

**DRAFT MINUTE OF
ARGYLL & BUTE HEALTH & SOCIAL CARE PARTNERSHIP (HSCP)
INTEGRATION JOINT BOARD**

Wednesday 2 August 2017, Council Chambers, Kilmory, Lochgilphead

Present :

Robin Creelman (Chair)	NHS Highland Non-Executive Board Member
Cllr Kieron Green (Vice Chair)	Argyll & Bute Council
Christina West	Chief Officer, Argyll & Bute HSCP
Dr Michael Hall	Associate Medical Director, Argyll & Bute HSCP
Caroline Whyte	Chief Financial Officer, Argyll & Bute HSCP
David Alston	NHS Highland Chair
Elaine Wilkinson	NHS Highland Non-Executive Board Member
Liz Higgins	Lead Nurse, Argyll & Bute HSCP
Alex Taylor	Head of Children & Families & Criminal Justice
Elaine Garman	Public Health Specialist, Argyll & Bute HSCP
Linda Currie	AHP Lead
Fiona Thomson	Lead Pharmacist
Elizabeth Rhodick	Public Representative
Heather Grier	Unpaid Carer Representative
Dawn MacDonald	Staff Representative (Health)
Kevin McIntosh	Staff Representative (Council)
Cllr Jim Anderson	Argyll & Bute Council
Cllr Alastair Redman	Argyll & Bute Council
Stephen Whiston	Head of Strategic Planning & Performance

Attending :

Anne Clark	NHS Highland Non-Executive Board Member
Katrina Sayer	Argyll & Bute Third Sector Interface
David Ritchie	Communications Manager (Health)
Alison McGrory	Health Improvement Principal
Sheena Clark	PA to Chief Officer (Minutes)

Apologies :

Gaener Rodger	NHS Highland Non-Executive Board Member
Dr Peter Thorpe	Secondary Care Adviser, Argyll & Bute HSCP
Lorraine Paterson	Head of Adult Services (West)
Allen Stevenson	Head of Adult Services (East)
Denis McGlennon	Independent Sector Representative
Glenn Heritage	Argyll & Bute Third Sector Interface
Maggie McCowan,	Public Representative
Catriona Spink	Unpaid Carer Representative
Cllr Iain Paterson	Argyll & Bute Council

ITEM	DETAIL	ACTION
1	WELCOME - The Chair welcomed everyone to the meeting.	
2	APOLOGIES were noted.	
3	DECLARATIONS OF INTEREST There were no declarations of interest. .	
4	DRAFT MINUTE OF INTEGRATION JOINT BOARD 2-05-17 & ACTION LOG	
	Page 7, 5.10 a) Finance – should read 2017-18 year-end. b) Mrs Grier queried the correlation of the finance figures in the Minute to those in the report presented to the IJB. The Chief Financial Officer will provide clarification to Mrs Grier outwith the meeting. Action Log – updates noted. <i>The Integration Joint Board noted the above comments and the Minutes were agreed. The action log update was as noted.</i>	CWh
5	BUSINESS	
5.1	Health & Social Care Partnership (HSCP) Annual Performance Report 2016/17 The Head of Strategic Planning & Performance presented the report, produced in accordance with Scottish Government statutory guidance, which sets out the required content of the report. The document has involved input from a wide range of staff, with contributions from the wider partnership, and identifies the HSCP's progress and challenges towards achieving the priorities of the Strategic Plan. Achievement of eKSF (Knowledge and Skills Framework) staff reviews was noted as continuing to be challenging and this will continue to be progressed by Managers and discussed at the Joint Partnership Forum. In relation to Carers Assessment work, the Lead AHP advised that in terms of reporting on the indicator 'how carers feel supported in their role', this is still under development due to waiting on a national dataset. In addition, the carer centres have been given a data collection tool based on the Carers Act. Regular collection of this data is being established and performance data will be collated for reporting to the IJB.	LC

during 10-26 May due to a confirmed outbreak of Norovirus, which affected 17 clients and 7 members of staff. This outbreak was managed with the assistance of the Health Protection Team in Inverness.

There have been no outbreaks of Staphylococcus Aureus Bacteraemia (SAB) in the HSCP since the beginning of April 2017.

Clostridium difficile infection (CDI) – since the last report, 2 patients have had a recurrent incidence of CDI.

Nursing & Midwifery - it is recognised nationally that there are more nurses and midwives leaving the register than joining it. The onus is on the HSCP to look at the workforce issues locally and consider a programme of workforce planning from the bottom up, taking into account both specialist and generic skills.

The Integration Joint Board noted the content, the risks identified and the risk management plans.

5.3 Finance – Budget Monitoring

The Chief Financial Officer (CFO) summarised the financial position as at end June 2017. The forecast year-end outturn position is a projected overspend of £5m, a further deterioration to the overall position. Action requires to be taken to ensure the delivery of a year-end balanced budget, with a focus on delivering the savings in the Quality and Finance Plan. A financial recovery plan is being developed and will be brought to the IJB meeting in September for approval.

The report highlighted that some of the areas of the Quality & Finance Plan are high risk and there may be a significant lead-in time to deliver the more complex service changes. An agreed project management process is in place to ensure that action is taken to progress the service changes to be delivered and mitigate the additional financial risks and impacts.

The Chair commented on the lack of transitional funding allocated to the IJB. The CFO advised that a joint submission by CFOs across the Health & Social Care Partnerships in Scotland regarding budget setting is being reported to the Health & Sport Committee for their consideration.

Elected Members expressed their concern in relation to the recent announcement by Trust Housing advising of changes to sheltered housing support in Argyll & Bute.

The IJB were advised that the decision regarding service change to housing support was taken in 2011 when the Council were responsible for delivering social care services. The focus on service delivery based

	<p>on the priority of need framework requires services to be targeted to people with P1 and P2 assessed needs across Argyll and Bute. The implementation programme has rolled forward to the present time and the Trust Housing Association is the last housing provider to take forward implementation. Trust Housing Association is undertaking a period of consultation and meetings with residents to inform the proposed service changes.</p> <p>Assurance was given that the focus and commitment continues to be the assessment of needs of individuals and HSCP operational teams are following the correct process to ensure that individual needs are met, in accordance with the direction of travel of the strategic plan.</p> <p>An HSCP representative will attend the meetings arranged by the Trust Housing Association.</p> <p>Any identified gaps in the service which create risk will be flagged to the IJB.</p> <p>After discussion, the IJB concurred that this is an operational matter and it was not appropriate to request that the decision be overturned.</p> <p>A briefing note containing the background to the service change will be circulated to the IJB.</p> <p>IJB members were concerned that they were only made aware recently of the Argyll & Bute Council's decision in 2011 to withdraw housing support funding for sheltered housing developments. The CFO informed the IJB that the Council decision is still being implemented and is not detailed in the Quality & Finance Plan. The CFO was asked to verify with the Council if there were any other past financial decisions the IJB should be aware of, which may impact on the financial plan.</p> <p><i>Noted the overall Integrated Budget Monitoring report for the June 2017 period; noted that as at the June period there is a projected year-end overspend of £5m primarily in relation to the outstanding budget gap at the start of the year, the expected deliverability of the Quality and Finance Plan, the cost of medial locums and continuing overspends from demand for social care services; Noted the financial progress with the delivery of the Quality and Finance Plan and the high level overall forecast shortfall in delivery of savings. Further detail on the progress will be reported to the IJB in September. Approved the funding allocations delegated from Council and Health partners for 2017-18 and instructed the Chief Officer to issue formal Directions to both. Agreed that work should continue to develop a financial recovery plan and this should be brought to the IJB meeting in September for approval to ensure the delivery of a balanced integrated budget for the 2017-18 financial year.</i></p>	<p>CW</p> <p>CW</p> <p>CWh</p> <p>CW</p>
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<p>5.4</p>	<p>Public Health Report</p> <p>The report presented by the Public Health Specialist considered the national adult screen programmes; abdominal aorta aneurysm screening for men; bowel screening for both genders; breast screening and cervical screening for women and diabetic retinopathy screening (DRS) for both genders. Most programmes are running smoothly but increasing uptake is an area for continuous improvement.</p> <p>The issues of risk highlighted in the report relating to the DRS programme have been raised through the Datix reporting system.</p> <p><i>The Integration Joint Board noted the paper.</i></p>	
<p>5.5</p>	<p>Performance Report National Health & Wellbeing Outcome Indicators</p> <p>The Head of Strategic Planning & Performance advised that the Ministerial Strategic Group for Health & Community Care has agreed that for 2017/18 it will direct Integration Authorities to monitor progress across the 6 domains detailed in the paper. The report presented locality specific activity/performance against the 6 measures, with data split into each of the HSCP's locality areas. This work directly informs discussions with NHS Greater Glasgow & Clyde to shift the balance of care.</p> <p><i>The Integration Joint Board noted the locality activity/performance across the 6 measures and associated sub-indicators for FQ1 2017/18 and acknowledged that progress across the development of locality specific targets and reports is ongoing and will be subject to change following the 2017/18 reporting period.</i></p>	
<p>5.6</p>	<p>Consultant Outpatient Waiting Times 2017/18</p> <p>The Head of Strategic Planning & Performance presented the paper giving an overview of the HSCP's performance against the Scottish Government's national waiting times targets and standards. He advised on the current demand in the outreach clinics, aligned with NHS Greater Glasgow & Clyde's challenges in meeting its own targets. This has resulted in an additional cost burden to the HSCP in 2016/17 to sustain services beyond the baseline SLA value, which is not affordable or best value for money. Without additional funding, the potential projected outpatient cost increase above the baseline SLA for 2017/18 is £175,000.</p> <p>An action plan has been identified to mitigate the impact of breaching the waiting time targets for 2017/18. The Scottish Government has announced additional funding to NHS Boards to be targeted towards tackling waiting times in 2017/18. It is proposed to utilise Argyll & Bute's NRAC share of £925,000 of the additional funding as identified in the</p>	

5.7	<p>paper, noting that it is non-recurrent.</p> <p>Ms Wilkinson requested that a more comprehensive demand profiling of the future demand on clinics is provided so that the HSCP's redesign plans can identify how to address this on an ongoing basis.</p> <p>Councillor Green suggested publicising the number of local clinics, including the ones provided within the HSCP.</p> <p><i>The Integration Joint Board noted the performance against waiting times targets as at July 2017; noted the service delivery pressures on certain specialities and the focus on urgent referrals within NHS Greater Glasgow & Clyde (NHS GG&C); noted the additional costs incurred by the HSCP in 2016/17 against its base outreach SLA value with NHSGG&C; considered the implications on waiting times for patients for routine appointments in Argyll and Bute; noted that it is likely that further breaches in the waiting times target will occur across the HSCP and within NHSGG&C unless there is additional funding secured to support additional clinics and service redesign; noted the additional funding released by the SGHD to NHS Highland and the NRAC share allocation that should come to Argyll & Bute HSCP; agreed the action planned to utilise the additional non-recurrent funding, to improve performance and meet the waiting time targets,</i></p>	SW
	<p>Chief Officer's Report</p> <p>The report provided information on :</p> <ul style="list-style-type: none"> - Local access in the Campbeltown area to Obstetric Scanning Services - The recent launch of Cool2Talk Online Information and Support Service for young people. - A number of health records staff recently gaining a certificate in Institute of Health Records & Information Management. - Argyll & Bute Midwifery Service featuring in the BBC Alba Highland Midwives programme. - Liaison between the HSCP Communications Team and the Oban Times to develop a series of features highlight the work of local health and social care professionals in the Oban, Lorn & Isles locality. - HSCP Digital media update, including Facebook, YouTube, IJB webpage. <p><i>The Integration Joint Board noted the report.</i></p> <p>Dawn MacDonald, Staffside Representative (Health) requested that all business papers to the IJB include a comment relating to the impact on 'Staff Governance'.</p> <p>Councillors Anderson and Redman requested that they are provided</p>	

	with a breakdown in the use of agency in both health and social care staff and medical and GP locums in the HSCP.	CWh
	Date of Next Meeting : Wednesday 27 September 2017 at 1.30pm, Kilmory Chambers, Lochgilphead	

DRAFT

ACTION LOG

– INTEGRATION JOINT BOARD 2-8-17

	ACTION	LEAD	TIMESCALE	STATUS
1	IT support to be looked at regarding Webex use for IJB meetings.	Christina West		Ongoing
2	Struan Lodge Redesign update and recommendations	Allen Stevenson	March 2018	
4	A review and update of fixed term Council contracts will be reported to the next Staff Liaison Meeting.	Stephen Whiston		Complete
5	Update the IJB on the NHS GG&C Review of GP OoH Services, including Helensburgh & Lomond.	Stephen Whiston / Allen Stevenson		Ongoing
6	Lorn & Islands Hospital Laboratory Governance – quantify risk due to leadership capacity.	Elizabeth Higgins	September 2017	
7	Briefing note on service change to housing support to be circulated to IJB.	Christina West		Complete
8	Clarify if there are any further past financial decisions by the Council which may impact on IJB financial plan.	Caroline Whyte	September 2017	
9	Formal directions to be issued to Council and Health Chief Executives.	Christina West	September 2017	
10	NHS GG&C Consultant outpatient waiting times – information to IJB on demand profiling on the future demand on clinics.	Stephen Whiston	September 2017	
11	IJB business papers to include comment relating to impact on Staff Governance	Christina West	Ongoing	
12	Breakdown of agency staff and medical and GP locums in the HSCP to be provided to IJB Elected Members.	Caroline Whyte	September 2017	



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.1

Date of Meeting: 27 September 2017

Title of Report: Clinical and Care Governance

Prepared by: Liz Higgins, Lead Nurse /
Fiona Campbell, Clinical Governance Manager

The Integration Joint Board is asked to :

- Item 3.1 - Note current risks with service and actions taken
- 3.2 - Note update and residual risk and actions taken thus far
- 3.3 - Note complaint procedure, numbers of complaints received and performance against targets
- 3.4 - Note Infection Control update and current issues and actions to mitigate risk.
- 3.5 - Note current issues in Care at Home service.

1. EXECUTIVE SUMMARY

Report detailing:

1. Diabetic Retinopathy Screening (DRS)
2. Oban Laboratory Update
3. Complaints
4. Infection Control
5. Care at Home Service

2. INTRODUCTION

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

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

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

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

3. DETAIL OF REPORT

3.1 DIABETIC RETINOPATHY SCREENING (DRS)

The DRS programme is a national screening programme which (Argyll & Bute HSCP) NHS Highland must provide. All patients diagnosed with diabetes are offered this screening. Those who 'fail' or test positive in the initial screen require to have further examination by slit lamp.

Previously in Argyll & Bute we referred such patients into the general ophthalmology clinic which placed an extra burden on NNHS GGC outreach clinics and those clinics in their hospitals. However with the implementation of new screening software at the beginning of March 2017, we are no longer able to refer patients into the respective Glasgow eye clinics. Each patient who now fails photography sits on a queue waiting to be booked into the next available slit lamp clinic. We now have a growing number of people who are now overdue in the A&B area and this is rising daily. A Datix record of the situation has been made by Lisa Steele, Service Manager for Diabetes in Raigmore. (Raigmore provide the call and recall administration as well as a mobile service for the initial screening where we have gaps in provision by the High Street Optometrists). Dr Rod Harvey, NHS Highland Medical Director, has also been involved to implement a solution.

We have exhaustively explored the options to roll slit lamp provision out to the community optometrists (i.e. Independent High Street Optometrists) who already capture fundus photography for screening. Unfortunately at this stage, their professional body has advised our community optometrists that they cannot cover liability for slit lamp provision. Naturally, all our optometrists are not willing to contravene this advice.

Colleagues in NHS Greater Glasgow have been approached to see if we can set up a Service Level Agreement (SLA) with them to formally undertake slit lamp for us and they have responded that they do not want to be involved in any stage of the provision for DRS as they have resourcing difficulties of their own to deal with.

It has been agreed with Raigmore to employ a dedicated slit lamp screener optometrist to run clinics at various sites in Argyll & Bute. They have been provided with further resource to cover these costs. The person recruited will be clinically managed by staff in Raigmore.

NHS Highland accepts this is a Board wide screening programme that we have an obligation to maintain across the whole area and that the Inverness based ophthalmology service will professionally support the A&B dedicated slit lamp screener. This is a model that is successfully deployed in North Highland. However the process has been slow to implement with anticipated difficulties in recruitment. We have also identified that there is no slit lamp equipment in Helensburgh and this has been flagged with colleagues in Inverness as this will require capital monies which are not devolved to Argyll & Bute HSCP.

We will continue to work with colleagues in Inverness to resolve this situation but this is a clinical risk whilst patient remains on a waiting list for slit lamp.

3.2 Oban Laboratory Update

Previous reports to the IJB have provided the detailed action plan for improvement and the plan continues to implemented and monitored within the locality.

The most significant ongoing risk is the lack of a Clinical Director for the Oban service. This issue has been raised with Dr Rod Harvey, NHS Highland Medical Director, who is due to visit Lorn & Islands Hospital on 4 October. During a recent leadership walkround Heidi May, NHS Highland Nurse Director committed to raising the issue with NHS Highland Board and she has

since confirmed that she has done so. We await an update on actions required to resolve this issue.

Microbiology work continues to be supported by Greater Glasgow & Clyde. The plan is to take back the screening work from the 1 October to Lorn & Islands but longer term, Microbiology work, other than the screening work, will go to either Inverness or Glasgow.

Quality improvement work continues. The Oban Lab is moving towards using I Passport, which is the quality management system currently used in the rest of NHS Highland. Work is underway with the transition.

Local managers continue to work on maintain safe and appropriate staffing of the labs and are managing shortfalls due to sickness absence by deploying temporary staff where required.

3.3 HSCP and IJB Complaints Handling Procedures

From 1 April 2016 the HSCP introduced a single point of referral for both Health and Social Work complaints.

Following a review of Public Sector Complaints Handling Procedures undertaken by the Scottish Public Services Ombudsman (SPSO), Complaints Standard Authority (CSA), the model complaints handling procedure (CHP) for social work and the model complaints procedure (CHP) for NHS Scotland was introduced on 1 April 2017. Argyll and Bute HSCP developed and implemented complaints procedures which were assessed by SPSO as compliant with the model CHPs.

Additionally, in July 2017 all Integrated Joint Boards were required to develop and submit complaint handling procedures (based on the template CHP for IJBs published by the SPSO) for complaints relating to the Integrated Joint Board. The CHP for Argyll and Bute IJB has been submitted to the SPSO. Feedback is awaited from the SPSO to confirm that the submitted IJB CHP is compliant.

The key elements of each model CHP is the same for all public sectors and include:

- A shared definition of what is and what is not a complaint
- A **two** stage process where complaints are resolved as close to the frontline as possible
- Frontline resolution of complaints within five working days (Stage 1)
- An investigation stage of 20 working days, which provides the organisation's final decision (Stage 2)
- Recording of **all** complaints
- Active learning from complaints through reporting and publicising complaints information.

Prior to the introduction of the HSCP model complaints handling procedure on 01 April 2017, an initial awareness raising session was held with Senior Managers with the requirement for cascade of information to frontline staff. Complaints procedure awareness raising and development sessions are now in the process of being delivered in each of the localities.

Work is ongoing to develop standardised reports for both Social Work and Health complaints.

3.3.1 Complaints Performance Quarter 1 (01 April – 30 June 2017)

Table 1: Stage 1 Health Complaints by Month (All Adult Services)

	April	May	June	Total
No stage 1's received	3	4	1	8
Number Withdrawn	1	0	0	1
Number stage 1's investigated / closed	2	4	1	7
Dental Services	1	0	0	1
Diabetic Retinopathy Screening and Podiatry	1	0	0	1
Outpatients	0	2	0	2
Accident and Emergency	0	1	0	1
GP (Salaried)	0	1	0	1
General Surgery	0	0	1	1
Overall achievement against 5 working days	2(100%)	3(75%)	1(100%)	
Fully upheld	2	2	1	5
Partially Upheld	0	2	0	2
Not Upheld	0	0	1	1
Number escalated to stage 2	0	0	0	0

Table 2: Stage 2 Health Complaints by Month (All Adult Services)

	April	May	June	Total
No stage 2's received	8	3	8	19
No stage 2's investigated	8	3	7	18
Number Withdrawn	1			1
Number transferred to other Board	0	0	1	1
Number on hold	0	0	1	1
Overall achievement against 20 working days	13%	0%	0%	
Fully upheld	3	0	1	4
Partially Upheld	3	3	4	10
Not Upheld	0	0	1	1
Response outstanding	1*		1 (on hold)	2

* Combined response with GG&C

Table 3: Stage 1 Summary of Complaint and Response (Health)

Summary of Complaint	Summary of Response
No reminder for annual diabetic retinopathy screening also a podiatry appointment.	Appointments not due. Explained when appointments due.
Cancellation of dental appointment and communication with receptionist	Apologised. Cancellation due to staff sickness. Appointment provided.
Complaint regarding telephone call from member of staff	Withdrawn
Patient asked to travel to Glasgow or Oban for pre-op assessment when a surgery is nearby	Apologised. Advised that contact will be made with Planning Department to consider whether this could be changed.
That the reception desk in outpatients has been moved to a place further away and out of sight.	Apologised. Alterations in progress.
Why was a head scan not done when son attended A&E; and when will son receive his scan.	Apologised for poor communication. Explained about criteria for scans.
Attitude and behaviour of receptionist at surgery	Apologised about staff attitude and developing improved system for prescription requests
Delays in arranging for an appointment for admission and the lack of communication about this.	Apologised and appointment provided.

Figure 1 : Stage 2 Health Complaints Issues July 2016 – July 2017

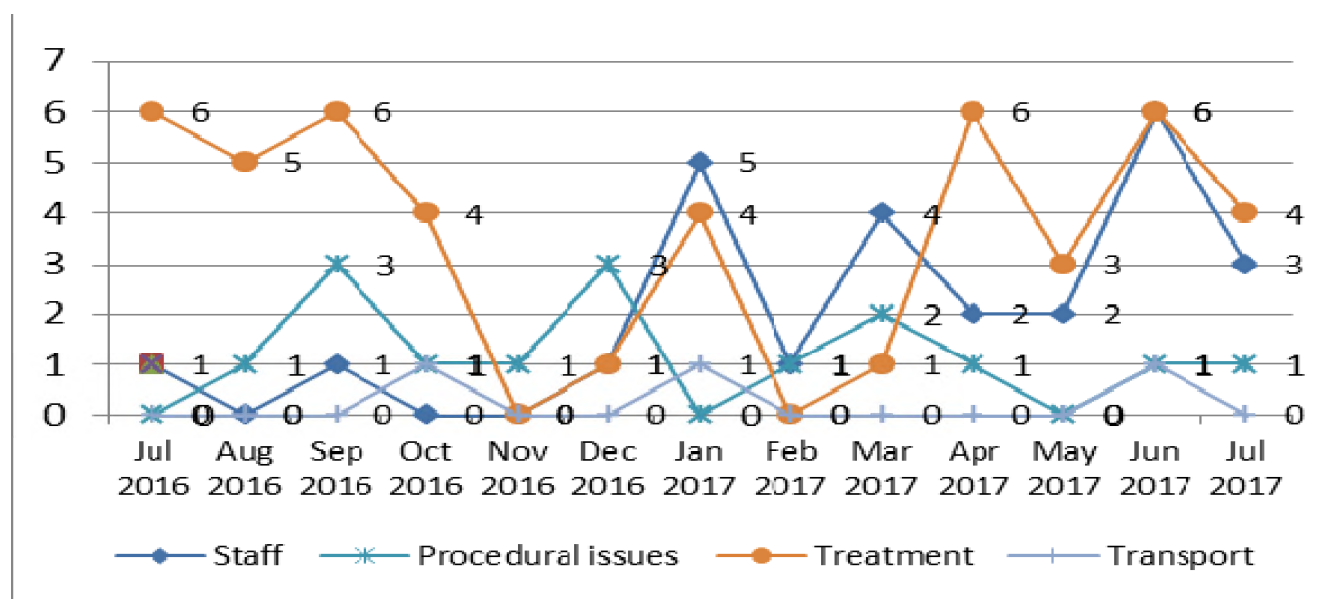


Table 4: Stage 1 Complaints (Social Work) Quarter 1

Service	No	Responded to within 5 days	Upheld	Partially Upheld	Not Upheld
Children and Families	1	0	0	1	0
Adult Care	1	1	0	1	0
Total	2	1 (50%)	0	2	0

Table 5: Stage 2 (Social Work) Quarter 1

Service	No	Responded to within 20 days	Upheld	Partially Upheld	Not Upheld
Children and Families	6	4 (67%)	1	2	3
Adult Care	6	4 (67%)	0	0	6
Total	12	8 (67%)	1	2	9

Table 6: Summary and Outcome of Stage 1 and Stage 2 Complaints (Social Work)

Service	Summary of complaint	Outcome of complaint
Children and Families	Service provided and decisions taken by SW	Agreed support will be provided by social worker
	Staff and service provided at a hostel	Client met with and concerns addressed
	Lack of contact re change of social worker	Explanation provided and apology issued
	Restriction on child visiting parent in prison and information not being shared with client	Decision to restrict visiting was correct and apology issued for failing to share some information on decision making process
	Inappropriate comments made by social worker to daughter, failure to supply final version of child's plan, actions from multi-disciplinary meetings	Apology issued for not supplying final version of plan and some actions not being completed
	Service provided and decisions taken by SW	Client agreed to case being allocated to another social worker
	Adherence to child protection processes which resulted in child being placed on the child protection register	Accepted that procedures were not followed and apology for failings issued
Adult Care	Level of service provision	Agreed extra visit during the night
	Standard of service and payment of monies to care provider	Explanation provided to client that issue had been due to change of banking details of provider, action had been taken and matter resolved
	Issues regarding charging policy	Advised that assessment was correct and full explanation provided
	Provision of support to son	Actions to progress matters agreed with client and apology issued
	Changes to care package removal of overnight care	Full explanation of the position of HSCP provided to client
	Assessment for entitlement to SDS	Full explanation of the position of HSCP provided to client, all assessments undertaken were compliant with requirements
	Lack of service from Mental Health Team	Explanation of process given to client and appointment offered

3.4 Infection Control (to end July 2017)

Infection Outbreaks

There have been no reported outbreaks of infection in any care setting since the last report.

Staphylococcus aureus bacteraemia (SAB)

SAB is the subject of a HEAT target due to the high mortality rate (up to 50%). Healthcare associated SAB (as opposed to community acquired) is considered preventable until found otherwise and all are subject to detailed surveillance to assess the root cause and learn lessons.

There have been no new SABs reported in the HSCP since the beginning of April 17.

	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17
MRSA	0	0	0	0	0	0	1	0	0	0	0	
MSSA	0	1	0	2	1	1	0	0	0	0	1	
Total Sabs	0	1	0	2	1	1	1	0	0	0	1	

1 patient admitted to A&E in Cowal Community Hospital in July was confirmed as having a community acquired SAB. Enhanced surveillance indicated that the source of infection was a discitis, and no learning points were identified.

Clostridium difficile infection (CDI)

CDI is the subject of a HEAT target as the predisposing factors include antibiotic ingestion and prolonged use of protein pump inhibitor (PPI) agents. Elderly females are at greatest risk although the disease is seen in all ages, especially during concurrent abdominal illness or chemotherapy treatment. Infection can spread to other vulnerable individuals in health and social care settings.

Some classes of antibiotic are considered to be greater risk and guidelines are updated regularly to assist antimicrobial prescribing decisions and ensure that patients only receive the narrowest spectrum drug indicated for the shortest possible time.

CDI symptoms range from mild diarrhoeal illness to severe, life threatening disease. All cases are subject to enhanced surveillance to assist in control and minimise the risk of recurrence and person to person transmission.

	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17
Ages 15-64	0	0	0	1	0	1	0	1	1	0	0	0
Ages 65 plus	2	2	1	2	0	3	0	2	0	1	0	0
Ages 15 plus	2	2	1	3	0	4	0	3	1	1	0	0

There have been no incidences of CDI since the last report.

Ongoing Challenges and Risks

Challenges

- A formal complaint has been registered by NHS Highland with the ICNet software provider regarding the completion of this project as the live data feed from Glasgow laboratories to ICNet remains outstanding. However, the issue has now been identified as being with the ICNet server, a work around had been found and we expect to start live testing in the next two weeks. The laboratory team in GGC have been very understanding of the ongoing problem with data transfer and have assisted as much as possible in mitigating the risks to infection surveillance.
- As noted in the last report, Campbeltown Hospital remains the only area in Argyll & Bute where it has not yet been possible to reduce bed numbers in the multi-bedded areas to 4 beds per bay. The potential risks are noted and appropriate contingency plans are in place.

Risks

- The microbiology laboratory situation is unchanged since the last report. Progress in resolving the situation has been detailed above.

3.5 Care at Home Service

Mears

Mears Homcare provider served formal notice of withdrawal of their service in the Oban area on Monday 18th September.

The HSCP are working with Mears to arrange a TUPE transfer of their staff to the other homecare providers in the area.

The priority is to maintain service continuity to the clients in receipt of care.

Port Appin and Lismore homecare

The homecare project in Appin and Lismore started last year in partnership with Highland homecare. The project has experienced a number of challenges from which good learning opportunities have emerged for the partnership. ICF monies of £17,000 were transferred to the Community Trust to employ a Care Coordinator for a one year period which is due to end in October 2017. The model behind the project was for the funding for the Co-ordinator to be self-generated from the funding paid for each client the service supported.. When the project was in the planning stages, it was thought that a number of individuals, who were arranging their own support, would wish to transfer their support to the project. However this has not happened and in addition the service was unable to recruit and retain sufficient staff to take on enough work in order to generate sufficient funds to retain the coordinators post. We are continuing to liaise with the community to ensure homecare is delivered and a full summary report will be available in due course.

4 CONTRIBUTION TO STRATEGIC PRIORITIES

Robust governance arrangements are key in the delivery of strategic priorities.

5 GOVERNANCE IMPLICATIONS

5.1 Financial Impact

Potential for financial impact.

5.2 Staff Governance

Application of robust governance and risk management ensures staff wellbeing and safety

5.3 Clinical Governance

Some issues identified

6 EQUALITY & DIVERSITY IMPLICATIONS

Issue pertaining to local access to diagnostics

7 RISK ASSESSMENT

Risks articulated within the report.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The membership of the Clinical and Care Governance Committee and the Health and Safety Group includes public representation.

9. CONCLUSIONS

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



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.2

Date of Meeting: 27 September 2017

Title of Report: Criminal Justice Social Work Governance

Presented by: Alex Taylor
Head of Service Children & Families and Criminal Justice

The Integration Joint Board is asked:

1. To consider the Criminal Justice Social Work reporting arrangements including how this relates to the current management reporting structures of the Children and Families Operational Management Team (C&F OMT), the Strategic Management Team (SMT) and the Integrated Joint Board (IJB).
2. To support the recommendation to the Integrated Joint Board (IJB) that Governance for the Criminal Justice Social Work Service sits with the Integrated Joint Board (IJB).
3. To recommend to the Integrated Joint Board (IJB) that an Integrated Joint Board (IJB) development session be led by the Criminal Justice Social Work Service (CJSWS) later in the year.

1. EXECUTIVE SUMMARY

This report advises the IJB/Clinical and Care Governance Group of the recent changes in legislation (Community Justice (Scotland) Act 2016) and the need to review and confirm the Criminal Justice Social Work (CJSW) governance arrangements.

2. INTRODUCTION

- 2.1 The Criminal Justice Social Work Service is a statutory service whose principal duties and tasks relate to the assessment and supervision of offenders in the community either through the medium of community sentences or post release supervision following a custodial sentence.
- 2.2 The legislative basis for Criminal Justice Social Work Services is located within The Social Work (Scotland) Act 1968. Section 27 of that Act transferred the responsibilities for community based Criminal Justice Social Work Services

from the Probation Service to the Local Authorities. Responsibility for prison based Social Work services followed subsequently.

- 2.3** The powers and responsibilities vested in Local Authority officers in relation to preparing reports for court, community sentences such as Probation and Community Service and in respect of the supervision of prisoners released on various forms of licence are underpinned by the overarching responsibilities established under the terms of the 1968 Act. From January 2011 most community sentences were delivered within the then new legislative framework introduced via the Criminal Justice and Licensing (Scotland) Act 2010. The implementation of the new sentences Community Payback Orders (CPO) has been supported by substantially revised National Outcomes and Standards for Social Work Services in the Criminal Justice System and associated practice guidance.
- 2.4** The Management of Offenders (Scotland) Act 2005 established Community Justice Authorities (CJA) with the intention of co-ordinating and improving the delivery of services to offenders across eight CJA areas. The Act required Local Authorities, the Scottish Prison Service (SPS) and other key partners (Police, Health, COPFS and major voluntary organisations) to co-operate and co-ordinate their efforts to reduce reoffending.
- 2.5** The 2005 Act also placed a statutory obligation on Local Authorities, the Scottish Prison Service, Police and Health Service to co-operate in respect of certain categories of offender. These Multi-Agency Public Protection Arrangements (MAPPA) are supported by national guidance and relate to Registered Sex Offenders, Serious Violent Offenders and Restricted Patients. The principle of predicating the nature and level of intervention on risk, supported by formal arrangements for the sharing of relevant information extends beyond MAPPA to the supervision of offenders in general.
- 2.6** Underpinning the above demand is the level of business dealt with by courts, related in turn to the level and nature of criminal activity. The volume of recorded crime has in recent years (since 2006-07) declined with exception of crimes of indecency.
- 2.7** It should be noted that prosecution is not the inevitable outcome of a criminal charge. The Crown Office and Procurator Fiscal Service (COPFS) has a range of options available short of prosecution, including Fiscal Fines in respect of certain offences and other diversionary measures including Fiscal Work Orders and Diversion from Prosecution.
- 2.8** The Community Justice Authorities (CJA) have now been dissolved with the implementation of the Community Justice (Scotland) Act 2016 and replaced by Community Justice Scotland. Under these provisions Scotland's Criminal Justice Social Work Services have been assigned to their respective local authorities. The Argyll and Bute Criminal Justice Social Work Service is delegated within the Integration Scheme to the Argyll and Bute Health and Social Care Partnership.

3. DETAIL OF REPORT

- 3.1** Since the establishment of the Criminal Justice Social Work Partnership and Joint Committee in 2002 between Argyll and Bute Council, East Dunbartonshire

Council and West Dunbartonshire Council, all reporting on Criminal Justice Social Work has been through this Partnership arrangement. The Partnership Joint Committee met quarterly and received reports on:

- Strategic and operational plans for the service
- Planning and performance improvement framework including performance indicators, management information and evaluation of outcomes
- Business plans for the service
- Financial, operational and staffing accountability
- Adoption of best value principles and quality assurance approach
- Engagement with voluntary sector and links with other local agencies

3.2 The Criminal Justice Social Work Partnership and Joint Committee were dissolved on 31st March 2017 which means that each Local Authority now has its own Criminal Justice Social Work Service and related section 27 grant allocation with an element of shared services across boundaries. All of the above reporting requirements now need to be delivered by Argyll and Bute Health and Social Care Partnership and this could be achieved as follows:

- Finance (budget control) – reported by Finance Team at each Children and Families (C&F) Operational Management Team (OMT) along with the rest of C&F budgets
- Planning and Performance Reporting – the majority is internally reported as per the Programme to the CJSW Management Group with public reporting through the IJB
- Service Redesign – to follow normal route through CJSW Management Group to C&F OMT then to Strategic Management Team (SMT) who would decide whether or not to take to Integrated Joint Board (IJB)
- National/agency consultations and guidance – to be discussed at CJSW Management Group and CJSW Joint Management Forum (JMF) to determine any action or response and presented for information at C&F OMT, if a change in Government guidance or legislation meant a service redesign then same as above
- Change in policy – agreed at CJSW Management Group to C&F OMT then to SMT who would decide whether or not to take to IJB
- Training Plan – discussed and agreed at CJSW Joint Training Group and CJSW Management Group then to be presented to SW Training Board and to C&F OMT for information
- Engagement – this will be undertaken via the Community Justice Working Group who will report to the IJB via the Outcome 6 – Safer and Stronger Management Group

3.3 The CJSW Service in Argyll and Bute, since the dissolution of the Partnership with East and West Dunbartonshire, is going through a period of on-going redesign. A new team has been established in the Helensburgh area and recruitment is in progress. This will enable the Service to deliver the same services in Helensburgh as the rest of Argyll and Bute. Helensburgh services were previously delivered by the CJSW team in Dumbarton. An interim management structure has been put in place to oversee this redesign which includes a part time Service Manager and Professional Lead.

3.4 The Service is small and spread across Argyll and Bute with staff located in each area where there is a Sheriff Court to provide local support. Staff do, however,

also work across areas to provide support to meet demand pressures and need for joint working. The team is currently made up of the following staff:

Operational:

Area	Post	Number
Mid Argyll, Kintyre & Islay	Social Worker	2
	Community Payback Officer	1
Oban, Lorn & Isles	Social Worker	1
	Community Payback Officer	0.6
Bute & Cowal	Social Worker	3
	Community Payback Officer	1.6
Helensburgh & Lomond	Social Worker	1
	Community Payback Officer	0.4
Total		10.6

Unpaid Work:

Area	Post	Number
All	Community Payback Co-ordinator	1
	Community Payback Work Officer	0.8
	Community Payback Work Supervisor	1.2
	Community Payback Work Supervisor (casual)	6
Total		9

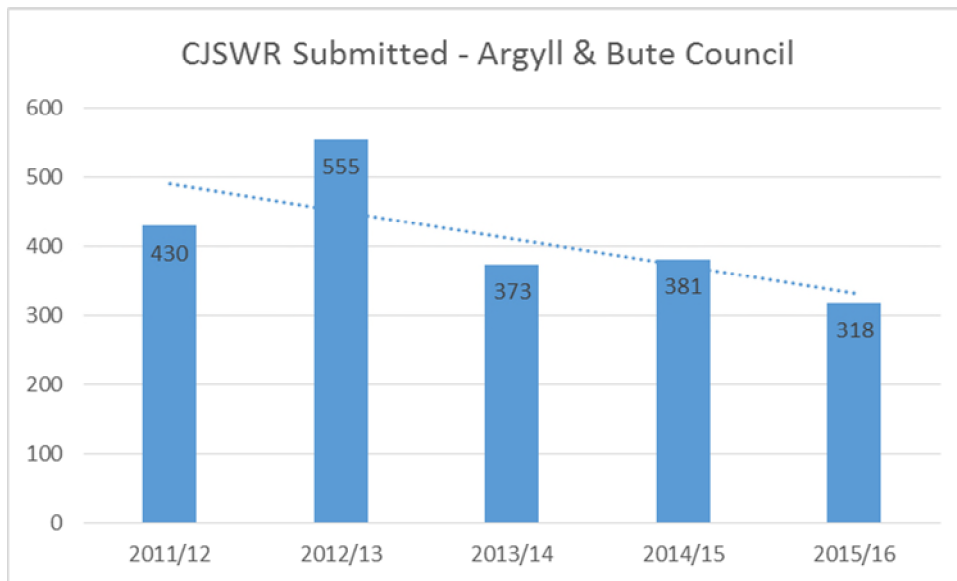
Business Support:

Area	Post	Number
All	Admin Officer	1
	Senior Admin Support Worker	1
Mid Argyll, Kintyre & Islay	Admin Support Worker	1
Oban, Lorn & Isles	Admin Support Worker	0.5
Bute & Cowal	Admin Support Worker	1
Helensburgh & Lomond	Admin Support Worker	0.5
Total		5

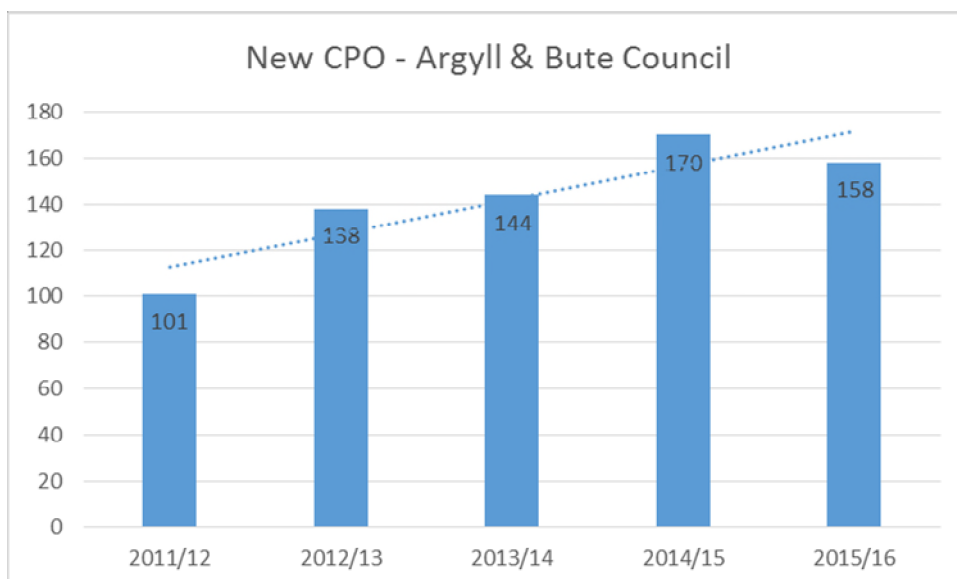
Management:

Area	Post	Number
All	Service Manager (interim)	0.5
All + Bute & Cowal and Helensburgh & Lomond	Professional Lead (including Team Leader) (interim)	1
Mid Argyll, Kintyre & Islay and Oban, Lorn & Isles	Team Leader	1
All	Business Support Manager	0.5
Total		3

- 3.5 The Service's core business is Criminal Justice Social Work Reports (CJSWR) for court and Community Payback Orders (CPO). The graphs below show trends over the last five years.



The decline in CJSWR is replicated across Scotland and represents a change in practice by the judiciary.



These figures do not take into account the extra resource required when writing a report or managing a high risk offender in particular under MAPPA which is considerable due to intensive supervision and support and co-working.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

The proposed governance arrangements will ensure that the CJSW Service meets strategic priorities.

5. GOVERNANCE IMPLICATIONS

5.1 Policy

The proposals set out clear lines of governance for CJSW at an appropriate

level within the HSCP.

5.2 Financial

There are implications for reporting financial information to the Scottish Government due to the nature of grant funding. This proposal ensures that there is adequate scrutiny prior to any submissions.

5.3 Legal

There are implications for reporting statistical and performance information to the Scottish Government and Community Justice Scotland. This proposal ensures that there is adequate scrutiny prior to any submissions.

5.4 HR

No HR implications have been identified.

6. EQUALITY & DIVERSITY IMPLICATIONS

There is no requirement for an equalities impact assessment arising from the proposals outlined in this report.

7. RISK ASSESSMENT

The HSCP needs to ensure adequate governance of CJSW to ensure that the Service is meeting statutory and financial requirements. A failure to do so may result in greater scrutiny and inspection and have implications for public protection.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Customer experience would be improved by appropriate oversight of service delivery.

9. CONCLUSIONS

Although a small Service the nature of the statutory requirements and the requirement for public accountability mean that there is a need for external governance and scrutiny from within the Health and Social Care Partnership. This would relate to the management of the grant funding, service delivery and performance reporting. In order to achieve adequate governance of the Service it is proposed that a review of reporting arrangements should be undertaken including how this relates to the current management reporting structures of the Operational Management Team, Strategic Management Team and the Integrated Joint Board.



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda Item : 5.3(a)

Date of Meeting : 27 September 2017

Title of Report : Audited Annual Accounts 2016-17

Presented by : Caroline Whyte, Chief Financial Officer

The Audit Committee is asked to:

- **Note** that Audit Scotland have completed their audit of the annual accounts for 2016-17 and have issued an unqualified independent auditor's report
- **Approve** the Audited Annual Accounts for 2016-17 to be signed for issue

1. EXECUTIVE SUMMARY

- 1.1 The Integration Joint Board were required to produce a set of annual accounts for 2016-17. These accounts were produced within the statutory timescale and have been subject to independent audit by the Integration Joint Board's external auditors, Audit Scotland. The audit process has been completed and Audit Scotland have issued an unqualified independent auditors report.

2. INTRODUCTION

- 2.1 The Integration Joint Board are required to produce a set of annual accounts for 2016-17. The unaudited accounts were approved by the Audit Committee on 23 June 2017 for submission for external audit, the audit process is complete and the final audited accounts require to be approved by the Integration Joint Board prior to 30 September 2017.

3. DETAIL OF REPORT

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

- 3.2 For 2015-16 accounts were required to be prepared for the period from the date of establishment of the Integration Joint Board, which was 27 June 2015. The commencement date for delegation of functions and resources in line with the Strategic Plan commenced on 1 April 2016 therefore the 2015-16 accounts only included the Integration Joint Board operating costs. The annual accounts for 2016-17 are required to contain full detail on service costs and performance and there is much more information provided on operational and financial performance in the first full year of integration.
- 3.3 The audited annual accounts have been prepared in accordance with the Code of Practice on Accounting for Local Authorities in the United Kingdom 2016-17. Additional guidance was issued by the Scottish Government Integrated Resources Advisory Group (IRAG) and CIPFA LASAAC and this guidance has been followed to produce the unaudited accounts. In addition support was provided by CIPFA to ensure a consistency of approach across Integration Joint Boards.
- 3.4 The timely production of the accounts for 2016-17 was challenging. The timescale for agreeing balances and transactions for service delivery costs between the partners was challenging given the differing financial year-end timetables of Health and the Council. The Council and Health Board require to include disclosures in their annual accounts in relation to the overall position for the Integration Joint Board and therefore both required financial information for the integrated position. NHS Highland require to produce accounts much sooner after the financial year-end than Argyll and Bute Council, therefore the Council had to adapt their year-end closedown timetable to accommodate this. This required a considerable amount of effort by Council colleagues. The agreed timetable was followed, however there were some minor issues which will be picked up as lessons learned for the 2017-18 year-end.
- 3.5 The annual accounts have been subject to independent audit by Audit Scotland and there were some minor changes required to the accounts as a result of this. The changes were mainly presentational and to provide additional information or clarification, there were no changes required to any of the financial information in the accounts.
- 3.6 The Audited Annual Accounts for 2016-17 are included as Appendix 1, these incorporate the independent auditors report. Audit Scotland are able to conclude that the Integration Joint Board's accounts present a true and fair view of the IJB. There is a separate item on the agenda for the External Audit Annual Audit Report for 2016-17.
- 3.7 The Integration Joint Board are required to formally approve the Audited Annual Accounts prior to 30 September 2017, the IJB Audit Committee considered the Audited Annual Accounts at their meeting on 5 September 2017 and approved them to be put forward to the IJB with a recommendation to sign and authorise the accounts for issue.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

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

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

- 5.1.1 The Integration Joint Board are required to consider and approve the Audited Annual Accounts for 2016-17 by 30 September 2017.

5.2 Staff Governance

None

5.3 Clinical Governance

None

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

None

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

- 8.1 The unaudited annual accounts were advertised and made publicly available for inspection, the audited accounts will require to be published by 30 September 2017. There were no objections noted from the public inspection.

9. CONCLUSIONS

- 9.1 The Audited Annual Accounts for 2016-17 require to be approved by the IJB by 30 September 2017, these were submitted to Audit Scotland, the IJB external auditors, and an unqualified independent auditor's report has been issued. There were a small number of changes required to the accounts as part of the audit process, but these were in the main presentational to provide additional narrative and information, there were no changes required to the financial information.

APPENDICES:

- Appendix 1 – Audited Annual Accounts 2016-17
Appendix 2 – Independent Auditors Report 2016-17

ARGYLL AND BUTE INTEGRATION JOINT BOARD



AUDITED ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017



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

1. INTRODUCTION

The Management Commentary outlines the key messages in relation to the Integration Joint Board's financial planning and performance for the year 2016-17 and how this has supported delivery of the Integration Joint Board's strategic priorities. This commentary also looks forward, outlining the future financial plans for the organisation and the challenges and risks faced in meeting the health and social care needs of the population of Argyll and Bute.

2. ARGYLL AND BUTE – THE AREA

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

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

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

3. THE INTEGRATION JOINT BOARD

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

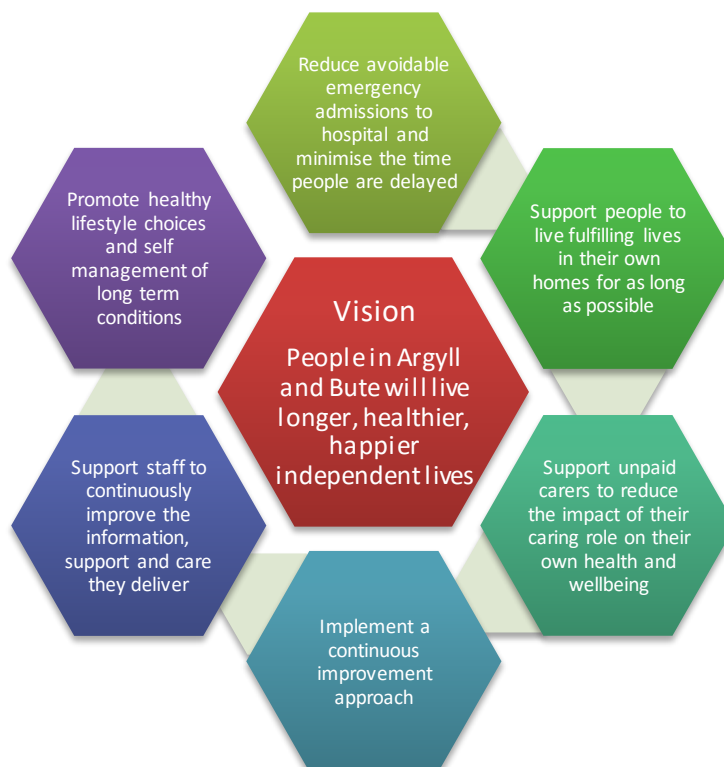
ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

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

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

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

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



ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

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

4. OPERATIONAL PERFORMANCE

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

The Integration Joint Board can supplement the required 23 performance measures with additional locally determined measures to effectively report on the performance of the organisation, there are a total of 101 monitored success measures. The Planning and Performance Management Framework focusses on delivering on the health and wellbeing outcomes and improving local performance at all levels in the organisation including Locality Planning Group delivery plans, service plans and individual staff development plans. Locality Planning arrangements are in place to ensure joint strategic planning that is effectively and demonstrably informed by, and responsive to, local priorities and needs.

Performance is reviewed by the Strategic Management Team and a performance report is presented at each meeting of the Integration Joint Board with a scorecard which displays the performance against target for each of the outcomes and success measures. The scorecard below provides a snapshot of the overall performance as at the end of March 2017:

Integrated Joint Board [IJB] Scorecard		Success Measures	101	A
		On track	72	➡
Outcome 1 - People are able to improve their health	FQ4 16/17	No of indicators	14	A
		On track	8	➡
Outcome 2 - People are able to live in the community	FQ4 16/17	No of indicators	18	A
		On track	15	➡
Outcome 3 - People have positive service-user experiences	FQ4 16/17	No of indicators	11	A
		On track	10	➡
Outcome 4 - Services are centered on quality of life	FQ4 16/17	No of indicators	15	A
		On track	10	➡
Outcome 5 - Services reduce health inequalities	FQ4 16/17	No of indicators	5	G
		On track	3	⬆
Outcome 6 - Unpaid carers are supported	FQ4 16/17	No of indicators	1	G
		On track	1	➡
Outcome 7 - Service users are safe from harm	FQ4 16/17	No of indicators	12	A
		On track	9	➡
Outcome 8 - Health and social care workers are supported	FQ4 16/17	No of indicators	4	R
		On track	0	➡
Outcome 9 - Resources are used effectively in the provision of health and social care services, with	FQ4 16/17	No of indicators	12	A
		On track	8	➡
Customer Services	FQ4 16/17	No of indicators	9	A
		On track	8	➡

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

The scorecard above illustrates that of the 101 success measures 72 were reported as being on target at the end of the year.

Some of the areas where performance has improved during 2016-17 and continues to exceed target performance levels are:

- Continued to increase the use of telecare and telehealth packages for adults and older people, we are also actively encouraging the use of specialist equipment, this will ensure we are equipped to ensure people can remain in their own homes for as long as possible.
- 99.5% of patients waited no longer than four hours in A&E, with patients either discharged or admitted within this time.
- Reduced number of bed days spent in hospital when patients are ready to be discharged, this reduces our reliance on institutional based acute health services and facilitates a shift to having the support available in the community.
- Performance exceeding target levels for proportion of adults receiving care or support and rating this as excellent or good, adults supported at home who agree health and care services are well co-ordinated and the proportion of patients that have a good experience of their GP practice.
- A continued steady reduction in the emergency admissions bed day rate.

The Integration Joint Board has made progress during 2016-17 in terms of improving or maintaining performance, however it is clear that the challenges around workforce (recruitment and retention), service demand pressures and the pace of transformational change required is not happening fast enough to ensure target performance is achieved in all areas.

The main areas for improvement are:

- Outcome 1 – increase the number of Alcohol Brief Interventions, increase breastfeeding uptake and expand capacity in care at home services for older people.
- Outcome 2 – facilitate rapid discharge from hospital and continue to expand falls prevention work.
- Outcome 3 – improve early diagnosis and management of dementia.
- Outcome 4 – reduce waiting times for treatment.
- Outcome 7 – increase the percentage of children with no change of social worker and a completed Child Protection plan.
- Outcome 8 – improve staff attendance levels and the completion rate of performance development and review plans.
- Outcome 9 – reduce time taken to complete Community Payback Orders and reduce Did Not Attend rates for outpatient appointments.
- Customer Services – response times for health complaints.

Further information on the performance in the first year of integration is contained in the Annual Performance Report which can be found here <https://goo.gl/3LY31x>

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

5. FINANCIAL PERFORMANCE 2016-17

Annual Accounts

The Annual Accounts set out the financial statements for the Integration Joint Board for the year ended 31 March 2017. The main purpose is to demonstrate stewardship of public funds that have been entrusted to the Integration Joint Board for the delivery of the Strategic Plan. The requirements governing the format and content of the Annual Accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code), the Annual Accounts for 2016-17 have been prepared in accordance with this code.

Financial Plan

Strong financial planning and management needs to underpin everything we do to ensure that our limited resources are targeted to maximise the contribution of our objectives. In 2016-17 this was supported by a balanced budget to support the delivery of our strategic objectives.

The funding available to Argyll and Bute Integration Joint Board is dependent on the funding available to Argyll and Bute Council and NHS Highland and the corporate priorities of both. Resource for the delivery of health and social care services in Argyll and Bute is delegated to the Integration Joint Board by both partners. In 2016-17 the Scottish Government created a new Scotland-wide £250m Integration Fund to support the integration of health and social care services to ensure improved outcomes, the Argyll and Bute share of this funding was £4.580m. Half of this funding was directed to deliver on the requirement to pay all social care workers the Scottish Living Wage from 1 October 2016 and the other half was allocated to support growth and demand in the provision of social care services.

Financial arrangements were in place in terms of due diligence of NHS Highland and Argyll and Bute Council offers of funding and the historical budget provision together with plans for producing a balanced budget position for the Integration Joint Board for 2016-17. Following further due diligence at the 2015-16 financial year-end there was an identified shortfall in baseline funding for social care services of £1.580m. This required the Integration Joint Board to approve an updated Quality and Finance Plan in June 2016 to ensure a balanced budget position. For 2016-17 the Quality and Finance Plan was developed to allocate the same level of resource back to partners for the delivery of health and social care services.

The Integration Joint Board set a one year budget for 2016-17, this included the approval of a one year Quality and Finance Plan with planned savings totalling £8.498m to be delivered.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

Financial Outturn

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

There were significant financial challenges during the year due to increasing demand for social care services, the cost of medical locums and the scale and pace of service change required to deliver the planned savings. Throughout the financial year there was a projected overspend position and as a consequence a financial recovery plan was put into place in August 2016 and was followed up by restrictions on non-essential spend in January 2017, to ensure services could be delivered from within the delegated budget in 2016-17.

The overall financial performance against budget for financial year 2016-17 was an overall underspend of £0.479m, with an underspend of £0.703m in health services and an overspend of £0.224m in social care services.

The Integration Joint Board has successfully delivered financial balance, despite projecting a budget overspend throughout the year. This is mainly due to the positive impact of the financial recovery plan including restrictions on spend, underspends in project funds which will require to be re-instated in 2017-18 and non-recurring underspends in some services due to reductions in demand. The outturn position also demonstrates progress towards a shift in the transfer of resources from health to social care services.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

The table below summarises the financial performance for 2016-17:

	Actual £000	Budget £000	Variance (Adv)/Fav £000	Variance %
Service Delegated Budgets:				
Adult Care	131,803	127,103	(4,700)	-3.7%
Alcohol and Drugs Partnership	1,265	1,294	29	2.2%
Chief Officer	645	1,352	707	52.3%
Children and Families	18,840	19,816	976	4.9%
Community and Dental Services	3,978	4,108	130	3.2%
Integrated Care Fund	1,621	2,090	469	22.4%
Lead Nurse	1,275	1,348	73	5.4%
Public Health	1,139	1,268	129	10.2%
Strategic Planning and Performance	3,582	3,704	122	3.3%
	164,148	162,083	(2,065)	-1.3%
Centrally Held Budgets:				
Budget Reserves	0	1,956	1,956	100.0%
Depreciation	2,600	2,649	49	1.8%
General Medical Services	15,481	15,472	(9)	-0.1%
Greater Glasgow & Clyde Commissioned Services	58,410	58,130	(280)	-0.5%
Income - Commissioning and Central Management and Corporate Services	(1,224)	(1,173)	51	-4.3%
NCL Primary Care Services	8,508	8,508	0	0.0%
Other Commissioned Services	3,406	3,863	457	11.8%
Resource Release	4,897	4,897	0	0.0%
	94,989	97,533	2,544	2.6%
TOTAL NET EXPENDITURE	259,137	259,616	479	0.2%
Argyll and Bute Council Funding	61,011	60,787	(224)	-0.4%
NHS Highland Funding	198,126	198,829	703	0.4%
TOTAL FUNDING	259,137	259,616	479	0.2%

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

- Adult Care - £4.7m overspend. This was mainly due to savings agreed as part of the Quality and Finance Plan not being delivered in-year, an overspend in medical locum costs, increased demand for care home placements and an overspend in supported living services due to increased demand.
- Chief Officer - £0.7m underspend. This was in relation to additional funding set aside for investment in community based care and the requirements of Continuing Care, these funds were not committed in 2016-17 as part of the financial recovery plan.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

- Children and Families - £1.0m underspend. This relates to additional vacancy savings, an underspend in Fostering and Kinship services reflecting the level of demand for services, an underspend as a result of a delay in developing a new multi-disciplinary team to support young people leaving care and underspends in residential homes and hostels due to delays in implementing changes to overnight services. The overall underspend in Children and Families services is non-recurring.
- Budget Reserves and Integrated Care Fund - £2.4m underspend. This underspend was mainly due to project funding not being delegated to services during the year, this included underspends in Technology Enabled Care and funding for Mental Health, Delayed Discharge and Primary Care. The underspend in Integrated Care Funding mainly reflects delays in committing funding allocated to localities.
- A number of smaller underspends across other service areas including management and corporate services, community and dental services, public health, strategic planning and performance and commissioned services.

The Integration Scheme states that the Integration Joint Board may retain any underspend to build up its own reserves and therefore the £0.479m underspend for 2016-17 is automatically credited to IJB reserves.

The Quality and Finance Plan for 2016-17 included service changes required to deliver £8.5m of savings in-year, at the year-end £4.8m of these savings were delivered on a recurring basis, with a shortfall of £3.7m. The main areas being community hospital bed reductions, out of hours services, homecare services, delays in closure of buildings, re-design of services at Struan Lodge care home and the re-design of sleepovers. The majority of the savings not delivered were highlighted as being high risk at the start of the year and will remain on the plan to be delivered in 2017-18.

The positive outturn position for 2016-17 should not be perceived as an indication of the financial position moving into 2017-18. There were significant savings which were not achieved during the year, however it was fortunate there were uncommitted budgets, particularly in relation to project funding which were able to be re-directed, lower demand in some service areas and a recovery plan and restrictions on expenditure which offset this position. These funds will not be available in 2017-18, as any recurring underspends identified have been included in the Quality and Finance Plan for 2017-19 as savings and service budgets will be reduced accordingly.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

Financial Statements

Comprehensive Income and Expenditure Statement

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

Movement in Reserves Statement

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

The balance on the General Fund reserve has increased by £0.479m, there were no reserves held at 1 April 2016 therefore the closing balance at 31 March 2017 is £0.479m. This is a result of the favourable year-end outturn position for 2016-17 being automatically credited to reserves.

A Reserves Policy was approved by the Integration Joint Board in March 2017. This outlines that the balance of reserves will normally comprise of three elements one of which is the earmarking of funds set aside for a specific purpose agreed by the Integration Joint Board. As the favourable year-end outturn position is partly due to the underspends from project funds, which would require to be reinstated in 2017-18, the Integration Joint Board agreed to earmark £0.451m of the reserve balance for these projects. Further detail is provided in note 8 to the financial statements.

The overall position for reserves is noted below:

	£m
Opening Balance at 1 April 2016	0.000
Underspend 2016-17	0.479
Closing Reserve Balance at 31 March 2017	0.479
Earmarked Balance	(0.451)
Unallocated General Fund Reserve at 31 March 2017	0.028

The Integration Joint Board Reserves Policy suggests a prudent level of General Fund reserve to be set at 2% of the IJB net revenue budget, this would equate to around £5m. Whilst this level of reserve would allow a degree of flexibility and assurance, this must be proportionate and take cognisance of the level of savings required to be delivered. Given the unprecedented economic climate in which the Integration Joint Board are operating this is viewed as an aspirational level of reserves to be built up over time, recognising the tensions between prudent financial planning and budgetary constraints. The earmarking of reserves to reinstate project funding allows the removal of a budget pressure in 2017-18.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

Balance Sheet

The Balance Sheet shows the value of the Integration Joint Board's assets and liabilities as at the 31 March 2017. The Integration Joint Board does not hold fixed assets as these remain with the partner bodies. There are explanatory notes which accompany the Balance Sheet, the balances are:

- Short Term Debtors of £0.703m, relates to the budget underspend in health services and recognises the amount owed to the Integration Joint Board by NHS Highland.
- Short Term Creditors of £0.224m, reflects the budget overspend in Argyll and Bute Council, this recognises the amount owed to Argyll and Bute Council by the Integration Joint Board.

The net worth of the Integration Joint Board as at 31 March 2017 is £0.479m, this is supported by the General Fund reserve.

There are no provisions recognised on the Balance Sheet. There were no new provisions made during 2016-17 on behalf of the Integration Joint Board. There are historic provision balances and contingent liabilities relating to services provided prior to 1 April 2016, these will be recognised as required in the partner Annual Accounts. There would be further consideration of funding requirements for the Integration Joint Board where the historic funding of these financial provisions are insufficient and may affect the Integration Joint Board funding arrangements.

6. FINANCIAL OUTLOOK, RISKS AND PLANS FOR THE FUTURE

The Integration Joint Board is funded through delegations of funding from NHS Highland and Argyll and Bute Council. Partner contributions are contingent on the respective financial planning and budget setting processes of the Council and Health Board and the financial settlements they receive from the Scottish Government. There is uncertainty around funding available from 2018-19 onwards as both partners have provided one year offers of funding for 2017-18, the impact of the Scottish Government budget allocations and local spending decisions are not yet known.

Pressures continue on public sector expenditure at a national level with significant real term reductions in government funding, this is in addition to the increasing cost and demand pressures in the delivery of health and social care services. This presents the Integration Joint Board with an unprecedented challenge in planning and implementing service changes to deliver financial balance. A one year Quality and Finance Plan was implemented in 2016-17 and there were some areas of service change which proved difficult to deliver. The Integration Joint Board decided to agree a Quality and Finance Plan to the end of the current Strategic Planning period and also to develop the plan on the basis that there would be no assumption that the same level of resource would be delegated back to Argyll and Bute Council and NHS Highland for the delivery of health and social care services, as this would facilitate the required shift in the balance of care from institutional to community settings.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

The table below outlines the Integration Joint Board's estimated budget position and the resulting budget gap across the remaining two years of the Strategic Plan:

	2017-18 £m	2018-19 £m
Baseline Budget	256.1	258.9
Cost and Demand Pressures	7.8	4.2
Inflation	2.0	2.6
Total Forecast Expenditure	265.9	265.7
Total Estimated Funding	(258.9)	(257.3)
Budget Gap	7.0	8.4
Impact of 2016-17 Position	3.1	0.0
Estimated Budget Gap (In-Year)	10.1	8.4
Estimated Budget Gap (Cumulative)	10.1	18.5

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

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

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

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary



There were significant shortfalls in delivering the service changes included in the Quality and Finance Plan for 2016-17, and this highlights the significant challenge in delivering savings in future years. However lessons have been learned from 2016-17 and there is an investment plan sitting alongside the Quality and Finance Plan for 2017-18 to 2018-19 to lever the change and a consistent project management approach is being implemented to ensure there is clear governance and ownership for service changes and any impact of delays or non-delivery can be reported at the earliest opportunity.

The current Quality and Finance Plan includes estimated savings totalling £11.7m across the two years to 2018-19, an estimated shortfall of £6.8m. The service changes included in the Plan are all in line with the delivery of the objectives of the Strategic Plan, it has been particularly difficult to identify service changes that are in line with this and can be delivered in the timescale required. The remaining budget gap for 2017-18 is £2.0m and this will be managed through ongoing negotiations with NHS Greater Glasgow and Clyde around commissioning intentions for acute health services and an element of non-recurring service efficiency savings required during 2017-18 to deliver financial balance. The Plan remains under development and further service changes will need to be added for 2018-19.

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

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

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

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

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

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

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

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

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

ARGYLL AND BUTE INTEGRATION JOINT BOARD Management Commentary

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

- The remaining budget gap for the next two years, where further opportunities for savings require to be identified;
- Evidence base and communications and engagement is insufficient to convince communities of the case for change in the required timescale;
- The increased demand for services alongside reducing resources;
- The wider public sector financial environment, which continues to be challenging;
- The impact of demographic changes;
- The fragility of residential care home and care at home services due to financial sustainability and workforce pressures;
- Recruitment and workforce challenges, both internally for the Health and Social Care Partnership and externally for our commissioned care providers;
- Reliance on medical locums and agency staff to maintain service provision in areas with particular recruitment difficulties;
- The impact of the Living Wage and other nationally agreed policies which have financial consequences to deliver;
- Project management skills and capacity are sufficient and leadership and management capacity is in place to lead transformational change whilst maintaining current services.

The Integration Joint Board through the Strategic Plan outlines the belief that together we can transform health and social care services to achieve the joint vision for the future “to lead long, healthy, independent lives”. Moving into 2017-18, we are working proactively to address the financial challenges, while at the same time, providing high-quality and sustainable health and social care services for the communities in Argyll and Bute.

Robin Creelman
Chair

Christina West
Chief Officer

Caroline Whyte
Chief Financial Officer

ARGYLL AND BUTE INTEGRATION JOINT BOARD Statement of Responsibilities

THE INTEGRATION JOINT BOARD'S RESPONSIBILITIES:

The Integration Joint Board is required:

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

I confirm that these Annual Accounts were approved for signature by the Argyll and Bute Integration Joint Board at its meeting on 27 September 2017.

Signed on behalf of the Integration Joint Board:

Robin Creelman
Chair
27 September 2017

ARGYLL AND BUTE INTEGRATION JOINT BOARD Statement of Responsibilities

THE CHIEF FINANCIAL OFFICER'S RESPONSIBILITIES:

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

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

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

The Chief Financial Officer is also required to:

- keep proper accounting records which are up to date; and
- take reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board.

I certify that the financial statements give a true and fair view of the financial position of the Argyll and Bute Integration Joint Board as at 31 March 2017, and its income and expenditure for the year then ended.

**Caroline Whyte
Chief Financial Officer
27 September 2017**

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

SCOPE OF RESPONSIBILITY

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

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

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

GOVERNANCE FRAMEWORK

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

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

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

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

The main features of the governance framework in place during 2016-17 were:

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

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

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

THE SYSTEM OF INTERNAL FINANCIAL CONTROL

The governance framework described operates on the foundation of internal controls. The system of internal financial control is based on a framework of regular management and financial information, financial regulations, administrative procedures, management supervision and a system of delegation and accountability. Development and maintenance of the system is undertaken by managers within the Integration Joint Board. During 2016-17 this included the following:

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

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

UPDATE ON GOVERNANCE ISSUES PREVIOUSLY REPORTED

In the lead up to delegation of services to the Integration Joint Board on 1 April 2017 the processes and procedures of Health and Council partners were adhered to. The approaches to performance management and risk management were reviewed during 2016-17 and integrated arrangements for reporting, management and review were approved by the Integration Joint Board.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

An integrated approach has been adopted for both performance management and risk management with one system being adopted for each to record performance and risk information across the organisation. The Planning and Performance Management Framework was approved by the Board in May 2016 and following this the Board has been provided with regular performance information. The Risk Management Strategy was approved by the Board in August 2016, this incorporates both the approach to reporting and monitoring of strategic and operational risks.

INTERNAL AUDIT

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

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

The role of the IJB Audit Committee is to provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and annual governance processes. Membership of the IJB Audit Committee includes six members of the Integration Joint Board and professional advisors. The first meeting took place in August 2016 where the Audit Plan was agreed. The risk based audits carried out during 2016-17 included:

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

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

Internal Audit also carried out an initial assurance mapping exercise based on the three lines of defence model. The initial findings of this being that the Integration Joint Board can demonstrate that it has the first line of defence assurance functions in place across the strategic objectives and key risks, however the second and third line of assurance activity requires further consideration with specific areas for improvement identified.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

The Chief Internal Auditor provides the Audit Committee with an annual report on internal audit activity for the Integration Joint Board. The annual report includes an independent opinion on the adequacy and effectiveness of the systems of governance and internal control. The report for 2016-17 concludes that the Integration Joint Board has a framework of controls in place that provides reasonable assurance over the effective and efficient achievement of the organisation's objectives and the management of key risks, governance, processes and the overall control environment.

REVIEW OF EFFECTIVENESS

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

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

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

The outcome of the Internal Audit review on the Corporate Governance arrangements was reported to the IJB Audit Committee in December 2016. The audit highlighted the following areas of good practice:

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

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

- The IJB has identified eight localities and is actively engaging external stakeholders in the provision of service planning and delivery.

The recommendations for improvement in the management action plan are included in the further actions below.

FURTHER ACTIONS

The review of governance and internal control has identified the following actions for 2017-18 that will assist with the further strengthening of the corporate governance arrangements:

- A detailed workforce plan will be developed demonstrating how this supports the Strategic Plan, this will also link to support activities such as training and recruitment and align to the shift of the workforce from institutional to community based settings.
- A local code of governance will be developed which will describe and define the main features of governance for the Integration Joint Board, in practice currently there are a number of local codes or documents.
- An action plan to improve integrated budget monitoring will be presented to the IJB Audit Committee in June 2017.
- Risk management will be subject to an Internal Audit review and improvements during 2017-18. There is a planned development session with the Integration Joint Board, one of the outputs being the development of an agreed risk appetite. These actions will ensure risk management is embedded in the culture of the organisation.
- Formalise the approach to sharing information across the IJB Audit Committee and the Argyll and Bute Council and NHS Highland Audit Committees to better co-ordinate assurance activity between the partners.
- Continuing development of performance management and performance scrutiny aligned with the Strategic Plan primary objectives and revised National Health and Wellbeing Outcome indicators.
- Further develop the capacity and capability of Locality Planning Groups to ensure members have the support and capability to use and interpret data to facilitate the implementation of Strategic Plan objectives at locality level.
- Roll out of communications and engagement toolkit to localities to ensure they are appropriately supported to facilitate the requirement to support the extensive programme of service re-design over the next two years, this is accompanied by additional investment in dedicated communications resource in 2017-18.
- Further work on assurance mapping to ensure coverage for the second and third lines of defence on the move to the “business as usual” stage of the organisation.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Annual Governance Statement

CONCLUSION AND OPINION ON ASSURANCE

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

While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Argyll and Bute Integration Joint Board's systems of governance.

Robin Creelman
Chair
27 September 2017

Christina West
Chief Officer
27 September 2017

ARGYLL AND BUTE INTEGRATION JOINT BOARD Remuneration Report

1. INTRODUCTION

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

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

2. INTEGRATION JOINT BOARD

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

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

The Integration Scheme between the Council and the NHS Board sets out the arrangements for the appointment of the Chair and Vice Chair of the Integration Joint Board. The first Chair of the Board is a member appointed on the nomination of Argyll and Bute Council. Accordingly the Vice Chair is a member nominated by the NHS Highland. The parties have agreed that the first Chair of Argyll and Bute Integration Joint Board will be the nominee of the Council, the term of office for the Chair and Vice Chair will be a period of two years.

On 31 March 2017 the voting members of the Integration Joint Board were as follows:

Member	Appointed by	Role
Kieron Green	Argyll and Bute Council	Voting Member (Chair)
Robin Creelman	NHS Highland	Voting Member (Vice Chair)
Mary Jean Devon	Argyll and Bute Council	Voting Member
Elaine Robertson	Argyll and Bute Council	Voting Member
Anne Horn	Argyll and Bute Council	Voting Member
Elaine Wilkinson	NHS Highland	Voting Member
David Alston	NHS Highland	Voting Member
Anne Gent	NHS Highland	Voting Member

ARGYLL AND BUTE INTEGRATION JOINT BOARD Remuneration Report

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

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

Taxable Expenses 2015-16 £	Board Member and Post Held	Taxable Expenses 2016-17 £
-	Chair – Douglas Philand, Argyll and Bute Council (from 27/06/15 to 10/02/16)	-
-	Chair – Maurice Corry, Argyll and Bute Council (from 11/02/16 to 31/08/16)	-
-	Chair – Kieron Green, Argyll and Bute Council (from 01/09/16)	-
-	Vice Chair – Robin Creelman, NHS Highland	-

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

3. SENIOR OFFICERS

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

Chief Officer:

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

ARGYLL AND BUTE INTEGRATION JOINT BOARD Remuneration Report

Other Officers:

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

The following table sets out the remuneration disclosures for 2016-17 for senior officers:

Total 2015-16 £	Senior Officer	Salary (Including Fees and Allowances) £	Taxable Expenses £	Total 2016-17 £
73,460 (95,905)	Chief Officer – Christina West (Full Year Equivalent)	96,919	-	96,919
1,273 (18,373)	Chief Financial Officer – Caroline Whyte (from 06/03/16) (Full Year Equivalent)	20,086	-	20,086
74,733	Total	117,005	-	117,005

The total for 2015-16 for the Chief Officer is that from the date of establishment of the Integration Joint Board on 27 June 2015.

4. PENSION BENEFITS

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

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

2015-16			2016-17	
In-year Pension Contributions £	Accrued Pension Benefits £		In-year Pension Contributions £	Accrued Pension Benefits £
14,113	2,478	Chief Officer – Christina West	18,705	4,508
-	-	Chief Financial Officer – Caroline Whyte	-	-

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

5. DISCLOSURE BY PAY BANDS

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

Number of Employees in Band 2015-16	Remuneration Band	Number of Employees in Band 2016-17
-	£95,000 to £100,000	1
1	£70,000 to £75,000	-

Robin Creelman
Chair
27 September 2017

Christina West
Chief Officer
27 September 2017

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Financial Statements

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

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

2015-16		2016-17		
		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
-	Adult Care	131,803		131,803
-	Alcohol and Drugs Partnership	1,265		1,265
104	Chief Officer	645		645
-	Children and Families	18,840		18,840
-	Community and Dental Services	3,978		3,978
-	Integrated Care Fund	1,621		1,621
-	Lead Nurse	1,275		1,275
-	Public Health	1,139		1,139
-	Strategic Planning and Performance	3,582		3,582
-	Depreciation	2,600		2,600
-	General Medical Services	15,481		15,481
-	Greater Glasgow & Clyde Commissioned Services	58,410		58,410
-	Income – Commissioning and Central Management and Corporate Services	(1,224)		(1,224)
-	NCL Primary Care Services	8,508		8,508
-	Other Commissioned Services	3,406		3,406
-	Resource Release	4,897		4,897
104	Cost of Services	259,137	-	259,137
(104)	Taxation and Non-Specific Grant Income (note 4)	-	(259,616)	(259,616)
0	(Surplus) or Deficit on Provision of Services	259,137	(259,616)	(479)
0	Total Comprehensive Income and Expenditure			(479)

The Integration Joint Board was established on 27 June 2015. Integrated delivery of health and care services did not commence until 1 April 2016. Consequently the 2016-17 financial year is the first fully operational financial year for the Integration Joint Board and the figures above reflect this.

There are no statutory or presentation adjustments which affect the Integration Joint Board's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these annual accounts.

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Financial Statements

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the Integration Joint Board's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

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

Movements in Reserves During 2015-16:	General Fund Balance	Unusable Reserves: Employee Statutory Adjustment Account	Total Reserves
	£000	£000	£000
Opening Balance at 31 March 2015	0	0	0
Total Comprehensive Income and Expenditure	0	0	0
Adjustments between accounting basis and funding basis under regulations*	0	0	0
(Increase) or Decrease in 2015-16	0	0	0
Closing Balance at 31 March 2016	0	0	0

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

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Financial Statements

BALANCE SHEET

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

31 March 2016 £'000		Note	31 March 2017 £'000
-	Current Assets:		
	Short Term Debtors	5	703
-	Current Liabilities:		
	Short Term Creditors	6	(224)
-	Long-term Liabilities:		
	Provisions	10	0
-	Net Assets		479
-	Usable Reserve: General Fund	8	479
-	Unusable Reserve: Employee Statutory Adjustment Account	9	0
-	Total Reserves		479

The unaudited accounts were authorised for issue on 23 June 2017 and the audited accounts were authorised for issue on 27 September 2017.

Caroline Whyte
Chief Financial Officer
27 September 2017

ARGYLL AND BUTE INTEGRATION JOINT BOARD Notes to the Financial Statements

1. SIGNIFICANT ACCOUNTING POLICIES

1.1 General Principles

The Financial Statements summarise the transactions of the Integration Joint Board for the 2016-17 financial year and its position for the year end as at 31 March 2017.

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

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authorities Accounting in the United Kingdom 2016-17, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

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

1.2 Accruals of Income and Expenditure

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

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

For the Integration Joint Board annual accounts a debtor and/or creditor will be recorded where the partner contributions differ from the actual net expenditure in year, this allows any surplus or deficit on the provision of services to be transferred to the reserves held by the Integration Joint Board.

1.3 Offsetting of Debtors and Creditors

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

ARGYLL AND BUTE INTEGRATION JOINT BOARD

Notes to the Financial Statements

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

1.4 Funding

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

1.5 Cash and Cash Equivalents

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

1.6 Employee Benefits

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

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

1.7 Provisions, Contingent Liabilities and Contingent Assets

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

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

ARGYLL AND BUTE INTEGRATION JOINT BOARD

Notes to the Financial Statements

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

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

1.8 Reserves

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

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

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

1.9 Indemnity Insurance

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

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

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

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

ARGYLL AND BUTE INTEGRATION JOINT BOARD Notes to the Financial Statements

1.10 VAT Status

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

2. EVENTS AFTER THE REPORTING PERIOD

The Annual Accounts were authorised for issue by the Chief Financial Officer on 27 September 2017. Events taking place after this date are not reflected in the financial statements or notes.

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

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

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

3. EXPENDITURE AND INCOME ANALYSIS BY NATURE

31 March 2016 £'000		31 March 2017 £'000
	<i>Services Commissioned from Argyll and Bute Council and NHS Highland:</i>	
-	Employee Costs	84,282
-	Premises Costs	8,500
-	Supplies and Services	12,882
-	Transport Related Costs	3,742
-	Third Party Payments	123,932
-	Income	(18,248)
-	Primary Care Services	43,880
	<i>Other:</i>	
99	Other IJB Operating Expenditure	150
5	Fees payable to Audit Scotland - External Audit Fees	17
(104)	Partners Funding Contributions and Non-Specific Grant Income	(259,616)
0	(Surplus) or Deficit on the Provision of Services	(479)

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Notes to the Financial Statements

4. TAXATION AND NON-SPECIFIC GRANT INCOME

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

31 March 2016 £'000		31 March 2017 £'000
104	Funding Contribution from Argyll and Bute Council	56,207
-	Funding Contribution from NHS Highland	203,409
104	Taxation and Non-specific Grant Income	259,616

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

The income for the running costs of the Integration Joint Board for 2015-16 was provided by Argyll and Bute Council, as the employing body for the relevant senior officers.

5. DEBTORS

31 March 2016 £'000		31 March 2017 £'000
-	NHS Highland	703
-	Argyll and Bute Council	-
-	Total Debtors	703

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

6. CREDITORS

31 March 2016 £'000		31 March 2017 £'000
-	NHS Highland	-
-	Argyll and Bute Council	224
-	Total Creditors	224

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

ARGYLL AND BUTE INTEGRATION JOINT BOARD
Notes to the Financial Statements

7. RELATED PARTY TRANSACTIONS

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

Transactions with NHS Highland:

2015-16 £000		2016-17 £000
-	Funding Contributions received from NHS Highland	(203,409)
-	Expenditure on Services Provided by NHS Highland	198,126
-	Net Transactions with NHS Highland	(5,283)

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

Transactions with Argyll and Bute Council:

2015-16 £000		2016-17 £000
(104)	Funding Contributions received from Argyll and Bute Council	(56,207)
104	Expenditure on Services Provided by Argyll and Bute Council	61,011
0	Net Transactions with Argyll and Bute Council	4,804

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

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

ARGYLL AND BUTE INTEGRATION JOINT BOARD Notes to the Financial Statements

Income and expenditure to fund the running costs of the Integration Joint Board for 2015-16 was incurred by the Local Authority partner, as employing body for the relevant senior officers.

8. USABLE RESERVE: GENERAL FUND

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

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

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

2015-16		2016-17		
Balance at 31 March 2016 £000		Transfers Out £000	Transfers In £000	Balance at 31 March 2017 £000
-	Technology Enabled Care	-	208	208
-	Primary Care Development Fund	-	65	65
-	Mental Health Fund	-	66	66
-	Primary Care Transformation Fund	-	112	112
-	Total Earmarked	-	451	451
-	Contingency	-	28	28
-	General Fund	-	479	479

ARGYLL AND BUTE INTEGRATION JOINT BOARD Notes to the Financial Statements

9. UNUSABLE RESERVE: EMPLOYEE STATUTORY ADJUSTMENT ACCOUNT

The Integration Joint Board's only Unusable Reserve is the Employee Statutory Adjustment Account. There is no balance for the Chief Officer's absence entitlement as at 31 March 2017 recognised in the reserve for annual leave earned but not yet taken as the amount is not material.

10. PROVISIONS, CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no provisions recognised on the Balance Sheet as at 31 March 2017. There were no new provisions made during 2016-17 on behalf of the Integration Joint Board. There are historic provision balances and contingent liabilities relating to services provided prior to 1 April 2016, these will be recognised as required in the Annual Accounts of Argyll and Bute Council and NHS Highland. There would be further consideration of funding requirements for the Integration Joint Board where the historic funding of these financial provisions are insufficient and may affect the Integration Joint Board's funding arrangements in the future.

There are no identified contingent liabilities or contingent assets as at 31 March 2017 for the Integration Joint Board.

11. VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income. There was an immaterial amount of non-recoverable VAT incurred by the Integration Joint Board during 2016-17.

12. CORRESPONDING AMOUNTS

The Integration Joint Board was formally established on 27 June 2015 and hence the period to 31 March 2016 was the first year of operation. The running costs for 2015-16 were limited to corporate service costs as delegated functions and resources detailed in the Integration Scheme were transferred to the Integration Joint Board from 1 April 2016, and this is reflected in the Comprehensive Income and Expenditure Statement.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Independent Auditors Report

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

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

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Argyll and Bute Integration Joint Board for the year ended 31 March 2017 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 (the 2016/17 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2016/17 Code of the state of affairs of the Argyll and Bute Integration Joint Board as at 31 March 2017 and of its surplus on the provision of services for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2016/17 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis of opinion

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

ARGYLL AND BUTE INTEGRATION JOINT BOARD Independent Auditors Report

Responsibilities of the Chief Financial Officer for the financial statements

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

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit and express an opinion on the financial statements in accordance with applicable legal requirements and ISAs (UK&I) as required by the Code of Audit Practice approved by the Accounts Commission. Those standards require me to comply with the Financial Reporting Council's Ethical Standards for Auditors. An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the circumstances of the Argyll and Bute Integration Joint Board and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Financial Officer; and the overall presentation of the financial statements.

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

Other information in the annual accounts

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

In connection with my audit of the financial statements in accordance with ISAs (UK&I), my responsibility is to read all the financial and non-financial information in the annual accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

ARGYLL AND BUTE INTEGRATION JOINT BOARD Independent Auditors Report

Report on other requirements

Opinions on other prescribed matters

I am required by the Accounts Commission to express an opinion on the following matters.

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

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

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

Matters on which I am required to report by exception

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

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

I have nothing to report in respect of these matters.

David McConnell MA CPFA
Assistant Director
Audit Scotland
4th floor
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

September 2017

Mrs Christina West
Chief Officer
Argyll and Bute Integration Joint Board

28 August 2017

Argyll and Bute Integration Joint Board 2016/17 Annual Audit Report

1. International Standard on Auditing (UK and Ireland) 260 (ISA 260) requires auditors to report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We are drawing to your attention matters for your consideration before the financial statements are approved and certified. We also present for your consideration our draft annual report on the 2016/17 audit which identifies significant findings from the financial statements audit. The section headed "Significant findings from the audit in accordance with ISA260" in the attached annual audit report sets out the issues identified. This report will be issued in final form after the financial statements have been certified.
2. Our work on the financial statements is now substantially complete. Subject to the satisfactory conclusion of any outstanding matters and receipt of a revised set of financial statements for final review, we anticipate being able to issue an unqualified auditor's report on 27 September 2017 (the proposed report is attached at Appendix A). There are no anticipated modifications to the audit report.
3. In presenting this report to the Integration Joint Board we seek confirmation from those charged with governance of any instances of any actual, suspected or alleged fraud; any subsequent events that have occurred since the date of the financial statements; or material non-compliance with laws and regulations affecting the entity that should be brought to our attention.
4. We are required to report to those charged with governance all unadjusted misstatements which we have identified during the course of our audit, other than those of a trivial nature and request that these misstatements be corrected. We have no unadjusted misstatements to bring to your attention.
5. As part of the completion of our audit we seek written assurances from the Accountable Officer on aspects of the financial statements and judgements and estimates made. A draft letter of representation under ISA580 is attached at [Appendix B](#). This should be signed and returned by

the Chief Financial Officer with the signed financial statements prior to the independent auditor's opinion being certified.

Kind regards

David McConnell

Assistant Director, Audit Scotland

APPENDIX A: Proposed Independent Auditor's Report

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

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

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Argyll and Bute Integration Joint Board for the year ended 31 March 2017 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 (the 2016/17 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2016/17 Code of the state of affairs of the Argyll and Bute Integration Joint Board as at 31 March 2017 and of its surplus on the provision of services for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2016/17 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis of opinion

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

Responsibilities of the Chief Financial Officer for the financial statements

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

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit and express an opinion on the financial statements in accordance with applicable legal requirements and ISAs (UK&I) as required by the Code of Audit Practice approved by the Accounts Commission. Those standards require me to comply with the Financial Reporting Council's Ethical Standards for Auditors. An audit involves obtaining evidence about the amounts and

disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the circumstances of the Argyll and Bute Integration Joint Board and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Financial Officer; and the overall presentation of the financial statements.

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

Other information in the annual accounts

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

In connection with my audit of the financial statements in accordance with ISAs (UK&I), my responsibility is to read all the financial and non-financial information in the annual accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Report on other requirements

Opinions on other prescribed matters

I am required by the Accounts Commission to express an opinion on the following matters.

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

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

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

Matters on which I am required to report by exception

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

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

I have nothing to report in respect of these matters.

David McConnell MA CPFA
Assistant Director
Audit Scotland
4th floor
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

September 2017

APPENDIX B: Letter of Representation (ISA 580)

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

27 September 2017

Dear David

Argyll and Bute Integration Joint Board Annual Accounts 2016/17

1. This representation letter is provided in connection with your audit of the financial statements of Argyll and Bute Integration Joint Board for the year ended 31 March 2017 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view of the financial position of Argyll and Bute Integration Joint Board, as at 31 March 2017 and its comprehensive net expenditure for the year then ended.
2. I confirm to the best of my knowledge and belief, and having made appropriate enquiries of the Audit Committee, the following representations given to you in connection with your audit of Argyll and Bute Integration Joint Board for the year ended 31 March 2017.

General

3. I acknowledge my responsibility and that of Argyll and Bute Integration Joint Board for the financial statements. All the accounting records requested have been made available to you for the purposes of your audit. All material agreements and transactions undertaken by Argyll and Bute Integration Joint Board have been properly reflected in the financial statements. All other records and information have been made available to you, including minutes of all management and other meetings.
4. The information given in the Annual Accounts, including the Management Commentary, Annual Governance Statement and Remuneration Report, presents a balanced picture of Argyll and Bute Integration Joint Board and is consistent with the financial statements.
5. I confirm that I am not aware of any uncorrected misstatements.

Regularity of Financial Transactions

6. The financial transactions of Argyll and Bute Integration Joint Board are in accordance with the relevant legislation and regulations governing its activities and expenditure and income were incurred or applied in accordance with applicable enactments and guidance issued by the Scottish Ministers.

Financial Reporting Framework

7. The financial statements have been prepared in accordance with Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 and in accordance with the requirements of

Local Government (Scotland) Act 1973 including all relevant presentation and disclosure requirements.

8. Disclosure has been made in the financial statements of all matters necessary for them to show a true and fair view of the transactions and state of affairs of Argyll and Bute Integration Joint Board for the year ended 31 March 2017.

Accounting Policies & Estimates

9. All material accounting policies adopted are as shown in the Statement of Accounting Policies included in the financial statements. The appropriateness of these policies has been reviewed, and takes account of the requirements set out in the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17.
10. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. There are no changes in estimation techniques which should be disclosed due to their having a material impact on the accounting disclosures.

Going Concern

11. The Board has assessed Argyll and Bute Integration Joint Board's ability to carry on as a going concern, as identified in the Statement of Accounting Policies, and have disclosed, in the financial statements, any material uncertainties that have arisen as a result.

Related Party Transactions

12. All transactions with related parties have been disclosed in the financial statements. I have made available to you all the relevant information concerning such transactions, and I am not aware of any other matters that require disclosure in order to comply with the requirements of IAS24, as interpreted by the Code.

Remuneration Report

13. The remuneration report has been prepared in accordance with the requirements and includes all eligible remuneration for the disclosed officers.

Events Subsequent to the Date of the Statement of Financial Position

14. There have been no material events since the date of the Statement of Financial Position which necessitate revision of the figures in the financial statements or notes thereto including contingent assets and liabilities.
15. Since the date of the Statement of Financial Position no events or transactions have occurred which, though properly excluded from the financial statements, are of such importance that they should be brought to your notice.

Corporate Governance

16. I acknowledge as Chief Financial Officer my responsibility for the corporate governance arrangements. I confirm that I have disclosed to the auditor all deficiencies in internal control of which I am aware.

17. The corporate governance arrangements have been reviewed and the disclosures I have made are in accordance with the Code. There have been no changes in the corporate governance arrangements or issues identified, since the 31 March 2017, which require disclosure.

Fraud

18. I have considered the risk that the financial statements may be materially misstated as a result of fraud. I have disclosed to the auditor any allegations of fraud or suspected fraud affecting the financial statements. There have been no irregularities involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements.

Assets

19. The debtor and creditor balances shown in the Balance Sheet at 31 March 2017 have been agreed with partners.

Provisions and Contingent Liabilities

20. There are no provisions or contingent liabilities, arising either under formal agreements or through informal undertakings, requiring disclosure in the accounts.

Yours sincerely

Caroline Whyte
Chief Financial Officer

Argyll & Bute Integration Joint Board

2016/17 Annual Audit Report



 AUDIT SCOTLAND

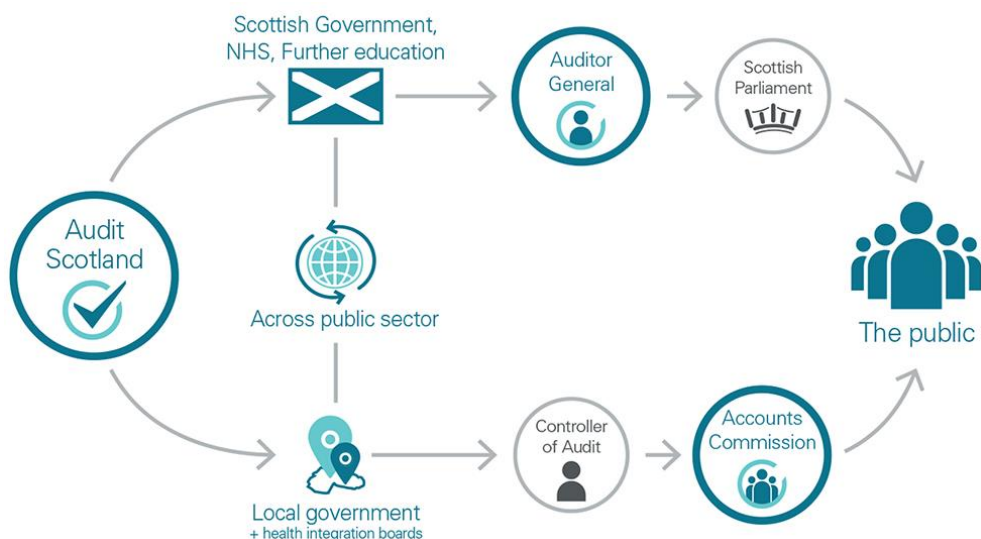
Prepared for the Argyll & Bute Integration Joint Board and the Accounts Commission

5 September 2017

Who we are

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

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



About us

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

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

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

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Key messages

Audit of the 2016/17 annual report

- 1 Our audit opinions were all unqualified. These covered the financial statements, the remuneration report, the management commentary and the annual governance statement.

Financial management

- 2 The IJB has satisfactory financial management arrangements in place, however areas for improvement have been identified, specifically around the integration of financial reporting to the IJB by Argyll & Bute Council and NHS Highland.
- 3 The IJB spent £259.137m on delivering health and social care services to the residents of Argyll & Bute and, overall, realised a surplus of £0.479m against a budget of £259.616m. This surplus has been transferred to a reserves balance, of which £0.451m is earmarked for specific purposes.

Financial sustainability

- 4 Total savings of £4.814m were achieved against the total target of £8.498m for 2016/17.
- 5 Savings of £10.135m are required for 2017/18. It is important that the IJB prioritises medium to long term financial planning to demonstrate financial sustainability and support future developments.

Governance and transparency

- 6 The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the board.
- 7 We obtained audit assurance over the accuracy and completeness of financial transactions processed by the partner bodies.
- 8 The IJB's internal audit service complies with Public Sector Internal Audit Standards.

Value for money

- 9 The audit findings included throughout this report, comment on arrangements that have been put in place by the Joint Board to secure Best Value in areas such as the financial position, financial management and governance arrangements. We will keep this area under review over the five-year audit appointment and will report as appropriate.

Introduction

1. This report is a summary of our findings arising from the 2016/17 audit of Argyll & Bute IJB, hereby referred to as the 'IJB'. The report is divided into sections which reflect our public sector audit model.

2. The scope of our audit was set out in our Annual Audit Plan presented to the March 2017 meeting of the Audit Committee. It comprises an audit of the annual accounts and consideration of the four audit dimensions that frame the wider scope of public sector audit requirements as illustrated in [Exhibit 1](#).

Exhibit 1

Audit dimensions



Source: *Code of Audit Practice 2016*

3. The main elements of our audit work in 2016/17 have been:

- an interim audit of the IJB's main financial systems and governance arrangements
- an audit of the IJB's 2016/17 annual report the issue of an independent auditor's report setting out our opinions.

4. The IJB is responsible for preparing the annual report that show a true and fair view and, for establishing effective arrangements for governance that enable them to successfully deliver their objectives.

5. Our responsibilities as independent auditor are established by the Local Government (Scotland) Act 1973, the [Code of Audit Practice \(2016\)](#), and supplementary guidance, and are guided by the auditing profession's ethical guidance.

6. These responsibilities include giving independent opinions on the financial statements, the remuneration report, the management commentary and the annual governance statement. We also review and report on the arrangements within the IJB to manage its performance, and use of resources. In doing this, we aim to support improvement and accountability.

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

8. The weaknesses or risks identified in this report are only those that have come to our attention during our normal audit work, and may not be all that exist. Also, our annual audit report contains an action plan at [Appendix 1 \(page 18\)](#). It sets out specific recommendations, responsible officers and dates for implementation.

9. Communication in this report of matters arising from the audit of the annual report or of risks or of weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.

10. As part of the requirement to provide fair and full disclosure of matters relating to our independence, we can confirm that we have not undertaken non-audit related services. The 2016/17 audit fee for the audit was set out in our Annual Audit Plan and as we did not carry out any work additional to our planned audit activity, the fee remains unchanged.

11. This report is addressed to both the IJB Board and the Accounts Commission and will be published on Audit Scotland's website www.audit-scotland.gov.uk.

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

Part 1

Audit of 2016/17 annual report and accounts



Main judgements

Our audit opinions were all unqualified. These covered the financial statements, the remuneration report, the management commentary and the annual governance statement.

Unqualified audit opinions

13. The annual report for the year ended 31 March 2017 was approved by the Board on 27 September 2017. We reported, within our independent auditor's report:

- an unqualified opinion on the financial statements;
- unqualified opinions on the remuneration, management commentary and the annual governance statement.

14. Additionally, we have nothing to report in respect of those matters which we are required by the Accounts Commission to report by exception.

Submission of annual report for audit

15. We received the unaudited financial statements on 23 June 2017, in line with our agreed audit timetable. Financial information was provided to the IJB in a timely manner from the partner bodies in order to allow them to produce the accounts before the statutory deadline. The partner bodies also provided the IJB with assurance letters confirming that the figures were complete and accurate

16. The working papers provided with the unaudited financial statements were of a good standard and finance staff provided good support to the audit team which helped ensure the final accounts audit process ran smoothly.

Risks of material misstatement

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

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

Materiality

18. Materiality defines the maximum error that we are prepared to accept and still conclude that that our audit objective has been achieved. The assessment of what is material is a matter of professional judgement. It involves considering both the amount and nature of the misstatement.

19. Our initial assessment of materiality for the annual report was carried out during the planning phase of the audit and is summarised in [Exhibit 2](#). Specifically with regard to the annual report, we assess the materiality of uncorrected misstatements, both individually and collectively.

20. On receipt of the unaudited 2016/17 Annual Accounts we reviewed our original materiality figures and revised the levels to reflect the gross expenditure for the year ended 31 March 2017.

Exhibit 2

Materiality values

Materiality level	Amount
Overall materiality - This is the calculated figure we use in assessing the overall impact of audit adjustments on the financial statements. It was set at 1% of gross expenditure for the year ended 31 March 2017.	£2.591 million
Performance materiality - This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered. Using our professional judgement we have calculated performance materiality at 60% of overall materiality.	£1.555 million
Reporting threshold - We are required to report to those charged with governance on all unadjusted misstatements in excess of the 'reporting threshold' amount. This has been calculated at 2% of overall materiality.	£0.050 million

Evaluation of misstatements

21. There were no misstatements which had an impact on the unaudited Financial Statements.

Significant findings

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

Other Findings

23. Our audit identified a number of presentational and disclosure issues which were discussed with management. These were adjusted and reflected in the audited financial statements.

Part 2

Financial management



Main judgements

The IJB would benefit from the alignment of financial monitoring data from its partner organisations.

No weaknesses in internal controls were identified in the systems used to process IJB transactions.

We are satisfied that the IJB has adequate arrangements in place for the prevention and detection of fraud.

Financial management

24. Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. It is the Board's responsibility to ensure that its financial affairs are conducted in a proper manner.

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

- the Chief Financial Officer has sufficient status to be able to deliver good financial management
- standing financial instructions and standing orders are comprehensive, current and promoted within the IJB
- reports monitoring performance against budgets are accurate and provided regularly to budget holders
- monitoring reports do not just contain financial data but are linked to information about performance

26. The Chief Financial Officer is responsible for ensuring that appropriate financial services are available to the IJB and the Chief Officer. The Chief Financial Officer was in post on a part time basis for the majority of the year. Given the importance of this role within the IJB, it is a positive development that the Chief Financial Officer is now working full time on IJB related matters as of March 2017.

27. We reviewed the financial regulations and standing orders, which were created on the formation of the IJB and we consider these to be comprehensive.

28. The finance teams of NHS Highland and Argyll & Bute Council operate independently, use different financial systems, and report separately to the IJB Chief Financial Officer. The current reporting arrangements pose challenges for

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

aligning financial monitoring data for the IJB and also for promoting an integrated approach to managing resources across the organisation. There is a risk that the efficiency and effectiveness of integrated budget monitoring information is impaired. Although the IJB has recognised this risk, there is still progress to be made to ensure the alignment of financial reporting. [Action Plan \(Appendix 1, point 1\)](#).

29. Overall we have concluded that there is scope to improve the current budget monitoring and reporting processes, particularly in relation to the alignment of financial reporting by Partners of the IJB.

Financial performance in 2016/17

30. The IJB does not hold any assets, nor does it directly incur expenditure or employ staff, other than on the Chief Officer and Chief Finance Officer. All funding and expenditure for the IJB is incurred by partner bodies and processed in their accounting systems. Satisfactory arrangements are in place to identify this income and expenditure and report the financial information to the IJB.

31. The year end outturn position is an overall surplus of £0.479m. This consists of a surplus in Health delivered services of £0.703m, partly offset by a deficit in Council delivered services of £0.224m. The surplus of £0.479m has been allocated to reserves with £0.451m of this being earmarked to reinstate funding for specific grant funded projects. A budget summary for the year is shown in [Exhibit 3](#).

Exhibit 3

Budget Summary

2016/17 IJB budget objective summary	Budget £m	Actual £m	Variance £m
Net Expenditure	259.616	259.137	0.479
NHS Highland	198.829	198.126	0.703
Argyll & Bute Council	60.787	61.011	(0.224)
Total Net Expenditure	259.616	259.137	0.479
Surplus (from NHS Highland to be retained by the IJB)	0	0.703	0.703
Deficit (from Argyll & Bute Council to be retained by the IJB)	0	(0.224)	(0.224)
Earmarked Reserves	0	0.451	0.451

Source: Argyll & Bute IJB Year End Outturn Report 2016/17

Internal controls

32. The IJB relies on the NHS Highland and Argyll & Bute Council for its key financial systems, including ledger and payroll. Income and Expenditure is processed through each of the parent ledgers relating to their services for the IJB.

33. As part of our audit approach we sought assurances from the external auditors of the Health Board and the Council (in accordance with ISA 402) and confirmed there were no weaknesses in the systems of internal controls for those bodies, specifically around the systems relied upon by the IJB.

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

34. The IJB has a range of activities in place designed to maintain standards of conduct including Codes of Conduct for members. The IJB has been proactive in ensuring members are aware of their responsibilities under the Code of Conduct, with development sessions being put on for them to aid in their understanding of this. These sessions have helped to ensure their compliance with the Code. In addition to this, a register of interest is kept for all members of the IJB.

35. As part of the assurances obtained from the external auditors of the Health Board and Council, it was confirmed that both the partner organisations had in place effective policies for bribery and corruption, including established whistleblowing procedures for officers.

36. The arrangements for the prevention and detection of bribery and corruption are satisfactory and we are not aware of any specific issues that we need to record in this report.

Part 3

Financial sustainability



Main judgements

The IJB's financial position is sustainable but challenging. The IJB realised a surplus of £0.479 million, however it did not meet its savings target in 2016/17.

The IJB requires significant savings to be made in the medium to longer term. No medium to longer term financial plans have yet been developed.

Financial Planning

37. The IJB allocates the resources it receives from the Health Board and Council in line with the Strategic Plan. Due diligence was undertaken to consider the sufficiency of the 2016/17 budget provided for the IJB.

38. As previously reported in paragraph 31, the IJB achieved a surplus of £0.479m in 2016/17. This is a more favourable outcome than the original budget set in March 2016.

39. The Board approved the budget for 2017/18 at the Board meeting on 29 March 2017. At the meeting, the Board also noted indicative figures for 2018/19. The 2017/18 budget was based on expenditure of £266.052m to deliver partnership services, with Argyll & Bute Council contributing £56.360m and NHS Highland £197.945m. This left a budget gap of £11.013m. In year savings of £8.197m were identified leaving a remaining budget gap of £2.816m for 2017/18 and a further £5.601m for 2018/19. The IJB requires to undertaker further work to identify additional savings or cost reductions to ensure an ongoing balanced budget position.

40. The Chief Financial Officer presented an update on this position at the meeting of the Board on 31 May 2017. Although further work was undertaken to identify savings, there remained a budget gap of £1.982m for 2017/18 and £4.153m for 2018/19. At the subsequent meeting of the Board on 2 August 2017, it was identified that this position had worsened in the first quarter of 2017/18. The forecast year end overspend has increased to £4.966m for 2017/18. [Action Plan \(Appendix 1, point 2\)](#).

Reserves strategy

41. At the IJB Board meeting on 29 March 2017, the Reserves Policy was approved. This outlines that the target for unallocated reserves would be 2% of the IJB's net revenue budget, although it recognises this target as challenging in the current financial climate. The surplus of £0.479m for 2016/17 has been allocated to reserves with £0.451m of this being classed as earmarked reserves.

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

42. We are satisfied that the IJB's reserves policy and reserves strategy sets out the circumstances in which reserves can be created, and the governance arrangements around their use.

Savings

43. The Argyll & Bute IJB required to make £8.498m of savings in 2016/17. However there was a savings shortfall of £3.684m with only £4.814m being achieved in the year. The shortfall will be added to the savings required for 2017/18.

44. The IJB's Quality and Finance Plan for 2017/18 to 2018/19 has identified an overall budget gap for the delivery of Health and Social Care services amounting to £18.551m over the next two years, £10.135m for 2017/18 and £8.416m for 2018/19. Savings of £12.416m have so far been identified, with £8.153m planned to be delivered in 2017/18 and a further £4.263m in 2018/19.

45. The Plan does not fully address the estimated budget gap with a shortfall in identified savings of £1.982m in 2017/18 and a further £4.153m in 2018/19. There will be a requirement for the IJB to identify further service changes to bridge this gap.

46. NHS Boards and Councils have faced several years of financial constraints and this is expected to continue in the coming years. The ageing population and increasing numbers of people with long term conditions and complex needs have already placed significant pressure on health and social care budgets. This puts further pressure on IJB finances.

47. The maintenance of a sound financial position going forward is dependent on achieving significant savings to bridge the gap between available funding from current sources and the cost of services.

48. The IJB does not currently have medium to long term financial plans in place. However, work is ongoing in this area to develop these plans. The IJB is fully funded from both the Council and Health Board and funding from the Scottish Government to these partner organisations is based on a year-on year-basis. However, this should not preclude the IJB from preparing medium to long term financial plans based on sensitivity analysis and scenario planning for possible budget changes, particularly given the requirement for ongoing savings. [Action Plan \(Appendix 1, point 3\)](#).

Workforce planning

49. For a number of reasons, including the rural nature and particular geography of Argyll & Bute, the IJB's partner organisations and commissioned service providers have difficulty in attracting staff for some specialties. This leads to the increased use of temporary staff.

50. Temporary staffing allows for flexibility in the short term by providing cover for sickness absence and vacancies but this comes at a cost. The use of temporary staff can cost significantly more than permanent staff. This puts additional pressure on the Board's budget.

51. The IJB does not have a workforce plan in place clearly setting out what staff resources will be required for service delivery across the statutory, independent and third sectors. To date, the IJB has developed a workforce planning toolkit within one of its localities. The IJB is taking a bottom up approach to ensure that the needs of each locality are addressed appropriately. However, this toolkit has yet to be rolled out to all localities within the IJB and there remains no overarching workforce plan in place. [Action Plan \(Appendix 1, point 4\)](#).

Part 4

Governance and transparency



Main judgements

The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the board.

The IJB has appropriate risk management arrangements which are subject to regular review by the board. We note the ongoing commitment to further improving risk management arrangements.

Governance arrangements

52. The Argyll and Bute Integration Joint Board was formally established on 29th June 2015 but did not have operational responsibility in year for delegated services. These services were delegated to the Board on 1 April 2016. The Board has representation from a wide range of service users and partners including four elected councillors nominated by Argyll and Bute Council and four Non-Executive Directors nominated by NHS Highland.

53. The Board is responsible for the management and delivery of health and social care services in the Argyll and Bute area and is supported by an Audit Committee a Strategic Planning Group and a Clinical and Care Governance Committee.

54. The Board is also supported in its work by a Chief Officer and Chief Financial Officer. The former provides strategic and operational advice to the Board while the latter is responsible for financial management including budget monitoring reports.

55. The Board and Audit Committee met on a regular basis throughout the year. We review minutes of Board and Audit Committee meetings to assess their effectiveness. We also periodically attend meetings of the Audit Committee. Additionally, we attend selected Board meetings as observers.

56. As part of the wider review of governance arrangements across the public sector, we completed a follow-up of the 'Role of Boards' national report, published in September 2010. This involved review of documentation, discussions with key officers and attendance at council and committee meetings. From this work we found:

- At a number of board and audit committee meetings we attended, we observed appropriate level of challenge being applied to decision making.
- Good standards of conduct and behaviour were also observed and

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

- The IJB has taken steps to improve member training and development. There are workshop training events arranged for members throughout the year ensure that all members have the appropriate training to carry out their roles.

57. As auditors we attend a number of IJB meetings and Audit Committee meetings. Members provide a reasonable level of challenge on significant variances and service performance issues

58. We concluded that, overall, the Board has appropriate governance arrangements in place and they provide a framework for effective organisational decision making.

Internal audit

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

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

61. To avoid duplication of effort we place reliance on the work of internal audit wherever possible. In 2016/17 we did not place formal reliance on internal audit reviews for the purpose of obtaining direct assurance for our financial statements work. However, we considered internal audit report findings as part of our wider dimension audit work in particular their reviews of the IJB's Corporate Governance and Financial Monitoring and Performance reports.

Risk management

62. We reviewed the risk management arrangements within the IJB to assess their effectiveness and appropriateness. This included consideration of the Risk Management Strategy which sets out the IJB's vision for risk management together with a supporting framework that includes details of officer and member responsibilities in relation to this.

63. The IJB has recognised the need to refresh its risk register as the current version contains risks not considered sufficiently strategic for the register. Board members should be encouraged to contribute their views on key risks when the update of the register is undertaken.

64. Based on our review of the evidence we concluded that the IJB has appropriate risk management arrangements which are subject to regular review by the board. We note the ongoing commitment to further improving risk management arrangements.

Transparency

65. Transparency means that the public, in particular, local residents have access to understandable, relevant and timely information about how the IJB is taking decisions and how it is using resources.

66. Full details of the meetings held by the Board are available through the Argyll & Bute Council website and meetings of the Board are open to the public to attend. We noted that the Audit Committee papers were not available on the website and the meetings are not open to the public. The IJB has recognised the need to improve its transparency in this area and we welcome their decision approve the publication of Audit Committee meeting papers online.

67. The public have a right to inspect and object to the IJB's annual accounts. The relevant advert and the unaudited accounts have been published on the Argyll and Bute Council website.

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

Other governance arrangements

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

Part 5

Value for money



Main judgements

The IJB has appropriate arrangements for considering national performance audit reports.

Best Value

70. Local government bodies, including IJBs, have a statutory duty to make arrangements to secure Best Value (BV) through the continuous improvement in the performance of their functions. The characteristics of a Best Value organisation are laid out in Scottish Government Guidance issued in 2004.

71. Value for money is a key element of our audit approach. The audit findings included throughout this report, comment on arrangements that have been put in place by the Joint Board to secure BV in areas such as the financial position, financial management and governance arrangements. We will keep this area under review over the five-year audit appointment and will report as appropriate.

National performance audit reports

72. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2016/17, we published a number of reports which are of direct interest to the Board. These are outlined in [Appendix 3 \(page 23\)](#).

73. In December 2015, we published the first of three national reports looking at the integration of health and social care. In the report we recognised that The Public Bodies (Joint Working) (Scotland) Act 2014 introduced a significant programme of reform affecting most health and care services and over £8 billion of public money. The reforms are far reaching and have scope to address previous barriers to providing the right care for people closer to home. We also reported some significant risks to the success of health and social care integration. These included complex governance arrangements, difficulties in budget-setting and consequent delays in strategic planning. The scale of the change is significant and will not happen quickly. Therefore, we will carry out a second audit in 2018, now integration authorities are more established, to look at progress and to follow up on these risks. The audit will also examine changes to the system, including evidence for shifts in service delivery from acute to community-based and preventative services, and for impact on the lives of local people.

74. There are arrangements in place within the IJB to consider these national reports. The key points and recommendations from the reports are identified and management provide a response or a follow up action to these if required. The recommendations with management responses are then presented to the IJB's Audit Committee for review and consideration.

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

Appendix 1

Action plan 2016/17

2016/17 recommendations for improvement

Page no.	Issue/risk	Recommendation	Agreed management action/timing
10	<p>1. Integrated Financial Reporting</p> <p>The finance teams of NHS Highland and Argyll & Bute Council operate independently, use different financial systems, and report separately to the IJB Chief Financial Officer. The poses challenges of aligning financial monitoring data for the IJB.</p> <p>Risk</p> <p>There is a risk that the efficiency and effectiveness of integrated budget monitoring information is impaired.</p>	<p>Partner financial reporting should be aligned to improve the efficiency of the IJB's financial monitoring.</p>	<p>Current team structure and set up will continue to require separate financial systems, however agreed project timeline is in place to improve approach to financial management. This plan includes co-location of finance teams, consistency of approach to financial forecasting, training for budget managers and integrated finance reports to LPGs and operational management teams.</p> <p>Responsible officer: Chief Financial Officer</p> <p>Agreed date: by March 2018</p>
12	<p>2. Balanced Budgets</p> <p>Between 2017/18 and 2018/19 the board has identified a budget gap of £18.551 million This is split £10.135m for 2017/18 and £8.416m for 2018/19. The board has yet to identify £1.982 million of necessary savings for 2017/18 with a further £4.153m yet to be identified for 2018/19.</p> <p>The position has since worsened to a forecast budget shortfall of £4.966m.</p> <p>Risk</p> <p>The board may not be able to deliver a balanced budget</p>	<p>The board should ensure that saving plans are developed identifying how the budget gap will be addressed for 2017/18.</p> <p>This will require strong financial management and budgetary control by the IJB and between parties to ensure the IJB achieves a balanced budget for the year.</p>	<p>The approach agreed in May 2017 was to manage the £2m through negotiations of the SLA with NHS GG&C and also through in-year management efficiencies. The financial position has worsened since the start of the year (£5m forecast overspend at the end of June 2017). A financial recovery plan will be presented to the IJB on 27 September, with management actions implemented in the meantime to address the forecast overspend position.</p> <p>Responsible officer: Chief Financial Officer</p> <p>Agreed date: March 2018</p>



Page
no.

Issue/risk

Recommendation

Agreed management
action/timing

2017/18 and 2018/19 resulting in service delivery being impacted.

13

3. Financial Sustainability

The Board did not achieve its savings target of £8.498m for 2016/17, with only £4.814m being realised. Further savings of £12.416m have been identified with £8.153m planned to be delivered in 2017/18 and a £4.263m in 2018/19.

Risk

There is a risk that further savings are not fully achieved. This may impact on the delivery of services and the ability of the IJB to meet its strategic objectives.

Medium to long term financial plans should be developed to take account of any required future budget savings pressures on the IJB.

The IJB has agreed in principal to establish a Quality and Finance Plan group to oversee implementation of the Q&F Plan, to oversee financial recovery plans and to further develop the Q&F Plan to identify further service changes. This will include oversight of the project management arrangements and a move towards longer term financial planning.

Responsible officer: Chief Financial Officer

Agreed date: March 2018

13

4. Workforce Planning

The IJB does not have an overarching workforce plan in place clearly setting out what staff resources across the statutory, independent and third sectors will be required for service delivery.

Risk

Without such a workforce plan there is a risk that the IJB will find it difficult to identify and address its future staffing and skills needs this may impact the achievement of the key objectives of its corporate strategy.

The IJB should prepare an organisation-wide workforce plan.

The IJB is progressing development of HSCP wide workforce plan with the support of ihub. This involves development of a workforce planning model which has been piloted in the Oban locality. This is being further developed and will be rolled out to support workforce planning and action plans in the remaining localities.

A short life workforce planning group will be set up to oversee and govern the approach and will report back to the SMT on progress.

Responsible officer: Head of Strategic Planning and Performance

Agreed date: March 2018

Appendix 2

Significant audit risks identified during planning

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

Audit risk	Assurance procedure	Results and conclusions
Risks of material misstatement in the financial statements		
<p>1 Risk of management override of controls</p> <p>ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls in order to change the position disclosed in the financial statements.</p>	<p>Detailed testing of journal entries.</p> <p>Review of accounting estimates.</p> <p>Evaluation of any significant transactions that are outside the normal course of business.</p> <p>Substantive testing of transactions after the year end to confirm income and expenditure has been accounted for in the correct financial year.</p>	<p>Satisfactory written assurances were received from the external auditors of the council and health board regarding journal testing and accuracy, allocation and cut-off of IJB transactions.</p> <p>No fraud concerns were identified from our work in relation to the risk of management override of control.</p>
<p>2 Preparation of 2016/17 financial statements</p> <p>The IJB became operational on 1 April 2016 and will therefore need to prepare more complex 2016/17 financial statements than those prepared for 2015/16. The IJB will also be required to provide information necessary for NHS Highland and Argyll and Bute Council's financial statements and the timetable for this will be challenging due to the health board's financial statements having to be prepared in early May. The IJB will need to put measures in place such as a year-end timetable to ensure it can prepare timely, accurate and Code compliant accounts and provide the necessary information to the health board and the council within the required timescales.</p>	<p>Review of accounts preparation timetable once prepared.</p> <p>On-going dialogue with officers to ensure the accounts are prepared and audited within the required timescales.</p> <p>Review of compliance with accounting standards/ the Code as part of financial statements audit.</p>	<p>The IJB annual accounts met the timescales necessary to meet NHS reporting requirements.</p> <p>There was on going communication with the Chief Finance Officer over the preparation of the accounts to ensure relevant information was included within the annual accounts</p> <p>The required information was disclosed within the accounts and the financial statements were prepared in accordance with the Code.</p> <p>Satisfactory written assurances were received from the external auditors of the council and health board regarding accuracy, allocation and cut-off of IJB transactions.</p>





















Audit risk	Assurance procedure	Results and conclusions
Risks identified from the auditor's wider responsibility under the Code of Audit Practice		
<p>3 Financial sustainability</p> <p>The IJB receives funding from Argyll and Bute Council and NHS Highland. The budget outlook report to end of December 2016 forecasts a shortfall of £16.3 million in 2017/18 (including the projected overspend for 2016/17) and £5.7 million in 2018/19. This creates a risk over the financial sustainability of the IJB. The IJB has recognised this risk as part of its risk management process.</p>	<p>Review of approach to medium and long-term financial planning, including any scenario planning.</p> <p>Review of budget outlook reports and other reports presented to the board members.</p>	<p>Although currently there are no medium to longer term financial plans in place, management have advised that work is ongoing in this area.</p> <p>Action Plan (Appendix 1, point 3).</p>
<p>4 Financial management - year end outturn</p> <p>The approved budget for 2016/17 shows income and expenditure of £256 million. The budget monitoring report to end of December 2016 projects a year-end overspend of £1.1 million. It also indicates that the IJB may not be able to achieve £3.5 million of its savings target of £8.5 million for 2016/17. There is therefore a risk that the IJB will not break even in 2016/17 and this may in turn increase the already substantial financial pressures for 2017/18 and beyond.</p>	<p>Monitor the financial position throughout the year by reviewing budget monitoring reports.</p> <p>On-going dialogue with officers regarding the projected year end outturn.</p> <p>Review of the IJB's achievement of outturn at year end.</p> <p>Review of financial statements to ensure that expenditure and income has been accounted for in the correct financial year.</p> <p>Consideration of internal audit's review of financial and performance monitoring.</p>	<p>Ongoing financial monitoring was consistently reported to the Board. Budget movements and variances from previous periods were explained, as were forecast year end positions.</p> <p>The IJB achieved a year end surplus of £0.479m. This was better than the original budget set in March 2016.</p> <p>Internal Audit's work on financial and performance monitoring identified that there were some weaknesses in financial management, specifically regarding the lack of integration between the financial reporting to the IJB by the health board and council. This is an area for further improvement.</p> <p>Action Plan (Appendix 1, point 1).</p>
<p>5 Workforce planning</p> <p>The IJB has identified a risk that, due to the rural nature and challenging geography of Argyll and Bute, its partner organisations commissioned to deliver services may not be able to attract appropriate clinical staff such as GPs. The IJB does not have a workforce plan in place clearly setting out what staff resources across the statutory, independent and third sectors will be required for service delivery.</p> <p>Without such a workforce plan there is a risk that the IJB is</p>	<p>Monitor progress with the preparation of the workforce plan.</p>	<p>The IJB has developed a workforce toolkit in its Oban locality.</p> <p>There is still progress to be made on an overarching workforce plan for the IJB.</p> <p>Action Plan (Appendix 1, point 4).</p>

Audit risk	Assurance procedure	Results and conclusions
unable to achieve key objectives of its corporate strategy.		
<hr/>		

Appendix 3

Summary of national performance reports 2016/17



Apr			
May	 Common Agricultural Policy Futures programme: an update		
Jun	 South Ayrshire Council: Best Value audit report	 The National Fraud Initiative in Scotland	
Jul	 Audit of higher education in Scottish universities	 Supporting Scotland's economic growth	
Aug	 Maintaining Scotland's roads: a follow-up report	 Superfast broadband for Scotland: a progress update	 Scotland's colleges 2016
Sept	 Social work in Scotland	 Scotland's new financial powers	
Oct	 Angus Council: Best Value audit report	 NHS in Scotland 2016	
Nov	 How councils work – Roles and working relationships in councils	 Local government in Scotland: Financial overview 2015/16	
Dec	 Falkirk Council: Best Value audit report	 East Dunbartonshire Council: Best Value audit report	
Jan			
Feb	 Scotland's NHS workforce		
Mar	 Local government in Scotland: Performance and challenges 2017	 i6: a review	 Managing new financial powers: an update

IJB relevant reports

[The National Fraud Initiative in Scotland](#) – June 2016

[NHS in Scotland 2016](#) – October 2016

[Social work in Scotland](#) – September 2016

[Scotland's NHS workforce](#) – February 2017

Argyll & Bute Integration Joint Board

2016/17 Annual Audit Report

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Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.3 (c)

Date of Meeting : 27 September 2017

Title of Report : Budget Monitoring – July 2017

Presented by : Caroline Whyte, Chief Financial Officer

The Integration Joint Board is asked to :

- **Note** the overall Integrated Budget Monitoring report for the July 2017 period, including:
 - Integrated Budget Monitoring Summary
 - Quality and Finance Plan Progress
 - Financial Risks
 - Reserves
- **Note** that as at the July period there is a projected year-end overspend of £4.4m primarily in relation to the outstanding budget gap at the start of the year, the expected deliverability of the Quality and Finance Plan, the cost of medical locums and continuing overspends from demand for social care services.
- **Note** the financial progress with the delivery of the Quality and Finance Plan and the high level overall forecast shortfall in delivery of savings.
- **Note** the financial recovery plan and support the management actions therein to ensure the delivery of a balanced integrated budget for the 2017-18 financial year.
- **Note** the financial position and impact of the recovery plan will be closely monitored and if there is not the expected improvement in the financial position further action will be required, these actions would likely include the requirement to delay, stop or reduce services.
- **Endorse and support** the IJB Chair's response to the Council in relation to the communication received in respect of the Health and Social Care Partnership projected overspend position.

1. EXECUTIVE SUMMARY

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

- Robust budget monitoring processes are key to ensure that the expenditure incurred by the IJB partners is contained within the approved budget for 2017-18 and that overall the partnership delivers a balanced year-end outturn position.

- The IJB started 2017-18 with an outstanding budget gap of £2m with the intention of managing this through a reduction in the SLA for acute health services negotiated with NHS Greater Glasgow and Clyde and with the remaining balance being delivered through in-year efficiency savings. This position has deteriorated, this is due to ongoing overspends for locums and agency staff, continuations of overspends in social care services and the expectation that not all of the service changes in the Quality and Finance Plan will be delivered.
- This report provides information on the financial position of the Integrated Budget as at the end of July 2016. The projected year-end outturn position is an overspend of £4.4m, the Integration Joint Board requires assurance that this position can be brought back into line with the available budget by the financial year-end. A financial recovery plan has been developed which outlines a number of actions to address the financial position, these are in the main management actions and controls.
- There is a likelihood that not all savings in the Quality and Finance Plan will be achieved, the IJB are aware some areas are high risk and there may be a significant lead-in time to deliver some of the more complex service changes. There is an agreed project management process in place to ensure that action is taken to progress the service changes and it is imperative that focussed efforts are made to ensure the service changes are delivered as any delays or non-delivery of savings will result in short term actions to deliver financial balance.
- In addition to the projected overspend position there are significant financial risks in terms of service delivery for 2017-18 and there are mitigating actions in place to reduce or minimise these, these risks should continue to be closely monitored together with the delivery of the Quality and Finance Plan.

2. INTRODUCTION

- 2.1 This report sets out the financial position for Integrated Services as at the end of July 2017. Budget information from both Council and Health partners has been consolidated into an Integrated Budget report for the Integration Joint Board.

3. DETAIL OF REPORT

3.1 INTEGRATED BUDGET MONITORING SUMMARY

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

Year to Date Position – YTD Overspend - £1.470m

- 3.1.2 The main areas to note from this are:
- The overall Year to Date variance is an overspend of £1.470m. This consists of an overspend of £0.241m in Council delivered services and an overspend of £1.229m in Health delivered services.
 - Within Health provided services the overspend is mainly in relation to the budget profile of savings for 2017-18 which have not yet been

implemented and additional costs in relation to locums, the year to date position is in line with the forecast outturn position.

- Within Council provided services the year to date overspend is mainly in relation to delays in receipt and processing of supplier payments. This year to date underspend position is not necessarily an indication of the likely year-end outturn position, as the year to date position for the Council is reported on a cash not accruals basis.

3.1.3 Council and Health partners use different financial systems and treatments for the monthly profiling of budgets and recording of actual costs which results in financial information relating to the year to date position for the integrated budget not being a reliable indicator of the year-end position.

Forecast Outturn Position – Projected Overspend - £4.412m

3.1.4 The year-end forecast outturn position for the July period is a projected overspend of £4.412m. The main areas are noted below:

- Adult Care – projected overspend £4.5m:
 - Anticipated shortfall of £2.5m in the delivery of Adult Care savings as part of the Quality and Finance Plan, further detail is included in section 3.2.
 - Budget overspends in relation to locum cover for vacancies and sickness absence, the cost of medical locums to July is £0.6m.
 - Projected overspends for demand for social work services including care home placements and supported living services. The projected overspend in adult social care services is £1.5m, these are generally areas which were overspent at the 2016-17 year-end and are areas of focus for the Quality and Finance Plan for 2017-18 onwards. Significant work is required to contain the expenditure within budget before any deliverable savings can be released.
- Chief Officer – projected overspend £1.2m
 - £1.7m of this overspend is reflective of the outstanding budget gap for social care services at the start of 2017-18, the balance will be held as a projected overspend until such a time as savings are identified to offset this.
 - This has been partly offset by the expected over-recovery of vacancy savings and funding set aside to fund cost pressure which have not as yet materialised.
- Children and Families – projected underspend £0.2m:
 - Projected underspends in relation to fostering, kinship and supporting young people leaving care reflecting the level of demand on these budgets.
 - This overall position is reflective of the current level of demand for services, which can be volatile and a small change in demand can have a significant impact on costs. The projected underspend position also assumes that the majority of the savings agreed on the Quality and Finance Plan will be delivered in 2017-18.

- Budget Reserves – projected underspend £1.0m – represents the uncommitted element of budget reserves which can be utilised to offset the overall projected outturn position. The level of budget reserves has significantly reduced as many of the balances were removed as part of the Quality and Finance Plan for 2017-18, this estimate is based on an assessment of the likely outturn informed by financial performance in previous years.
- 3.1.5 The forecast outturn position is reliant on a number of assumptions around the current and expected level of service demand and costs, this is subject to change and is reported through routine monthly monitoring. The position at the end of the June period was a forecast overspend of £5m, this has reduced to £4.4m as at July. It should be noted that not all of this improvement is as a result of specific action but more as a result of clarity around the requirements for funding set aside for cost and demand pressures.
- 3.1.6 The IJB started the financial year with a £2m unidentified budget gap. This position increased to a projected £5m overspend by the end of the June period and as a result at the IJB meeting on 2 August 2017 there were a actions noted to be taken to ensure the position is brought back into line, these included a commitment to:
- Develop a detailed recovery plan to be approved by the IJB in September;
 - Continue to deploy management actions to identify efficiencies in-year to generate opportunistic underspends;
 - Continue to pursue negotiations with NHS Greater Glasgow and Clyde to get a final agreement for the SLA value for acute services, with the expectation of releasing resources;
 - Push forward the momentum for delivery of the Quality and Finance Plan, and by following the agreed project management approach, ensure that any further appropriate action is taken to ensure the delivery of planned savings;
 - Ensure the Integration Joint Board secures a fair share of any additional funding from Health and Council partners.
- 3.1.7 The financial recovery plan is included as Appendix 5. The actions are focussed in six main areas including control measures, discretionary spend, staff costs, funding/income, projects and the Quality and Finance Plan. The plan includes management actions and controls that can be put into place to address the financial position. The financial position and the impact of the recovery plan will be monitored and if there is not the expected improvement in the financial position a further report will be brought to the IJB with further actions required to deliver financial balance, if this is required these will not be management actions and are likely to be plans to delay, stop or reduce services.
- 3.1.8 A motion was tabled at the Policy and Resources Committee of Argyll and Bute Council on 17 August 2017 re the financial risk the Integration Joint Board's financial position poses to the Council. Following this meeting and as agreed in the motion the Chief Executive of the Council wrote to the IJB Chair seeking assurance. The communication from the Council and the response from the IJB Chair are included as Appendix 6. The Integration Joint Board is asked to endorse and support the response to the Council from the IJB Chair.

3.1.9 There is an overall increase in funding of £1.251m compared to the approved budget. There is an increase in available funding from £258.885m to £260.136m, the in-year changes in funding are noted in Appendix 1. This relates to an increase in Health Funding, mainly relating to additional non-recurring funding allocations from the Scottish Government and a small increase to Council funding which relates to the drawdown of budget from reserves.

3.2 QUALITY AND FINANCE PLAN PROGRESS

3.2.1 There is a significant risk around the deliverability of the Quality and Finance Plan for 2017-18. There are significant budget savings to be delivered in a challenging timescale and it is absolutely key that the service changes are delivered to produce a sustainable balanced budget for the partnership.

3.2.2 Progress with the individual budget reductions outlined in the Quality and Finance Plan is detailed in Appendix 2. This notes the financial savings delivered to the July 2017 period and any estimated year-end shortfall.

3.2.3 There are budget reductions totalling £10.135m required to produce a balanced partnership budget. From this total savings requirement £8.153m of savings were previously approved by the Integration Joint Board for implementation. Appendix 2 has been updated to show a total of £8.703m savings agreed for 2017-18, this to reflect the final value of previously agreed 2016-17 savings delivered in 2016-17. To the July period £1.880m of the savings have been delivered on a recurring basis, a number of these are savings which had been carried forward from 2016-17 or are efficiency savings. This leaves total savings of £6.8m to be delivered in 2017-18, this is in addition to the £2m of unidentified savings.

3.2.4 The update on progress includes an estimate of the recurring shortfall in the delivery of savings for each individual service change, in terms of the overall position at this stage an estimate of £3.4m has been included in the forecast outturn position as the indicative level of savings forecast not to be delivered in 2017-18. The main areas where there are expected to be shortfalls or delays in savings delivered are:

- Rural Cowal Out of Hours Service
- Re-design of community pathways and community hospital services to shift the balance of care as a result of reduced length of stay, reduced delayed discharges and reduced emergency admissions – Campbeltown, Mid Argyll, Cowal, Bute, Islay
- Lorn and the Islands Hospital Future Planning
- Struan Lodge Service Re-design
- Corporate and Support Staff Efficiencies
- Catering and Cleaning and other Ancillary Services

3.2.5 For 2017-18 we have a consistent project management approach in place for the monitoring of the Quality and Finance Plan, to enable progress on the delivery of the plan to be monitored both in operational and financial terms. SMT will ensure there are clear lines of responsibility for projects, that there is clear oversight of the progress of all projects, risks and timelines are clearly identified and monitored and any deviations from plans or risks of non-delivery are identified at the earliest opportunity. This process is being embedded

across services which will ensure that the progress reported to the IJB is communicated directly via the services delivering the service changes.

- 3.2.6 There is a reported forecast overspend of £4.4m as at the July 2017 period, this is partly in relation to the expected shortfall in the delivery of the Quality and Finance Plan. The current estimate is that £3.4m of the savings will not be deliverable in 2017-18.
- 3.2.7 There is a separate paper proposing the establishment of a Quality and Finance Plan Programme Board. If agreed, this group would include representation from officers, IJB members and staff side and part of their role will be to monitor, challenge and support the delivery of the Quality and Finance Plan. This Board would provide assurance to the IJB that appropriate challenge, support and rigour is applied to the implementation and development of the Quality and Finance Plan.

3.3 FINANCIAL RISKS

- 3.3.1 An assessment of financial risks together with the likelihood and impact and the potential financial consequences for the Integrated Budget is included as Appendix 3. This only includes financial related risks and highlights areas where there are potential cost or demand pressures facing service delivery.
- 3.3.2 There are 12 financial risks with a potential financial impact of £4.2m noted at the July 2017 period. These are assessed in terms of likelihood and a summary of the risks is noted in the table below:

Likelihood	Number	Potential Financial Impact £000
Almost Certain	0	0
Likely	3	650
Possible	7	3,165
Unlikely	1	200
Remote	1	200
TOTAL	12	4,215

- 3.3.3 The potential financial impact represents the estimated full year impact on the budget, this value will reduce as we progress through the financial year. Where financial risks do not materialise or are mitigated entirely the risk will be removed, where risks materialise the impact will be reported through the forecast outturn position.
- 3.3.4 At July only being 4 months through the financial year the financial risk exposure is significant. There is significant exposure to risks in relation to demand and in some service areas, for example children's services, a small increase in demand can result in a significant increase in cost.

3.4 RESERVES

3.4.1 The overall position for reserves is noted below:

	£'000
Opening Reserve Balance at 1 April 2017	479
Earmarked Balances	(451)
Unallocated Reserves at 1 April 2017	28

3.4.2 As the current forecast outturn position for 2017-18 is a projected overspend it is not anticipated that there will be additional reserves at the 2017-18 year-end. Likewise as there are only £0.028m of unallocated reserves there are minimal reserves available to offset any potential year-end overspend.

3.4.3 There are balances totalling £0.451m earmarked from IJB reserves, progress with utilising these reserves in line with their agreed purpose is included in Appendix 4.

3.4.4 In addition to the IJB reserve balance there are inherited reserve balances from Council delivered services. These balances for 2017-18 total £0.1m. These historic balances are mainly in relation to unspent grant monies carried forward or funds the Council earmarked specifically from the general fund for service development. The funds are committed for specific projects previously approved by the Council, this includes funding for:

- Sensory Impairment
- Autism Strategy
- Early Intervention (Early Years Change Fund)
- Criminal Justice Transformation
- Violence Against Women Training

4. CONTRIBUTION TO STRATEGIC PRIORITIES

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

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

5.1.1 The monitoring of the budget is key to ensure the delivery of the financial plans for 2017-18, as at the July 2017 monitoring period significant financial risks have been identified and services are forecasting a year-end overspend of £4.4m. A recovery plan has been developed to ensure this can be brought back into line with the delegated budget, this will be closely monitored to ensure the position can be brought back into line.

5.2 Staff Governance

The Quality and Finance Plan includes service changes which will impact on staff roles, the IJB will comply with the appropriate staff governance standards.

5.3 Clinical Governance

None

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

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

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

8.1 Where required as part of the delivery of the Quality and Finance Plan local stakeholder and community engagement will be carried out as appropriate in line with the re-design of service provision.

9. CONCLUSIONS

9.1 This report summarises the financial position of the Integrated Budget as at July 2017. The forecast year-end outturn position is a projected overspend of £4.4m, the starting point for the year was an outstanding budget gap of £2m, therefore there has been an overall deterioration to the position. Action requires to be taken to ensure the delivery of a year-end balanced budget. There requires to be a focus on delivering the savings on the Quality and Finance Plan as this will have the biggest impact on the overall position. Being only 4 months into the financial year there are opportunities to enable this position to be recovered by the year-end through the actions and controls outlined in the financial recovery plan.

9.2 This report also highlights the level of financial risk associated with delivering a year-end balanced Integrated Budget. There are significant financial risks in relation to the demands on service delivery and significant risks in relation to the delivery of the Quality and Finance Plan. These risks and the projected outturn position will continue to be closely monitored and reported as part of the overall approach to budget monitoring.

APPENDICES:

Appendix 1 – Integrated Budget Monitoring Summary – July 2017

Appendix 2 – Quality and Finance Plan Progress – July 2017

Appendix 3 – Financial Risks – July 2017

Appendix 4 – Earmarked Reserves – July 2017

Appendix 5 – Financial Recovery Plan

Appendix 6 – Communication with Argyll and Bute Council

INTEGRATED BUDGET MONITORING SUMMARY - JULY 2017

	Year to Date Position				Forecast Outturn			Previous Period	
	YTD Actual	YTD Budget	YTD Variance	Variance	Annual Budget	Forecast Outturn	Forecast Variance	Forecast Variance	Movement in month
	£000	£000	£000	%	£000	£000	£000	£000	£000
Service Delegated Budgets:									
Adult Care	42,487	40,027	(2,460)	-6.1%	129,389	133,900	(4,511)	(4,357)	(154)
Alcohol and Drugs Partnership	270	314	44	14.0%	1,144	1,084	60	50	10
Chief Officer	196	219	23	10.5%	(4,496)	(3,327)	(1,169)	(1,640)	471
Children and Families	5,611	6,073	462	7.6%	19,625	19,435	190	162	28
Community and Dental Services	1,236	1,352	116	8.6%	4,055	3,855	200	0	200
Estates	1,674	1,533	(141)	-9.2%	4,948	5,148	(200)	(200)	0
Lead Nurse	441	448	7	1.6%	1,319	1,305	14	20	(6)
Public Health	336	392	56	14.3%	1,323	1,213	110	110	0
Strategic Planning and Performance	1,086	1,092	6	0.5%	3,637	3,635	2	19	(17)
	53,337	51,450	(1,887)	-3.7%	160,944	166,248	(5,304)	(5,836)	532
Centrally Held Budgets:									
Budget Reserves	0	390	390	100.0%	1,170	170	1,000	1,000	0
Depreciation	836	832	(4)	-0.5%	2,496	2,496	0	0	0
General Medical Services	5,185	5,178	(7)	-0.1%	15,847	15,897	(50)	(85)	35
Greater Glasgow & Clyde Commissioned Services	19,814	19,738	(76)	-0.4%	59,254	59,394	(140)	(100)	(40)
Income - Commissioning and Central Management and Corporate Services	(437)	(412)	25	-6.1%	(1,237)	(1,262)	25	(15)	40
NCL Primary Care Services	2,954	2,954	0	0.0%	8,508	8,508	0	0	0
Other Commissioned Services	1,100	1,170	70	6.0%	3,508	3,508	0	0	0
Resource Release	1,632	1,632	0	0.0%	4,897	4,897	0	0	0
	31,846	32,263	417	1.3%	99,192	98,300	892	870	22
Grand Total	85,183	83,713	(1,470)	-1.8%	260,136	264,548	(4,412)	(4,966)	554

Reconciliation to Council and Health Partner Budget Allocations:

	Year to Date Position				Forecast Outturn			Previous Period	
	YTD Actual	YTD Budget	YTD Variance	Variance	Annual Budget	Forecast Outturn	Forecast Variance	Forecast Variance	Movement in month
	£000	£000	£000	%	£000	£000	£000	£000	£000
Argyll and Bute Council	19,569	19,328	(241)	-1.2%	56,402	58,814	(2,412)	(2,966)	554
NHS Highland	65,614	64,385	(1,229)	-1.9%	203,734	205,734	(2,000)	(2,000)	0
Grand Total	85,183	83,713	(1,470)	-1.8%	260,136	264,548	(4,412)	(4,966)	554

FUNDING RECONCILIATION - JULY 2017

Partner	£000	£000	£000
<p>Argyll and Bute Council: Opening Funding Approved Annual Budget at July 2017 Movement <i>Details:</i> Non-recurring drawdown of budget from Reserves</p>		56,360 56,402 <hr/> 42	42 <hr/> 42
<p>NHS Highland: Opening Funding Approved: Core NHS Funding Additional SG Funding Opening Funding Approved Annual Budget at July 2017 Movement <i>Details:</i> Other SG funding increases/decreases</p>	197,945 4,580	202,525 203,734 <hr/> 1,209	1,209 <hr/> 1,209

**INTEGRATION JOINT BOARD
QUALITY AND FINANCE PLAN PROGRESS - JULY 2017**

APPENDIX 2

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to July 2017	Remaining	Estimated Shortfall	2018-19 Budget Reduction £000
CHILDREN'S SERVICES:									
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.	Apr-17	No	300	300	0	0	400
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.	Sep-17	No	100	0	100	65	200
CF03	School Hostels - Explore the opportunities to maximise hostel income.	May be opportunities to actively market accommodation over holiday periods and use annexe accommodation to attract locums at a reduced cost. Although we have an income budget that we currently do not achieve we would hope to over recover income.	Mar-18	No	0	0	0	0	10
LORN AND THE ISLANDS HOSPITAL:									
AC01	Lorn and the Islands Hospital Future Planning to improve the local services and engage specialist services appropriately to deliver best possible care.	LIH group established with representation from public, community, third and independent sector working jointly to design services that will minimise or avoid all delayed discharges, offer excellent quality local care complemented by specialist care out of area as required. Prevention of admissions to be achieved by shifting the overall balance of care and staff to ensure anticipatory care planning in place. Working with the LIH group to explore clinical options and offer continued, consistent appropriate hospital care. Data collection and scrutiny to inform the service design. Recruitment and retention strategies to support the service.	Dec-18	Yes, partly.	347	0	347	267	647
AC02	Further improvement and investment in the scope of OLI Community Wards to offer quality services and support on discharge and timely assessment and reablement.	Community staff further upskilled through training and understanding of scope of services. Resource to ensure that 'virtual wards' feel and give a service which is perceived as real and more effective than location based services.	Estimated April 18	No	included above	included above	included above	included above	included above
CARE HOMES:									
AC03	Putting environment, independent living and service user choice at the heart of care support by reviewing the current buildings and care service employed by Ardfenaig and Eader Glynn to deliver an improved environment, better choice and control.	Identify all options with partners to better provide support when care at home is no longer possible. Seek engagement to review all options with full regard for choices and control of people who use these services.	Anticipate Jan 19	No	0	0	0	0	53
AC04	Identified demand for greater choice of support care on Tiree, currently and for future planning.	Island demand to be quantified, and provision reviewed in line with current and emerging demands.	Jan-19	No	0	0	0	0	46

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to July 2017	Remaining	Estimated Shortfall	2018-19 Budget Reduction £000
LEARNING DISABILITY:									
AC05	Redesign of Learning Disability services including day services and support at home for adults across Argyll and Bute, the priority needs to be given to service user need and demand in each local area.	Utilise learning from Helensburgh redesign, and engage with stakeholders. Full account of service user views and the current and emerging needs, encouraging independence and shifting the balance of care.	Phased from Aug17	Yes, partly.	175	67	108	25	525
COMMUNITY MODEL OF CARE:									
AC06	Repatriate top 15 high cost young adult care placements from outwith Argyll and Bute. This includes service users who are in residential care and some who are receiving specialist supported living services outwith the area.	Identify then review top 15 adults outwith the area currently and undertake review with a view to bringing their care package back to Argyll and Bute. Need to link with housing providers and social care providers to identify capacity and cost to bring adults back to shared tenancy arrangements.	Quarterly rolling reviews from April 17	No.	73	0	73	0	194
AC07	Supported living is categorised into four categories. Critical (P1) and substantial (P2) needs will be met and others will be signposted to self-help and community resources.	Review existing supported living care packages to ensure that cases meet the priority of need framework. Promote use of SDS. Introduce Area Resource Groups to scrutinise adult care supported living and delayed discharge packages.	Quarterly rolling reviews from April 17	No.	0	0	0	0	460
AC08	Review the delivery of services for older people to consider alternative ways of delivering services for older people.	Ensure all new packages adhere to Value for Money principles. Consider alternative ways to deliver support/meet the assessed outcomes of service users.	Ongoing from 16-17	Yes, partly.	200	200	0	0	200
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.	Ongoing from 16-17	Yes	200	0	200	0	200
AC11	Investment in 'Neighbourhood Team' approach to delivery of care at home for the community across Mid Argyll, Kintyre and Islay. Putting service users at the heart of service design.	More responsive and person centred approach to delivery, better meeting needs. A best practice model, which is truly person centred, maintains independence and recognises dignity alongside independence, and improved outcomes.	Oct-17	No	0	0	0	0	0
AC12	Investment in 'Neighbourhood Team' approach to delivery of care at home for the community across Oban Lorn and the Islands. Putting service users at the heart of service design.	More responsive and person centred approach to delivery, better meeting needs. A best practice model, which is truly person centred, maintains independence and recognises dignity alongside independence, and improved outcomes.	Oct-17	No	0	0	0	0	0
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.	Apr-18	Yes, partly.	232	0	232	232	232

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to July 2017	Remaining	Estimated Shortfall	2018-19 Budget Reduction £000
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.	Apr-18	Yes, partly.	170	20	150	150	170
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.	Sep-17	Yes, partly.	537	35	502	502	537
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.	Sep-17	Yes.	250	0	250	250	250
AC18	Improve and expand community based care on Islay through investment in preventative measures to address delayed discharge and reduce admissions. Shifting the balance will include making better use of Islay Hospital and Gortanvogie Care home to meet community care demands.	Review use and need of community services on Islay to better support people to live at home with quality services. Enhancing community based care including using technology where appropriate, and consider use of alternative booking systems. Support from and engagement with both communities and staff to help shift balance.	Commencement Oct 17 - duration likely 9 - 12 months.	Yes, partly.	330	100	230	230	330
AC19	Review of AHP Out-patient service delivery	Consider increasing protocol driven review of follow-up and domiciliary visits. Use of technology like VC and Flo. Review whether AHPs could offer review instead of trips to GG&C to see consultants. Extension of roles like Orthopaedic triage and 'First Contact' input into GPs.		No	0	0	0	0	0
AC20	Seek to ensure care at home services offer flexibility and choice and are person centred and fit for purpose. Current in-house services are restricted and review would enable options to be explored with external providers to improve West Argyll service.	Neighbourhood teams with external providers give flexibility and should be considered within options following period of market testing. Would require input from procurement and commissioning staff to expand and improve the current care at home service.	Apr-18	Yes, partly.	0	0	0	0	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.	Oct-17	No	50	0	50	0	208

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to July 2017	Remaining	Estimated Shortfall	2018-19 Budget Reduction £000
MENTAL HEALTH SERVICES:									
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.	Dec-18	No	250	200	50	0	250
AC22	Deliver improved mental health consultant support and create dedicated consultants to each locality Community Mental Health Team, and a dedicated consultant for inpatients. Better sharing of on call services, additional locality clinics and support for crisis response and places of safety.	CMHT services and patients would benefit from the redesign to support an improved model. Locality consultation and with CMHT's to support change, and achieve better outcomes.	Oct-17	No	0	0	0	0	0
AC23	Steps to ensure and maintain patient and community safety will be taken by redesignating and maintaining a secure locked environment for those with the most fragile mental health requiring extra care. This is based on the needs of service users, and experience from current Intensive Patient Care Unit.	Actions required pertain to legislation relevant to service delivery, which will be strictly followed. Work with staff to make changes to overall establishment and working practices and to agree robust admission criteria. Some work with GG&C should needs arise for additional services.	May-17	No	100	0	100	0	200
AC24	Further enhancement to community based care to ensure those with mental health issues have the same opportunities and choices. To include consideration of a step up / step down model for Lochgilphead and area service users.	Adopt community focussed approach, and use technology when possible, to review use of Ross Crescent to make this appropriate for a modernised mental health service. Ensuring patient choice and views are at the centre of service provision, with independence encouraged and supported.	Dec-17	No	45	0	45	0	45
CORPORATE SERVICES:									
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.	Apr-17	No	335	61	274	130	335
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.	Sep-17	No	120	0	120	67	325
CORP3	Management /Professional Leadership Review	Review the overall management structure.	Apr-18	No	tbc	tbc	tbc	tbc	tbc
CORP4	Rationalisation of Estates/Property-linked to CORP's 1 and 2.	Review of current property portfolio and opportunities to rationalise this. Review the current leases in place and find alternative accommodation to reduce costs.	Sep-17	No	75	0	75	75	75
CORP5	Implement Lync/Skype for Business	Implement Skype for Business (Microsoft Lync) communications platform, this will reduce telephone and travel costs and improve communication and collaboration. Business case is due to be finalised It is required to maximise benefits in Corp 1 and Corp 2.	Apr-18	Yes	0	0	0	0	0
CORP6	Catering and Cleaning and other Ancillary Services	Reduction in buildings occupied and opportunities to work with our partner organisations, take opportunities to reduce costs for catering and domestic services. Significant opportunities to share services and reduce costs.	Sep-17	No	505	0	505	285	505

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to July 2017	Remaining	Estimated Shortfall	2018-19 Budget Reduction £000
CORP7	Vehicle Fleet Services	Explore opportunities for the centralisation of shared fleet service (as in part of NHS Grampian), look to share vehicles with partners, and a review of the provision of services.	Sep-17	No	0	0	0	0	0
CORP8	The agreement with NHS Greater Glasgow & Clyde (NHSGG&C) provides hospital services outside Argyll and Bute.	Invest in community services and IT to reduce delayed discharges and patients length of stay in NHS GG&C hospitals, and commission NHSGG&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.	Apr-17	No	tbc	tbc	tbc	0	tbc
CORP9	Capital projects - Dunoon GP practices new build, Bute Health and care campus, Care Home redesign, and new model of care relocation of Salen Surgery to Craignure & elements of CORP 4	Formal capital design projects at large and small scale, latter to be costed by March 2017 for inclusion in capital programmes for next 2 years. Large scale projects require formal processes and resource.	TBC	No	0	0	0	0	0
CORP10	Alcohol and Drugs Partnership	The ADP will look to review and reduce costs being incurred in delivering alcohol brief interventions, supporting the voluntary sector and the ABAT statutory service sector. The reduction in 17-18 equates to 8% of the total budget for ADP.	Apr-17	No	100	100	0	0	150
TOTAL					4,494	1,083	3,411	2,278	6,707

2016-17 QUALITY AND FINANCIAL PLAN

PREVIOUSLY APPROVED SAVINGS - STILL TO BE DELIVERED:

1	Prescribing		100	36	64	0	100
5	Redesign of the Out of Hours Service for Cowal		300	0	300	300	300
13	Closure West House	*updated to reflect actual shortfall in 2016-17 - increased by £170k	270	50	220	0	270
14	Closure AROS		150	42	108	0	150
15	Kintyre Medical Group	*updated to reflect actual shortfall in 2016-17 - increased by £50k	75	0	75	50	75
21	Review Day Hospital Services for Older People with Dementia	*updated to reflect actual shortfall in 2016-17 - increased by £25k	25	25	0	0	25
27	Kintyre Patient Transport		25	0	25	25	25
29	Mid Argyll Operational Teams Redesign	*updated to reflect actual shortfall in 2016-17 - increased by £20k	20	0	20	20	20
45	Ardlui		10	10	0	0	10
51	Supporting Young People Leaving Care		17	17	0	0	17
52	Consultation Support Forum		5	5	0	0	5
55	Struan Lodge	*updated to reflect actual shortfall in 2016-17 - increased by £175k	175	0	175	175	175
56	Thomson Court	*updated to reflect actual shortfall in 2016-17 - increased by £10k	10	0	10	0	10
59	Bowman Court Progressive Care Centre		80	80	0	0	80
61	Internal Mental Health Support Team		60	0	60	0	60
62	Assessment and Care Management		12	0	12	12	12
63	Assessment and Care Management		30	0	30	30	30
66	Supported Living Services	*updated to reflect actual shortfall in 2016-17 - increased by £100k	100	0	100	50	100
			1,464	265	1,199	662	1,464

2016-17 SAVINGS - FULL YEAR IMPACT:

55	Struan Lodge		0	0	0	175	175
56	Thomson Court		0	0	0	0	10
58	Tigh a Rhuda		22	22	0	0	22
			22	22	0	175	207

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to July 2017	Remaining	Estimated Shortfall	2018-19 Budget Reduction £000
2016-17 APPROVED SAVINGS - ADDITIONAL SAVINGS DELIVERABLE:									
1	Prescribing				700	0	700	0	1,400
3	Further Savings from closure of Argyll and Bute Hospital				282	175	107	40	282
27	Kintyre Patient Transport.				25	0	25	25	75
5	Redesign of the Out of Hours Service for Cowal				29	0	29	29	29
10	NHS GG&C contract / services				100	0	100	100	100
					1,136	175	961	194	1,886
NEW:									
EFFICIENCY SAVINGS:									
1	Commissioned Services				500	60	440	0	500
3	Budget Reserves				350	0	350	0	200
4	Equipment Depreciation				50	43	7	0	50
5	Increased patients' services income				50	0	50	0	50
6	Community Dental Services				20	10	10	0	20
7	Review of Podiatry Services Budgets				20	0	20	0	20
8	Helensburgh & Lomond Locality - local initiatives, recurring underspends				20	20	0	0	20
9	Medical Physics Department - review of supplies budget to make best use of resources based on in year underspend.				45	0	45	0	45
10	Energy Costs for Health Buildings (excluding A&B Hospital & Aros)				50	0	50	0	50
11	Oban, Lorn & Isles Locality - patients' travel				40	0	40	0	40
12	Review of Radiography Services Budgets				50	0	50	0	50
13	Mental Health Bridging Funding				0	0	0	0	400
14	HEI Budget - reduction on basis that requirement will reduce in line with beds				0	0	0	0	50
15	Mid Argyll Social Work Office				10	0	10	0	10
16	Admin - travel reduction				3	3	0	0	3
17	Planning				51	51	0	0	51
18	Review MAKI management structure to ensure best use of resources.				130	0	130	20	250
19	Children and Families - Respite				10	10	0	0	10
20	Children and Families - Carers Payments				10	10	0	0	10
21	Children and Families - Children Affected by a Disability				10	10	0	0	10
22	Adult Services Fees and Charges				50	50	0	0	50
23	Children and Families - Child Trust ISAs				10	10	0	0	10
24	Adult Services Charging Order Long Term Debt Adjustment				25	25	0	0	25
25	Social Work Utility Costs				33	33	0	0	33
26	Mull Medical Group - reduction in use of GP locums				50	0	50	50	50
					1,587	335	1,252	70	2,007
GRAND TOTAL					8,703	1,880	6,823	3,379	12,271

* highlighted figures have been updated for actual remaining balance following 2016-17 year-end

INTEGRATION JOINT BOARD

APPENDIX 3

FINANCIAL RISKS - JULY 2017

Ref	TITLE OF RISK	DESCRIPTION OF RISK	MITIGATIONS/ACTIONS IN PLACE	LIKELIHOOD		POTENTIAL FINANCIAL IMPACT £000
				SCORE	OVERALL LIKELIHOOD	
1	Prescribing	Costs increase through national pricing agreements, new drugs are introduced, volumes dispensed increase.	Closer working with prescribers to ensure formulary compliance and Best Value.	3	Possible	500
2	Quality and Financial Plan	Risk if savings plan is not achieved - risk represents a further 10% shortfall for illustrative purposes.	Close monitoring of savings plan, reporting to SMT and IJB, recovery plans are developed. Expenditure controls put in place and a project management approach to delivering savings.	3	Possible	815
3	Commissioned Services	The volume of high cost care packages increases.	Closer scrutiny of applications for care packages.	4	Likely	250
4	Integrated Equipment Service	Demand for the community equipment service continues to grow and budget is under pressure, this is expected to increase with the shift in the balance of care.	Efficient running of Integrated Equipment Service, prioritisation of need and procurement processes.	4	Likely	200
5	Adult Care - Older People Service Demand	Demand for services for older people (ie over 65s) exceeds the demand pressure already factored into the budget.	Ongoing monitoring and reporting of service demand and provision costs to IJB management team.	3	Possible	600
6	Medical Locums	Need for use of locums increases in A&B Hospital, Lorn & Islands hospital and Mull GP services, and risk of new requirement in other areas.	Pursue new models of service provision with NHS Glasgow and Greater Clyde and the local teams.	3	Possible	200
7	Adult Care - Sleepover Rates	Risk of Scottish Government requirement to pay sleepovers at the higher Scottish Living Wage rate.	Re-design sleepover services to reduce the overall requirement and reliance on these services. Contribute to national discussions around the financial and operational implications of the living wage requirements.	4	Likely	200
8	Adult Care - Living Wage Provision	The cost of implementing the increased Living Wage rate for 2017-18 exceeds the budget provided.	Negotiation position with providers, reflecting on detailed work carried out in 2016-17 to bring providers up to an even baseline.	2	Unlikely	200

INTEGRATION JOINT BOARD

APPENDIX 3

FINANCIAL RISKS - JULY 2017

Ref	TITLE OF RISK	DESCRIPTION OF RISK	MITIGATIONS/ACTIONS IN PLACE	LIKELIHOOD		POTENTIAL FINANCIAL IMPACT £000
				SCORE	OVERALL LIKELIHOOD	
9	Children and Families - Continuing Care	Relatively new area of support for Looked After Children introduced under the Children and Young People Act. Unclear as to the expectations / wishes of the affected young people in relation to the support they need / want over the next year.	Ongoing monitoring and reporting of service demand and provision costs to IJB management team, provision in the budget for growth in service demand offset by planned actions in Q&F plan to reduce costs. Ensure that Argyll and Bute responds to any information requests from COSLA or the Scottish Government in relation to funding allocations for this service area.	1	Remote	200
10	Children and Families - Looked After Children Residential Placements	Increased demand for services, level of support or increased placement cost. High cost service where small movement in demand can significantly increase costs.	Regular client reviews to minimise duration of placements and maximise existing resources where possible.	3	Possible	250
11	Adult Care - Sustainability of Commissioned Service Providers	Risk of financial and operational sustainability of care at home and care home commissioned providers, leading to additional financial support or costs of re-provision of services locally.	Commissioning team contract monitoring process and the ongoing dialogue with commissioned providers. Support with workforce and recruitment issues across Argyll and Bute, open to innovative ways to provide support and support tests of change as part of the National Care Home Contract work.	3	Possible	300
12	NHS Greater Glasgow & Clyde SLA	Charges from GG&C increase due to growth in activity levels, risk that with SLA negotiations GG&C pass on activity changes in-year, this would include charging for delayed discharges.	Management of contract and negotiations, monitoring of any cases passed onto the IJB on a cost basis, information flows in place with GG&C. Ensuring patient flow and capacity in the community supports shift in the balance of care and reduces activity in GG&C.	3	Possible	500

EARMARKED RESERVES MONITORING - JULY 2017

Description	Opening Balance £	Forecast Spend 2017-18 £	Forecast Spend Future Years £	Lead Officer	Progress Update
Technology Enabled Care	208,000	208,000	0	Stephen Whiston	Project is progressing. 17/18 budget is £405k which includes £208k c/f.
Mull GP transformation	65,000	65,000	0	Annie MacLeod	Project is progressing for completion in 17/18.
Mastermind Project	25,000	25,000	0	Nicola Gillespie	Project is progressing, awaiting recruitment.
Everyone's Business	41,000	10,000	31,000	Gillian Davies	Project is progressing, awaiting recruitment. There could be delay in spend.
Primary Care Transformation Fund - Developing GP Clusters	18,000	18,000	0	Joyce Robinson	Project is progressing. Payments to support Cluster Groups
Primary Care Transformation Fund - Buurtzorg Model in Appin	50,000	10,000	40,000	Pamela McLeod	Delayed due to recruitment. Project Manger Post advertised.
Primary Care Transformation Fund - Urgent Care Resource Hub - Bute	44,000	44,000	0	Joyce Robinson/Liz Higgins	Project is progressing. Prescribing Link Worker advertised and associated costs. Plans being developed to spend any uncommitted balance.
TOTAL	451,000	380,000	71,000		



Argyll & Bute Health & Social Care Partnership

Financial Recovery Plan 2017-18

The purpose of this document is to provide details of the immediate mitigating management actions proposed to achieve financial balance in 2017-18.

The Integration Joint Board were presented with the first budget monitoring report for 2016-17 in August 2017 which estimated a projected year-end overspend position of £5m (as at the June 2017 period). The IJB started the year with an outstanding budget gap of £2m, which at that time was perceived to be manageable through negotiations of the SLA with NHS GG&C for acute health services and in-year efficiency savings. Following the first financial quarter there was a deterioration reported to the financial position, the main reasons being:

- High level estimate that not all planned savings in the Quality and Finance Plan will delivered in-year;
- Continuing demand for social care services, outstripping the available budget;
- Overspends in locums, agency and supplementary staffing.

It was noted by the IJB that this projection was relatively early in the financial year, was a projected position based on the levels of demand and activity at that time and from a total budget of £260m represents a 2% variance. It was agreed that a number of actions should be taken to ensure the position can be brought back into line, including:

- Develop a detailed recovery plan to be approved by the IJB in September;
- Continue to deploy management actions to identify efficiencies in-year to generate opportunistic underspends;
- Continue to pursue negotiations with NHS Greater Glasgow and Clyde to get a final agreement for the SLA value for acute services;
- Push forward the momentum for delivery of the Quality and Finance Plan, and by following the agreed project management approach, ensure that any further appropriate action is taken to ensure the delivery of planned savings;
- Ensure the Integration Joint Board secures a fair share of any additional funding from Health and Council partners.

The Integration Scheme notes that where an overspend is forecast that a financial recovery plan will be prepared setting out how this position will be addressed to ensure the partnership can deliver financial balance. The financial recovery plan to address the £5m projected overspend focuses on 6 main areas, these are:

1. Control Measures
2. Discretionary Spend
3. Staff Costs
4. Funding/Income
5. Projects
6. Quality and Finance Plan

The financial recovery plan, in the main, includes management actions that can be taken forward to address the financial position. These are mainly non-recurring actions to achieve financial balance, however where recurring savings are identified as part of the implementation of the recovery plan the opportunity will be taken to recognise these on a recurring basis.

It is clear the real focus and efforts should be directed in pushing forward the momentum of the delivery of the Quality and Finance Plan. The estimate of non-delivery of the agreed savings accounts for around £3m of the £5m overspend, it is essential this is progressed in the agreed timescales to ensure a financially sustainable position for the IJB not only for 2017-18 but in future years.

The projected outturn position will continue to be closely monitored, the projection is an estimate based on commitments at a point in time, this position has potential to change and there a number of financial risks with the potential to impact further.

The financial position and recovery plan will be monitored, if there is not the expected improvement in the financial position a further report will be presented to the IJB with further actions. These further actions are unlikely to be efficiencies and will be plans to delay, stop or reduce services.

The Integration Scheme notes that *“where recovery plans are unsuccessful and an overspend occurs at the financial year end.....then the Parties will be required to make additional payments to Argyll and Bute Integration Joint Board”.....“Any additional payments by the Council and NHS Highland will then be deducted from future years funding/payments”.*

There is a short term financial risk to the Council and Health Board of the IJB not delivering financial balance, however the financial risk to the IJB is far greater with any overspend having longer term financial implications for the financial sustainability of the partnership.

September 2017

FINANCIAL RECOVERY PLAN

Proposal	Action (s) Required	Service Implications	Responsible Officer	Recurring/Non Recurring	Estimated Benefit £m
1. CONTROL MEASURES:					1.0
Escalate authorisation processes	Review authorisation levels for vacancy approval, overtime, locum and agency staff and where appropriate escalating these to Head of Service level to ensure appropriate scrutiny of spend and consistency.	Potential delays and reduction in agreed expenditure which could lead to service delays and managing expectations of service users.	Heads of Service		tbc
Establish Argyll and Bute Wide Adult Services Resource Group	Establish ASRG to approve all adult social care packages over £20k. Governance group would ensure rigorous compliance with eligibility criteria and a consistency of approach across localities. The decision making would be restricted to a key group of senior managers and no packages would be agreed without the ASRG group approval.	Will ensure a consistency of approach across localities. Will also improve the timeliness of financial and case data which will support the accuracy of financial projections. Finance will support services to ensure value for money principles are followed and the financial implications of decision making are fully understood.	Heads of Adult Care		Rec
NHS Policy - Medical Staff Locum Recruitment	Compliance with NHS Highland approach to ensure medical locum staff can be obtained at a competitive hourly rate.	There could be short term disruption to services, services will be required to develop contingency plans.	Associate Medical Director		Rec
2. DISCRETIONARY SPEND:					0.5
Improved Housekeeping	Communication issued to all budget managers to ensure efficient approach to daily working, including avoiding unnecessary journeys, switching off lights, efficient use of resources.	Cultural acceptance of using VC and other means to carry out meetings.	Chief Officer		tbc
Budget Challenge with Finance Support	Finance contacts to liaise with budget managers to review budgets and current commitments with a view to identifying any uncommitted discretionary expenditure budgets, budget holders will be advised these amounts to remain uncommitted. The position will be monitored and any material deviation from agreed position will require to be reported.	Reduced flexibility for services to re-divert discretionary budgets to fund service pressures, delays in taking forward any pro-active service developments or initiatives.	Budget Managers/Finance		tbc
Review of stocks and stores	Review of stock control processes and procedures for all equipment including a review of storage locations, eg OT equipment, telecare, stationery.	More efficient just in time use of resources.	Heads of Service		Non-R
Prioritise Training Expenditure	Deliver mandatory training only, do not approve any staff training requests outwith the statutory or mandatory training requirements.	Reduced capacity for staff development, may result in an increased training need in 2018-19.	Budget Managers		Non-R
3. STAFF COSTS:					1.0
Review Workforce Monitoring Process	Establish consistent approach to workforce monitoring, including a review of participants and staffside/partnership input, will assist with workforce planning.	Clearer overview of overall HSCP position in terms of recruitment, clearer formalised process.	SMT		tbc
Vacancy Management	Review current staffing establishment and closely scrutinise vacancies. Classify posts in terms of risk to service provision and apply an appropriate delay to filling positions. Escalate the approval for vacancies to be filled to Head of Service level.	Delays in recruiting to positions may have impact on the timely provision of services and may also impact on other staff.	SMT		Non-R
Managing Attendance	Support from HR to promote and manage attendance across the partnership to reduce both sick pay and cover costs. Potential investment in specific HR resource to support the information requirements of managers and with more complex long term cases.	Positive impact on services and staff.	SMT		Rec

FINANCIAL RECOVERY PLAN

Proposal	Action (s) Required	Service Implications	Responsible Officer	Recurring/Non Recurring	Estimated Benefit £m
Reduce use of Overtime	Escalate approval of overtime to Head of Service level, where this should only be approved on an exceptional basis. Overall position in terms of expenditure closely monitored and reported to SMT to provide opportunity to challenge and ensure consistency of approach.	Short term impact to services and requirement for contingency plans. Potential to promote services to better plan services on the basis of operating without reliance on overtime working.	Heads of Service		Rec
4. FUNDING/INCOME:					1.0
NHS Highland - Waiting Times Funding	Pursue NHS Highland for the Argyll and Bute NRAC share of national waiting times funding, circa £0.9m	This will strengthen the negotiating position with NHS GG&C over the SLA for acute health services.	Head of Strategic Planning and Performance		Non-R
NHS Highland - New Medicines Funding	Ensure NRAC share of funding allocated by NHS Highland. Assumed there would be no funding allocated in 2017-18 by SG and £0.7m included as a cost pressure as a result.	None. Service would be funded via SG funding allocation.	Chief Financial Officer		tbc
In-year allocations	Ongoing review of health in-year allocations. Where funding is not fully committed and there is a requirement to re-provide facilitate this via a cost pressure in 2018-19.	None. Any underspends in funding allocations where required to be re-provided will be, may adversely impact on overall 2018-19 budget outlook.	Chief Financial Officer		Non-R
Social Work client charges	Review client charges and charging waivers, ensure plan is in place to work with clients to reduce and remove waivers over an agreed period of time, where appropriate. Work will be reviewed by ASRG.	Clients will be asked to reorganise their spending and accept their services in order to assume responsibility for payment.	Chief Financial Officer		Rec
5. PROJECTS:					0.5
Delays in Community and Project Management Investment Plan	No specific action required, anticipated there will be delays with implementation of investment as a result of recruitment delays etc.	Investment plan is to lever Q&F Plan changes, whilst slippage in these costs results in a positive contribution to immediate financial position the financial benefits of delivering on the Q&F plan successfully would be far greater.	Project Leads		Non-R
Integrated Care Fund Allocations	Expected delays in fully committing Locality Planning Group allocations of ICF funding, no specific instruction that funding is being restricted, however any unspent element will not be reprovided at the year-end.	Delays in taking forward work to support integration objectives.	Heads of Service		Non-R
Moratorium on new service developments	Any proposed new service developments not already included as part of the budget or Quality and Finance Plan will not be approved during 2017-18.	May delay services in progressing positive service developments, service users may require to wait for new services.	Strategic Management Team		n/a
6. QUALITY AND FINANCE PLAN:					1.0
Q&F Plan Project Management Approach	Regularly and appropriately report progress with Q&F plan projects, ensuring any risks of non-delivery and mitigating actions are clearly identified and actioned.	Positive impact, longer term sustainability of services through re-design of services. Additional pressure on services to push forward with implementation of service redesigns.	SMT		Rec
Establishment of Quality and Finance Plan Programme Board	Terms of reference include monitoring progress with delivery of Q&F Plan and providing support and assistance to drive forward momentum of service changes which are off-track.	Longer term sustainability of services through re-design of services.	Chief Financial Officer		Rec
Reduction in NHS GG&C SLA for acute health services	Ongoing negotiations with NHS GG&C over level of SLA payment, expectation that resource will be released through a reduction in overall activity levels, supported by investment in community services, focus on reducing occupied bed days and delayed discharges.	Supports strategic direction, no negative impact on services and is a measure of success if activity levels are reduced successfully.	Head of Strategic Planning and Performance		tbc
Identification of further Q&F Plan savings	Services to work with finance to identify further potential savings to be added to the Q&F plan on a recurring basis, these may be picked up as part of the review of discretionary budgets or vacancy management process.	Positive impact of sustainability of overall services supported by the identification of further recurring savings.	Heads of Service		Rec
TOTAL					5.0

Mr Robin Creelman
Chair of the Integration Joint Board
(IJB) Health and Social Care
Partnership

Via email – robin.creelman@nhs.net

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Tel: (01546) 604350 Fax: (01546) 604349
Our Ref: CS/JRB Your Ref:
Date: 18 August 2017
If phoning or calling please ask for: Mr C Sneddon
E-Mail: cleland.sneddon@argyll-bute.gov.uk
www.argyll-bute.gov.uk

Dear Robin

At the Council's Policy and Resources Committee meeting on 17 August 2017, the Committee considered a paper highlighting a range of financial risks. The paper made reference to the financial risks to the Health and Social Care Partnership (HSCP) with reference to the financial monitoring and outlook reports considered by the Integration Joint Board at its recent meeting.

Concerns were expressed by Elected Members in relation to the increase in the projected overspend of the HSCP and in specific terms the absence, at this stage of the financial year, of detailed plans to ensure the full value of the budget gap is met within the delegated budget.

The full decision of the full Committee was agreed as follows:-

The Policy and Resources Committee:

1. *Agrees recommendations 3.1a), b), d), e) and f) as set out on page 17 of the report;*
2. *In relation to recommendation 3.1c), the committee:*
 - a) *Notes the current assessment of the Council's financial risks;*
 - b) *Notes the comments in paragraph 3.2.3 of the Financial Risks Analysis Report in relation to management of the Argyll and Bute Health and Social Care Partnership's financial resources, and the risks arising to the Council from any overspend or unsuccessful budget recovery plan;*

- c) *Notes that at the end FQ1 the projected year-end outturn position for the HSCP is an overspend of £5m, an increase from the start of the financial year where a £2m budget gap was identified;*
- d) *Notes that the HSCP, in common with all council departments in the context of significantly reduced funding, needs to identify, manage and implement savings across all relevant service areas;*
- e) *Notes that at its 2017/18 budget meeting in February 2017, the council agreed to provide one-off transitional funding of £2.137m, in excess of the Scottish Government recommendations on funding levels, to the HSCP to assist in meeting living wage requirements, supporting transformational change and smoothing its projected budget gap;*
- f) *Instructs the Chief Executive to write to the HSCP Integrated Joint Board expressing concern at the escalating financial gap and the potential risk this brings to highly valued, essential local services, to the Council and to the Partnership itself if action to address this gap is not taken urgently;*
- g) *Agrees to seek confirmation from the HSCP Board that a robust action plan will be put in place to mitigate the risks arising from an increasing budget gap and to focus on meeting service and savings targets.*

As instructed, I write to raise the concerns outlined above and seek your reassurance that the Board has a robust plan with agreed actions that will result in a balanced budget outturn by year end.

A final point from the discussion I was asked to share related to the presentations of financial spend to the parent bodies. In essence, if the agreed direction of travel is a reduction in acute/institutional care and an increase in community based services then the more successful the HSCP is in making service changes in support of this policy direction then it has the effect of increasing community based spend. The Committee believed it is unhelpful therefore to continue to present this as an overspend in an Argyll and Bute Council budget and an underspend in a NHS Highland Board budget. It could be misunderstood and imply that any net overspend by the HSCP would be the sole responsibility of the Council which is obviously not the case.

I would be grateful to receive the consideration by the IJB of the concerns raised by the Committee and your reassurance that arrangements and decisions are in place to ensure a balanced budget can be achieved for 2017/18. I will share your response with the Committee on receipt.

Yours sincerely



Cleland Sneddon
Chief Executive

Copy - Councillor Aileen Morton – Council Leader
Councillor Gary Mulvaney – Depute Leader
Councillor Kieron Green
Councillor Iain Shonny Paterson
Councillor Alastair Redman
Councillor Jim Anderson
Christina West, Chief Officer – Health and Social Care



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Mr Cleland Sneddon
Chief Executive
Argyll & Bute Council
Kilmory
Lochgilphead
Argyll PA31 8RT

Date: 20 September 2017
Your Ref:
Our Ref: RC/SC
Enquiries to: Robin Creelman
Direct Line: 01546 605646
Email: robin.creelman@nhs.net

Dear Cleland

Thank you for your letter dated 18 August 2017. I have taken note of the budget motion presented at the Council's Policy and Resources Committee and would respond by providing assurance that there are plans in place to address the projected overspend on the integrated budget. A financial monitoring report was presented to the Integration Joint Board on 2 August 2017 which highlighted the £5m projected overspend position and a number of actions which will be taken forward to address this position, these are summarised below:

- Develop a detailed recovery plan to be approved by the IJB in September;
- Continue to deploy management actions to identify efficiencies in-year to generate opportunistic underspends;
- Continue to pursue negotiations with NHS Greater Glasgow and Clyde over the SLA value for acute services;
- Push forward the momentum for delivery of the Quality and Finance Plan;
- Ensure the Integration Joint Board secures a fair share of any additional funding from Health and Council partners.

In terms of an update on progress, officers have been developing a financial recovery plan and this will be presented at the IJB meeting on 27 September. In addition the £5m projected position was at the June monitoring period, the IJB will be advised at the meeting on the 27 September that this position has subsequently decreased to £4.4m as at the July period. This improvement is in the main due to refinements to the projected social work overspend position. To provide further reassurance it should be acknowledged that the projected overspend is across the full integrated budget which in total is £260m, therefore the projected overspend represents less than 2% of the overall budget.

I will also directly respond to your further comments raised in your letter. In relation to the presentation of financial spend to the parent bodies. An approach has been taken where possible to focus on an integrated position through the budget monitoring and budget setting processes, to allow the resource allocation to be managed in an integrated way. This approach will be conducive to any shift in resource as a result of delivering on the priorities in the Strategic Plan and the Integration Joint Board are clear that efforts require to be made to ensure that the pound loses its

identity. However there requires to be a realistic view of how quickly and to what level resource can be released from acute/institutional health services to be invested in community services.

The Integration Joint Board inherited services which are configured in a particular way supporting the historic approach to service delivery. We have a Service Level Agreement with NHS Greater Glasgow and Clyde which is subject to ongoing negotiation. Any reduction is predicated on a reduction in activity levels which will require to be supported by additional services in the community. We have a number of small community hospitals which do not have the advantage of economies of scale and releasing resource is difficult without complete service re-design. We also have a number of institutional care homes which for internal provision are very expensive and for external commissioned providers feature on our Strategic Risk Register due to the very high risk associated with financial and service sustainability.

The Quality and Finance Plan does see a far greater focus on releasing resource from institutional services, with investment in the community. However this approach will take time to have a real impact on resource allocation and there requires to be recognition that the Council can not relinquish responsibility for adequately funding social care services in the meantime on the presumption that resource will be released from institutional health services. We have started to see a small shift in resource in the position at the 2016-17 year-end whereby the £224k overspend in Social Care Services was offset by an underspend in Health Services.

In terms of presentation of the financial position there remains a requirement to report the position separately in terms of the Health and Social Care funding and expenditure to facilitate an understanding of the financial risk to both the Council and Health Board and also to provide an understanding for the IJB of funding allocations and resource pressures. In response to your specific feedback that the Committee believe it is unhelpful to present the position separately for both partners and this implying that any overspend will be funded in a particular way, I would ask that you refer to the Integration Scheme agreed by both NHS Highland and Argyll and Bute Council. It clearly stated that "where recovery plans are unsuccessful and an overspend occurs at the financial year end.....then the Parties will be required to make additional payment to Argyll and Bute Integration Joint Board.....an analysis of the additional payments will be carried out to determine the extent to which they relate to either budgets delegated back to or activities managed by the Council or NHS Highland with the allocation of the additional payments being based on the outcome of this analysis".

I would also like to raise concerns in relation to the resource allocation assumptions to the Integration Joint Board for Social Care services following the transfer of responsibility to the IJB on 1 April 2016. Following due diligence at the 2015-16 year-end it was established that the level of resource allocated by Argyll and Bute Council was £1.580m less than the required budget to accommodate cost and demand pressures and service delivery costs for social care services. A request was submitted to the Council for further resource and this was refused. As a result the IJB required to approve further savings in June 2016 to plan to deliver services in line with the delegated budget. In addition further requests were made to the Council for funding to support the re-design of services in Struan Lodge and Thomson Court and also to support the safe transition of services from Auchinlee Care Home, all of which were refused by the Council.

I would like to refer to a further report from the Council's Policy and Resources Committee on 17 August 2017, the paper refers to the Council's Budget Outlook for 2018-19 to 2020-21. In this report assumptions are presented around the potential level of resource to be delegated to the Integration Joint Board for the next three years. I have a number of concerns around the financial assumptions made in this report. These are noted below:

- There is an assumption in each year that all cost and demand pressures and inflationary increases in cost are able to be met from within the existing IJB delegated budget. These are significant and are assumed to be accommodated in addition to any permitted reduction.
- Appendix 1 of the report shows a best, mid-range and worst case scenario for the Council. Taking 2018-19 as an example the budget gap for the Council ranges from best case £2m to worst case £8.7m. In comparison the budget gap assumed for the IJB under the same scenarios ranges from £5.3m to £5.6m. With the Integration Joint Board being delegated around 23% of the overall Council budget it would appear to be unrealistic to expect this disproportionate share of the budget gap to be transferred to the IJB.
- There is a statement in the report that a reduction can be applied to the Health and Social Care Partnership “sharing the overall Council funding reduction”. This statement is wholly inaccurate given the current presentation and allocation of the budget gap. The cumulative budget gap for the IJB across the three years does not vary significantly under the three scenarios, i.e. 2018-19 £5.3m to £5.6m, 2019-20 £8m to £8.7m and 2020-21 £10.8m to £11.7m. Conversely the budget gap for the remaining Council services varies considerably, i.e. 2018-19 £2m to £8.7m, 2019-20 £6.2m to £19m and 2020-21 £10.2m to £29.1m. It is inaccurate to assert that the current assumptions in relation to the allocation to the IJB are taking into account any proportionate share of Scottish Government funding reduction, when there is little variation in the expected outcome under all three scenarios.
- The report assumes that the Council will be permitted to make a similar reduction to the IJB budget as was permitted by the Scottish Government in 2017-18. There is no guidance from the Scottish Government on this position as yet, and under no scenario do the Council consider that this may not be permitted. The allocation of funding should be determined by local decision making and priorities in line with any guidance issued by the Scottish Government.
- I have concerns around the transparency of the presentation of the information in the report to facilitate elected members to make informed decisions about the level of resource for the IJB and ultimately aligning this with Council priorities. It is not wholly clear from the report the proposed level of budget gap to be passed to the IJB. The report summarises that in the mid-range scenario the HSCP payment adjustment would be a reduction of £1.5m each year, in reality when taking into account the removal of one-off funding and the impact of cost and demand pressures the real budget gap would be £5.5m in 2018-19 alone.

In my view the presentation of the budget outlook in this report reinforces the perception that the Council has relinquished responsibility for adequately funding social care services.

I would like this feedback to be taken on board to ensure that all Elected Members are fully sighted and briefed on the implications of any proposed funding allocations from Argyll and Bute Council for the future delivery of social care services in our local area. The vision of the HSCP is to deliver services that enable people in Argyll & Bute to live longer, healthier, happier and independent lives. Ultimately in partnership with the Council we must not lose sight of our shared responsibility and commitment to care for and improve the health and wellbeing of the people of Argyll & Bute.

Yours sincerely

Robin Creelman

Robin Creelman
Chair, Argyll & Bute IJB

Copy : Councillor Aileen Morton, Council Leader
 Councillor Gary Mulvaney, Depute Leader
 Councillor Kieron Green
 Councillor Iain-Shonny Paterson
 Councillor Alastair Redman
 Councillor Jim Anderson
 Christina West, Chief Officer, Health & Social Care Partnership



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.3 (d)

Date of Meeting : 27 September 2017

Title of Report : Quality and Finance Plan Programme Board

Presented by : Caroline Whyte, Chief Financial Officer

The Integration Joint Board is asked to :

- **Agree** to establish a Quality and Finance Plan Programme Board
- **Approve** the Quality and Finance Plan Programme Board Terms of Reference
- **Appoint** four IJB members to the Programme Board

1. EXECUTIVE SUMMARY

- 1.1 It is recommended to establish a Programme Board to provide additional oversight to the delivery and ongoing development of the Quality and Finance Plan. This will allow for an increased focus on progress with the service re-design projects and will provide the IJB with a level of assurance that there is a forum for detailed oversight with IJB representation. The Programme Board would not be a decision making group and would make recommendations to the IJB.

2. INTRODUCTION

- 2.1 This report presents a proposal to establish a Quality and Finance Plan Programme Board. The proposed Terms of Reference are included at Appendix 1.

3. DETAIL OF REPORT

- 3.1 The oversight for delivery of the Quality and Finance Plan current sits with the Strategic Management Team and Operational Management Teams and other officer led forums with a high level overview of progress reported to the Integration Joint Board as part of the routine budget monitoring. There is a consistent project management process in place and being followed by services to monitor and track progress and to report by exception where projects are off track.

- 3.2 Given the progress with some of the service re-designs included in the Quality and Finance Plan in 2016-17 and the anticipated shortfall in delivery for 2017-18 it is recommended that additional detailed oversight and focus is required to push forward the delivery of the Quality and Finance Plan.
- 3.3 The Integration Joint Board is facing an unprecedented challenge both in the current financial year and in the future in delivering the changes to services required at the scale and pace required. This requires a focussed effort in pushing forward the service changes, ensuring the current year position is brought back into line and planning for the future.
- 3.4 The proposal is to establish a sub-committee of the Integration Joint Board which would have three main roles/responsibilities, as outlined in the Terms of Reference in Appendix 1 these are:
1. To monitor and challenge progress with the delivery of the approved Quality and Finance Plan;
 2. To develop and oversee the delivery of the Financial Recovery Plan (where required);
 3. The ongoing future development of the Quality and Finance Plan, to identify and develop further service changes which would be aligned to the delivery of the Strategic Plan and the financial requirements.
- 3.5 This group would provide assurance to the IJB over progress and would provide an appropriate forum to have detailed discussions about service changes. Membership would include a range of IJB Members and officers but would be a smaller group to facilitate more detailed discussion.
- 3.6 The Quality and Finance Plan Programme Board would not be a decision making group, but would provide oversight and an opportunity to have more detailed discussion around service changes, with the programme of meetings allowing for flexibility.
- 3.7 In line with the Terms of Reference the IJB will require to appoint four members to represent the IJB on the Programme Board, two of these being the Chair and Vice Chair of the IJB.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

The delivery and development of the Quality and Finance Plan alongside the Strategic Plan is key to the successful delivery of the Integration Joint Board's strategic priorities.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

A focus on delivery and development of the Quality and Financial Plan in line with the financial constraints is necessary to ensure the ongoing financial sustainability of the IJB.

5.2 Staff Governance

The Quality and Finance Plan includes service changes which will impact on staff roles, the IJB will comply with the appropriate staff governance standards. The Programme Board would include Staffside/TU representation.

5.3 Clinical Governance

None

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

Establishing the risk appetite will facilitate the management of risk by guiding officers in managing risks appropriately across the organisation.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None

9. CONCLUSIONS

- 9.1 The establishment of a Quality and Finance Programme Board will provide the Integration Joint Board with additional assurance that appropriate arrangements are in place for the implementation and development of the Quality and Finance Plan. The Programme Board will work as a co-ordinating Board and will make recommendations in the required timescale to allow the IJB to make decisions and agree the annual budget.



Argyll & Bute Health & Social Care Partnership

Quality and Finance Plan Programme Board

Terms of Reference

1. INTRODUCTION

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

2. PURPOSE OF THE PROGRAMME BOARD

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

3. CONSTITUTION

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

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

Appointments

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

Membership

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

Chair

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

Quorum

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

Meetings

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

4. AUTHORITY

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

5. REMIT

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

Delivery of the approved Quality and Finance Plan:

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

Develop and oversee the Financial Recovery Plan:

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

Future Planning - Further develop the Quality and Finance Plan:

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

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

September 2017



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.3 (e)

Date of Meeting : 27 September 2017

Title of Report : Strategic Risk Register

Presented by : Caroline Whyte, Chief Financial Officer

The Integration Joint Board is asked to :

- **Note** the current version of the Strategic Risk Register for the Argyll and Bute Health and Social Care Partnership
- **Note** that the Strategic Risk Register has been subject to a full review and updated following the IJB risk management development session in August 2017
- **Note** that a separate paper is presented to agree risk appetite and following this the risk tolerance will be established for individual Strategic Risks

1. EXECUTIVE SUMMARY

1.1 The Strategic Risk Register is required to be reported to the IJB every six months for oversight. The last time the IJB was presented with the SRR was in November 2016. Following this the content and approach to the SRR has been further developed to ensure compliance with best practice in terms of risk management, therefore the SRR has been delayed in coming back to the IJB.

1.2 There are 16 risks noted on the Strategic Risk Register, a number of these are graded as high risk. While there are a significant number of controls in place to mitigate these risks there may require to be further actions put into place to reduce the risks further in line with the risk tolerance or risk appetite of the IJB. The risk appetite has not yet been included against individual risks, a separate report has been presented to agree the Board risk appetite and the strategic risk register will require to be updated following this. This will allow risk owners to plan for the appropriate response to address any acceptable residual risks.

2. INTRODUCTION

2.1 The Argyll and Bute Health and Social Care Partnership's Risk Management Strategy and associated Guidance outlines the requirement to present the Strategic Risk Register to the IJB on a six monthly basis.

3. DETAIL OF REPORT

3.1 Strategic risks represent the most significant risks that may impact on the IJB's ability to deliver on its strategic objectives. The current Strategic Risk Register is included as Appendix 1.

3.2 There are 16 risks detailed on the Strategic Risk Register, these are summarised below:

Risk Ref	Risk Item	Residual Risk
SR01	Financial Sustainability	9 - MEDIUM
SR02	Delivery of Strategic Objectives	16 - HIGH
SR03	Demographic Change	12 – HIGH
SR04	Governance and Leadership	9 – MEDIUM
SR05	Partnership Working	9 – MEDIUM
SR06	Infrastructure and Assets	9 – MEDIUM
SR07	Sustainability of Commissioned Service Providers	16 - HIGH
SR08	Equalities	9 – MEDIUM
SR09	Scottish Government Policies	15 – HIGH
SR10	Workforce Recruitment and Retention	20 – VERY HIGH
SR11	Communications and Engagement with Communities	12 – HIGH
SR12	Workforce Shift	12 – HIGH
SR13	Service Delivery	9 – MEDIUM
SR14	Safety of Services	12 – HIGH
SR15	Waiting Times	16 – HIGH
SR16	Support Services	12 - HIGH

3.3 There are two specific risk areas where the gross and residual risk scores are the same, these are SR02 Delivery of Strategic Objectives and SR15 Waiting Times. The IJB should consider if either the controls are not having the desired impact and further controls require to be identified or the Board are unaware of the impact of the current controls and therefore require further assurance from services.

3.4 A number of the strategic risks are inextricably linked and there may be current or future mitigating actions or controls which are targeted to address more than one risk area. Similarly the risk rating of risks may be reliant on the risk rating of others, an example being the interdependence of SR10 Workforce Recruitment and Retention and SR07 Sustainability of Commissioned Service Providers.

- 3.5 The risk rating/scores are in the main subjective, the ratings above are the overall majority scores collated from the IJB development session in August. It should be noted that Board member and officer member residual scores have been analysed separately and although there are not significant variations in overall scores there are some areas where scoring varies consistently between Board members and officers. This variation is illustrated below:

Officer Higher Risk Rating	Same Risk Rating	Board High Risk Rating
SR01 - Financial Sustainability	SR02 - Delivery of Strategic Objectives	SR03 - Demographic Change
SR07 - Sustainability of Commissioned Service Providers	SR05 - Partnership Working	SR04 - Governance and Leadership
SR14 - Safety of Services	SR08 - Equalities	SR06 - Infrastructure and Assets
SR15 - Waiting Times	SR10 - Workforce Recruitment and Retention	SR09 - Scottish Government Policies
	SR12 - Workforce Shift	SR11 - Communications and Engagement with Communities
	SR13 - Service Delivery	
	SR16 - Support Services	

- 3.6 This analysis is useful for officers to inform further targeted work with the Integration Joint Board to provide assurance around the level of risk and the controls and mitigations in place.
- 3.7 The gross risk, current mitigations and control measures and the residual risk are detailed in the appendix. The IJB considered the risk appetite to establish a risk tolerance for each of the risk areas and this will allow the risk owners to establish if new control measures are required to reduce risks to an acceptable or tolerable level. The Board were asked at the development session in August to contribute to developing the risk appetite, and the outcome of this exercise is outlined in a separate report. It should be noted that we have finite resources available to address risks and a proportionate approach will be required to manage risk and to target efforts to the most appropriate areas.
- 3.8 The Risk Management Strategy and Guidance describes the approach to risk management across the different levels of the organisation. In addition to the Strategic Risk Register there are risk registers held at operational service level and for the service re-design projects as part of the project management approach. Arrangements are in place for the recording and updating of risks at all levels and where appropriate for the escalation of any operational risks to the Strategic Risk Register.
- 3.9 The presentation of the Strategic Risk Register has changed from that which was presented in November last year, this means a departure from the current guidance but is in an effort to comply with best practice in the approach to risk management. The main difference being the presentation of the gross or inherent risk which demonstrates the impact of the current mitigations or control measures. The risk management arrangements will be subject to review by the IJB Internal Auditors as part of the internal audit plan for 2017-18 and the guidance will be updated accordingly thereafter.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

The individual Strategic Risks are mapped to the strategic objectives. The management of these risks to an acceptable or tolerable level will be critical to the successful delivery of the Strategic Plan.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

None

5.2 Staff Governance

None

5.3 Clinical Governance

Risk management is an integral part of clinical governance and it is essential that the IJB has assurance that risks are identified and managed appropriately to ensure the safe and sustainable delivery of services.

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

The risk management approach is crucial to ensuring the IJB are able to meet strategic objectives.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None

9. CONCLUSIONS

9.1 The Strategic Risk Register has undergone a significant review, not only to establish the critical risks to delivering on the strategic objectives but also in terms of format and content.

9.2 The IJB development session in August has facilitated the development of the Strategic Risk Register and has provided useful information to allow the risk appetite and a clear direction on where risk owners require to either establish new control measures or provide assurance to the IJB over the current controls. The Strategic Risk Register is a live document which will be maintained and presented to the IJB on a six monthly basis.

APPENDICES:

Appendix 1 – Strategic Risk Register

**ARGYLL AND BUTE INTEGRATION JOINT BOARD
STRATEGIC RISK REGISTER**

APPENDIX 1

Risk Reference	Description of Risk	Link to Strategic Objectives	Gross Risk			Mitigations/Control Measures	Residual Risk			Proposed New Control Measures	Risk Owner(s)
			Likelihood	Impact	Risk Rating/Score		Likelihood	Impact	Risk Rating/Score		
SSR01	Financial Sustainability - financial failure from demand for services outstripping the available budget, as a result of the level of delegated resource to the IJB from partners not being sufficient to deliver on strategic objectives. Overall risk of budget not being aligned to delivering financial balance whilst delivering on strategic outcomes. This may lead to an inability to deliver on the Strategic Plan, with a reduction in performance, progress not being made with national targets, reputational damage to the IJB and partner bodies and the requirement to implement service changes that are not line with the strategic objectives.	B, E, F, J	4 - Likely	5 - Extreme	20 - VERY HIGH	<ul style="list-style-type: none"> The Integration Scheme outlines the approach to financial management. Financial information is reported regularly to the SMT and IJB for both the current year financial position and the budget outlook for future years. This includes clearly demonstrating the level of delegated resource from the partners and impact on the IJB of their financial planning decisions. Two year approach to budget planning for 2017-18 and 2018-19 in line with the remaining period of the Strategic Plan. Integrated whole system approach to budget planning, without assuming the same level of resource is delegated back to partners for health and social care services. Agreed approach in place for the development and implementation of the Quality and Finance Plan, including a consistent project management approach to monitor and record progress. Targeted community investment plan in place to lever service changes 	3 - Possible	3 - Moderate	9 - MEDIUM	<ul style="list-style-type: none"> Establishment of Quality and Finance Plan Programme Board Implementation of financial recovery plan to ensure financial balance is achieved Development of an approach to longer term financial planning 	Chief Financial Officer
SSR02	Delivery of Strategic Objectives - failure to deliver on strategic outcomes and priorities in the Strategic Plan and the targets and expectations from the Scottish Government. This would be as a result of a lack of resources to deliver the transformational service change and the inability to convince the workforce and communities of the need for change. This would lead to reputational damage and the increased fragility of health and social care services. The pace of change to re-design services will not keep up with the demographic pressures of an ageing population and the progress with the shift from institutional and acute care will impact on resources available for re-designed services.	A, B, C, D, E, F, G, H, I, J, K	4 - Likely	4 - Major	16 - HIGH	<ul style="list-style-type: none"> Locality Planning Groups with agreed terms of reference, locality plans presented to Strategic Planning Group Quality and Financial Plan developed with Locality Planning Groups and is aligned to Strategic Plan and direction, service changes are measured against priorities and areas of focus Regular performance reporting to the IJB, including progress against Health and Wellbeing indicators and MSG targets Communications and engagement strategy and resource Published Annual Performance Report IJB structure and committees SMT reporting structure and links with partner organisations, including Chief Officer representation on partner senior management teams Engagement with staff partnership to convince workforce of need for change 	4 - Likely	4 - Major	16 - HIGH	<ul style="list-style-type: none"> Develop clearer links between performance and financial information. Further develop performance reporting in line with SG and IJB requirements 	Chief Officer

Risk Reference	Description of Risk	Link to Strategic Objectives	Gross Risk			Mitigations/Control Measures	Residual Risk			Proposed New Control Measures	Risk Owner(s)
			Likelihood	Impact	Risk Rating/Score		Likelihood	Impact	Risk Rating/Score		
SSR03	Demographic Changes - failure to implement strategies and actions to address future demographic challenges of declining population with a reduced working age population and an increase in the proportion of older people. This would be as a result of the failure to identify and forecast the impact on services and the planning for service changes in the future in line with this, including shifting the balance of care and implementing new neighbourhood models of care. The population decline will reduce resources available alongside increased demand for services from an increasing older population, this could lead to service failure.	B, E, G, H, I	4 - Likely	4 - Major	16 - HIGH	<ul style="list-style-type: none"> ○ Strategic Plan and role of Strategic Planning Group ○ Incorporation of demographic forecasts into Strategic Planning and Locality Planning ○ Locality Planning Groups to inform service re-designs in each locality in line with needs of the population ○ Demand pressures for services incorporated into budget process ○ National awareness of demographic changes been driver for change in the way services are delivered 	3 - Possible	4 - Major	12 - HIGH	<ul style="list-style-type: none"> ○ Ongoing engagement with Community Planning Partners ○ Build on capacity for self-management and prevention work ○ Include planning for future workforce demographic changes in overall Workforce Plan 	Head of Strategic Planning
SSR04	Governance and Leadership - IJB arrangements are not conducive to effective working and lead to poor decision making and lack of strategic direction. This could lead to lack of confidence in the ability of the IJB and reputational damage.	J	3 - Possible	4 - Major	12 - HIGH	<ul style="list-style-type: none"> ○ Appropriate arrangements in place for representation on the IJB. ○ Programme of development sessions for IJB members. ○ Integration Scheme, Strategic Plan, Standing Orders and Code of Conduct. ○ Committee structure below IJB, including Audit Committee, Clinical and Care Governance Committee and Strategic Planning Group. ○ Integrated management structure ○ Internal Audit review of governance arrangements. ○ External Audit role 	3 - Possible	3 - Moderate	9 - MEDIUM	<ul style="list-style-type: none"> ○ Post-integration review of management structure as part of the Quality and Finance Plan ○ Review of Standing Orders for IJB 	Chief Officer
SSR05	Partnership Working - inadequate partnership arrangements with all partners including the Council and Health Board and commissioned service providers including NHS GG&C for acute services, the third sector and other commissioned providers. This would be as a result of lack of clarity around roles and responsibilities and the ability of the IJB to articulate commissioning intentions for all services. This may lead to duplication of effort, poor relationships and the inability to effectively negotiate the IJB's position. The partnership may be viewed as failing or not achieving objectives, leading to reputational damage and loss of confidence in IJB and all partners.	G, H	4 - Likely	4 - Major	16 - HIGH	<ul style="list-style-type: none"> ○ Integration Scheme outlining roles and responsibilities ○ Independent scrutiny arrangements in place and work of internal audit, including assurance mapping. ○ Representation on IJB from both partner bodies. ○ Clear channels of communication and information sharing protocols in place ○ Chief Officer member of both Council and Health Board Senior Management Teams and has overall strategic and operational responsibility for service delivery ○ Directions are issued to partners in line with strategic direction and operational delivery of services. ○ Strategic Planning work with Commissioned Service providers to be clear around the IJB requirements and commissioning intentions ○ Third Sector representation on the IJB 	3 - Possible	3 - Moderate	9 - MEDIUM	<ul style="list-style-type: none"> ○ Further work required with NHS GG&C to agree financial impact of IJB commissioning intentions 	Chief Officer

Risk Reference	Description of Risk	Link to Strategic Objectives	Gross Risk			Mitigations/Control Measures	Residual Risk			Proposed New Control Measures	Risk Owner(s)
			Likelihood	Impact	Risk Rating/Score		Likelihood	Impact	Risk Rating/Score		
SSR06	Infrastructure and Assets - assets remain under the ownership of the Council and Health Board, there is a risk that these do not meet the current and future requirements and are not being used or managed efficiently and effectively. The IJB do not have full control/flexibility over assets. This may result in assets not being aligned to or supporting the IJB's strategic outcomes and do not aid effective service delivery.	E, J	4 - Likely	3 - Moderate	16 - HIGH	<ul style="list-style-type: none"> Engagement with asset management and capital planning processes and arrangements of the Council and Health Board. Ensure changes to service delivery are communicated to partners to allow informed decisions around asset investment/disinvestment. Explore different ways of accessing assets for the IJB to have a joined up approach to service delivery. 	3 - Possible	3 - Moderate	9 - MEDIUM		Chief Officer
SSR07	Sustainability of commissioned service providers - financial and operational sustainability of care at home and care home commissioned service providers as a result of financial and workforce pressures. Market failure would lead to disruption of service, the implementation of contingency plans, increased costs and an adverse impact on individuals and their families. Would also impact on the ability of the IJB to deliver on the planned shift in the balance of care.	B, D, E, H	5 - Almost Certain	5 - Extreme	25 - VERY HIGH	<ul style="list-style-type: none"> Commissioning team supplier relationship and market management, including contract management and review processes Additional funding for providers to facilitate the implementation of the Living Wage and Fair Work Practices Engagement with ongoing national work to negotiate 2018-19 National Care Home Contract rates Work with providers to implement new patching model for care at home to allow efficiency of service provision Engagement with national workforce planning and local training providers around promotion of the caring profession 	4 - Likely	4 - Major	16 - HIGH	Contingency planning in localities	Heads of Adult Care
SSR08	Equalities - service are not delivered in a way that addresses inequalities. The result being service users put at unnecessary risk of harm and people with poorer life chances may have their health and wellbeing impacted. Groups with protected characteristics may be perceived to be impacted unfairly.	A	4 - Likely	3 - Moderate	12 - HIGH	<ul style="list-style-type: none"> Equalities Outcomes Framework in place Equalities impact considered as part of IJB decision making Equality Impact Assessment will be carried out for all service changes on the Quality and Financial Plan, with agreed process to revert back to IJB. Communication with service users as part of implementation of service change. Adjustments to implementation plans are actioned where appropriate to mitigate any potential negative impact. Service changes are not implemented where this would constitute unlawful discrimination. 	3 - Possible	3 - Moderate	9 - MEDIUM		Chief Officer
SSR09	Scottish Government Policies - risk of further legislative, policy developments or change which impacts on the IJBs ability to deliver on the Strategic Plan, examples include Continuing Care, the Living Wage, the Carers Act and other future policy developments. The impact being the inability to deliver on these alongside the Strategic Plan and objectives and the impact of additional unfunded cost pressures.	B, C, D, E, F, I, J	5 - Almost Certain	4 - Major	20 - VERY HIGH	<ul style="list-style-type: none"> Horizon scanning for policy developments through partners and SMT network groups Regular liaison with senior officers in the Scottish Government Respond to Scottish Government information requests on impact of future policies Early impact assessment locally for national policies, including any impact in budget outlook Implement and adopt innovative ways of implementing policies. 	4 - Likely	3 - Moderate	15 - HIGH	Reinforce role of Elected Members and IJB members to influence Scottish Government decision making through political routes	Chief Officer

Risk Reference	Description of Risk	Link to Strategic Objectives	Gross Risk			Mitigations/Control Measures	Residual Risk			Proposed New Control Measures	Risk Owner(s)
			Likelihood	Impact	Risk Rating/Score		Likelihood	Impact	Risk Rating/Score		
SSR10	Workforce Recruitment and Retention - inability to recruit and retain the required workforce because of national workforce challenges and local challenges particularly in remote and rural areas and for clinical specialties. This leads to increased costs from reliance on medical locums and agency staff, not only for the IJB but also for commissioned service providers. Service users needs may not be met if workforce is not in place.	B, C, E, H, I, J	5 - Almost Certain	5 - Extreme	25 - VERY HIGH	<ul style="list-style-type: none"> ○Workforce planning in localities ○Locality Planning Groups developing workforce plans ○Development and roll out of community team standards ○Contingency plans for clinical posts to reduce reliance on medical locums ○Service re-designs to plan for changes to services in line with workforce capacity ○Support commissioned service providers with recruitment and retention, for example supporting implementation of Living Wage 	4 - Likely	5 - Extreme	20 - VERY HIGH	<ul style="list-style-type: none"> ○Develop overall Workforce Plan to support Strategic Plan ○Roll out of iHub work in Oban to other localities ○Explore further opportunities for Growing our Own 	Head of Strategic Planning
SSR11	Communications and Engagement with Communities - risk of inadequate arrangements in place to communicate with wider communities and partners as a result of gaps between the IJB requirements and strategic direction and the expectation of service need from communities. Resulting in failure to gain community support for service changes and ineffective partnership working with communities.	B, E, F, J, K	5 - Almost Certain	4 - Major	20 - VERY HIGH	<ul style="list-style-type: none"> ○Communication and Engagement Strategy ○Openness and transparency of publicly available information ○Public consultation for development of Strategic Plan ○Communications events and information widely available to engage stakeholders in conversations about service changes and the need for change. ○Engagement with politicians to ensure the Argyll and Bute position is shared and understood. ○Locality Planning Groups and other forums are used to communicate with communities and explore new ways of getting the IJB message across. ○Communication plans developed as part of implementation of service changes 	4 - Likely	3 - Moderate	12 - HIGH	<ul style="list-style-type: none"> ○Support local ownership of communications and engagement ○Continue roll out of social media use at a local level ○Ongoing review of Communications and Engagement Strategy 	Head of Strategic Planning
SSR12	Workforce Shift - risk that there is not appropriate engagement with staff groups, particularly over the need for service changes and the requirement to work in a different way. There may be professional concerns about inter-disciplinary working and cultural barriers will prevent effective integration. This would result in poor morale and the failure to gain staff support for the workforce shift and culture change required. Resistance from the staff group would in turn limit the flexibility required to deploy the workforce in line with changed models of care, full integration will not be achieved and teams will be disjointed. Ultimately impacting on the service provided to communities.	B, E, F, J, K	4 - Likely	4 - Major	16 - HIGH	<ul style="list-style-type: none"> ○Joint Partnership Forum and Staffside Liason facilitate communications and information flow between management to staff side and Trade Unions ○Communications plan for each service change project, including staff as stakeholders ○Assumption of no redundancies as a way of equalising treatment of staff groups during period of change ○Support from staffside partnership to support staff with new ways of working with an integrated partnership approach. ○Compliance with terms and conditions of employment for both staff groups ○Individual staff development plans and training programmes ○Workforce Planning 	4 - Likely	3 - Moderate	12 - HIGH	<ul style="list-style-type: none"> ○Strengthen communication and cascade of information from SMT on direction of travel ○Review overall approach to staff communication ○Use recent staff surveys to inform targeted improvement work with teams 	Chief Officer

Risk Reference	Description of Risk	Link to Strategic Objectives	Gross Risk			Mitigations/Control Measures	Residual Risk			Proposed New Control Measures	Risk Owner(s)
			Likelihood	Impact	Risk Rating/Score		Likelihood	Impact	Risk Rating/Score		
SSR13	Service Delivery - ineffective leadership and management of services and resources as a result of insufficient progress towards operational integration being made. Services are unable to deliver on the day to day service delivery together with the agreed performance levels and improvements required from the integration of services. This would leave the IJB unable to achieve continuous improvement and to improve the effectiveness and efficiency of service delivery.	B, C, D, E, J	4 - Likely	4 - Major	16 - HIGH	<ul style="list-style-type: none"> ○Clinical and Care Governance Framework and Committee in place to ensure ongoing quality of existing services ○Investment in Community Services and Project Management capacity ○Professional representation at SMT and the IJB ○Role of Chief Social Work Officer ○A number of service changes on the Quality and Financial Plan are to move towards a more integrated way of working, to capitalise on efficiencies. ○Performance management framework and service delivery plans will ensure a focus on improvement and achievement of strategic objectives. 	3 - Possible	3 - Moderate	9 - MEDIUM	○Roll out of Highland Quality Approach across the organisation	Chief Officer
SSR14	Safety of Services - inability to maintain the safety of services due to demographic changes, financial pressures, the ability to recruit to clinical posts and the changes to the workforce profile. This may result in harm to service users or patients, the failure to provide appropriate care and reputational damage to the IJB and partners.	A, B, H, J	4 - Likely	5 - Extreme	20 - VERY HIGH	<ul style="list-style-type: none"> ○Clinical and Care Governance Committee ○Risk Management Strategy and operational risk management arrangements ○Clinical and professional leadership ○Triggers for service re-designs including ensuring clinical safety is not compromised ○Prioritisation of need frameworks in place to determine need for access to services 	3 - Possible	4 - Major	12 - HIGH	○Develop and where required implement contingency arrangements for localities and services	Lead Nurse/Chief Social Work Officer
SSR15	Waiting Times - increase to waiting times for treatment in specialities in NHS GG&C and outreach clinics in Argyll and Bute. This may be due to the operation of clinics no longer being affordable or sustainable and the impact of SLA negotiations with NHS GG&C. This would result in a poor level of service for patients, the potential to have to travel further for appointments, the inability to meet waiting time targets and is not in line with the anticipatory and preventative approach to care.	A, B, H, I	4 - Likely	4 - Major	16 - HIGH	<ul style="list-style-type: none"> ○Continued engagement with NHS GG&C to agree a strategic jointly planned approach to outreach services ○Monitoring and reporting of waiting times ○Secure fair share of funding from NHS Highland to address waiting times ○Develop new delivery models such as specialist nurses, tele-consultation and direct or follow up referral to primary care or AHP professionals ○Offer alternative sites to patients 	4 - Likely	4 - Major	16 - HIGH	○Pursue share of funding from NHS Highland to allow targeted investment to reduce waiting times	Heads of Service

Risk Reference	Description of Risk	Link to Strategic Objectives	Gross Risk			Mitigations/Control Measures	Residual Risk			Proposed New Control Measures	Risk Owner(s)
			Likelihood	Impact	Risk Rating/Score		Likelihood	Impact	Risk Rating/Score		
SSR16	Support Services - risk that support services do not adequately support integrated front line service delivery. Inability to integrate support services which are not fully delegated to the IJB, including IT, HR, Finance, Governance, Communications, Improvement & Performance, Procurement and Commissioning, Legal Services etc. Continued reliance on two systems, processes and approaches may lead to confusion and ongoing inefficiency. Risk that partners will not support any changes to current arrangements.	J	4 - Likely	4 - Major	16 - HIGH	<ul style="list-style-type: none"> oRange of system workarounds in place to ensure business as usual oCo-location of staff underway in some locations oQuality and Finance Plan includes plans to integrate some corporate and support staff and a review of administrative services across Health and Social Care oPlans to integrate some IT systems and to facilitate access to systems 	4 - Likely	3 - Moderate	12 - HIGH	<ul style="list-style-type: none"> oPlans to integrate some IT systems and to facilitate access to systems oDevelopment of corporate services agreement with partners 	Heads of Service

Strategic Objectives:

- A We will work to reduce health inequalities.
- B We will plan and provide health and social care services in ways that keep people safe and protect them from harm.
- C We will ensure children have the best possible start in life and plan services in a person-centred way that benefits the person receiving the service, so that they have a positive experience – right service, right place, and right time.
- D We will plan for and deliver services in person-centred ways that enable and support people to look after and improve their own health and wellbeing.
- E We will prioritise community based services, with a focus on anticipatory care and prevention to reduce preventable hospital admission or long term stay in a care setting.
- F 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.
- G We will establish "Locality Planning, Owning, Delivery" operational and management arrangements to respond to local needs.
- H We will strengthen and develop our partnership with specialist health services with NHSGG&C and Community Planning Partners as well as with the Third and Independent sectors.
- I We will sustain, refocus and develop our partnership workforce on anticipatory care and prevention.
- J We will put in place a strategic and operational management system that is focused on continuous improvement, within a clear governance and accountability framework.
- K We will underpin our arrangements by putting in place a clear, communication and engagement arrangements involving our staff, users, the public and stakeholders.

Risk Matrix

IMPACT	LIKELIHOOD				
	Risk	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)
Extreme (5)	5	10	15	20	25
Major (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Minor (2)	2	4	6	8	10
Insignificant (1)	1	2	3	4	5



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.3 (f)

Date of Meeting : 27 September 2017

Title of Report : Risk Appetite

Presented by : Caroline Whyte, Chief Financial Officer

The Integration Joint Board is asked to :

- **Note** the requirement for the Integration Joint Board to formally articulate the risk appetite for the Board
- **Approve** the risk appetites as set out in this report

1. EXECUTIVE SUMMARY

- 1.1 A set of risk appetites have been proposed for approval, based on an assessment of the combined view of the Integration Joint Board members. This risk appetite may change over time and will be subject to further review and development in the future.

2. INTRODUCTION

- 2.1 The Argyll and Bute Health and Social Care Partnership's Risk Management Strategy and associated Guidance outlines the requirement to determine if risks are tolerable in order to determine if further action is required to mitigate risks. This requires the Integration Joint Board to agree on the risk appetite for the organisation.

3. DETAIL OF REPORT

- 3.1 The risk appetite is determined by the amount of risk the organisation is willing to pursue or retain. The Board is responsible for determining the nature and extent of the significant risks it is willing to take to achieve strategic objectives.

3.2 There are five categories of risk noted below:

Category	Examples of risks within this category
Reputational	Strategic risks, stakeholder perception
Political	Lobbying, legislative changes, political support
Financial	Funding, budget settlement, value for money
Compliance/Regulatory	Health and safety, human resources, property, business continuity planning
Operational	Performance information, collapsing markets, added value

3.3 The IJB undertook a development session in August 2017 which sought to further develop the Strategic Risk Register and also to determine the risk appetite for each of the above risk categories. This can then be applied to the Strategic Risk Register to allow risk tolerance levels to be set which will in turn inform officers of where further targeted work may be required to put further mitigations in place to manage risks to an acceptable level.

3.4 The establishment of risk appetite is not about a lack of control it is about optimising the controls and mitigations in place against the tolerance for risk and this will free up officers to operate in an environment where they are aware of the risk appetite of the Board. There should also be recognition that there should be a balance between the cost of controlling risks with the benefit of doing so, there is recognition that we have finite resources which should be targeted to bring risks down to a reasonable and acceptable level.

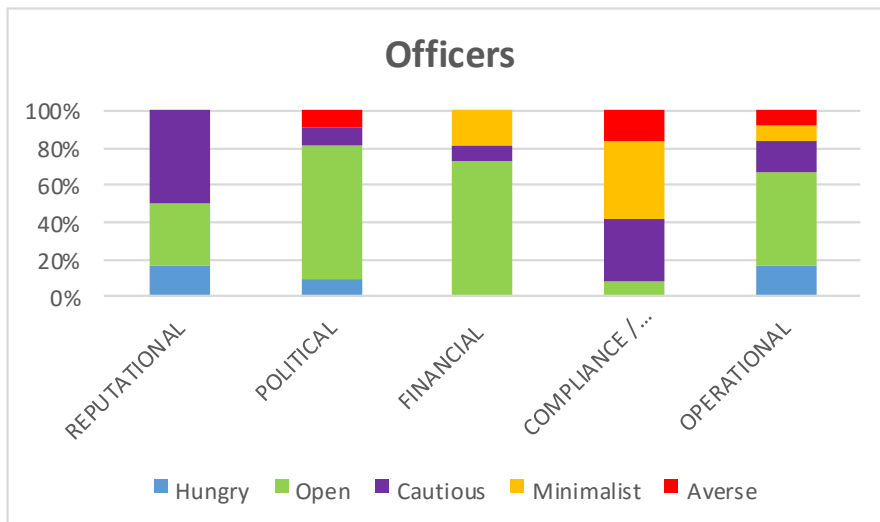
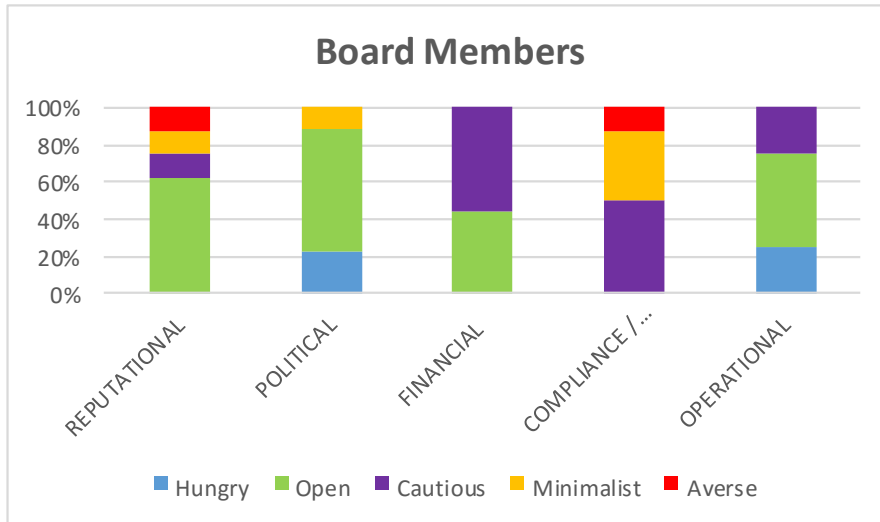
3.5 Risk appetite is classified as below:

Classification	Definition
Hungry	Eager to be innovative and choose options offering potentially higher rewards despite greater inherent risk
Open	Willing to consider all options and choose the one that is more likely to result in success, while also providing an acceptable level of reward
Cautious	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
Minimalist	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward
Averse	Avoidance of risk and uncertainty is a key organisational objective

3.6 The Board development session in August 2017 sought views from members on the risk appetite for each risk category, the overall assessment of the risk appetite is noted in the table below:

Category	Risk Appetite
Reputational	Cautious - Open
Political	Open
Financial	Cautious – Open
Compliance/Regulatory	Minimalist – Cautious
Operational	Open

3.7 The risk appetite has been analysed between the representation from Integration Joint Board members and the officers present at the development session, the overall assessment of risk appetite above is reflective of the combined view. There are some differences between Board members and officers and these are illustrated in the charts below:



3.8 The most notable differences are in the reputational and financial categories of risk, where Board members are more open to reputational risks and officers are more open to financial risks.

3.9 It is recommended that the Board accept the combined view and use this to set the risk appetite for the Integration Joint Board. The risk appetite varies for different risks and may well vary over time with changes in circumstances, therefore it is proposed that this risk appetite is revisited in the future.

3.10 The agreed risk appetite for each risk category should be applied to each of the strategic risks and this will be incorporated into the Strategic Risk Register.

3.11 The Board should further consider how the Risk Strategy and appetite can be developed and applied to take advantage of positive risks and opportunities.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

The determination of an appropriate risk appetite for the Board is key to co-ordinating efforts to manage risks to an acceptable or tolerable level will be critical to the successful delivery of the Strategic Plan.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

None

5.2 Staff Governance

None

5.3 Clinical Governance

Risk management is an integral part of clinical governance and it is essential that the IJB has assurance that risks are identified and managed appropriately to ensure the safe and sustainable delivery of services.

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

Establishing the risk appetite will facilitate the management of risk by guiding officers in managing risks appropriately across the organisation.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None

9. CONCLUSIONS

9.1 The Integration Joint Board has a Risk Management Strategy in place and the Strategic Risk Register has recently been subject to review and update. Complementing this is the establishment of the risk appetite for the Board. This has been established through a risk management development session and represents the collective view of the Board. The risk appetite may change over time for different categories of risk and will be formally reviewed in the future.



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.3 (g)

Date of Meeting : 27 September 2017

Title of Report : IJB Audit Committee Membership

Presented by : Caroline Whyte, Chief Financial Officer

The Integration Joint Board is asked to :

- **Note** the changes in membership of the Integration Joint Board and the impact on the representation on the Audit Committee
- **Approve** the recommended changes to the Audit Committee Terms of Reference
- **Appoint** one IJB member to the Audit Committee
- **Appoint** to the position of Chair of the Audit Committee

1. EXECUTIVE SUMMARY

- 1.1 Following a change in representation on the IJB and the departure of the Chair of the IJB Audit Committee there is a requirement to appoint a new member and also to appoint to the position of Chair.
- 1.2 The Terms of Reference for the IJB Audit Committee have been updated to incorporate the change in membership and also to include proposed changes to the requirements for membership to the Audit Committee to allow more flexibility..

2. INTRODUCTION

- 2.1 This report outlines the requirement for the IJB to make a new appointments to the Audit Committee and also to appoint a new Chair to the committee .

3. DETAIL OF REPORT

Audit Committee Terms of Reference

- 3.1 The Audit Committee Terms of Reference were approved by the Integration Joint Board on 29 February 2016. These have been reviewed and the revised Terms of Reference with proposed changes highlighted are included as Appendix 1.

3.2 There are no recommended changes to the role and remit of the Audit Committee, the proposed changes include changes to membership requirements including:

- Removing named initial appointments to the Audit Committee;
- Amend membership requirements to ensure a minimum of two voting members instead of four, with one being from each the Health Board and Council;
- Amend requirements for the appointment to Chair and Vice-Chair positions, removing the requirement for these positions to be filled by voting IJB members.

3.3 The recommended changes will ensure the Audit Committee can be more flexible in terms of appointments to the Committee and also allow further flexibility for the positions of Chair and Vice Chair. These changes are compliant with governance requirements for the effective operation of the Audit Committee.

Audit Committee Membership

3.4 Membership of the Audit Committee includes six members of the IJB and professional advisors, the current IJB members are noted below:

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

3.5 There is a requirement to appoint one new member to the Audit Committee by the Integration Joint Board. Following this appointment there is a further requirement to appoint to the position of Chair. The only restriction being that the appointment to the positions of Chair and Vice-Chair cannot be the Chair or Vice-Chair of the IJB.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

4.1 The IJB require to ensure appropriate arrangements are in place for representation on the sub committees of the IJB.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

None

5.2 Staff Governance

None

5.3 Clinical Governance

None

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

- 7.1 Risk of non-compliance with the Terms of Reference and agreed representation on Committees if new elected member representatives are not nominated.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None

9. CONCLUSIONS

- 9.1 The IJB are required to nominate a new member to the IJB Audit Committee. These arrangements would be effective immediately with the new member invited to the next meeting of the Audit Committee.
- 9.2 The proposed changes to the Audit Committee Terms of Reference should provide more flexibility for membership to the Committee and are in line with the required governance arrangements

APPENDICES:

Appendix 1 – IJB Audit Committee Terms of Reference



**Argyll & Bute Health and Social Care
Partnership
Integration Joint Board Audit Committee
Terms of Reference**

1. INTRODUCTION

- 1.1 The Integration Joint Board (IJB) is required to properly manage its financial affairs. A key component to fulfilling this obligation is to have an Audit Committee.
- 1.2 The IJB Audit Committee was established as a Standing Committee of the IJB on 29th February 2016.

2. PURPOSE OF THE IJB AUDIT COMMITTEE

The IJB Audit Committee will have a key role with regard to:

- 2.1 Ensuring sound governance arrangements are in place for the IJB; and
- 2.2 Ensuring the efficient and effective performance of Argyll & Bute's Health and Social Care Partnership in order to deliver the outcomes set out in the Integration Scheme.

3. CONSTITUTION OF THE IJB AUDIT COMMITTEE

Appointments

- 3.1 The IJB will make all appointments to the IJB Audit Committee including the appointment of the Chair and Vice-chair of the Committee.

Membership

- 3.2 The Committee will consist of six members of the IJB. The Committee will include a minimum of two ~~four~~ voting members, with one from NHS Highland and one from Argyll and Bute Council. ~~two from Health and two from the Council.~~

Chair and Vice-Chair

- 3.3 The Chair and Vice-Chair of the IJB Audit Committee will be appointed by the IJB. ~~will be voting members of the IJB appointed from those members appointed to the IJB Audit Committee; one will be from the Council and one will be from Health.~~ Neither may be the Chair or Vice-Chair of the IJB.
- 3.4 The appointment of Chair and Vice-Chair will be for a two year term.

~~3.5 The initial appointments to the IJB Audit Committee, approved on 29th February 2016, were;~~

Name	Designation
Elaine Wilkinson (Chair)	Non-Executive member, NHS Highland
Elaine Robertson (Vice-chair)	Councillor, Argyll & Bute Council
David Alston	Non-Executive member, NHS Highland (Chair from 1st April 2016)
Anne Horn	Councillor, Argyll & Bute Council
Heather Grier	Service User Representative – Carer
Betty Rhodick	Service User Representative – Public

Quorum

~~3.63.5~~ Three members of the Committee will constitute a quorum, with at least one of the members being the Chair or Vice-Chair.

Frequency of Meetings

~~3.73.6~~ The Committee will meet at least quarterly.

In Attendance

~~3.83.7~~ The Chief Officer, Chief Finance Officer and Chief Internal Auditor and other professional advisers or their nominated representatives will attend meetings. Other persons may attend meetings by invitation of the Chair.

~~3.93.8~~ The external auditor will be invited to attend meetings of the IJB Audit Committee.

Sub-groups

~~3.103.9~~ The Committee may at its discretion set up working groups for specific tasks. Membership of working groups will be open to anyone whom the IJB Audit Committee considers will be able to assist in the task assigned. The working groups will report their findings and any recommendations to the IJB Audit Committee.

4. POLICY AND DELEGATED AUTHORITY

4.1 The IJB Audit Committee is authorised to request reports and to make recommendations to the IJB on any matter which falls within its Terms of Reference.

5. REMIT

5.1 The IJB Audit Committee will review the overall internal control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement and any other matters within its Terms of Reference.

5.2 Specific areas of responsibility include:

Performance Monitoring

- i. To ensure that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against agreed objectives, levels and standards of service.
- ii. To consider reports on performance and to review progress against the national outcomes and the outcomes in the Strategic Plan.

Audit

- i. To review and recommend the annual Internal Audit Plan to the IJB.
- ii. To oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate.
- iii. To consider monitoring reports on the activity of Internal Audit.
- iv. To consider External Audit Plans and reports as appropriate; any matters arising from these and management actions identified in response.
- v. To review risk management arrangements and receive regular risk management updates and reports.
- vi. To ensure compliance with IJB governance arrangements and strategies e.g. Risk Management Strategy, Participation and Engagement Strategy.
- vii. To be responsible for setting its own work programme including reviews in order to properly advise the IJB on matters covered by the IJB Audit Committee's Terms of Reference.
- viii. To escalate matters of concern to NHS Highland and/or Argyll & Bute Council, as required, for resolution.

Final Annual Accounts

- i. To consider the annual financial accounts of the IJB and any related matters before submission to and approval by the IJB.

Standards

- i. To promote the highest standards of conduct and professional behaviour by IJB members.
- ii. To assist IJB Members in observing the relevant Codes of Conduct.

September 2017



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.4

Date of Meeting: 27 September 2017

Title of Report: Sexual Health in Argyll and Bute

Presented by: Alison McGrory, Health Improvement Principal

The Integration Joint Board is asked to:

Note the importance of sexual health programmes and sexual health services in Argyll & Bute HSCP.

1. EXECUTIVE SUMMARY

As a public health issue, sexual health encompasses:

- Reducing the risk of unintended pregnancy
- Prevention of sexually transmitted infections (STIs)
- Minimising risk-taking behaviours and their health consequences
- Promoting positive sexual relationships and sexual wellbeing

Good sexual health is linked to better health outcomes for people; conversely poor sexual health is linked to worse health outcomes and there are clear links between poor sexual health and health inequalities. An example of this is the rate of teenage pregnancy being higher in less affluent areas. This is important due to the impact on future health outcomes for children. Though it is a positive experience for some mothers, evidence links teenage motherhood to negative outcomes, for example late presentation for ante-natal care, low birth weight, low attainment and a continuing cycle of deprivation.

This paper outlines some of the programmes in Argyll and Bute to improve sexual health across the population, recognising it is not simply the absence of disease but includes a complex range of ethical, moral, cultural and social issues. These require a holistic approach incorporating personal, social, emotional and spiritual – as well as physical aspects of sexuality (Respect and Responsibility, Scottish Executive 2005).

2. INTRODUCTION

Respect and Responsibility was the first national strategy for sexual health in Scotland and remains current following several reviews
<http://www.gov.scot/Publications/2005/01/20603/content>

It has three aims:

- Improve the quality, range, consistency and accessibility of services from primary care to specialist genito-urinary medicine services, in line with the principles of safe, local and appropriate;
- Support everyone in Scotland, including those who face discrimination due to their life circumstances or their gender, race or ethnicity, religion or faith, sexual orientation, disability or age, to acquire and maintain the knowledge, skills and values necessary for good sexual health and wellbeing; and
- Positively influence the cultural and social factors that impact on sexual health.

A wide range of Public Health approaches are utilised to achieve the above, for example:

- Education and information
- Anticipatory Care
- Screening
- Community development
- Partnership working with other agencies

3. DETAIL OF REPORT

- **Specialist sexual health services**

There are two Sexual Health Clinics in the east that migrated to locality management from Sandyford Sexual Health Clinic in Glasgow following discontinuation of a SLA. These are based in Helensburgh and Dunoon.

The west of Argyll and Bute is covered by a Business to Business (B2B) contract which supersedes a separate SLA with GP practices. These contracts provide a service for both registered and non registered patients to be seen and treated. Islay has a lower level contract for Islay and Jura managed and paid for by MAKI locality.

Argyll and Bute GP practices vary in what sexual health services they provide. Some undertake IUD (intra uterine device) insertion and removal as well as contraception implant insertion and removal. This is undertaken as a Local Enhanced Service agreement which enables registered and non registered patients to access services. Some GPs undertake sexual health screening and contraception for registered patients presenting with symptoms. The embedded report shows service provision.



Sexual Health and
Gyn Summary.docx

Youth health services in Argyll and Bute are currently under review. These are funded and managed through the localities and provide varying levels of sexual health and reproductive health advice and treatment for under 25s.

- **HIV service level agreement**

Waverley Care delivers services to raise awareness of HIV and sexual health and much of their work focuses on men who have sex with men (MSM) and lesbian, gay, bisexual, transgender and intersex people (LGBTI), most of this is with adults. This work is contracted by NHS Highland and Argyll and Bute HSCP contributes £45k per annum. Examples of Waverley Care's work include:

- Supporting clients with or at risk of HIV
 - Delivering outreach work e.g. rapid tests for HIV
 - Administering free condoms by post – a well used service
 - Training for professionals
 - Delivering workshops for young people
- **Free condoms**
Condoms protect males and females from sexually transmitted infections (STIs) and unintended pregnancy but cost and accessibility can be a barrier for young people. Young people, particularly women under 25, are the group most at risk of being diagnosed with an STI. In 2013, 77% and 72% of female genital chlamydia and gonorrhoea diagnoses respectively were aged under 25. (Scotland's Sexual Health Information (SSHI 2013): Health Protection Scotland).

In July 2016 the C-Card pilot project launched in Lochgilphead, Campbeltown and Helensburgh to increase the number of places young people can access free condoms. Training has been provided to 37 professionals in 16 venues to allow young people to access condoms safely and confidentially.

Facebook has been used very successfully to raise awareness of the pilot and visits to secondary schools have been instrumental in engaging young people. The pilot is being evaluated with a view to rolling it out to other areas. Early indications reinforce the way forward is to continue to build on partnerships with third sector, youth groups, local authority, primary care and acute sector to increase the uptake of condoms.

In year one 331 C-Card mobile phone apps have been downloaded, 289 paper cards issued and 291 packs of condoms given out. Initial feedback from staff delivering the pilot has been positive including how C-Card has helped them build a supportive service for young people and facilitate discussions about other health issues.

- **Cool2Talk**
Cool2talk is a website providing free, anonymous and confidential health information for young people aged 12-26. The website provides bespoke answers to questions posted online within 24 hours/365 days per year. It also provides links to local and national services for information, advice and support. The service launched in June 2017 in the first 3 months there have been 66 questions answered providing support, links and guidance for young people in Argyll and Bute. Eleven questions were about sexual health, 16 about general health; 11 about emotional health and 9 about relationships.

In addition, one evening per week young people in Argyll and Bute can access online counselling from a trained counsellor using the 121 service.

NHS Tayside has hosted the website for over ten years. The service also exists in Western Isles and will soon roll out in Dumfries and Galloway. In Argyll and Bute it is funded for three years by the Alcohol and Drugs Partnership and Public Health.

- **Sexual health training with young people**
The Health Improvement Team commissions and delivers a wide range of training, often in partnership with others, which aims to improve knowledge and

understanding of sexual health in order to ensure safe behaviours and relationships are the norm. This training includes:

- Relationships, Sexual Health and Parenthood Education Social and Emotional Wellbeing (RSHP)
- Child Sexual Exploitation
- LGBT issues
- HIV awareness
- Sexual Behaviour and Sexual Health
-

4. RELEVANT DATA AND INDICATORS

This section contains some background data:

Teenage pregnancy

Teenage pregnancy has been in decline in Scotland since 2007 with a possible emerging trend of further increases over the past 2 years. Due to the small numbers at local authority level the figures are published on a 3-year rolling basis and the published figure for Argyll and Bute for 2015 was 27.3 per 1,000 of population. This is less than the Scottish average but not significantly so.

Terminations

For the year ending 31st December 2015 there were 103 terminations recorded for people living in Argyll and Bute, 18 of those were aged under 20 years, 49 between 20 and 29 years and 36 aged 30 years and over, the overall figure has increased slightly over the past 3 years.

Deprivation remains a key factor for teenage pregnancy and termination, the most deprived areas had 22 times the rate of delivery (25.1 per 1,000 compared to 1.1 per 1,000) and more than three times the rate of termination of pregnancy (15.1 compared to 4.5 per 1,000).

Sexually transmitted diseases

Data is not published for incidences of STIs for Argyll and Bute but is available at health board level.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Our preventative programmes and treatment services/support that are directed to those most at risk from sexual health issues help to deliver the standards set down in Healthcare Improvement Scotland 'Sexual Health Service Standards' 2008 - 2016 and the Scottish Government Sexual Health and Blood Borne Virus Framework 2015 - 2020 <http://www.gov.scot/Publications/2015/09/5740/downloads> Our access deprivation means face to face services are not always easily accessible. New ways to deliver the same outcomes through redesign need to continue to be considered.

In March 2016, the Scottish Government launched the Pregnancy and Parenthood in Young People (PPYP) <http://www.gov.scot/Publications/2016/03/5858/downloads> which aims to drive actions that will decrease the cycle of deprivation associated with pregnancy in young people under 18. The PPYP also aims to contribute to a more supportive and less stigmatising environment for young people, a reduction in pregnancy, and improved health and social wellbeing of young parents.

The strategy focuses on the short, medium and long-term outcomes that are likely to contribute to the key pathways. We have identified a need to:

- Gather consistent data
- Provide planned training
- Coordinate strategic multi-agency work
- Develop clear pathways of care
- Review equity of service provision

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

None.

6.2 Staff Governance

As we continue to drive improvements in health inequalities and increasing prevention, attention will be paid to any shifts in the balance of care that need to be highlighted in ongoing staff development.

6.3 Clinical Governance

GP services provide their own governance arrangements as part of their registration and continuing practice. Historically clinical governance has been through NHS Highland. Recent issues over clinical governance have led to the temporary closure of the Dunoon clinic and the potential closure of Helensburgh. This has been resolved by a six month contract being implemented by the locality managers with the Consultants in NHS Highland to agree a more formal arrangement.

7. EQUALITY & DIVERSITY IMPLICATIONS

We are mindful of health inequalities and some of the services are directed to those at greater risk e.g. young people and LGBTI groups.

8. RISK ASSESSMENT

The age profile of the staff complement in Argyll and Bute like many parts of the service sector is well known. Smaller services run even greater risks. We continue to look for those who are enthusiastic about sexual health services and provide training and development to grow more skills.

9. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

There is a general reluctance of the public to engage in sexual health service reviews. People often simply want a confidential service available when they need it. In some cases they are willing and do travel away from their locality to get what they perceive is a more confidential service not delivered by locally based professionals they may meet socially.

A review of youth sexual health services is at an early stage but will include service users.

The C-Card project was developed after a needs assessment with young people and they were also involved in developing www.ab-wish.org which was the stepping stone to having the electronic C-Card.

10. CONCLUSIONS

Sexual health services in Argyll and Bute have two distinct aspects: provision of specialist treatment services and prevention activity in order to promote good sexual health across the population. The Public Health Department oversees service provision with a part-time sexual health advisor and a health improvement officer for sexual health.

There are challenges associated with provision particularly related to our rurality. Much of the treatment service provision is provided by primary care with onward referral to specialist services. As with other small specialist services, maintenance of optimum clinical skills can be difficult and these services are fragile if staff leave.

Notwithstanding these challenges, there is recognition that investment in sexual health improvement can contribute to overarching improvements in health and wellbeing outcomes for the people of Argyll and Bute.



Argyll & Bute Health & Social Care Partnership

Integrated Joint Board

Agenda item : 5.5

Date of Meeting: 27 September 2017

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

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

The Integration Joint Board (IJB) is asked to:

- Note the HSCP performance against National Health and Well Being Outcomes 1,2,3 and 4 for FQ1 17/18
- Note the actions identified to address deficiencies in performance as detailed in the exception reports
- Note the performance against Ministerial Steering Group Performance Indicators- June 2017

1 Background

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

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

2 HSCP Performance against the NHWB outcomes for Financial Quarter 1 17/18

Figure 1 below provides a summary of the performance on the pyramid reporting system, noting the 101 scorecard success measures and of these 70 are currently reported as being on track for FQ1 17/18

Integrated Joint Board [IJB] Scorecard	Success Measures	101	A
	On track	70	→
Outcome 1 - People are able to improve their health FQ1 17/18	No of indicators	14	A
	On track	8	→
Outcome 2 - People are able to live in the community FQ1 17/18	No of indicators	18	A
	On track	14	→
Outcome 3 - People have positive service-user experiences FQ1 17/18	No of indicators	11	A
	On track	9	→
Outcome 4 - Services are centered on quality of life FQ1 17/18	No of indicators	15	A
	On track	10	→
Outcome 5 - Services reduce health inequalities FQ1 17/18	No of indicators	5	A
	On track	4	↓
Outcome 6 - Unpaid carers are supported FQ1 17/18	No of indicators	1	G
	On track	1	→
Outcome 7 - Service users are safe from harm FQ1 17/18	No of indicators	12	A
	On track	9	→
Outcome 8 - Health and social care workers are supported FQ1 17/18	No of indicators	4	R
	On track	0	→
Outcome 9 - Resources are used effectively in the provision of health and social care services, with FQ1 17/18	No of indicators	12	A
	On track	9	→
Customer Services FQ1 17/18	No of indicators	9	A
	On track	6	→

3 Detailed Performance Report Outcome Indicators 1, 2, 3 & 4 (FQ1 17/18)

Outcome 1- People are able to improve their health - 8 measures are reporting on track, and 6 off track against previous quarters performance and these are:

- AC1 - % of Older People receiving Care in the Community
- AC15 - No waiting more than 12 weeks for homecare service - assessment authorised
- No of alcohol brief interventions in line with SIGN 74 guidelines
- NHS-H7 - Proportion of new-born children breastfed
- No of ongoing waits >4 wks for the 8 key diagnostic tests
- % >18 type 1 Diabetics with an insulin pump

Outcome 2 – People are able to live in the community 14 measures are showing as on track and 4 are showing as off track against previous quarters performance and these are

- Falls rate per 1,000 population aged 65+
- AC5 - Total No of Delayed Discharge Clients from A&B
- CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS
- % of patients who wait no longer than 18 wks for Psychological therapies

Outcome 3 –People have positive service user's experiences 9 measures are reported as on track, 1 measures is showing on track with a reduction against previous quarters performance and , 1 measure is showing as off track as below:

- No of patients with early diagnosis & management of dementia

Outcome 4 –Services are centred on quality of life 10 measures are showing as on track, 1 is on track with a reduction against previous quarters performance, 4 measures are showing off track as follows:

- Falls rate per 1,000 population aged 65+
- No of outpatient ongoing waits >12 wks
- % of patients on the admissions waiting lists with social unavailability

- % of patients on the admissions waiting lists with medical unavailability

Exception reports explaining the reason why the targets are off track and the action in hand to rectify them are detailed in the attached report

4 Integration Authorities Performance Indicators 2017/18

The Ministerial Strategic Group for Health and Community Care (MSG) has agreed that for 2017/18 it will direct Integration Authorities to monitor progress across the following domains:

- Reduce unplanned (Emergency) admissions – by increasing anticipatory care activity in the community and in primary care
- 10% reduction in occupied bed days for unscheduled care (emergency);
- A&E performance;- meet the 4 hour target and reduce unnecessary attendance
- Delayed discharges – reduce the amount of time (occupied bed days) patients are delayed in hospital
- End of life care – increase the provision of patient end of life care in the community
- The balance of spend across institutional and community services by 2021 have the majority of the health budget being spent in the community

The HSCP has now been able to breakdown the initial information received from ISD and with NHSGG&C to Locality level and is in the process of populating the pyramid reporting template with locality activity information so that the final locality targets can be agreed ensuring they are meaningful for clinicians and locality planning groups.

The HSCPs activity at locality level against the performance domains at HSCP scale for the first quarter of 2017/18 is detailed in the table below:

4 Integration Authorities Performance Indicators - FQ1 17/18 (June 2017)

Measures	Sub-Indicators	Target	A&B/GG&C	Bute	Cowal	H & L	Islay & Jura	Kintyre	Mid Argyll	Mull, Iona, Coll, Tiree and Colonsay	Oban & Lorn	Total FQ1
Unplanned Admissions	Total number of admissions	Reducing unplanned admissions by 10%	A&B	26	31	2	16	45	47	26	129	322
			GG&C	35	100	153	11	24	23	8	18	372
	A&E conversion rate	Remain at current levels of performance	A&B	100.0	25.0	50.0	0.0	71.4	48.0	48.4	23.0	66.1
			GG&C	56.8	60.4	26.5	63.6	70.6	58.8	66.7	57.7	48.4
			Total	55.6	54.3	26.7	58.3	63.0	51.6	49.0	24.4	50.6
Unplanned bed days	Total number of bed days acute specialities	Reducing bed days by between 1-10%.	A&B	184	249	7	69	181	260	89	727	1766
			GG&C	203	474	694	32	119	118	45	93	1778
	Total number of bed days mental health specialities	Reducing bed days by between 1-10%.	A&B	354	507	0	5	310	679	0	422	2277
			GG&C	0	0	1082	0	0	0	0	0	1082
			Total	354	507	1082	5	310	679	0	422	3359
A&E performance	Number of attendances	Remain at current levels of performance	A&B	2	4	4	0	7	25	31	487	560
			GG&C	37	91	540	11	17	34	12	26	768
	% seen within 4hrs	Remain at current levels of performance	A&B	100%	100%	100%	-	100%	96%	97%	97%	
			GG&C	86%	96%	96%	100%	100%	94%	100%	88%	
Delayed discharges	Total number of bed days occupied*	Reducing delayed discharges occupied bed days by 10%.	A&B	9	86	0	0	23	1	15	235	369
			GG&C	0	71	56	0	0	0	0	0	127
			Total	9	157	56	0	23	1	15	235	496

Measures	Sub-Indicators	Target	A&B/GG&C	Bute	Cowal	H & L	Islay & Jura	Kintyre	Mid Argyll	Mull, Iona, Coll, Tiree	Oban & Lorn	Total FOI
End of Life Care	Percentage of last six months of life by setting community & home Q4 16/17	Remain at current levels of performance	A&B	90.3	84.3	90	91.5	79.2	72.5	85.9	89.6	89.8
	Occupied bed days during last six months of life		A&B	NA	NA	NA	NA	NA	NA	NA	NA	NA
Balance of care	Percentage of population in community or institutional settings	By 2021 have the majority of the health budget being spent in the community **	A&B	NA	NA	NA	NA	NA	NA	NA	NA	NA

Note

**Includes all delayed discharge activity including Code 9 Exemptions, Health and Social Care Reasons, Patient /Family reasons*

5 Governance Implications

5.1 Contribution to IJB Objectives

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

5.2 Financial

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

5.3 Staff Governance

A number of indicators under outcomes 1, 2, 3, & 4 are pertinent for staff governance purposes

5.4 Planning for Fairness:

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

5.5 Risk

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

5.6 Clinical and Care Governance

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

5.7 Public Engagement and Communication

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



Argyll & Bute Health and Social Care Partnership

Performance Exception Report for Integrated Joint Board
Outcomes 1,2,3 & 4 (FQ1-17/18) - September 2017

Performance & Information Team

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

Exception Reporting & Briefing Frequency

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

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

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

Exception Reporting FQ1 (17/18)

Outcome Indicators- 1, 2, 3 & 4

	Outcome / Performance Indicator	Target	Actual	Trend	Period	Responsible Manager
1	AC1 - % of Older People receiving Care in the Community	83%	74%	↑	FQ1 17/18	Jim Littlejohn
1	AC15 - No waiting more than 12 weeks for homecare service - assessment authorised	6	7	↑	FQ1 17/18	Jim Littlejohn
1	No of alcohol brief interventions in line with SIGN 74 guidelines	255	176	↓	FQ1 17/18	Lorraine Paterson
1	NHS-H7 - Proportion of new-born children breastfed	33%	30%	→	FQ1 17/18	Alex Taylor
1	No of ongoing waits >4 wks for the 8 key diagnostic tests	0	78	↓	FQ1 17/18	Lorraine Paterson
1	% >18 type 1 Diabetics with an insulin pump	12%	7%	↓	FQ1 17/18	Lorraine Paterson

	Outcome / Performance Indicator	Target	Actual	Trend	Period	Responsible Manager
2	Falls rate per 1,000 population aged 65+-	21	25	→	FQ1 17/18	Lorraine Paterson
2	AC5 - Total No of Delayed Discharge Clients from A&B	12	22	↓	FQ1 17/18	Jim Littlejohn
2	CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS	90%	81%	↓	FQ1 17/18	Alex Taylor
2	% of patients who wait no longer than 18 wks for Psychological therapies	90%	67%	↓	FQ1 17/18	Lorraine Paterson

Outcome / Performance Indicator		Target	Actual	Trend	Period	Responsible Manager
3	No of patients with early diagnosis & management of dementia	890	834	➡	FQ1 17/18	Lorraine Paterson

Outcome / Performance Indicator		Target	Actual	Trend	Period	Responsible Manager
4	Falls rate per 1,000 population aged 65+-	21	25	➡	FQ1 17/18	Lorraine Paterson
4	No of outpatient ongoing waits >12 wks	0	292	⬇	FQ1 17/18	Lorraine Paterson
4	% of patients on the admissions waiting lists with social unavailability	15.7%	19.9%	⬇	FQ1 17/18	Lorraine Paterson
4	% of patients on the admissions waiting lists with medical unavailability	2.0%	2.2%	⬇	FQ1 17/18	Lorraine Paterson

FQ1 17/18 Other NHWBO indicators currently off track presented for IJB reference

Outcome/Performance Indicator	Target	Actual	Trend	In charge
Outcome 5				
AC21 <=3 weeks wait between SM referral & 1st treatment	90%	78%	↓	Lorraine Paterson
No of treatment time guarantee ongoing waits >12 wks	0	1	↓	Lorraine Paterson
Outcome 7				
Falls rate per 1,000 population aged 65+	21	25	→	Lorraine Paterson
CP16 - % of Children on CPR with a completed CP plan	100%	82%	↓	Alex Taylor
CP17 - % of CP investigations with IRTD within 24 hours	95%	83%	↓	Alex Taylor
Outcome 8				
Social Work staff attendance	3.8	4.0	↓	Jim Littlejohn
% of NHS sickness absence	4%	5.85%	↓	Lorraine Paterson
Health & Social Care Partnership % of PRDs completed	90%	61%	↑	Alex Taylor
Outcome 9				
Falls rate per 1,000 population aged 65+	21	25	→	Lorraine Paterson
SCRA43 - % of SCRA reports submitted on time	75%	54%	↓	Pamela Hoey
Customer Service				
Number of NHS complaints received	7	8	↓	Stephen Whiston
% of NHS simple complaints - achievement against 20 days	80%	13%	↑	Liz Higgins

Management Exception Reporting

Performance Indicator: Outcome 1
AC1 - % of Older People receiving Care in the Community

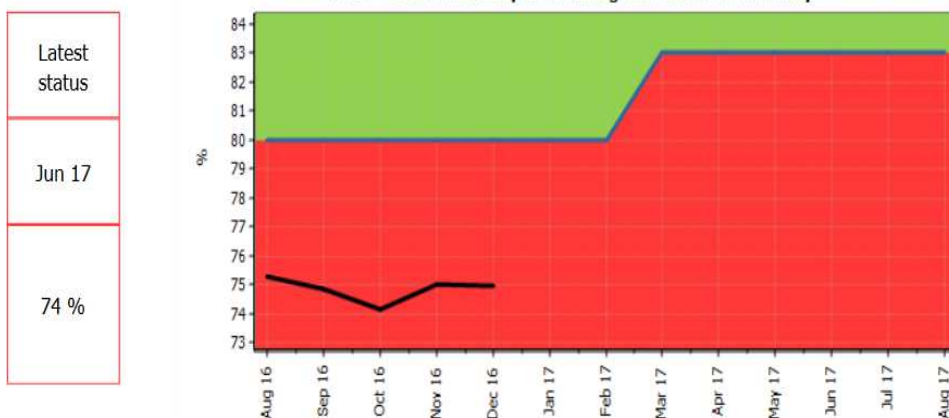
Responsible Manager:
Jim Littlejohn

Target: 83% **Actual:** 74%

Date of Report: FQ1
17/18

Description of Exception

AC1 - % of Older People receiving Care in the Community



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

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

Actions Identified to Address Exception and Improve Performance

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

- The Partnership are continuing to work across localities to improve the way we deliver care in the community. Teams are developing work with all sectors with the aim to provide increasing community based support based on assessed need.
- The ongoing development around Self Directed Support remains active and our SDS team are currently rolling out fresh awareness sessions to encourage our staff to highlight the various options open to people and their families in the way they receive their support.
- This work is ongoing and we need to build confidence in families to consider alternative ways of organising support packages. It is anticipated that as people become more confident in arranging their own support we will improve our performance in relation to shifting the balance of care.
- Re-design work needs to continue to shift resources from building to community support.

Actions Identified to Address Current /Future Barriers	
<p>(Consideration should be given when describing barriers with regards to, how are the barriers going to be managed, who will take this work forward).</p> <p>Continue to train our workforce in relation to SDS options and encourage families to consider the various options under SDS.</p> <p>Continue to seek alternative support options other than residential care for people who are still able to be supported at home for longer thus reducing length of stay in residential care when it is required.</p>	
Additional Support Requirements Identified	
Improvement Forecast Date:	Review Date:
<p>The work in improve the balance of care is ongoing and we need to continue to re—design services to achieve our target in the short to medium term.</p>	

<h1>Management Exception Reporting</h1>																																	
Performance Indicator: Outcome 1 AC15 - No waiting more than 12 weeks for homecare service - assessment authorised	Responsible Manager: Jim Littlejohn																																
Target: 6 Actual: 7	Date of Report: FQ1 17/18																																
Description of Exception																																	
<p>AC15 - No waiting more than 12 weeks for homecare service - assessment authorised</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>Chart Data Summary</caption> <thead> <tr> <th>Quarter</th> <th>Actual</th> <th>Target</th> <th>Benchmark</th> </tr> </thead> <tbody> <tr><td>FQ2 15/16</td><td>8</td><td>6</td><td>8</td></tr> <tr><td>FQ4 15/16</td><td>35</td><td>6</td><td>8</td></tr> <tr><td>FQ2 16/17</td><td>22</td><td>6</td><td>8</td></tr> <tr><td>FQ4 16/17</td><td>23</td><td>6</td><td>8</td></tr> <tr><td>FQ2 17/18</td><td>13</td><td>6</td><td>8</td></tr> <tr><td>FQ4 17/18</td><td>7</td><td>6</td><td>8</td></tr> <tr><td>FQ2 18/19</td><td>7</td><td>6</td><td>8</td></tr> </tbody> </table>		Quarter	Actual	Target	Benchmark	FQ2 15/16	8	6	8	FQ4 15/16	35	6	8	FQ2 16/17	22	6	8	FQ4 16/17	23	6	8	FQ2 17/18	13	6	8	FQ4 17/18	7	6	8	FQ2 18/19	7	6	8
Quarter	Actual	Target	Benchmark																														
FQ2 15/16	8	6	8																														
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FQ2 17/18	13	6	8																														
FQ4 17/18	7	6	8																														
FQ2 18/19	7	6	8																														
Actions Identified to Address Exception and Improve Performance																																	
<p>(Consideration should be given when describing actions to address performance with regards what requires to be done, who is going to do it and how will this improve performance)</p> <p>This target relates to new service users waiting for packages of care at home. We have particular pressures in the west relating to care at home.</p>																																	
Actions Identified to Address Current /Future Barriers																																	
<p>(Consideration should be given when describing barriers with regards to, how are the barriers going to be managed, who will take this work forward)</p> <p>We are actively working to address this issue by working with providers to move from time and task to agreeing outcomes with service users and giving providers the opportunity to work more flexibly with people to meet their agreed outcomes.</p> <p>We are also working with providers to patch work, reduce travel and crossover of providers in our localities.</p> <p>The care at home workforce is never static and we have to compete with seasonal jobs in places like Oban. This does result in gaps in the workforce at periods during the summer months. The commissioning team continue to work with us at addressing these issues and attempt to work with providers in a positive partnership approach.</p>																																	
Additional Support Requirements Identified																																	
Continue to develop new ways of delivering care and support at home and in community settings. As the re-design work moves forward opportunities will be created to invest more in community services.																																	
Improvement Forecast Date:	Review Date:																																
This work is on-going and monitoring of this work is happening at a local level through Locality management structure and by the commissioning team as well as reports to Senior Management Team																																	

Management Exception Reporting

Performance Indicator: Outcome 1

No of alcohol brief interventions in line with SIGN 74 guidelines

Responsible Manager:

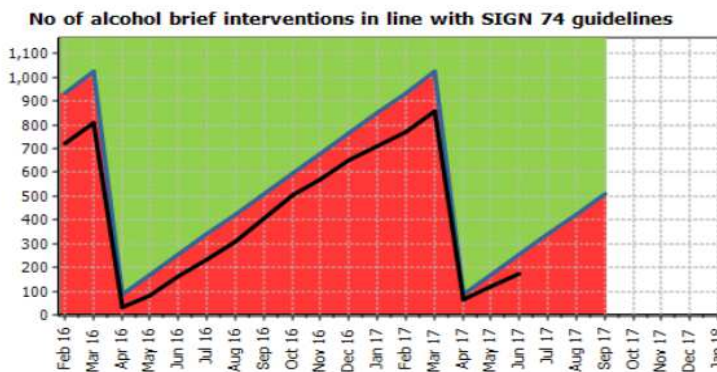
Lorraine Paterson

Target: 225 Actual: 176

Date of Report: FQ1 17/18

Description of Exception

Latest status
Jun 17
176



The number of alcohol brief interventions in line with SIGN 74 guidelines.
Target: 1024 by March 2016 (monthly target of 85, cumulating across each financial year)

Actions Identified to Address Exception and Improve Performance

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

Alcohol Brief Interventions (ABI) have, until now, been almost exclusively delivered by GP practices in Argyll & Bute through a Local enhanced Service agreement. This LES is ending on 30th September 2017 and responsibility for delivery will transfer to the HSCP. In order to ensure that staff are able to deliver ABI the Alcohol & Drug Partnership has funded the purchase of 50,000 scratch cards to be used for the delivery and reporting of alcohol screening and brief interventions. NHS staff requiring training to undertake the interventions can access this via learnpro. Argyll & Bute Council are in the process of adding the training course to their web training site and their staff should have access to this soon. Support around ABI will be given by the newly appointed Senior Health Improvement Specialist for Alcohol & Drugs.

Actions Identified to Address Current /Future Barriers

(Consideration should be given when describing barriers with regards to, how are the barriers going to be managed, who will take this work forward).

Lack of understanding of the target at service delivery level – managers must ensure that their staff are aware of the local target, have access to scratch cards and have undertaken the ABI training.

Lack of access to training – Craig McNally, ADP Co-ordinator, is working with Eileen Wilson, Learning and Development Officer, A&B Council to make this training available to all Council staff.

Co-ordination of ABI scratch cards – this will be the responsibility of the newly appointed Senior Health Improvement Specialist for Alcohol & Drugs

Returning of completed scratch cards – Locality managers, systems need to be

established in each locality to ensure all staff are aware of the procedure for using and returning the scratch cards.

Additional Support Requirements Identified

Training – there may be a need for face to face training if staff are unable to access the learnpro/A&B Council websites. There are currently no staff trained in A&B who can deliver this training therefore this would require us to buy in trainers or send a member of staff on a T4T course.

Improvement Forecast Date:

Review Date:

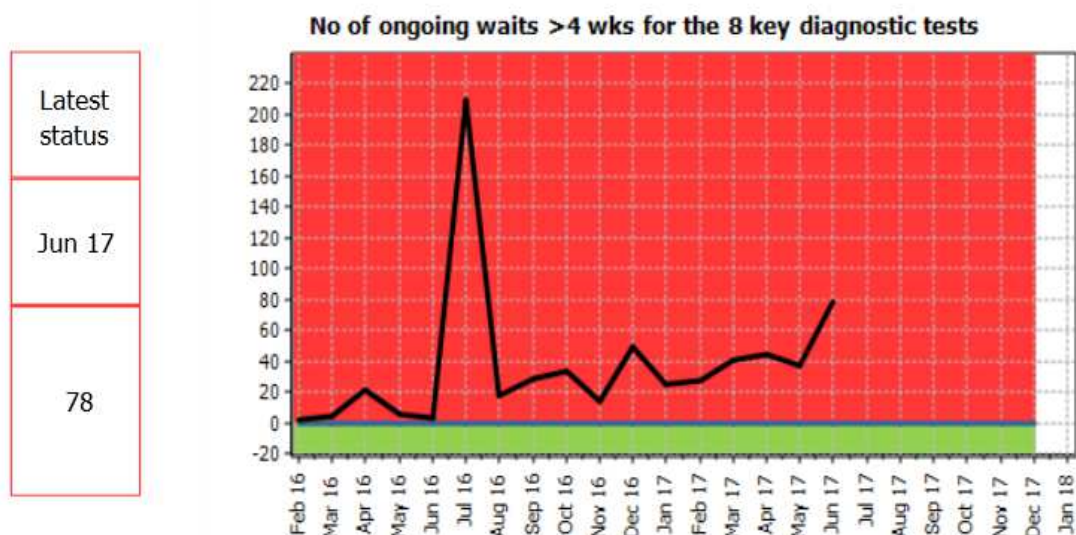
Management Exception Reporting

Performance Indicator: Outcome 1 NHS-H7 - Proportion of new-born children breastfed - STANDARD	Responsible Manager: Alex Taylor			
Target: 33.3% Actual: 30.0%	Date of Report: FQ1 17/18			
Description of Exception				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Latest status</td> </tr> <tr> <td style="text-align: center;">FQ2 17/18</td> </tr> <tr> <td style="text-align: center;">30.0 %</td> </tr> </table>	Latest status	FQ2 17/18	30.0 %	
Latest status				
FQ2 17/18				
30.0 %				
<p>Performance Indicator: 33.3% or above babies are exclusively breast fed at 6-8 weeks. Target: 33.3% or above. Action: All partners are involved in ensuring that young mothers are aware of the benefits of breast feeding. Completion date: March 2015. Responsible: NHS Highland Lead Midwife. Linked to ICSP 2014 - 2017, Outcome 2.1 Per SOA 2013-23, indicator 4.2.4:</p>				
Actions Identified to Address Exception and Improve Performance				
<p>(Consideration should be given when describing actions to address performance with regards what requires to be done, who is going to do it and how will this improve performance)</p> <p>ISD reported data which is sent to the breast feeding coordinator gives the following results; breast feeding at birth which is now called ever breastfed sits at 64.6% in December 2016 and at 6-8 weeks which is what the target is for of 33% is now 35.6%. The next breastfeeding data is due out in September for March 2017. In recent baby friendly assessment the HSCP passed with an excellent report and was advised to progress to the further award relating to sustainability</p>				
Actions Identified to Address Current /Future Barriers				
<p>(Consideration should be given when describing barriers with regards to, how are the barriers going to be managed, who will take this work forward).</p> <p>Posts for paid peer supporters have recently been recruited to in areas where rates are lower. This is based on evidence that peer support has a positive effect on sustaining breast feeding.</p>				
Additional Support Requirements Identified				
Improvement Forecast Date:	Review Date:			

Management Exception Reporting

Performance Indicator: Outcome 1 No of ongoing waits >4 wks for the 8 key diagnostic tests	Responsible Manager: Lorraine Paterson
Target: 0 Actual: 78	Date of Report: FQ1 17/18

Description of Exception



The number of ongoing waits for the eight key diagnostic tests at the end of the month over 4 weeks. Published data: NHS Balance Scorecard Frequency: Monthly Target: Zero Definition: The eight tests are Upper Endoscopy, Lower Endoscopy, Colonoscopy, Cystoscopy, CT Scans, MRI Scans, Barium Studies and Ultrasound all conducted in LIH.

Actions Identified to Address Exception and Improve Performance

MRI & Cystoscopy are carried out in Greater Glasgow & Clyde.
 At present we have no breaches to Endoscopy work.

Delays have occurred within Ultrasound due to a current staff vacancy. All urgent referrals are seen in a timely manner.

Actions Identified to Address Current /Future Barriers

Recruitment to vacant post underway. Difficulty recruiting nationally to General Ultrasonography posts.
 Within Lorn & islands Hospital, we have supported a current Radiographer to undertake her Ultrasonography training, she is due to qualify in January 2018.

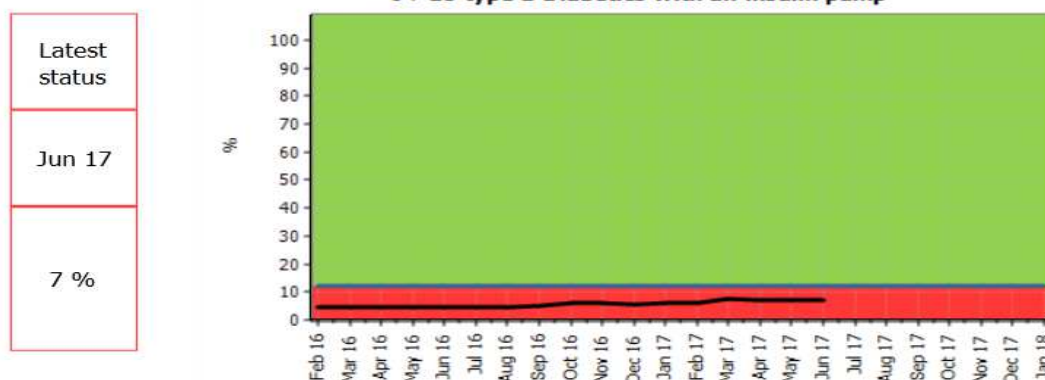
Additional Support Requirements Identified

Improvement Forecast Date: December 2017	Review Date: 1 st November 2017
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Management Exception Reporting

Performance Indicator: Outcome 1 % >18 type 1 Diabetics with an insulin pump	Responsible Manager: Lorraine Paterson
Target: 12% Actual: 7%	Date of Report: FQ1 17/18

Description of Exception



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

Actions Identified to Address Exception and Improve Performance

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

ACTION

Continue to provide structured education programmes throughout Argyll & Bute to ensure the pathway for an insulin pump is available in a timely manner.

Encourage the diabetes nurse specialists, GPs and practice nurses throughout Argyll & Bute to discuss insulin pump therapy to their patients over 18 who have Type 1 diabetes. This would require time to see the GPs and practice nurses to discuss the pros and cons of pump therapy and discuss the type of patients which they should refer for structured education.

When the post of Diabetes Dietician has been recruited to, we can visit our colleagues in Argyll & Bute and update them on the structured education available as well as discuss the insulin pump service.

The diabetes consultants and nurses in Greater Glasgow and Clyde (GG&C) already refer patients to the structured education programme.

Actions Identified to Address Current /Future Barriers

(Consideration should be given when describing barriers with regards to, how are the barriers going to be managed, who will take this work forward).

Currently we provide structured education: Argyll and Bute Basal Bolus Insulin Education (ABBBIE) throughout Argyll & Bute, this is available in every area of Argyll & Bute on a yearly basis and this is the education pathway for patients who are interested in insulin pump therapy, we would also put on additional education if we have a waiting list in any particular area. If a patient is interested in insulin pump therapy and has shown that they

can take on the education for example being able to count carbohydrate and be prepared to check blood glucose levels at least 4 times per day, we would then refer them on to our colleagues in Glasgow.

This education requires a diabetes nurse specialist and a dietician.

Barriers to carrying out the structured education programmes include the recruitment of a Diabetes dietician.

The three Diabetic Specialist Nurse's in Oban, Campbeltown and Islay are all part-time which can impact on waiting times for some of the structured education sessions.

ACTIONS

I will continue to support the 3 DSNs in Oban, Campbeltown and Islay to ensure structured education is provided as well as providing the structured education programmes in Lochgilphead, Dunoon, Rothesay and Helensburgh yearly.

Diabetic input is vital to this happening.

I am already looking at dates for these programmes for 2018.

Additional Support Requirements Identified

Administration support could benefit the service.

Improvement Forecast Date:

Review Date:

Management Exception Reporting

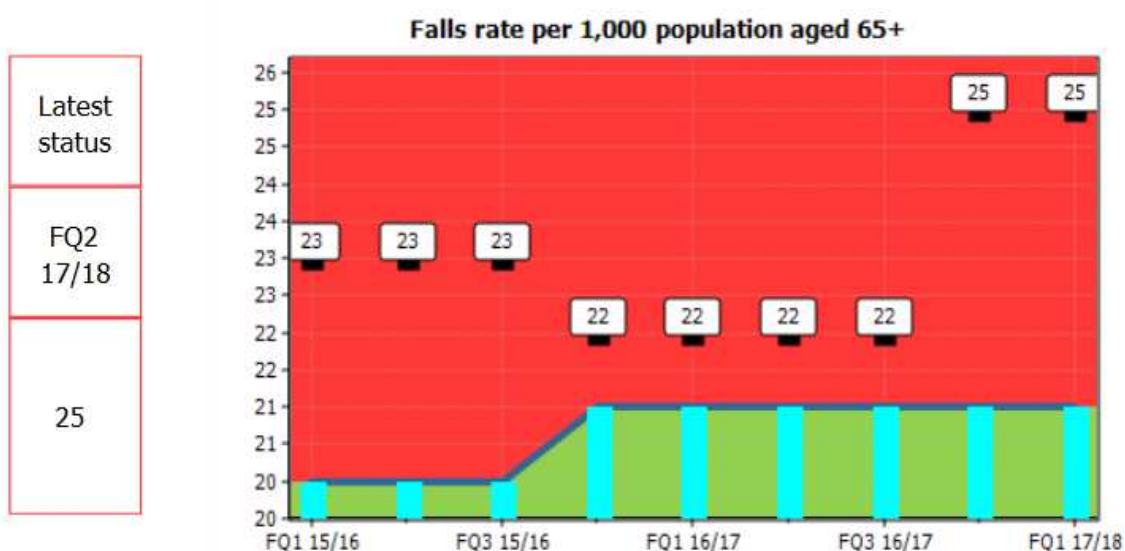
Performance Indicator: Outcome 2 & 4
Falls rate per 1,000 population for adults aged 65+

Responsible Manager:
Lorraine Paterson

Target: 21 Actual: 25

Date of Report: FQ1 17/18

Description of Exception



QUARTERLY CONVERSION – Shows annual values

The focus of this indicator is the rate per 1,000 population of falls that occur in the population (aged 65 plus) who were admitted as an emergency to hospital.

Linked to IJB Outcome 2, 4, 7 and 9.

Actions Identified to Address Exception and Improve Performance

Work is underway to recruit to dedicated nursing hours on a number of wards in Lorn and Isles and Campbeltown hospital to embed the Scottish Patient Safety work around in-patient falls. This work will embed the improvement methodologies that increase support to those in-patients identified at being at risk of falls eg. ward rounding, leadership walkarounds etc

Actions Identified to Address Current /Future Barriers

Ongoing work is being carried out to progress the preventative work around our local population at risk of falls to maintain strength and balance and increase referrals for multi-factorial screening in community with the aim of reducing the number of people falling who can require an in-patient stay.

We also have a work stream that includes Scottish Ambulance, Police and Fire and Rescue that is working to improve our response to those who have fallen, not requiring assistance by ambulance. We are aiming to increase our community response to those on the floor to avoid transportation to hospital and minimise the risk of those that have fallen.

Training and equipment have been provided to teams. There is work ongoing to create Single point of Access to teams to improve the referral pathways from NHS24 and SAS. Some issues identified with community team capacity to respond and we are working on that with locality managers.

Additional Support Requirements Identified

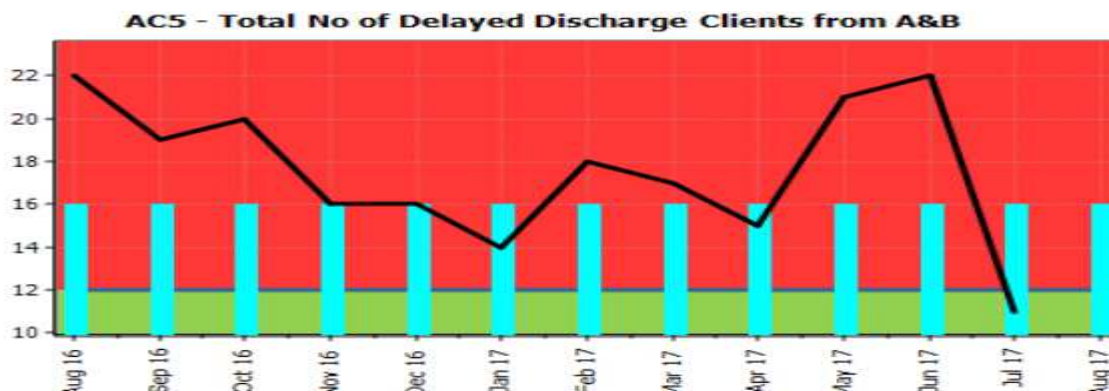
Improvement Forecast Date:

Review Date:

Management Exception Reporting

Performance Indicator: Outcome 2 AC5 - Total No of Delayed Discharge Clients from A&B	Responsible Manager: Jim Littlejohn
Target: 12 Actual: 22	Date of Report: FQ1 17/18

Description of Exception



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 outwith local area is unreasonable Linked to IJB Outcome 2

Actions Identified to Address Exception and Improve Performance

- Our work in relation to delayed discharge remains a key priority for managers across localities. We are focused on meeting the challenging target of 72 hours set by the Scottish Government.
- Our performance has been subject to variation with higher numbers of people delayed in the West due to pressures on availability of care at home.
- We are developing our community teams to ensure we are delivering re-ablement, falls prevention and increase use of telecare and telehealth solutions.

Actions Identified to Address Current /Future Barriers

Additional Support Requirements Identified

- Locality Managers/Local Area Managers /Team Leads to ensure a sense of urgency around DD is required to ensure patients are discharged from hospital timeously
- Ensure ADT policy is followed by hospital and community staff
- Heads of Service to monitor progress weekly to ensure scrutiny across all locality teams
- Staff in Helensburgh continue to hunt down people delayed in Glasgow hospitals with very good performance consistently being achieved.
- Commissioning team continue to assist in the development of new ways of delivering care at home through SDS options

Improvement Forecast Date:	Review Date:
Ongoing monitoring of performance on a weekly basis to ensure a sense of urgency is created across all localities	

Management Exception Reporting

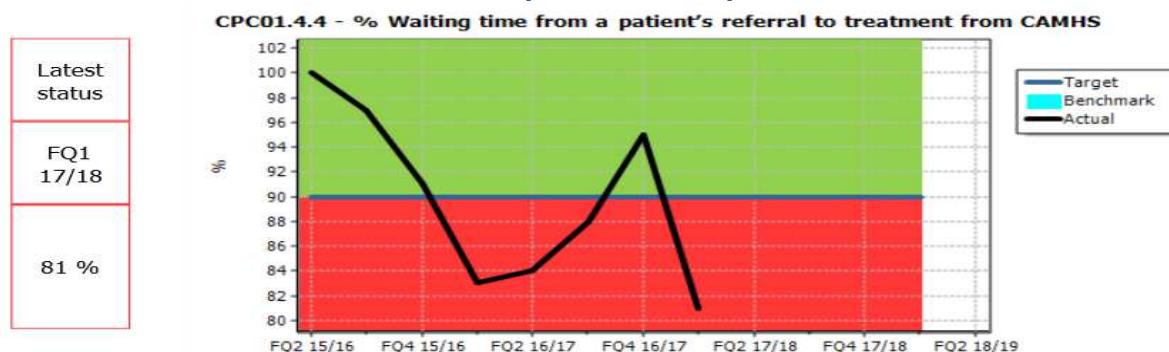
Performance Indicator: Outcome 2
CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS

Responsible Manager:
Alex Taylor

Target: 12 Actual: 22

Date of Report: FQ1 17/18

Description of Exception



CPC01.4.4 - CAMHS HEAT Target: maximum 26 week waiting time from a patient's referral to treatment for specialist Child and Adolescent Mental Health (CAMH) services from March 2013, reducing to 18 weeks from December 2014. Due to CAMHS data being provided by individual practitioners as well as from the Trakcare patient management system, it is normally compiled by the 24th of the following month to give individuals time to prepare and submit data. Target - 90% Data Source - NHS HEAT measure Lead - Linked to IJB Outcome 2.

Actions Identified to Address Exception and Improve Performance

Significant sick leave and maternity leave within the medical team has impacted the capacity of this small team to meet the 18 week target. Obtaining cover through temporary recruitment was unsuccessful. Absent staff have now returned to work which will begin to have some impact on the waiting times, however as outlined below ongoing structural resourcing issues will continue to impact the capacity of the team until addressed.

Actions Identified to Address Current /Future Barriers

CAMHS Helensburgh were required to accept referrals of 16-18 year olds without the allocation of any additional resources in 2015. As referrals for this age group have increased we are seeing an increasing waiting list in Helensburgh in contrast to the rest of Argyll where there has been no transfer of responsibility for 16-18 yr olds.

CAMHS across Argyll has historically been resourced at a level significantly lower per head of child and adolescent population than all other Health Board areas in Scotland.

A review of service provision including the redistribution to CAMHS and Tier 2 primary mental Health workers of funding from ICF and from the Abuse and Trauma Service, and separate but linked reviews of service level agreements with Greater Glasgow of Tier 4 Services and Tier 3 in Cowal and Bute (currently provided from Inverclyde) are in progress. A new permanent Team Leader for CAMHS has been appointed with a start date of 2nd October - primary task is increasing accessibility of service. An outcome of the reviews will be recruitment of additional staffing using funds already allocated as outlined above. While all of above is undertaken the challenges to meeting waiting times will remain considerable.

Additional Support Requirements Identified

Project management support from Service Improvement Officer post.

Improvement Forecast Date: 01.04.18

Review Date: 01.04.18

Management Exception Reporting

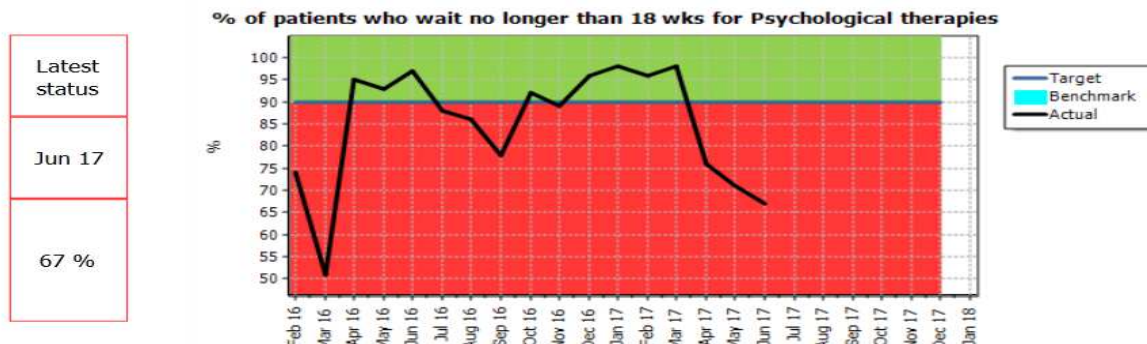
Performance Indicator: Outcome 2
 % of patients who wait no longer than 18 wks for Psychological therapies

Responsible Manager:
 Lorraine Paterson

Target: 90% Actual: 67%

Date of Report: FQ1 17/18

Description of Exception



Latest status
Jun 17
67 %

The percentage of patients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies at end of month. Published data: Care Track PMS Frequency: Monthly Target: 90% Linked to IJB Outcome 2.

Actions Identified to Address Exception and Improve Performance

Staff shortages throughout Argyll and Bute have impacted on wait times, vacancies are now being recruited to. Not all teams are on TRAC care to ensure robust or accurate reporting of data, team leads to meet to address this and request that all teams are put on TRAC for psychological therapies.

Some teams are travelling equivalent to 50 % of their time due to geography that they cover, liaising more with TEC team to look at solutions and business skype for the future Shared learning of triage to speed up allocation have been disseminated to teams

Actions Identified to Address Current /Future Barriers

RPIW event regarding psychological therapies established to go ahead next year. Quest post identified variance in reporting and team leads will be invited to attend area wide meeting to address quick wins and to be encouraged to ensure staff are on Trac care

Scottish Government psychological therapies monies will help address wait time. Group being established to evaluate and plan for bids. Consultant nurse to commence a 6 month review that will encompass team structure, variance and wait times. Nationally a minimum data set reporting for mental health is underway

Introduction of CBT, this has been rolled out throughout A and B, and is live on SCI. GPs have had marketing visit and are now beginning to utilise. This will increase access and reduce wait times 4 practitioners (2 Addictions and 2 Adult mental health) are undertaking the NES CBT diploma for A and B and will commence in September. Training coordinated to encourage BA intervention.

Additional Support Requirements Identified

Improvement Forecast Date:

Review Date:

December 2017

Management Exception Reporting																																								
Performance Indicator: Outcome 3 No of patients with early diagnosis & management of dementia	Responsible Manager: Lorraine Paterson																																							
Target: 890 Actual: 834	Date of Report: FQ1 17/18																																							
Description of Exception																																								
(Consideration should be given when describing the nature of the exception with regards to previous trends, reasons for exception, external /internal influences on performance, previous action taken to address performance, actions current in place to improve performance)																																								
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<p>The number of patients' with an early diagnosis & management of dementia. Published data: NHS Balanced Scorecard Frequency: Monthly Target: 890 Definition: Linked to IJB, Outcome 3. Linked to Joint Improvement Plan 2016/18, Quality Indicator 2</p>																																								
Actions Identified to Address Exception and Improve Performance																																								
(Consideration should be given when describing actions to address performance with regards what requires to be done, who is going to do it and how will this improve performance)																																								
Teams encouraged to liaise with each practice to ensure that dementia registers are up to date are doing so more regularly. Consultants are to ensure that the diagnostic code is appropriately used in communications to ensure the recording of diagnosis																																								
Actions Identified to Address Current /Future Barriers																																								
(Consideration should be given when describing barriers with regards to, how are the barriers going to be managed, who will take this work forward)																																								
Dementia review has commenced to look at 4 work streams that will define the role and function of the dementia teams this is being led by the dementia steering group and guided by the recently released dementia strategy																																								
Consultant review whereby the use of locums will reduce and more consistency and liaison can be developed to ensure a more timely diagnosis and appropriate recording, service to recruit to an old age psychiatrist for west.																																								
Teams are small and require to ensure regular updates with practices to ensure data is captured and importance of same, GPs hold the registers and further work may be required to assist in diagnosis and reporting																																								
Additional Support Requirements Identified																																								
Improvement Forecast Date:	Review Date:																																							
	December due to recruitment and review																																							

Management Exception Reporting

Performance Indicator: Outcome 4
No of outpatient ongoing waits >12 wks

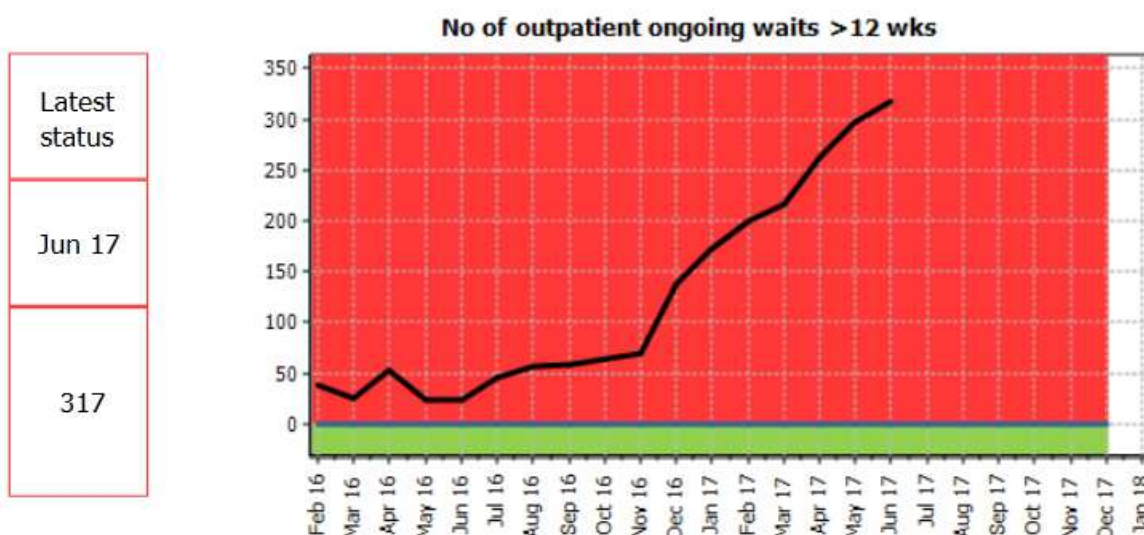
Responsible Manager:
Lorraine Paterson

Target: 0 Actual: 317

Date of Report: FQ1 17/18

Description of Exception

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



The number of out-patient ongoing waits over 12 weeks at the end of each month.
Published data: NHS Balance Scorecard Frequency: Monthly Target: 0 Linked to IJB Outcome 4.

Actions Identified to Address Exception and Improve Performance

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

Current waiting time for Outpatient services provided by Greater Glasgow & Clyde to the locality are not meeting current waiting time.

Current pressures in the following services:

1. Dermatology – current Consultant has retired and negotiations underway with Glasgow for a replacement. Encouraging the use of E imaging for advice, to reduce clinic demand.
2. Chronic Pain – currently sitting at 16 weeks. The nature of the condition makes this a difficult clinic to reduce return appointments. Work underway with specialist nurse, OT and Pharmacy. Local support groups established.
3. ENT – 34 weeks wait currently. Glasgow no longer receiving our referrals as they have a similar wait time. A review of the triage process for ENT to be undertaken.
4. Orthopaedics – current wait 22 weeks. Advanced Practice Physiotherapist in place now, who can see some of the patients.

Electronic vetting has been introduced, which has made some improvement.
Funding has been identified to support the Ophthalmology service to address backlog in return patients.

Actions Identified to Address Current /Future Barriers	
<p>(Consideration should be given when describing barriers with regards to, how are the barriers going to be managed, who will take this work forward)</p> <p>Introduction of E Vetting for some specialities. Introduction of a pilot VC clinic for Gynaecology for Tiree patients. Working with Planning department to review clinics/Consultants input and also consideration to introduce specialist nurses or AHP's.</p>	
Additional Support Requirements Identified	
<p>Demand greater than supply of external clinics.</p>	
Improvement Forecast Date:	Review Date:
April 2018	1 st November 2017

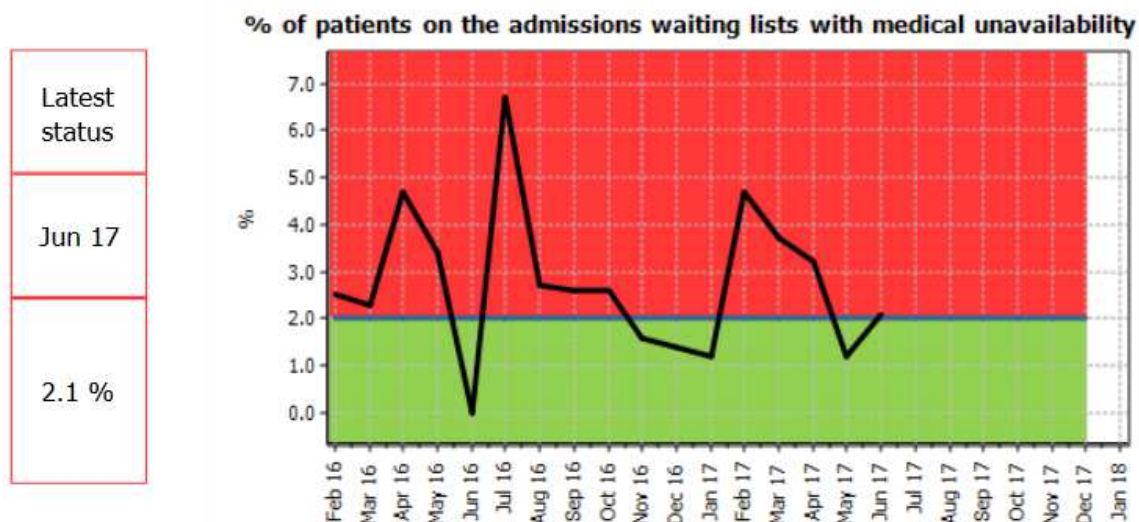
Management Exception Reporting																																					
Performance Indicator: Outcome 4 % of patients on the admissions waiting lists with social unavailability	Responsible Manager: Lorraine Paterson																																				
Target: 15.7% Actual: 21.3%	Date of Report: FQ1 17/18																																				
Description of Exception																																					
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Actions Identified to Address Exception and Improve Performance																																					
A pattern has emerged locally during summer months (seasonal) that patients quite often for non-urgent procedures will want to wait till after September for their appointments/procedure. This is due to school holidays and seasonal work commitments.																																					
Actions Identified to Address Current /Future Barriers																																					
Patient focussed booking system currently in place. This allows patients choice to ensure appointment times suitable.																																					
Additional Support Requirements Identified																																					
Improvement Forecast Date: October 2017	Review Date: 1 st November 2017																																				

Management Exception Reporting

Performance Indicator: Outcome 4 % of patients on the admissions waiting lists with medical unavailability	Responsible Manager: Lorraine Paterson
Target: 2.0% Actual: 2.1%	Date of Report: FQ1 17/18

Description of Exception

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



The percentage of patients on the admissions waiting lists with medical unavailability at the end of the month. Published data: Frequency: Target: TBC Linked to IJB Outcome 4.

Actions Identified to Address Exception and Improve Performance

In the month of June we had two patients with Medical unavailability. The decision was made by a Consultant.

All medical unavailability decisions are made by Consultant.

Actions Identified to Address Current /Future Barriers

None Currently

Additional Support Requirements Identified

Improvement Forecast Date:

Review Date:

September 2017

1st November 2017



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.6

Date of Meeting : 27 September 2017

Title of Report : Staff Governance Report – Quarter 1 to end June 2017

Prepared by : Charlie Gibson, Interim Head of HR (Health) & Jane Fowler, Head of Improvement & HR (A&B Council)

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

The Integration Joint Board is asked to :

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

1. EXECUTIVE SUMMARY

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

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

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

2. INTRODUCTION

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

- iMatter (NHS)

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

The majority of the data in this report relates to Quarter 1 (April to June 2017).

3. DETAIL OF REPORT

3.1 Employee Survey & iMatter

iMatter is a continuous improvement tool designed with staff in NHS Scotland to help individuals, teams and Boards understand and improve staff experience. This is a term used to describe the extent to which employees feel motivated, supported and cared for at work. It is reflected in levels of engagement, motivation and productivity. Understanding staff experience at work is the first step to putting in place measures that will help to maintain and improve it. It will benefit employees, and the patients, their families and other service users that they support.

During May preparation continued and all Managers and Team Leaders were required to confirm information about their team on iMatter as well as to continue to raise awareness and understanding amongst staff about iMatter. A rescheduled Awareness session was held with VC access across A&B and was well attended.

Between 29th May and 26th June 2017, HSCP staff (Council and NHS) were asked to participate in the iMatter survey either via a short online or paper questionnaire that was anonymous and treated confidentially. There were 29 questions for 3 areas and it takes about 10 minutes to complete. These covered: About me; My Manager; My Team/My Organisation.

For teams of 5 and above, where 60% of members or more completed the questionnaire, a Team Report including an Employee Engagement Index (EEI) Score was generated (100% for teams with 4 staff or less). Argyll & Bute HSCP achieved a 61% response rate. In July A&B Directorate and 114 teams out of 185 received their own report and have contributed to NHS Highland Board's overall response rate, as well as being one of the first HSCPs to facilitate completion by NHS and Council staff.

There is now a 12 week period up to 13th October where Managers and Team Leaders should be discussing their report, or the Directorate's if they don't have their own, and agreeing an Action Plan for improving staff experience in their work area, at least one action is required by each team. It is the action plan element that is the key to identifying and managing change and improvements in the workplace.

3.2 Statutory & Mandatory Training

Update to be included in the next scheduled report.

3.3 Workforce Planning

National Workforce Plan

The Scottish Government published the first of a 3 part National Workforce Plan in June 2017. This covered health issues specifically and set the overall direction of travel for tackling areas where the recruitment and retention of the workforce across the health service is currently a challenge.

Parts 2 and 3 of the plan are beginning their development stage now, with the Scottish Government working in partnership with a range of stakeholders to develop a framework for workforce development around Social Care in Part 2 and GP practice in Part 3. Each of these elements will be interdependent under the banner of integrated Health and Social Care, and the Scottish Government intends to publish a joint plan in 2018.

The challenges facing the social care workforce are emerging as being in home care, in care at home and in mental health. Recruitment and retention are critical issues as well as the age profile of the workforce. Creating an attractive and flexible care career path for young people will be a challenge for the future of health and social care. There are also national pressures on this area of the workforce, with other large scale recruitment drives underway in, for example, early years, where preparations for the extension to 1140 hours are underway. These issues are exacerbated in remote, peripheral and island areas, where the workforce is more fragile.

Further updates on the progress of the national plan will be reported to the IJB in due course.

Local Workforce Planning

The national iHub improvement team (<http://iHub.scot/>) have been working with the HSCP to support workforce planning. They provided consultancy support from Red Hen to develop a workforce planning tool that has almost been completed in Oban, a final session is being held in September. The tool helps the locality see visually how changes in various dynamics including turnover, recruitment and skills development will help to deliver the Locality Plan. Recommendations following the end of Phase 1 in OLI locality included using the model to develop locality workforce change action plans, and to evaluate the implementation of these. Key learning was that strong local leadership was essential as well as the articulation of workforce data at locality level to develop an accurate model.

Discussions having been taking place since May with Gareth Adkins, Head of Improvement Support at Healthcare Improvement Scotland to see how iHub and consultancy from Red Hen can further support roll out of the model to the rest of the HSCP, the specification for the next phase is in its final stages. IHub are planning to evaluate the impact and learning of this approach to workforce planning to develop a national approach that can be used by other HSCPs if appropriate and required.

The aim is to start the second phase in autumn. The proposed phased roll-out is below, (subject to finalisation of the specification with iHub so the timeline likely to change):

Phase 2 – End of September / October - Cowal & Bute

Phase 3 – End of October / November – Helensburgh & Lomond

Phase 4 – November / December – Mid Argyll, Kintyre and Islay

A Programme Board is being set up to govern the work and will be chaired by the Head of Strategic Planning & Performance. This will help to bring together key elements of work as part of developing a workforce plan for the HSCP to ensure we achieve the workforce needed. This is a workforce that can deliver the transformation of care delivery and healthcare needs of the people in Argyll & Bute in the next 3-5 years.

Part 1 of the Scottish Government's National Health and Social Care Workforce Plan was launched in June, and Part 2 is due to be published in the autumn, and proposals are underway for safe and effective staffing legislation. There is a Workforce Planning in Health and Social Care event on 22 November at Holyrood that will provide HSCPs with an opportunity to learn more about the policy landscape of health and social care workforce planning in Scotland.

3.4 NHS and Council Terms & Conditions

3.4.1 NHS Terms and Conditions Issues New Policies

3.4.1.1 NHS National Band 1 Review

Across NHS Highland there were 920 offers made, 528 accepted with 129 rejecting the offer. Work will continue with those who rejected the offer to encourage them to move to a Band 2 post. However, there would now be no backdating to October 2016 as agreed at Highland Partnership Forum. There will be no further Band 1 recruitment with all posts being at least Band 2.

3.4.2 Council Terms and Conditions issues

Nothing to report.

3.5 Integrated HR Issues

3.5.1 Integrated HR Processes

Work has been ongoing to develop integrated HR processes where possible to support managers recruiting and managing a joint workforce. The Staff Liaison Group is up and running with a draft terms of reference alongside the newly formed HSCP Organisational Change Group which will monitor and ensure appropriate use of Council and NHS Redesign and Organisational Change Policies.

The Mental Health Admin Review was approved at Staff Liaison Group and progressed to Organisational Change Group where it was agreed to proceed to implementation in June 2017.

The new full-time post Head of Human Resources for the HSCP has now been recruited to with a start date of the 30th October 2017. The Workforce &

Organisational Development and Staff Engagement Manager are in the process of being recruited to.

3.6 Workforce Performance

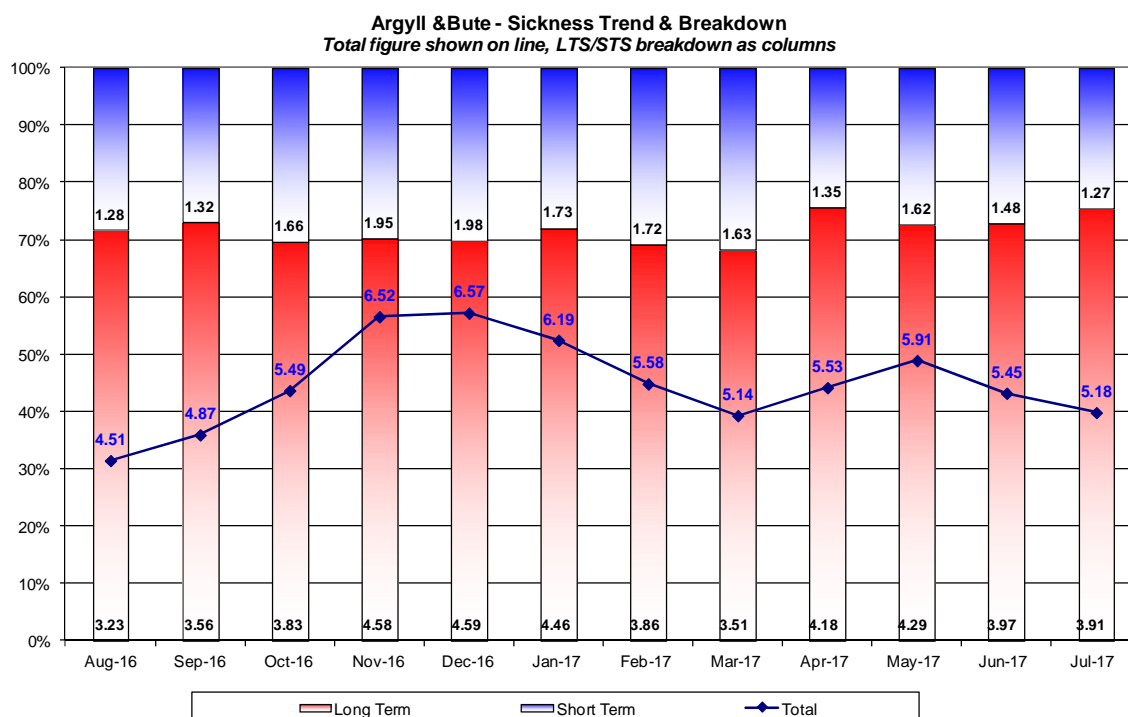
3.6.1 Attendance Management (NHS)

This report is based on the quarter to the end of June 2017. All Operating Management Units remain above the national target of 4%. - There has been another rise in sickness absence across all areas in April and May with absence reducing again in June. The HR Team, as well as supporting operational managers are collating information from the Occupational Health Service regarding number of referrals and determining if there are any trends in regard to reasons for absence.

A Rapid Process Improvement Workshop (RPIW) took place in North Highland on long term sick to look at improvements around the process and to address the high sickness absence levels. The outcome of the RPIW including any new standard work will be spread and shared with Argyll & Bute HR to implement across the HSCP.

Graph

1



June 2017	STS	LTS	Total
Adult West	1.54%	4.04%	5.58%▲
Adult East	1.45%	4.80%	6.25%▲
C&F	1.64%	3.73%	5.37%▼
Corporate (incl Dental)	1.05%	2.04%	3.49%▼
A&B Total	1.48%	3.97%	5.45%▲

STS = Short Term Sickness, LTS = Long Term Sickness

3.6.2 Attendance Management (Council)

The Council has a system in place that records accurate and live absence information by use of a Sickness Absence telephone line that ensures all absence is recorded by the HR team into the HR and payroll database.

This information is available to managers through MyView at their desktops. Automated emails are also generated to inform managers of the start or end date of absence in their teams.

The Council measures sickness absence as working days lost as per the required SPI for local government and is detailed below for Quarter 1 ending in June 2017.

Table 1- Q1 the total number of working days lost per FTE employee

Service	1/4 Target 17/18	FTE/WDL Q1
Adult Care	4.10	4.00
Children & Families	3.15	3.95
Strategic Planning & Performance	1.50	6.26
TOTAL HEALTH & SOCIAL CARE PARTNERSHIP	3.77	4.02

Table 2 Absence – Work Days Lost per FTE

Service	Target WDL lost per FTE per Employee 16/17	WDL per FTE employee 16/17	WDL per FTE employee 15/16	% change 15/16 - 16/17
Adult Care	16.40	17.49	17.79	-1.67%
Children & Families	12.60	12.33	13.28	-7.17%

Adult Care has met their target this quarter, which represents a significant improvement. Children & Families did not meet their target for this quarter.

Table 3 Percentage of return to work interviews completed by each Service in June 2017

<i>June 2017</i>	% RTWI Completed	Average time taken to complete (Days)
<i>Adult West</i>	26%	7.8
<i>Adult East</i>	40%	3.33
<i>Children and Families</i>	26%	4.4
<i>Strategic Planning and Performance</i>	0%	n/a
Average	31%	5.18 days

The percentage of Return to Work Interviews completed in this month is considerably below the Council's target of 100%. There is a slight improvement in the number of days taken to complete a RTWI.

Monthly reports are provided on absence and further improvements need to be put into place by managers to ensure RTWIs are being carried out in line with the Council's Managing Attendance Procedures.

3.6.3 Recruitment

(NHS) In June 2017 there were 60 posts being processed by the HR department which were at short listing, interview or clearance stages.

There were 12 vacancies advertised internally (6 permanent and 6 temporary) and 13 vacancies advertised externally (10 permanent, 3 temporary).

3.6.4 Redeployment

(NHS) There were 43 staff on the primary re-deployment register (increase of 12) and 26 on the secondary re-deployment register (same March 2017).

(Council) There were no employees on the redeployment register in June 2017.

3.6.5 Fixed Term contracts

(NHS) There are 37 staff currently on fixed term contracts (a decrease of 1).

The split by operational unit and locality is detailed in the tables below:

Table 4 - NHS- Fixed term posts operational unit & locality

Operational Unit	Number
Adult Care West	16
Adult Care East	12
Corporate	6
Children & Families	3
TOTAL	37

Locality	Number
Cowal & Bute	6
Helensburgh & Lomond	6
Mid Argyll, Kintyre & Islay	3
Oban Lorn and Isles	13
Corporate	6
Children & Families	3
Total	37

(Council)

The following shows the number of fixed term/temporary posts in place in July 2017:

Table 5 - Council- Fixed term posts operational unit & locality

Operational Unit	Number	% of Workforce
Adult Care West	46	4.95%
Adult Care East	37	9.69%
Children and Families	33	7.60%
Strategic Planning & Perf	1	9.09%
TOTAL	117	31.33%

In order to prepare this report, Heads of Service were sent a detailed list of all posts in their service by Argyll and Bute Council HROD team and asked to provide the reasons for these posts being temporary. The table below details the information received from Heads of Service.

Table 7- Council Fixed term posts- Reason

	Mat Leave cover	Service redesign	Secondment	Temp Funding	Vacant	Perm	Temp client need	Management	No Reason Given	Total	% of total workforce
ACE	0	3	1	0	2	5	0	12	14	37	9.69%
ACW	9	4	8	2	2	1	2	14	4	46	4.95%
C&F	8	0	5	3	5	6	0	6	0	33	7.60%
SPP	0	0	0	0	0	0	0	0	1	1	9.09%
Total	17	7	14	5	3	12	2	32	9	117	31.33%

The use of these temporary posts in the HSCP is relatively high. The use of temporary posts is being carefully monitored by management on a regular basis,.

Heads of service are conscious that whilst temporary posts can be a positive and flexible tool in workforce management, their overuse or inappropriate use can be detrimental to employee morale and service stability.

It is acknowledged that the scale of service transformation in the HSCP will clearly have an impact on the use of these contracts due to the need to redesign services, address service sustainability and address recruitment difficulties.

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

(NHS) Percentage of staff reviews completed and recorded on e-KSF for 1st Quarter to June 2017 covering the period 1 April 2017 to 31 March 2017 was 30.69% (across A&B HSCP for NHS staff covered by Agenda for Change).

								12 Months	
Department	Posts	Outlines Assigned	No Review	Review Started	Review Not Signed Off	Review Complete	Review as a %	Review Complete	As a %
Argyll and Bute	2079	2078	1999	89	17	103	4.95	638	30.69

(Council) Personal Development Plans Quarter 1 – 2017-18

Adult West: 54%

Adult East: 40%

Children and Families: 87%

Strategic Planning and Performance: 73%

Adult Care East and West are significantly below the target of 90% completion of PRDs at the end of Quarter 1, whilst Children and Families and Strategic Planning and Performance, whilst not reaching the 90% target are performing better.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

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

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact – N/A

5.2 Staff Governance – this is the staff governance report.

5.3 Clinical Governance – N/A

6. EQUALITY & DIVERSITY IMPLICATIONS

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

7. RISK ASSESSMENT

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

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



Argyll & Bute Health & Social Care Partnership

Integrated Joint Board

Agenda item : 5.7

Date of Meeting: 27 September 2017

Title of Report: Argyll and Bute Carers Eligibility Criteria

Presented by: Linda Currie
Lead Allied Health Professional, HSCP Lead for Carers

The Integration Joint Board is asked to :

Note the timeline for agreement of the proposed criteria and the recommended consultation process prior to formal publication of the criteria.

Agree the proposed Eligibility Criteria for provision of universal, targeted and specialist services for Carers to be consulted on widely across Argyll and Bute HSCP.

1. EXECUTIVE SUMMARY

This paper outlines the requirement for Argyll and Bute Health and Social Care Partnership to establish a eligibility criteria for carer services for implementation of the Carers Act by 1st April 2018. The HSCP has therefore prepared the following proposal for consultation from the 1st October 2017.

The paper includes guidance provided by the Scottish Government Carers Branch around setting the eligibility criteria, specifically highlighting the importance of prevention at an early stage to carers to reduce the impact of their caring role.

Annexe documents detail the templates that will be used as part of the assessment and planning process with carers centre assessment staff or relevant health and social care professionals.

2. INTRODUCTION

Argyll and Bute Health and Social Care partnership are currently working towards implementation of the Carers Act (2016) for the 1st April 2018. As part of that there is a requirement that we agree a proposed template for eligibility criteria for carers services. Once this proposal is agreed we are required to formally consult with our communities and specifically our carer population over the next six months prior to formally agreeing and setting the criteria for 1st April 2018.

3. DETAIL OF REPORT

This is the first carer specific eligibility criteria and the expectation is that this is set locally by each integration authority and will be reviewed within or at three years.

There is a requirement to introduce an eligibility criteria as part of the Carers Act as there is an expectation of an increased number of carers identified and supported with implementation of the Act. The criteria will be established so that we can best support those who identify themselves as having a caring role that impacts on their lives. Within the Act there is a clear need to provide services at a universal level which involves use of community and the person's own assets and is based on prevention and a progression of services identified that should be offered through adult carer support plans and young carer plans for example;

Young carer and adult carer assessments, information and advice, respite and short breaks, education and training, emergency planning, signposting, drop-ins, community hub for carers, bereavement support, outreach, social and respite opportunities, stress management, counselling, support and informal advocacy.

All of the above services, except young carer support, are currently offered by our existing local carer centres in Helensburgh, Dunoon, Lochgilphead and Oban (all of which offer outreach). Our young carer services are at different stages of progression and have different funding streams currently.

As a carers level of need increases and the level of risk to the carers or cared for person's health and wellbeing is adversely impacted by the caring role the requirement to support the carer increases and with that, so the need for increased carer centre involvement and also potentially referral into statutory services for formal support occurs. This is the point a person may cross the eligibility threshold and require increased input from funded services like respite and care at home services.

The Carers Act Planning group have had a number of scoping sessions reviewing criteria being developed nationally. We have worked directly with our carers centre staff and assessment workers in this scoping and have identified the National Carer Organisation framework as the most appropriate template for the Eligibility Criteria. We have been working towards developing this model and this decision has been further justified by the release of the Scottish Government Carers Branch guidance on setting local eligibility criteria which endorses this template. The Carers Act planning group has representatives from health, social work, legal, finance, procurement and commissioning, carer centres, IJB care reps and communications and engagement team.

The group have enhanced this model with our Argyll and Bute priorities which focus attention on person centred outcomes.

Our current model is that most carers are seen for assessment by carers centre staff or assessment workers who will register a person at a centre and establish the person's support plan in collaboration with the carer. Some carers assessments are carried out by Social Work staff but on scoping we believe most are referred for an assessment with the carer centre staff.

During scoping consideration has been given to how the carer eligibility criteria has to operate alongside the council prioritisation of need where services are provided to those assessed at level 1 or 2 (critical/substantial). Further scrutiny is required between staff providing carers services and our social work teams to establish if the suggested template

can work alongside the current prioritisation of need as this could compromise the preventative nature of the Carers Act.

4. 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.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

The partnership currently fund approximately £500,000 to the Carers Centres across Argyll and Bute. The planning group is currently writing a specification for future Carers Services which will be managed under normal Procurement and Commissioning processes. This will ensure some of the current gaps in our services (eg. young carers) are provided. 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. The Integration Joint Board will not be advised of any share of additional funding until the Scottish Government finance settlement announcement later in the year. As a result the eligibility criteria is required to be developed and consulted on prior to notification of the level of additional funding available.

5.2 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 forum.

A programme of training is in planning with health and social work staff around enhancing our inclusion of carers in hospital discharge and to build a greater understanding of the carer role.

5.3 Clinical Governance

Through Nurse Midwife Allied Health Professional and Social Work governance structures as appropriate.

6. 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.

7. RISK ASSESSMENT

The Carers Act planning group have identified the need for a risk register around the implementation project. The biggest risks currently are unclear financial envelope for implementation, difficulties recruiting to the Carers Act Implementation officer which will impact on the implementation plan and potential risk to established centres by progressing through a procurement and commissioning process.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The project has a specific communication and engagement plan and is being supported by the HSCP Communications and Engagement team. Opportunities will be taken to work alongside other HSCP communications and engagement in localities when appropriate.

9. CONCLUSIONS

The IJB is asked to consider the information below which is a summary of the Scottish Government Carers Branch guidance regarding eligibility criteria including the templates seen in the annexe.

The IJB is asked to support the proposal that we continue to scope/test this template in provision of services to Carers. We will widen our scoping/testing to include frontline social work and health teams, carers centres and other groups with a role in supporting carers.

The expectation is that the outcome of the consultation will be fed back to the IJB in February 2018 to formally agree the criteria.

Carers (Scotland) Act 2016

Statutory Guidance

Eligibility criteria

Part 3, Chapter 1

Sections 21 and 22

Summary

Section 21 sets out the duty on each local authority to set local eligibility criteria which are to apply in its area.

Section 21(2) defines local eligibility criteria as follows:

“local eligibility criteria are the criteria by which the local authority must determine whether it is required to provide support to carers to meet carers’ identified needs.”

Section 22 sets out the duty on each local authority to publish its local eligibility criteria and duties regarding review of the local eligibility criteria.

Background

1. This guidance is to support local authorities in setting local eligibility criteria and as such, proposes that all local authorities use the same suite of indicators but have local discretion in establishing the threshold for support.
2. This guidance also summarises the different ways of supporting carers if the carer’s needs do not meet the local eligibility criteria.

Local eligibility criteria – adult and young carers – delegation of functions

3. The function of setting local eligibility criteria is one which is exercisable in relation to both adult and young carers. Paragraphs 52 to 54 cover local eligibility criteria in relation to young carers.
4. Regulations made to support health and social care integration already require local authorities to include “carer support services” for adults within their schemes of delegation. The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment Regulations 2017 require that the responsibility for setting local eligibility criteria for support to adult carers lies with the “integration authority” (that is, with Integrated Joint Boards, and in Highland with NHS Highland under their lead agency agreement). Where local authorities have chosen not to delegate carer support services for young carers, then the responsibility for deciding the local eligibility for support to such carers rests with the local authority.

5. However, in many areas local eligibility criteria for both adult carers and for young carers are likely to require joint agreement by the local authority and integration authority. For example, where children’s social work services are not delegated to an integration authority then the local authority will have an interest in eligibility thresholds for adult carers who are supporting disabled children and young people, and the integration authority will have an interest in eligibility thresholds for young carers supporting disabled adults. A joint agreement would provide a sensible and practical mechanism for establishing the local eligibility criteria for carers.

The process – chronology

6. Under the 2016 Act, there is a process to be worked through before concluding whether or not a local authority has a duty to provide support to a carer to meet their identified needs. The duty (as opposed to the power) to provide support to a carer depends on the extent to which a carer’s need for support meets the local eligibility criteria. This process will be explained more fully in other parts of the guidance but in brief, it is as follows:

- (i) prepare adult carer support plan or young carer statement setting out carer’s identified personal outcomes and identified needs (if any) (**section 6(1)(a) and (b) and section 12(1)(a) and (b)**)¹
- (ii) consider which of the needs can be met through services or assistance to the cared-for person (other than ‘replacement care’ to provide a break from caring) or provided generally to persons in the area (i.e. by information and advice and community support) (**section 24(1)(a) and (b)**)
- (iii) if needs are met wholly as per (ii), no further action (but keep under review) (**section 9(1)(l) and section 15(1)(m) re review**)
- (iv) if needs are met only in part by (ii), or not at all, then apply local eligibility criteria to what are the ‘outstanding’ needs (**section 24(2) and 3**)
- (v) decide whether the outstanding needs engage the legal duty to provide support, that is whether the local eligibility criteria are met. (**section 24(4)(a) and section 25(1)**)
- (vi) if the outstanding needs do not meet the local eligibility criteria, decide whether the discretionary power to provide support should be used (**section 24(4)(b)**)
- **NB:** consideration of whether the support to the carer should take the form of or include a break from caring (including replacement care) applies in relation to both the duty and power to support carers (**section 25(1)**);
- (vii) In the case of (v) and (vi), give the carer the opportunity to choose one of the options for self-directed support (unless ineligible to receive direct payments) (**Social Care (Self-directed Support) (Scotland) Act 2013**)

¹ Guidance on the adult carer support plan and young carer statement will include guidance on personal outcomes and needs for support. Under section 4 of the Act, personal outcomes in relation to carers include outcomes which would, if achieved, enable carers to provide or continue to provide care for cared-for persons. The ACSP and YCS seek to support carers in relation to the substantive care that they provide to the cared-for person. They also seek to put in place measures that will help a carer to live their own life and to achieve their own goals and aspirations without compromising their responsibilities as a carer. These day-to-day goals and longer-term aspirations are to be documented within the ACSP and YCS as the carer’s “personal outcomes”.

7. Section 6(1)(c) and section 12(1)(c) are clear that the adult carer support plan and young carer statement should set out the support (if any) to be provided by the responsible (local) authority to an adult or young carer to meet the identified needs.

8. Decisions about whether identified needs meet local eligibility criteria depend on the information obtained from the adult carer support plan or young carer statement (notably information on the nature and extent of care; the impact of caring; and the extent to which the carer is willing and able to provide care). In other words, such decisions and completion of the adult carer support plan or young carer statement are mutually dependent.

Non-eligible and eligible needs

9. Section 24 of the Act **requires** the responsible local authority to provide support to a carer to meet their “eligible needs”. A carer’s “eligible needs” are those identified needs for support that cannot be met through support to the cared for person or through accessing services that are available generally, **and** which meet the threshold for support set by the local eligibility criteria. The local authority also has a **power** to provide support to meet other identified needs which cannot be met through support to the cared-for person, or services available generally, but which do not meet the threshold for support set by the eligibility criteria (i.e. non “eligible needs”). Table 1 summarises the different ways in which eligible and non-eligible needs can be met, and provides examples of the types of support that can be provided to meet those needs.

Strengths, capabilities and assets

10. At the same time as preparing the adult carer support plan or young carer statement, the local authority will wish to consider what else other than the provision of support might assist the carer in meeting the personal outcomes they want to achieve. In considering what else might help, local authorities may wish to consider the carer’s own strengths and capabilities, and what support might be available from their wider support network, from local public services, or within their local community to help. Strengths-based approaches might include the fostering of mutual support networks, capable of supporting carers.

11. Local authorities might also consider the ways a person’s cultural and spiritual networks can support them in meeting needs and building strengths, and explore this with the carer. Any suggestion that support could be available from the carer’s family and friends should be considered in light of the appropriateness of this approach and willingness and ability to provide any additional support and the impact on them of doing so. It should also be based on the agreement of the carer in question, and if appropriate, the cared-for person too.

12. Research² highlights that strengths-based approaches value the capacity, skills, knowledge, connections and potential in individuals and communities - focussing on people’s strengths to help them address challenges rather than ignoring them.

² IRISS (2012) Strengths-based approaches for working with individuals, Insights, no. 16

<http://ix.iriss.org.uk/content/strengths-based-approaches-working-individuals-iriss-insights-no16>

Talking Points – Personal Outcomes Approach, Practical Guide – Ailsa Cook and Emma Miller – June 2012

Principles

13. Section 21(4) of the Act provides a power for Scottish Ministers to make regulations specifying matters which local authorities must 'have regard to' in setting their local eligibility criteria. No such regulations have been made at this time. Instead, this statutory guidance promotes the use, on a Scotland-wide basis, of a suite of indicators in order to establish the impact of caring on carers.

14. The general principles set out in sections 1 and 2 of the Social Care (Self-directed Support) (Scotland) Act 2013 are relevant in the context of supporting carers and deciding whether their needs are eligible needs. Key principles for the purposes of this guidance are:

- a carer must have as much involvement as the carer wishes in relation to the provision of support or services;
- a local authority must collaborate with a carer in relation to the provision of support or services for the carer; and
- a local authority must take reasonable steps to facilitate that the right to dignity of the carer is to be respected.

Reasons for duty to set local eligibility criteria

15. Eligibility criteria are to be set locally to enable local authorities to provide support to carers in different caring situations across a whole range of life circumstances. Local eligibility criteria will help local authorities to prioritise support and to target resources as effectively and efficiently as possible. This recognises that demand for support is increasing due to demographic changes, more complex needs and a greater intensity of caring. Demand can vary from council to council. Preventative support to carers also has a role in helping manage future demand where it prevents needs from escalating.

Intention

16. The intention under **section 21** is that each local authority must set out all of the information which would enable it to decide whether it is required to provide support in a particular case.

17. The expectation is that local authorities would do this by deciding on a series of **indicators** or domains describing levels of impact or risk and a qualitative assessment of how severe the impact on any indicator would be before they would provide support (i.e. a **threshold**). There are therefore two stages to the decision-making process – describing levels of impact and risk, and then setting an eligibility threshold. After this process local authorities would then establish the services or support that they may provide or arrange under their duties and powers.

18. The framework at **Annex A** sets out best practice for the first two aspects only. It does not attempt to define the type and amount of service or support a carer would be entitled to. That would be neither possible nor desirable since (i) the service or support must be individualised to the carer's own needs and personal outcomes and (ii) the range and type of services and support available will not necessarily be the same in each local area.

Relationship to adult social care

19. In 2009, the Scottish Government and COSLA published a national eligibility criteria framework³ for adult social care, which is still widely in use. On the basis of this, some local authorities developed eligibility criteria for support to carers using definitions appropriate to carers. It is now proposed however that all local authorities use a different and more appropriate set of indicators in relation to carers in their caring role rather than those in the 2009 guidance.

20. This national set of indicators, attached at **Annex A** as part of a broader framework, has a much clearer focus on the needs of carers. It is based on work undertaken by the National Carer Organisations (NCOs), involving carers in its design and testing, and is supported by the Scottish Government, COSLA, Social Work Scotland, the National Carer Organisations and other interests.⁴

Outlining the framework

21. The two diagrams at **Annex A** summarise the best practice eligibility framework for carers. This consists of **a model of eligibility thresholds - where eligibility sits in relation to carer support as a whole**. The diagram at **Annex A (a)** provides an illustrative example of where a local authority may decide to place the eligibility threshold in relation to the levels of impact or need. It also illustrates the role of preventative and universal services in supporting carers who do not meet the eligibility threshold. This includes examples of services to support carers which are not intended to be exhaustive or prescriptive (local circumstances will determine services).

22. Specific service types should not be categorised as ‘eligible’ or ‘non-eligible’ services, with ‘eligible’ services only being available for those who meet the threshold. For example, different forms of breaks from caring may be provided either side of the eligibility threshold. People whose caring role has a critical impact on one or more areas of their life are likely to require breaks from caring as part of a substantial package of services, and the person they care for is also likely to require replacement care to enable the carer to have a break from caring. People whose caring role has more moderate impacts may well still require a break.

23. National and local schemes funded from a variety of sources (e.g. micro grants, partnering with local hospitality businesses and respite vouchers) can provide relatively low-cost meaningful breaks for carers by utilizing wider community resources. Where services like this are provided ‘below’ the threshold line they can often prevent or delay the need for more substantial support and therefore carers subsequently requiring more expensive support ‘above’ the line.

24. The diagram at **Annex A (b)** on **determining the impact of the caring role and associated risk** shows the different areas of a person’s life where their caring role may have an impact. This includes their health and wellbeing, finances, life balance, relationships, living environment, employment/training and future planning. It sets out the different categories of impact/risk. It is a matter for the local authority

³ www.gov.scot/Resource/Doc/924/0088325.doc and <http://www.gov.scot/Resource/0046/00469221.pdf>. See also: <http://www.gov.scot/Publications/2014/08/5212/6>.

⁴ A working group comprising the Scottish Government, COSLA, Social Work Scotland, two of the NCOs, Integration Authorities, Care Inspectorate and carers endorsed this approach and took forward this guidance.

to determine where the eligibility threshold is placed on the spectrum of needs, impact and risks. On the diagram a red circle is used to illustrate a threshold placed between moderate and substantial/critical risks.

25. In circumstances where a carer cares for more than one person, it is necessary to consider the impact of all of the caring situations together as individually they may not meet the local eligibility threshold but the cumulative impact of caring might result in eligible needs.

Indicators – impact and risk

26. There are five stages of impact/risk and a range of indicators (domains) relevant to carers' lives. The stages are:

- caring has no impact – no risk
- caring has low impact – low risk
- caring has moderate impact – moderate risk
- caring has substantial impact – substantial risk
- caring has critical impact – critical risk

27. The indicators (domains) are:

- health and wellbeing
- relationships
- living environment
- employment and training
- finance
- life balance

❖ future planning

28. With regard to the indicator of “future planning”, it would be appropriate for it to be considered alongside other indicators rather than as one on its own. This is because future planning is almost always an aspect of a carer's life which interacts with the other indicators.

Eligibility threshold

29. There is **no national threshold for support** as this is for local decision-making. Each local authority will need to choose the levels of impact/risk and need which are appropriate to trigger the duty to provide support, acknowledging that there will be circumstances that merit the exercise of the power to provide support to people whose needs currently fall below the local eligibility threshold. (The threshold for support shown in **Annex A (a)** is for illustrative purposes only.)

Replacement care

30. A carer might have needs meeting the local eligibility criteria and the carer may be assessed as requiring a break from caring. If the carer cannot take that break without replacement care being provided by the statutory or voluntary sectors rather than by friends, family or neighbours, then the local authority has a duty under section 24(4)(a) of the Act to provide or arrange the replacement care, whether or not the cared-for person has eligible social care needs in their own right. In other

words, replacement care is not restricted to cared-for people who meet local social care eligibility. The duties and powers of local authorities under section 24(4)(a) and (b) in respect of breaks from caring may as a consequence require replacement care to be provided or arranged for the cared-for person. There will be separate guidance on short breaks and replacement care as part of the guidance on “duty to provide support to carers”.

Options for Self-directed support

31. Where the responsible (local) authority exercises either its duty to provide support to the carer to meet the carer’s eligible needs or its power to meet the carer’s other identified needs, the carer must be given the opportunity to choose one of the options for self-directed support (unless the local authority considers that the carer is ineligible to receive direct payments).⁵

32. Prevention

33. The indicators at **Annex A (c)** encompass a preventative approach with universal, preventative support being the foundation for helping carers to manage their caring responsibilities.

34. Maintaining and improving support to carers is central to local authority preventative strategies and is a key priority for health and social care partnerships. The criteria identify thresholds for different levels of impact, but they also aim to ensure that preventative support is embraced and embedded in policy and practice.

35. This means that local authorities need to consider how carers access and benefit from universal services such as education, leisure and transport and the provision of carers’ information and advice services, including welfare rights and financial advice. Local authorities also need to consider how community-based support can be further developed to support carers. This includes services provided by carers centres and the wider third sector.

36. It also means that adult carer support plans and young carer statements need to consider support needs in the round, and not only focus on the more intensive services that may be required by carers where the impact of their caring role and their support needs meet eligibility thresholds.

37. The preventative approach is reinforced in the 2016 Act itself. **Section 31(2)(g)** states that each local carer strategy must set out an assessment of the extent to which plans for supporting relevant carers may reduce any impact of caring on relevant carers’ health and wellbeing. This requires the local authority and the relevant health board to consider and set out plans for supporting carers on a

⁵ The four options for self-directed support are: **Option 1** – the making of a direct payment by the local authority for the provision of support; **Option 2** - the selection of support by the carer, the making of arrangements for the provision of it by the local authority on behalf of the carer and, where it is provided by someone other than the authority, the payment by the local authority of the relevant amount in respect of the cost of that provision (directing the available support); **Option 3** - the selection of support for the carer by the local authority, the making of arrangements for the provision of it by the authority and, where it is provided by someone other than the authority, the payment by the authority of the relevant amount in respect of the cost of that provision (the local authority arranges support); and **Option 4** - the selection by the carer of Option 1, 2 or 3 for each type of support and, where it is provided by someone other than the authority, the payment by the local authority of the relevant amount in respect of the cost of the support.

preventative basis and to demonstrate how these plans can prevent or delay or reduce carers' needs, or potential needs, for support.

Outcomes focus

38. The 2016 Act defines personal outcomes in relation to the caring role and makes provision, if required in the future, for subsequent regulations about personal outcomes. The indicators allow for outcomes to be defined at all levels of support for carers so that the benefits of accessing both preventative and more intensive support are clear and measurable.

39. It is appreciated, however, that consistency of approach and consistency of outcome depends on a wide range of factors including training of practitioners and continuous professional development, culture change, the approach to self-directed support and the reform of adult social care. These factors are being taken into account in terms of developing the reform programme for the integration of health and social care.

Eligibility – young carers

40. The Carers Act does not preclude the use of different eligibility criteria in relation to young carers. However, it is proposed that very similar local eligibility criteria to that for adult carers is used.

Consultation on local eligibility criteria

41. **Section 21(3)** sets out the consultation requirements before setting local eligibility criteria. Each local authority must consult with persons and bodies representative of carers and take steps to involve carers.

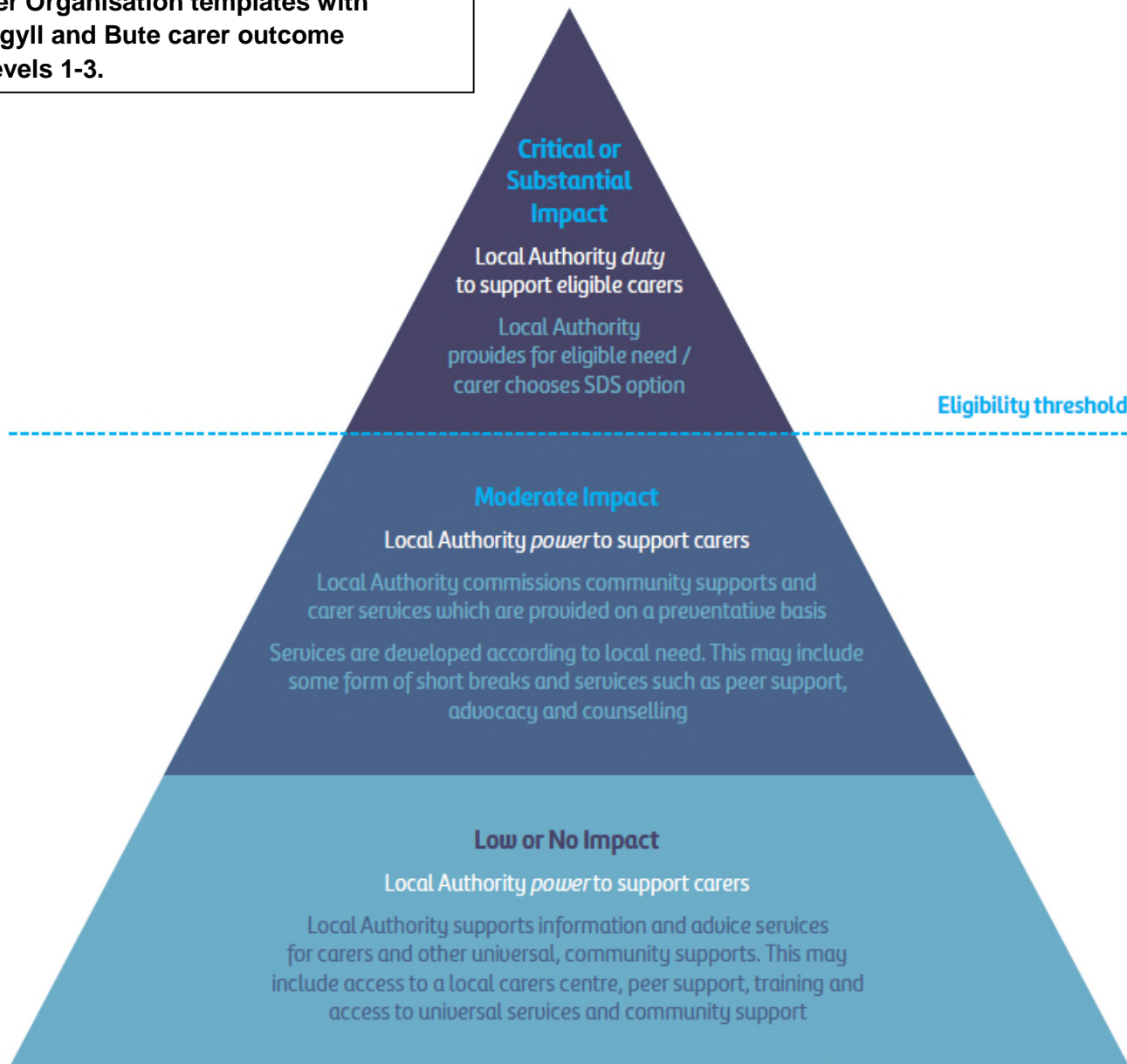
Publication and Review of Criteria

42. **Section 22(1)** requires each local authority to publish its local eligibility criteria.

43. **Section 22(2)** of the 2016 Act, that the first local eligibility criteria must be published by 31 March 2018.

44. Under **section 22(3)**, each local authority must carry out a first review of its local eligibility criteria prescribes a period of three years within which a first review of local eligibility criteria is to take place. Under **section 22(4)**, each local authority must thereafter review its local eligibility criteria before the expiry of 3 years but can carry out an earlier review.

National Carer Organisation templates with additional Argyll and Bute carer outcome priorities – levels 1-3.



- 1) Carer's outcomes require (high level/specialist) intervention from statutory agencies in addition to other supports.
(Duty to provide services)

- 2) Carer's outcomes can be met primarily by the third sector and mainstream support with targeted funding from statutory agencies to improve/maintain care situation and prevent carer breakdown.
(Power to provide services)

- 3) Carer's outcomes can be met with universal support by the third sector and mainstream services and minimal resources from statutory agencies.
(Power to provide services)

Table of Indicators

National Carer Organisation table of indicators with cross reference to A&B prioritisation of need framework and carer priorities.

Prioritisation of need P3 and P4 (level 2&3)

P1&2 (level 1)

	Caring has no impact NO RISK	Caring has low impact LOW RISK	Caring has moderate impact MODERATE RISK	Caring has substantial impact SUBSTANTIAL RISK	Caring has critical impact CRITICAL RISK
Health & Wellbeing	Carer in good health. Carer has good emotional wellbeing.	Carer's health beginning to be affected. Caring role beginning to have an impact on emotional wellbeing.	Carer's health at risk without intervention. Some impact on carer's emotional wellbeing.	Carer has health need that requires attention. Significant impact on carer's emotional wellbeing.	Carer's health is breaking/has broken down. Carer's emotional wellbeing is breaking/has broken down.
Relationships	Carer has a good relationship with the person they care for and is able to maintain relationships with other key people in their life.	Carer has some concerns about their relationship with the person they care for and/or their ability to maintain relationships with other key people in their life.	Carer has identified issues with their relationship with the person they care for that need to be addressed and/or they find it difficult to maintain relationships with other key people in their life.	The carer's relationship with the person they care for is in danger of breaking down and/or they no longer are able to maintain relationships with other key people in their life.	The carer's relationship with the person they care for has broken down and their caring role is no longer sustainable and/or they have lost touch with other key people in their life.
Living Environment	Carer's living environment is suitable posing no risk to the physical health and safety of the carer and cared	Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer and cared	Carer's living environment is unsuitable but poses no immediate risk.	Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the carer and/or	Carer's living environment is unsuitable and there are immediate and critical risks to the health and safety of the carer and/or

	for person.	for person in the longer term.		cared for person.	cared for person.
Employment & Training	<p>Carer has no difficulty in managing caring and employment and/or education.</p> <p>Carer does not want to be in paid work or education.</p>	<p>Carer has some difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the long term.</p> <p>Carer is not in paid work or education but would like to be in the long term.</p>	<p>Carer has difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the medium term.</p> <p>Carer is not in paid work or education but would like to be in the medium term.</p>	<p>Carer has significantly difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the short term.</p> <p>Carer is not in paid work or education but would like to be soon.</p>	<p>Carer has significant difficulty managing caring and employment and/or education and there is an imminent risk of giving up work or education.</p> <p>Carer is not in paid work or education but would like to be now.</p>
Finance	<p>Caring is not causing financial hardship e.g. carer can afford housing cost and utilities.</p>	<p>Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities.</p>	<p>Caring is causing some detrimental impact on finances e.g. difficulty meeting either housing costs OR utilities.</p>	<p>Caring is having a significant impact on finances e.g. difficulty meeting housing costs AND utilities.</p>	<p>Caring is causing severe financial hardship e.g. carer cannot afford household essential sand utilities, not meeting housing payments.</p>
Life balance	<p>Carer has regular opportunities to achieve the balance they want in their life.</p> <p>They have a broad choice of breaks and activities which promote physical,</p>	<p>Carer has some opportunities to achieve the balance they want in their life.</p> <p>They have access to a choice of breaks and activities which promote physical,</p>	<p>Due to their caring role, the carer has limited opportunities to achieve the balance they want in their life.</p> <p>They have access to a few breaks and activities which promote physical, mental, emotional wellbeing.</p>	<p>Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life.</p> <p>They have little access to breaks and activities which promote physical, mental, emotional</p>	<p>Due to their caring role, the carer has no opportunities to achieve the balance they want in their life.</p> <p>They have no access to breaks and activities which promote physical, mental, emotional</p>

	mental, emotional wellbeing.	mental, emotional wellbeing.		wellbeing.	wellbeing.
Future Planning	Carer is confident about planning for the future and has no concerns about managing caring.	Carer is largely confident about planning for the future but has minor concerns about managing caring.	Carer is not confident about planning for the future and has some concerns about managing caring.	Carer is anxious about planning for the future and has significant concerns about managing caring.	Carer is very anxious about planning for the future and has severe concerns about managing caring.

NB: In determining a carer's eligibility for funded services, it is important to recognise that indicators will not always exist in isolation from one another. It is appropriate and desirable that indicators should be explored in relation to one another, as there may be a 'multiplier' effect when two or more indicators overlap or interact. For example, it would be appropriate to discuss the impact of insufficient household income in relation to the effect financial hardship can have on the emotional health and wellbeing of a carer. Similarly, some indicators may be overarching, such as the ability to have a life alongside caring, which may be affected by the cumulative impact of the caring role in several areas of a carer's life.



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.8

Date of Meeting : 27 September 2017

Title of Report : Children & Young People's Services Plan

Presented by : Alex Taylor
Head of Service Children & Families and Criminal Justice

The Integration Joint Board is asked to :

- Note that both NHS Highland and Argyll and Bute Council are jointly and equally responsible for the Children's Services planning
- Recommend that the Integration Joint Board approves Argyll and Bute's Children and Young People's Services Plan which covers the period of 2017 to 2020
- Once ratified by the Integration Board and the Council approve the publishing of the Children and Young People's Services Plan
- Once ratified by Council and approved by Argyll and Bute Integration Board approve the submission of the Children and Young People's Services Plan to Scottish Government
- Note that Argyll and Bute's Children's Strategic Group will oversee the delivery of the outcomes and action identified in the plan, with annual performance and progress reports to be presented to future meetings of the Integration Joint Board and Community Services Committee

1. EXECUTIVE SUMMARY

- 1.1 Part 3 of the Children and Young People (Scotland) Act 2014 introduces the requirement for Argyll and Bute Council and NHS Highland to prepare a Children and Young People's Services Plan to cover the period 2017 to 2020.
- 1.2 The Children and Young People's Services Plan has been prepared to share the local priorities for achieving Argyll and Bute's vision for all children and young people and makes clear what services and partners need to do together to achieve them. The plan provides a framework for professionals, parents, carers and volunteers working with children and young people helping to shape and improve the services provided in Argyll and Bute.
- 1.3 The Children and Young People's Services Plan 2017 – 2020 will replace the Integrated Children's Services Plan 2014 – 2017 and will become the key strategic plan with the aim of delivering the priorities and local outcomes for

children and young people articulated in the Argyll and Bute Outcome Improvement Plan (ABOIP).

2. INTRODUCTION

- 2.1 The report introduces members of the Joint Board to our new Children and Young People's Services Plan. The requirement to produce the plan is laid out in Part 3 of the Children and Young People (Scotland) Act 2014.
- 2.2 The responsibility for preparing Children's Services planning rests with the local authority and its relevant health board who are considered jointly and equally responsible, with other members of the Community Planning Partnership and some national public bodies either consulted with, or obliged to participate at various stages of the plan's development and review.
- 2.3 The preparation of Argyll and Bute's Children and Young People's Services Plan has been overseen by Argyll and Bute's Children's Strategic Group, chaired by Ann Marie Knowles, Acting Executive Director of Community Services. The plan will cover the time period 2017 to 2020 replacing the Integrated Children's Services Plan 2014 to 2017.
- 2.4 The plan reflects our strategic priorities for children and young people having taken time to consolidate and embed learning from the integration of Health and Social Care Services and the Scottish Government's expectations and aspiration in relation to the Children and Young People (Scotland) Act 2014.

3. DETAIL OF REPORT

- 3.1 Argyll and Bute's Children and Young People's Services Plan has been prepared in partnership with our children and young people and the range of agencies and services who support them. The plan sets out the shared local priorities for achieving Argyll and Bute's vision, "working together to achieve the best for children, young people and families" for all our children and young people and makes clear what services and partners need to do to achieve them. The plan provides a framework for professionals, parents, carers and volunteers working with our children and young people helping to shape and improve the services we offer.
- 3.2 This Children and Young People's Services Plan, while acknowledging the provision of universal services, focuses on services that target the most vulnerable and disadvantaged children who require care and support from a number of agencies, including Education, Social Work, Health, Police, Scottish Fire and Rescue, Third Sector Children's Services and other partners.
- 3.3 This plan builds on the work described in the previous Integrated Children's Services Plan (2014-2017) and has been informed by what children, young people and families have told us about their needs and experiences. As a consequence of what we have learned, we have committed ourselves to work in partnership to continuously improve how we coordinate and deliver our universal and targeted services to ensure children and families get the help they need, when they need it.

- 3.4 The outcomes and actions included within the plan were identified after thorough engagement and consultation with practitioners, young people and their parents who attended a programme of focus groups held across Argyll and Bute during April and May 2017.
- 3.5 The Children and Young People's Services Plan is the core plan for the multi-agency delivery of Children's Services in Argyll and Bute. It is one of the key strategic plans developed and implemented on behalf of NHS Highland, Argyll and Bute Council and the Community Planning Partnership, with the aim of delivering those priorities and local outcomes articulated in the Argyll and Bute Outcome Improvement Plan (ABOIP).
- 3.6 The Children and Young People's Services Plan is framed within our Getting It Right for Every Child (GIRFEC) framework and the well-being indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected & Responsible and Included). This ensures that we link the outcomes set out in the plan with both the Argyll and Bute Outcome Improvement Plan (ABOIP) and the relevant National Performance Framework.
- 3.7 The implementation of the plan will be overseen by Argyll and Bute's Children Strategic Group. Argyll and Bute Council and NHS Highland have a duty to report annually on the performance and progress in delivering the plan. The review must (a) establish if services are being delivered in line with the plan's aims and objectives; (b) ascertain what impact, if any, the services covered by the plan are effectively safeguarding, supporting and promoting the wellbeing of children; and (c) identify ways in which either delivery and/or the plan may be improved (to better meet current aims and requirements). The review must be published and shared with the Scottish Government.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

The Children and Young Peoples Services Plan supports the wider Strategic Health and Social Care Partnership Plan and will be the primary instrument through which outcome for our children and young people will be improved.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

None known at this time.

5.2 Staff Governance

The staff governance arrangements are not affected by the plan.

5.3 Clinical Governance

The clinical governance arrangements are not affected by the plan.

6. EQUALITY & DIVERSITY IMPLICATIONS

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

7. RISK ASSESSMENT

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

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The plan was evolved through consultation with our children and young people. The plan also identifies the need for an overarching consultation and engagement strategy.

9. CONCLUSIONS

9.1 The Children and Young People's Services Plan presented to Community Services Committee has been prepared in compliance with the requirements set out in the Statutory Guidance accompanying the Children and Young People (Scotland) Act 2014.

9.2 The purpose of the Children and Young People's Services Plan is to:

- Provide a clear statement of direction and vision for children's services over the life of the plan;
- Produce a statement of purpose and intent that provides a basis for meaningful engagement with partner agencies over the co-ordination of work and appropriate allocation of resources;
- Provide a planning framework agreed by all partner agencies that will be used to develop, monitor, review and improve how we deliver services to children and families in Argyll and Bute;
- Provide leadership and support to operational staff by delivering a coherent and rational framework that clarifies the structure, direction, purpose and priorities to be taken forward, and
- Demonstrate how Children's Services in Argyll and Bute are working to meet national and local legislation and policy

9.3 The plan will become the strategic planning document to oversee the development of Integrated Children Services in Argyll and Bute with a range of existing plans feeding into it. The Children and Young People's Services Plan will also form the basis of the forthcoming joint Care Inspectorate inspection of all Children's Services due in 2018.

Alex Taylor
Head of Children & Families and Criminal Justice
September 2017



Children and Young People's Services Plan 2017 – 2020

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Chief Executives' Foreword

In Argyll and Bute we recognise that investment in our children and young people is one of the most valuable long-term investments that we can make. By investing our shared resources in the delivery and development of services that focus on prevention and early intervention, we can ensure that children and young people's needs are met at the earliest opportunity and they are supported to achieve their full potential.

We want the children and young people of Argyll and Bute to have the best possible start in life. We want them to enjoy being young and have the right supports in place to make sure they are successful learners, confident individuals, effective contributors and responsible citizens in their communities. We want our children and young people to live safe, healthy, active and independent lives. Together, we want to get it right for every child and young person.

Working in partnership with families, our core principle is that we work to do things 'with' rather than 'to' our children and young people. This plan has been developed in partnership with our children and young people. It sets out the shared local priorities for achieving Argyll and Bute's vision for all children and young people and makes clear what services and partners need to do together to achieve them.

The plan provides a framework for professionals, parents, carers and volunteers working with our children and young people helping to shape and improve the services we offer.

The partnership is fully committed to delivering the Children and Young People's Services plan. We thank all partners for their contributions to the plan and for their ongoing commitment to working together to achieve the best possible outcomes for our children and young people.



Cleland Sneddon

Chief Executive Argyll and Bute Council

Professor Elaine Mead

Chief Executive NHS Highland

1. Introduction

Welcome to Argyll and Bute's Children and Young People's Services Plan (CYPSP). This plan covers the period 2017-2020 and reflects our priorities having taken time to consolidate and embed learning from the recent integration of Health and Social Care Services and the Scottish Government's expectations and aspirations in relation to the Children and Young People (Scotland) Act 2014.

Argyll and Bute Council and NHS Highland supported by Community Planning Partners are committed to improving the lives of all the children and young people of Argyll and Bute. As we work together to achieve the best for children, young people and families this plan maintains the direction and identifies the actions that all partners have committed to deliver in order to ensure that children and young people living in Argyll and Bute get the possible start in life.

Children and young people's needs are usually met by their parents, families or carers and are assisted by education, health and community services. This Children and Young People's Services Plan, while acknowledging the provision of universal services, focuses on services that target the most vulnerable and disadvantaged children who require care and support from a number of agencies, including education, social work, health, Police, Scottish Fire and Rescue, Third Sector children's services and other partners.

This plan builds on the work described in the previous Integrated Children's Services Plan (2014-2017) and has been informed by what children, young people and families have told us about their needs and experiences. As a consequence of what we have learned, we have committed ourselves to work in

partnership to continuously improve how we coordinate and deliver our universal and targeted services to ensure children and families get the help they need when they need it.

Argyll and Bute's vision commits partners across Argyll and Bute to working together to achieve the best for children, young people and families. In order to realise this vision we have agreed to structure this Children and Young People's Services Plan within the Getting It Right for Every Child framework using the Wellbeing Indicators (WBIs). Effectively, this ensures that we link the outcomes set out in the plan with the Argyll and Bute Outcome Improvement Plan (ABOIP) and the relevant National Performance Framework (NPF).

This means that the Community Planning Partnership will focus on ensuring that our children and young people have the best start in life to enable them to become successful learners, confident individuals effective contributors and responsible citizens and that we continue to improve the life chances for children, young people and families at risk.

2. Our Purpose

The Children and Young People's Services Plan is the core plan for the multi-agency delivery of children's services in Argyll and Bute. It is one of the key strategic plans developed and implemented on behalf of NHS Hghland, Argyll and Bute Council and the Community Planning Partnership, with the aim of delivering those priorities and local outcomes articulated in the Argyll and Bute Outcome Improvement Plan (ABOIP).

In particular, the CYSP establishes the strategic agenda for the improvement of local services for children, young people and families. It sets out the targets that the Community Planning Partnership is committed to achieve by the end of 2020 and the outcomes and activities that will support further improvement.

The CYSP focuses specifically on the priorities where an integrated approach to service delivery is essential.

The CYSP is supported by a number of lower-level plans, which are in place across Argyll and Bute. This structure ensures that those plans contribute to the realisation of local outcomes while taking cognisance of the CYSP themes, outcomes and activities.

The purpose of the Children and Young People's Services Plan is to:

- Provide a clear statement of direction and vision for children's services over the life of the Plan
- Produce a statement of purpose and intent that provides a basis for meaningful engagement with partner agencies over the co-ordination of work and appropriate allocation of resources
- Provide a planning framework agreed by all partner agencies that will be used to develop, monitor, review and improve how we deliver services to children and families in Argyll and Bute
- Provide leadership and support to operational staff by delivering a coherent and rational framework that clarifies the structure, direction, purpose and priorities to be taken forward
- Show how children's services in Argyll and Bute are working to meet national and local legislation and policy

3. Our Vision

‘Working together to achieve the best for children, young people and families’

What is a vision?

A vision is a goal that we all share and that we will all work together to achieve. In our vision, we say what we want the future to look like for children and young people in Argyll and Bute.

Who is this vision for?

This vision is for all those who use services for children, young people and their families in Argyll and Bute as well as all those who work in these services or who come into contact with service users.

What do we mean by ‘services for children, young people and families’?

We mean every service in Argyll and Bute that could have a part to play in supporting children, young people and their families. These services could be those that;

- are available for everyone such as schools, health visitors and doctors
- children and families use when they need some extra help like Speech and Language Therapists or Social Workers
- might be used by parents or carers like Housing or Drug and Alcohol services.

All services are included whether they are provided by the NHS, Council, Police, Scottish Children’s Reporter Administration, Children’s Hearing System, the Private Sector, Third Sector Organisations or Voluntary Organisations.

We are committed to ‘Getting it Right for Every Child’ (GIRFEC) in Argyll and Bute. This means that all services that work with children, young people and their families work together to put them at the centre of everything we do. It means that we are committed to providing help and support as early as possible to prevent crisis and emergency situations from affecting our children and young people

In order to achieve our vision we have framed our Children and Young People’s Services Plan 2017 – 2020 within the Getting It Right for Every Child framework and the well-being indicators. This ensures that we link the outcomes set out in the plan with the Argyll and Bute Outcome Improvement Plan (ABOIP) and the relevant National Performance Framework.

This means that the Community Planning Partnership can focus on ensuring that our children and young people have the best start in life which will enable them to become

- successful learners
- confident individuals
- effective contributors
- responsible citizens

as we continue to improve the life chances of children, young people and their families in Argyll and Bute. You can read more about what our vision means for professionals, children and young people and parents/carers in Appendix 1.

4. Engagement and Participation

Building on existing good practice in engagement and participation we have provided opportunities through focus groups and surveys for our children, young people, parents/carers, professionals and other stakeholders to get involved in the planning of the plan.

The Children and Young People's Services Plan was informed by feedback from children and young people and their families, through surveys, inspections and reviews and our own self-evaluation. By using a variety of case studies, based on each of the well-being indicators, we were able to ensure a wide range of childhood experiences were included. This allowed a comprehensive approach to mapping of services and community assets pre-birth to 18 years.

Young people told us they wanted more emphasis placed on the value of relationships and having their voice heard, they were also keen to ensure opportunities were available for employment and training. A key priority for children, young people and professionals was the mental health of our children and young people and the need for additional early support.

There are a range of mechanisms that support engagement and participation of children and young people and their families. These include:

Pupil Councils – are established in Primary and Secondary Schools to consider aspects of how the school is run and engages with its community.

Youth Councils - representing secondary schools and feeds into the Community Planning Partnership

Scottish Youth Parliament – three Scottish

youth parliament members are elected to represent Argyll and Bute. Their manifesto consultation should be linked to other local youth initiatives and priorities.

Children 1st - provide independent advocacy and children's rights support to children and young people aged 5-16 who are on the Child Protection Register and their families. They represent their views at an individual and strategic level.

Children 1st also deliver the Scottish Governments national '*In tandem*' service in for children and young people aged 8-14 who are looked after at home.

Viewpoint – is an electronic survey tool used to gain the views of looked after children and young people. Results are used to inform their individual plans and reviews as well as multi-agency service planning.

Who Cares Scotland – provide independent advocacy and children's rights support to children and young people who looked after and accommodated.

The Argyll and Bute Corporate Parenting Board has been set up to ensure that we are constantly improving the lives of children and young people who are looked after by the Local Authority.

We are committed to delivering the same aspirations for our looked after children and young people as for all of our children and young people, ensuring they have the best environment in which to grow up and be successful. Membership of the Board includes four area children's champions who are local elected members.

5. Our Challenges

Argyll and Bute's Children's Services need to respond effectively to the changing profile of need in an increasingly diverse and complex population. The financial position faced by providers of public services across Argyll and Bute makes it all the more difficult to provide a range of high quality services that meet local needs consistently. Some particular challenges for our children's services are

Geography

- The geographical spread of the population and associated problems for service delivery
- A highly rural area with many small communities, often separated by water
- Access to and around the authority area and access to key services within it

Population

- The projected decline in total population is a real threat to the viability of the authority area with a potential to adversely impact on the economy, wealth creation, workforce availability and efficient service delivery
- We face increasing costs and challenges to deliver services
- We need to encourage younger people to relocate to and live within the Argyll and Bute area so that our economy can grow
- Many of our communities are isolated and risk collapse as population changes take effect

- Areas of our urban communities exhibit levels of deprivation that creates real hardship
- Difficulties in targeting services to those experiencing poverty in our remote and rural areas

Economy and Employment

- We need to use sustainable economic assets for the benefit of communities
- We must develop education, skills and training to
 - maximise opportunities for all
 - build a workforce to support economic growth

Infrastructure and Sustainability

- Improve and make better use of infrastructure to promote economic growth
- Ensure sustainability by protecting the natural environment and addressing climate change

Health

- We need to help people improve their health and wellbeing
- We must reduce health inequality

Deprivation

- Identify inequalities that exist in Argyll and Bute
- Implement action to address inequity

6. Our Priorities

We have consulted children, young people and professionals and taken cognisance of national and local priorities to enable us to identify and agree the seven strategic priorities for the Children and Young People's Services Plan 2017 – 2020. They are;

- Early Intervention and Support
- Mental Health and Well-being
- Children and Young People's Voice's
- Child Protection
- Corporate Parenting
- Substance Misuse
- Leadership and Communication

1. Early Intervention and Support

Evidence strongly indicates that early intervention measures are critical to preventing negative social outcomes in later life. Key to this transformation is prevention, identification of adverse childhood events (ACEs), early intervention and providing better outcomes for people and communities. This is central to the Getting It Right For Every Child approach.

In Argyll and Bute, we continue to build on our strong record of prevention and early intervention to ensure children get the best start in life. This is supported through the work of the local multi-agency Children and Young People Improvement Collaborative (CYPIC) and Early Years groups.

By adopting the improvement methodology the CYPIC team bring together the Getting It Right for Every Child and National Improvement Framework approaches. This is fundamental to ensure the life chances of children, young people and families at risk improve and the correct support is in place early.

The Argyll and Bute Family Pathway complements the work of the CYPIC. The pathway commences antenatally and supports children at each key stage to reach their developmental milestones by the time they reach primary school.

The work of Paediatric Allied Health Professionals (AHPs) is vital in early intervention and prevention. By providing training on evidence based interventions AHPs ensure Early Year's and school staff have the knowledge and skills to improve wellbeing outcomes for children and young people. (Ready to Act, 2016)

Communication and information sharing, with parental consent, are fundamental to the success of the pathway. Partners routinely share information about vulnerable children under the age of five. This enables the service to check that children have been registered with early learning and childcare and that services work together when children are identified as needing additional support.

Where required, adaptations and resources are provided earlier with the provision of pre-three placements for children with additional and complex needs.

2. Mental Health and Wellbeing

Improving the mental health of children and young people has a proven impact on their ability to form positive relationships with peers and adults, their success at school and a whole range of outcomes as adults.

The Scottish Government has published a new Mental Health Strategy for the period 2017 to 2027, which aims to improve access to services and supports earlier intervention and prevention across the lifespan.

The new Mental Health Strategy continues to recognise the period between pregnancy and three years is a critical period in shaping children's life chances, and that responding early to attachment issues and conduct disorders has a positive effect on the development of the child.

The importance of new mothers' understanding and responding to their baby's feelings is crucial. We are aware of the importance of early attachment and the need to raise awareness with staff. This has been

promoted locally through our Early Years Conference and further developed through a training module being made available for staff.

Children and Young People need help with a wide range of issues at different points in their lives. Parents and carers may also need help and advice to deal with behavioural or other problems their child is experiencing.

Through the Psychology of Parenting Programme Argyll and Bute are committed to delivering 'Triple P' and 'Incredible Years' parenting programmes for the parents of all 3-6 year olds with disruptive behaviours.

Some children and young people may require support from specialist mental health services. Concerns can be low level and can be addressed in school with the support of the School Nurse or the Primary Mental Health Worker or more significant concerns that require Child and Adolescent Mental Health Service (CAMHS) input.

During the consultation phase of the development of this plan, adolescent mental health was identified as a critical issue for our children and young people by all stakeholders. Consequently, it became clear that it required to be addressed as a strategic priority in its own right in the 'Outcomes and Activities' section of the plan.

The 600 hours of funded Early Learning and Childcare for all 3 and 4 year olds is in place. A number of Early Level classes have been established in line with Curriculum for Excellence, with a number of establishments focusing on active outdoor learning. Increasing the 1140 hours of Early Learning and Childcare is a current priority.

Bookbug facilitates improved literacy in time for school entry and the multi-agency partnership continues to grow and develop the programme, which now includes Gaelic Bookbug. The team are also training more staff to support the programme being delivered by parents at home.

The multi-agency "Opportunities for All Team" offer an activity programme aimed at young people who are leaving school with no planned work placement.

Early and Effective Intervention (EEI) across the partnership supports earlier identification of children with additional needs including looked after children.

3. Children and Young People's Voices

Improving children and young people's participation and creating opportunities for them to say what they think about the services they use is central to our planning process.

Gathering, sharing and acting upon the views and opinions of children and young people on issues that affect them using surveys and focus groups has provided useful baseline information for the development of this Plan.

Further well-being surveys are planned throughout 2017-18 and this will build on the information and data gathered to further inform the plan.

To ensure that all of our stakeholders have the opportunity to have a meaningful input into the way that our services are developed and delivered, a Children's Services Participation and Engagement Strategy will be developed. The strategy will be based on the National Standards for Community Engagement:

- Identify and involve the people and organisations with an interest in the focus of the engagement
- Identify and overcome any barriers to involvement
- Gather evidence of the needs and available resources and use this to agree the purpose, scope and timescale of the engagement and the actions to be taken.
- Agree and use methods of engagement that are fit for purpose

- Agree and use clear procedures to enable the participants to work with one another efficiently and effectively
- Ensure necessary information is communicated between the participants
- Work effectively with others with an interest in the engagement
- Develop actively the skills, knowledge and confidence of all the participants
- Feedback the results of the engagement to the wider community and agencies affected
- Monitor and evaluate whether the engagement meets its purposes and the national standards for community engagement

The strategy will outline the approach that will be implemented to ensure that all stakeholders are kept up-to-date on service developments and, crucially, are able to influence changes to services.

4. Child Protection

Child protection is the responsibility of all who work with children, families and adults, regardless of whether that work brings them into direct contact with children. Child protection must be seen within the wider context of supporting families and meeting children's needs through the principles of Getting It Right for Every Child by:

- Putting children's needs first
- Ensuring that they are listened to
- Supporting them to understand decisions that affect them
- Ensuring that they get the appropriate co-ordinated support needed to promoted support and safeguard their wellbeing.

Partnership working is at the heart of everything we do in Argyll and Bute, and plays a vital role in ensuring the protection of children and young people

Key child protection priorities are:

- Improving responses to neglect

- Acting in partnership to prevent and address Child Sexual Exploitation
- Considering practice in light of lessons learned from Initial Case Reviews and Significant Case Reviews
- Reflecting practice and reviewing progress where children's names have been on the Child Protection Register (CPR) for over 52 weeks or pre-birth registrations have continued for over 1 year
- Exploring cases where children's names have been re-registered on the CPR
- Reviewing the quality of information provided to Looked After Children Reviews and Plans
- Checking connections and patterns where young people are frequently missing and act to keep young people safe
- Improving working in cases where mental health is a significant factor
- Ensuring there is a confident and competent workforce that understands its role and responsibility in the area of child protection

5. Corporate Parenting

Part 9 of the Children and Young People (Scotland) Act 2014 puts Corporate Parenting onto a statutory basis in Scotland and establishes a framework of duties and responsibilities for public bodies, requiring them to be more proactive in their efforts to meet the needs of looked after children and care leavers.

Part 9 of the Act addresses opportunities, services and support for looked after children and care leavers and it is the duty of every Corporate Parent to:

- be alert to matters which affect their wellbeing
- assess their needs for services and support
- promote their interests
- seek to provide them with opportunities to participate in activities designed to promote their wellbeing
- help them to access opportunities to improve their wellbeing

- help them to make use of services, and access support

Children and young people who are looked after represent one of the most vulnerable groups in society. We have a responsibility, in conjunction with our partners, to act in the best interests of these children and young people to ensure their wellbeing.

The Argyll and Bute Corporate Parenting Board has undertaken a range of activities to inform the development of the Corporate Plan 2017–2018 to facilitate positive practice and ensure that looked after children and care leavers are supported to achieve the best possible outcomes.

The key priorities identified in Argyll and Bute's Corporate Parenting Plan are:

- Improving the quality of our care and care planning
- Improving health and wellbeing
- Supporting learning and raising attainment
- Supporting employment, training and positive destinations
- Providing high quality through, continuing and after-care

6. Substance Misuse

In Argyll and Bute we recognise that substance misuse damages lives, families and communities, and can contribute to violence and crime. Many of those affected will have experienced difficult life circumstances, and are among the most vulnerable and marginalised in society.

Improving outcomes for children affected by parental substance misuse is a priority for us in Argyll and Bute. Children who live with substance-misusing parents are vulnerable and require particular care and support.

We recognise that some young people are at high risk of developing addiction issues in adulthood. These young people are generally

already known to services and engaging in other risk taking behaviours.

Evidence shows that young people at risk of addiction do not engage well with intervention models currently used by adults. They do however engage in services which offer them a persistent key working relationship, meaningful activities and assistance to improve their employability.

We will work together to:

- Continue to raise awareness of the issues associated with substance misuse
- Ensure that young people affected by substance misuse have access to appropriate services
- Develop initiatives to support and reducing the number of children affected by substance misuse (CAPSM)

7. Leadership and Communication

The Children and Young People's Services Plan will be implemented during a time of great change and challenge in the delivery of public sector services across Scotland. The implementation of the GIRFEC approach to practice delivery in 2012 has supported us on our journey to change cultures, processes and practice. Over the next three years we will continue to implement and embed The Children and Young People (Scotland) Act 2014.

Children's Health and Social Care Services are also included in Health and Social Care Integration and this Plan provides a solid basis on which the Integration agenda can build. We are in a time of tight budgets, shrinking resources and increased demand for services. This is even more reason that we must work together so that we make best use of the resources we have.

It is also the reason why we expect this plan to be a living document that will grow and adapt over the next three years as we implement the changes and monitor the impact within our communities and on the

wellbeing outcomes for our children and young people.

This plan and the Children's Strategic Partnership recognise that no one service works in isolation and that to effectively meet need we must continue to develop our partnership approach. With this in mind, our plan concentrates on activities that will be undertaken by partners working together to improve outcomes and will also align with, and underpin, individual single agency activity.

The governance arrangements for the planning and delivery of services for children, young people and their families were reviewed in 2015 in light of the implementation of The Public Bodies (Joint Working) (Scotland) Act 2014 and The Children and Young People (Scotland) Act 2014.

Services for children, young people and families are planned and monitored at an Argyll and Bute wide level by the Children and Families Strategic Planning Group.

Our arrangements provide clear linkages to:

- **The** Community Planning Partnership
- Argyll and Bute Chief Officers Group
- Public Protection Group

- Argyll and Bute Education Management Team
- Argyll and Bute HSCP Strategic Planning Committee
- Adult services within the Health and Social Care Partnership

This Plan is intended to align with existing plans and strategies across the Argyll and Bute Community Planning Partnership (CPP) area, in particular:

- Argyll and Bute Outcome Improvement Plan
- Argyll and Bute Child Protection Improvement Plan
- Argyll and Bute Corporate Parenting Plan
- NHS Highland Maternal and Infant Nutrition Strategy
- Argyll and Bute Raising Attainment Strategy
- Our Children, Their Future - Education Vision Strategy
- Youth Justice Plan
- Universal Pathway for Pre-Birth to Preschool children
- Argyll and Bute GIRFEC Implementation Plan
- Alcohol and Drugs Partnership Strategy
- Equally Safe Action Plan

7. Outcomes and Activities

Our key strategic priorities are framed around the GIRFEC Wellbeing Indicators and are supported by a number of action and delivery plans, that identify lead/agency responsible, are regularly reviewed, reported on and updated to reflect progress.

The next section of the plan maps out clearly the outcomes and activities for the

Community Planning Partners in relation to improving the life chances, health, safety and wellbeing of children, young people and their families across Argyll and Bute. To address key wellbeing issues, the plan uses the GIRFEC Wellbeing Indicators sometimes known as 'SHANARRI Indicators'. These are - Safe, Healthy, Achieving, Nurtured, Active, Respected and Responsible.

What we aim to improve

Strategic Priority - Early Intervention and Support

WBIs – Safe, Healthy, Nurtured and Respected

1. Women are supported during pregnancy and the post natal period
2. Women who are vulnerable to risk are supported throughout their pregnancy and during the postnatal period
3. Children and young people are supported to be healthy and their well-being needs are met
4. Children achieve their appropriate developmental milestones by 13-15 months, 27-30 months review and on starting P1
5. Children and Young People reach their potential for their age and ability
6. Children and Young People have opportunities for play and development and are ready to learn
7. Children and Young People experience positive parenting and good attachment

Performance Indicators	Baseline %	Target %
Percentage of women with continuity of planned antenatal care packages in place	0	80%
Percentage of pregnant women whose Carbon Monoxide levels have reduced by 10 days post-natal	0	10%
Percentage of smoke free homes by 10 days post-natal	0	95%
Percentage of children exclusively breastfed at 6-8 weeks	28%	34%
Percentage of children registered with a dentist at by 2 years	52.8%	55%
Percentage of education staff trained on 'good to go' healthy eating programme	0	95%
Percentage of schools delivering the 'good to go' programme	0	40%
Percentage of children reaching their developmental milestones by 13 – 15 months	0	85%
Percentage of children reaching their developmental milestones by 27 – 30 months	77%	85%
Percentage of children reaching their developmental milestones on P1 entry	74%	85%

How we plan to do it			
Outcome	Action	Evaluation	Lead
Women are supported during pregnancy and postnatal period	Promote use of continuity of planned antenatal care packages with Midwifery teams	Number of Care packages in place	Consultant Lead Midwife
	Monitor Carbon Monoxide levels at each core contact	Carbon Monoxide levels reduced	Consultant Lead Midwife
	Promote GIRFEC process of early intervention antenatally	Audit of antenatal plans	Consultant Lead Midwife
Children and young people are supported to be healthy and their well-being needs are met	Promote the benefits of breastfeeding across all agencies	Number of training sessions delivered	Consultant Nurse Children and Families
	Promote and teach breastfeeding in nurseries, schools and with antenatal women	Training programme	Consultant Nurse Children and Families
	Train education staff to deliver 'good to go' programme in all schools across Argyll and Bute	Number of training session delivered in schools	Lead Paediatric Dietitian
	Support schools to deliver 'good to go' healthy eating programmes	Number of training session delivered in schools	Lead Paediatric Dietitian
	At child's 6-8 week review Health Visitors to encourage parents to register their child with a dentist by their first birthday	Number of dental registrations	Oral Health Improvement Manager
	Implement the Pregnancy and Parenthood in Young People (PPYP) Strategy	Action plan data	Argyll and Bute Children's Strategic Group
Children achieve their appropriate developmental milestones by Primary 1	Implementation of the Universal Health Visiting pathway for all children, with increased home visiting contacts	Number of Home Visits undertaken	Consultant Nurse Children and Families
	Support, monitor and promote uptake of 13 – 15 month and 27 – 30 month reviews	Number of children with completed reviews	Consultant Nurse Children and Families

	Ensure Developmental Milestones are measured for all 3 and 4 year olds	Developmental milestones data	Children and Young People Improvement Collaborative/ EY Team
Children and Young People reach their potential for their age and ability	Maintain and promote the Bookstart programme (including training for staff)	Education Reports	Education Management Team
	Implement the 3-18 Numeracy and Mathematics strategy and the 3-18 Literacy strategy	Education Data	Education Management Team
	Continue to support and challenge schools to raise attainment overall as measured by national examinations and the National Improvement Framework measures for Literacy and Numeracy	Benchmark Data	Education Management Team
	Continue to promote and train staff on adopting the Model for Improvement (Mfi) methodology	Number of staff trained on Mfi	Children and Young People Improvement Collaborative/ EY Team
Children and Young People have opportunities for play and development and are ready to learn	Develop Play Strategy linking to National Play Strategy	Development of strategy	Early Years Team
	Provide learning through play opportunities for children and identify next steps for learning	Developmental milestones data	Early Years Team
Children experience positive parenting and good attachment	All parents of 3, 4 and 5 year olds have access to Incredible Years or Triple P Parenting programmes (Psychology of Parenting Programme (PoPP))	PoPP data	Children and Young People Improvement Collaborative
	Implement the recommendations of the Adverse Childhood Experience's (ACEs) Report	Evaluation of ACEs action plan	Argyll and Bute Health Improvement Team

What we aim to improve

Strategic Priority - Mental Health and Wellbeing

WBIs –Safe, Healthy, Active, Nurtured, Respected, Responsible and Included

1. Pregnant and new parents are supported to recognise the importance of early attachment
2. Parents and carers are supported to deal with behaviour issues
3. Children and young people’s mental health and wellbeing outcomes improve
4. Our children and young people’s wellbeing and resilience is supported through physical activity and sport
5. Young carers needs are recognised and appropriately met
6. Children, young people and their families are supported to overcome inequalities and poverty

Performance Indicators	Baseline %	Target %
Percentage of ‘Connected Baby’ modules on attachment accessed by staff through CPD	44%	95%
Percentage of new mothers breastfeeding at birth	45%	60%
Percentage of parents attending Psychology or Parenting Programmes (POPP)	12%	36%
Percentage of children and young people waiting less than 18 weeks to access a Primary Mental Health Worker	42%	90%
Percentage of children and young people waiting less than 18 weeks to access Child and Adolescent Mental Health Services (CAMHS)	63%	90%
Percentage of young carers with a Child’s Plan identifying the need for support	0	75%
Percentage of eligible families accessing Healthy Start	65%	75%

How we plan to do it			
Outcome	Action	Evaluation	Lead
Pregnant and new parents are supported to recognise the importance of early attachment	Encourage attachment through breastfeeding and skin to skin contact	Breastfeeding data	Children and Young People Improvement Collaborative
	Midwives, health visitors and early years staff support parents at all contacts and parenting support groups to understand the importance of attachment	Qualitative Feedback from staff	Children and Young People Improvement Collaborative
Parents and carers are supported to deal with behaviour issues	Parents are offered 1:1 parenting support and encouraged to attend local parenting programmes	Parenting data	Children and Young People Improvement Collaborative g
Children and young people's mental health and wellbeing outcomes improve	School nurses and Primary Mental Health Workers (PMHW) receive referrals for early mental health support	CAMHS waiting time targets	NHS Highland Argyll and Bute HSCP
	Children and young people with elevated mental health concerns are seen timeously by CAMHS	CAMHS waiting time targets	NHS Highland Argyll and Bute HSCP
Our children and young people's wellbeing and resilience is supported through physical activity and sport	Design and deliver specific target group developments to create inclusive programmes. Including: child healthy weight, disability, teenage girls, non participants of physical education, health inequalities	Sport and Leisure Service Plans	Active Schools
	Deliver outdoor learning programmes for children and young people across Argyll and Bute	Education data	Education Management Team
	Increase the number and diversity of participants in Active Schools	Education data	Education Management Team
	Improve the connections between schools and clubs	Sport and Leisure Service Plans	Active Schools
	Engage looked after and accommodated children (LAAC) in activity	Corp Par Data	Corporate Parenting Board

<p>Young carers needs are recognised and appropriately met</p> <p><i>(The Young Carers Act will be implemented from 1st April 2018. The Act places a duty on local authorities and relevant health boards to jointly prepare a local carers strategy which must contain information relating to the particular needs and circumstances of young carers)</i></p>	<p>Young carers are identified as being under 18 years old and still pupils at school</p>	<p>Children and Young People Survey</p>	<p>Argyll and Bute Children's Strategic Group</p>
	<p>Implement the recommendations from Scottish Government's strategy 'Getting it Right for Young Carers'</p>	<p>Qualitative Feedback</p>	<p>Head of Service Children and Families</p>
	<p>Young carers should have a Child's Plan to ensure all appropriate help and support is in place for them</p>	<p>Child's Plan audit</p>	<p>GIRFEC Implementation Group</p>
<p>Children, young people and their families are supported to overcome inequalities and poverty</p>	<p>Further develop the partnership approach to maximizing income through Citizens Advice Bureau Money Advice projects</p>	<p>Citizen's Advice Bureau Data</p>	<p>Citizen's Advice Bureau</p>

What we aim to improve

Strategic Priority – Children and Young People’s Voices

WBIs – Respected, Responsible and Included

1. Children and young people understand their rights as laid out in the United Nations Convention on the Rights of the Child (UNCRC)
2. Young people and their families are supported to express their views and are supported to participate in individual and service planning
3. The views of all children and young people are listened to and responded to when taking decisions
4. Children and young people with additional support needs feel included and are supported in the community

Performance Indicators	Baseline %	Target %
Percentage of Children and Young people who complete the Health and Well-being survey	0	50%
Percentage of children and young people’s views expressed in the GIRFEC child’s planning process	38%	85%
Percentage of families views expressed in the GIRFEC child’s planning process	62%	85%
Percentage of children and young people involved in the child protection process that are supported to express their views	0	85%
Percentage of children and young people involved in LAAC processes that are supported to express their views	0	85%
Percentage of children and young people involved in Children’s Hearings processes that are supported to express their views	0	20%

How we plan to do it			
Outcome	Action	Evaluation	Lead
Children and young people understand their rights as laid out in the United Nations Convention on the Rights of the Child (UNCRC)	Develop use of Rights Respecting Schools programme	CYP Feedback	Argyll and Bute Children's Strategic Group
	Promote understanding of the wellbeing indicators with children, young people and families	CYP Feedback	Argyll and Bute Children's Strategic Group
Young people and their families are supported to express their views and are supported to participate in individual and service planning	Provide communication tools for children and young people at Child's Plan meetings e.g. Measuring outcomes and an introduction to well-being tools	Child's Plan Audit	GIRFEC Implementation Group
	Develop mechanisms to enable children and young people to fully participate in school planning e.g. through School Pupil Councils	CYP Feedback	Youth Services
	Develop a consistent approach for the involvement and engagement of children and young people in decision making across all services	CYP Feedback	Youth Services
	Promote the use of 'Having Your say' forms or appropriate alternative forms of communication for children attending hearings	Audit	Argyll and Bute Children's Strategic Group
The views of all children and young people are listened to and responded to when taking decisions	Promote use of Viewpoint tool	Audit	Child Protection Committee
	Through the Model for Improvement methodology develop PDSA tests to increase the number of recorded views in Children and young people's plans	Audit	GIRFEC Implementation Group
	Through the Model for Improvement methodology develop PDSA tests to increase the number of recorded views of Parents in Child's Plans	Audit	GIRFEC Implementation Group

	Children's Panel members prioritise children and young people expressing their views of children at children's hearings and record this in the Record of Proceedings from Hearings	Audit	Scottish Children's Reporters Administration
Children and young people with additional support needs (ASN) feel included and are supported in the community	Implement <i>Self Directed Support Action Plan</i>	Review take up of direct payments	Head of Service Children and Families
	Evaluate community activities for children and young people with ASN	Service User feedback	Third Sector Organisations Youth Services

What we aim to improve

Strategic Priority – Child Protection

WBIs – Safe, Healthy, Nurtured and Respected

1. Pre-birth women who are vulnerable to risk are supported during pregnancy and post-natally
2. Children and Young people are protected from harm at home, at school and in the community
3. Young people are safe and can access appropriate accommodation on leaving care
4. Children's plans (Child Protection and GIRFEC) are SMART and outcome focused

Performance Indicators	Baseline %	Target %
Percentage of pre-birth antenatal planning meetings for vulnerable women arranged by 28 weeks gestation	0	85%
Percentage of Initial Tripartite Investigations (IRTDs) evaluated as good or above	48%	95%
Percentage of multi-agency chronologies initiated at the start of child protection investigations	0	85%

How we plan to do it			
Outcome	Action	Evaluation	Lead
Pre-birth - Women who are vulnerable to risk are supported during pregnancy and post-natally	Promote early antenatal booking to ensure women across the SIMD quintiles can access maternity care and support as early as possible for both maternal and infant outcomes	Audit	Consultant Lead Midwife
	Work to reduce maternal stress and resulting harm to unborn child through: <ul style="list-style-type: none"> ▪ Early intervention and targeted support for parents ▪ Working with fathers to improve secure attachment ▪ Signposting to money advice project ▪ Routine enquiry for risks of domestic abuse in pregnancy and postnatal period 	Audit	Consultant Lead Midwife
	Plan to improve maternal nutrition by: <ul style="list-style-type: none"> ▪ Promotion of breast feeding ▪ Promotion of Healthy Start 	Audit	Consultant Lead Midwife
Children and Young people are protected from harm at home, at school and in the community	Implement Child Protection Improvement Plan	CPC self evaluation	Child Protection Committee
	Develop and implement Road Safety Action Plan to ensure road safety continues to improve over next 3-5 years	Audit Report	Police Scotland
	Implement Local Fire and Rescue Plan for Argyll and Bute	Audit Report	Scottish Fire and Rescue Service
Young people are safe and can access appropriate accommodation on leaving care	Increased availability of specialist housing provision for young people who are looked after	Audit Report	Throughcare Aftercare Forum
Children's plans (Child Protection and GIRFEC) are SMART and outcome focused	Embed the work of the Quality Improvement Group work so all child plans make a practical difference by being specific, measurable, achievable, realistic and time-based	Audit	Quality Improvement Group
	Use the improvement methodology of PDSA testing to ensure all children have a multi-agency chronology	Data	Quality Improvement Group

What we aim to improve

Strategic Priority – Corporate Parenting		
WBIs – Achieving, Nurtured and Respected		
<ol style="list-style-type: none"> 1. Improve the educational attainment of Looked After Children (LAC) and Young people 2. Children and young people who are looked after have better long-term outcomes 3. Care leavers accommodation needs are appropriately met 4. The emotional wellbeing of Looked After Children is improved 5. LAC and care experienced children are considered for diversion from prosecution/custody 6. LAC children will have a plan for permanence in place within 6 months of admission to care 		
Performance Indicators	Baseline %	Target %
Percentage of LAC Children and Young People attaining accredited qualifications	64%	75%
Percentage of Child’s Plans evaluated as good or above	54%	75%
Percentage of young people leaving care with appropriate housing	80%	95%
Percentage of LAC children and young people waiting less than 18 weeks to access a Primary Mental Health Worker	42%	90%
Percentage of LAC children and young people waiting less than 18 weeks to access Child and Adolescent Mental Health Services (CAMHS)	63%	90%
Percentage of LAC children and young people waiting less than 6 months after admission to care with a plan for permanence in place	0	90%

How we plan to do it

Outcome	Action	Evaluation	Lead
Improve the educational attainment of Looked After Children (LAC) and Young people	Support schools to raise attainment overall as measured by national examinations	Education data	Education Management Team
	Work with partners to enhance schools vocational programmes	Education data	Education Management Team

Children and young people who are looked after have better long-term outcomes	Deliver family interventions that work to strengthen families so that children can safely stay with them	LAAC Plans Audit	Social Work
	Work with education partners such as Argyll College to ensure Looked After Children have equitable advice and guidance re progression to post-school Further Education and Higher Education opportunities	Positive destinations data	Education Management Team
	Increased availability and range of LAAC provision for Children and Young People within the Local Authority	LAAC Plans Audit	Corporate Parenting Board
Care leavers accommodation needs are appropriately met	Young people are supported to leave care with appropriate housing	Housing Data Corporate	Corporate Parenting Board Registered Social Landlords
LAC and care experienced children are considered for diversion from prosecution/custody	LAC and care experienced children who are under 18 years and commit offences are considered for diversion from prosecution	Youth Justice Data	Police Scotland Youth Justice
LAC children will have a plan for permanence in place within 6 months of admission to care	Permanence planning is prioritised by services working with LAC Children during the first six months after their admission to care	LAAC Plans Audit	Corporate Parenting Board Social Work

What we aim to improve

Strategic Priority – Substance Misuse

WBIs – Safe, Healthy and Responsible

1. Children and Young People and parents are effectively supported to make informed choices about drugs and alcohol
2. Children and Young People living with substance misusing parents are supported
3. Reduce adolescent smoking prevalence

Performance Indicators	Baseline %	Target %
Percentage of secondary schools delivering drugs awareness programmes in partnership with the Alcohol and Drugs Partnership ADP	40%	90%
Percentage of 15 year olds who report they usually drink at least once a week	16%	10%
Percentage of 15 year olds who report they are regular smokers at least once a week	13%	10%
Percentage of 15 year olds who report they usually take drugs at least once a week	3%	1%

How we plan to do it

Outcome	Action	Evaluation	Lead
Children and Young People and parents are effectively supported to make informed choices about drugs and alcohol	Deliver appropriate preventative and education programmes on alcohol and substance misuse within schools	ADP reports	Alcohol and Drugs Partnership
Children and Young People living with substance misusing parents are supported	Work with adult services to identify and support substance misusing families	ADP reports	Alcohol and Drugs Partnership
Reduce adolescent smoking prevalence	Deliver smoking prevention programmes in schools	Audit Reports and School Improvement Plans	NHS Highland Education Management Team
	Work with partners to reduce the incidence of young people smoking	Audit	Argyll and Bute Health Improvement Team

What we aim to improve

Strategic Priority – Leadership and Communication

WBIs – Respected, Responsible and Included

1. Professionals working in children’s services understand the mechanisms and structures that allow them to influence strategic planning
2. Children and young people are able to express their views regarding the services they use
3. Children and young people are informed of how their actions have been taken forward based on their views
4. Strengthen strategic leadership and communication

Performance Indicators	Baseline %	Target %
Percentage of professionals that understand the mechanism and structures that allow them to influence strategic planning	0	75%
Percentage of children and young people who have had the opportunity to express their view of the services they use	0	75%
Percentage of children and young people (CYP) with access to the CYP executive summary	0	75%
Percentage of the leadership and communication Quality Indicators which are evaluated as very good or better	0	75%

How we plan to do it

Outcome	Action	Evaluation	Lead
Professionals working in children’s services understand the mechanisms and structures that allow them to influence strategic planning	<p>Review Strategic Children’s Service Group Structure</p> <p>Promote and lead on the re-establishment of effective locality based Children’s Service Groups</p> <p>Inform staff of revisions to Argyll and Bute’s Children Strategic Group structures</p>	Report by executive group chair to Argyll and Bute’s Children Strategic Group	Argyll and Bute’s Children Strategic Group
Children and young people are able to express their views regarding the services they use	Develop and implement Argyll and Bute’s children and young people’s health and wellbeing survey	Survey Report	Argyll and Bute’s Children Strategic Group

Children and young people are informed of how their actions have been taken forward based on their views	Produce children service plan summary for children and young people	Summary Report	Argyll and Bute's Children Strategic Group
Strengthen strategic leadership and communication	Undertake a programme of self-evaluation using nationally agreed quality indicators " <i>How well are we improving the lives of children, young people and families?</i> " to assess the effectiveness of service and strategic planning	Self-evaluation methodologies using nationally agree quality indicators	Argyll and Bute's Children Strategic Group
	Undertake a programme of self-evaluation using nationally agreed quality indicators " <i>How well are we improving the lives of children, young people and families?</i> " to assess the effectiveness of leadership and communication in delivering services for children and young people	Self-evaluation methodologies using nationally agree quality indicators	Argyll and Bute's Children Strategic Group

8. Performance Management

How we will report progress

Argyll and Bute's Children's has overall responsibility for implementation and achievement of the Children and Young People's Services Plan.

We will review evidence and learning about children and young people's experiences of services from:

1. Outcome evidence from across the seven main localities of Argyll and Bute
2. Output reports and improvement actions from regulated and partnership inspections of services for children and young people
3. Feedback from surveys of children and young people in Argyll and Bute
4. Performance data and trends relating to children and young people's outcomes in respect of education, health, social care and youth justice
5. Talking directly to children, young people, parents and carers, listening to what they say and acting on it

Developing services together to better achieve outcomes by:

- Reviewing the Children and Young People's Services Plan annually, asking 'How good are we now?', 'How do we know?', 'How good can we be?'
- Reporting performance progress against agreed indicators annually
- Conducting planned shared self-evaluation of partnership service delivery using the Care Inspectorate Performance Framework for Children and Young People's Services: "Care Inspectorate Guide to Evaluating Services Using Quality Indicators"
- Developing refreshed priorities and implementation plans on an annual basis

Agreeing plans and priorities and:

- Implementing shared delivery mechanisms
- Reviewing operational arrangements to improve the effectiveness of our partnership working
- Releasing and moving necessary resources to support delivery of agreed plans and priorities

Monitoring achievement of plans through:

1. Reporting of key performance indicators
2. Assessing progress of plans through quarterly action reporting
3. Challenging progress, especially where it is not on track
4. Self-evaluation of the services for children and young people
5. Annually reporting on the progress of plans and achievements of outcomes

9. Linking Our Plans

Community Planning Partnership Themes	
<ul style="list-style-type: none"> ▪ The economy is diverse and thriving ▪ We have infrastructure that supports sustainable growth ▪ Education, skills and training maximises opportunities for all 	<ul style="list-style-type: none"> ▪ Children and young people have the best possible start ▪ People live active, healthier and independent lives ▪ People live in safer and stronger communities
CYPSP Outcomes	
<ul style="list-style-type: none"> ▪ All our children and young people should be protected from abuse, neglect and harm. ▪ Safe from accidental injury and death ▪ Safe from bullying and harassment ▪ Children and young people should enjoy the highest possible attainable standards of physical and mental health ▪ Continue to improve the effects of substance misuse on children, young people and their families ▪ Children and young people should have access to positive learning environments and opportunities to develop their skills 	<ul style="list-style-type: none"> ▪ Children and young people should have access to learning to maximise their skill and potential ▪ Children and young people are valued and supported to be the best they can be ▪ Children and young people should live within a supportive family setting ▪ Children and young people feel secure and cared for ▪ Live in a safe and secure environment ▪ All our children have increased opportunities and are encouraged to participate in play, recreation and sport ▪ Children and young people have their voices heard and be encouraged to play an active and responsible role in their communities
Getting it Right for Every Child Outcomes	
<ul style="list-style-type: none"> ▪ Assessment and Planning materials support staff to embed National Practice Model ▪ Assessments give due consideration to historic information ▪ We take a proportionate approach to managing risks and concerns ▪ Staff are confident to respond to the needs of children referred through EEI ▪ Governance systems are reviewed and revised arrangements implemented 	<ul style="list-style-type: none"> ▪ Protocols and systems support Named Person and Lead Professional in their roles ▪ GIRFEC compliance systems established ▪ Protocols and systems support Named Person and Lead Professional in their roles ▪ GIRFEC compliance systems established ▪ Governance systems are reviewed and revised arrangements implemented
Service Plans	
<ul style="list-style-type: none"> ▪ The life chances for looked after children are improved ▪ Children, young people and families at risk are safeguarded 	<ul style="list-style-type: none"> ▪ Vulnerable children and their families are given assistance to help them achieve the best start in life ▪ We have contributed to making our communities safe from crime disorder and danger

10. Appendices

Appendix 1 – What our vision means

1. We work together with our children and young people

For children and young people:

At some point, you may need different people to work together so that you get the help you need. These people might be nurses, teachers, doctors, social workers, police officers or others. When different people are helping you, you should know who they all are.

As well as knowing who is helping, you must know why they are helping and what they are doing to help you. There will be someone, usually your Named Person, who makes sure you understand what is going on. All these people will work together so that you and your family don't have to keep telling your story over and over again, fill in lots of different forms or attend lots of different meetings.

When people like nurses and teachers and social workers are working together to help you, they will have to tell each other things about you and what is going on in your life. They will usually ask you first if it is alright to do this. Sometimes though, if they are worried about your safety, they might not ask you. If this happens, they will always tell you that they have to share something about you or that they have already done this. Whatever happens, they will only ever tell someone what they need to know in order to help you.

For parents and carers:

When your child needs support from a number of different agencies they will work together in a joined-up way to provide help. You won't have to go around different agencies asking for help and explain your situation over and over again.

We will work together so that even if services from a number of agencies are involved, there will still only be a single plan for your child.

This plan will set out everything that each of the services will do to help. The plan will also set out the things that you will do too. When more than one service is helping you, one of the professionals involved will take on the role of Lead Professional. They will work closely with the Named Person to keep you informed about how things are going.

When two or more services are helping your child, a Lead Professional will coordinate everything. They have oversight of your child's plan and ensure that all the professionals are doing the things they said they would do. When we work together like this, different professionals will need to share information. We will usually ask for your consent and/or your child's consent. However, if there are concerns about your child's safety we might share information without asking for your consent. We will consider information very carefully before we share it and we will only share what other professionals need to know.

For those working in children's services:

We need to ensure that our GIRFEC procedures and the Named Person and Lead Professional roles are carried out effectively. We need to maintain our culture of effective professional challenge at all levels to continue to improve outcomes for children, young people and families. We have good multi-agency information sharing guidance for practitioners and those who work with children, young people and families should be aware of this guidance and follow it when sharing information.

What our vision means

2. Our children and young people achieve their potential

For children and young people:

We know that some children and young people face more challenges than others. You might

- have problems at home
- be helping to care for a family member
- have a disability
- be looked-after by the local authority
- be in distress
- have additional support needs

There may be things happening in your life that mean it is more difficult for you to have the kind of life you want. We understand this. We won't always be able to make the challenges you face go away but we will do everything we can to help and support you to overcome them.

For parents and carers:

Families can face all kinds of challenges that make it difficult for their children to achieve their potential. As children and young people grow, they can be affected by poverty, low income, poor housing, domestic abuse, substance misuse, parental ill-health or their own ill-health or disability. These things make them more vulnerable and can affect their ability to achieve their potential.

Many young people will achieve their full potential without any extra help or support. However, the most vulnerable need extra help so we will target resources at vulnerable families.

We know that the most important time for child development is during pregnancy and in a child's early years. We will support pregnant women, babies, young children and their parents. We will provide help as soon as possible for children who might need it in order to meet their potential.

Your child's Named Person is their Health Visitor up to when they start primary school when their Named Person is the Head-teacher. The Named Person is responsible for supporting you with your child's wellbeing. When your child needs additional support, their Named Person will arrange this. When you have worries or concerns about your child you can talk to their Named Person. They will give you advice or arrange more support for your child where necessary.

For those working in children's services:

We need to fully understand the impact of and address the issues arising from vulnerability and inequality. We must provide resources and support for those who are at risk of not meeting their potential. We will use the GIRFEC Practice Model to respond to need and plan support and intervention appropriately and proportionately. Our support planning with children, young people, and their families will be robust and of the highest value in assisting them to overcome any barriers they may face.

What our vision means

3. Our children and young people are safe

For children and young people:

When you are a child, being safe means that you are protected and cared for. When you are a young person it also means that you know how to keep yourself safe. You don't feel under pressure from others to do things that are harmful or could put you at risk. Everyone who works with children, young people and families will take action to help you when you may not be safe.

For parents and carers:

Every child and young person should be protected from physical, sexual or emotional harm, abuse, neglect or exploitation. They should have a positive state of mind. As children grow into young adults they should develop confidence and self-esteem. They should feel secure, protected and enjoy relationships where adults listen to them and act in their best interests.

They should learn how to keep themselves safe and never feel under pressure from others to do things that are harmful or could put them at risk. Anyone who works with children, young people or families will take immediate action if they think a child or young person might not be safe. Our aim is to always work together with parents and carers to help them keep their children safe.

For those working in children's services:

Everyone has responsibility for ensuring the safety of children and adopting a child-centred and outcome focused approach. When working with adults you need to be aware of any children they may have and consider the impact of their actions on them.

The needs of the child must always take precedence over those of the adult. The safety of a child must always be your first priority and you must take action immediately if you have any concerns. You should be aware of and follow your own service's child protection procedures and inter-agency procedures.

What our vision means

4. We listen to our children, young people and their families

For children and young people:

We will ask you what you think of the services you use and what we need to do to make them better. We will ask you whether the help you get is making things better for you. We will pay attention to what you say, take your views seriously and act on them.

When you need extra help and support you could have a Child's Plan. Your Child's Plan sets out what outcomes you need to achieve, what has to be done and who will do it. If you have a Child's Plan, the people working with you will involve you in talking about what goes in it. You will get to say what you think and the people working with you will listen and include your views in your plan. When there is a meeting to discuss your plan you will be asked whether you want to go to it. You can have someone with you to support and help you make your wishes understood.

For parents and carers:

We will listen to what you tell us about your child and take your views seriously and act on them where appropriate. When your child needs extra help and support and they could have a Child's Plan. You will be involved in helping to draw up the plan and the professionals involved will seek your input.

We want to know what families think about the services that they use and how these could be improved. We will work together with parents, children and young people to develop and improve our services to ensure that they work for those who use them.

For those working in children's services:

We need to actively engage children, young people and families and genuinely listen to them to ensure that their views are reflected in Child's Plans. We need to offer help so that this can happen such as advocacy services or providing additional support to those with communication difficulties.

We need to know whether children and young people's wellbeing is actually improving as a result of our actions. We need to continue to develop ways of effectively engaging with children, young people and families about their experiences and using that feedback to inform what we do to improve our procedures, practice and culture. We need to continue to develop ways to actively promote the involvement of children, young people, families and communities in the development of the services that they use.

What our vision means

5. Children, young people and their families get the right help, from the right people at the right time

For children and young people:

This means that we will look out for children, young people and families who need help and do something to help them as soon as we can. We will not wait until someone has major problems before we try to help them. We will help them as soon as we can so they avoid having major problems or before problems get so big it is really hard to fix them easily.

To make sure that children and young people in Argyll and Bute get the right help, from the right people at the right time, all children and young people who live here have a Named Person from before they are born up to the age of 18. Before you start primary school, your Named Person is a Health Visitor. When you are at primary school, your Named Person will be the Head-teacher. When you are at secondary school your Guidance teacher will be your Named Person.

You can go to your Named Person for advice when you are worried or when there are things that could cause problems for you. Your Named Person will do all they can to help you. They may need to arrange for other professionals to support you as well. When you do need extra help, the Named Person will sort this out for you as soon as possible. This means that you won't have to go round lots of different services trying to get help while things get worse for you.

For parents and carers:

When your child needs help, they should get it as soon as possible. We will not wait until families are struggling before doing something to support them. The right help, from the right people, at the right time is help that

prevents problems from developing or stops them getting worse.

Sometimes, all that is needed is advice, someone to talk to about the challenges you face, someone who can give you ideas on how to manage things like bed-times, routines or managing behaviour. This kind of support at an early stage can help prevent all kinds of difficulties later on.

Your child's Named Person is the key professional to making sure that your child gets the right help, from the right people at the right time. Having a Named Person means that every parent or carer has someone they know they can go to for support or advice when they are concerned about their child.

For those working in children's services:

Early identification of adverse childhood events and prompt intervention are features of our most powerful methodologies in supporting children, young people and their families. This might be intervention in the early years of life or at any stage when problems begin to emerge for a child or young person.

The GIRFEC Practice Model is critical to early intervention and is a driver of positive cultural change. Practitioners need to be confident in their understanding of GIRFEC processes and how they relate to their own role. When Named Persons are taking action to secure help for a child or a young person they need to be child centred, outcome focused and confident of multiagency support in their effort.

Appendix 2 – Our Children and Young People’s Rights

The United Nations Convention on the Rights of the Child (UNCRC) and Scottish the Children and Young People (Scotland) Act 2014 articulate how agencies need to prioritise prevention and early intervention, particularly focusing on early childhood experiences. It is anticipated this will be developed and embedded through actions identified in this plan, Argyll and Bute’s Children and the Young People’s Improvement Collaborative.

Partners in Argyll and Bute are committed to embedding the Articles of the UN Convention on the Rights of the Child at every level of service. Each of the 54 articles outlines in detail the basic rights of every child, these are summarised in four core principles

- Non-discrimination
- Devotion to the best interests of the child
- The right to life, survival and development
- Respect for the views of the child

The Christie Commission on the Future Delivery of Public Services places emphasis on the importance of moving towards prevention and reinvesting monies from high end services. The next three years present unique challenges and opportunities to look at how we can work differently, reducing duplication and encouraging innovation.

The Children and Young People (Scotland) Act 2014 places significant requirements on partners to deliver services differently, an example of this is the ‘1140 hours’ of early learning and child care commitment for every child. Alongside this is the development of the new Kinship Order, Children’s Hearing System and Health and Social Care integration, which brings health and social work services closer together to deliver on outcomes for children, young people and their families.

Appendix 3 – Our Community

Geography

Argyll and Bute is bounded by the urban areas of Helensburgh and Dunoon along the Clyde, Loch Lomond to the East, the Mull of Kintyre to the south, Atlantic Islands to the West, and the Sound of Mull and Appin to the North.

We have 23 inhabited islands, more than any other local authority in Scotland. These include Bute, Islay, Jura, Mull, Iona, Coll and Tiree. The area is also home to Loch Awe, which at 41 kilometres, is the longest body of freshwater in Britain as well as several long sea lochs, which bisect the landscape.

The physical geography of the area, while stunningly beautiful, has limited development of the road network and a high level of reliance on ferries for travel. Slightly more than half of all passenger journeys made by ferry in Scotland start or finish in Argyll and Bute and the busiest ferry route in the country is the Gourock to Dunoon run.

The size of the Local Authority area and our population dispersion mean that multiple facilities for service delivery are needed to ensure services are delivered close to users and communities. The distance between main settlements and use of ferry services create challenges in terms of reliability, time and the cost of travel.

Population

The total population of Argyll and Bute is 88,166 based on the 2011 census. This compares to a total population for the area of 91,306 in the 2001 census, a reduction of 3.4%. We were one of only 4 Local Authority areas to show a decrease in population. Future population projections suggest a reduction in our total population of 7.2% from 2010 to 2035.

The change in population from 2001 to 2011 is different across the 4 areas of Argyll and Bute as shown below.

Helensburgh and Lomond	- 7.5%
Bute and Cowal	- 4.8%
Mid Argyll, Kintyre and Islay	- 3.6%
Oban, Lorn and the Isles	+ 4.3%

The decline in population experienced to date and that projected in the future presents a significant challenge to the overall viability of the area. This challenge is made more difficult by the variation in population changes over the areas within our Local Authority.

In addition to the changes in total population, the demographic balance is also changing. The table below shows the change in population over age cohorts projected for 2010 and 2035 and also the changes in demographics between 2001 and 2011.

Age	Change (2001 to 2011)	Projections (2010 to 2035)
Under 15	-16.6%	-8.7%
15 – 64	-5.2%	-14.4%
65 and over	+15%	+39.7%

More people living longer is a real success. However, demographic changes do create a number of challenges for us in Argyll and Bute. These challenges range from:

- changes to service delivery requirements for CPP partners
- the availability of people to join the overall workforce
- a smaller pool of people creating wealth

- how to enhance the economic or community contribution made by people.

Work

Since 2009, Argyll and Bute has lost jobs at a slightly higher rate than Scotland as a whole, particularly in the retail and public sectors. This mirrors the decline in the working age population. Current employment is around 38,000 full and part time posts rising to around 42,000 when self-employed workers are included. However, this decline is not consistent or evenly spread across the Authority area. Almost all gross job losses, some 1,688, are located in Bute and Cowal.

Around 24% of all jobs are in the food and tourism related sectors. We have nearly twice the number of self-employed people compared to the rest of the country as a whole. Our business base comprises mostly micro, small and sole traders with only a few businesses of scale.

Argyll and Bute as a whole is becoming a lower earning / lower output economy with average resident earnings reducing from 96% of Scottish average in 2009 to 91% in 2014. In 2015 this trend began to reverse as average resident earnings rose to 94% of the Scottish average.

Skills and Qualifications

We have a slightly greater proportion of young people moving into higher education than the national average in Argyll and Bute. 7.1% fewer young people move into Further Education compared to the rest of Scotland, with the exception of Bute with 35.1% and Campbeltown with 29.7%. Oban, Islay and Lochgilphead have higher numbers of young people than the national average moving into training. Unemployment is highest in the Helensburgh and Lomond area at 10.7% compared to 5.5% for Argyll and Bute and 5.4% nationally.

While the availability of broadband and mobile coverage, business premises and learning and training opportunities are key

issues identified in Argyll and Bute, access to and availability of skilled labour is reported as the most crucial issues for individual organisations.

Education

School sizes vary significantly across the Authority. Primary school rolls range from fewer than five to around 400 pupils. In our secondary schools the numbers of pupils enrolled ranges from 27 to over 1300. There are currently 25 primary schools with rolls of fewer than 20.

The needs of most pupils, including those with significant and complex needs, are met within mainstream classes or in learning centres situated within mainstream schools. A very small number of children and young people are educated in day and residential schools outside of Argyll and Bute.

Argyll and Bute currently has 91 schools, 81 primary and 10 secondary and 2 special schools. Among these establishments there exist 11 joint headships encompassing 22 primary schools in the authority. Out of 81 primary schools 36 would be classified as a small school with 25 or less pupils. The largest secondary school is Hermitage Academy with 1,308 pupils and the smallest is Tiree High School which has 27 pupils.

The Education Service in Argyll and Bute can experience challenges in recruiting teaching and support staff and have committed to growing their own future staff, future leaders and developing creative responses. The Education Service in Argyll and Bute works with a range of partners to achieve these goals. Partnership working includes innovative work with Argyll College UHI to deliver a post graduate diploma in education locally in within the Authority. This approach is sustainable and will contribute to developing career options to encourage people to stay in Argyll and Bute.

Multiple Deprivation

The Scottish Index of Multiple Deprivation (SIMD) has been used to identify pockets of

overall deprivation within Argyll and Bute. Based on the SIMD 2016, 10 of the Council area's 125 data zones were identified as being amongst the 15% most overall deprived data zones in Scotland. All of these data zones are located in the Argyll and Bute's towns. However, deprivation can and does occur elsewhere. Since the SIMD identifies concentrations of deprivation, smaller pockets and instances of individual deprivation are not recognised by the index. The results for Argyll and Bute from the SIMD 2016 show

- 10 data zones in Argyll and Bute in the 15% most overall deprived data zones.
- 9 data zones are in the 15% most income deprived data zones.
- 10 data zones are in the 15% most employment deprived data zones.
- 7 data zones are in the 15% most health deprived data zones.
- 35,090 people live in the 47 data zones (37.6%) that are amongst the 15% most access deprived data zones.
- 39 of Argyll and Bute's data zones – more than 31% – are in the 1% most access deprived data zones.

According to the SIMD 2016 data Argyll and Bute has had no overall change in deprivation since the 2012 SIMD was published. However, patterns of deprivation vary by domain.

Income deprivation

The proportion of all income-deprived individuals in Argyll and Bute living within the 15% most deprived data zones is 5.8%, compared to 14.5% across Scotland. Thus, a higher proportion of Argyll and Bute's income-deprived individuals live in areas out with data

zones identified as suffering the highest levels of overall deprivation.

As a proportion of their total population, rural areas have fewer income deprived individuals than urban areas. However, any targeting done on the basis of the SIMD will be far less effective at reaching income deprived people in rural areas than in urban areas. The absence of deprivation in an area does not mean that its residents are affluent.

Geographic Access to Services

The Geographic Access to Services domain considers access deprivation in terms of drive times and public transport times to a selection of basic services: post offices; petrol pumps; GP; retail centres; primary schools; and secondary schools. Approximately 42% of Argyll and Bute's data zones are within the 15% most access deprived data zones in Scotland. Most of these data zones are located outside the main towns. Combined, they cover the majority of Argyll and Bute's geographic area.

The most access deprived data zone in Scotland covers the islands of Coll and Tiree.

Education

The table below shows how many primary and secondary school pupils are in the authority classified according to different levels of deprivation. 1 indicates most and 10 indicates least deprived. The Argyll and Bute Education Vision and Strategy aims to raise the educational attainment and achievement for all pupils.

By using the data below in conjunction with educational attainment data the authority can focus on improving and measuring the attainment levels of all pupils.

Sector	1	2	3	4	5	6	7	8	9	10	Unknown	Total
Primary	230	324	526	466	905	1201	1057	464	443	85	87	5788
Secondary	156	204	396	364	639	1069	863	407	351	69	54	4572
Total	435	607	1028	950	1774	2506	2163	976	885	170	175	11669

Health

Physical inactivity is a significant health issue nationally and in Argyll and Bute. It

contributes to many long term health conditions such as coronary heart disease, diabetes and some cancers, as well as being

over-weight and having high blood pressure. There are strong links between increased physical activity levels and improved mental wellbeing.

Mental health problems are very common in our country with one in four people experiencing them during their lifetime. This can have a significant impact on localities and economies such as increased 'worklessness' and demand for healthcare services.

In 2011, it was estimated there were 770 problem drug users in Argyll & Bute - a 40% increase from 2006. 2012-13 estimates indicate a subsequent fall of 8% to 710

problem drug users. In overall terms the rate of deaths from drugs is lower in Argyll and

Bute than for Scotland as a whole. However, the rate of alcohol deaths in 2012 and 2014 were higher than the national average.

The level of experimentation with and use of alcohol by 13 and 15 year olds young people is consistent with the rest of Scotland. It is 4% easier to buy alcohol underage in Argyll and Bute than in the rest of the country, but there are 4% more 15 year olds in the local authority area who have never had a drink than in Scotland as a whole.

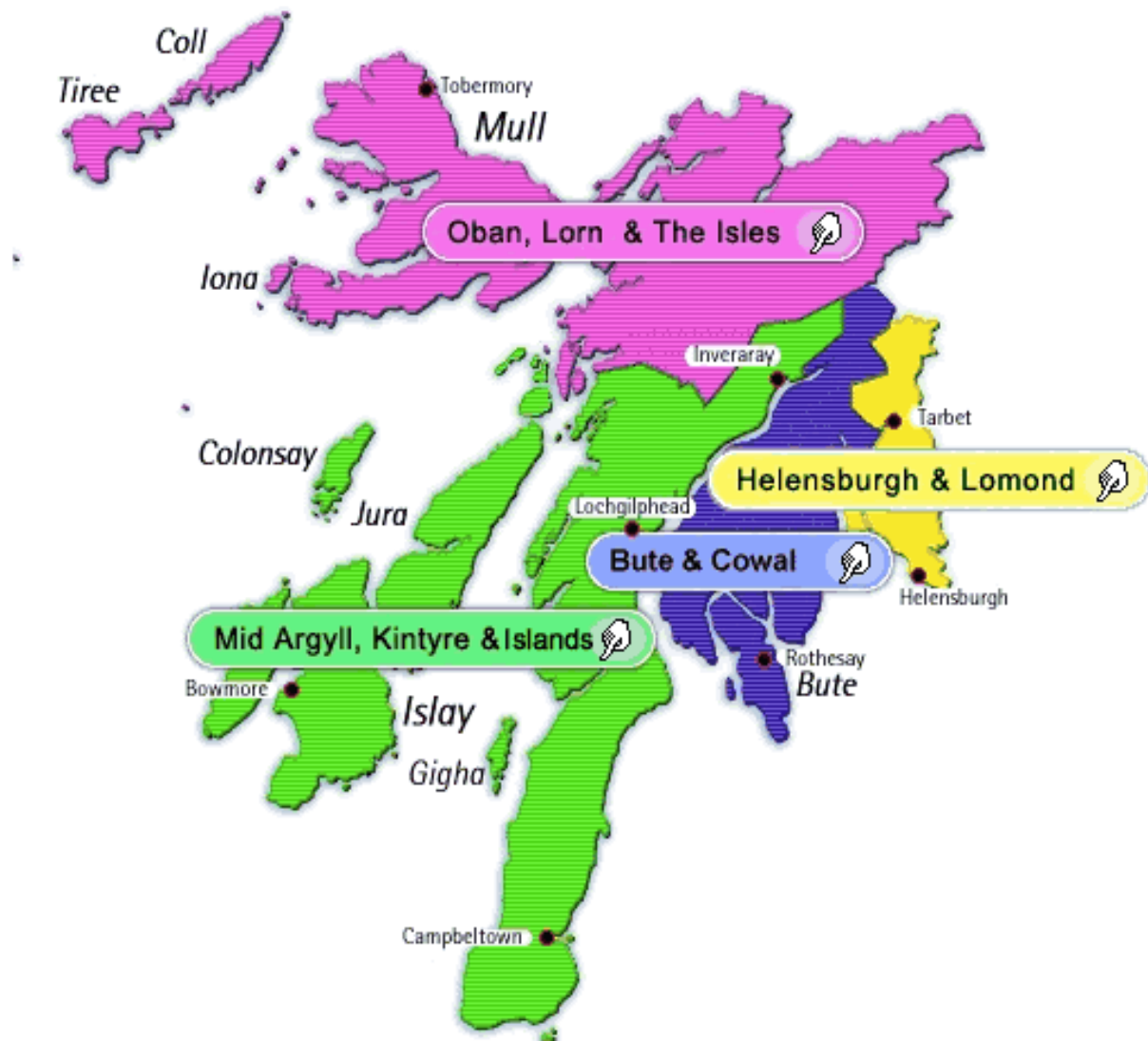
For both men and women in Argyll and Bute life expectancy is above the Scottish average. Our healthy life expectancy is 68.5 years for men and 72.5 years for women compared to the Scottish average of 66.3 and 70.2 respectively.

Appendix 4 – The Community Planning Partnership

Covering a land area of 690,899 hectares Argyll and Bute is the second largest local authority by area in Scotland after Highland. Argyll and Bute has the third sparsest population of Scotland's 32 local authorities averaging just 13 persons per square kilometre. We have more inhabited islands than any other Scottish local authority and around 4% of Argyll and Bute's population live on these islands. One in five of the population is aged between 0 and 19 years

The geography and population distribution of Argyll and Bute presents particular challenges when delivering services. These services are directed through four main areas:

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



Appendix 5 – The Community Planning Structure

The Partnership was set up in 2001 to coordinate the delivery of services and other activities in Argyll and Bute to improve the quality of life and physical environment for residents and visitors to the area. The Partnership consists of a number of groups:

The Full Partnership

This is the body that provides the overall leadership and representation to ensure that the different groups and organisations that make up the Partnership are focused on the community's priorities. It is chaired by the Leader of the Council, the person with the clearest democratic authority in the area.

The Management Committee

This is the decision-making body for the Partnership. Partner agencies chair the

Committee on a rotational basis. The Management Committee meets every two months and brings together all the stakeholders with the most significant influence on service delivery in Argyll and Bute. The Management Committee ensures that the work of the Partnership has the leadership and capacity to do its job.

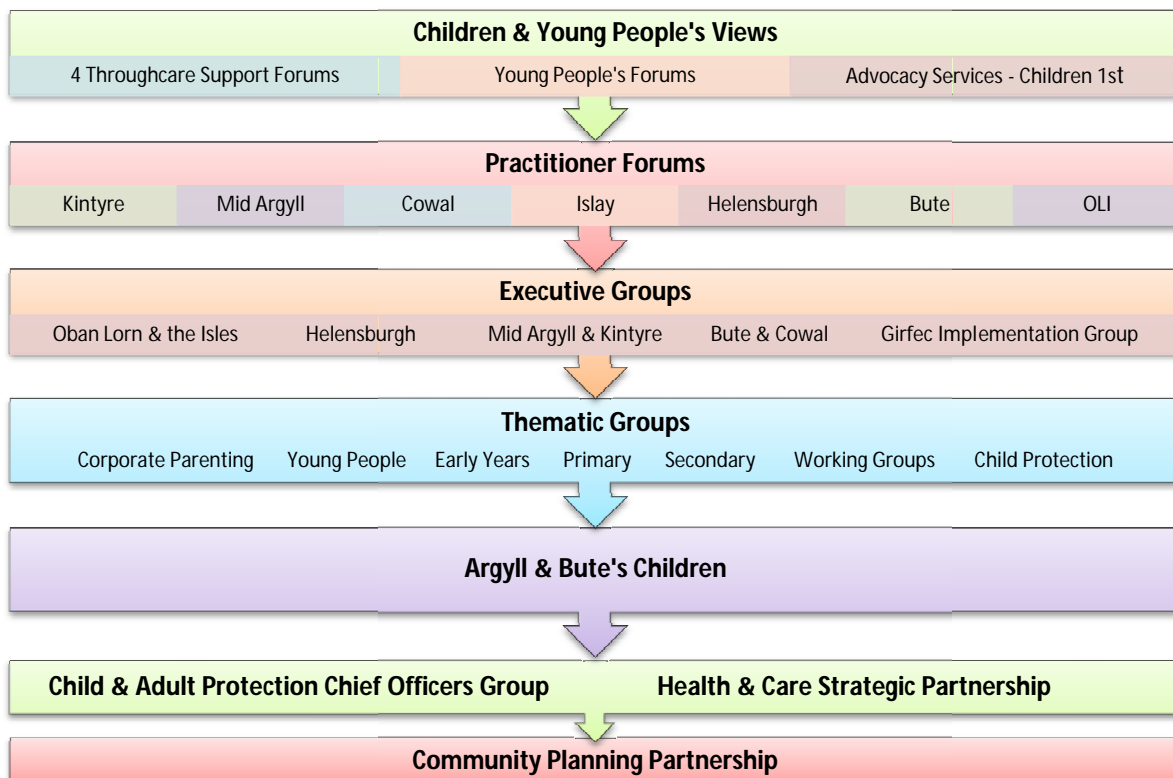
Strategic Partnerships

There are a number of strategic partnerships in Argyll and Bute helping deliver Community Planning outcomes.

Local Community Planning

These local partnerships are made up of local representatives of Community Planning Partners and local communities.

Leadership Structure



Argyll and Bute's Children Strategic Group
Argyll and Bute's Children has overall responsibility for ensuring that the strategy for children's services is coordinated and delivered. This group is also responsible for overseeing the implementation of the Children and Young People's Service Plan. It has overall responsibility for joint strategic planning of services for children, young people and families. The group's membership is drawn from a wide range of partners.

The work of the Argyll and Bute's Children is supported by the five multi-agency executive groups responsible for ensuring that the outcomes contained within the plan are progressed and reported across the partners.

Executive Groups

The five Executive Groups ensure local needs are met within the plan. Four local executive groups across Argyll and Bute drive the plan at a local level and the Getting it Right For Every Child Implementation Group drive developments in all services across the Authority. Working together Argyll and Bute will ensure that all children receive the help they need when they need it and the model is embedded within services.

The executive groups comprise senior managers with a role for developing and co-ordinating services and overseeing the implementation of the Children and Young People's Service Plan.

Thematic Groups

There are seven identified thematic groups with a remit to address the key thematic milestones spanning early years to youth issues. The groups effectively support the work of the executive and practitioner forums and ensure that the needs of the particular groups of children and young people are represented across the Community Planning Partnership.

Practitioner Forums

There are seven Locality Practitioner Forums operating across the Authority. Front line practitioners work together in the forums to ensure Argyll and Bute is delivering improved outcomes for our children, young people and their families. The groups meet quarterly to take forward actions and may also meet locally to look at specific challenges surrounding service delivery and design. The chair person from each of the practitioner forums are also members of the executive group.



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.9

Date of Meeting : 27 September 2017

Title of Report : West of Scotland Regional Planning Principles

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

The Integration Joint Board is asked to :

Note the content of the paper from John Burns, Chief Executive, West of Scotland Regional Planning for Health Boards and Integrated Boards - Planning and Delivering Care and Treatment Across the West of Scotland.

This paper sets out the requirement for the West of Scotland to produce a first Regional Delivery Plan for March 2018 and seek the support of Health Boards and Integrated Joint Boards to work collaboratively to achieve the best outcomes delivered sustainably for the citizens across the West.

Background

The Health and Social Care Delivery Plan published in December 2016 set out the importance of delivering;

- Better care
- Better health
- Better value

The Health and Social Care Plan signalled the need to look at services on a population basis and to plan and deliver services that were sustainable, evidence based and outcomes focussed. We can provide better patient outcomes and more efficient, consistent and sustainable services for citizens through NHS Boards, Integration Joint Boards and other partners working more collaboratively and effectively to plan and deliver services.

At regional level, the Scottish Government has commissioned Regional Delivery Plans to be developed, encompassing a whole-system approach to the delivery of health and social care for each of the 3 regions (North, East and West). For the West of Scotland this involves planning for the population of 2.7m covered by 5 NHS Boards, 16 Local Authorities and 15 Health and Social Care Partnerships as well as the Golden Jubilee Foundation. The national NHS Boards are also developing a single plan that sets out the national services where improvement should be focused, including, where

appropriate, a 'Once for Scotland' approach in areas such as digital services, clinical demand management and support services.

To take forward the national and regional approach, 5 Chief Executives have been appointed to the role of National or Regional Implementation leads.

Developing a Regional Plan

To progress a Regional Delivery Plan it is essential to link this to national planning for specialist services, local planning within Health Boards and locality planning within Integrated Joint Boards to ensure we plan effectively for the wider population.

It is recognised and understood that the existing Boards retain their governance responsibilities, however, to achieve this ambition:

- it is essential that Health Boards and Integrated Joint Boards across the West of Scotland support a collaborative approach
- we need to recognise that boundaries cannot be barriers to delivering evidence based outcomes
- there needs to be transparency in our discussions
- we need to accept a collective accountability for the wider population, evidenced through our decisions and actions.

In taking forward this work, it is important that we are guided by some key principles, namely;

- Maximising health gain
- Anticipation and prevention
- Reducing inequality
- Quality, evidence and outcome
- Sustainability

This is an evolving process which will be achieved by working together across the different organisations in a whole systems approach to set out the story for the West of Scotland, describing the current challenges and consider the opportunities to transform care models to meet the future requirements of our population and improve health.

John Burns
Chief Executive WoS Regional Planning



Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.10

Date of Meeting: 27 September 2017
Title of Report: Chief Officer Report
Presented by: Christina West, Chief Officer

The Integration Joint Board is asked to :

Note the following report from the Chief Officer

TSI Volunteer of the Year

The awards ceremony was held in Oban on 7 September in the Argyllshire Gathering Halls. The event celebrated the enormous contribution of volunteers from across Argyll & Bute. This year's Health award was presented to Betty Barbour, Peter McDonald and Anne Bowie, Volunteers Aquacare, MacTagart Leisure Centre, Islay. Aquacare is a warm water therapy session designed to offer controlled exercise and relaxation for people with disabilities and long term conditions. Betty, Peter and Anne collectively have volunteered thousands of hours and helped hundreds of people to live their lives in their own homes, as happier and healthier individuals who have friends, support and Aquacare to look forward to.

Going Beyond Harm

'Going Beyond Harm' was an event, held in Oban for carers and professionals supporting carers who have been in contact with mental health services. The event was organised by Carers Trust Scotland and the Scottish Patient Safety Programme for Mental Health (SPSP-MH) and took place on Monday 26 June 2017 at The Corran Halls. It follows on from the Going Beyond Harm event which took place on 31 August 2016 at the St Mungo Museum of Religious Life and Art in Glasgow. Arising from the event in Glasgow Carers Trust Scotland and SPSP-MH committed to holding regional versions of this event in Oban, Dingwall, Perth and Galashiels. The aim of the event was to gather carers' and professional views from remote and rural areas on how to improve safety for service users, staff and carers within mental health services.

If You Can Read Between the Lines, You Can Save Lives

Last year 726 people in Scotland took their own lives, 7 of those in Argyll & Bute. The emotional impact on families, friends and communities bereaved by suicide is devastating and can have long lasting negative effects on those left behind.

It is estimated that up to 1 in 20 people in any two week period are struggling with thoughts of suicide – that is over 4000 people living with the pain and distress of suicidal thoughts in Argyll & Bute alone

The Health & Social Care Partnership (HSCP) has been working with colleagues in Choose Life to support Suicide Prevention Week which took place this year from 4 - 10 September. *If you can read between the lines, you can save lives* was the campaign message that Choose Life sent out this year across the HSCP.

The campaign, asks everyone to be alert to the warning signs of suicide in people close to them with the message:if you're worried about someone, such as a friend, family member or workmate, asking them directly about their feelings can help to save their life.

The campaign also acknowledges that signs of suicide can be difficult to spot, but encourages people to take all signs of distress seriously, even if it seems a person is living a normal life. It also aims to assure people that asking a person about what's troubling them can make a positive difference.

West Coast Review Community Magazine

The HSCP's communications department has been working closely with the West Coast Review to proactively highlight the ongoing work that our health and social care professionals are carrying out in the Oban, Lorn & Isles locality. This publication is produced on a monthly basis and is distributed to over 9,000 homes and business across the Oban area.

The following features have been produced so far: the role of Lorn & Islands Hospital as a teaching facility, the vital link between transport and good health and Lorn & Islands Hospital being seen a 'Carer Friendly Hospital'.

Accident and Emergency Department at Islay Hospital

The Accident and Emergency Department at Islay Hospital has recently been relocated to a different location within the hospital to ensure that it is within close proximity to the nurses' station on the ward. It will still be able to treat the same number of patients as before but the layout, equipment and closer access to information technology improves the ability of the team to manage patients.

Access to the facility is through the main entrance to the hospital building and is clearly signposted within the hospital and its grounds for members of the public wishing to use the service.

Cowal Community Hospital Facebook Page

Cowal Community Hospital has launched its own Facebook page to provide local staff and management with a platform to be able to quickly get information to and from the community about local services, developments and events.

The page is already being well used by the local community and staff and 520 people have liked the page and 532 people are following the page since it was set up in August.