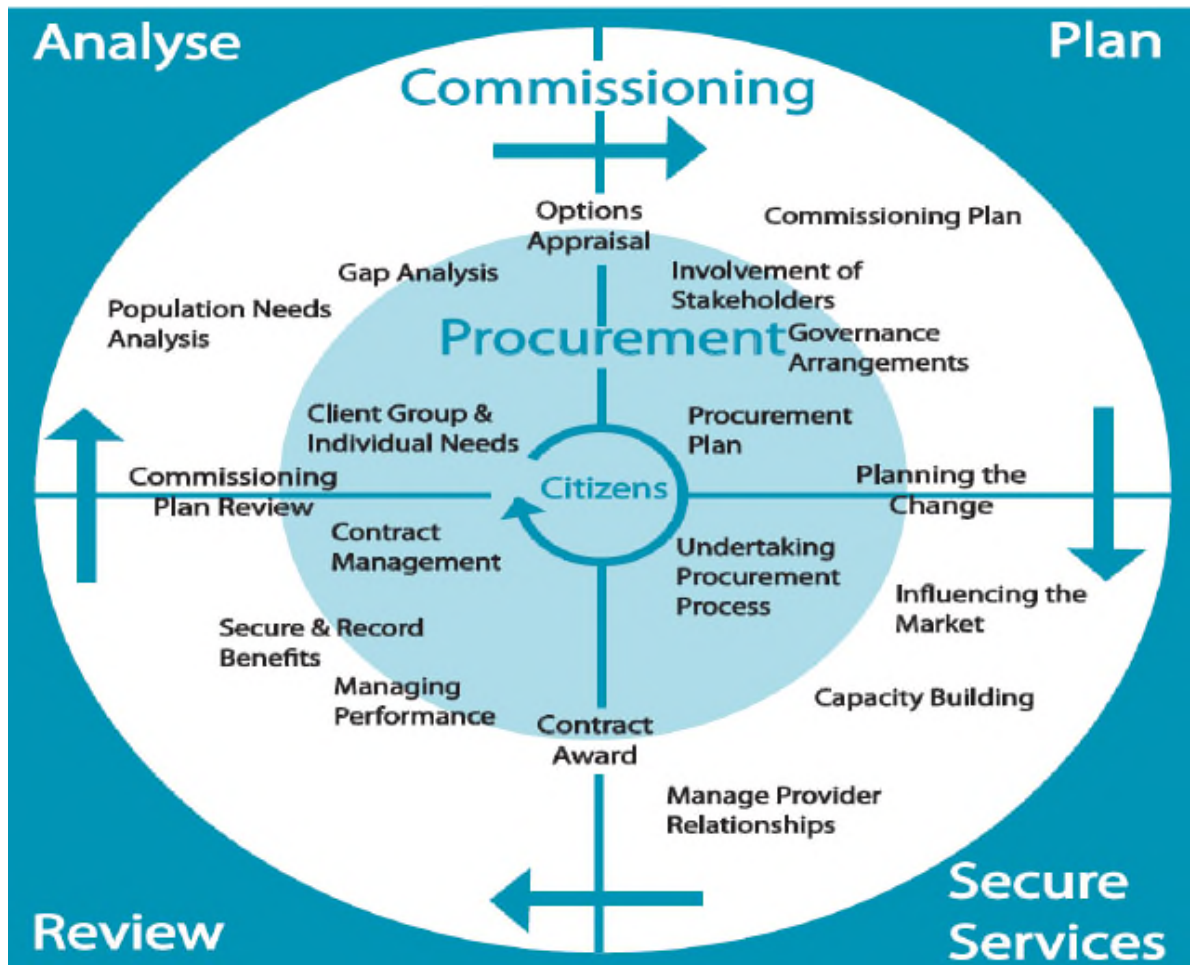
The commissioning and procurement process is in essence a cyclical process consisting of specific steps as follows:

- Analyse
- Plan
- Deliver

- Review

The areas of work that make up these steps are detailed in the figure below

Figure 1: The Institute Public Care Commissioning Framework



Ref:

[https://www.scie.org.uk/publications/guides/guide45/files/Workshop_Handout_1_IP_Commissioning_Framework\[1\].pdf?res=true](https://www.scie.org.uk/publications/guides/guide45/files/Workshop_Handout_1_IP_Commissioning_Framework[1].pdf?res=true)

This is a comprehensive and detailed process, which needs to be properly planned and managed to achieve the objectives defined. As indicated in the figure the engagement and involvement of stakeholders is a critical part of the procurement and commissioning cycle

1. Where are we now?

1.1. Commissioning and procurement within the HSCP

At present, there is not an overarching strategic commissioning plan which exists within Argyll and Bute HSCP encompassing all aspects of health and social care procurement/commissioning.

Currently, health and social care services are commissioned and procured under separate NHS and Council arrangements in 3 main areas described in the table below:

Table 1: Current Commissioning Service areas within Argyll and Bute HSCP

Argyll and Bute HSCP Commissioned services	Teams involved in commissioning/ procurement process
Hospital Services with Greater Glasgow and Clyde HSCP	<ul style="list-style-type: none"> • ABHSCP Strategic Planning & Performance Team • Locality Managers and Local Area Managers • NHS Finance
Locality based health and social care services across all Argyll and Bute e.g. home care provision, care homes etc.	<ul style="list-style-type: none"> • Local Health and Social Care team • Locality Managers and Local Area Managers • Service Managers e.g. ADP • Argyll and Bute Council Commissioning and Procurement Team • ABHSCP Strategic Planning & Performance Team • Council Finance
Arrangements with other partners e.g. Red Cross, Scottish Ambulance Service, Third sector groups e.g. ADP, LOHO etc.	<ul style="list-style-type: none"> • ABHSCP Strategic Planning & Performance Team • Locality Managers and Local Area Managers • NHS and Council Finance as appropriate • NHS Highland Procurement team • Health Improvement Team

1.2. Strategic Planning Group

Within the Argyll and Bute HSCP, the Strategic planning group is responsible for the strategic direction of the partnership and the creation, development and review of the strategic plan. It reports directly to IJB and directs the work of the Locality Planning Groups.

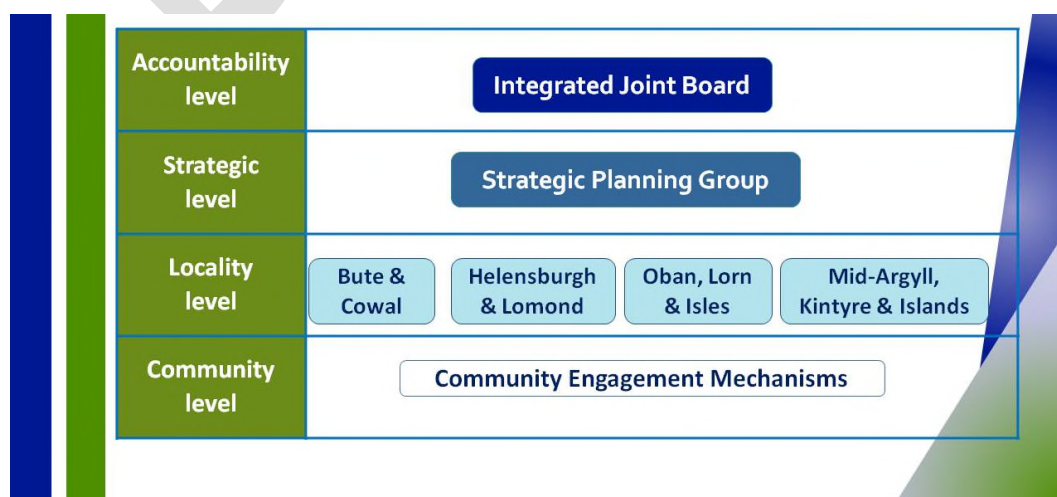


Figure 2: IJB, Strategic Planning Group and Locality Planning Group model within ABHSCP

Following on from the recent review of the Locality Planning groups within Argyll and Bute, there is an agreement to review the remit of the HSCP Strategic Planning Group. This review will involve the consideration of the role, function and membership of the group and may include a formal Governance/overview/monitoring role of the commissioning arrangements currently operating throughout Argyll and Bute HSCP. This role would also encompass the governance of the new service commissioning plan.

2. Developing a Service Commissioning Plan

A strategic commissioning plan is required to be developed within Argyll and Bute HSCP to direct the commissioning and procurement of services which it requires to meet our population health and care needs. It will need to draw on the existing and aspirational commissioning and procurement arrangements and activity. It needs to also be informed by the outputs of the HSCPs “Transforming Together” work streams and operate within the financial budget of the HSCP.

2.1. Next Steps and Timeline

As specified earlier, the initial strategic commissioning and procurement plan will focus on adult care services.

It is therefore recommended that a formal project process be adopted and a Project group, is established to undertake this work, with a work plan split over 4 Stages.

It is therefore expected by March 2020 the formal plan will be ready to be presented to the IJB for approval

The initial key priorities for the Project Group with associated tasks are listed below:

Stage 1 – Analyse Baseline development		Timescale
a.	Establish a baseline of commissioning/procurement activity (including current contracts) and current performance outcomes across Argyll and Bute spanning all localities and all providers including those not encompassed by the “Transforming Together” themes if required;	April to June 2019
b.	Initiate mapping exercise of key contracts involved in the various levels of commissioning throughout Argyll and Bute HSCP.	
c.	Identify cross boundary activity / arrangements with other Health Boards and Councils.	

d.	Benchmark analysis with other plans across Scotland and cross reference with national stakeholders e.g. EXCEL, NSS	
Stage 2 - Plan Documenting Future aspirations		Timescale
a.	Identify and document planning assumptions, financial resource and aspirations of each stakeholder / interest groups and associated timelines for delivery.	July 19 to October 19
b.	Assess outcomes to HSCP strategic objectives and “Transforming Together” work stream findings and plan.	
c.	Undertake formal Gap Analysis.	
d.	Draft Commissioning Plan developed Informed from a, b and c.	
Stage 3 - Procurement Action Plan and delivery mechanism		Timescale
a.	Market Testing to be carried out based on the draft Commissioning Plan to determine whether the market and in house service is well placed or willing to respond to the opportunity.	November 19 to February 20
b.	Develop Sourcing Strategy including specification for the requirement.	January 20 – March 20
Stage 4 - Governance and Approval Establish required processes		Timescale
a.	Establish links with Strategic Planning Group with regard to commissioning plan development and progress.	March 19 – May 19
b.	Establish links with the Transforming Together work stream groups to ensure alignment of plan to transformational direction.	March 19 – May 19
c.	Establish links with Senior Leadership Team via project highlight reports regarding operational aspects of the plan with regard to commissioning plan development, progress and approval.	May 19 – February 20
d.	SPG to consider draft commissioning plan and approve for submission to IJB for approval	February 20
e.	IJB consider Commissioning Plan and approve its implementation	March 20
f.	Progress implementation of sourcing strategy to carry out procurement within defined timescales.	April 20 onwards

2.2. Membership of the Commissioning Plan Project group

Suggested core membership of the project group will include the follows:

- Chair (Member of SLT with strategic and operational oversight)
- Strategic Finance NHS & Council
- Procurement and Commissioning NHS

- Procurement and Commissioning Argyll and Bute Council
- Strategic Planning & Performance (Planning)
- Strategic Planning & Performance (Performance)
- Independent Care Representatives
- Third Sector Representatives
- National Services Representatives
- User representative
- Other

The final Members will be identified by formal nomination and sign off by the SLT, including the PID and terms of reference.

3 CONTRIBUTION TO STRATEGIC PRIORITIES

- 3.1** The adult care commissioning plan will align with the HSCP's Strategic Plan Objectives and Health and Wellbeing Outcome indicators.

4 GOVERNANCE IMPLICATIONS

Financial Impact

There are a number of financial implications covering investment, efficiency saving and developing business case proposals which will require SLT consideration and approval to inform future financial planning

Staff Governance

There are potential staffing implications as a consequence of a new commissioning plan, both employed staff and to partnership staff which will require to follow due processes

Clinical and Care Governance

There will be some clinical and care standard requirements which will need to be taken into account within the commission and procurement cycle

5 EQUALITY & DIVERSITY IMPLICATIONS

Appropriate assessments will require to be undertaken as part of the commissioning and procurement process

6 RISK ASSESSMENT

Service delivery and market capacity and capability risks will need to be reviewed and captured in project and as necessary HSCP risk register

7 PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Will be undertaken as required utilising the HSCP agreed process

8 CONCLUSION

The requirement for adult health and care strategic commissioning plan has been recognised and identified by the IJB. This paper summarises the requirements and details the process, arrangements and timeline to produce such a plan.

This is a significant piece of work as it will detail the service requirement for the next 3 years. It will require council and NHS Highland Board input as well as national body support.

9. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	X

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Integration Joint Board

Agenda item: 9

Date of Meeting: 30 January 2019

Title of Report: The Development of a Single Islands GP Practice for Mull and Iona Update

Presented by: Lorraine Paterson - Head of Adult Services West

The Integration Joint Board is asked to:

- **Note the progress to date on the Transformational Project to federate the 3 GP practices on Mull, Buessan, Salen and Tobermory, into one single islands wide practice.**
- **Note the progress to date on the project to provide safe and sustainable Out Of Hour's (OOH) services to Mull and Iona.**
- **Provide comment on the project.**
- **Support the project in its progress to conclusion.**

1. EXECUTIVE SUMMARY

A transformational project to ensure safe and sustainable GP and OOH's services for Mull and Iona has been underway for a considerable period of time.

This has generated considerable public and political interest.

This paper is to provide an update on progress to date to ensure the IJB is fully appraised on the work undertaken to date and the current status of the project.

2. INTRODUCTION

A transformational project to ensure safe and sustainable GP and OOH's services for Mull and Iona has been underway for a considerable period of time.

This has generated considerable public and political interest and this report has been produced to provide the IJB information and account of the project to date.

3. DETAIL OF REPORT

The necessity to undertake a transformational change approach to GP and OOH's services on Mull and Iona became apparent due to the following drivers:

- GP recruitment challenges-locally and nationally.
- The new GMS contract-initially the opt-out of OOH's, now the opt-in for OOH's and the transfer of work from GP's to the wider partnership teams.

- Safety and sustainability concerns regarding single handed practices.
- Community Concerns-need for equity of access.
- Cost of service model-locum use due to sustainability issues.
- Minimise hospital use- anticipatory care models, chronic disease management and early discharge support.
- The need for a whole system approach with an integrated IT system.

The aim of the project was to consolidate activity and efforts to date and to implement a delivery model for Primary Care Services, both in and out of hours, to Mull, Ross of Mull and Iona communities based on assessed needs.

The model and guiding principles are

- Single Island Practice
- GPs Recruited to cover the 3 Surgeries – Tobermory, Salen/Craignure and Bunessan (covering Ross of Mull and Iona.)
- GPs will operate out of the sites identified up to 80% of the time and rotate across the other practices up to 20%. This will include time to support Continuous Professional Development and give patients a choice of GP if desired.
- Support Services eg admin would be streamlined to achieve economies of scale and lift the burden of clinical services.
- OOH – GP on call supported from Craignure enabling concentration of skilled care in one location.
- Cost and contract predicated on current budget (£1,796 M)

The advantages of moving to this model are

- Provides Continuity of Care
- Supports Quality of Care
- GPs in-depth understanding of localities and their communities.
- Shift from Single Organisation / Specialism to Whole System Focus
- Clarity of contribution & support within wider Health Care System
- Promotes effective allocation of skills / resources to meet needs & demands

Success Measures

- Improve access to services
- Function as a whole system approach
- Co-ordinate expertise, guidance, training & development & ensure specialist skills retained
- Improve information sharing, communication & reduce barriers
- Promote joint monitoring / evaluation that ensures delivery models are safe, sustainable & affordable

Community Engagement to date

- Involvement from all Patient Participation Groups
- Full Locality Planning Group vote in favour of Single Island Model 28th April 2018.
- 5 Community Meetings held 14 – 18th May 2018.
- HSCP briefing in local press 1st June 2018.
- LPG members draft Clinical Lead Job Description 7th June 2018.
- Feedback received from GP's and Associate Medical Director
- Recruitment Process for a Clinical lead Initiated August 10th 2018.

The advert for the clinical lead, failed to provide a suitable candidate after two rounds of advertising.

The partnership is now progressing to advertise the federated practice as a GMS contract with separate contracts for OOH's and the hospital cover.

The public have been involved with planning this advertising campaign.

The recruitment of GP's to rural areas in Scotland continues to be challenge nationally and the partnership acknowledges the cost pressure associated with locum provision for Mull and Iona, while continuing to recruit to and implement this single island GP practice.

4. RELEVANT DATA AND INDICATORS

Surgery	Registered Patient Population
Bunessan	690
Salen	940
Tobermory	1640
TOTAL	3270

5. CONTRIBUTION TO STRATEGIC PRIORITIES

People in Argyll and Bute will live longer happier healthier lives. Access to safe and sustainable GP and OOH's services is a key contributor to this vision.

What will we look like in 3 years time?

- GP and other 'front-line' services will continue to be provided locally through local surgeries. However we expect that, through mergers and federations, there will be fewer GP practices. This will provide a greater choice to patients e.g. a male or female doctor and offer you a range of GPs and nurses with special interests and training.
- Most hospital treatments will not require a stay in hospital, with hospital beds being used only for those needing more complex medical care.
- With more care delivered in the home, and with more support for carers (especially family and friends), nursing- and care-home beds will be used for those who need a higher level of care.
- After an episode of illness when a person's ability decreases, health and care services will work hard with that person to get back as much of their ability as possible. This is called re-ablement.
- A single Health and Social Care team will provide more services in your home, all day, every day – and night.
- You will only need to contact one person for all Health and Social care in your community.
- More people will choose self -directed support to design and deliver services that meet their personal needs and objectives.
- There will be more support and referral for keeping yourself healthy and using everyday social and leisure pursuits to live a good life in your community.
- We will become comfortable with using technology to support care at home, for example, monitoring of long term conditions on equipment at home and enabling consultations with trained staff by telephone or video.
- Your local hospital will continue to co-ordinate and deliver emergency medical care, with fast access to Glasgow hospitals when necessary

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Continued use of locums until new model is recruited and implemented.

6.2 Staff Governance

Improved staff governance will be achieved due to improved joint working and single system approach.

6.3 Clinical Governance

Improved clinical governance will be achieved due to improved joint working and single system working.

7. EQUALITY & DIVERSITY IMPLICATIONS

- Safety in Service Delivery – consider protective characteristics
- Effective & Efficient Services – scale / significance of change
- Quality Outcomes – impact / affect / outcomes
- Engagement with those affected – representation & involvement
- Risk and Mitigation – promoting access to services & rights to care & support
- Market Intelligence – taking actions based on findings
- Capacity to Deliver - joint monitoring / evaluation to ensure model is safe sustainable & affordable

8. RISK ASSESSMENT

The risks for the development of a single GP practice continue to be the highlighted risks of maintaining a continued service.

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Public and user involvement has been extensive as detailed in the report, with additional updates at Practice Patient Participation groups and updates in the “Roundabout”

10. CONCLUSIONS

The process to federating GP practices is complex and takes time. Key to this is effective community involvement.

The development of the federated practice for Mull is progressing and the advert for the single GMS Island wide Practice is due to go to advert in the near future.

The process involves interested parties submitting a business case, which will be scrutinised by the panel, and then successful candidates will be invited for interview. The timescale for this to be concluded is the end of May 2019.

Integration Joint Board

Agenda item: 11

Date of Meeting: 30 January 2019

E-Health and Social Care IT projects status update and delivery plan proposals 2019/20

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

The Integration Joint Board is asked to:

- **Note** the projects delivered and work undertaken within IT and eHealth in 2018/19
- **Consider and approve** the projects and funding allocated for proposed projects in 2019/2020
- **Note** the HSCP and e-Health strategy priorities which will require to be addressed over the next 3 years

1. Introduction

This paper will provide a update to the IJB on the IT and E-Health systems and HSCP status and developments and plans for 2019/20

The HSCP accesses IT systems provided by Argyll and Bute Council and NHS Highland for both social care (Carefirst, Criminal Justice etc) , clinical (Patient Management system, GP systems, Dental systems etc) and corporate functions (finance, HR, payroll etc). This is a very complex IT operating environment with not only interface issues across Council and NHS Board but also national NHS IT systems.

The HSCP has delegated managerial and budgetary responsibility for NHS systems in Argyll and Bute, the operating cost Carefirst social care system and interface work with Argyll and Bute council systems and Technology enabled care service.

The Technology Enabled Care service is provided as a separate HSCP wide managed service led by the Senior Service Planning Manager. The Social work Carefirst system is managed by the Senior Performance and Improvement Manager of the HSCP.

The HSCP NHS e-health service budget comprises staff salaries, non-pay recurring costs maintenance costs and eHealth development funding. The breakdown for 2018/19 is detailed below:

- NHS Strategy fund - national system cross charges - £845,000
- NHS Strategy fund - available for local use - £243,200
- GMS (GP) budget - £243,000
- Telecommunication GG&C SLA - £93,500
- IT GG&C SLA - £85,900
- Departmental budget - £555,700 (This covers both staff (12.66 Wte) and non-pay costs)

Total = £2,066,300

2. eHealth “Customer” and “Hosted” service engagement

The role of eHealth is to help front line staff improve care and outcomes for the patients and clients of the HSCP by facilitating high quality health and care services that provide an integrated, seamless patient journey which foster and utilise effective relationships within health and social care and other key partner organisations.

The Deputy Head of eHealth has established an ongoing process of formal meetings, service delivery review and interface discussions with a range of senior managers and staff within the HSCP, the Head of eHealth in NHS Highland and Head of IT in Argyll and Bute council over the last 2 years. This has led to the distillation of key priority areas for IT service focus and investment in 2018/19:-

- The inability to easily access multiple systems between both NHS and Council
- Access to Carefirst and its use as a single shared community health and social care system
- Skype for Business (SfB), and unified communications single communication platform joining up all staff/teams across the HSCP- the council hosting the HSCP system
- Clinical Portal – to provide access to Acute, primary care and social care information across all systems including into NHSGG&C for integrated care teams.
- Helpdesk- streamline resolution of simple faults e.g. password reset etc.

These priority areas have allowed the HSCP to influence and agree with NHS Highland and Argyll and Bute council IT investment priorities and alignment with Board and Council IT strategies and delivery plans

In addition, feedback from our service users provides a valuable insight into how operational and corporate service operates and helps eHealth improve in the quality and delivery of its service within the HSCP. This ongoing feedback has helped further refine the services key performance indicators (KPIs). In addition the e-health team have been doing a range of Highland Quality Approach work, notably 5S, to free up team time and resource to improve the service to its users.

3.0 HSCP eHealth and IT Social Care Objectives 2018-2019

The following are the key service objectives for 2018/19:

- Maintain and improve security and performance of existing services/systems
- Free up capacity and develop NHS E-Health team capability to increase productivity
- Identify IT proposals and take action to reduce costs and produce savings across the service.
- Progress and implement a number of key NHS highland eHealth projects in line with its strategy alongside specific projects aligning with the service priorities of the HSCP
- Working with Argyll and Bute Council and NHS Highland address the “interface” barriers for NHS and Council employed staff to access respective systems from any location.

The table below provides a summary of the major E-Health projects delivered in 2018/19, including their current status and cost and productivity improvement expected.

3.1 Projects 2018-2019

Project	Strategy	Delivery Date	Efficiency Savings/Resource release	Productivity / Quality Gain	UPDATE
Virtual Network connection between Council and NHS IT Systems	HSCP	Achieved Dec 18		Yes	In progress-see Appendix 1 for overall status of individual

Project	Strategy	Delivery Date	Efficiency Savings/Resource release	Productivity / Quality Gain	UPDATE
					system connections Completed
Kilmory/Whitegate's NHS network infrastructure upgrades	HSCP	May 18		Yes	
Clinical Portal (allows access to acute hospital systems (including NHS GG&C) from primary care, social care etc)	National eHealth Strategy	Jan to March 19		Yes	Acute hospital link up In progress Primary care and Social Care April 2019
Maternity Badgernet system	National eHealth Strategy	TBC		Yes	Significant preparation work complete- roll out in Argyll and Bute in 2019
Transfer of MIDIS community health system to Carefirst	HSCP	March 19	£44,000	Yes	Complete by 31 st March. Resource released from 1 st April 2019
Extension of Skype for Business (SfB) Telecoms system from council to HSCP	HSCP	TBC	Reduce Telecoms Costs - not yet identified	Yes	In progress- business case preparation
Single Sign On (one password to access NHS systems)	National eHealth Strategy	Oct 18		Yes	In progress
Merge of 3 GP clinical systems on Mull into 1 system	HSCP	March 19	£40,000	Yes	Suspended due to cost overrun MIDIS project & practice schedule to be agreed
Cyber Essentials (Ability to withstand & recover from malware attack and support common standards with council)	National eHealth Strategy	Oct 18		Yes	Assessments completed, analysis in progress and linked to windows 10 upgrade
GP IT Order Comms laboratory	National eHealth	March 19	Staff time savings	Yes	Almost complete

Project	Strategy	Delivery Date	Efficiency Savings/Resource release	Productivity / Quality Gain	UPDATE
tests with NHSGG&C & Oban Lab	Strategy				
NHS Printer rationalisation and Consolidation (A&B council already undertaken this)	HSCP	March 19	Reduce NHS printer paper/toner costs	Yes	Audit process complete Dec 2018 roll out Jan 2019- 53 printers identified to be removed
NHS Near Me	NHS Technology Enabled Care (TEC) Programme	March 19	Reduce NHSGG&C & A&B Outreach costs. Staff time and patient saving, travel etc	Yes	National funding Phase 1 - £10,000 Test of change funding for Dermatology and Respiratory. -Phase 2 £83,243 for scale up of NHS Near Me infrastructure / development In progress

3.2 Argyll & Bute HSCP eHealth Strategy Funding Plan Allocation 2019-2020

As referenced in section 1 the direct NHS IT service budget 2018/19 totals £1.68 million. Of which £243,000 is the NHS national strategy fund for local use.

In 2019/20 the NHS national strategy fund for local use is expected to remain at the same level of £243,000.

The service is also expected to receive and access designated project funding for TEC and new GP contract implementation.

The following schedule details the proposed areas for IT development and planned expenditure in 2019/20, final confirmation of the programme will be dependent upon confirmation of funding as identified, prioritisation and ratification by the Strategic Leadership Team before 31st March 2019.

Scheme	Allocation	Revenue Cost Saving	Notes
Mull GP merge\server consolidation	£20,000	15k	New centrally hosted & managed platform includes less use of traditional hardware, software licences and eHealth support travel costs- April 2019
Islay GP merge\server consolidation	£40,000	15k	New centrally hosted & managed platform includes less use of traditional hardware, software

Scheme	Allocation	Revenue Cost Saving	Notes
			licences and eHealth support travel costs – September 2019. This is subject to practice agreement
KMG\Campbeltown merge\server consolidation	£20,000	10k	New centrally hosted & managed platform includes less use of traditional hardware, software licences and eHealth support travel costs- September 2019
LIH network infrastructure improvements	£10,000	N/A	In support of Skype for Business & Cyber Essentials
Social Work system Carefirst – Clinical portal connection	£30,000 (TBC)	N/A	Interface costs with NHSH Portal to be identified and confirmed – Autumn 2019
GP system(Vision/EMIS) – Clinical portal connection	£30,000 (TBC)	N/A	Interface costs with NHSH Portal to be identified and confirmed – Autumn 2019
Skype for Business	TBC	Reduce 0.5M GGC SLA telecoms cost	Business Case submitted for approval March Phase 1 Oban pilot equipping cost TBI
Network Printers	£20,000	Reduce purchase of local printers, toners paper- TBC	New multi-purpose printers to replace local printing
Attend AnyWhere scale up roll out hospital and primary care Mull	£83,000	N/A	Improving access to Clinicians in remote areas in A&B, reducing travel for patients and clinicians.
Wireless Access Points	£10,000	N/A	Increase coverage\support agile working\ Badgernet
Windows 10 National eHealth Strategy	£127,000	N/A	Priority for NHS Highland/Scotland. Indicative licence costs, project costs not yet identified. Funding stream not confirmed but could be HSCP strategy allocation. Target date identified for completion by Jan 2020
Fixed term E-Health IT project officer for technical delivery of NEW GP contract IT system Band 5	£35,000	N/A	Funded from Primary Care Improvement Plan funding 2019/20 to 20/21. Assessment underway if full or part time position
New GP GMS contract IT / digital solutions	TBC	Not known	Range of equipment and digital developments to be identified and funded through the Primary Care Improvement Plan
Production of Business Case and Options to replace Carefirst system with modern mobile system	TBI	To be established through competitive tendering process (£91,820.75 Current cost of Carefirst System)	The development of a business case and options paper will be finalized in March 2019. Key system providers that will be considered at this time are OLM (existing) Liquid Logic and Severlec Submitted to A&B Council ICT planning group for consideration and incorporation into council financial plan 2020 for funding

Scheme	Allocation	Revenue Cost Saving	Notes
NHS IT system on going modernisation and maintenance	£63,000	NA	Maintaining existing services and operation
Total	£488,000*	£40,000	Note * - this remains an indicative figure subject to allocation confirmation and prioritisation

3.3 NHS and Argyll and Bute Council IT and eHealth look forward 2019-2021

IT Projects

The HSCP eHealth department will continue to develop and implement the following key projects, in close working partnership with HSCP staff, NHSH and suppliers, in support of enhancing better IT solutions for the long term benefit of patients within the HSCP.

These challenging projects (listed below) are in alignment with NHS Scotland and NHSH eHealth Strategies will play major role over the next 2 -3 years.

- New GP contract & digital service enhancement in the HSCP
- Cyber Security Essentials
- Implementation of an Electronic Patient Record (EPR) across Health and Social Care
- Network Infrastructure improvements
- Skype for Business
- Windows 10\365
- eHealth helpdesk
- Paper to Digital
 - Scanning of legacy records
 - Scanning of paper records
- Develop Mobile App for Carefirst to facilitate mobile working for staff
- Business case for replacement of CareFirst system

Technology Enabled Care (TEC)

The application of technology to support people to self-manage their own health and stay happy, safe and independent in their own homes. The Argyll and Bute TEC team continues to increase the use of technology across a wide range of areas, from home health monitoring, like Florence and Beating the Blues programmes to Telecare, Just checking system and other peripherals to keep people safe and promote reablement in their own homes.

The HSCP TEC programme is to deliver and extend the use of the following:

- Expansion of home health monitoring (home pods, Florence, beating the blues) and creating super rooms for step up and step down care within Community Nursing Homes all with a view of promoting self-management, reducing hospital admissions and proactive management of long term chronic conditions..
- Expanding the use of Attend Anywhere / NHS Near me
- Participating in the national digital platform framework development, this national framework is being put together by the Scottish Government, Digital Office and Scottish Centre for Telehealth and Telecare. The HSCP is participating in this programme's hub and cluster model development which involves working closely with Perth and Kinross HSCP as a potential digital alarm receiving centre.
- Expanding the take up of Telecare and additional functionality e.g. "Just Checking" which is a system, provide home activity monitoring services to help more accurately understand the support and care needs of individuals.

Using “Just Checking” in Kintyre improved the care support packages provided to people and freed up 1748 hours of care which were reallocated to other patients within the community having a positive impact of capacity of the community teams. Further work is ongoing to analyse, develop proposal to and roll out across the HSCP to support service productivity.

- Implementing and widening the scope and benefits of switching current provision of Telecare from analogue to digital Telecare. Analogue to Digital is being precipitated by the expected switch off of analogue telephony services in coming years, by BT in 2025, but others possibly sooner. The digital TEC equipment offers additional features for remote diagnostics and reconfiguration. But a significant obstacle is the fact that they depend on 4G SIM cards which could give us issues for (a) additional costs to clients and (b) hot-spot coverage issues.

Digital Health and Care Strategy 2018

The Scottish Governments new Digital Health and Care Strategy 27th April 2018 identifies the huge potential for digital technology to change the way health and care services are delivered. The ambitious plan recognises the integral part digital must play in service reform and improvements in accessibility and quality for patients and users. The strategy clearly articulates the expectation that digital transformation has the potential to change the face of health and social care delivery.

The publication of the national health and care digital strategy will therefore clearly play a significant role in shaping the input and direction of E-Health and care services. The Council and NHS Highland as the organisations responsible for these services have to conduct a digital maturity assessment to support the developing strategy and roll out of digital services to inform future IT investment and direction over the next 12 months.

This assessment may well identify a range of capability and additional resource implications which the HSCP together with its partners will need to be incorporated into future years financial planning and management.

Core E-Health Function

However, as well as looking forward with the implementation of the NHS Highland eHealth Delivery Plan that the HSCP eHealth function is required to deliver. It is also important that the E-Health team core remit of ensuring eHealth systems and services are maintained and modernised so they are secure and resilient. The Argyll and Bute local and council and NHS Highland teams therefore also provide:

- Technical and facilitation support for Primary Care
- IT Network provisioning
- Telephony provisioning
- Desktop support
- Server support
- Application support
- Service Desk support
- IT Access Management control and scrutiny
- Information Governance
- Business Intelligence provisioning
- Project Management
- eHealth Training
- Asset Management for IT and applying this to TEC service

It is therefore vital that this “keeping the show on the road” core element of the service is recognised for the priority it is and the E-Health team capacity, capability and infrastructure support is resourced accordingly.

4 CONTRIBUTION TO STRATEGIC PRIORITIES

4.1 The eHealth investment and service project plan for 2019/20 aligns with the HSCP’s Strategic Plan Objectives.

5 GOVERNANCE IMPLICATIONS

Financial Impact

There are a number of financial implications covering investment, efficiency saving and developing business case proposals which requires SLT approval and future financial planning

Staff Governance

E-Health facilitates and supports good staff governance through the use of IT systems

Clinical Governance

The criticality of IT systems for modern health and care delivery means there are interlinked clinical governance requirements supporting service delivery across the organisation

6 EQUALITY & DIVERSITY IMPLICATIONS

Not Applicable

7 RISK ASSESSMENT

EHealth risks are captured in the HSCP risk register and the proposals identified go to some way to mitigate these risks

8 PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Not applicable

9 CONCLUSION

This paper has provided the IJB with an update to the IJB on the IT and E-Health systems status and developments and plans for 2019/20 for the HSCP.

The small HSCP team, headed by the Deputy Head of eHealth and working closely with the Head of E-Health in NHS Highland and Head of ICT with the council operate within a very complex IT operating environment with interface issues across Council and NHS Board but also national NHS IT systems.

The IJB is asked to consider the proposals for 2019/20, the strategic direction as outlined and also note the range and remit of the service provided

10. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	X

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DRAFT

Appendix 1 - Argyll & Bute Council and NHS Highland Joint Working – IT System Access Requirements & Update 15/01/19

#	Requirement	Description	Status	Target Date	Comments
1. NHS Access to Council Systems. Via the bespoke Interconnect, with posture checking. This also provides LAN access for NHS staff in Kilmory.					
	The Bespoke Interconnect. ^[1] Requirements: a) Testing The bespoke interconnect has been successfully tested for Carefirst access. Requires further testing with higher volumes of users, and for other target council systems. b) Microsoft Licensing A statement was obtained from Microsoft on 30/10/18 confirming NHS CAL's are valid for NHS users to access Council servers running Microsoft Windows Server 2012 and/or 2016. c) NHS User Administration Earlier process for Carefirst access via VPN has been adapted for future requests for access via the Interconnect. This ensures NHS users are authorised and enabled not just at the application level (e.g. with Carefirst credentials) but also at the Interconnect level, and also that Carefirst training is delivered. Note: similar processes will need to be developed for other council-hosted systems as detailed below.			Actual 7/11/18 – licensing issue resolved. User request and activation process drafted.	a) NHS IT: Further testing pending b) Resolved 7/11. c) Approved 7/11.
1.1	Carefirst	For NHS users as a replacement for MIDIS.	Access method at 1 above agreed and working in principle. Requires further testing per 1(a).	Actual: 7/11/18	See 1(a) above re further NHS user testing.
1.2	Oracle Financial General Ledger	D Forshaw 1/11: "Would also include access to the NHS/Council Financial Management Systems."	From David Forshaw to Nic Rowley 20/11: <i>"the current tasking of staff wouldn't necessitate immediate access to one another's financial systems, although I am sure as/if the two teams merge into one finance team for the IJB that staff will need access to both systems in the future if their portfolio of cost centres covers both organisations – in a controlled and appropriate way."</i>	TBA	DM liaising with Nic Rowley as CLO for Finance.

#	Requirement	Description	Status	Target Date	Comments
1.3	HR	DM liaising with Nic Rowley as ICT CLO for HR.			
1.3.1	ResourceLink (MyView)	Expenses etc	Nic Rowley 3/12/18: "All NHS staff who need access to Resourcelink (MyView) to line manage ABC staff have access already."	Live	Live
1.3.2	MyOptions	Annual Leave etc.	From NR 3/12/18: "HR are checking on the NHS requirements for direct access to My Options"	TBA	Needs an access request/approval protocol
1.3.3	PRD	HR – Staff PRD records	There is no current central repository system for these. There has been discussion around the development of such a system in-house but this has not been progressed.	TBA	Needs an access request/approval protocol
1.3.4	Intranet (The Hub)	For the purposes of internal communications	Requested by Nic Rowley 21/11/18 on behalf of HR.	TBA	Needs an access request/approval protocol
1.4	Pyramid	Staff Performance Management System	ABC ICT currently publish an externally-available URL for Pyramid which is accessible on the Internet and used by NHS staff for access.	Live	Agreed, already in place.
1.5	Sharepoint. See items below. (No option for a Sharepoint Extranet until council migrates to Sharepoint 2016, probably mid-2019.)				
1.5.1	Finance Sharepoint	For Joint Finance Team	Requested by David Forshaw	TBA	DM to obtain more detail on requirements
1.5.2	TEC Sharepoint	For Joint TEC (Technology Enabled Care) Team	Requested by Kristen Gillies	TBA	DM to obtain more detail on requirements
1.6	BOXI Reports	Business Objects reporting tools for Carefirst	Requested by Bill Staley, 15/11/18. Accessed via a web interface with logins managed by Alan Clark's team.	TBA	Service to amend approval process doc based on Carefirst version
2. Council access to NHS Systems. (Via the SWAN Shared VRF).					
	SWAN Shared VRF ^[2] . Requirements:				
	a) Enable service How to establish a connection to/from the council network using the Shared VRF, new equipment needed, costs etc.			a) 30/11	a) Done 6/12/18
	b) Configuration Routing council users through the shared VRF to specific NHS Highland hosted systems.			b) Access to specific	b) Done 6/12/18

#	Requirement	Description	Status	Target Date	Comments
					<p>c) Testing Specific to each of the NHS-hosted applications, after changes have been applied to ABC\NHS\ firewalls.</p> <p>d) Council User administration SW 1/11: "Keen to also understand if we have nailed the process for people to request access and complete appropriate paperwork."</p>
2.1	Datix	Patient Health & Safety incident reporting system	<p>URL: (http://datixweb.nhsh.scot.nhs.uk/Datix/Live/index.php?action=login) Hosted by: NHS Highland, Raigmore Depends on: i) progress with shared VRF, 2(a)(b) and (c) above ii) agreed access request protocol, 2(d) above</p>	<p>Done, 6/12/18</p> <p>NHS by March 2019</p>	<p>ABC ICT:</p> <p>NHS ICT: NHS User access management process with NHS Board by March 19</p>
2.2	NHS Highland Intranet	Employee info website.	<p>URL: (http://intranet.nhsh.scot.nhs.uk) Hosted by: NHS Highland, Raigmore Depends on: i) progress with shared VRF, 2(a)(b) and (c) above ii) agreed access request protocol, 2(d) above</p>	<p>TBA</p> <p>NHS- before March 19</p>	<p>ABC ICT: Partially done, 6/12</p> <p>NHS ICT: NHS User access management to sub domains by NHS Board before March 19</p>

#	Requirement	Description	Status	Target Date	Comments
2.3	Finance – see items below				
2.3.1	Pecos	Procurement	<p>URL: (https://highlandnhs.pecosipm.com/pm/gb/register.asp) Hosted by: NSS, Atos Depends on: i) NHS investigation of access method with NSS, Atos. ii) agreed access request protocol, 2(d) above</p>	<p>Note: doesn't depend on Shared VRF</p> <p>ASAP</p>	NHS ICT NHS User access management process with NHS Board
2.3.2	Financial Management Systems	D Forshaw 1/11: "Would also include access to the NHS/Council Financial Management Systems, as well as Pecos."	<p>G Morrison 1/11: "As well as enabling a technical solution, there would need to be a protocol established to control access to a financial system by someone who is not employed by that organisation."</p> <p>L Macleod 1/11: "I agree with all the sentiments i.e we should pursue the ability for joint access to all financial systems but when that becomes a possibility/reality, we will need protocols etc. Please do progress the technical solutions to create the possibility and I'll liaise with David Garden and Kirsty Flannigan in the first instance re, pace etc to better refine our joint reporting."</p>	TBA	NHS ICT to provide: * Access method * Access Request Protocol NHS User access management process with NHS Board to be put in place
2.4	HR – See items below				
2.4.1	Payroll and expenses	SSTS	<p>URL: (https://workforce.mhs.scot.nhs.uk) Hosted by: NHS, Atos SM 1/11: "SSTS (e-expenses, e-payroll & SSTS\workforce) is another externally hosted national system that will need to be reached via the shared VRF as well. I'd assume ABC staff that have a responsibility for integrated teams would have reason for accessing such systems."</p>	<p>Note: doesn't depend on Shared VRF</p> <p>NHS by end of March</p>	NHS ICT to provide: * Access method * Access Request Protocol
2.4.2	Shared HR network drives		Added by S Whiston 1/11/18.	September 2019	7/11: NHS to clarify requirement 15/01- Not possible-

#	Requirement	Description	Status	Target Date	Comments
					Sharepoint use instead
2.5	TURAS	Staff training/eLearning	URL: (https://turasdashboard.nes.nhs.scot/) Hosted by: NHS, Atos Dependent on progress with shared VRF	Note: doesn't depend on Shared VRF By March 2019	NHS ICT NHS User access management process with NHS Board to be put in place
2.6	ELMS	Telecare Equipment Asset Management	URL: (http://nhshabel01.ab.nhsh.scot.nhs.uk/web/elms2live.wsc/web/login.html) Hosted by: NHS Highland, Lochgilphead Depends on: i) progress with shared VRF, 2(a)(b) and (c) above ii) agreed access request protocol, 2(d) above iii) internal routing within the NHS network (to LG)	TBA NHS end Jan 19	ABC ICT: testing scheduled up to 10/12 NHS ICT: NHS User access management process with NHS Board to be put in place
2.7	Orion Portal	Specification required – not currently live	URL: TBC Hosted by: NHS Grampian	Before end of March 19	NHS ICT NHS User access management method and process with NHS Board to be put in place
2.8	PMS Trakcare	Patient Management System	URL: (https://traklive.nhsh.scot.nhs.uk/trakcare/) To be accessed via shared VRF Hosted by: NHS Highland, Raigmore Depends on: i) progress with shared VRF, 2(a)(b) and (c) above ii) agreed access request protocol, 2(d) above	Before end of March 19	ABC ICT: Done, 6/12/18 NHS ICT: NHS User access management process with NHS Board to be put in place
3. Email / Outlook - Federation proposed between Council's Exchange and NSS's NHS Mail					
	NHS Mail utilises TLS 1.0 as part of its design. Stephen Morrow has been advised council ICT cannot support solution with TLS 1.0 as it is insecure and not acceptable under PSN or CE. TLS 1.1 as a minimum is required.			On hold - pending removal of	NSS to clarify future use of TLS 1.0

#	Requirement	Description	Status	Target Date	Comments
				TLS 1.0	
3.1	Address Books	Ability for users to share address books	Dependent on upgrade of NHS Mail to remove dependence on TLS 1.0.	See above	NSS to clarify future use of TLS 1.0
3.2	Outlook Calendars	Ability for users to share Outlook Calendars	Dependent on upgrade of NHS Mail to remove dependence on TLS 1.0.	See above	NSS to clarify future use of TLS 1.0
4. WiFi Access to Networks					
4.1	NHS Users	WiFi access for NHS users in council premises wishing to access NHS network wirelessly	<p>The council makes ABCGuest WiFi service available for basic internet access. NHS WiFi can presently be broadcast in council sites where the NHS VRF presents, such as Whitegates and Kilmory.</p> <p>Access is also available using RAS access tokens.</p> <p>For sites where the NHS VRF is not present, SwanRoam could potentially provide an alternative, but this needs to be researched and tested, and assessed against presenting the NHS VRF. May need additional bandwidth, routers etc</p>	<p>GuestWifi and RAS access both available now. NHS VRF at Whitegates & Kilmory</p> <p>SwanRoam – could be investigated.</p>	SM: Agreed, ensure NHSH devices not situated near ABC devices.
4.2	Council Users	WiFi access for council users in NHS premises wishing to access council network wirelessly	Council ICT makes corporate WiFi available at all NHS sites where required using its VRF. There is no possible requirement for SwanRoam for Council staff use.	Available now.	Complete

Notes:

[1] The bespoke interconnect is a secure tunnel between the NHS VRF and Council VRF, both presenting in Kilmory data centre. Traffic through the tunnel is never exposed to the public Internet. Traffic arriving through the tunnel at the Council VRF is posture checked, which involves a Cisco AnyConnect client installed on the NHS device authenticating against Cisco HostScan running on a council-hosted ASA device, which checks attributes of the NHS device attempting to connect, including anti-virus status, etc. Devices not sufficiently up to date will be blocked from connecting. This is expected to be an issue with some NHS devices as we are aware that patching is not up-to-date for all devices. The Council cannot put its network security (and PSN and CE+ accreditations) at risk by allowing access to insecure devices.

[2] The Shared VRF is a managed service from SWAN, and the traffic between the two networks is not tunnelled directly between the council and NHS VRF's in Kilmory. This is the model NHS Highland use with Highland council, and so is likely to be acceptable for council users accessing NHS hosted services.

Integration Joint Board

Agenda item: 12

Date of Meeting: 30 January 2019

Title of Report: Draft Asset Management Strategy

Presented by: Charlotte Craig, Business Improvement Manager

The Integration Joint Board is asked to:

- Note and endorse the submission of a 12 month plan in lieu of further planning for care home provision and service development
- Note the implications for underinvestment.

1. EXECUTIVE SUMMARY

Argyll & Bute Council require the submission of an asset management strategy (appendix 1) from the HSCP to inform the ongoing sustainability and development of properties retained by the Local Authority. This strategy is submitted to the Councils Asset Management Board for consideration in the allocation of funding and planning or works usually over a three to four period.

The HSCP also has an operational role with NHS Asset Management and seeks to develop the role with each partner to ensure effective colocation and sustainability of service provision through colocation.

2. INTRODUCTION

The council seeking to finalise funding and project workplans by February 2019 and is currently working with the HSCP to ascertain the ongoing needs requirement of properties which operate HSCP services.

Officers from Argyll & Bute Council's property services and HSCP estates management are working together to identify the best use of allocated funds and develop the annual workplan for approval by the council board based on the block allocation of funding.

3. DETAIL OF REPORT

The IJB is asked to support the draft strategy in principle seeking an "asset sustainability" approach for the next 12 months in the context of a period of transformation and planning for the HSCP services.

The HSCP seek to increase the integrated approach through further colocation and service redesign. Increased engagement with asset management board aims to enable a more active strategic approach to service location in Argyll & Bute to the advantage of the local communities.

The board is asked to note the implications of underinvestment in terms of funding available excerpted below from appendix 2:

- Lack of revenue maintenance funding leads to limited planned maintenance leading to building element failures. This increases demand for capital expenditure on asset sustainability (major maintenance) projects.
- Risk of increased likelihood of building closure thereby impacting on ability of the Council to deliver services.
- Risk of reputational damage to the Council from poor appearance of buildings.
- Risk of increase in third party insurance claims from building users (both staff and visitors).

The HSCP seeks to present a comparable report on NHS asset planning for Argyll & Bute to support the sustainability of collocated services and any implications.

4. RELEVANT DATA AND INDICATORS

Monthly attendance at the Asset Management Board

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Seeks to reduce the footprint of the HSCP, increase collocation and integrated work practices.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Lack of capital funding

6.2 Staff Governance

6.3 Clinical Governance

Continued sustainability of service delivery in fit for purpose venues.

7. EQUALITY & DIVERSITY IMPLICATIONS

Continued equality of access to all HSCP services.

8. RISK ASSESSMENT

Indicated in draft project plan.

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

10. CONCLUSIONS

Note and endorse the submission of a 12 month plan in lieu of further planning for care home provision and service design and development.

Note the implications for underinvestment.

11.DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	
	Argyll & Bute Council	X
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

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Integration Joint Board

Agenda item: 14

Date of Meeting: 30 January 2019

Title of Report: Update to the Model Publication Scheme

Presented by: Charlotte Craig, Business Improvement Manager

The Integration Joint Board is asked to:

- Note and approve the content of the report
- Endorse the recommendation that the required amendments are undertaken by Argyll & Bute Council in lieu of their supporting corporate role and submitted to the Scottish Information Commissioner in a timely manner
- Endorse the recommendation that further updates are considered through the Audit Committee and referred to the board for approval.

1. EXECUTIVE SUMMARY

The Scottish Information Commissioner indicated in November 2018 that an update is required to The Model Publication Scheme and Guidance to ensure continuing compliance with a requirement of board approval and submission by 29 February 2019.

This document is currently authored on behalf of the IJB by Argyll & Bute Council (Appendix 1).

2. INTRODUCTION

The IJB became subject to the Freedom of Information (Scotland) Act 2002 when it was established on the 1 April 2016. Freedom of Information (Scotland) Act 2002 (the Act) requires Scottish public authorities to adopt and maintain a publication scheme as part of their legal obligation to:

- Publish the classes of information that they make routinely available.
- Tell the public how to access the information they publish and whether information is available free of charge or on payment.

This is currently in place and available for download from the NHS Highland website.

3. DETAIL OF REPORT

To ensure compliance with the 2018 change, the IJB is required to:

- Review its authority publication scheme to ensure that it is publishing information (if held) in accordance with Model Publication Scheme and Guidance and ensure it contains a 'last updated' date.
- Check the publication scheme is compliant with previous updates — particularly the addition of *Class 9: Open Data* and a statement on Copyright and Re-use, if your authority is subject to the Re-Use of Public Sector Information Regulations 2015.
- Authorities should complete the above actions **within three calendar months** of receipt of the request, the completion date being **29 February 2019**.

4. RELEVANT DATA AND INDICATORS

5. CONTRIBUTION TO STRATEGIC PRIORITIES

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Some capacity issues have been identified in the Local Authority and this is being explored as to maintaining continuing support.

6.2 Staff Governance

Support the ongoing development of IJB Governance as a priority

6.3 Clinical Governance

None

7. EQUALITY & DIVERSITY IMPLICATIONS

Quality of access to information and increased transparency of the business of the IJB.

8. RISK ASSESSMENT

Compliance with request from the Scottish Information Commissioner and responsibility as a public body.

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Support increased transparency and access to information about Argyll & Bute Integrated Joint Board.

10. CONCLUSIONS

It is recommended that the Integration Joint Board:

- Note and approve the content of the report
- Endorse the recommendation that the required amendments are undertaken by Argyll & Bute Council in lieu of their supporting corporate

role and submitted to the Scottish Information Commissioner in a timely manner

- Endorse the recommendation that further annual updates are undertaken through the Audit Committee and referred to the board for approval.

11. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	
	Argyll & Bute Council	X
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

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Integration Joint Board

Agenda item: 15

Date of Meeting: 30 January 2019

Title of Report: Records Management Plan

Presented by: Charlotte Craig, Business Improvement Manager

The Integration Joint Board is asked to:

- Note and Comment on the content of the report
- Endorse a recommendation that IJB records are formally stored and maintained by Argyll & Bute Council
- Endorse the recommendation that the plan is in future submitted for consideration at the Audit Committee and referred to the board for note and approval.

1. EXECUTIVE SUMMARY

Integration Joint Boards are required to submit a Records Management Plan (RMP) to the Keeper of Record of Scotland. The IJB has been invited by the Record Keeper to submit its plan.

The RMP sets out how Argyll & Bute Integration Joint Board's records will be created and managed in line with national policy. This is a responsibility which all public bodies must fulfil.

2. INTRODUCTION

This report introduces the requirement for the Integration Joint Board's Records Management Plan (RMP) Appendix 1 and seeks to provide supporting information on the boards responsibility in this area as it must be approved by the board.

3. DETAIL OF REPORT

Every authority to which Part 1 of the Public Records (Scotland) Act 2011 applies must:

- prepare a plan (a "records management plan") setting out proper arrangements for the management of the authority's public records,
- submit the plan to the Keeper for agreement, and
- ensure that its public records are managed in accordance with the plan as agreed with the Keeper. An authority's records management plan must:

- identify the individual who is responsible for management of the authority's public records, and
- (if different) identify the individual who is responsible for ensuring compliance with the plan
- Include provision about the procedures to be followed in managing public records, maintaining the security of information contained in the public records, and the archiving and destruction or other disposal of the public records.

Statutory Agencies are more accountable to the public than ever before through the increased awareness of openness and transparency within government. Knowledge and information management is now formally recognised as a function of government similar to finance, IT and communications. It is expected that Integration Joint Boards are fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally. As such, Integration Joint Boards must comply with the Public Records (Scotland) Act 2011. Breach of this could incur penalties.

NHS Highland and Argyll & Bute Council already have agreed Records Management Plans in place. These support the proper management of staff, patient and other non IJB records. Integration Joint Boards were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014.

As the Integration Joint Board does not hold any personal information about either patients/clients or staff, the RMP relates to the IJB and sub committees and plans and policies such as the Annual Performance Report and the Strategic Plan. All of this information is already in the public domain via the IJB's pages on Argyll & Bute Council's and NHS Highland's websites.

Formal notification was received in October 2018 from National Records Scotland that the Keeper was inviting Argyll & Bute Integration Joint Board to submit its Records Management Plan by January 2019.

An extension has been sought from the Keeper to allow development of the Plan for approval at the March 2019 board.

It is proposed that the Local Authority be the nominated partner as they have previously held the statutory role. Clarification on how this role is taken forward is required as the statutory role requires both the expertise and access to support the activity.

Recommendation is this remains with the Local Authority. They will use their respective Business Classification Schemes to organise the Integration Joint Board's records as all IJB. In terms of evidence that the IJB meets the requirements of each element of the RMP, links to Argyll & Bute Council's RMPs are used where appropriate. This follows the advice given by National Records of Scotland.

As an organisation, Argyll & Bute Integration Joint Board is committed to being organised internally via utilising Argyll & Bute Council's Business Classification Scheme, as well as ensuring its records are readily available externally via the IJB's pages on Argyll & Bute Council's and NHS Highland's websites.

On completion of the RMP will be submitted initially as draft and then pending amendment submitted in full for agreement by the Keeper of the Records of Scotland under Section 1 of the Public Records (Scotland) Act 2011 and will be reviewed by the Argyll & Bute Integration Joint Board annually.

Information underpins the Integration Joint Board's overarching strategic objective and helps it meet its strategic outcomes. Its information supports it to:

- Demonstrate accountability.
- Provide evidence of actions and decisions.
- Assist with the smooth running of business.
- Help build organisational knowledge.

Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the Integration Joint Board with:

- Better decisions based on complete information.
- Smarter and smoother work practices.
- Consistent and collaborative workgroup practices.
- Better resource management.
- Support for research and development.
- Preservation of vital and historical records.

In addition we are more accountable to the public now than ever before through the increased awareness of openness and transparency within government. Knowledge and information management is now formally recognised as a function of government similar to finance, IT and communications. It is expected that the Board is fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally.

4. RELEVANT DATA AND INDICATORS

Section 5 (1) of the Act requires authorities to keep their plans under review and ensure its arrangements remain fit for purpose.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Support continued integration and public engagement.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Some capacity issues have been identified in the Local Authority and this is being explored as to continuing support.

6.2 Staff Governance

Support the ongoing development of IJB Governance as a priority

6.3 Clinical Governance

None

7. EQUALITY & DIVERSITY IMPLICATIONS

None

8. RISK ASSESSMENT

Lack of compliance.

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Support increased transparency and access to information about Argyll & Bute Integrated Joint Board.

10. CONCLUSIONS

It is recommended that the Integration Joint Board:

- Note and Comment on the content of the report
- Endorse a recommendation that IJB records are formally stored and maintained by Argyll & Bute Council
- Endorse the submission of a draft and subsequent final version of the IJB Records Management Plan approved through Audit Committee and subsequently the IJB.

11. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	x

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Integration Joint Board

Agenda item: 16

Date of Meeting: 30 January 2019

Title of Report: Chief Officer Report

Presented by: Joanna Macdonald

The Integration Joint Board is asked to:

- Note the following report from the Chief Officer

Beating the Blues Co-ordinator Appointed in Argyll and Bute

Beating the Blues is an online cognitive behavioural therapy course for the treatment of low to moderate anxiety and depression. The programme helps people make sense of their feelings and uses interactive tools to help people change their thinking pattern, and learn how to overcome negative thoughts about themselves.

Iona McMurdo has been appointed as the Co-ordinator in Argyll and Bute to help people, provide them with support and steer them through any technical difficulties with the programme. She will also keep GPs up-to-date with progress reports for their patients whilst they are working their way through their recovery journey.

The course, which is accessed through the patient's GP, has been designed to be completed in the comfort of people's own homes and patients are in control of when and where they want to complete the online CBT therapy.

Can't Make Your Appointment, Cancel It

The HSCP has launched a campaign, both on social media and in the press, to remind the public that if they can't manage in to an appointment with their local health and social care professional can they please cancel it.

This helps staff plan ahead to ensure there is the right level of clinical and support staff available for clinics and also allows them to contact other patients waiting to be seen to ensure the best use is made of appointment slots.

Tarbert Nurse Awarded Prestigious Queen's Nurse Title

Tarbert nurse, Cathanna Smith, was selected in 2018 to take part in a nine-month development programme run by the Queen's Nursing Institute Scotland and was awarded the prestigious title of Queen's Nurse at the end of last year.

Cathanna, an Advanced Nurse Practitioner at Tarbert Medical Practice, was nominated for providing high quality, compassionate care to people in her community and for her ongoing commitment to her patients and dedication to showcasing the important role of the ANP.

Rolling Media Features

The HSCP is continuing to work with local media across Argyll and Bute through a series of rolling features highlighting the good work carried out by Health and Social Care staff on a daily basis.

The most recent features include a case study of a domestic assistant in Helensburgh, Telecare Outreach Worker in Bute, Care Home Manager in Oban and a Midwife in Campbeltown.

Healthy Working Lives Award

In 2018, across the HSCP, all NHS sites and Argyll and Bute Council successfully maintained their Healthy Working Lives Awards. The HSCP currently has eight HWL Awards: five Gold, one Silver and two Bronze and these are as follows:

- *HWL Gold Award:* Cowal Hospital, Islay Hospital, Kintyre Locality, Mid Argyll Locality and Oban, Lorn & Isles Locality
- *HWL Silver Award:* Bute Locality
- *HWL Bronze Award:* Argyll and Bute Council, Victoria Integrated Care Centre (Helensburgh)

These awards have been maintained through a series of health promoting activities including Paths for All pedometer challenges, 'Take the Balance Challenge' and 'On Your Feet Britain Campaign'. There was also support for a range of health campaigns including Wear it Pink Day for breast cancer, Diabetes Awareness and Bowel Cancer Awareness.