DRAFT MINUTE OF
ARGYLL & BUTE HEALTH & SOCIAL CARE PARTNERSHIP
(HSCP)
INTEGRATION JOINT BOARD
Wednesday 29 November 2017, 1.30pm
Council Chamber, Kilmory, Lochgilphead

Present:

Robin Creelman	NHS Highland Non-Executive Board Member (Chair)
Councillor Kieron Green	Argyll & Bute Council (Vice Chair)
Christina West	Chief Officer, Argyll & Bute HSCP
David Alston	NHS Highland Chair
Liz Higgins	Lead Nurse, Argyll & Bute HSCP
Alex Taylor	Head of Children and Families & Criminal Justice
Caroline Whyte	Chief Financial Officer, Argyll & Bute HSCP
Denis McGlennon	Independent Sector Representative
Linda Currie	AHP Lead
Fiona Thomson	Lead Pharmacist
Dr Peter Thorpe	Secondary Care Adviser, Argyll & Bute HSCP
Elizabeth Rhodick	Public Representative
Heather Grier	Unpaid Carer Representative
Catriona Spink	Unpaid Carer Representative
Dawn McDonald	Staff Representative (Health)
Alison McGrory	Health Improvement Principal
Katrina Sayer	Third Sector Representative
Gaener Rodger	NHS Highland Non-Executive Board Member
Lorraine Paterson	Head of Adult Services (West)
Stephen Whiston	Head of Strategic Planning & Performance - Argyll & Bute HSCP
Councillor Jim Anderson	Argyll & Bute Council
Councillor Iain Paterson	Argyll & Bute Council
Councillor Alistair Redman	Argyll & Bute Council

In Attendance:

Hugo Van-Woerden	Director of Public Health, NHS Highland
David Ritchie	Communications Manager, Argyll & Bute HSCP
John Owens	Chair, Argyll & Bute Alcohol & Drugs Partnership
Craig McNally	Alcohol & Drugs Partnership Co-ordinator
Sheena Clark	PA to Chief Officer (Minutes)

Apologies:

Dr Michael Hall	Associate Medical Director, Argyll & Bute HSCP
Heidi May	NHS Highland Board Nurse Director
Lorrraine Paterson	Head of Adult Services (West)
Jim Littlejohn	Acting Head of Adult Services (East)
Maggie McCowan	Public Representative

ITEM	DETAIL	ACTION
1	**WELCOME**	
	The Chair welcomed everyone to the meeting and introductions were made around the table.	

2	**APOLOGIES**	
	Apologies were noted.	
3	**DECLARATIONS OF INTEREST**	
	There were no declarations of interest.	
4	**APPROVAL OF MINUTE OF INTEGRATION JOINT BOARD 27 SEPTEMBER 2017 AND ACTION PLAN**	
	The Minute was noted as an accurate record. Matters Arising – none raised. Action Log Updates : 1 – an update was included in the report for agenda item 5.1. 2 - Homecare is proposed as a topic for a Development session in early 2018 to provide the IJB with an understanding of the system. The IJB will be updated on emerging pressures as required. 3 – as 2 above. 4 – Criminal Justice noted for IJB Development Session in early 2018. 5 – Complete. 6 – Date of the meeting is being progressed. 7 – Complete. 8 – Complete. 9 – Complete. 10 – Noted for Development Session in March 2018. 11 – Complete.	**CW** **AT** **CWh** **LC**
5	**BUSINESS**	
5.1	**Clinical and Care Governance**	
	The Lead Nurse gave a summary of the circulated report. <u>Complaints</u> - in the last quarter (July to September) 23 new complaints were received. <u>Mental Welfare Commission</u> - carried out a series of visits to Community Hospitals across NHS Highland including in Argyll and Bute.	

	Vaccination Transformation Programme - there is a need to redesign the delivery of vaccinations to respond to Scottish Government changes to policy and practice. Oban Laboratory - to ensure a quality and safe service the Oban lab is now linked to the NHS Highland Quality Management System and there is line management responsibilities from Raigmore to Oban. Infection Control - there have been no reported outbreaks of infection in any care setting since the last report. Care at Home Service - Mears Homecare provider served formal notice of withdrawal of their service in the Oban area on 18th September. The TUPE process for Mears staff to alternative providers was completed on 6 November. **The IJB noted the**: - the complaints and Significant Adverse Events Reviews activity - the feedback from Mental Welfare Commission visits - the update on Oban Laboratory - the infection control surveillance information and challenges/risks in the service - the information regarding Vaccination Transformation Programme	
5.2	**Finance**	
	i) Budget Monitoring – The Chief Financial Officer outlined that 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, with the remaining balance delivered through in-year efficiency savings. This position has deteriorated due to ongoing overspends for locums/agency staff, continuation of overspends in social care services and the expectation that not all of the service changes in the Quality and Finance (Q&F) Plan will be delivered. The report provided information on the financial position of the Integrated Budget as at the end of October 2017, the projected year-end outturn position is an overspend of £3.4m. A financial recovery plan was presented to the IJB on 25 September 2017 outlining a number of actions to address the financial position which were, in the main, management actions and controls. This financial recovery plan is not delivering the planned improvement to the financial position and has therefore been updated to include additional actions to ensure financial balance can be achieved by year-end. The updated Plan has been circulated to Budget Managers and staff. There is a likelihood that not all savings in the Q&F 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 and a Q&F Plan Programme Board has been established to focus	

	efforts on ensuring 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 will continue to be closely monitored together with the delivery of the Q&F Plan. The IJB requested a trajectory of the projected overspend position is provided in the next report. The IJB : - **noted** the overall Integrated Budget Monitoring report for the October 2017 period - **noted** that as at the October period there is a projected year-end overspend of £3.4m - **noted** the financial progress with the delivery of the Q&F Plan and the overall forecast shortfall in delivery of savings - **noted** the updated financial recovery plan and supported the actions therein to ensure the delivery of a balanced integrated budget for the 2017-18 financial year. ii) <u>Updated Budget Outlook 2018-19</u> - The Chief Financial Officer, informed the IJB that financial assumptions have been updated for 2018-19. Overall the in-year position has not changed materially but there is a significant impact from the progress with the delivery of savings during 2017-18 and the projected financial year-end overspend, which if not addressed will require further savings to be identified for 2018-19. The estimated in-year budget gap for 2018-19 is £9.1m. Taking into account previously agreed savings and the projected outturn position for the current year there would be a requirement to add further service changes delivering savings of £11.4m to the Q&F Plan in 2018-19. The Q&F Plan for 2018-19 will require to include service changes to address any new in-year budget gap and also any savings previously included which have not yet been delivered. Based on current estimates there potentially may be £18.7m of service changes required to be delivered in 2018-19, this would be very challenging to deliver. The IJB - **noted** the indicative budget outlook & resulting estimated in-year budget gap for 2018-19 & the estimate that further service changes will require to be identified and added to the Q&F Plan to deliver a further £11.4m of savings in 2018-19. - **noted** the significant impact of the 2017-18 financial position and the impact of delays in progressing service changes in the Q&F Plan in the current year. - **noted** the challenge for 2018-19 in delivering the estimated £18.7m of service redesigns which would require to be delivered through the Q&F Plan. - **noted** the requirement for the IJB to approve a balanced Integrated Budget by March 2018 and the ongoing work in the	**CWh**

	localities and by the Q&F Plan Programme Board to deliver on this requirement. iii) <u>Quality & Finance Plan – Closure of Aros Building</u> - The Chief Financial Officer informed the IJB that the closure of Aros was agreed as part of the Q&F Plan for 2016-17 with savings of £150k expected to be delivered. Plans have been developed to move the 83 staff based in Aros to alternative accommodation. The expected savings will not be delivered in full as there are 22 staff for whom alternative accommodation is yet to be identified. There would be replacement accommodation costs for the 46 staff proposed to move to Council buildings in Lochgilphead and there is some uncertainty around the deliverability of savings from Non-Domestic Rates. The closure will allow for opportunities to co-locate corporate teams with Council colleagues and the efficiencies that could be gained as a result of this. Subject to formal approval and agreement, council officers have agreed to the principle of an annual rental based on a fair share of property costs with the HSCP funding any one-off and incremental costs of co-location. It is expected that corporate services co-location will facilitate the delivery of efficiencies which would partly offset the shortfall in savings, and therefore in the year following the staff relocation any element of unmet saving could be transferred to the corporate services savings target on the Q&F Plan. The report recommended proceeding with the closure, this would be in line with the strategic direction to integrate services, including corporate services, and would allow the HSCP to reduce the overall asset footprint and to disinvest from a building in poor condition which would require significant investment. The Staffside Representative (Health) reported to the IJB that she had received feedback from several staff expressing their concerns about the proposed closure of Aros, including the view that there has not been appropriate consultation with staff; questioning the immediate financial benefit of the move and concern in relation to isolation from senior management. Members of the IJB acknowledged these concerns. The IJB were advised of the staff consultation events undertaken in 2016 by the then Business & Transformation Manager which has informed discussions and planning for the closure of Aros. The NHS Head of Finance has also held staff meetings to feedback on the work being undertaken to progress the move. The IJB were informed that there have also been concerns from staff regarding the fabric of Aros, i.e. condition and safety of the roof/windows and the unsatisfactory heating system. It was noted that the required building maintenance and refurbishment work to bring the building to an acceptable standard would cost a minimum of £200k which would only provide a short-term solution. The IJB : - **noted** the shortfall in planned savings from the closure of the	

	Aros building. - **approved** proceeding with the planned closure, recognising that this is required to co-locate support service staff and to disinvest from a building which is no longer fit for purpose. - **approved** the savings shortfall to be added to the existing corporate saving which will be met from the co-location of corporate staff. - **approved** the non-recurring costs to facilitate the staff moves to be funded from the Community Investment Plan.	
5.3	**Public Health**	
	<u>NHS Highland Director of Public Health Annual Report – Realistic Medicine</u> - Dr Hugo van Woerden, NHS Highland's Director of Public Health gave a presentation, outlining that Realistic Medicine as a concept was launched by the Chief Medical Officer in her Annual Report in 2015. The 6 core elements of Realistic Medicine are: • Shared decision making • Personalised approach to care • Reducing unwarranted variation • Reducing harm and waste • Managing risk better • Making innovative improvements The report includes examples of Realistic Medicine in action from across NHS Highland and reflects on frailty and end of life care in particular as areas from which further benefits could be reaped using a Realistic Medicine approach. The Health Improvement Principal gave an overview of the work underway in Argyll & Bute. She highlighted the benefits being reported by members of communities who attend the events which are aimed at encouraging exercise and helping to alleviate the loneliness experienced by many. The IJB: • **received** the report. • **recognised** the work that has been undertaken to develop Realistic Medicine in NHS Highland. • **supported** the dissemination of the report and its findings. <u>Alcohol & Drugs Partnership (ADP) Annual Report 2017-18</u> - John Owens (ADP Chair) and Craig McNally (ADP Coordinator) reported that the Alcohol & Drug Partnership (ADP) are required to present an Annual Report to the Scottish Government (SG), covering three categories: - Funding - the report gives details of the funding that the ADP is aware of being allocated by partners to meet the aims of the ADP. - Ministerial Priorities - the SG identified twelve priorities for	

	ADPs to report on. - Additional Information - this section provides details of services the ADP commissioned in 2016/17 and the ADP's reporting arrangements. The circulated annual report indicates that the ADP is continuing to progress towards all of the strategic priorities set out by the Scottish Government. It also recognises that there are local priorities which run in parallel to the national priorities and the ADP continues to work in partnership across Argyll & Bute to ensure these all remain within our strategic aims. Responding to an enquiry regarding Alcohol Brief Interventions (ABIs), the ADP Co-ordinator advised that ABIs have moved to delivery within Argyll & Bute localities across a wide range of service providers. Operational managers are required to ensure that the co-targets are cascaded throughout the relevant workforce and reinforced within operational teams. The IJB - **noted** the Annual Report.	
5.4	**West of Scotland Delivery Plan Position**	
	The Head of Strategic Planning and Performance, informed the IJB that there is a requirement for the West of Scotland to produce its Regional Health and Social Care Delivery Plan for March 2018. The HSCP is a key stakeholder in this work to ensure the developing care models are influenced by and take account of the rural health and care needs of Argyll and Bute's communities both mainland and island. Representatives from the HSCP senior management and clinicians are members of the programme board and various work streams. The Governance and approval processes of the developing regional plan requires the consideration and consultation of the IJB as it proceeds through to March 2018. There will also be a public involvement and engagement/consultation process which the HSCP will require to support in Argyll and Bute The IJB: - **noted** the issue of the West of Scotland Regional Delivery Plan position paper and associated appendices. - **considered** the impact and expectation on the HSCP relating to shaping and influencing the Regional Delivery plan. - **noted** the next steps.	
5.5	**Performance Report**	
	The Head of Strategic Planning and Performance presented the Performance Report on the 9 key National Health and Wellbeing (NHWB) Outcomes and 23 sub-indicators which form the basis of the reporting requirement for the HSCP. There are 101 scorecard success measures and of these 67 are currently reported as being on track for period to September 2017 (quarter two 2017/18). The report focused on the HSCP performance against NHWB Outcomes	

	for indicator 5: Services reduce Health Inequalities and indicator 6: Unpaid Carers are supported. The Board also reviewed the HSCP performance against the 6 integration performance measures which allowed a comparison at locality level within Argyll and Bute and NHS GG&C. The measures are: • Unplanned Admissions • Unplanned bed days • A&E performance • Delayed discharges - The IJB noted the delayed discharge performance in Argyll and Bute had worsened notably at the Lorn and Islands Hospital. The IJB: - Noted the HSCP performance against NHWB Outcomes 5&6 - Noted the performance against Integration Authorities Performance Indicators.	
5.6	**A&B HSCP Consultant Outpatient Waiting Times & Forecast 2017/18**	
	The Head of Strategic Planning and Performance, presented the IJB with an update on the report from earlier this year. Patients in Argyll and Bute usually access consultant outpatient secondary care services in the following ways: 1) within NHS GG&C hospitals (53,000 appointments per year) 2) Outpatient clinics in Argyll and Bute hospitals (30,000 appointments per year). General Surgery and Oral Surgery within Lorn & Islands hospital continue to meet the treatment time guarantee but there remains a 0.5 wte vacancy in general surgery which may impact on the ability to maintain this if the HSCP cannot appoint or fund locums to sustain the service. The number of outpatient 12 week breaches has increased from 532 in 2015/16 to 1120 in 2016/17 (an increase of 111%). It is forecast that in 2017/18 this will rise to 4719, an increase of 320% from 2016/17. If this trend continues then, without significant action and investment, Orthopaedics, Ophthalmology, ENT, Pain Management and Respiratory will breach the outpatient waiting times target consistently with some specialties exceeding 26 weeks from September 2017. Current demand on outpatient clinics, aligned with NHS GG&C difficulties in meeting its own targets, will mean that waiting times in the HSCP will routinely exceed the 12 week target in 2017/18. The IJB has acknowledged that within the current service profile and financial resources it is not possible to meet waiting time targets and patients will breach both locally and in NHS GG&C. This will result in clinical risk to patients. The announcement of additional waiting times funding by the Scottish Government is welcomed and the HSCP's NRAC (national funding formula) share should allow it to	

	mitigate clinical risk to patients and improve waiting times performance. It will also allow the HSCP to accelerate progress on transforming the way local services are delivered by supporting redesign of services. Without additional funding not only will the HSCP's waiting times performance deteriorate further but it will be exposed to greater financial risk affecting its plans to deliver a balanced budget. The funding has not yet been released by NHS Highland and there is a risk that a delay will not allow the HSCP to put in place the plans and actions to address the waiting times breaches. The IJB: - **noted** the current and forecasted consultant service waiting times position for the HSCP up to March 2018. - **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 funding allocated to Argyll & Bute to support additional clinics and service redesign. - **noted** the action planned and service redesign areas to utilise this additional funding, to meet patients needs, ensure equity of provision and improve performance achieving waiting time targets. - **noted** the funding expectation and associated service and financial risk to the HSCP if its NRAC share is not provided - **recorded** their view that it was inequitable and unacceptable that the £3.2 million allocated to the NHS Highland Board should be only spent on the Highland council population. - **directed** the Chief Officer to write to the Chair of NHS Highland Board to formally request the NRAC allocation of funding (£925,000) be released to Argyll and Bute. This letter is also be to be copied to the Scottish Government to advise of the issues and consequence as detailed.	
5.7	**Staff Governance**	
	The Head of Strategic Planning and Performance, outlined that the Report sets out performance data and current key issues for staff governance in the HSCP (the HSCP does not employ staff, this remains the statutory responsibility of Argyll and Bute Council and NHS Highland). The elements detailed in the paper provide information on staff governance issues 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 conditions and employing policies; adopt best practice from both employers; identify service change implications for the workforce & compliance with above. Workforce Planning is being progressed in localities. The Head of HR (HSCP) will be asked to provide a report to the IJB Development session on matters related to Workforce Planning and integrating HR processes across the organisation.	**SW**

	The IJB - **noted** the content of the report on staff governance.	
5.8	**Climate Change**	
	The Chief Officer, informed the IJB that in 2009 the Scottish Parliament passed the Climate Change (Scotland) Act. Part 4 of the Act states that a "public body must, in exercising its functions, act: in the way best calculated to contribute to the delivery of (Scotland's climate change) targets". As a public body the IJB has a responsibility to produce a Climate Change Report to the Scottish Government by 30 November 2017, independent from the parent bodies of NHS Highland and Argyll and Bute Council. The three elements of the public bodies climate change duties are as follows: 1. Mitigation - reducing greenhouse gas emissions 2. Adaption – adapting to the impacts of a changing climate 3. Acting Sustainably – sustainable development as a core value. The IJB: - **noted** the progress towards submission of an IJB Climate Change report to Scottish Government by 30th November 2017. - **approved** the principles of completion. - **approved** the establishment of an HSCP Climate Change Group. - **approved** submission of the report.	
5.9	**Pharmacy Team Report**	
	The Lead Pharmacist, informed the IJB of the strategic direction for pharmacy and the developments made to pharmacy services to date in Argyll & Bute along with future plans for the service. Prescription for Excellence (published in 2013) set out the Scottish Government (SG) vision for pharmacy, focusing on providing direct clinical care to patients with Pharmacists working in or closely with GP practices. This year Achieving Excellence in Pharmaceutical Care aligns the strategic direction for pharmacy with the direction of policy set out by the SG. Pharmacy services in the HSCP have been developed in line with the SG strategic direction. A range of pharmacy services to support GP practices have been introduced with the primary care investment funding and pharmacists are delivering more direct patient care utilising their prescribing skills. The Pharmaceutical care being provided is person-centred and promotes safe, effective use of medicines. The IJB - **noted** the national policy relating to the pharmacy profession and the implementation of this within the HSCP.	
5.10	**Chief Officer Report**	
	The Chief Officer briefed the IJB on a number of topics including : • Lorn & Islands Hospital Open Day • IJB webpage developments • Annual Learning Awards Ceremony	

	• Cowal GP wins doctor award The IJB - **noted** the report.	
	Date of Next Meeting: Wednesday 31 January 20182017, 1.30pm in the Council Chamber, Kilmory, Lochgilphead	

ACTION LOG – INTEGRATION JOINT BOARD 27-09-17

	ACTION	LEAD	TIMESCALE	STATUS
1	Development Session on Homecare to be arranged.	A MacColl-Smith	Early 2018	
2	Criminal Justice as a Development Session topic.	A Taylor	Early 2018	
3	Significant Adverse Event Reviews – quarterly figures to be included in Clinical & Care Governance Report.	E Higgins	March 2018	
4	A trajectory of the projected overspend position to be provided in the next Finance report.	C Whyte	January 2018	
5	Alcohol brief interventions (ABIs) – ensure that the co-targets are cascaded throughout the relevant workforce and reinforced within operational teams.	Heads of Service	On-going	
6	Chief Officer to write to the Chair of NHS Highland Board to formally regarding the outstanding issue of Waiting Times funding for Argyll & Bute.	C West	Immediate	
7	Carers Eligibility Criteria – further report to IJB in March 2018	L Currie	March 2018	
8	Submit HSCP Climate Change Report to Scottish Government	D Ross	End Nov 2017	Complete

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.1

Date of Meeting : 31 January 2018

Title of Report : Delivering the New 2018 General Medical Services Contract in Scotland

Presented by : Dr Michael Hall, Associate Medical Director, Argyll & Bute

The Integration Joint Board is asked to :

- Note the paper.
- Note that following a ballot of GPs and GP trainees that the full Scottish General Practices Committee (SGPC) will have met on 18 January 2018 to decide whether the contract should be accepted on behalf of the profession.
- Should the contract be accepted on 18th January 2018 (a verbal update will be provided at the IJB), instruct the Chief Officer to progress the necessary actions within Argyll & Bute to develop **the Primary Care Improvement Plan** as set out in section 13, will be approved by the SMT in July and presented to the IJB on the 1st August 2018.

1 PURPOSE

The purpose of the report is to :

- Outline the content of the proposed new 2018 General Medical Services (GMS) Contract in Scotland;
- Outline the Memorandum of Understanding (MoU) between Scottish Government, British Medical Association, Integration Authorities and NHS Boards;
- Outline the requirement for Primary Care Improvement Plans to be developed by 1 July 2018

2 BACKGROUND

A strong and thriving general practice is critical to sustaining high quality universal healthcare and realising Scotland's ambition to improve our population's health and reduce health inequalities.

1. On 13 November 2017, the Scottish Government published the draft 2018 General Medical Services Contract in Scotland.

2. The benefits of the proposals in the new contract for patients are to help people access the right person, at the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes. In particular this will be achieved through:

- Maintaining and improving access;
- Introducing a wider range of health and social care professionals to support the Expert Generalist (GP);
- Enabling more time with the GP for patients when it is really needed, and
- Providing more information and support for patients.

3. The benefits of the proposals in the new contract for the profession are:

- A refocusing of the GP role as Expert Medical Generalist;
- Phase 1 of Pay and Expenses, including new workload formula and increased investment in general practice;
- Manageable Workload
  - additional Primary Care staff to work alongside and support GPs and practice staff to reduce GP workload and improve patient care and
  - improving infrastructure and reducing risk: including management/ownership of premises, shared responsibility as data controller for information sharing, responsibilities for new staff.

4. The draft contract is the culmination of negotiations between the Scottish GP Committee (SGPC) of the British Medical Association (BMA), and the Scottish Government. The formal negotiations were informed and supported by a range of other forums including GMS Reference Group (jointly chaired by Andrew Scott, Director of Population Health, Scottish Government and John Burns, Chief Executive NHS Ayrshire & Arran) and tri-partite meetings between Scottish Government, BMA, and nominated Chief Officers of Integration Authorities.

5. The draft contract is set out in the following documents:

- Contract framework
- Premises Code of Practice
- Draft Memorandum of Understanding
- Letter describing the Memorandum of Understanding

6. The new contract, if agreed, will support significant development in primary care. A draft Memorandum of Understanding between Integration Authorities, SGPC of BMA, NHS Boards and Scottish Government, sets out agreed principles of service redesign, ring-fenced resources to enable change to happen, new national and local oversight arrangements and

agreed priorities. The initial implementation requirements are set out in the MoU for the first three years (April 2018-March 2021).

7. The MoU recognises the statutory role of Integration authorities in commissioning primary care services and service redesign. It also recognises the role of NHS Boards in service delivery, employers and partners to General Medical Service contracts.

8. The MoU provides reassurance that partners are committed to working collaboratively and positively in the period to March 2021 and beyond to deliver real change in local health and care systems that will reduce workload and risk for GPs and ensure effective multi-disciplinary team working for the benefit of patients.

9. Implementation of the new contract and MoU are subject to the new contract being approved by the SGPC following a poll of the profession. The outcome of this will be known on 18 January 2018.

NEW GP CONTRACT

10. The aim of the new contract are to achieve:

Sustainable funding:

- New funding formula that better reflects GP workload from 2018 with additional investment of £23 million. Nationally, 63% of practices gain additional resources;
- Practice income guarantee that means the 37% of practices who are not gaining additional resources will see their funding maintained at current levels;
- A new minimum earnings expectation will be introduced from April 2019. This will ensure that GPs in Scotland earn at least £80,430 (whole-time equivalent – and includes employers' superannuation).

Manageable workload:

- GP practices will provide fewer services under the new contract to alleviate practice workload. New primary care services will be developed and be the responsibility of IJBs / NHS Boards.
- There will be a wider range of professionals available in and aligned to practices and the community for patient care. New staff will be employed mainly through NHS Boards and attached to practices to support development of the Expert medical Generalist role;
- Priority services include Pharmacotherapy support, treatment and care, and vaccinations ;
- Changes will happen in a planned transition over three years commencing in 2018/19 and there will be national oversight involving Scottish Government, SGPC and Integration Authorities and local oversight involving IJBs NHS Boards and the profession, including Local Medical Committees.

Reduced risk:

- GP owned premises: new interest-free sustainability loans will be made available, supported by additional £10 million annual investment;
- GP leased premises: over time there will be a planned programme to transfer leases from practices to NHS Boards;
- New information sharing agreement, reducing risk to GP contractors with NHS Boards as joint Data Controllers.

Improve being a GP:

- Move to recognise the GP as the Expert Medical Generalist (EMG) and senior clinical decision maker. In this role the GP will focus on three main areas: undifferentiated presentations; complex care in the community; and whole system quality improvement and clinical leadership;
- GPs will be part of, and provide clinical leadership to, an extended team of Primary Care professionals;
- GPs will be more involved in influencing the wider system to improve local population health in their communities. GP Clusters will have a clear role in quality planning, quality improvement and quality assurance;
- GPs will have contractual provision for regular protected time for learning and development.

Improve recruitment and retention:

- GP census will inform GP workforce planning;
- Explicit aim to increase in GP numbers with a workforce plan due to be published in early 2018.

THE 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND (Contract Framework or Scottish Blue Book)

Key aspects of the new contract and MoU requiring early action are summarised below.

11. Development of Primary Care Improvement Plan:

- IJBs will set out a Primary care Improvement Plan to identify how additional funds are implemented in line with the Contract Framework;
- The Plan will outline how these services will be introduced before the end of the transition period at March 2021, establishing an effective multi-disciplinary team model at Practice and Cluster level;
- These plans will be developed in collaboration with local GPs and others and should be developed with GP Subcommittee (or representatives of by agreement locally) as the formally agreed advisors on general medical service matters. Any specific contractual elements must be agreed with the Local Medical Committee.

- IJBs have a statutory duty and the infrastructure established to consult in relation to Strategic Planning and stakeholders should be engaged in the plan's development;
- Local and Regional Planning will recognise the statutory role of IJBs as commissioners. IJBs will give clear direction to the NHS Board on its function to secure these primary care services;
- In developing and implementing these plans, IJBs should consider population health needs and existing service delivery;
- Integration Joint Boards will be accountable for delivery and monitoring progress for the local Plan
- Where more than one IJB is covering a NHS Board area, the IJBs must collaborate in relation to effective and efficient use of resources.

12. Key Priorities

Existing work has shown the benefits from working with a wider multi-disciplinary team aligned to General Practice. The MoU outlines the priorities over a three year period (April 2018-March 2021);

- The priority new services and staff are:

  i. Vaccination services (staged for types of vaccinations but fully in place by April 2021)
  ii. Pharmacotherapy services – made up, by 2021, of level one core (acute prescribing, repeats, discharge letters, medication compliance reviews); followed by level two additional advanced (medication review, resolving high risk medication problems); level three additional specialist (polypharmacy reviews, specialist clinics)
  iii. Community treatment and care services (e.g. minor injuries and dressings, phlebotomy, ear syringing, suture removal, chronic disease monitoring) with phlebotomy delivered as a priority in the first stage;
  iv. Urgent care (advanced practitioners, nurses and paramedics) undertaking home visits and unscheduled care;
  v. Additional professionals for multi-disciplinary team dependent on local geography, demographics and demand (e.g. physiotherapists focusing on musculoskeletal, mental health services)
  vi. Community Link Workers

- New staff will be employed predominantly through the NHS Board and work in models and systems agreed between each HSCP and local GPs;
- New staff should, where appropriate, be aligned to GP practices or groups of practices (e.g. clusters).
- Where appropriate, reconfigured general medical services should continue to be delivered in or near GP practices.
- Existing practice staff continue to be employed by Practices; and
- Practice Managers will contribute to the development of the wider Practice Teams.

13. Improving Together Cluster Framework:

GP Clusters are professional grouping of general practices that should meet regularly with each practice represented by their Practice Quality Lead. The 2017 Scottish Government document - Improving Together - is a quality framework for GP Clusters that shapes continuous improvement of the quality of care that patients receive and states:

- Cluster purpose is to improve the quality of care within the practices and extrinsically through localities;
- Clusters priorities for 2018/19 will support the current Transitional Quality Arrangements;
- Clusters will provide advice in the development and implementation of Primary Care Improvement Plan(s);
- Practices will provide activity and capacity information to enable quality improvement work to progress and deliver;
- Clusters will be supported by Local Intelligence Support Team (LIST) analysts and Healthcare Improvement Scotland support to HSCPs;
- The peer review process for Clusters is still being negotiated.

14. Funding:

Over the period of implementation, £250m of new funds will be invested in support to General Practice. The funds will support the new practice funding formula, national support arrangements, premises support and the development of the multi-disciplinary team.

- The Scottish Draft Budget proposals for 2018/19 published in December 2017 confirmed a first phase of funding of £110m for 2018/19;
- A letter was circulated in November 2017 to Practices setting out the implications from the new proposed funding formula and allocating the £23m. No practice has a reduction in funding;
- A proportion (to be confirmed) of the £110m for 2018/9 will be allocated using the NRAC formula to support the development of multi disciplinary teams in line with the MoU. Primary Care Improvement Plans will set out how these funds will be used.

15. The Wider Role of the Practice:

- Practice core hours will remain as 8am – 6.30pm (or in line with existing local agreements);
- Practices can opt in to provide Out of Hours services and there will be a new enhanced services specification;
- Practices will continue with extended hours directed enhanced service where they chose to do so; The intention is that there will be no more new enhanced services but as there is no alternative to delivering many of the current enhanced services, there is no intention of reducing these and the funding to practices would continue to be available. Any further changes

will need to be carefully planned with a rate of change that ensures patient safety, quality of service and practice stability.

- Role and training of Practice Nurses – with the introduction of dedicated treatment and care services, General Practice nurses will be enabled to support holistic and person centred care supporting acute and chronic disease management enabling people to live safely and confidently at home;
- Role of Practice Managers and Receptionists will change. It is recognised that Practice Managers and other practice staff already have a wide range of skills that will continue to be essential for the future. In addition they will work more closely with the wider primary care system including GP clusters, NHS Boards, HSCPs and emerging new services;
- Information technology investments – it is intended that all GP practices will transition to a new clinical IT system by 2020;
- The contract will set out the roles and responsibilities of GPs and NHS Boards in relation to information held in GP records. The contract will recognise that contractors are not the sole data controllers of the GP patient's record but are joint data controllers along with their contracting NHS Board.
- Practices will be required to provide activity, demand and workforce data (through the new SPIRE system unless practices wish to collect the information themselves) and to participate in discussions at cluster level on sustainability and outcomes.

IMPLEMENTATION IN ARGYLL AND BUTE HSCP

16. Under the new contract there is a requirement to develop a Primary Care Improvement Plan for each HSCP which must be agreed by the GP Sub Committee of NHS Highland. The MoU acknowledges where more than one HSCP is covering a NHS Board area, the HSCPs will collaborate in relation to effective and efficient use of resources.

17. HSCPs have responsibility for commissioning primary care services which integrate with locality services and are responsive to local needs and work with GP Clusters. The legal responsibility for the GMS Contract sits with the NHS Highland Board. The changes envisaged in the new contract with implementation of the priority developments, changes to the role of GPs, training and role of Practice staff, premises, quality planning, improvement and assurance arrangements are significant and will require coordination across the Argyll and Bute HSCP area in order to be efficient and effective.

18. The HSCP is in the process of establishing a Primary Care Modernisation group to progress the work outlined above and to meet the July 2018 deadline. The group includes GP stakeholder representation as well as the Associate Medical Director, Senior Manager and the Primary Care Manager. Its first meeting of the full membership is on the 24th January 2018.

PEOPLE WHO USE SERVICES AND CARERS IMPLICATIONS

19. The benefits of the proposals in the new contract for patients are to help people access the right person, at the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes.

FINANCIAL IMPLICATIONS

20. The implementation of the 2018 General Medical Services contract for Scotland will see £250million per annum phased investment in support of General Practice. This is part of an overall commitment of £500million per annum investment in Primary and Community Health and Care services by the end of this parliament.

HUMAN RESOURCE IMPLICATIONS

21. The new contract will support the development of new roles within multi-disciplinary teams working in and alongside GP Practices. The contract also plans the transition of the GP role into an Expert Medical Generalist. These changes will require local and national workforce planning and development.

POLICY / LEGAL IMPLICATIONS

22. The central purpose of the 2018 GMS contract is to provide better service to patients by providing stability and sustainability to General practice. In so doing it also provides an environment that supports the wider policy aim of delivering care and support close to home when possible.

COMMUNITY PLANNING IMPLICATIONS

23. The Wellbeing of people and communities is core to the aims and success of Community Planning. Primary Care Improvement Plans, delivered as an integral part of Integration Authorities Strategic Commissioning Plans will contribute to support this wellbeing agenda.

EQUALITY IMPLICATIONS

24. There are no equality implications arising from the report.

RISK IMPLICATIONS

25. The implementation of the new contract will only be possible with full engagement of all IJBs, NHS Board, GP Sub Committee and LMC. Achieving implementation of the Primary Care Improvement Plans will require a clear three year programme and funding profile. The new contract seeks to address GP primary care sustainability.

RECOMMENDATIONS

26. The Integration Joint Board is asked to :

(i) Note the Paper;
(ii) Note that following a ballot of GPs and GP trainees that the full Scottish General Practices Committee (SGPC) will have met on 18 January 2018 to decide whether the contract should be accepted on behalf of the profession;
(iii) Should the contract be accepted on 18th January 2018 (a verbal update will be provided at the IJB), instruct the Chief Officer to progress the necessary actions within Argyll & Bute to develop **the Primary Care Improvement Plan** as set out in section 13, will be approved by the SMT in July and presented to the IJB on the 1st August 2018.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item : 5.2**

Date of Meeting : 31 January 2018

Title of Report : Staff Governance Report

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

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

The Integration Joint Board is asked to :

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

Accept the recommendation to move to a quarterly Staff Governance Report wef March 2018.

1. EXECUTIVE SUMMARY

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

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

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

2. INTRODUCTION

This report provides an overview of the staff governance issues identified above as raised and discussed at the Strategic 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)
- Workforce Planning
- Update on Integrated HR issues
- Organisation Change & Service Redesign issues
- Recruitment & Redeployment activity
- Statutory & Mandatory Training
- Workforce performance trends; attendance management, costs of sickness absence, fixed-term contracts, turnover, employee relations, performance management.
- Plans for next quarter (Q4 2017)

This report uses data from both Q2 and Q3; full information for Q3 is not available until February 2018.

3. 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.

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. Argyll & Bute HSCP achieved a 61% response rate that is very good for the first involvement with iMatter. In July the HSCP (A&B Directorate) and 114 teams received their own report and 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.

From mid July 2017 there was a 12 week period ending 13th October for Managers and Team Leaders to discuss Team reports and agree an Action Plan for improving staff experience in their work area. Identifying what the team do well and at least one area of improvement is required by each team, up to three can be added. If the team did not achieve the response rate to get their own report they could use the Directorates' (HSCP). It is the action plan element that is key to identifying and managing change and improvements in the workplace.

By the end of November 62/182 (34%) action plans were completed. There are a variety of reasons why more action plans have not been completed: these include

time pressures and too many competing priorities; finding it difficult to co-ordinate all team members to discuss the report; problems logging on/passwords; this was a new process so some people were more engaged than others the first time round. The SGHD took a snapshot of progress across Scotland towards the end of 2017 to input into the National Staff Experience Report which will be published in March 2018.

4. WORKFORCE PLANNING

Following the pilot phase in Oban, Lorn and the Isles, we have continued to work with the iHub improvement team (http://iHub.scot/) to develop Locality-based workforce planning. The phased roll-out is shown below:

Phase 2 – End of November/January - Cowal & Bute
Phase 3 – December/January – Helensburgh & Lomond
Phase 4 – December/January – Mid Argyll, Kintyre and Islay

The first workshop for Cowal & Bute was held on 30th November and Helensburgh's was on 1st December. Due to the weather the workshop scheduled for MAKI on the 7th was more of a shorter session, with their first workshop now to be held on the 24th January. Second dates are booked for all the localities in February and actions are in progress in preparation for these. We need to ensure we have enough local data to enable modelling of scenarios. A final follow-on workshop for early March for all localities to come together to consolidate learning, review outputs of the model, identify actions at locality and Argyll & Bute levels, and evaluation:

A Programme Board has been set up to govern the work and is chaired by the Head of Strategic Planning & Performance, the first meeting was held on 23rd November. This Board 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 meet the health & social care needs of our population through new models of care that are sustainable & affordable. This HSCP Workforce Plan will focus initially on Adult Services and will be drafted by the end of March 2018.

Part 2 of the Scottish Government's *National Health and Social Care Workforce Plan was launched in December.*

5. UPDATE ON INTEGRATED HR ISSUES

The Staff Liaison Group and Organisational Change Group are operating to ensure consistent application of NHS & Council organisational change and redesign policies. We have active staff-side/trade union involvement on both groups.

The Council HR team has continued with its re-organisation. The new HR & OD structure will be effective from April 2018, although many of the changes have already been implemented.

A new structure for the HSCP HR team is in process of being implemented; a Workforce, Organisational Development and Staff Engagement Manager was appointed on 1st January 2018 and the HSCP team will be renamed 'People & Change' to reflect a more strategic contribution to supporting integration.

A number of Council HR policies are currently being revised and updated – and should be available on the Council website from April 2018.

6. ORGANISATIONAL CHANGE & SERVICE REDESIGN ISSUES

A number of meetings concerning Neighbourhood teams have been taking place throughout November and December – and progress is being made on this important piece of work which will impact on both NHS and Council staff. A Neighbourhood Care Team Development Group is being established (January 2018) to provide strategic oversight & direction for implementation within localities.

Significant progress has also been made with the Auchinlee/Lorne Campbell Court project, with recruitment nearing completion. Other Service Provision reviews are about to commence specifically looking at Eader Glinn and Ardfenaig.

Finally, the successful outcome of the redesign to the HSCP Planning & Performance Team has been reported to the Organisational Change Group; final Job Descriptions will be received in January.

7. RECRUITMENT & DEPLOYMENT ACTIVITY

NHS Vacancies

Posts Advertised (New, Re-advertised)

	Oct		Nov		Dec	
	New	**Re-Ad**	**New**	**Re-Ad**	**New**	**Re-Ad**
A&B Adult Services – East	10	4	11	5	2	3
A&B Adult Services – West	11	7	23	22	1	8
A&B Children & Families	3	4	7	10	0	2
Corporate Services	2	3	3	2	0	1
Totals	**26**	**18**	**44**	**39**	**3**	**14**
	44		**83**		**17**	

Vacancies Progressing Through Recruitment Process (after closing date, vacancies that are undergoing short listing and interviews etc)

Snapshot taken at end of each month	**Oct**	**Nov**	**Dec**
A&B Adult Services – East Total	11	9	16
A&B Adult Services – West Total	23	17	36
A&B Children & Families Total	5	7	12
Corporate Services Total	15	14	9
Totals	**54**	**47**	**73**

Council Vacancies

For the month of **October** 2017, there were **4** internal job adverts within HSCP Social work, and **12** external job adverts.

For the month of **November** 2017, there were **7** internal job adverts within HSCP Social work, and **8** external job adverts.

For the month of **December** 2017, there were **14** internal job adverts within HSCP Social work, and **3** external job adverts.

In December 2017, there were 31 staff on the NHS primary redeployment register (a reduction of 9) and 26 on the secondary register (no change from Sept 2017).

No Social Work staff are currently on the redeployment register.

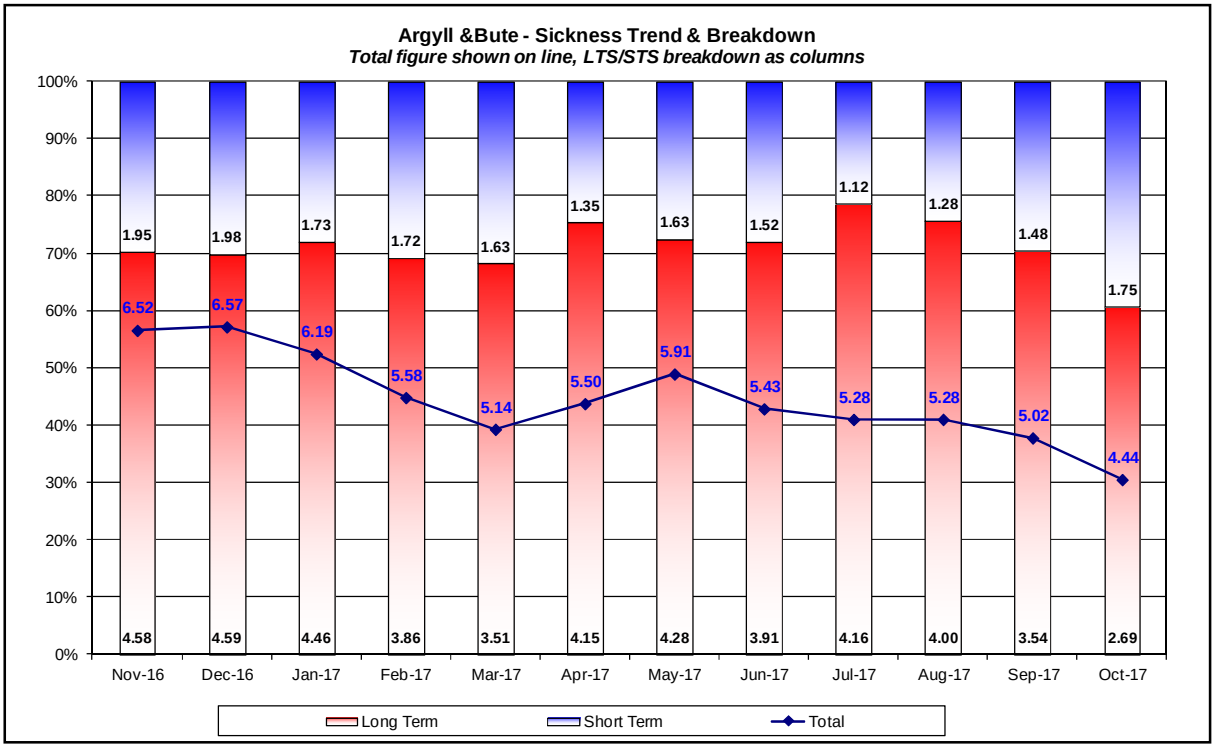
8. STATUTORY & MANDATORY TRAINING

A more complete update on Statutory & Mandatory Training compliance will be provided in next quarters report (Q4) once information has been obtained from Health & Safety.

9. WORKFORCE PERFORMANCE TRENDS

9.1 Attendance Management

Most NHS Management Units remain above the national target of 4%. Local Argyll & Bute NHS sickness absence reduced again in October to 4.44%..



NHS staff	Sept 2017	Oct 2017
Adult West	5.03%	5.16%
Adult East	5.36%	3.65%
Children's & Families	2.16%	4.11%
Corporate (incl Dental)	4.17%	3.84%
Central Services	5.43%	2.89%
A&B Total	**5.00%**	**4.44%**

The Council measures sickness absence as working days lost as per the required SPI for local government. The data available for this report remains as the previously reported Q2 number (**4.50** working days lost per FTE employee was against a target of **3.78**). The Q3 data will be available in the next Staff Governance Report.

The percentage of Return to Work Interviews completed in this month varies between 5% and 45% across services, considerably below the Council's target of 100%. A number of RTWIs are taking more than 3 days to complete.

9.3 Fixed Term contracts

NHS employees

In November 2017 there were 36 staff on fixed term contracts, an increase of 3 since September 2017.

Adult Care West	**15**
Adult Care East	**10**
Corporate	**9**
Children & Families	**2**
TOTAL	**36**

Council employees

In November 2017 there were 45 Social Work staff on fixed term contracts and a further 72 on temporary contracts

	Fixed-Term	Temporary
Adult Care West	**22**	**29**
Adult Care East	**13**	**23**
Children and Families	**10**	**20**
Strategic Planning & Perf	**-**	**-**
TOTAL	**45**	**72**

9.4 Turnover

Data for Q3 will be provided in the next Staff Governance Report.

9.5 Employee Relations Cases

The number of live Employee Relations cases across the HSCP in November 2017 was as follows:

	NHS	Council
Adult Care West	**5**	**2**
Adult Care East	**2**	**1**
Children and Families	**0**	**2**
A&B Corporate	**0**	**0**
TOTAL	**7**	**5**

9.6 Performance Management (PDPs/eKSF)

This information will be provided in the Q4 report.

10. PLANS FOR NEXT QUARTER (Q4)

- We are hosting a values & behaviours development session for members of the HSCP Strategic Management Team and staff-side/trade union representatives on 25th January 2018; this will provide an opportunity to review the effectiveness of local partnership working and identify improvements
- The Wellbeing Survey for Council & NHS staff within the HSCP will be launched this month – this will gives us benchmarking data across the whole of the HSCP that will inform resilience interventions
- Our final Locality-based workforce planning sessions will be delivered and our first HSCP Workforce Plan will be drafted by the end of Q3.
- We will be exploring the local barriers to iMatter action planning ahead of the next NHS Highland iMatter survey in May 2018. We also want to take the opportunity to highlight some good examples of action plans developed to demonstrate the link between staff feedback and action.
- We will be doing some work with local HSCP teams to review the 6 HSCP Shared Values; our plan is to bring back the results of this consultation to the IJB in March 2018 prior to launching a process of values & behaviours embedding across Argyll & Bute
- The plan is to co-locate the HSCP People & Change team with the Council HR team by end-March 2018; this will create opportunities for closer working and synergy
- We have been reviewing our reporting against Wellbeing Outcome Indicator 8 to ensure a more holistic approach (e.g. including staff engagement measures) – the new approach will be implemented in Q4.

- NHS Highland are planning to migrate the recording of appraisal conversations from eKSF to TURAS by April 2018; managers can either choose to complete eKSF reviews by 31st January 2018 or schedule them from April 2018 when TURAS goes live
- The production of the Staff Governance report will move to a quarterly cycle going forward for the IJB to ensure a complete set of NHS and Council data is available for comparison. This would mean full Quarter reporting at the IJB meetings in August (Q1), Nov (Q2), March (Q3) and May (Q4), but no report provided for the January or September IJB meetings

11. 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.

12. GOVERNANCE IMPLICATIONS

12.1 Financial Impact – N/A

12.2 Staff Governance – this is the staff governance report.

12.3 Clinical Governance – N/A

13. EQUALITY & DIVERSITY IMPLICATIONS

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

14. 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.

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

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.3(i)

Date of Meeting : **31 January 2018**

Title of Report : **Budget Monitoring – December 2017**

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

The Integration Joint Board is asked to :

- **Note** the overall Integrated Budget Monitoring report for the December 2017 period, including:
  - Integrated Budget Monitoring Summary
  - Quality and Finance Plan Progress
  - Financial Risks
  - Reserves
- **Note** that as at the December period there is a projected year-end overspend of £2.9m 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 overall forecast shortfall in delivery of savings.
- **Note** the progress with the implementation of the financial recovery plan and the trajectory of improvement required to deliver financial balance for the 2017-18 financial year. It is unlikely that financial balance will be achieved and efforts continue to be focussed on reducing the overspend as far as possible to limit the impact on funding partners and the budget gap in future years.

1. EXECUTIVE SUMMARY

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

- 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, continuation 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 December 2017. The projected year-end outturn position is an overspend of £2.9m. A financial recovery plan has been in place

since September and was subsequently updated in November to include further actions to address the financial position. The financial recovery plan is not delivering the planned improvement to the financial position and some benefits of implementation are being offset by increases in demand for services and further delays to the achievement of recurring savings in the Quality and Finance Plan. It is unlikely at this stage in the financial year that financial balance can be achieved and therefore efforts are focussed on reducing the projected overspend as far as possible to limit the impact on the budget in future years.

- Not all savings in the Quality and Finance Plan will be achieved as planned during 2017-18, 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 and the Quality and Finance Plan Programme Board has been established to focus efforts on ensuring 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 December 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.

3.1.2 There is an overall increase in funding of £3.163m compared to the approved budget. There is an increase in available funding from £258.885m to £262.048m, 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 net increase to Council funding which relates to the drawdown of budget from reserves.

Year to Date Position – YTD Overspend - £0.194m

3.1.3 The main areas to note from this are:

- The overall Year to Date variance is a net overspend of £0.194m. This consists of an underspend of £1.446m in Council delivered services and an overspend of £1.640m 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 an indication of the likely year-end outturn position, as the year to date position for the Council is reported on a cash and not accruals basis.

3.1.4 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 - £2.915m

3.1.5 The year-end forecast outturn position for the December period is a projected overspend of £2.915m. The main areas are noted below:

ADULT CARE – Projected Overspend £5.2m (October £5.0m)

- Anticipated shortfall of £3.5m in the delivery of Adult Care savings as part of the Quality and Finance Plan
- Budget overspends in relation to locum cover for vacancies and sickness absence, the overspend in medical locums to December is £1.3m.
- Budget overspends across localities in relation to GP prescribing totalling £0.7m.
- Projected overspends for demand for social work services including care home placements, supported living services and integrated equipment store. The projected overspend in adult social care services is £1m, 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 £1.0m (October £1.1m)

- £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, funding set aside to fund cost pressures for war pensions and continuing care which have not as yet been required and slippage on investment plan funding which was paused as part of the financial recovery plan.

CHILDREN AND FAMILIES – Projected Underspend £0.2m (October £0.3m)

- Projected underspends in relation to fostering, kinship and supporting young people leaving care reflecting the level of demand on these budgets.
- Underspend in criminal justice services due to staff vacancies and interim management arrangements.

- These underspends in the social care budget have been mostly offset by new demand for children's residential placements and the unavoidable use of agency social work staff. The demand for children's social care services can be volatile and a small change in demand can have a significant impact on costs.
- The remaining underspend is in relation to vacancy savings in Health delivered services.

GG&C COMMISSIONED SERVICES – Projected Underspend £0.2m

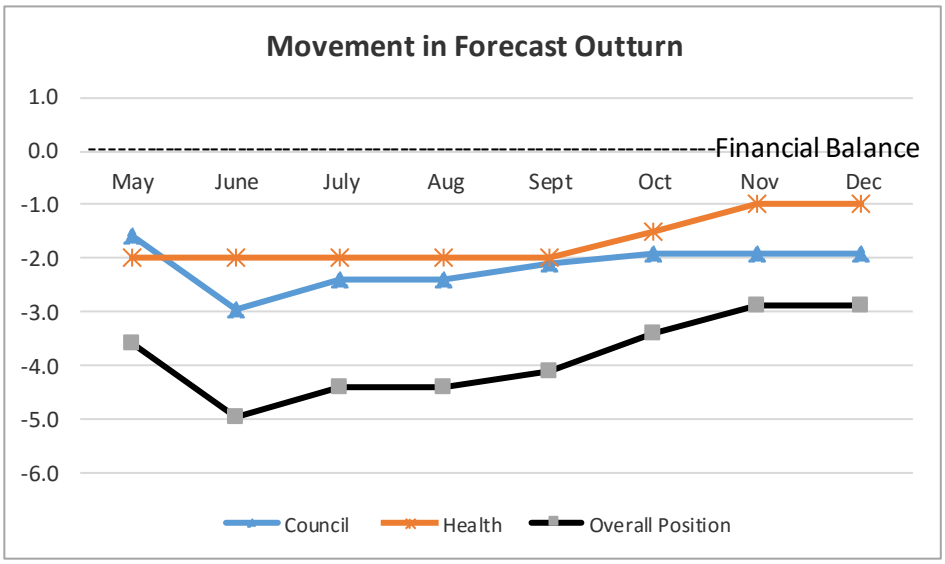
- The HSCP has been clear with NHS GG&C around commissioning intentions for acute health services and the plan to reduce delayed discharges and unscheduled care activity. Part of the financial plan at the start of the year was to reduce the SLA value with NHS GG&C, although at that time the potential savings were not able to be quantified. The SLA value for 2017-18 remains under negotiation but there is an intention to withhold the historic payment for delayed discharges and move to a current activity payment basis, this would see a potential reduction of £0.5m to the payment to NHS GG&C. This benefit is now included in the projected year-end position, although this reduction has not yet been agreed with NHS GG&C.
- There are a number of service areas which are charged on a variable activity basis where demand for services has increased, this growth in demand is partly offsetting any potential reduction in the SLA value.

BUDGET RESERVES – Projected Underspend £1.8m (October £1.5m)

- 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. This includes funding set aside as part of the community investment plan, mental health funding, primary care transformation funding and winter pressures. It is possible that some of these allocations will require to be re-provided in 2018-19.

3.1.6 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, clearly the closer to the financial year-end the more accurate the projected position becomes. The position at the end of the October period was a forecast overspend of £3.4m, this has reduced to £2.9m as at December.

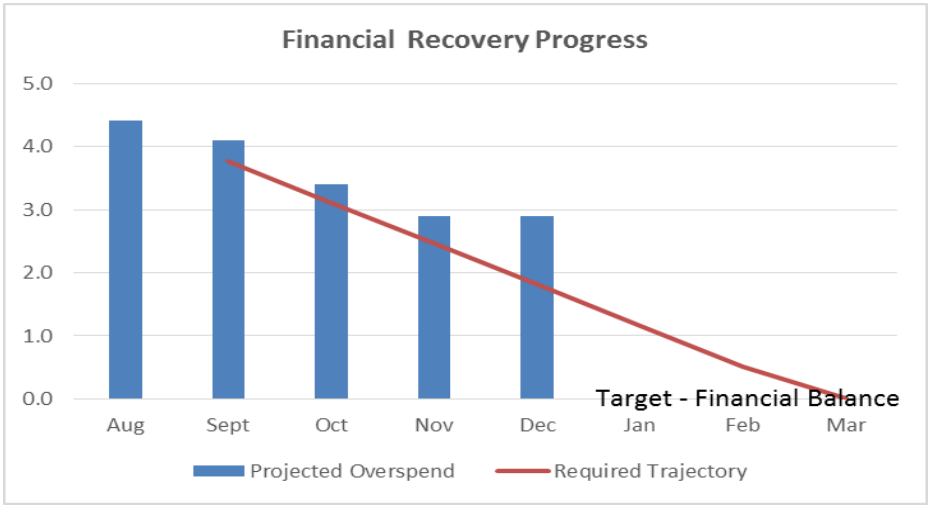
3.1.7 The chart below shows the movement in the forecast outturn position during the 2017-18 financial year:



3.1.8 A financial recovery plan has been in place since August 2017 and was subsequently updated in October to include additional actions to increase the momentum of cost reduction to deliver financial balance. The overall financial position has improved since August however the scale of the improvement would indicate that the financial recovery plan is not going to deliver the improvement required to deliver financial balance at the financial year-end.

3.1.9 The financial recovery plan is impacting on front line service delivery across all services, is leading to gaps in service delivery due to recruitment delays and is generating some resistance from staff and teams. The financial benefit of this is not being fully recognised in the financial forecasts as the recovery plan is not delivering the full £0.7m a month improvement required whilst at the same time accommodating an increase in demand for services (for example children's residential placements and older people's residential care home placements) and also the impact of additional delays in delivering savings on the Quality and Finance Plan.

3.1.10 Progress against the required trajectory of financial improvement is illustrated in the chart below:



3.1.11 It is clear from the above that the financial position is not moving towards financial balance at the pace and momentum required to have confidence that this can be delivered by the year-end. Efforts remain focused on reducing the overspend position as far as possible and the financial recovery plan will continue to be in place until the financial year-end.

3.1.12 Any overspend in the 2017-18 financial year would require to be added to the budget gap for 2018-19 as the IJB would require to borrow funding from the Health Board and/or Council and repay this. Based on current projections this would require a further £2.9m of savings to be delivered in 2018-19 together with the in-year budget gap due to funding and pressures. In addition there will be project funding estimated at £0.5m which may require to be re-provided in 2018-19, ordinarily where there was an expected budget underspend this would be facilitated through the earmarking of reserves.

3.2 QUALITY AND FINANCE PLAN PROGRESS

3.2.1 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 December 2017 period and any estimated year-end shortfall.

3.2.2 Savings are declared where these are achieved on a recurring basis, there are a number of non-recurring savings or underspends which are partly offsetting delays in delivering recurring savings. These underspends are not declared as savings in-year and all declared savings are those which have been delivered on a recurring basis.

3.2.3 To the December period £3.6m of 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 £5.1m 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 £4.0m 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 (£0.3m)
- Re-design of community pathways and community hospital services to shift the balance of care as a result of reduced length of stay, reduced delayed discharges and reduced emergency admissions – Campbeltown, Mid Argyll, Cowal, Bute, Islay (£1.4m)
- Lorn and the Islands Hospital (£0.3m)
- Struan Lodge Service Re-design (£0.2m)
- Corporate and Support Staff Efficiencies (£0.2m)
- Catering and Cleaning and other Ancillary Services (£0.4m)
- Prescribing (£0.2m)

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.

3.2.6 The Quality and Finance Plan Programme Board has now been established and includes representation from officers, IJB members and staff side. Part of their role is to monitor, challenge and support the delivery of the Quality and Finance Plan. The Board provide assurance to the IJB that appropriate challenge, support and rigour is applied to the implementation and development of the Quality and Finance Plan.

3.2.7 There is a reported forecast overspend of £2.9m as at the December 2017 period, this is partly in relation to the expected shortfall in the delivery of the Quality and Finance Plan. With the current estimate being that £4.0m of the agreed savings will not be deliverable in 2017-18 it is clear that there needs to be a focus on accelerating the pace of change to releasing recurring savings, if these were on track to be delivered as planned there would be no reported overspend position.

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 7 financial risks with a potential financial impact of £2.6m noted at the December 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	0	0
Possible	7	2,600
Unlikely	0	0
Remote	0	0
TOTAL	**7**	**2,600**

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 December the number and likelihood of risks has reduced from earlier in the financial year and the risk exposure is less significant, however this may be partly due to some previous risks having materialised and now being reported

through the forecast outturn position. There remains 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 ensuing a balanced budget position.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

5.1.1 As at the December 2017 monitoring period significant financial risks have been identified and services are forecasting a year-end overspend of £2.9m. The financial position has improved during the year, however indications are that the financial recovery plan is not providing sufficient momentum or assurance that the financial position can be brought back into line. Efforts remain focussed on containing and reducing the financial overspend as far as possible to limit the impact on future years.

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

Actions in the financial recovery plan may result in delays or increased waiting times for services.

7. RISK ASSESSMENT

7.1 Financial risks are monitored as part of the budget monitoring process. Operational and clinical risks will be taken into account as part of the implementation of the financial recovery plan.

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. The financial recovery plan requires to be implemented very quickly to ensure the financial position can be addressed, as part of this there will be engagement with individual affected service users.

9. CONCLUSIONS

9.1 This report summarises the financial position of the Integrated Budget as at December 2017. The forecast year-end outturn position is a projected overspend of £2.9m. The starting point for the year was an outstanding budget gap of £2m, therefore there has been an overall deterioration to the position. There has been improvement since the financial recovery plan was implemented, at that time there was a forecast overspend of £4.4m.

9.2 Progress with financial recovery is being impacted by demand for new services, continued service delivery pressures and delays with the delivery of recurring savings in the Quality and Finance Plan. It is unlikely at this late stage in the financial year that financial balance will be achieved at the year-end, efforts will continue to contain the overspend as far as possible to limit the impact on funding partners and on the the budget gap for the IJB in future years.

APPENDICES:

Appendix 1 – Integrated Budget Monitoring Summary – December 2017
Appendix 2 – Quality and Finance Plan Progress – December 2017
Appendix 3 – Financial Risks – December 2017
Appendix 4 – Earmarked Reserves – December 2017

INTEGRATION JOINT BOARD

INTEGRATED BUDGET MONITORING SUMMARY - DECEMBER 2017

	Year to Date Position				Forecast Outturn			Previous Period (Oct)	
	YTD Actual £000	YTD Budget £000	YTD Variance £000	Variance %	Annual Budget £000	Forecast Outturn £000	Forecast Variance £000	Forecast Variance £000	Movement in month £000
Service Delegated Budgets:									
Adult Care	99,309	96,254	(3,055)	-3.2%	130,669	135,859	(5,190)	(5,026)	(164)
Alcohol and Drugs Partnership	697	766	69	9.0%	1,129	1,029	100	70	30
Chief Officer	(11,133)	(11,074)	59	-0.5%	(5,175)	(4,222)	(953)	(1,119)	166
Children and Families	13,586	14,618	1,032	7.1%	19,885	19,695	190	309	(119)
Community and Dental Services	2,725	3,041	316	10.4%	4,055	3,655	400	400	0
Estates	3,887	3,713	(174)	-4.7%	5,109	5,322	(213)	(229)	16
Lead Nurse	983	992	9	0.9%	1,319	1,325	(6)	14	(20)
Public Health	855	969	114	11.8%	1,321	1,169	152	126	26
Strategic Planning and Performance	2,700	2,756	56	2.0%	3,677	3,586	91	(24)	115
	113,609	112,035	(1,574)	-1.4%	161,989	167,418	(5,429)	(5,479)	50
Centrally Held Budgets:									
Budget Reserves	0	1,250	1,250	100.0%	1,503	(297)	1,800	1,500	300
Depreciation	1,878	1,878	0	0.0%	2,504	2,504	0	0	0
General Medical Services	11,915	11,874	(41)	-0.3%	15,862	15,922	(60)	(57)	(3)
Greater Glasgow & Clyde Commissioned Services	44,895	44,662	(233)	-0.5%	59,690	59,453	237	340	(103)
Income - Commissioning and Central	(977)	(927)	50	-5.4%	(1,237)	(1,281)	44	30	14
Management and Corporate Services	1,741	1,889	148	7.8%	4,734	4,515	219	52	167
NCL Primary Care Services	6,231	6,231	0	0.0%	8,508	8,508	0	0	0
Other Commissioned Services	2,426	2,632	206	7.8%	3,508	3,234	274	200	74
Resource Release	3,740	3,740	0	0.0%	4,987	4,987	0	0	0
	71,849	73,229	1,380	1.9%	100,059	97,545	2,514	2,065	449
Grand Total	**185,458**	**185,264**	**(194)**	**-0.1%**	**262,048**	**264,963**	**(2,915)**	**(3,414)**	**499**

Reconciliaton to Council and Health Partner Budget Allocations:

	Year to Date Position				Forecast Outturn			Previous Period	
	YTD Actual £000	YTD Budget £000	YTD Variance £000	Variance %	Annual Budget £000	Forecast Outturn £000	Forecast Variance £000	Forecast Variance £000	Movement in month £000
Argyll and Bute Council	36,292	37,738	1,446	3.8%	56,380	58,295	(1,915)	(1,914)	(1)
NHS Highland	149,166	147,526	(1,640)	-1.1%	205,668	206,668	(1,000)	(1,500)	500
Grand Total	**185,458**	**185,264**	**(194)**	**-0.1%**	**262,048**	**264,963**	**(2,915)**	**(3,414)**	**499**

INTEGRATION JOINT BOARD

APPENDIX 1

FUNDING RECONCILIATION - DECEMBER 2017

Partner	£000	£000	£000
Argyll and Bute Council:			
Opening Funding Approved		56,360	
Annual Budget at December 2017		56,380	
Movement		**20**	
Details:			
Non-recurring drawdown of budget from Reserves			45
Violence Against Women Funding Transfer			3
Integration Services Contribution to HR and First Aid Training			(28)
			20
NHS Highland:			
Opening Funding Approved:			
Core NHS Funding	197,945		
Additional SG Funding	4,580		
Opening Funding Approved		202,525	
Annual Budget at December 2017		205,668	
Movement		**3,143**	
Details:			
Other SG funding increases/decreases			3,063
Transfer from SW to fund ICAT Team			80
			3,143

INTEGRATION JOINT BOARD **APPENDIX 2**

QUALITY AND FINANCE PLAN PROGRESS - DECEMBER 2017

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to December 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	26	74	59	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 shfiting the overall balance of care and staff to ensure anticipatory care planning in place. Working wth 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	30	317	255	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 quantifiifed, 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 December 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 receving 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 December 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 repsond 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 nill delayed discharges, greater prevention and anticpatory care planning to enable people to live in their own homes, or return to their own homes as quickly aspossible.	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 breeches. 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 breeches. 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 dealyed 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 engagment 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 domicilarry 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 December 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 otucomes. Appraise neighbourhood model and scope options which shift balance of care.	Dec-18	No	250	200	50	50	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 delviery, which will be strictly followed. Work with staff to make changes to overall establishment and working practices and to agreee robust admission criteria. Some work with GG&C should needs arise for additional services.	May-17	No	100	100	0	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	76	259	205	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	23	97	69	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	80	425	393	505

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to December 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**	**1,357**	**3,137**	**2,495**	**6,707**

2016-17 QUALITY AND FINANCIAL PLAN

PREVIOUSLY APPROVED SAVINGS - STILL TO BE DELIVERED:

1	Prescribing		100	100	0	0	100
5	Redesign of the Out of Hours Service for Cowal		300	55	245	245	300
13	Closure West House	*updated to reflect actual shortfall in 2016-17 - increased by £170k	270	50	220	220	270
14	Closure AROS		150	42	108	108	150
15	Kintyre Medical Group	*updated to reflect actual shortfall in 2016-17 - increased by £50k	75	0	75	75	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 (full year saving of £350k planned from 2018-19)	175	0	175	175	175
56	Thomson Court	*updated to reflect actual shortfall in 2016-17 - increased by £10k (full year saving of £20k planned from 2018-19)	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	**384**	**1,080**	**960**	**1,464**

2016-17 SAVINGS - FULL YEAR IMPACT:

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

Ref	Description	Detail	Key Date	Previously approved 2016-17 saving?	2017-18 Budget Reduction £000	Achieved to December 2017	Remaining	Estimated Shortfall	2018-19 Budget Reduction £000
2016-17 APPROVED SAVINGS - ADDITIONAL SAVINGS DELIVERABLE:									
1	Prescribing				700	300	400	200	1,400
3	Further Savings from closure of Argyll and Bute Hospital				282	250	32	32	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	**550**	**586**	**386**	**1,886**
NEW:									
EFFICIENCY SAVINGS:									
1	Commissioned Services				500	500	0	0	500
3	Budget Reserves				350	350	0	0	200
4	Equipment Depreciation				50	46	4	0	50
5	Increased patients' services income				50	50	0	0	50
6	Community Dental Services				20	20	0	0	20
7	Review of Podiatry Services Budgets				20	0	20	0	20
8	Helensburgh & Lomond Locality - local initatives, 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	23	22	22	45
10	Energy Costs for Health Buildings (excluding A&B Hospital & Aros)				50	10	40	0	50
11	Oban, Lorn & Isles Locality - patients' travel				40	40	0	0	40
12	Review of Radiography Services Budgets				50	17	33	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	130	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	**1,278**	**309**	**202**	**2,007**
GRAND TOTAL					**8,703**	**3,591**	**5,112**	**4,043**	**12,271**

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

INTEGRATION JOINT BOARD **APPENDIX 3**

FINANCIAL RISKS - DECEMBER 2017

				LIKELIHOOD		
Ref	**TITLE OF RISK**	**DESCRIPTION OF RISK**	**MITIGATIONS/ACTIONS IN PLACE**	**SCORE**	**OVERALL LIKELIHOOD**	**POTENTIAL FINANCIAL IMPACT £000**
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	Commissioned Services	The volume of high cost care packages increases.	Closer scrutiny of applications for care packages.	3	Possible	250
3	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
4	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
5	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
6	Adult Care - Sustainabilty of Commissioned Service Providers	Risk of financial and operational sustainablity 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
7	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 and that no agreement can be reached on a reduced SLA value in light of reduced delayed discharge and unplanned admissions activity.	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. Holding the agreement of the SLA unless in line with the commissioning intentions set out at the start of the year.	3	Possible	500

INTEGRATION JOINT BOARD **APPENDIX 4**

EARMARKED RESERVES MONITORING -OCTOBER 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	5,000	45,000	Pamela McLeod	Delayed due to recruitment. Project Manager 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**	**375,000**	**76,000**		

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.3 (ii)

Date of Meeting : **31 January 2018**

Title of Report : **Budget Outlook 2018-19**

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

The Integration Joint Board is asked to :

- **Note** the indicative budget outlook and resulting estimated budget gap for 2018-19 of £10.1m, this position has changed from the previously estimated £11.4m budget gap.
- **Note** the significant impact of the 2017-18 financial position and the delays in progressing service changes in the Quality and Finance Plan in the current year.
- **Note** the challenge for 2018-19 in delivering the scale of service redesign which would require to be delivered through the Q&F Plan.
- **Note** the requirement for the IJB to approve a balanced Integrated Budget by March 2018 and the work ongoing to deliver on this requirement.

1. EXECUTIVE SUMMARY

1.1 Financial assumptions have been updated for 2018-19 since the last budget outlook report was presented to the IJB in November 2017. The financial assumptions including cost and demand pressures, inflationary cost requirements and estimated funding have been updated. These have been appropriately challenged and scrutinised by the Strategic Management Team and the Quality and Finance Programme Board.

1.2 The financial assumptions remain to be finalised. The value of some cost and demand pressures are being firmed up and also no formal offers of funding have been received from the Council or Health Board. The final position will be presented to the IJB in March together with the updated Quality and Finance Plan for approval of the budget for 2018-19.

1.3 Taking into account previously agreed savings at this stage the estimated remaining in-year budget gap for 2018-19 is £6.7m. Adjusting for the projected outturn position for the current year there would be a requirement to add further service changes to deliver additional savings of £10.1m to the Quality and Finance Plan in 2018-19.

1.4 The IJB approved the Quality and Finance Plan for 2017-19 in May 2017, the Plan was always noted to be subject to further update as the full budget gap was not addressed for either financial year. The Quality and Finance Plan for

2018-19 will require to include service changes to address any new in-year budget gap and also any savings previously included which have not yet been delivered. This may result in a very challenging savings requirement to be delivered in one financial year.

2. INTRODUCTION

2.1 The Integration Joint Board require to plan for a balanced budget position in 2018-19, this report updates the previous financial assumptions, provides more detail on those assumptions and updates the estimated requirement for further service changes to be identified and added to the Quality and Finance Plan.

3. DETAIL OF REPORT

3.1 Financial assumptions for 2018-19 have been updated based on the current information available for the expected funding, cost and demand pressures, inflationary cost increases and the previously agreed savings. These have been incorporated into an updated budget outlook position and further detail of these financial assumptions are included in this report.

3.2 There is an intention to further develop the current Quality and Finance Plan to incorporate additional service changes required to deliver financial balance and to approve a one year budget in March 2018 which will take the HSCP to the end of the current Strategic Plan period. This would also be in line with the expectation that the Council and Health Board will both make one year allocations of funding for 2018-19.

FINANCIAL ASSUMPTIONS

3.3 FUNDING

3.3.1 There is some clarity in relation to funding for 2018-19 following the Scottish Government draft budget announcement, however at this stage no formal offers of funding have been received from either the Council or Health Board.

3.3.2 The draft Scottish Government budget for 2018-19 was announced on 14 December 2017, letters were issued to both Councils and Health Boards with indications of funding for one year only for 2018-19. Contrary to previous years there is no minimum level of funding stipulated to be passed over to Integration Authorities, therefore the partner funding allocations to the IJB will be solely determined by local decision making in line with service delivery priorities. For 2018-19 there is no additional funding routed via Health Boards for social care, with additional funding being allocated directly to local government, however the funding allocated in previous years remains in NHS baseline budgets and is required to continue to be transferred to Integration Authorities.

3.3.3 The estimated change in Health funding is noted in the table below:

Health Funding	**£m**
NRAC share adjustment (from 29.27% to 28.87%)	(0.600)
1.5% Baseline Uplift	2.594
Agenda for Change pay award estimate	0.300
Total Increase/(Decrease)	**2.294**

3.3.4 There was an adjustment to reduce the Argyll and Bute share of NHS Highland funding by £0.6m in 2017-18 with a further £0.6m reduction planned in 2018-19, £1.2m in total. Argyll and Bute has historically been allocated an NRAC share of the totality of NHS Highland baseline funding and an adjustment has been made to the funding for Argyll and Bute on an annual basis to account for this. The NRAC share for Argyll and Bute reduced from 29.27% to 28.87% in 2017-18, mainly as a result of the reducing population in Argyll and Bute and the increasing population in the rest of the NHS Highland area. The planning assumption from the Health Board was that this reduction of £1.2m would be phased over a 2 year period. This is a reasonable approach, as historically the NRAC share has been an acceptable basis for the allocation of funds to Argyll and Bute. There is an expectation that there will not be any further adjustment to the NRAC share until 2020-21 at the earliest, as the Scottish Government issued a 3 year NRAC settlement.

3.3.5 The funding allocation to Health Boards confirms that there will be a 1.5% cash terms uplift to baseline funding, there is an expectation that as in previous years the Argyll and Bute share will pass through to the IJB from NHS Highland.

3.3.6 The Scottish Government set out their pay policy for public sector workers, being a 3% pay increase for those earning £30k or less and a cap of 2% on the increase in the pay bill for those earning more than £30k. Agreement will be subject to recommendations of independent pay review bodies. This results in a significant increase in pay inflation costs. In England the UK Government is committed to funding this cost for Agenda for Change staff, therefore additional funding is expected to be passed through to the Scottish Government in-year to fund this cost. The additional funding of £0.3m is assumed to be the Argyll and Bute share of this additional funding, although this has not yet been confirmed and will not be until during 2018-19.

3.3.7 The estimated change in Council funding is noted in the table below:

Council Funding	**£m**
2017-18 One-off funding	(2.137)
Assumed reduction in funding 2018-19	(0.725)
Share of £66m Social Care Funding	1.217
Total Increase/(Decrease)	**(1.645)**

3.3.8 When the Council budget for 2017-18 was approved in February 2017 there was recognition of the challenges faced by the IJB in meeting the cost and demand pressures in the short term and the Council decision at that time was to allocate additional one-off transitionary funding to the IJB of £2.137m. This was funded from the £2.361m additional funding the Council received from the Local Government settlement in February 2017. This one-off funding was not added to the baseline funding allocation to the IJB as it was intended to assist the financial position in 2017-18 only. The Council financial planning assumptions assume there has been no change to the decision to remove this non-recurring funding.

3.3.9 In the Council's financial planning scenarios there was an assumption that there would be a level of cut permitted to be applied to the IJB budget in 2018-19. The level of permitted cut in 2017-18 was a share of £80m which for Argyll and Bute was £1.450m, the estimated reduction of £0.725m is based on the Council's mid-range scenario which assumes that 50% of this level of cut would

be permitted. With the Scottish Government budget announcement not stipulating the level of resource to be passed to IJBs the funding allocation will entirely be determined by local decision making. We do not currently have an updated indication of the potential reduction Argyll and Bute Council may apply to the IJB budget but for planning purposes it is currently assumed that the mid-range scenario reduction may be passed over.

3.3.10 The Scottish Government has allocated an additional £66million to Local Government for 2018-19 to support investment in social care in recognition of a range of pressures including support for the implementation of the Carers (Scotland) Act 2016, maintaining the joint commitment to the Living Wage (including the agreement to extend it to cover sleepovers) and an increase in the Free Personal and Nursing Care payments. The Argyll and Bute share of this funding is £1.217m, while this funding is not ring-fenced in the Local Government finance settlement there is an expectation that this funding will be passed over to the IJB.

3.3.11 The overall estimated change in funding for 2018-19 is a net increase of £0.649m.

3.4 COST AND DEMAND PRESSURES

3.4.1 Cost and demand pressures in relation to both health and social care services are expected to outstrip any available funding uplifts and will have a significant contribution to the overall budget gap. For 2018-19 there are are new estimated cost and demand pressures totalling £4.467m. These are detailed in Appendix 1. The main pressures are in relation to:

- Healthcare Packages £0.4m
- Prescribing Growth £0.2m
- Technology Enabled Care £0.2m
- GG&C Commissioned Services £0.5m
- Demand pressure older people services £0.7m
- Younger Adults Supported Living £0.5m
- Carers Act £0.4m
- National Care Home Contract £0.4m

3.4.2 The cost and demand pressures have been subject to review and scrutiny by the Strategic Management Team and the Quality and Finance Plan Programme Board. The pressures included are deemed to be unavoidable and therefore require to be provided for in the budget. There are some individual pressures noted in the appendix which still require to be finalised and where this is the case this has been noted. In addition to new pressures of £4.467m the 2017-18 approved cost pressures have been reviewed and there are £0.662m of pressures which can be removed from the budget, leaving the requirement to fund net pressures of £3.805m.

3.4.3 Cost and demand pressures are one of the main contributing factors to the overall financial gap, as such they should be suitably challenged to ensure they are unavoidable and necessary in terms of delivering the outcomes in the Strategic Plan.

3.5 INFLATION

3.5.1 Inflation is only applied to service budgets where it is deemed to be unavoidable, therefore there are no general inflationary increases for costs applied to any service budgets. The estimated inflationary increases to the budget are noted below:

Inflation	**£m**
Pay Inflation	2.353
Prescribing - cost growth 3%	0.579
Hospital Medication - cost growth 3%	0.075
GG&C SLA – 1.5% baseline uplift	0.825
Other Health SLAs - 2.0% uplift	0.220
Health - Energy Cost Increases 2%	0.038
Scottish Living Wage Increase	0.960
Other Social Care Increases	0.044
TOTAL	**5.094**

3.5.2 The pay inflation increase reflects the cost of implementing the Scottish Government pay policy for public sector workers across all staff groups, i.e. Health and Social Care staff. This would represent a 3% pay increase for those earning £30k or less and a cap of 2% on the increase in the pay bill for those earning more than £30k. There is likely to be additional funding allocated to Health Boards for Agenda for Change staff and an estimate of this is included in the funding, at this stage there is no similar funding arrangement for local government. Agreement will be subject to recommendations of independent pay review bodies, however at this stage it is prudent to assume that a similar pay agreement will be sought for local government. This change in pay policy significantly increases the cost of pay inflation which was £1.085m in 2017-18 based on a 1% pay award for all staff groups.

3.5.3 The NHS GG&C uplift has been estimated at 1.5%, in line with previous years the baseline NHS uplift is assumed to be passed through as an inflationary increase to the SLA baseline. The value of payment for the SLA for 2017-18 remains under negotiation with NHS GG&C, as there is an intention to enforce the commissioning intentions set out to NHS GG&C at the start of the year and to remove an element of the payment in relation to performance in delayed discharges and unplanned admissions. NHS GG&C have indicated that there are elements of service which they expect to impose additional charges for in 2018-19, these include:

- The Clyde Effect – in previous years an adjustment has been made to the costing model to compensate Argyll and Bute for the perceived lower cost of Clyde hospitals, latest information shows that the Clyde hospitals are not actually lower cost and therefore GG&C intend to withdraw this rebate of £1.3m
- Mental Health Services – GG&C intend to review the costs of these services based on anecdotal evidence that the current charges do not cover the cost of providing the services and they have started a review of activity and costs with the intention of reflecting any additional costs in the 2018-19 SLA payment.

The NHS GG&C SLA represents a financial risk for 2018-19 in terms of the negotiations to finalise the payment and the potential for additional charges which may offset any benefit from reduced activity levels. At this stage only the impact of the 1.5% inflationary cost increase is included in the budget outlook.

3.5.4 The increase in the Scottish Living Wage represents the inflationary increase to support commissioned social care providers to continue to fulfil the obligation to social care staff at the Scottish Living Wage which will increase to £8.75 from May 2018.

3.5.5 In terms of the social care pressures which are required to be funded from the share of £66m of additional funding allocated to Local Government, a summary of the funding and associated costs is noted in the table below:

	£m
Scottish Living Wage	0.960
Sleepovers to Scottish Living Wage Rate	0.182
Carer's Act	0.350
National Care Home Contract (Living Wage element)	0.195
Total Estimated Cost	**1.687**
Additional Funding	(1.217)
Shortfall	**0.470**

There is an assumption that this additional funding is in its entirety will be passed through to the IJB, however it is clear that the funding is not sufficient to offset the full cost of the commitments intended to be met from this.

3.6 2017-18 FINANCIAL POSITION

3.6.1 The financial position for 2017-18 is detailed in the December budget monitoring report, where it is noted that there is a projected overspend of £2.9m. The financial position for 2017-18 impacts on the budget for future years as there are implications in relation to repayment of any overspend and the potential requirement to re-instate project funding.

3.6.2 The financial position for the current year is being monitored closely in an effort to limit the requirement for repayment and the impact on future financial years. A financial recovery plan is in place, however at this stage it is unlikely that this position can be fully recovered in-year. For planning purposes at this stage there is estimated to be an impact of £3.4m as a result of the 2017-18 financial position:

	£m
Projected Outturn Position at November 2017	2.900
Reinstate Project Funds	0.500
Total Impact of 2017-18 Position	**3.400**

3.6.3 For planning purposes it is currently estimated that the repayment of any overspend will be required in one year in 2018-19. There will require to be negotiations with the Health Board and Council in relation to the timescale for any re-payment and it may be possible to delay or phase the re-payment over

more than one year. The Integration Scheme does not specify the timescale for any repayment arrangements and this would be subject to negotiation, however at this stage repayment is estimated to be required in full during 2018-19.

3.7 QUALITY AND FINANCE PLAN

3.7.1 The Quality and Finance Plan was approved for 2017-19 in May 2017 at that time there was a shortfall in identified recurring savings of £1.982m for 2017-18. Additional savings were intended to be identified during 2017-18, these have not yet been identified and will require to be addressed as part of the 2018-19 budget.

3.7.2 The previously approved savings were expected to increase in value between 2017-18 and 2018-19 due to implementation timescales, resulting in an increase in savings of £3.568m. There has been no decision to remove any previously agreed savings at this stage, therefore this increase in planned savings is assumed to be delivered.

3.8 UPDATED BUDGET OUTLOOK

3.8.1 The changes in funding and costs detailed above and therefore the overall estimated remaining budget gap for 2018-19 is summarised below:

	£m
Cost Changes:	
Cost and Demand Pressures	3.805
Inflationary Cost Increases	5.094
Net Funding Increase	(0.649)
2018-19 In-Year Budget Gap	**8.250**
Q&F Plan 2017-18 Savings Shortfall	1.982
Q&F Plan Increase in Approved Savings	(3.568)
Remaining Budget Gap	**6.664**
Impact of 2017-18 Financial Position	3.400
TOTAL BUDGET GAP	**10.064**

3.8.2 The key points to note are:

- £8.3m represents the in-year budget gap for 2018-19, this is due to estimated year on year funding changes and cost changes due to cost and demand pressures and inflation.
- £6.7m represents the shortfall in savings currently identified on the Q&F plan compared with the budget gap, if all savings were on track in 2017-18 and the year-end position was balanced this would be the remaining savings requirement for 2018-19.
- £10.1m represents the remaining savings to be identified plus the impact of the current year projected overspend position, if this position is not addressed the IJB would require to repay any overspend to the Council and/or Health Board.

3.8.3 The overall requirement to identify new service changes to add to the Quality and Finance Plan is therefore likely to range between £6.7m and £10.1m, this range is very much dependant on the progress with addressing the forecast overspend in 2017-18 and any repayment agreement reached with the Health Board and Council. All opportunities to reduce the budget gap will be taken between now and March when the IJB will require to agree the budget for 2018-19, this includes ongoing review of cost and demand pressures, negotiation of re-payment terms with the Council and Health Board and engaging with partners over potential funding allocations for the IJB.

3.8.4 The Integration Scheme sets out that where a budget overspend occurs at the financial year-end, and there are insufficient reserves to meet the overspend, then the Parties (the Council and Health Board) will be required to make additional payments to the IJB. Therefore the remaining budget gap for 2018-19 and the scale of savings required clearly poses a significant financial risk to the partner bodies.

3.8.5 The budget gap, before the impact of the 2017-18 financial position, of £6.664m can be split in terms of the health and social care position. If an assumption was made that there was no change in funding allocations and cost pressures were funded from the services they related to the budget gap would be split as per the below:

- Health Board £1.586m
- Council £5.078m

This illustrates the financial risk to each of the partners individually if an assumption was made that the same level of funding was to be allocated back to each partner, this is not necessarily an assumption that the IJB would make but does currently represent the financial risk to each partner. This is also reflective of the previously agreed savings and the services these are planned to be delivered from, i.e. the majority of the unidentified £2m savings in 2017-18 were attributed to social care services, this is reflective of the direction of travel of the Strategic Plan and the priorities of the IJB.

3.9 BUDGET APPROACH

3.9.1 Work is ongoing to identify potential service changes to be added to the Quality and Finance Plan for 2018-19 to allow the IJB to be in a position by March 2018 to set a balanced budget.

3.9.2 The process is underway to build on the existing Quality and Finance Plan, where there was always an expectation that additional savings would be required in 2018-19. The approach has not changed in that the Plan requires to address one bottom line, with no assumption that the same level of funding will be delegated back to partners for the delivery of health and social care services and service changes will be developed in line with the delivery of the Strategic Plan outcomes and objectives.

3.9.3 Each overall service (eg Adult Care, Children and Families, Corporate Services) has been allocated a savings target in line with the previously estimated budget gap of £10.4m and they are in the process of developing service change proposals. There are a number of budget areas which cannot be reduced due to funding arrangements, contractual arrangements or previously agreed savings. By removing these areas this leaves £145m of budget available from a

total of £260m to which a reduction can be applied. Therefore the additional savings requirement equates to a further 7.2% reduction to service budgets and this is the basis of the service targets. Any improvement to the estimated budget gap position will provide more flexibility for the IJB when the budget is approved in March 2018.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

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

5. GOVERNANCE IMPLICATIONS

None

5.1 Financial Impact

5.1.1 The estimated remaining budget gap for 2018-19 is £10.1m. The Board is required to set a balanced budget, the Quality and Finance Plan and the further potential service changes are being developed to plan to achieve this within the required timescale.

5.2 Staff Governance

5.2.1 Potential staff implications will be noted in service redesign proposals.

5.3 Clinical Governance

5.3.1 Clinical governance implications will be noted in service redesign proposals.

6. EQUALITY & DIVERSITY IMPLICATIONS

6.1 Equality Impact Assessments will be undertaken and the outcome reported where required.

7. RISK ASSESSMENT

None, financial risks are noted in the report.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

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

9. CONCLUSIONS

9.1 The estimated budget gap and requirement to identify new service changes is estimated to range between £6.7m and £10.1m. There remain some uncertainties and financial assumptions particularly in relation to available funding and some cost pressures however this is the best estimate we have based on the information available and these are the current planning assumptions that should be used to further develop the Quality and Finance

Plan for 2018-19. The final budget outlook position will be presented to the IJB in March 2018 together with the updated Quality and Finance Plan for approval.

9.2 There is no doubt that the 2018-19 financial year is going to be very challenging, there is a requirement for significant new savings to be identified and delivered alongside the ongoing delivery of the service changes already included in the Quality and Finance Plan.

9.3 The Integration Joint Board has a responsibility to set a balanced budget, work is ongoing to review and update the Quality and Finance Plan to incorporate further proposed service changes. This work is progressing to ensure the IJB will be in a position to make decisions to allow a balanced budget to be agreed by March 2018.

APPENDICES:

Appendix 1 – Cost and Demand Pressures

COST AND DEMAND PRESSURES

APPENDIX 1

No	Cost/Demand Pressure	Description	2018-19 £000
NEW Cost and Demand Pressures:			
1	Growth in Demand for Services for Older People	The number of older people is increasing and older people are living longer with significant health and support needs and significant expectations of the support they are entitled to receive. Demand pressure estimates 3% growth in homecare and care home placements, this increase is supported by the growth in clients and care requirements over a number of years.	714
2	Growth in Demand for Replacement Care for Younger Adults	There has been continuing increase in demand for care and support services for profoundly disabled younger adults (ie under 65) whose parents have historically provided care but are no longer able to. Based on trend of growth from 2013-14 to 2016-17, overall increase of 13% across 3 years, therefore 4.5% demand increase assumed.	482
3	Prescribing	Demand growth at 1%, assume this will be met from savings in precribing of at least this value, savings have been included in the Quality and Financial Plan.	193
4	Commissioned Services/Care Packages	New and existing health care packages. Provision of £200k for potential new packages and £250k for an existing unfunded package.	450
5	Carer's Act	Carers Act will commence on 1 April 2018. Funding allocated as part of the £66m social care funding, the cost pressure represents the share of funding in relation to the Carers Act and this funding will be the basis of the agreement of the eligibility criteria. There are concerns re the Scottish Government fully funding the commitment and implications of the Act and there is no funding allocation for replacement care, costs will be closely monitored during 2018-19.	350
6	Sleepovers - Children's Services	Additional cost to bring sleepover rates in school hostels into line with National Living Wage.	96
7	Provision of new service in Kintyre	Establish a new adult care service at Lorn Campbell Court in Kintyre. Additional cost pressure in 2018-19 represents the full estimated cost now been included in the budget. The cost of this service is to be finalised and may require to be updated.	30
8	GG&C Microbiology Service	Represents the cost of the transfer of the Microbiology service from Lorn and the Isles Hospital to GG&C.	150
9	GG&C SLA	Additions to the GG&C SLA including pharmacy homecare, laboratory services and radiology services. Services are paid for on a cost and volume basis and increased costs reflect growth in services provided.	392
10	Diabetic Retinopathy Screening	Service development to faciliate follow-up investigations.	26
11	Cowal and Bute Tier 4 CAMHS	GG&C development with referrals from Cowal and Bute.	100
12	CHAS	National service development funded by topslice of Health Board funding.	106
13	Carers Administration of Medicines	Investment required in health services to support GPs, pharmacies, commissioned providers and internal homecare staff to safely administer medicines to clients.	106
14	Technology Enabled Care	Ongoing project to support TEC, last year of funding in 2017-18, cost pressure is the estimated cost of continuing with the project and the support for technology enabled care.	215
15	Tiree GP Out of Hours	Negotiations ongoing with GPs to continue to provide OOH service, estimated financial impact of opting out or additional financial support required to continue.	100
16	AROS Relocation	Agreed at IJB in November 2017 to fund replacement accommodation costs for one-year only, thereafter to be funded from corporate efficiency savings.	30

COST AND DEMAND PRESSURES

APPENDIX 1

No	Cost/Demand Pressure	Description	2018-19 £000
17	Consultants discretionary points	Based on 2016-17 cost growth	16
18	NSD Service Developments	Funding for these services is top-sliced from Health Board allocations during the financial year. The cost pressure allows for new developments in 2018-19. Estimate based on previous years costs.	50
19	Statutory Training	Investment required in statutory and mandatory Violence and Agression Training, to facilitate the recruitment of dedicated trainers to ensure continued roll out of training.	54
20	Dental Service	Public Dental Service, outcome of independent review recommending strong clinical leadership is required, this would allow the recruitment to an Assistant Clinical Director post.	105
21	Corporate Support	Additional support for Chief Officer and Governance arrangements, integration had led to an increase in strategic corporate demands from both the Chief Officer and also in terms of the additional governance requirements and statutory duties.	130
22	Sleepovers - commissioned services	Reflects the cost of bringing sleepovers for commissioned social care providers into line with the Scottish Living Wage during 2018-19, the Scottish Government have advised that this will be a requirement during 2018-19. This is being kept under review as there is potential to delay implementation until March 2019, however agreement to this would require a national approach as many providers of sleepovers are national providers who would seek a national agreement for pay parity across areas.	182
23	National Care Home Contract	Negotiations are ongoing and it should be determined by end of January 2018 if the national contract is going to continue. It is unknown at this stage whether agreement will be reached and if so at what level of increase, this will be kept under review.	390
Total NEW Cost and Demand Pressures			**4,467**
Adjustment to Previously Approved Cost and Demand Pressures:			
24	New Medicines Funding	There was a cost pressure of £700k included in the 2017-18 budget as previously costs were accommodated by Scottish Government non-recurring funding, no funding was expected in 2017-18 but some funding was allocated and this is expected to be recurring into 2018-19, therefore the cost pressure can be partly removed.	(383)
25	Criminal Justice Services	New model of providing service on cessation of the Criminal Justice Partnership resulted in additional costs. This additional funding requirement is reduced for 2018-19 as additional funding is to be provided to bring funding allocations into line across Scotland	(50)
26	Auchinlee Care Home	Estimated cost of additional financial support for Auchinlee Care Home, agreed by the Integration Joint Board on 29 March 2017. This is was a one year only cost pressure which can be removed for 2018-19.	(229)
Total Net Cost and Demand Pressures			**3,805**

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 5.4

Date of Meeting: **31 January 2018**

Title of Report: **Clinical & Care Governance (C&CG)**

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

The Integration Joint Board is asked to:

- **Agree proposal to remove C&CG as a standing agenda item for every IJB**
- **Agree proposed schedule for 2018 Clinical & Care Governance reports to the IJB**

1. EXECUTIVE SUMMARY

The Clinical and Care Governance Committee (C&CGC) is accountable to the Integration Joint Board (IJB) and, as set out in the Committee's terms of reference, currently provide an assurance report for each of the IJB meetings. Assurance reports are also provided to NHS Highland Clinical Governance Group which meets quarterly.

Due to the differing meeting schedules, aligning reports from C&CGC to IJB has proved problematic, with report content which is often repetitive and overly reactive.

The C&CGC are proposing an amendment to their terms of reference and move to a quarterly reporting to the IJB in line with the Committee's meeting schedule.

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.

The structures which support clinical & care governance includes locality C&CG groups and a number of specific clinical and care groups such as, maternity services, blood transfusion, infection control and health and safety. All of these work streams, feed in to the Argyll & Bute HSCP C&CG Committee.

The Argyll & Bute Clinical & Care Governance Committee, as a formal Committee of the IJB, provides assurance to Board members in the form of a report, mainly, but not

exclusively, based on exceptions and risk. Currently that report is a standing agenda item at all IJB meetings.

3. DETAIL OF REPORT

At a meeting of the Argyll &Bute HSCP Clinical & Care Governance Committee on 18th January 2018, the Lead Nurse tabled a proposal for an amendment to the Committee's terms of reference to allow the Committee to align the assurance reports going to IJB meeting with the C&CG Committee's quarterly meeting schedule. This would in effect reduce the number of scheduled reports going to the IJB to four per year.

The rationale for this proposal is to allow the C&CG Committee to provide a timely, informative report based on a C&CG Committee work plan; current developments in care; and exceptions which have been discussed, managed and operationally risk assessed and presented to the Board with risk management plans in place.

This would increase the quality of the report which can be often be repetitive and reactive and provide an appropriate level of assurance to the IJB members.

This proposal for an amendment to the terms of reference was accepted by the Committee with the assurance that there would remain the ability to present unscheduled reports when this was deemed necessary.

Reports for 2018 IJBs would therefore be tabled on :

28th March
30th May
1st August
28th November

4. CONTRIBUTION TO STRATEGIC PRIORITIES

Robust governance arrangements are key in the delivery of strategic priorities

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

Nil

5.2 Staff Governance

It is vital that staff are kept appraised of, and are integral to, good clinical & care governance. Detailed, relevant reports will assist in achieving this.

5.3 Clinical Governance

Report will aid with embedding and identifying clinical governance issues

6. EQUALITY & DIVERSITY IMPLICATIONS

None.

7. RISK ASSESSMENT

In the absence of a scheduled report, the C&CG Committee will ensure that any unscheduled updates are presented in writing or verbally when required for significant care issues and that the IJB are always well informed.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

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

9. CONCLUSIONS

Streamlining and aligning the clinical & care governance reports to the IJB will improve the quality of the information provided to Board members and will ensure that the C&CG Committee meets its responsibilities to the IJB as laid out in their terms of reference.

The C&CG Committee therefore recommend the IJB to accept the proposal to remove the C&CG report as a standing agenda item for every meeting and to move to the proposed schedule.

Argyll & Bute Health & Social Care Partnership

Integrated Joint Board

Agenda item : 5.5

Date of Meeting: 31 January 2018

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

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

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

- Note the HSCP performance against National Health and Well Being Outcomes: 7 & 8 for FQ3 17/18
- Note the actions identified to address deficiencies in performance as detailed in the exception reports
- Note the performance against Integration Authorities Performance Indicators for the period to October and December 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.

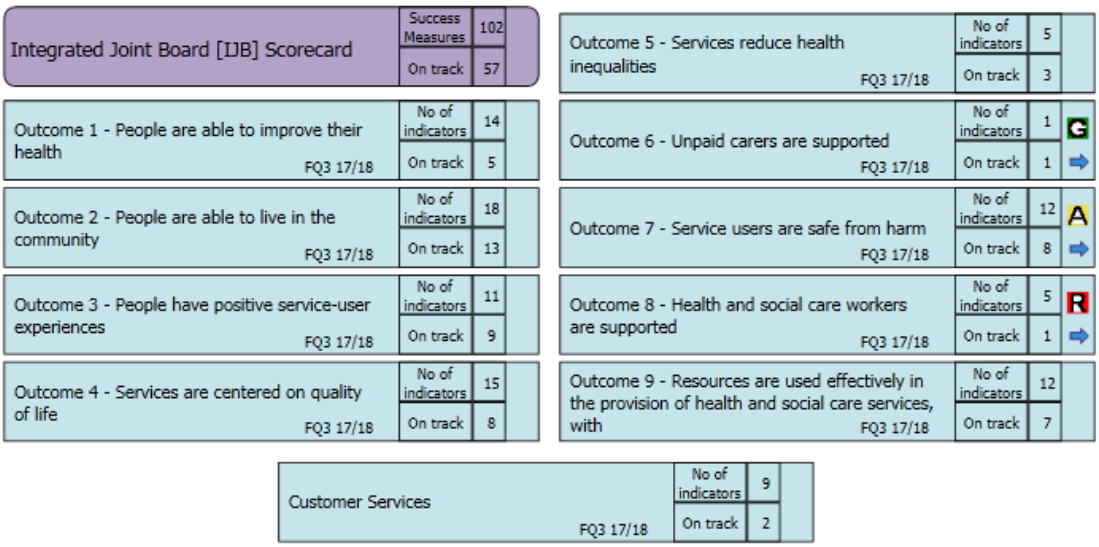
Currently there are 9 key National Health and Wellbeing Outcomes (NHWBO) and 23 sub-indicators which form the basis of the reporting requirement for the HSCP.

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

Figure 1 below provides a summary of the performance on the pyramid reporting system, noting the 102* scorecard success measures and of these 57** are currently reported as being on track for FQ3 17/18.

* IJB should note, 1 new measure has been activated in the Scorecard Outcome 8. **"% of staff who say they would recommend their workplace as a good place to work".** This measure reflects the outcome of the A&B HSCP i-matter staff survey for 17/18, where 71% responded positively to the statement "I would recommend my workplace as a good place to work".

****** At the time of reporting, 26 measures for Q3 17/18 await updating due to reporting timescale constraints. Quarterly information is normally available 6-8 weeks after the quarter end period and will be updated in due course, via the HSCP Performance Management Pyramid System.



Outcome 7: of 12 measures 8 are reporting on track, and 4 reporting off track.

Outcome 8: of 5 measures 1 showing as on track, 1 off track and 3 require updating.

3 Detailed Performance Report Outcome Indicators 7 & 8 (FQ3 17/18)

Outcome 7 – Service users are safe from harm

- CP15 - % of Children on Child Protection Register with no Change of Social Worker
- CP16 - % of Children on Child Protection Register with a completed Child Protection plan
- CP17 - % of Child Protection investigations with Initial Referral Tripartite Discussion (IRTD) within 24 hours
- Falls rate per 1,000 population aged 65+

Outcome 8 – Health and social care workers are supported

- Health & Social Care Partnership % of PRDs completed

4 Integration Authorities Performance Indicators- April to October 2017

		Locality Activity October 2017									*April to period (Sept/Oct) 2017 Target*	*April to Oct 17 Actual*
Measures	**Sub-Indicators**	**A&B / GG&C**	**Bute**	**Cowal**	**H &L**	**Islay & Jura**	**Kintyre**	**Mid Argyll**	**Mull, Iona, Coll, Tiree and Colonsay**	**Oban & Lorn**		
Unplanned Admissions *(Reduce unplanned admissions by 10%)*	Total number of admissions *** to Oct 17**	A&B	27	45	0	5	39	65	27	118	***4830***	**5106**
		GG&C	25	82	174	7	23	20	13	22		
		Total	**62**	**133**	**159**	**27**	**69**	**70**	**35**	**147**		
(Remain at current levels of performance)	A&E conversion rate	A&B	0	100	0	0	66.7	60.6	44	28.8	***35%***	
		GG&C	71	67.1	27.8	50	46.7	65.2	40	54.3		
		Total	**68.8**	**63.8**	**27.2**	**57.1**	**44**	**53.8**	**45.9**	**30.6**		
Unplanned bed days *(Reduce bed days by between 1-10%)*	Total number of bed days acute specialities *** to Oct 17**	A&B	151	278	0	19	255	360	215	702	***37933***	**32745**
		GG&C	98	438	916	24	168	119	22	119		
		Total	**249**	**716**	**916**	**43**	**423**	**479**	**237**	**821**		
	Total number of bed days mental health specialities *** to Sep 17**	A&B	188	125	0	73	325	360	115	198	***7069***	**5983**
		GG&C	3	9	1081	0	0	0	0	18		
		Total	**191**	**134**	**1081**	**73**	**325**	**360**	**115**	**216**		
A&E performance *(Remain at current levels of performance)*	Number of attendances *** to Oct 17**	A&B	0	2	2	0	6	33	25	382	***16080***	**9276**
		GG&C	31	70	521	6	15	23	10	35		
		Total	**31**	**72**	**523**	**6**	**21**	**56**	**35**	**417**		
	% seen within 4hrs	A&B	0%	100%	100%	0%	83%	100%	100%	99%	***95%***	96%
		GG&C	87%	96%	94%	100%	93%	96%	100%	97%		
		Total	**89%**	**95%**	**96%**	**100%**	**100%**	**95%**	**96%**	**97%**		

		Locality Activity October 2017									April to period (Sept/Oct) 2017 Target	April to Oct 17 Actual
Delayed discharges *(Reducing delayed discharges occupied bed days by 10%)*	Total number of bed days occupied (* April - Dec 17)	A&B	0	246	2	0	162	144	160	1211	***4005***	**5706**
		GG&C	6	109	295	0	0	7	0	0		
		Total	**6**	**355**	**297**	**0**	**162**	**151**	**160**	**1211**		
End of Life Care	Percentage of last six months of life by setting community & home * ***Q4 16/17***	**Total**	**90.3**	**84.3**	**90**	**91.5**	**79.2**	**72.5**	**85.9**	**89.6**	***87.2***	
	Occupied bed days during last six months of life *** Q4 16/17**	**Total**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	***20000***	
Balance of care	Percentage of population in community or institutional settings *** Q4 16/17**	**Total**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	***2%***	

Note:

Data release for measures has different periods as detailed in Column "Sub indicators"
Pyramid Report includes period totals and targets by locality- MSG provides snapshot of monthly activity by locality

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 7& 8 are pertinent for staff governance purposes

5.4 Planning for Fairness:

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

5.5 Risk

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

5.6 Clinical and Care Governance

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

5.7 Public Engagement and Communication

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

Argyll & Bute Health and Social Care Partnership

Performance Exception Report for Integrated Joint Board
Outcomes 7 & 8 (FQ3-17/18) – January 2018

Performance & Information Team

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

Exception Reporting & Briefing Frequency

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

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

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

Exception Reporting FQ3 (17/18)

Outcome Indicators – 7 & 8

Outcome 7 – Service Users Are Safe From Harm

	Outcome / Performance Indicator	Target	Actual	Trend	Period	Responsible Manager
1	CP15 - % of Children on CPR with no Change of Social Worker	80%	79%	⇓	FQ3 17/18	Alex Taylor
2	CP16 - % of Children on CPR with a completed CP plan	100%	81%	⇓	FQ3 17/18	Alex Taylor
3	CP17 - % of CP investigations with IRTD within 24 hours	95%	86%	⇓	FQ3 17/18	Alex Taylor
4	Falls rate per 1,000 population aged 65+	22	26	⇒	FQ3 17/18	Lorraine Paterson

Outcome 8 – Health & Social Care Workers Are Supported

	Outcome / Performance Indicator	Target	Actual	Trend	Period	Responsible Manager
1	Health & Social Care Partnership % of PRDs completed	90%	58%	⇓	FQ3 17/18	Alex Taylor

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

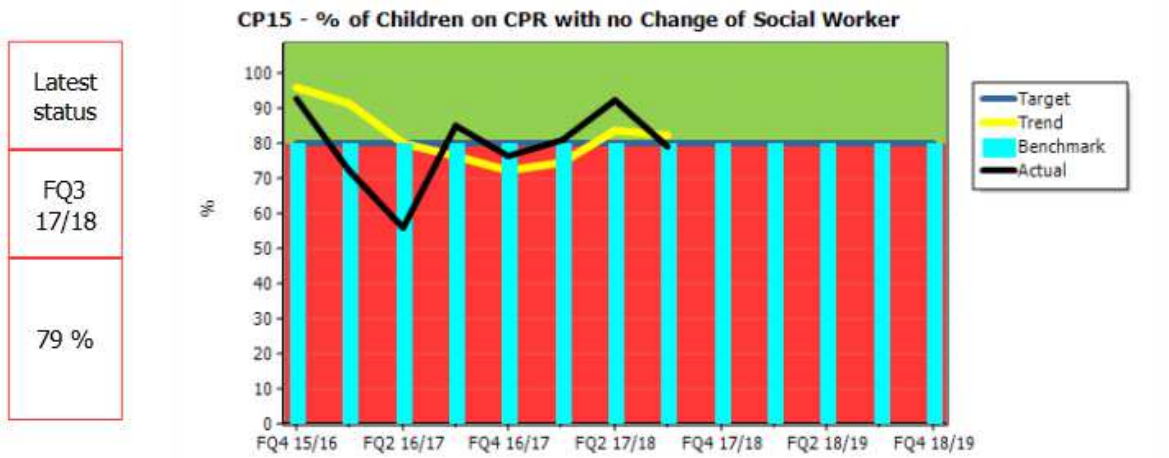
Outcome/Performance Indicator	Target	Actual	Trend	In charge
Outcome 1				
AC1 - % of Older People receiving Care in the Community	83%	73%	⇓	James Littlejohn
AC15 - No waiting more than 12 weeks for homecare service - assessment authorised	6	10	⇓	James Littlejohn
A&B - % of LD Service Users with a PCP	90%	87%	⇓	James Littlejohn
NHS-H7 - Proportion of new-born children breastfed - STANDARD	33.3%	30.0%	⇒	Alex Taylor
Outcome 2				
AC5 - Total No of Delayed Discharge Clients from A&B	12	25	⇓	James Littlejohn
Outcome 4				
AC11 - Average working days between Referral & Initial AP Case Conference	15 Days	18 Days	⇓	James Littlejohn
Outcome 9				
SCRA43 - % of SCRA reports submitted on time	75%	67%	⇓	Alex Taylor

Management Exception Reporting

Performance Indicator: Outcome 7 CP15 - % of Children on CPR with no Change of Social Worker	**Responsible Manager:** Alex Taylor
Target: 80% Actual: 79%	Date of Report: FQ3 17/18

Description of Exception

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



Percentage of children on the Child Protection Register at end of quarter who have had no change of Social Worker from date of registration. Improved outcomes for children on the CPR have been shown to be related to stability of relationship with social worker.

Data source - CareFirst

Linked to IJB Outcome 7.

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)

This is an important indicator because the continuity of social worker in cases of this nature is linked to improved outcomes for the child and their family. The indicator also reflects the stability of the wider system and is linked to the child's overall safety. Measures are in place to maximise staff retention and ensure new staff are properly inducted, offered good support and are professionally developed.

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)

Working in remote and rural communities can be more stressful and isolating than it first appears. The "grow our own" initiative combined with other measures is an effective way of addressing the challenge of staff turnover.

Additional Support Requirements Identified

None at this stage,

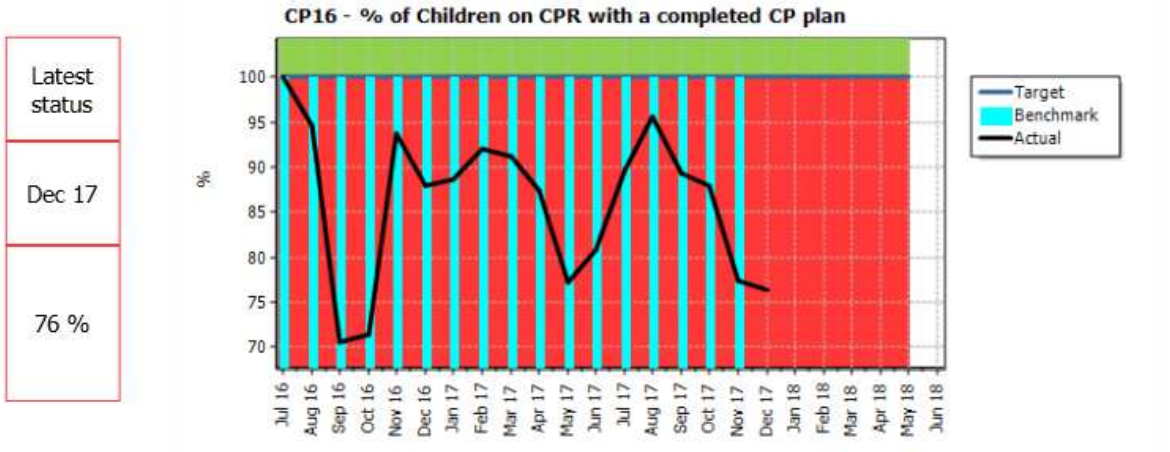
Improvement Forecast Date:	**Review Date:**
Next Financial Quarter (FQ4).	Next Financial Quarter (FQ4).

Management Exception Reporting

Performance Indicator: Outcome 7 CP16 - % of Children on CPR with a completed CP plan	**Responsible Manager:** Alex Taylor
Target: 100% Actual: 81%	Date of Report: FQ3 17/18

Description of Exception

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



The percentage of children on the Child Protection Register (CPR) with a completed Child Protection Plan (CP).

Data source – Carefirst / Local reporting

Linked to IJB Outcome 7

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)

Every child on the Child Protection Register has a Child Protection Plan and the indicator should read as being 100%. A problem has arisen in staff entering this data correctly into Carefirst.

Actions Identified to Address Current /Future Barriers

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

I have personally confirmed with each Locality Manager at regular intervals during the course of FQ3 that every child on the CPR has a plan. Despite this the data is still not being correctly entered in to Carefirst. I have now made arrangements for the Locality Managers to be trained so they can return to their localities to oversee the inputting of the data correctly.

Additional Support Requirements Identified

Training and improved support to front line C&F managers.

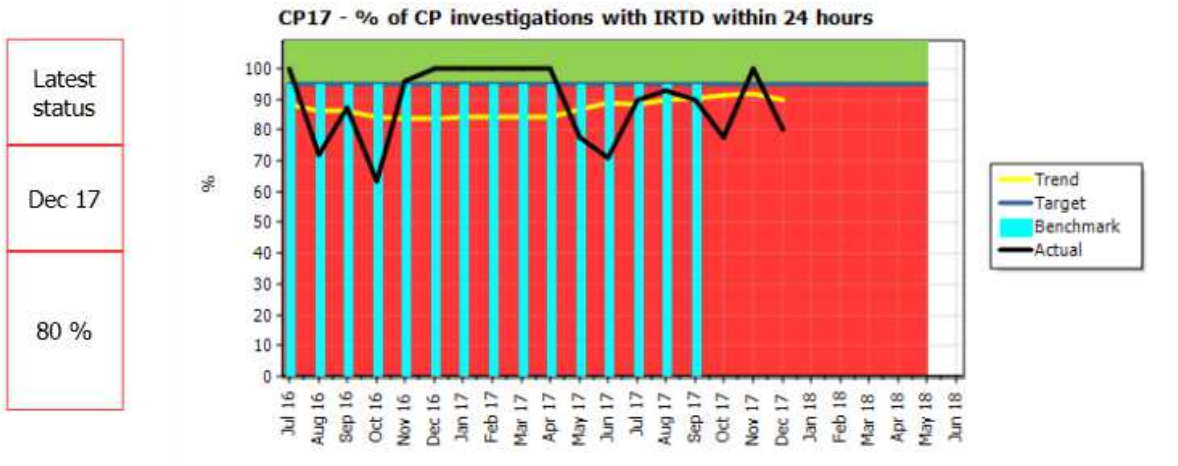
Improvement Forecast Date:	**Review Date:**
Financial Quarter 4 (FQ4)	Financial Quarter 4 (FQ4).

Management Exception Reporting

Performance Indicator: Outcome 7 CP17 - % of CP investigations with IRTD within 24 hours	**Responsible Manager:** Alex Taylor
Target: 100% Actual: 80%	Date of Report: FQ3 17/18

Description of Exception

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



The percentage of Child Protection (CP) investigations where there is an inter-agency planning meeting (Initial Referral Tripartite Discussion - IRTD) within 24 hours.

Data source - CareFirst

Linked to IJB Outcome 7.

Actions Identified to Address Exception and Improve Performance

The Initial Tripartite Referral Discussion (IRTD) should take place on receipt of a child protection referral to determine how it is to be managed. The discussion usually entails a conversation between social work, the police and health ideally within 24 hours. IRTDs are therefore a multi-agency activity and this is a multi-agency indicator. There are some practical aspects to completing this within 24 hours, for example, all the information may not available or the investigation may require a high level of planning.

Actions Identified to Address Current /Future Barriers

There is a need to restate the standard and provide training and support across the participating agencies where it is required.

Additional Support Requirements Identified

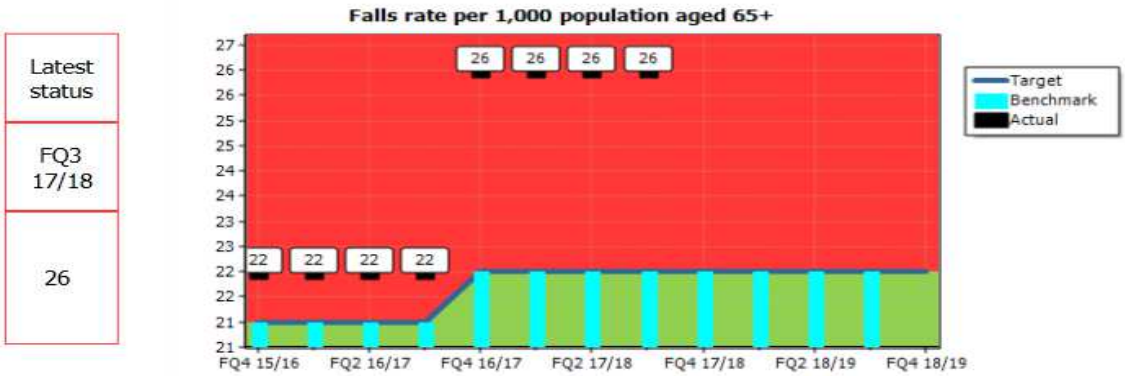
None at this time.

Improvement Forecast Date:	**Review Date:**
Financial Quarter 4 (FQ4)	Financial Quarter 4 (FQ4)

Management Exception Reporting

Performance Indicator: Outcome 7 Falls rate per 1,000 population for adults aged 65+	**Responsible Manager:** Lorraine Paterson
Target: 22 Actual: 26	Date of Report: FQ3 17/18

Description of Exception



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

Actions Identified to Address Exception and Improve Performance

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

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

In Stage 2, to identify those at highest risk, Argyll and Bute HSCP is working to provide the best opportunities for people to remain independent through the

systematic application of evidence based interventions known to prevent falls. Individual multifactorial falls risk screening and interventions based on modifiable risk factors and the provision of evidence based exercise programmes are being applied systematically.

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

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

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

Actions Identified to Address Current /Future Barriers

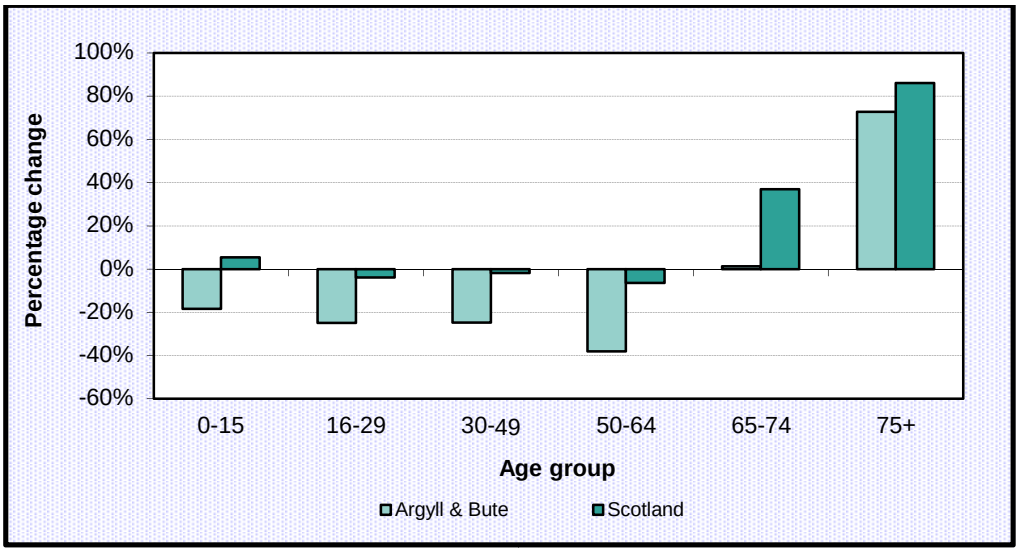
Development work is taking place with National Programme Manager for Prevention of Falls, LIST team from ISD and the support of the Active and Independent Living Programme to produce a quality dashboard of falls data for each locality. The data will have both outcome and process measures. This will be used to increase understanding of how we are intervening to reduce falls risk for individuals and our communities and to drive improvement. Meetings are arranged for January 2018 and testing will begin shortly working with service planning quality improvement team to identify in each locality where people who fall are presenting to services and what interventions they are currently having.
Pathways for people who require assistance for a fall are in development. The test site in Helensburgh and Lomond has been very slow. The pathway developed for testing in August 2017 by Helensburgh community team has had very few referrals so far from Scottish Ambulance Service. Support is being provided from the National Programme Manager to develop pathways with Scottish Ambulance Service to avoid unnecessary conveyance for falls. Locality work in Bute with SAS and community team planned for Feb 2018. A scale up and spread of the pathway for intervention by the community teams across A&B should be relatively straightforward as numbers are low and should be manageable in each locality. Pathways for responding to individuals who have fallen and do not require SAS attendance but require assistance to get up are being progressed on a locality level. Locality Area Managers are being asked to update the Falls Lead for A&B about arrangements in place in each locality and a phone call will take place by Falls Lead to each LAM to finalise the response in each locality in Jan/Feb 2018. We require a single point of contact phone number for Argyll and Bute for this pathway. Lead AHP is progressing these discussions.

Additional Support Requirements Identified

Improvement Forecast Date:	Review Date:
July 2018	February 2018

Appendix

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

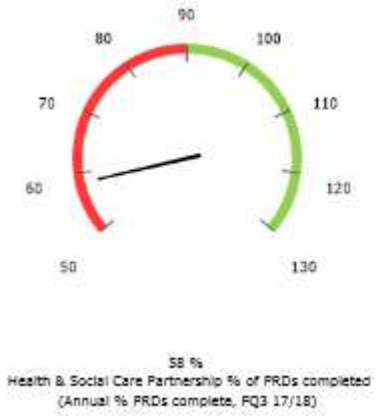


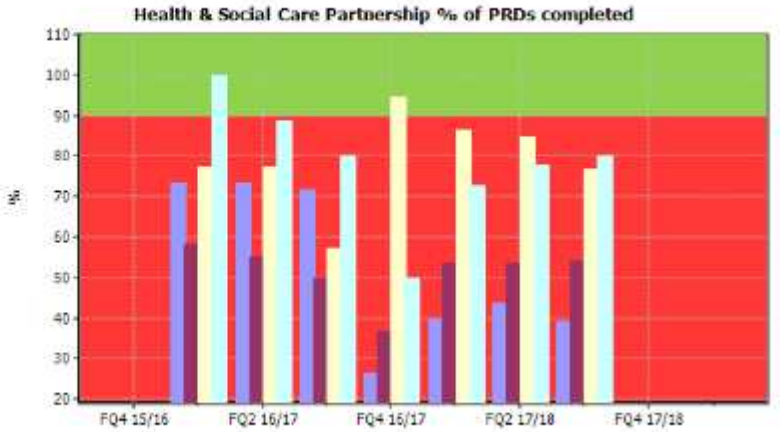
National Records of Scotland accessed 22.01.18 https://www.nrscotland.gov.uk/statistics-and-data/statistics/stats-at-a-glance/council-area-profiles

Management Exception Reporting

Performance Indicator: Outcome 8 Health & Social Care Partnership % of PRDs completed	**Responsible Manager:** Alex Taylor
Target: 90% Actual: 58%	Date of Report: FQ3 17/18

Description of Exception





Sub-elements

Type	Name	Value
	Adult Care East % of PRDs completed	39 % (FQ3 17/18)
	Adult Care West % of PRDs completed	54 % (FQ3 17/18)
	Children & Families and Criminal Justice % of PRDs completed	77 % (FQ3 17/18)
	Strategic Planning & Performance % of PRDs completed	80 % (FQ3 17/18)

Actions Identified to Address Exception and Improve Performance

Performance Review and Development (PRD) is the cornerstone of the HSCP performance framework. It aligns individual performance and development with the work unit, the service plan and the strategic plan. This activity is not always recognised to be the priority it should be by some staff and managers and where this is identified it is addressed.

Actions Identified to Address Current /Future Barriers

Traditionally most PRDs are completed during Financial Quarter 4 and I would expect to see an improvement in these figures. In the meantime PRD activity is being closely monitored and reported on.

Additional Support Requirements Identified

None.

Improvement Forecast Date:	**Review Date:**
Financial Quarter 4 (FQ4)	Financial Quarter 4 (FQ4)

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.6

Date of Meeting: 31 January 2018

Title of Report: Revision to the Integration Scheme - Carers Act

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

The Integration Joint Board is asked to :

- **Note** revisions to the Integration Scheme
- **Agree** the revised Integration Scheme for submission to the Scottish Government by 2nd March 2018
- **Remit to the Chief Officer** authority to seek agreement from NHS Highland Board and Argyll & Bute Council

1. EXECUTIVE SUMMARY

The Scottish Government requires every Integration Authority to revise their Integration Scheme to include the functions enshrined in the Carers (Scotland) Act 2016, which will take effect from April 1st 2018.

Regulations have been set out in The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment Regulations 2017 and in the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No 2) Regulations 2017.

The Act contributes to the Scottish Government's vision of a healthier and fairer Scotland, and sits alongside related policy on the integration of Health and Social Care, new social security powers; and the Fair Work agenda

The Act is designed to support carers' health and wellbeing and help make caring more sustainable. Measures include:

- a duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria.
- a specific adult carer support plan and young carer statement to identify carers' needs and personal outcomes.

- a requirement for local authorities to have an information and advice service for carers which provides information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights.

2. INTRODUCTION

2.1 The Carers (Scotland) Act 2016 http://www.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/Implementation/Carers-scotland-act-2016 is part of the Scottish Government's vision of a healthier and fairer Scotland, and sits alongside related policy on the integration of Health and Social Care, new social security powers; and the Fair Work agenda

2.2 The Act is designed to support carers' health and wellbeing and help make caring more sustainable.

2.3 Every Integration Authority is required to revise their Integration Scheme to comply with regulations set out in The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment Regulations 2017 and in The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No 2) Regulations 2017.

3. DETAIL OF REPORT

3.1 The Carers' (Scotland) Act 2016

The Carers (Scotland) Act 2016 will take effect from April 1st 2018. The Act is part of the government's vision for a fairer Scotland. It aims to support unpaid and family carers to continue in their caring role for as long as they wish, whilst having enough support to pursue their own life and to maintain their own health and wellbeing.

This is achieved through assessment of need and production of a Young Carers Statement or an Adult Carers Support Plan, to ensure that support needs are met.

3.2 The Regulations

The Scottish Government set out regulations for Integration Authorities which are described in The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment Regulations 2017, which sets out what the Integration Authority **must** do and The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No 2) Regulations 2017, which sets out what the Integration Authority **may** do.

https://www.legislation.gov.uk/sdsi/2017/9780111035436

3.3 Revision of the Integration Scheme

The Scottish Government requires all Integration Authorities to revise their Integration Scheme to include the requirements imposed by The Carers (Scotland) Act 2016. Revised Integration Schemes must be agreed by the parent bodies and submitted to the Scottish Government by 2nd March 2018.

The Chief Officer will take the revised Argyll and Bute Integration Scheme to NHS Highland Board and to Argyll and Bute Council for agreement prior to submission.

A statement on our websites, with a link to the revised Integration Scheme, for a minimum of 28 days will inform our partners and stakeholders of the revision. Public Consultation is not necessary in this instance as the revision is prescribed in legislation.

3.4 Carers Strategy

A new Carers Strategy for Argyll and Bute is being prepared to reflect the changes enshrined in The Carers (Scotland) Act 2016.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

4.1 Support for unpaid or family carers is one of the 6 key areas of focus in our Strategic Plan 2016/2019

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

Providing additional carer support will impose a financial impact.

5.2 Staff Governance

The Carers (Scotland) 2016 Act brings a number of new and different obligations for staff. Resources will need to be identified to ensure the Act is implemented. Appropriate information and training will need to be given to all staff along with revised tools and processes.

5.3 Clinical Governance

The Clinical and Care Governance Committee will need to ensure that performance meets the standards set out in the regulations.

6. EQUALITY & DIVERSITY IMPLICATIONS

The Carers Strategy requires a full EQIA assessment. This does not apply to the revised Integration Scheme.

7. RISK ASSESSMENT

There is a risk that the IJB and the services that it directs and has operational oversight of fail to meet performance standards or outcomes as set by regulatory bodies

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

A public consultation is not required in respect of the revised Integration Scheme. A statement on the NHS and Council websites for a minimum period of 28 days will inform the public, our partners and stakeholders.

9. CONCLUSION

Argyll and Bute's Integration Scheme has been revised as required by the Scottish Government, in accordance with the regulations to meet the requirements of The Carers (Scotland) Act 2016.

The revised Integration Scheme will be agreed with NHS Highland Board and Argyll and Bute Council before being submitted to Scottish Government by March 2nd 2018. It will then be laid before parliament awaiting ministerial approval.

For further information contact:

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Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item: 5.7

Date of Meeting: **31 January 2018**

Title of Report: **Chief Officer Report**

Presented by: **Christina West**

The Integration Joint Board is asked to :

Note the following report from the Chief Officer

Argyll & Bute - Winter Planning

Overall unplanned attendances at A&E departments across Argyll & Bute have increased this winter; in particular the week of 17-25 December showed a 33.1% increase compared to the same week last winter, with a total of 659 attending. The following week a total of 769 attended, a 9.4% increase. This impacted on our 4 hour target with a significant increase in delays. The majority of these delays were transport related; indicating pressures on the Scottish Ambulance Service (SAS) and this will be discussed at the SAS Liaison meeting in February.

All our hospitals were working to a high capacity with contingency beds being utilised. Daily 'huddles' were in place and local managers and staff worked hard to ensure good patient flow and capacity met demand.

We are now dealing with the impact of a flu outbreak throughout Argyll & Bute, affecting staff and patients.

I recognise that the last few months have been especially challenging for staff as they have had to deal with a wide range of winter pressures, which significantly increased their already busy workload, and along with the Strategic Management Team I would like to thank all HSCP staff for their hard work and dedication in continuing to deliver a high standard of health and social care services for the people of Argyll and Bute.

Accident and Emergency Target

The Accident and Emergency department at Lorn & Islands Hospital in Oban has exceeded the Scottish Government's waiting time targets according to the latest figures.

These figures, which are collated by the information services division (ISD) of NHS National Services Scotland, highlight that for week ending 7th January 96.2% of patients were seen, treated, discharged or admitted within four hours.

Inpatient Mental Health Facility Officially Opened in Lochgilphead

During the spring/summer of 2017 building refurbishment works were carried out in the lower ground floor of Mid Argyll Hospital to relocate inpatient mental health services from Argyll and Bute Hospital.

The works were completed in July and the HSCP held an open event to provide the public, staff and other stakeholders with an opportunity to view the refurbished facility before the patients moved in at the end of the month.

The Chief Officer officially opened the new facility on Friday 8th December 2017.

Bute Health and Social Care Staff Complete Food Hygiene Course

Nine members of the Extended Community Care Team on Bute recently completed an Elementary Food Hygiene Course. The team deliver care to people in their own home on a daily basis and one of the elements of this care may consist of working with people to enable them prepare meals for themselves.

It was therefore a requirement for staff to participate in the Elementary Food Hygiene Course to assist them in the day to day delivery of their duties and achieving this new qualification highlights that our health and social care staff are continually updating and developing their skills for the benefit of the people they care for.

HSCP Excellence Award Programme

In 2017 the HSCP Nursing Excellence Awards were launched for nurses and midwives working for the Partnership. The enthusiasm shown for the awards was extremely positive and it has therefore been decided to widen them so that all HSCP staff have an opportunity to be recognised for the contribution they make.

Nominations have now opened for the 2018 awards and will close on the 5th March. A list of the various categories and the nomination forms can be accessed from the HSCP web pages. Awards are open to all staff working in Argyll & Bute HSCP.

Integration Joint Board Webpage Developments

A new IJB webpage has now been developed to provide the public, staff and stakeholders with more information about the role and remit of IJB members.

This new webpage includes a short biography of each member, an individual photograph and a video clip from members outlining their role on the IJB. The page is now live and can be accessed at: www.tinyurl.com/y8qpy4kj