MINUTE OF
ARGYLL & BUTE HEALTH & SOCIAL CARE PARTNERSHIP (HSCP)
INTEGRATION JOINT BOARD
WEDNESDAY 18TH MAY 2016, 13:30 – 16:30
J03-07, MACHICC, LOCHGILPHEAD

Present -

Cllr. Maurice Corry	Councillor, Argyll & Bute Council (Chair)
Robin Creelman	(Vice Chair) NHS Highland Non-Executive Board Member
Christina West	Chief Officer, Argyll & Bute HSCP
Dr Michael Hall	Clinical Director, Argyll & Bute HSCP
Anne Gent (VC)	Director of Human Resources, NHS Highland
Dawn McDonald (VC)	Vice Chair Joint Partnership Forum, Argyll & Bute HSCP
David Alston	Chair, NHS Highland Board
Heather Grier	Unpaid Carer Representative
Cllr. Anne Horn	Councillor, Argyll & Bute Council
Louise Long	Chief Social Work Officer
Elaine Wilkinson	NHS Highland Non-Executive Board Member
David Alston (VC)	NHS Highland Board Chair
Maggie McCowan	Public Representative
Betty Rhodick	Public Representative
Catriona Spink	Unpaid Carer Representative
Liz Higgins	Lead Nurse, Argyll & Bute HSCP
Elaine Garman	Public Health Specialist
Caroline Whyte	Chief Financial Officer, Argyll & Bute HSCP
Cllr. Mary Jean Devon (VC)	Councillor, Argyll & Bute Council
Dr. Peter Thorpe	Secondary Care Adviser, Argyll & Bute HSCP
Cllr. Elaine Robertson	Councillor, Argyll & Bute Council
Linda Currie	Lead AHP, Argyll & Bute HSCP

In Attendance –

David Ritchie	Communications Manager, Argyll & Bute HSCP
Stephen Whiston	Head of Strategic Planning & Performance, Argyll and Bute HSCP
Allen Stevenson	Head of Adult Services (East), Argyll & Bute HSCP
Jackie Connelly	Performance Improvement Officer – Argyll & Bute Council
Scott MacDonald	Admin Officer – Social Work (minute)

Apologies –

Denis McGlennon	Independent Sector Representative
Dr Kate Pickering	General Practitioner

ITEM	DETAIL	ACTION
1	**WELCOME**	
	The Chair welcomed everyone to the meeting and introductions were made. The Vice Chair took this opportunity on behalf of the board to congratulate the Chair Councillor Corry on his election to Scottish Parliament.	
2	**APOLOGIES**	
	Apologies were noted.	
3	**DECLARATIONS OF INTEREST**	
	No declarations of interest were recorded.	
4	**MINUTE OF INTEGRATION JOINT BOARD 29.02.2016**	
	The minute was checked for accuracy and agreed subject to below amendments. Elaine Wilkson noted that she had attended the previous meeting via Video Conference. It was noted that on Page 8 of the minute with regards to issues on Colonsay it should state that Colonsay in Council terms represented by 3 Councillors for Kintyre and Islands, not MAKI as stated in the minute.	
5	**ACTION LOG/MATTERS ARISING**	
	Action 2) It was discussed that the listed reason for board members to attend the meeting via Video Conference are now to include, valid work commitments. Request to attend via VC are to go through the chair and this request to be with the Chair 7 days prior to the meeting. Granting of requests will remain at the discretion of the Chair. This will be trialled. Action 3) The Communication and Engagement Strategy will be tested with members of the public who are part of the Communication Workstream. This will be fed into the board at a later date. On page 5 of the minute Councillor Robertson asked for clarification regarding the increase in "national living wage". It was clarified that in October, this will be rising in Scotland to £8.25 and branded the Scottish Living Wage. Action 4) Commissioning Team have met with Independent Sector	

	providers, and templates will be completed and passed back to the Commissioning Team. Anne MacColl Smith is leading on this. Action 7) Louise Long and Liz Higgins will meet to amend Terms of Reference. Robin Creelman and Louise Long to have further discussions around this. Action 16) Reference guide was discussed and passed to board members at Development Session. Christina West offered to hold a session with Councillor Mary Jean Devon re. the reference guide as she was absent from the development session. Action 17) Catriona Spink and Heather Grier will be meeting with Carer Centre leads on 31st May and will gather issues. Catriona Spink advised she had placed information in a local newspaper about the IJB and had also attended a local Community Council Meeting. Louise Long advised that work had been completed to submit a bid to Life Chances Trust which was successful. A grant of £200,000 will be received from the Trust to engage with young people with a focus on Care Leavers. The Chair offered his congratulations on this and the board echoed these comments.	
6.1	**APPOINTMENT OF STANDARDS OFFICER & ARRNAGEMENTS FOR MAINTING A REGISTER OF INTERESTS**	
	The HSCP Chief Officer presented a paper detailing the requirements set by The Ethical Standards in Public Life (Scotland) Act 2000 for the IJB to submit a Code of Conduct, appointment of a Standards Officer, submit a Register of Interests Form and delegate administrative arrangements to ensure these obligations are met. Douglas Hendry, Executive Director, Customer Services – Argyll and Bute Council has been identified as the Standards Officer given his qualifications and background. It was queried whether this was an open process in identifying Douglas Hendry. Christina West advised that Mr Hendry is the only person within Argyll and Bute with these qualifications and background. Ultimately approval sits with the Standards Commission. The Integration Joint Board is asked to: **Approve** the Integration Joint Board Members' Code of Conduct for submission to the Scottish Ministers for Approval. **Approve** the appointment of Douglas Hendry, Executive Director –	

	Customer Services, Argyll and Bute Council as Standards Officer for the IJB, subject to Standards Commission Approval. **To approve** the register of Interests Form. **To delegate** to the Chief Officer in conjunction with the Standards Officer the establishment of administration arrangements to ensure compliance with statutory obligations in this regard. The above points were approved.	
6.2	**HOME AT CARE – MODLE OF CARE UPDATE**	
	Jackie Connelly, Performance Improvement Officer, presented a paper on the Care at Home – new Model of Care Update. The detail of the paper is outlining a move away from a time and task model of care at home to an outcome based model which will enable more flexible working for providers to deliver care. Councillor Robertson welcomed the paper and advised that this is something she is aware the community are keen for feedback on. Councillor Robertson queried the term "blocks of hours". It was established commissioning blocks of hours allows them to be extended or reduced as required. Councillor Robertson asked what is done regarding expectation of time. Jackie Connelly advised that the pilot currently running uses 2 carers which provides flexibility allowing carers to work together or separately depending on the need of the service user. Elaine Wilkinson raised her concern regarding moving this from a pilot to full roll out. It was felt that there is a lack of evaluation within the report or possible financial implications. Elaine stated that in principle she believes this is a positive move but feels that further information would need to be provided. As not all localities are the same as the pilot areas there was a query whether there would be any issues regarding availability of staff and financial implications. Jackie Connelly advised that she is currently working with Strategic Finance on the model and the efficiencies. Jackie stated this model would not cost any more than the current model and will provide more capacity and release resources. Robin Creelman voiced his concern surrounding this and queried how situations would be dealt with if more than one client required to	

	be put to bed at the same time. Jackie confirmed that this would be done on a service user needs basis and that a piece of work is being done with assessment staff, also the flexibility of staff working in pairs allows this. Areas where staff recruitment is difficult were discussed and whether this would cause additional pressures. Jackie Connelly has been in contact with Team Leaders in the East and West who have expressed a desire to move to the new model. Jackie commented that this paper is an amalgamation of previous DMT reports. Jackie to share previous papers with the IJB to allow broader understanding. The Integrated Joint Board were asked to: **Consider** the review of the trial and agree to roll out across localities. **Note** the mapping of localities to reduce travel time and mileage costs. **Note** commissioning of services in blocks of hours and advising of service users of guide times The board agreed points 2 and 3. Regarding point 1, as this has already been signed of and Community Services DMT it was agreed that this will be changed to: **Consider** the review of the trial and note the roll out across localities. This will be monitored by the Commissioning team and the Integrated Joint Board will be sighted on this through its governance role, but will not have an active role in monitoring.	**Jackie Connelly**
7.1	**FINANCE – UPDATE TO DUE DILIGENCE & FINANCIAL PLAN 2016-17**	
	Caroline Whyte gave an update and advised that the outturn position for the Council Social Work Service was an overspend of £0.692m and the estimated cost pressures for 2016-17 are £1.580m. Health budget for 2015-16 was a £0.716m underspend. Louise Long discussed that there needs to be more detail of the re-design to understand the risks attached. Louise advised that	

	children and families can work to the budget but the Board need to be aware that the this budget is risk based and can fluctuate. Allen Stevenson commented that Adult Care can work to this budget but it will be challenging, with significant redesign of services required. Robin Creelman raised issue and concern with the £1.580m cost pressures that have been identified and requested that the Council be formally asked via correspondence to meet this cost. Christina West commented that the Board needs to acknowledge what can realistically be managed in the first financial year. The Integration Joint Board is asked to: **Note** the further due diligence and review of the year-end budget outturn positions for 2015-16 for both the Health and Council Budgets **Note** the resulting additional funding gap of £1.580m as a result of the further due diligence undertaken, specifically in relation to Council delivered services. **Accept** the Council offer of funding, and note the resulting impact on the integrated budget. **Approve** the updated Quality and Financial Plan in Appendix 5 to deliver a balanced partnership budget. **Note** the updated indicative 2017-18 and 2018-19 budgets and resulting budget gap across the period of the Strategic Plan. **Note** that ongoing due diligence should be carried out during the first year of Integration and this will form part of the overall budget.. The Board noted and accepted points 1, 2, 5, 6. Point 3 was noted but not accepted with a letter to be issued formally requesting £1.580m from the Council. Christina West and Caroline Whyte to draft letter and give sight of this to Chair and Vice Chair. Point 4 was approved subject to further information being provided to the Board on the associated budget risks.	**C Whyte/ C West**
7.1b	**BUDGET MONITORING 2016-17**	
	Caroline Whyte advised that budget monitoring packs will be	

	submitted to the Board from June. Elaine Wilkinson raised the issue of the timescales of receiving monitoring reports from previous months. Caroline noted that this is due to the reporting system, but if there are any issues exception reports will be available. The Integration Joint Board were asked to: **Note** the recommended approach to budget monitoring for 2016-17 and that there is work ongoing to develop this for reporting to the Integrated Joint Board, Service Management Team and Budget Managers. **Approve** the timetable for routine budget monitoring reports to be presented to the Integration Joint Board. These were agreed.	
7.1c	**ANNUAL AUDIT PLAN 2015-16**	
	Caroline Whyte briefly spoke to this paper giving update advising that the Integrated Joint Board are due to be provided annual accounts for 2015-16. Also that preparations for 2016-17 need to begin. The Integrated Joint Board were asked to: **Note** the requirement for the Integration Joint Board to produce a set of annual accounts for 2015-16. **Note** the timescales and requirements for completion of the annual accounts as per the Audit Scotland Annual Audit Plan for 2015-16. **Note** the challenging timescale in future years in terms of producing accounts and the requirement to plan with the Health and Council Partners to achieve this. These were all agreed by the Board	
7.2	**PLANNING AND PERFORMANCE MANAGEMENT FRAMEWORK**	
	There are currently 9 key Health and Wellbeing Outcomes and 23 sub-indicators. A list of all 23 sub-indicators to be produced by Stephen Whiston. Stephen to invite Dougie Hunter to a future meeting.	**S Whiston** **S Whiston**

	Maurice Corry discussed the current scorecard and stated that at this moment in time performance is satisfactory but there is room for improvement. Elaine Wilkinson queried how any performance indicators that may be outliers are tracked. It was acknowledged that this is a piece of work that needs to be taken forward. The Integration Joint Board were asked to: **Note** the progress made to date with regards to the development and implementation of the HSCP performance reporting framework in line with the current national reporting requirement. **Approve** the content of the IJB performance scorecard within the Pyramid System. **Approve** the exception reporting format and frequency. **Acknowledge** ongoing scorecard developments for 2016/17. The Board agreed all recommendations.	
7.3	**PUBLIC HEALTH REPORT** Elaine Garmin spoke to this report and noted that this is a national piece of work but looking at local issues within Argyll and Bute. This report defines public health as: the science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society. Based on the definitions used by the Faculty of Public Health. Elaine advised of the key themes of the Review of Public Health which were: • Organisation • Strategy • Leadership • Evidence • Partnership and collective responsibility • Workforce Maggie McCowan queried if there is any way to identify any issues that can be picked up quickly. Elaine Garman advised that the Strategic Plan developed is based on a Joint Needs Assessment.	

	Elaine discussed that there is still a piece of work on Workforce Planning as staff will require a specific set of skills to realise the Strategic Plan objectives There was lengthy discussion around preventative work and how to ensure early intervention. Christina West added that it is important to start educating young people on their healthy child smile. It was acknowledged that the implementation of the living wage had the potential to have a positive impact on the health of those who would benefit from increased income. The Integrated Joint Board were asked to: **Note** the potential impacts and actions that result from the review's recommendations that will flow from it. This was agreed.	
8.1	**CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ARRANGEMENTS FOR ARGYLL AND BUTE HSCP**	
	Liz Higgins discussed this paper briefly and advised that the first exception report will be available to the Board in June. Issue of complaints was raised. The 20 day response time is not always being met. It was acknowledged that this is in part due to the complex nature of the complaints received. Social Work are more timeous in responding to complaints although Health have a different process when dealing with complaints with responses going through various levels of management for approval. The Integrated Joint Board were asked to: **Note** the Clinical, Care and Professional Governance arrangements for the HSCP This was agreed.	
8.2	**A&B HSCP LOCALITY PLANNING GROUP DATES**	
	These dates were noted and Board members to place in diaries.	
9.	**AOCB**	
	Care at Home – It was noted that this was an example of a good piece of work for the Integrated Joint Board.	

	Integrated Joint Board Meetings – Venues have been identified for this and circulated. Distribution of papers – Councillor Robertson requested that papers be sent out as soon as possible and if they can be sent to specific people for printing out. Christina West to contact Helen MacLeod regarding this for elected Members. IJB meetings being held through Webex – Elaine Wilkinson raised for discussion if Board meetings should be done through Webex and advertised to the public. Christina West to take forward and look at what IT support would be needed.	

Date and time of next meeting: Wednesday 22nd June, MACHICC

10.30 – 13.00 Development session
13.30 – 16.00 Business meeting

ACTION LOG – INTEGRATION JOINT BOARD 23.03.16

	Action	Lead	Timescale	Rag Status
1	Previous DMT reports on Care at Home to be shared with the IJB	J Connelly	June 16	
2	Formal letter to be sent to A&B Council requesting £1.580m to cover gap in budget.	C West/C Whyte	June 16	
3	Summary list of 23 performance indicators to be produced	S Whiston	June 16	
4	Dougie Hunter to be invited to a future the IJB meeting	S Whiston	August 16	
5	Distribution of papers to be looked at and Helen MacLeod to be contacted for elected members	C West	June 16	
6	IT support to be looked at regarding Webex use for IJB meetings	C West	June 16	

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 6.1

Date of Meeting: **22 June 2016**

Title of Report: **Mainstream Report and Equalities Outcome Framework**

Presented by: **Elaine Garman, Public Health Specialist**
Argyll and Bute HSCP/NHS Highland

The Integrated Joint Board is asked to :

- **Agree the Equalities Mainstreaming Report and Outcomes Framework**
- **Provide leadership and direction to ensure equalities issues are considered during strategic planning and included in Locality Action Plans.**
- **Monitor completion of Equality & Diversity Impact Assessment (EQIAs) for significant service change occurring within the Health & Social Care Partnership**
- **Recognise the need for IJB members to develop their understanding of equalities issues.**
- **Agree the Framework should be reviewed in 12 months.**

1. INTRODUCTION

Mainstreaming equality means integrating equality in the day-to-day running of an authority. This supports authorities to meet the general equality duty and has the following benefits:

- Equality becomes part of the structures, behaviours and cultures
- Being able to demonstrate how equality is being promoted
- Continuous improvement and better performance

The Equality Act (2010) sets out the requirement to protect the following characteristics:

- Age
- Disability
- Gender
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sexual orientation
- Marriage and civil partnership (this only applies to employment)

The IJB has a statutory duty under the Equality Act (2010) to produce a Mainstream Equalities Report and an Equalities Outcome Framework. This was discussed by the Core Management Team on 29 April 2016.

This paper outlines the action taken to meet the statutory requirements and summarises the attached paper – **Mainstreaming Equalities Report and Equalities Outcome Framework.**

NHS Highland and Argyll and Bute Council have already met this requirement, details of which are included in the paper.

2. DETAIL OF REPORT

A short life working group was formed to review the actions required. It was recognised equalities activity for the IJB should add value to what the council and NHS have already done rather than duplicate existing activity. The following mainstreaming commitments are proposed:

- The IJB upholds the rights of all people, regardless of protected characteristics, to lead healthy and fulfilled lives and to have appropriate health and care services available when they need them.
- The IJB firmly believes that by integrating health and social care services there is potential to improve health and social care outcomes for the whole population and narrow the gap between the better off and worse off in Argyll and Bute.
- The IJB will provide strategic leadership for equalities and work toward consistent approaches in the host organisations. It will also act as a role model to partners in Argyll and Bute.
- The IJB recognises the importance of equality being embedded in day to day service delivery. This will be achieved via the 8 Locality Action Plans.
- The IJB has a duty to report annually on the progress of the implementation of the Strategic Plan. Equalities will be one element of the report.
- The IJB will be sighted on the impact of service changes on people with protected characteristics and will require Heads of Service to carry out EQIA's.

The group carefully considered what outcomes should be delivered. It is important that any action taken is realistic and achievable. The following outcomes are proposed; it is recognised this list is not exhaustive but it was considered better to do some things effectively rather than identify too many things that might not be followed through:

High Level Outcome	
1. Improve health and wellbeing outcomes for people with protected characteristics	
Objectives	Existing activity
• Reduce gap in life expectancy between men and women	Men's Shed Community resilience targeted at men via ICF
• Improve physical health and wellbeing outcomes for people with mental health problems	Branching Out
• Improve quality of life for carers	Carers Strategy Carers Centres

• Increased ability of people to self-manage long term health conditions	ICF funded activity
• Reduce loneliness in at risk groups	Reach Out Pledge
Data sources to support the above include: • ScotPHO health profiles • Qualitative project or service evaluations • Locality health profiles	
2. Empowering people with protected characteristics to have an influence on how services are delivered	
Objectives	Existing activity
• Engagement and consultation on Locality Action Plans to ensure they are representative of local needs and aspirations	LPGs to have communication strategy for their actions plans i.e. engage, inform and consult community groups and people. Principles of co-production are embedded in service delivery. Development sessions to take place with LPGs in 2016-17.
• Increased promotion and uptake of Self Directed Support (SDS)	IJB should have a strategic overview of uptake across Argyll and Bute.IJB should ensure staff are fully informed about SDS in order to appropriately advise people who would benefit from this
Data sources to support the above: • Qualitative feedback on locality engagement events • Numbers of people using SDS	
3. Increasing access to services for people with protected characteristics	
Objectives	Existing activity
• Health and care services delivered in a person centred and compassionate manner.	IJB to provide strategic leadership on this agenda e.g. review how Person Centred Coaches have been used to date and embed this model across all health and social care delivery
• Services targeted at those most in need of these services	LPGs leading this and to be delivered via the Locality Action Plans ensuring equalities sensitive practice
• Ensure we meet the health and social care needs of new residents of Argyll and Bute and respond to humanitarian need	Refugee strategy for Argyll and Bute
• Ensure appropriate translation	At the moment separate approaches by

services are in place	ABC and NHS Highland. Review and consider joint contract for IJB
• Unpaid or family carers are supported in their caring role	Carers assessments Anticipatory care planning Planned respite and short breaks
Data sources to support the above: • ScotPHO health profiles • Qualitative project or service evaluations • Locality health profiles	
4. Improving experience of services for people with protected characteristics	
Objective	Existing activity and actions required
Satisfaction surveys	Existing activity has ceased: IJB should review how they want to review user satisfaction e.g. should LPGs lead on this.
Review where health and social care is going well and not going well	Patient Opinion Case studies
Review complaints procedures to identify if people with protected characteristics are identifying areas for improvement	IJB should ensure the monitoring of the new unified process for submitting health and care complaints.
Data sources to support the above: • Complaints • Patient Opinion feedback	

3. CONTRIBUTION TO STRATEGIC PRIORITIES

Improving equalities amongst the whole population of Argyll and Bute is integral to the IJB delivering all of its Strategic Priorities. In relation to the equalities outcomes above, the following are of particular note:

- Promote healthy lifestyle choices and self-management of long term conditions
- Reduce the number of avoidable emergency admissions to hospital and minimise the time that people are delayed in hospital.
- Support people to live fulfilling lives in their own homes, for as long as possible.
- Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing.

4. GOVERNANCE IMPLICATIONS

4.1 Financial Impact

It is unlikely there will be significant financial costs arising from this work but some requirements for funding may include translation of materials into other languages or easy to read formats. However, there will be an impact on staff time in fulfilling the

outcomes of the framework. This should be viewed within the context of transformational changes in service delivery as mainstreaming prevention in an equalities sensitive manner will improve health and wellbeing outcomes for those most in need. It will also make service delivery more anticipatory and more effective.

4.2 Staff Governance

The IJB should provide strategic leadership and commitment to improving equalities across Argyll and Bute. This should be monitored via management structures within the HSCP.

To support the IJB in this role, it is suggested members complete detailed equalities training to ensure all members are knowledgeable of this very wide agenda. This can be delivered by HR staff from Argyll and Bute Council and Public Health staff from NHS Highland.

4.3 Clinical Governance

Governance of the Equalities Outcomes Framework will be via the Performance Management system led by the Performance and Improvement team. It is anticipated a scorecard for equalities with be produced on Pyramid.

The statutory reporting requirements are every 2 years. The working group suggests the HSCP Equalities Framework is reviewed after one year, i.e. in 2017 in order that the HSCP review is brought into line with the review timescales for NHS Highland and Argyll and Bute Council.

5. EQUALITY & DIVERSITY IMPLICATIONS

As discussed throughout this paper.

6. RISK ASSESSMENT

Not required.

7. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The statutory obligation required the Mainstreaming Equalities Report and Equalities Outcome Framework be implemented by 30 April 2016. The working group reviewed the consultation report for the Strategic Plan and concluded this gives ample credence and community support for the suggested equality outcomes.

Moving forward in the spirit of meaningful community and user involvement, the following actions are recommended:

- This report and paper be tabled at the Health and Care Forums as soon as possible.
- Also to be tabled at the Locality Planning Groups and be incorporated into their Locality Action Plans. Communication plans also need to be equalities sensitive and consider how hard to reach groups can be meaningfully engaged.

8. CONCLUSIONS

The IJB has a statutory duty to ensure the requirements of the Equalities Act (2010) are put in place. Improving equality of the whole of Argyll and Bute's population will improve health and wellbeing outcomes and allow the HSCP to be more effective in health and social care service delivery.

Argyll and Bute Health and Social Care Partnership

Integrated Joint Board

DRAFT MAINSTREAM REPORT AND EQUALITIES OUTCOME FRAMEWORK – 2016 - 2020

1. Summary and Introduction

On 1 April 2016 the Integration Joint Board (IJB) of Argyll and Bute's Health and Social Care Partnership was formed by NHS Highland and Argyll and Bute Council, as required by the Public Bodies (Joint Working) (Scotland) Act 2014. The IJB has responsibilities to improve the health and wellbeing outcomes of people living in Argyll and Bute and to deliver health and social care services. The mechanism for doing this is to implement a formally agreed Strategic Plan.

The IJB is committed to ensuring equality is "mainstreamed" in our business and that everyone in Argyll and Bute has equal opportunities regardless of their age, ability, gender, sexual orientation, race, belief, childbearing status or marital status. There is considerable evidence that discrimination and harassment negatively impacts health, particularly mental wellbeing, and contributes directly to inequalities in life opportunities and health outcomes.

The IJB also recognises individuals, groups and communities who routinely face such disadvantages also experience inequalities in how they access and experience health and social care services. We are committed therefore to making a real and lasting contribution to creating a fairer Argyll and Bute, and to reducing inequalities in health, access and opportunity for our whole population.

2. Background

2.1. Requirement for an Equalities Outcome Framework

The Equality Act (2010) became law on 1 October 2010 and replaced previous anti-discrimination laws with a single Act. It simplified the law to ensure everyone who is protected from discrimination, harassment or victimisation is afforded the same level of legal protection.

The IJB of Argyll and Bute HSCP is classed as a “public body” under the Equality Act. As such, we are required to ensure that equality and diversity are embedded into all our functions and activities. The Public Bodies Specific Duties lay out that all Scottish Public authorities must publish a report on ‘mainstreaming’ equality; identifying a set of equality outcomes; employee information; gender pay gap information (for authorities with more than 150 staff) and a statement on equal pay (for authorities with more than 150 staff). This is subject to review every 2 years.

The Equality Act (2010) also introduced a new public sector equality duty (also known as the general equality duty). This requires Scottish public authorities to pay 'due regard' to the need to:

- Eliminate unlawful discrimination, victimisation, harassment or other unlawful conduct that is prohibited under the Equality Act 2010;
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and
- Foster good relations between people who share a relevant protected characteristic and those who do not

The means to achieve all of the above duties are:

- Report on mainstreaming equalities, and
- Publish equality outcomes and report on progress every 2 years.

Protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion and belief; sex and sexual orientation; and marriage and civil partnership (only in relation to the requirement to have due regard to the need to eliminate discrimination).

2.2. IJB functions and processes relevant to equalities

The role of Argyll and Bute’s IJB is to provide leadership and governance for the delivery of health and social care in Argyll and Bute. This delivery of health and social care is determined by the Strategic Plan 2016 – 2019. Available here: http://www.healthytogetherargyllandbute.org.uk/images/upload/files/strategic-plan_pdf_534.pdf

The development of the Strategic Plan was informed by a Joint Strategic Needs Assessment. Formal consultation with communities took place between September and November 2015, a report of which is available here: http://www.healthytogetherargyllandbute.org.uk/images/upload/files/progress-updates-details_538_pdf_473.pdf

The Strategic Plan will be delivered in local communities by Locality Planning Groups via a Locality Action Plan. These plans will be in place by October 2016 and will include equalities issues.

The measurement of the impact of health and social care service delivery will be done using a Priorities and Performance Framework. A scorecard will be developed for the equalities objectives in this framework to enable routine reporting to take place.

2.3. Position in Argyll and Bute Council and NHS Highland

Both Argyll and Bute Council and NHS Highland have published outcomes frameworks for equalities and they are available here:

NHS Highland

Equality Outcomes Report 2013 – 2015

http://www.nhshighland.scot.nhs.uk/publications/pages/equalityoutcomesreport20132015.aspx

Equality Outcomes Progress Report April 2016

http://www.nhshighland.scot.nhs.uk/Meetings/BoardsMeetings/Documents/Board%20Meeting%205%20April%202016/5.2%20Equality%20Outcomes%20report.pdf

NHS HIGHLAND EQUALITY OUTCOMES	
1.	Health Improvement: Everyone will feel able to access screening and health improvement support.
2.	Access to Services: Everyone will be able to access services when they need them.
3.	Patient Experience: Everyone will have a positive experience of using NHS Highland services.
4.	Involvement: Everyone will have the opportunity to be involved in the planning, delivery and evaluation of services.
5.	Workforce: All staff will feel that they are treated with dignity, respect and due regard for their needs as employees.
6.	Community: People in Highland will feel that they live in a safe, inclusive and fairer community.

Argyll and Bute Council

Equalities Mainstreaming Report and Progress on Equalities Outcomes 2015

https://www.argyll-bute.gov.uk/sites/default/files/equalities_mainstreaming_report_2015_v3_final_2.pdf

ARGYLL AND BUTE COUNCIL EQUALITY OUTCOMES	
1.	More people are actively engaged in local decision making.
2.	More people are confident that service delivery is sensitive to their needs.
3.	Carers are more confident that their needs are recognised.
4.	People who use social care are more confident that their personal outcomes are being recognised because they feel they are at the centre of decision making about their lives and the supports that are in place.
5.	The gap in educational attainment between people with protected characteristics has been reduced.
6.	Bullying of young people in schools is reduced.
7.	Our approach to engagement reflects the diversity of all our communities.

2.4 Mainstreaming Equalities Commitments for Argyll and Bute IJB

- The IJB upholds the rights of all people, regardless of protected characteristics, to lead healthy and fulfilled lives and to have appropriate health and care services available when they need it.
- The IJB firmly believes that by integrating health and social care services there is potential to improve health and social care outcomes for the whole population and narrow the gap between the better off and worse off in Argyll and Bute.
- The IJB will provide strategic leadership for equalities and work toward consistent approaches in the parent organisations. It will also act as a role model to partners in Argyll and Bute.
- The IJB recognises the importance of equality being embedded in day to day service delivery. This will be achieved via the 8 Locality Action Plans.
- The IJB has to report annually on the progress of the implementation of the Strategic Plan. Equalities will be one element of the report.
- The IJB will be sighted on the impact of service changes on people with protected characteristics and will require heads of service to carry out EQIA's.

Existing reporting arrangements for NHS and Council equality activity will remain in place. The IJB will not duplicate existing activity, rather it will add value and ensure consistency across the 2 organisations.

3. Consultation, reporting and governance

This report and framework is adopted and ratified by the IJB according to the following timeline:

Action	**Date**
Development of report and framework	April – May 2016
Ratification by IJB	June 2016
Dissemination to LPGs	June – August 2016
Incorporation of equalities issues in Locality Action Plans, following local consultation	October 2016

Annual review of equality outcomes (to bring into line with NHS and Council timeline)	May 2017
Review and refresh	2019

4. Equality Outcomes for Argyll and Bute Health and Social Care Partnership

The approach to this framework has been to map high level outcomes and to identify a realistic number of achievable actions and objectives. It is recognised that this list is not exhaustive and that there is not necessarily a set answer to reducing inequalities. The objectives to deliver the outcomes will be monitored over time and added to where appropriate. Equally, objectives can be removed if the outcome has been achieved.

High Level Outcome	
1. Improve health and wellbeing outcomes for people with protected characteristics	
Objectives	Existing activity
• Reduce gap in life expectancy between men and women	Men's Shed Community resilience targeted at men via ICF
• Improve physical health and wellbeing outcomes for people with mental health problems	Branching Out
• Improve quality of life for carers	Carers Strategy Carers Centres
• Increased ability of people to self-manage long term health conditions	ICF funded activity
• Reduce loneliness in at risk groups	Reach Out Pledge
Data sources to support the above include: • ScotPHO health profiles • Qualitative project or service evaluations • Locality health profiles	
2. Empowering people with protected characteristics to have an influence on how services are delivered	
Objectives	Existing activity
• Engagement and consultation on Locality Action Plans to ensure they are representative of local needs and aspirations	LPGs to have communication strategy for their actions plans i.e. engage, inform and consult community groups and people. Principles of co-production are embedded in service delivery. Development sessions to take place with LPGs in 2015-16.
• Increased promotion and uptake	IJB should have a strategic overview of

of Self Directed Support (SDS)	uptake across Argyll and Bute.IJB should ensure staff are fully informed about SDS in order to appropriately advice people who would benefit from this
Data sources to support the above: • Qualitative feedback on locality engagement events • Numbers of people using SDS	
3. Increasing access to services for people with protected characteristics	
Objectives	Existing activity
• Health and care services delivered in a person centred and compassionate manner.	IJB to provide strategic leadership on this agenda e.g. review how Person Centred Coaches have been used to date and embed this model across all health and social care delivery
• Services targeted at those most in need of these services	LPGs leading this and to be delivered via the Locality Action Plans ensuring equalities sensitive practice
• Ensure we meet the health and social care needs of new residents of Argyll and Bute and respond to humanitarian need	Refugee strategy for Argyll and Bute
• Ensure appropriate translation services are in place	At the moment separate approaches by ABC and NHS Highland. Review and consider joint contract for IJB
• Unpaid or family carers are supported in their caring role	Carers assessments Anticipatory care planning Planned respite and short breaks
Data sources to support the above: • ScotPHO health profiles • Qualitative project or service evaluations • Locality health profiles	
4. Improving experience of services for people with protected characteristics	
Objective	Existing activity and actions required
Satisfaction surveys	Existing activity has ceased. IJB should review how they want to review user satisfaction e.g. should LPGs lead on this.
Review where health and social care is going well and not going well	Patient Opinion Case studies
Review complaints procedures to identify if people with protected characteristics are identifying areas for improvement	IJB should ensure the monitoring of the new unified process for submitting health and care complaints.

Data sources to support the above: • Complaints • Patient Opinion feedback

Appendix 1: Abbreviations used

IJB	Integrated Joint Board
HSCP	Health and Social Care Partnership
LPG	Locality Planning Group
Scot PHO	Scottish Public Health Observatory
EQIA	Equality and Diversity Impact Assessment

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 6.2

Date of Meeting : **22 June 2016**

Title of Report : **HSCP Health & Safety Responsibilities and Arrangements**

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

The Integration Joint Board is asked to:

Approve the Statement of Responsibilities and Management Arrangements and instruct the Chief Officer to sign the document.

1. EXECUTIVE SUMMARY

The aim of the Statement of Responsibilities and Management Arrangements is to provide a framework for managing health and safety within the partnership. The statement sits alongside the Health and Safety Policies of the two partner bodies. It is composed of three main sections:

Statement of Intent: which sets out the Partnership's commitment to manage health and safety effectively, and outlines the principles that it will follow.

Organisation & Responsibilities: which sets out who is responsible for specific actions

Health & Safety Arrangements: which acts as a guide to who to contact for advice and where to find the appropriate policy or procedure.

2. INTRODUCTION

This report provides members of the IJB with details of the proposed Statement of Responsibilities and Management Arrangements and the background as to why it is necessary to have this statement.

3. DETAIL OF REPORT

It is a requirement of Section 2(3) of The Health & Safety at Work Act 1974 that all organisations employing more than 4 staff have a written health and safety policy.

Both NHS Highland and Argyll & Bute Council have existing Statements of Health & Safety Policy. These outline how health and safety is managed in the respective organisation. Neither of these policies outline the health and safety management arrangements for the Partnership.

Health and safety law mainly follows an employer/employee relationship, where the employer has a duty of care to their employee and is directly responsible for providing a safe place or work; safe systems of work; safe plant and equipment and a safe working environment. It assumes that an employee is under the direction and management of their employer

In the Partnership an employee may be managed by a manager who is employed by a different employer and vice versa. Also a manager may be responsible for managing employees of more than one employer. This can result in a manager having to implement two different sets of policies and procedures and policies/procedures of an employer other than their own.

The existing Health & Safety Policies of the partner bodies do not take this into account and the Statement aims to remedy this.

The Statement aims to clarify the health and safety responsibilities within the Partnership in three ways.

- Setting out the Partnerships commitment to managing health and safety as an integral part of delivering health and social care services.

- Outlining the responsibilities of staff throughout the partnership, including the responsibility to manage health and safety for staff no matter whether they are NHS or Council staff.

- Providing a “roadmap” for staff detailing how to obtain advice, which policies apply and where to find them.

The Statement has been prepared in consultation with officers from both partners and has been approved by both the NHS Highland Health and Safety Committee and Argyll and Bute Council Strategic Management Team.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

By providing a clear statement of our health and safety and setting out a framework for managing health and safety, the document will contribute to the following strategic objectives.

(B) We plan and provide health and social care services in ways that keep them safe and protect people from harm

(J): We will put in place a strategic and operational management system that is focused on continuous improvement, within a clear governance and accountability framework.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

No additional resource is being utilised to develop and implement the Statement. Financial implications may arise if the Statement is not implemented and health and safety is not managed effectively across the Partnership.

5.2 Staff Governance

Since the Health & Safety at Work Act was placed on the statute books it has been universally accepted that managers and staff in an organisation should have a unitary approach to health and safety as they both benefit from improved standards. The Statement sets out the responsibilities of all staff for health and safety and its implementation will be monitored through the HSCP Operational Health and Safety Group, which has staffside representation from both partner bodies.

5.3 Clinical Governance

There is an intrinsic link between health and safety and clinical governance and many of the responsibilities and arrangements outlined in the Statement are equally applicable to clinical safety.

6. EQUALITY & DIVERSITY IMPLICATIONS

None.

7. RISK ASSESSMENT

There would be a significant risk of the HSCP failing to meet its statutory obligations if the health and safety management systems do not take into account the nature of the management arrangements in the Partnership.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Public representatives are members of the HSCP Operational Health & Safety Group where the Draft Statement was tabled for discussion and feedback.

9. CONCLUSIONS

The Statement of Responsibilities and Management Arrangements outlines our aims, responsibilities and arrangements for managing health and safety within the Partnership. It acknowledges that the two partner bodies have their own policies for managing health and safety and seeks to bridge the gap between the two policies.

Argyll & Bute Health & Social Care Partnership

Statement of Health & Safety Responsibilities and Management Arrangements

Section 1 - Introduction

The Health & Social Care Partnership

The establishment of the Health and Social Care Partnership is a significant change to the way that public services are delivered in Argyll and Bute. The Partnership brings together a wide range of health and social care services into a single strategic planning and operational delivery unit. This includes Adult Services, Children and Families and Criminal Justice Services.

The integration Joint Board (IJB) has been established as a Body Corporate – i.e. a separate legal entity from either the Council or the Health Board, with responsibility for overseeing the work of the Partnership. The IJB is responsible for planning and overseeing the delivery of a full range of community health and social work/social care services, including those for older people, adults, children and families and people in the Criminal Justice System.

Parent Bodies

The Boards of NHS Highland and Argyll and Bute Council each have a statutory duty under s2(3) of the Health and Safety at Work etc. Act 1974 (HSWA 1974) to prepare a written statement of its health and safety policy, including the organisation and arrangements for carrying it out, and to bring this policy to the attention of its employees. Each organisation has a policy in place which supports this requirement.

Staff working within Argyll and Bute Health and Social Care Partnership (The Partnership) remain employees of their respective employer, they are also under the direction of the Integrated Joint Board (IJB) and the Chief Officer.

Purpose

The purpose of this document is fourfold:

- to clearly set out the health and safety vision of the Partnership;
- outline how health & safety will be managed within the Partnership;
- detail the responsibilities of staff within the Partnership;
- state what arrangements are in place for managing the various risks.

These arrangements apply to NHS Highland and Argyll & Bute Council employees, who are managed through the Partnership line management structure, regardless of status, grade, occupation, whether clinical or non-clinical. All employees should be aware of its contents and understand that it has a legal standing and may be used and referred to from time to time by the UK regulator, the Health and Safety Executive, to measure our compliance and performance.

Statement of Intent

The Partnership's vision for patients, clients and the communities is:

"Helping the people in Argyll and Bute to live longer, healthier, independent lives."

We recognise that to deliver these aims well, and to provide effective and financially sustainable services, we must ensure that risks to health, safety and welfare, for all patients, clients, staff, visitors, volunteers, contractors and others who are affected by or involved in our activities, are managed and controlled as far as reasonably practicable.

The minimum acceptable standards of health and safety are those contained in legislation and we recognise that it is our obligation to meet these legal standards. However, we will also strive to continually improve our health and safety performance by reducing risks, in order to create a positive employee experience and high quality and safe patient/client care. We recognise that the integration of services will be a challenge and has the potential to generate additional risk, we therefore need to take a more strategic and integrated approach to occupational health and safety management.

The Integration Joint Board understands and unreservedly accepts that for us to be successful we must conduct our business and operations with certain commitments in mind. With respect to occupational health and safety we will strive to adhere to the following principles

1. Lead by example, through our managers, in promoting a positive culture
2. To manage our undertaking and to take measures to ensure the health, safety and wellbeing of our employees, patients, contractors, voluntary organisations and members of the public
3. Cleary define responsibility and accountability from the IJB to the frontline
4. Improve our governance and integrate Health and Safety into every facet of the Partnership
5. Ensure that we have policies/procedures that comply with the law and are relevant to the operation and structure of the Partnership.
6. Continually improve our Health and Safety systems and performance
7. Provide adequate control of risks arising from our work activities
8. Take account of Health and Safety in all change and service redesign programmes and projects
9. Reduce our incidence of accidents and work related ill health

10. Ensure that our employees are competent by the provision of information, instruction, training and supervision.
11. Ensure that arrangements are in place for consultation with staff and others in accordance with the principles of partnership working
12. To ensure cooperation and coordination between the separate employing bodies who make up the Partnership and with other employers/agencies as necessary.

As Chief Officer, I have overall accountability for occupational health and safety across the Partnership, and it is my responsibility to ensure that the Health and Safety Policies of both parent bodies and their plans are implemented operationally. The responsibilities for managing health and safety are shared throughout the management structure and Line Managers are directly accountable for ensuring these arrangements are implemented within their area of responsibility. All persons working within the Partnership are responsible for making safety at work a priority to protect themselves, their colleagues, patients and visitors.

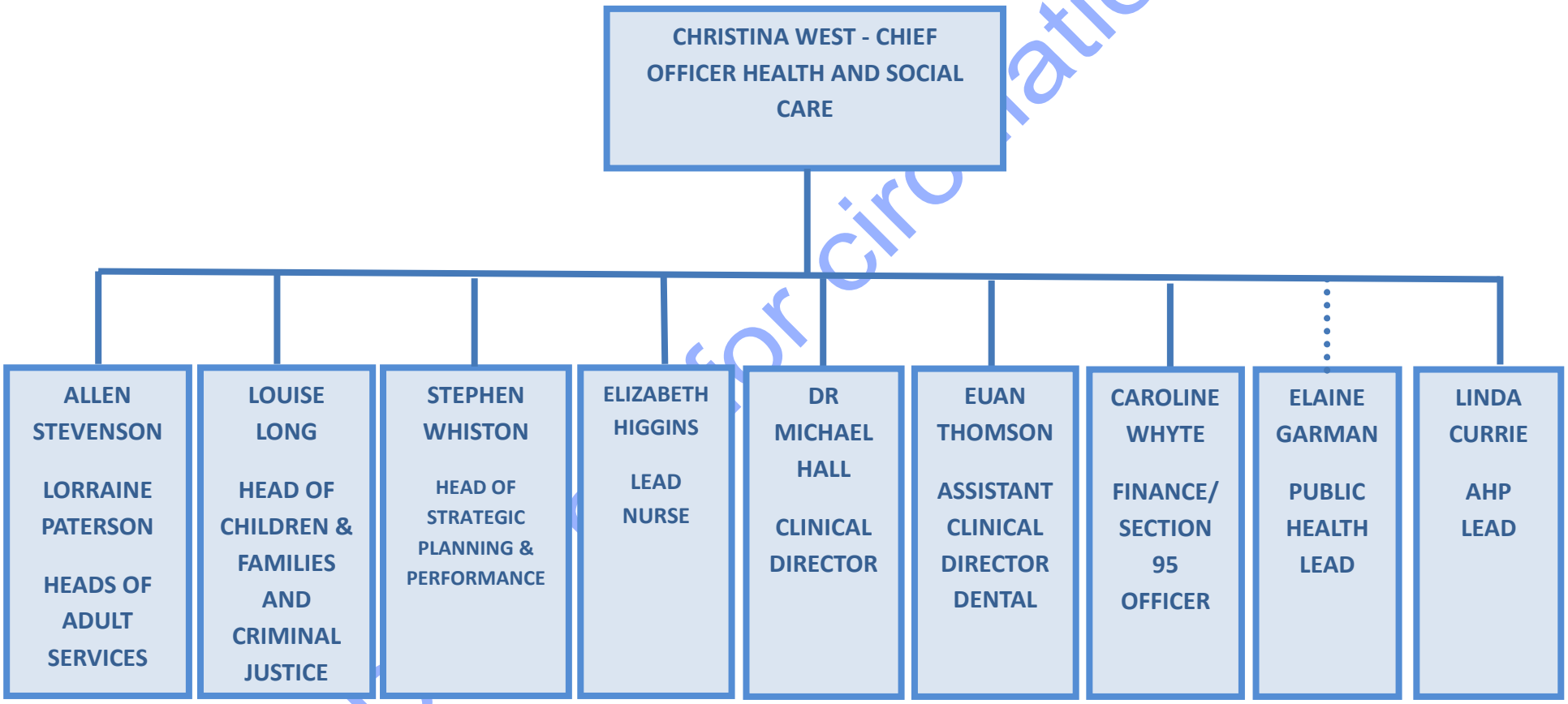
Both NHS Highland and Argyll & Bute Council have policies, procedures and systems in place to assess, control and monitor risks to support compliance with health and safety requirements. It is very important that all staff are aware of which policy or procedure applies in which circumstance, this is outlined in Section 3: Health & Safety Arrangements.

It is important to stress that the duties laid down in Health and Safety Legislation are placed on an employer and that due to the nature of the Partnership these duties are retained by the two parent bodies who form the Partnership. In practice this means that, throughout the management structure of the Partnership, the health and safety responsibilities for staff may be managed by a line manager who works for another employer and vice versa. Effective control can only be achieved through cooperative effort at all levels of the organisation and the guiding principle of these arrangements is to place duties on all managers to manage the health and safety of all staff for which they have responsibility irrespective of their employer.

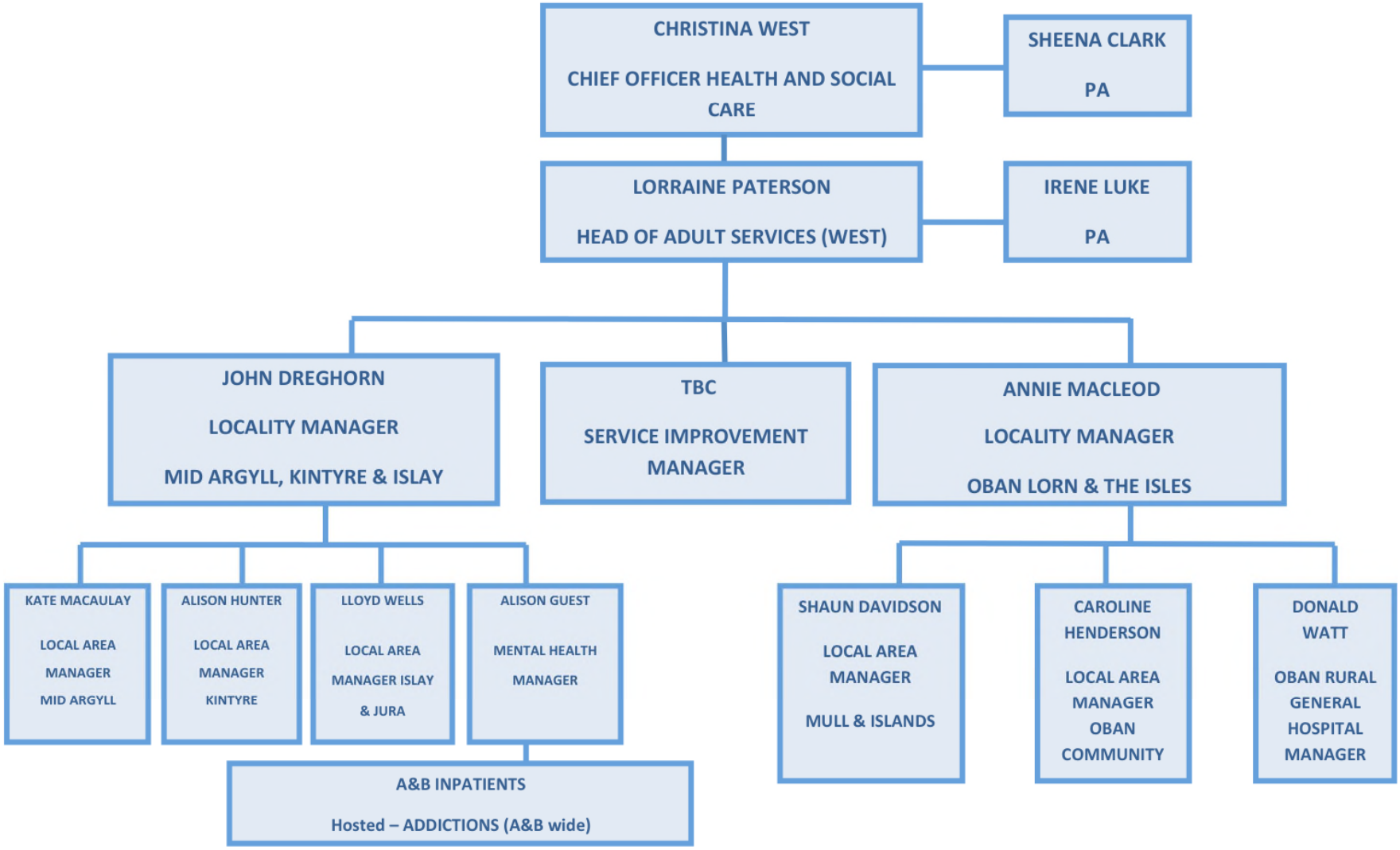
Christina West
Chief Officer
xxx 2016

Section 2 - Organisation and Responsibilities

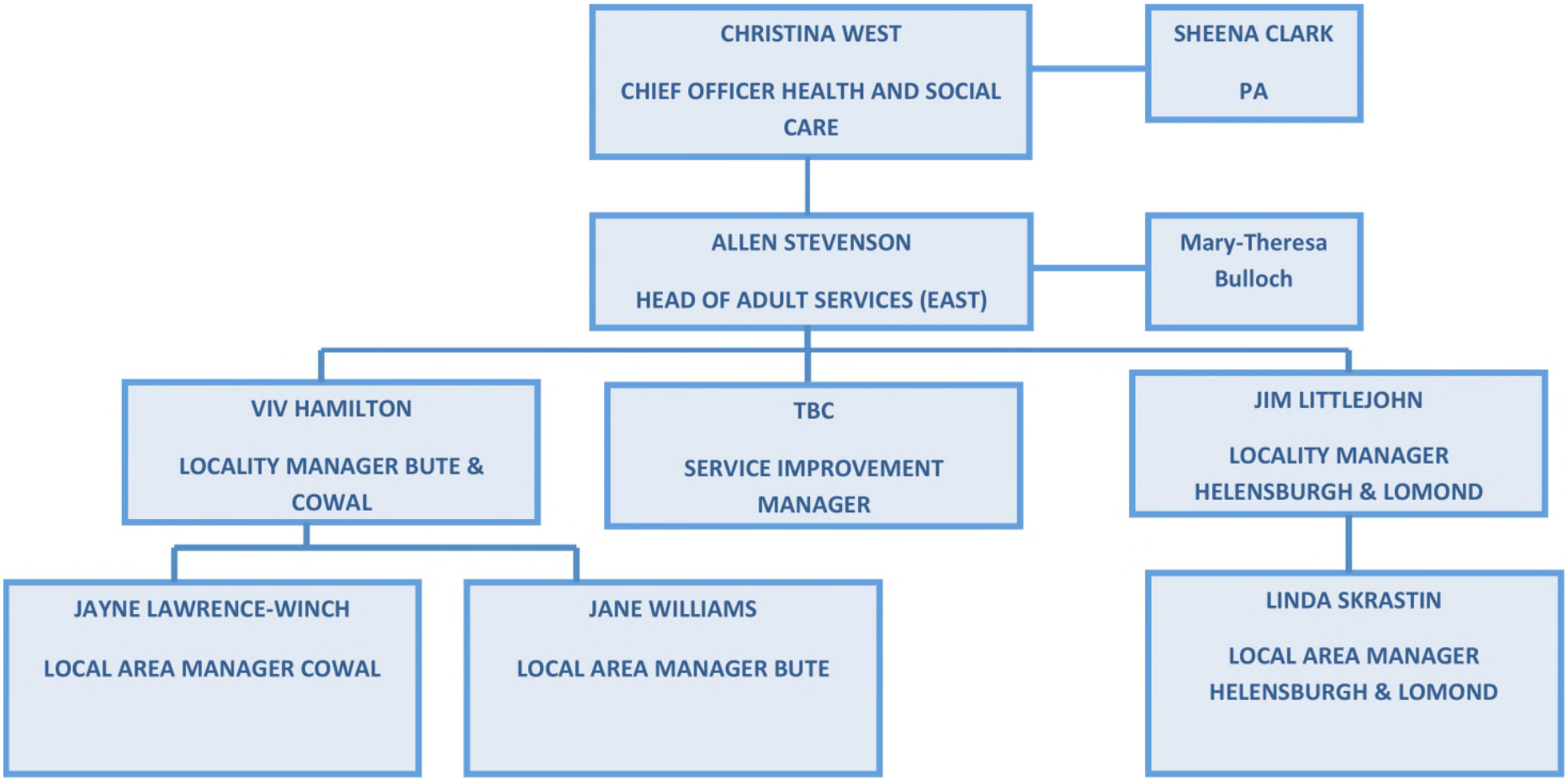
HSCP Organisation Chart - Senior Management Team



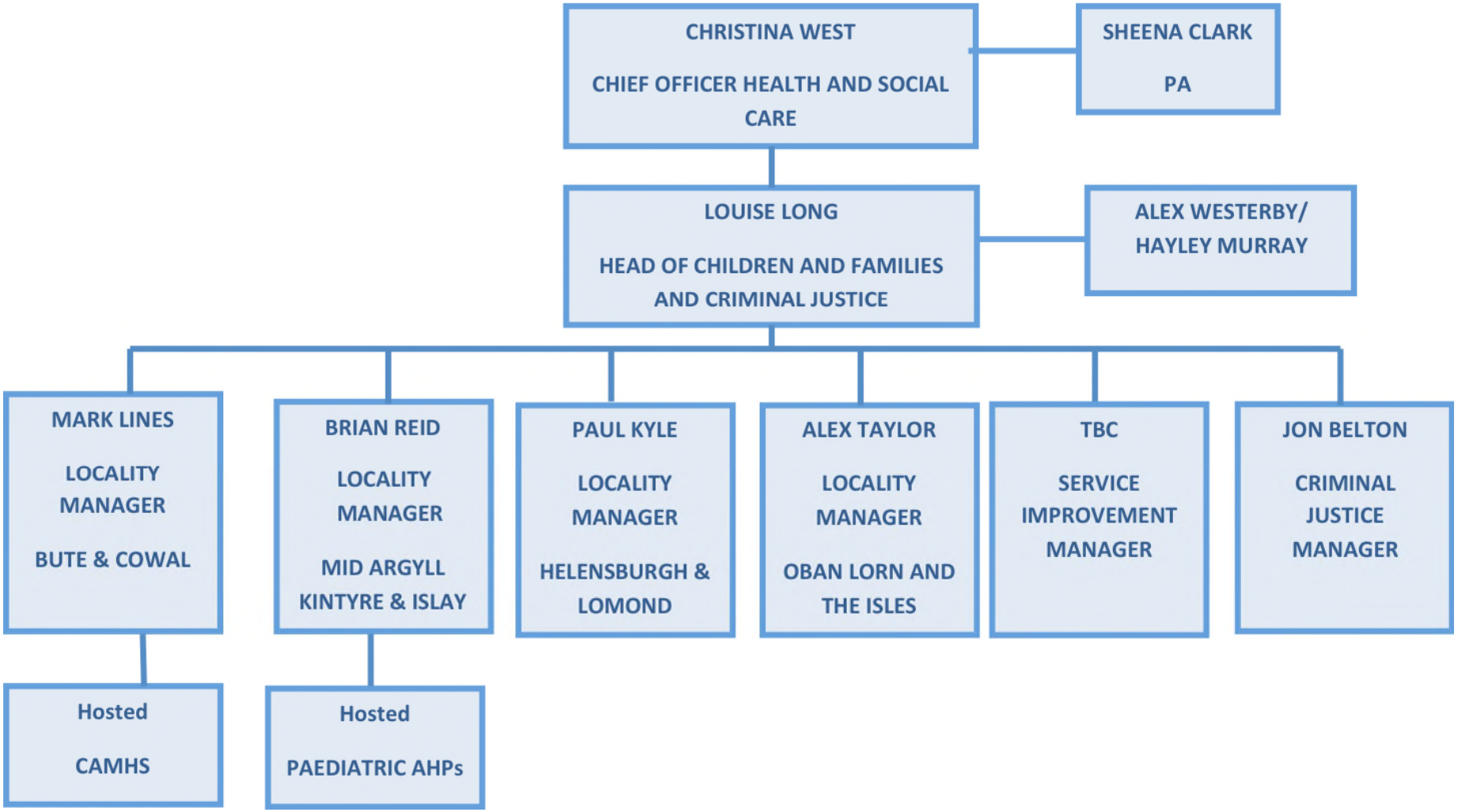
HSCP Organisation Chart – Adult Services West



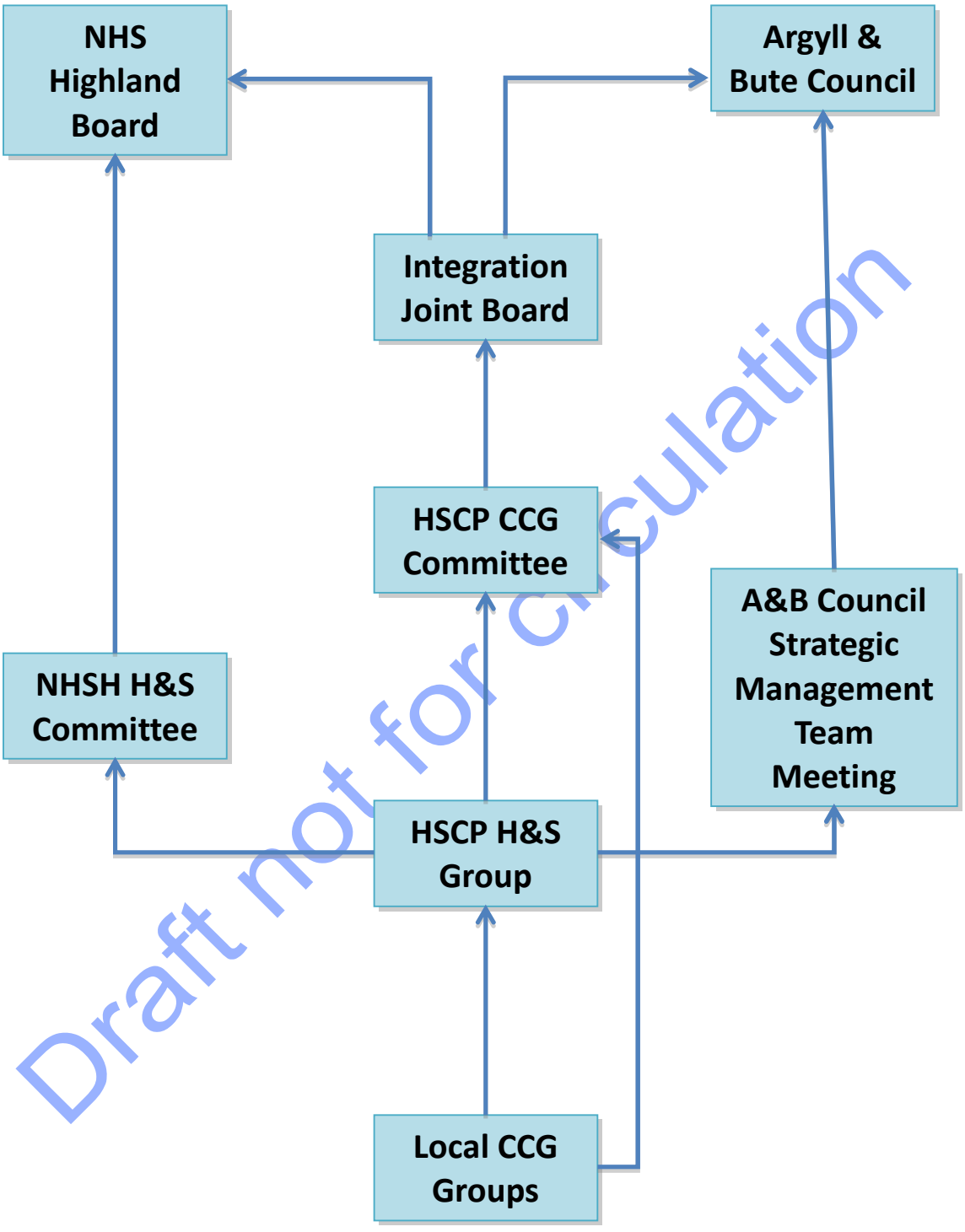
HSCP Organisation Chart – Adult Services East



HSCP Organisation Chart – Children & Families



Governance and Joint Consultation Structures for Health & Safety



Responsibilities

Chief Officer: The Chief Officer is accountable operationally for ensuring that suitable and sufficient arrangements are made for health and safety in all aspects of the Partnership. They shall provide direction for the management of health and safety for all staff and activities in each area of responsibility and under their control. They are responsible for:

- Demonstrating visible and active health and safety leadership
- Implementing the respective policy, objectives, procedures and plans of both NHS Highland and Argyll & Bute Council as appropriate and bringing these to the attention of all Managers and Staff
- Ensuring that a Health, Safety and Fire Improvement Plan is developed for the Partnership
- Ensuring that the Health, Safety and Fire Improvement Plan is implemented and that progress is monitored
- Allocating sufficient resources to meet the requirements of relevant policy and the Operational Unit's Health, Safety and Fire Improvement Plan
- Ensuring that health and safety accountabilities and responsibilities are clearly allocated to appropriate managers under their control
- Ensuring that systems are established to identify, assess, manage and monitor significant operational hazards and risks using competent staff
- Ensuring that the Partnership maintains a risk register
- Considering and managing the health and safety impacts of change management and service redesign projects appropriately and engaging and consulting with staff, staffside representatives, and Health and Safety Managers throughout the process to "design out" hazards.
- Identifying the operational priorities for health and safety and taking action where appropriate
- Ensuring that managers and staff are competent to identify risks in the workplace and manage them effectively, with support where necessary
- Ensuring that adverse events are reported and investigated?
- Ensuring that adverse event data is reviewed regularly, trends identified, action taken to reduce reoccurrence and that learning is disseminated and shared widely
- Ensuring that work place safety monitoring is undertaken where required
- Ensuring that the relevant Parent Body is informed in a timely manner when Health and Safety Executive enforcement action is being considered.
- Ensuring that all significant Health and Safety Executive advice and guidance is adhered to and actioned, with appropriate allocation of resources. If the advice cannot be actioned it is to be escalated to the next management tier for decision-making.

- Encouraging and supporting joint consultation on health and safety issues with elected representatives and enabling health and safety representatives to undertake their statutory functions.
- Establishing a Partnership Health and Safety Group and acting as joint chair with a staffside representative
- Ensuring that managers are aware of their responsibility to manage the health and safety of all staff under their control irrespective of whether they are employed by the same employer
- Ensuring that managers are aware of the arrangements laid out in Section 3 of this document and how these apply to employees of NHS Highland and Argyll and Bute Council

Heads of Service: In general, Heads of Service are responsible for ensuring that:

- Each service has in place an organisational structure that will secure effective health and safety management.
- Appropriate systems are implemented across the service to identify, assess, manage and review significant health and safety risks.
- A risk register for the service is maintained
- The Health, Safety and Fire Improvement Plan is implemented for their Service and that progress is monitored
- Where significant risks are identified, action plans to minimise and control that risk are prepared, ensuring that unacceptable risks are escalated up the management chain for action where appropriate.
- All staff for whom they are responsible receive appropriate Health and Safety induction and refresher training, where appropriate in line with the relevant policies and as identified through a local risk assessment.
- Regular workplace inspections are carried out and risk assessments carried out which identify action plans which must be implemented where significant hazards are identified.
- Ensure that effective emergency plans are in place for instances of serious and imminent danger, where appropriate, and that all staff are aware of their responsibilities
- All adverse events including near misses are reported in line with the appropriate policy and procedures
- Local procedures are in place for maintaining appropriate health and safety records
- All managers are aware of their local responsibilities with regards to the management of contractors on sites.
- Ensure that Locality Managers attend the Partnership Health and Safety Group or send a deputy.
- Ensure that managers are aware of their responsibility to manage the health and safety of all staff under their control irrespective of whether they are employed by the same employer
- Ensure that managers are aware of the arrangements laid out in Section 3 of this document and how these apply to employees of NHS Highland and Argyll and Bute Council

Locality Managers: Locality Managers must fully familiarise themselves with the relevant health and safety policies, procedures and local arrangements for managing risk. They are responsible for the effective management of health and safety within their own area or function, this will include:

- Ensuring that they have in place mechanisms for assigning responsibility and delegating duties to staff under their control to ensure the effective management of risk
- Ensuring that all significant local hazards are identified, assessed, managed and monitored using appropriately trained staff
- Monitoring that risk controls have been implemented and are working satisfactorily
- Ensuring that effective emergency procedures, including the provision of first aid, are in place for instances of serious and imminent danger, , and that all staff are aware of their responsibilities
- Ensuring that the Health, Safety and Fire Improvement Plan is implemented for their Locality and progress is monitored
- Maintaining a risk register for the locality

- Making sure that all staff, including visitors and contractors, visiting or carrying out work for or on behalf of NHS Highland and/or Argyll & Bute Council know:
    - What health and safety risks will affect them;
    - What measures must be taken to carry out the work safely and without risk to health;
    - What steps must be taken in event of an emergency
- Promoting positive cultures and behaviours where staff can communicate health and safety issues without conflict or prejudice.
- Ensuring that adverse events are reported using the appropriate reporting system
- Ensuring that managers carry out an appropriate level of investigation of all adverse events
- Ensuring that all newly appointed employees, locums, bank / agency staff, students, volunteers, young persons or those on work placement are provided with the appropriate level of information, instruction and supervision and attend induction and follow on training, where required, to be able to carry out the work safely in line with the relevant policy
- Ensuring that managers maintain suitable and sufficient, up-to-date departmental records.
- Attending the Partnership Health and Safety Group or sending a deputy
- Ensuring that managers are aware of their responsibility to manage the health and safety of all staff under their control, irrespective of whether they are employed by the same employer
- Ensuring that managers are aware of the arrangements laid out in Section 3 of this document and how these apply to employees of NHS Highland and Argyll and Bute Council

- Ensuring that health & safety is a regular agenda item at the Local Clinical & Care Governance Group meetings.

Local Area Managers: Local Area Managers must fully familiarise themselves with the relevant health and safety policies, procedures and local arrangements for managing risk. They are responsible for the effective management of health and safety within their own area or function, this will include:

- Ensuring that they have in place mechanisms for assigning responsibility and delegating duties to staff under their control to ensure the effective management of risk
- Ensuring that all significant local hazards are identified, assessed, managed and monitored using appropriately trained staff
- Monitoring that risk controls have been implemented and are working satisfactorily.
- Ensuring that effective emergency, including first aid, procedures are in place for instances of serious and imminent danger, where appropriate, and that all staff are aware of their responsibilities
- Ensuring that fire log books are completed for their area of responsibility
- Ensuring that the Health, Safety and Fire Improvement Plan is implemented for their area of responsibility and progress is monitored
- Maintaining a risk register for their operational area/site
- Making sure that all staff, including visitors and contractors, visiting or carrying out work for or on behalf of NHS Highland and/or Argyll & Bute Council know:
    - What health and safety risks will affect them;
    - What measures must be taken to carry out the work safely and without risk to health;
    - What steps must be taken in event of an emergency
- Ensuring that training records are maintained for all staff
- Promoting positive cultures and behaviours where staff can communicate health and safety issues without conflict or prejudice.
- Ensuring that adverse events are reported using the appropriate reporting system
- Carrying out an appropriate level of investigation of all adverse events
- Ensuring that all newly appointed employees, locums, bank / agency staff, students, volunteers, young persons or those on work placement are provided with the appropriate level of information, instruction and supervision and attend induction and follow on training where relevant to be able to carry out the work safely in line with the relevant policy
- Maintaining suitable and sufficient, up-to-date departmental records.
- Being aware of their responsibility to manage the health and safety of all staff under their control irrespective of whether they are employed by the same employer

- Being aware of the arrangements laid out in Section 3 of this document and how these apply to employees of NHS Highland and Argyll and Bute Council

Team Leads and Supervisors: Team Leads and Supervisors must fully familiarise themselves with the relevant health and safety policies, corporate procedures and local arrangements for managing risk. They are responsible for the effective management of health and safety within his/her own area or function. With respect to their area of responsibility this will include:

- Ensuring that all significant local hazards are identified, assessed, managed and monitored using appropriately trained staff.
- Monitoring that risk controls have been implemented and are working satisfactorily
- Making sure that all staff, including visitors and contractors, visiting or carrying out work for or on behalf of A&B HSCP know:
    - What health and safety risks will affect them;
    - What measures must be taken to carry out the work safely and without risk to health;
    - What steps must be taken in event of an emergency
- Making sure that staff are aware of the arrangements made to deal with emergencies
- Promoting positive cultures and behaviours where staff can communicate health and safety issues without conflict or prejudice.
- Ensuring that staff report adverse events using the appropriate reporting procedure
- Ensuring that training records are maintained for all staff
- Ensuring that all newly appointed employees, locums, bank / agency staff, students, volunteers, young persons or those on work placement are provided with the appropriate level of information, instruction and supervision and attend induction and follow on training where relevant.
- Maintaining suitable and sufficient, up-to-date departmental records.
- Being aware of their responsibility to manage the health and safety of all staff under their control irrespective of whether they are employed by the same employer
- Being aware of the arrangements laid out in Section 3 of this document and how these apply to employees of NHS Highland and Argyll and Bute Council

All Employees: Each employee is responsible for their own acts or omissions and the effect that these may have upon the safety of themselves or anyone else. Whilst The IJB accepts the main responsibility for the implementation of this policy, individuals are legally obliged to cooperate to ensure a safe and healthy working environment. The normal reporting line for health and safety matters is through the line management structure.

All employees are to ensure that they:

- Take reasonable care of the health and safety of themselves and others who might be affected by the action they take or fail to take.
- Co-operate with their manager on matters relating to health and safety.
- Set a good example to others, especially young, new or inexperienced staff
- Attend training when advised to do so by the respective manager.
- Act in accordance with any information, instruction or training that has been provided or given to them.
- Make full and proper use of any control measure, all personal and respiratory protective equipment, or other facility provided to them whilst at work to eliminate or reduce risk in accordance with any training or instructions received.
- Use all equipment, machinery, dangerous substances, vehicles, means of production or safety devices in accordance with any relevant training and / or instructions.
- Report any hazards or defects in the equipment, arrangements or procedures and systems of work to their immediate line managers as soon as possible.
- Report any near-misses or adverse events occurring to them or brought to their attention by informing their immediate line manager and/or completing the relevant adverse event report as appropriate.
- Make suggestions for improvement, where appropriate, or report any shortcomings in their managers / departments protection arrangements for health and safety.
- Be aware that if they feel that a job or activity is inherently unsafe, they should report to their supervisor before attempting to undertake the job or activity

Responsibility for Facilities

The ownership of facilities has not been devolved to the IJB. Buildings remain in the ownership of NHS Highland and Argyll and Bute Council. The organisation which owns the building is responsible for ensuring that building fabric and services are appropriately maintained to enable safe use of the building. However, Partnership managers are responsible for ensuring that occupied premises are safely operated and that concerns relating to the building fabric and services are promptly reported to the relevant building owner. The policies of the organisation/parent body which owns the premises will be followed, in so far as they relate to the premises.

Section 3 - Health and Safety Arrangements

Application of Health & Safety Policies & Procedures

- **Facilities:** Facilities continue to be owned by the respective parent body, therefore the policies of the owner of the premises, In so far as they apply to facilities, will be applied.

- **Staff:** Staff will continue to be employed by one or other of the two parent bodies and as such the policy or procedure of the employing organisation/parent body applies to an individual member of staff. This may result in a manager having to implement two policies on a single subject

Provision of Competent Health & Safety Advice

It is important to set out the arrangements for managers to access health and safety advice and services. The general principles that managers should follow when deciding on where to obtain advice are as follows:

- For issues related to the safety of premises/buildings then the responsibility for providing advice rests with the organisation (A&B Council/NHS Highland) which owns or leases the premises.
- For operational issues responsibility rests with the parent body which has historically provided that service, e.g. in-patient services (NHS Highland), Care Homes (A&B Council). For issues relating to an individual staff member e.g. training or stress it rest with the employer of the staff member concerned

- For advice relating to adverse events contact the H&S service for the parent body to which the adverse event report was made.

Contact details:

As a general rule contact for Health and Safety Advice is as follows:

NHS Highland:

Mark Middleton	Risk / Health & Safety Manager	Aros, Lochgilphead	01546 604964	07920708755	mark.middleton@nhs.net
Julian Gascoigne	Risk / Health & Safety	Aros, Lochgilphead	01546 605656	07920708756	julian.gascoigne@nhs.net

	Manager				

Argyll and Bute Council:

Patricia Ryan	Health and Safety Officer	Whitegates Offices, Lochgilphead	01546 604016	07826891510	patricia.ryan@argyll-bute.gov.uk

Name	Designation	Base	Office Number	Mobile Number	Email Address
ARGYLL AND BUTE, CLINICAL GOVERNANCE / HEALTH & SAFETY TEAM CONTACTS (HEALTH)					
Fiona Campbell	Clinical Governance Manager (Team Manager)	Victoria Integrated Care Centre, Helensburgh	01436 655007	07771576166	fionacampbell@nhs.net
Mark Middleton	Risk / Health & Safety Manager	Aros, Lochgilphead	01546 604964	07920708755	mark.middleton@nhs.net
Julian Gascoigne	Risk / Health & Safety Manager	Aros, Lochgilphead	01546 605656	07920708756	julian.gascoigne@nhs.net
Jane Haggarty	Incident Management Administrator	Victoria Integrated Care Centre, Helensburgh	01436 655014	N/A	jane.haggarty@nhs.net
John Macdonald	Clinical Governance / Risk, Health & Safety Administrator	Victoria Integrated Care Centre, Helensburgh	01436 655007	N/A	john.macdonald2@nhs.net
Neil Erskine	Prevention of Violence & Aggression Advisor	Lorn & Islands Hospital, Oban	01631 789067	07825351793	neil.erskine1@nhs.net
Jane Whiteley	Moving & Handling Advisor	Lorn & Islands Hospital, Oban	01631 789067	07825316617	jane.whiteley@nhs.net
James McSporran	Moving & Handling Trainer	Aros, Lochgilphead	01546 605627	07909888831	james.mcsporran@nhs.net
Paul Robins	Risk Advisor, Fire Safety	Victoria Integrated Care Centre, Helensburgh	01436 655043	07768037201	paul.robins@nhs.net
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Policies & Procedures

The table below details where managers can access the appropriate policy/guidance for each area of risk. Where there are separate arrangements for each staff group then the appropriate policy should be followed for that staff group, where there are joint arrangements then these should be followed for both staff groups, details of these can be found in the notes at the bottom of the table.

Risk	A&B Council Staff	NHS Highland Staff	Joint Arrangements - All Staff
Coshh			
Procedure/Guidance	A&B COSHH Policy Per/Gen/17	HBP03 COSHH Procedure and HBP03.01 Completing a COSHH Assessment Gloves selection Policy	
Assessment Recording		Sypol system Forms 3a/3b/3c	
Legionella	A&B Legionella Policy	Clinical legionella policy L8MS Legionella compliance performance tool –	

		Estates HBP04 Building Water Safety	
Sharps			
Policy	No policy	Id1312- Policy for the Safe Handling of Sharps	
Health surveillance			
General	Contained in separate management standards for noise and vibration	HBP02 –Health Assessment & Surveillance Procedure	
Skin Health	No procedure	HBP03.02 Managing Skin at Work Procedure Form found in HBP02 above	

Violence & Aggression			
Policy/Standard	A&B Policy on Personal Safety and Violence to Staff - Per/Gen/11	HBP08 Management of Violence and Aggression	
Restraint		HBP08.01 Restraint procedure	
Training	A&B personal safety training (based on Suzy Lampugh Training)	NHSH Violence & Aggression training referenced in HBP08 above	
Risk Assessment			
Lone Working			
	A&B Policy on Working Alone - Per/Gen/7	HBP10 Lone Working	
Moving & Handling			
Training	A&B Moving and Handling Training (MovES accredited)	HBP13 Moving and Handling	
Risk Assessment	A&B Moving and Handling Risk Assessment A&B Moving and Handling Specialist Risk Assessment	HBP13 Moving and Handling	
Incident Management			
Policy	A&B Management Standard- Incident, Accident and Near Miss Reporting and Investigation	PS1 – Adverse Event Management Policy & Procedures	

Reporting Mechanism	Pers 100 Form	Datix system	
Riddor Reporting	Pers 100 system		

Risk Assessment			
Procedure	A&B Risk Assessment Methodology	MP11 – General Risk Assessment Procedure	
Guidance	A&B Guidance on Risk Assessments Risk Assessment – office inspection checklist Risk Assessment - Example	MP11 – General Risk Assessment Procedure - Guidance	
Risk Assessment Form	A&B Risk Assessment Form	RA1 – Risk Assessment Form	
Risk Management/Registers			
	A&B Corporate Risk Register	RM2 Risk Management Policy	
Medical Gases			
	N/A	HBP20 Medical Gases	
Pressure Systems			
Arrangements	Boilers, and hot water systems tested in house via A&B Facility Services tested	HBP24.12 Pressure Systems Procedures	
LOLER			
Arrangements	Arrangements for testing and inspection via contract organised via A&B Legal Service	Arrangements for testing and inspection via contract organised via Estates	
Work Equipment			
	No policy	No policy	
Welfare & Workplace			
	No separate policy on welfare	MP16 Workplace H&S inspections	

Display Screen Equipment			
Policy/standards	A&B DSE Policy Per/Gen/14	HBP17 Working with Display screen equipment.	
Guidance	A&B DSE Guidance DSE Employee checklist DSE Hot Desk checklist	Guidelines on the use of Display screen equipment, H&S intranet page. Internet training and self assessment tool, see H&S intranet page	
First Aid			
	A&B First Aid Management Standard	HBP16 First aid at work procedures First Aid at Work Procedure	*For joint arrangements see below
PPE			
	No stand-alone policy required in A&B	HBP07 Personal Protective Equipment. Guidelines on PPE, H&S intranet page	
Transport/Road Risk			
Policy/standard	A&B Driving at Work Management Standard	Reducing HBP09 Management of occupational road risk Policy	
Guidance	A&B Drivers Handbook		
Asbestos at Work			
	A&B Asbestos Management Policy Per/Gen/19	HBP24.6 Managing Asbestos Policy	

Electricity (PAT)			
Policy	Electrical Maintenance Policy Per/Gen/4	HBP28 Electricity at work	
Arrangements	Arrangements for testing Electrical Circuits organised by Facility Services PAT testing undertaken via contract arrangements managed by A&B Facility Services	Arrangements for testing Electrical Circuits organised by Estates HPB24.8 PAT testing undertaken via contract arrangements managed by Estates	
Fire Safety			
	A&B Fire Policy Per/Gen 2	HBP25 Fire Safety Policy for NHS Highland	
Occupational Stress			
Policy	A&B Stress Reduction Policy	HPB01 Management of Stress in the workplace	
Guidance	A&B Stress reduction leaflet	Guidance on the H&S intranet page	
Noise at Work			
Policy/standard	A&B Management Standard on Control of Noise at Work Management Standard on Audiometric Testing	HPB 06 Physical agents HBP02 Health Assessment and Surveillance	
Vibration			
Policy/standard	A&B Management Standard on Control of Vibration	HPB 06 Physical agents HBP02 Health Assessment and Surveillance	

Communication with the Health and Safety Executive			
Policy/standard	A&B Policy on Communication with the Health and Safety Executive – Per/Gen/12	MP17 Liason arrangements with Health & safety Executive	
Health and Safety Inspections and Audits			
Policy/standard	A&B Management Standard on Health and Safety Audits And Inspections	MP14 Monitoring & measuring performance. MP16 Workplace H&S inspections	

***First Aid:**

The Partnership has agreed that one organisation can be responsible for first aid provision for staff of the other employer and that both employers staff will be considered throughout the process. In jointly occupied premises there is an opportunity to share first aid provision by assuming that all staff work for the same employer for the purpose of undertaking the first aid assessment, this is not an issue for premises occupied by single employer.

The responsibility for ensuring that adequate first aid arrangements are in place in each building that the Partnership occupies lies with the Locality Manager as follows.

- Locality Manager, Children/Families - for premises where children/families staff are the sole occupiers of the building.
- Locality Manager, Adult Services – all other buildings.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 6.3

Date of Meeting :

Title of Report : Update on Fair Work Practices and the Scottish Living Wage

Presented by : Allen Stevenson/Anne MacColl-Smith

The Integrated Joint Board is asked to :

Note the content of this report and the ongoing work being done to ensure all our adult care providers who employ care workers will be in a position to pay the Scottish Living Wage from 1st October 2016 along with meeting the various requirements of Fair work practices.

1. EXECUTIVE SUMMARY

The HSCP are working with their adult care providers who employ care workers to ensure that they will be able to pay the Scottish Living Wage from 1st October 2016, along with meeting the various requirements of Fair work practices.

2. INTRODUCTION

This report provides the IJB with a summary of the work to date that has been carried by the HSCP with our providers to ensure that they meet the requirements of Fair work practices including paying the Scottish Living Wage.

3. DETAIL OF REPORT

The attached Guidance is a document informed and agreed by Scottish Government, COSLA, and CCPS and Scottish Care on behalf of providers.

Its purpose is to support local authorities and providers in their local decision making to help implement the Living Wage commitment as part of a positive approach to fair work practices.

The Living Wage commitment was agreed between Scottish Government and Local Government as part of the Local Government Settlement. Moving forward, a tripartite approach is being taken to delivery with the full involvement of providers.

The guidance deals with the particular issue of implementing the commitment to pay all care workers in adult social care regardless of age, £8.25 per hour from October 1st 2016.

The guidance does not direct a particular route or mechanism for delivery but rather supports a consistent understanding of the risks that need to be balanced in taking local decisions when implementing the commitment and a description of some of the options which could be used to support the delivery of the commitment

As local discussions and negotiations commence it will be very important that the emphasis on collaborative working and partnership which this Guidance envisages is achieved.

Any future payments and resourcing in any future settlements in 2017 and beyond will doubtless be dependent on how well all stakeholders achieve this collaborative process over the next few weeks and months.

Our Procurement and Commissioning Team and Strategic Finance colleagues met to discuss the challenges proposed by the above and recommended the following course action; this was agreed by the senior management team, namely:

Stage 1: Fair Work Practices -

The Scottish Government made their first part of the settlement towards meeting our obligations relating to Fair Work Practices early in 2016.

Part of our obligation is to ensure that the settlement is not used in any way that breaches procurement rules, state aid and cannot be used to offset any legal requirement, for example, payment of the National Minimum Wage or, the National Living Wage when it comes into effect from April 2016.

The said settlement for stage 1 amounted to £49k and it was agreed that the best use of the settlement was for training to support homecare providers in complying with fair work practices.

The funds will be allocated to providers based on the number of care workers they employ. The contributory cost by the providers will be the time cost of their workers attending training and the backfill necessary during this time.

Providers are required to evidence that the funds have been used for the intended purpose. This specifically addresses Fair Work Practices in respect of support for learning and development.

Stage 2 - Fair Work Practices to include payment of the legislated National Living Wage by 1st April 2016

The Procurement and Commissioning Team had requested information from all providers regarding the hourly rate paid to staff and the breakdown within that of actual delivery of care hours, travel time, etc.

This information will allow the team to separate travel costs (where they are included within an employee's hourly rate of pay) and identify the shortfall between current hourly rate and the £7.20 required by April.

This will be the start point to agreeing the best means of allocating funds without breaching any state aid or procurement rules.

In addition we have held two engagement meetings in the East and West localities for our adult care providers to advise them of the obligation to meet Fair Work Practices and provide the detail of the settlement from Scottish Government.

This has been very successful and both providers and Scottish Care representatives have commented, that Argyll and Bute have been the first IJB to have these type of engagement meetings with their partner providers.

Stage 3 - Fair Work Practices to include the Scottish Living Wage

Following completion of stage 2 above, any shortfall to make up to the Scottish Living wage of £8.25 required to be paid by October in line with Fair Work Practices will be clear. Any decision on how to allocate funding in order to support this should follow the completion of the previous stage.

As at 3rd June 2016, a number of providers have returned their completed templates. The next step is to undertake an assessment of the returns, to quality check the data and evaluate the uplift required for each provider to enable them to increase their pay rates to £8.25 per hour from October 2016. The results from evaluation will be fed into a costing model to assess the financial impact on the IJB of introducing the new rates. Adjustments may be made to the assumption underlying the uplift evaluation should the financial implication exceed the available resources.

A separate exercise is being conducted around the sleepover provision, taking into account the working time directive, recent case law and the requirement to pay the new National Living Wage.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

The work that is currently being carried out supports the strategic priorities as it ensures that our adult care providers will be sustainable partners in the delivery of care within Argyll and Bute.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

The cost burden associated with the implementation of measures to address Fair Work Practices is intended to be shared between the Scottish Government (50%), Health and Social Care Partnerships (25%) and Providers (25%). However, it is extremely unlikely that providers will be in a position financially to meet their share of the cost resulting in an additional burden on Partnerships.

To assist providers to reduce their overhead costs, the Partnership is working with them to provide services based on geographic blocks, reducing travel time and mileage costs.

5.2 Staff Governance

n/a

5.3 Clinical Governance

n/a

6. EQUALITY & DIVERSITY IMPLICATIONS

7. RISK ASSESSMENT

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

All our adult care providers have been involved and engaged in the process, as detailed above, the Procurement and Commissioning Team and Strategic Finance have met with them, held workshops and provided guidance when required.

9. CONCLUSIONS

The partnership approach that the Procurement and Commissioning Team and Strategic Finance colleagues have used in engaging with our adult care providers has resulted in an open and transparent discussion with them, ensuring that they have an understanding of what is expected of them from October 2016. There will be a follow up report detailing the results of the financial analysis that is currently taking place on the adult care providers' submissions.

Guidance to support delivery of the Living Wage Commitment to Care at Home and Housing Support

1. Introduction

This guidance is a tripartite document informed and agreed by Scottish Government, COSLA, and CCPS and Scottish Care on behalf of providers. Its purpose is to support local authorities and providers in their local decision making to help implement the Living Wage commitment as part of a positive approach to fair work practices. The Living Wage commitment was agreed between Scottish Government and Local Government as part of the Local Government Settlement. Moving forward, a tripartite approach is being taken to delivery with the full involvement of providers.

The guidance deals with the particular issue of implementing the commitment to pay all care workers in adult social care regardless of age, £8.25 per hour from October 1st 2016. The guidance does not direct a particular route or mechanism for delivery but rather supports a consistent understanding of the risks that need to be balanced in taking local decisions when implementing the commitment and a description of some of the options which could be used to support the delivery of the commitment.

It is at the same time important to keep in mind when considering options for implementation that the purpose behind this commitment is to value and improve the quality of care. It is an opportunity to invest in social care as a career of choice by addressing one aspect of the recruitment and retention challenge in the sector. However it would be counter to the aim and intention of the investment if this were achieved for example at the expense of fair work practices more generally, including training, development, and broader terms and conditions etc. which influence and underpin social care as a quality career option.

These discussions are an opportunity to ensure that a focus on the quality of care and support and the drive towards continuously improving outcomes for people continues to be at the heart of this agenda. This process may also represent an opportunity in the longer term for Integrated Joint Boards and local authorities in collaboration with partners, to review models of care and revise commissioning, procurement and contract monitoring policies and processes which can support and drive improved and innovative services.

It should be noted that every local authority will need to take a range of local advice in deciding a way forward including legal, financial and professional advice in addition to this guidance. This reflects the fact that the risks present in each local authority will differ due to local circumstance and local employment and market dynamics.

2. Background

The Living Wage commitment made by Scottish Government and Local Government as part of the 16/17 settlement is to ensure that the Living Wage of £8.25 per hour from October 1st 2016 is paid to care workers providing direct care and support to adults in care homes, care at home, and housing support (as per the Scottish Social Service Sector report on Workforce Data). This covers all purchased services, including specialist support services such as those for people with physical disabilities, learning disabilities, mental health difficulties and substance misuse issues. The new rate applies for all hours worked and therefore encompasses sleepovers, travel time and holiday pay and should be achieved as part of a positive approach to fair work practices.

Personal assistants employed via Self-Directed Support (Option 1 – Direct Payment) were not explicitly included in the commitment to deliver the Living Wage of £8.25 per hour for adult social care workers. However, Local Authorities may be at risk of challenge with regards to principles of equal treatment and discrimination if allowances aren't sufficient to pay a personal assistant the Living Wage of £8.25. The Scottish Government will make arrangements to ensure that people supported under the Independent Living Fund are also enabled in this way. We will work with Self-directed Support Scotland, Centres for Inclusive Living and Personal Assistant Employers Network to encourage the payment of Living Wage to all personal assistants. Local authorities will not be accountable for ensuring Living Wage is paid to personal assistants directly employed by an individual.

The Scottish Government and Local Government have provided resources to contribute to this commitment for 2016/17 within the £250m Health and Social Care monies. However, it will be important to bear in mind that as well as the increase to basic pay, employers will incur additional costs including National Insurance contributions, employer pension contributions and adjustment of pay differentials with the organisation. This will affect the total cost of the commitment. Costs are also likely to vary locally depending on local markets including employment, provider business models and on the implementation method adopted.

The agreement to pay £8.25 per hour to adult social care workers from 1st October 2016 is part of an overall Local Government settlement. Within the terms of the 2016/17 settlement, councils are required by the Scottish Government to deliver on a package of commitments. If a council does not deliver on these commitments, including the Living Wage commitment, then the Scottish Government has stated that it reserves its position to take action to remove access to, or recover, the specific funding identified in the settlement letter. This settlement agreement between Scottish Government and Local Government was predicated on providers making a contribution to the overall cost of the Living Wage commitment. Providers were not party to this formal agreement.

The scale and timeframe for implementing the Living Wage means that a collaborative approach between commissioners and providers will be critical. Local authorities will need to engage care providers in negotiations to reach a voluntary agreement and this will be facilitated by a funding process that is fair, transparent and collaborative, and achieves 'buy-in' from providers. This approach in itself should reduce the risk of challenge and increase the likelihood of compliance and a successful voluntary agreement.

It is also important to keep in mind that this commitment is not, as of yet, a commitment to the Living Wage as an ongoing benchmark for wages, but to the delivery of £8.25 per hour from October 1st 2016. Any further commitments would be subject to spending review negotiations for 2017/18 and beyond. However, in implementing this year's commitment local authorities may wish to be cognisant of the potential for further commitments to the Living Wage as these may be driven by local decisions and prioritisation as well as national ones.

3. Implementation

We acknowledge that implementing this commitment will present a number of challenges - some to do with matters of legality around procurement and state aid and others relating to adhering to social care policy legislation and principles. However, these need not be prohibitive and there are a number of options which should be considered so as to minimise any risks which may be present. Some of these are described below although this cannot be taken as universal legal advice and the application of this guidance will need to be judged on a case by case basis by each local authority according to their specific local circumstance. **There is no single answer which will work for all care arrangements and local authorities are best placed to undertake a risk assessment to help them identify the best local solution.**

In this guide we seek to highlight some of the areas of particular vulnerability. The risks associated with procurement and state aid are of particular importance but so too are wider social care policy and principles.

Partners should therefore ensure that their selected mechanism:

- Supports the intention of improving the quality of care by investing in the workforce;
- Supports the recruitment and retention of the right people to support and promote stability and continuity of care and support for the user;
- Prioritises choice and control for people supported by care services;

In addition, the delivery mechanism should take into account the key considerations that a contracting authority should have before and when procuring care and support services, including the key principles of fairness; transparency; and collaboration with partners, those with an interest and those affected. Further details are provided in supporting guidance. It is worth noting that having considered and evaluated these risks transparently before making a decision about which mechanism to choose is in itself a protective measure which, done in collaboration between authorities and providers, is likely to limit the potential for challenge and the risk of a successful challenge to the decisions taken.

While cost is not the only, nor necessarily the dominant factor in commissioning services, affordability will be a key question to address when considering the delivery mechanisms for implementation. It is suggested that if they have not already done so, local authorities formally establish the breadth of the current wage rates paid to care workers by providers in their local area as well as any other costs associated with a minimum wage rate of £8.25. Understanding the full cost of this commitment as thoroughly as possible will help with the immediate implementation and the costing of any future commitments.

4. Procurement and fair work, including the Living Wage

The Scottish Government has obtained clarification from the European Commission on the application of the Living Wage in procurement processes. This confirms that contracting authorities are unable to make the payment of any specified wage rate above the legal minimums enshrined in law a mandatory requirement as part of a competitive procurement process. In the UK, this is the National Minimum Wage and National Living Wage, dependant on age. It is, therefore, not possible to reserve any element of the overall tender score specifically to the payment of the Living Wage.

However, where relevant to the delivery of the contract, it is possible for a contracting authority to take account of a bidders approach to fair work practices which includes, for example, the payment of £8.25 per hour, and to evaluate this as part of the procurement process. Fair work practices will be particularly relevant to consider where the quality of the service being delivered is directly affected by the quality of the workforce engaged in the contract. The Scottish Government has issued statutory guidance on this issue.[1]

Evaluation criteria in a tender process must be relevant and proportionate to the subject matter of the contract being let and it is for contracting authorities to determine the balance that meets their requirements for the service. In a sector such as care services, where quality and continuity of service and low staff turnover are likely to be closely related to fair work practices such as recruitment, remuneration and other terms of engagement, the weighting being given to fair work practices will be particularly significant in contributing to the desired outcome for quality of service. A contracting authority therefore does have a significant discretion to set evaluation criteria in a way that recognises the impact of fair work practices on the quality of the services, and therefore a higher percentage weighting for fair work practices, including the payment of £8.25 per hour, is likely to be justified. Where a contract is let in compliance with the relevant legislation, there is limited scope for a tenderer to challenge the weighting which is assigned to evaluation criteria.

When evaluating fair work practices as part of a procurement exercise contracting authorities must consider a bidder's overall approach to fair work and all bids must be treated equally. This should include consideration of all relevant evidence, including (but not limited to) recruitment, remuneration, terms of engagement, skills utilisation and job support and worker representation. A bidder's approach to fair work practices may vary depending on the bidder's size and the scope of the contract and the contracting authority must take a measured and balanced approach based on this.

The statutory guidance states that any decision to include a question on fair work practices should be made on a case by case basis taking into account commitments set out in the contracting authority's procurement strategy. The question should be framed in a way that is consistent with the principles deriving from the Treaty on the Functioning of the European Union: transparency, equality of treatment and non-discrimination.

[1] http://www.gov.scot/Resource/0048/00486741.pdf

A commitment to pay £8.25 per hour to adult social care workers would be a strong indication of a positive approach to fair work practices. Payment of the Living Wage is not the only indicator of fair work, however, and it should be emphasised that whilst failure to pay the Living Wage would be a strong negative indicator it does not mean that the employer's approach automatically fails to meet fair work standards. The question should ask bidders to describe the package of measures which demonstrates their positive approach to fair work practices in delivering the public contract. This context further demonstrates the need to progress this commitment as far as possible in collaboration and through the voluntary agreement of providers.

5. State Aid

Entering into a contract following an open and transparent procurement procedure which complies with the relevant legislation would be unlikely to raise any state aid risks. Similarly, varying a contract in a way that is compatible with procurement legislation should not constitute an award of unlawful state aid. Where there are doubts as to the state aid position, additional support to undertakings should be given in a manner that is compliant with state aid requirements.

The state aid position will always depend on the particular factual (local) matrix at hand and there will inevitably be cases where the state aid position is not clear. Where there is a risk that a measure constitutes state aid, appropriate mitigation measures should be taken. This may include awarding uplifts under the general de minimis regulation[2].

Local authorities will inevitably need to form their own view on the state aid compatibility of any particular locally applied measure.

6. Best Value and Procurement

Generally Scottish Government policy requires that contracts are awarded through a genuine and effective competition which also enables local authorities to evidence best value. However, in relation to contracts for health or social services, the Procurement Reform (Scotland) Act 2014 (Section 12) makes provision for authorities to award contracts without competition where their value is lower than the EU threshold of €750,000 (the relevant guidance provides further detail). Those contracts or framework agreements with a value greater than, or equal to €750,000 can all apply 'light-touch' provisions (described in regulations 74-76 of The Public Contracts (Scotland) Regulations 2015).

Below the EU-regulated procurement threshold the European Commission has confirmed that these services will 'typically not be of interest to providers from other Member States, unless there are concrete indications to the contrary, such as Union financing for cross-border projects' [3]. However, it is for a contracting authority to assess whether there is cross-border interest. As such a public body should decide on a case-by-case basis whether or not to seek offers in relation to proposed contracts or framework agreements with a value of £50,000 or more, but less than €750,000. It is important to highlight that the Treaty on the Functioning of the

[2] Commission Regulation 1407/2013, OJ L352/1, 24.12.2013

[3] EU Directive 2014/24/EU, Recital, 114

European Union fundamental principles should always be considered where relevant.

Public bodies should secure best value by balancing quality and cost and having regard to efficiency, effectiveness, economy, equal opportunities and sustainable development. Public bodies should determine the appropriate quality/cost ratio. When procuring care and support services, greater emphasis should be placed on quality rather than cost as far as practicable.

7. Monitoring

Scottish Government will be assured of the use of the allocated contribution via the Integration section 95 officer sign-off process. Local Government will be responsible for ensuring that this commitment is delivered through local contracts and agreements. The settlement agreement between Scottish Government and Local Government was predicated on providers making a contribution to the overall cost of the commitment.

Given that a council cannot direct or stipulate that the Living Wage of £8.25 per hour is paid as part of a procurement process, any agreement to do so would need to be voluntary and agreed in partnership with providers. Where, following a compliant procurement process, a provider emerges as the preferred bidder, they cannot be disqualified on the basis that they do not commit to the Living Wage. However, the main scope for mitigating this risk lies in the contracting authority's ability to take account of a bidder's approach to fair work practices as part of the evaluation criteria as detailed above and working collaboratively and in partnership with providers to seek a voluntary agreement.

Once agreed, the monitoring of that commitment can be a condition of contract and be a part of the contract management process. Effective contract management and monitoring should also ensure that wider fair work practices, as agreed within the contract, continue to be applied throughout the duration of the contract, e.g. by requesting information on the pay, terms and conditions of workers involved in the delivery of the contract. In the longer term, this should also help to monitor the outcomes and impact of increased wages on the quality of services which people receive.

8. Delivery mechanisms - Identifying and assessing risk

The mechanism used to deliver the Living Wage commitment is a matter for local authorities to decide and will depend upon a local assessment of the risks presented by each of the options.

No option is entirely risk free. How the procurement rules apply; what local financial regulation and local standing orders say; and the benefits and risks to service users of each approach will need to be individually assessed according to local circumstance. All these options are equally applicable to self-directed support, including Direct Payments.

The key risks that will need to be considered and weighted against the overall objective include:

1. Social care outcomes
2. Impact on the quality of care
3. Proportionality of the mechanism
4. The impact on local trade and the local market
5. Compliance with state aid and procurement rules
6. Best value
7. Impact on market continuity

(a) Modification / contract variation

There are a number of relevant factors to take into account when determining whether modification of a particular contract is permissible and authorities should take advice in relation to specific contract variations.

Local authorities will need to consider the particular context for each proposed variation and look to provisions of regulation 72 of the Public Contracts (Scotland) Regulations 2015, which provide further detail of the circumstances in which a contract can be varied. The provisions of regulation 72 only apply in a strict sense to contracts valued at €750,000 or above. Contracts below this value are less likely to be of interest to operators in the rest of the EU and contracting authorities are not bound by the restrictions in these cases where there is no evidence of cross border interest [4].

However, when calculating whether the 10% threshold referred to in regulation 72(5) of the Public Contracts (Scotland) Regulations 2015 has been exceeded, the element which is taken into consideration is that which relates to the monies paid by the contracting authority: any contribution by the provider does not form part of the contract sum. In this context we also draw authorities' attention to regulation 72(1)(5)(a) which requires that any modifications under regulation 72(1)(5) are also below the regulation 5 threshold.

Varying a contract in a way that is compatible with the relevant legislation should not constitute an award of unlawful state aid. Where there are doubts as to the state aid position, additional support to undertakings should be given in a manner that is compliant with state aid requirements.

There are a number of ways that a council can vary the contract in order to pay the Living Wage of £8.25 per hour. These are detailed below, and it may be necessary to adopt a range of approaches or take a staged approach and implement the commitment using one mechanism while considering another mechanism for a longer term approach if required.

[4] Scottish Government has recently published Guidance on the Procurement of Care and Support Services 2016 (Best-Practice). Public bodies should take account of this guidance which provides further advice on the amending of care contracts below the value of €750,000, in particular see Sections 8.12, S9.9, S9.18, S9.20, S9.26 and S9.63

The main risks of these example approaches are highlighted but should be considered within the wider context of a complete risk assessment and in particular in the context of social care outcomes.

- **Apply a percentage increase across the board: uplift all contract values/hourly rates by uniform amount on condition that providers volunteer to pay £8.25 to care workers.** This approach would be relatively easy to administer and would remove any competitive disadvantage between providers who may or may not already have invested in workforce wages. However Local Authorities will need to satisfy themselves as to the overall affordability of this option (depending on local circumstance and against their allocated resource) and be content that there would not be others interested in the terms of this contract, if this had been the basis of the original tendering process.

- **Apply a differing percentage increase per provider, through individual negotiation based on their particular costs.** This may be a more bureaucratic process dependent upon how many contracts and providers there are in each council. There may also be issues around the overall transparency of the process which, as noted, will be important for provider 'buy-in' to this initiative. It would however target the resources available to the purpose of addressing low pay and delivering the Living Wage commitment. If this approach were pursued then Local Authorities would need to be clear that in order to comply with state aid, providers could not be treated inequitably.

- **Set a standard rate for each local authority within which the £8.25 per hour wage for care workers is affordable.** To deliver this approach the rate would have to be set at a level adequate to cover all costs, not just the Living Wage commitment. The desirability and affordability of this approach would need to be assessed on a case by case basis. More generally this option can be insensitive to the fact that costs may legitimately vary depending on level of need, service model, skill mix of staff, quality of service and would also be insensitive to other justified variation of cost within local authorities where rurality and employment market dynamics impact on viable business models. This option may also include state aid and procurement issues around the equitable treatment of providers which would need to be assessed locally.

- **Set a suite of rates.** This option, whilst addressing the issue raised (above) regarding legitimate variation in service costs, goes beyond the requirement to implement the Living Wage commitment. The desirability and affordability of this approach would need to be assessed locally and in line with longer term commissioning agendas. Negotiating and implementing such an approach across Local Authorities, particularly if supported by service specifications, could be lengthy and so consideration on whether this is deliverable by October the 1st would also be required.

(b) Undertake a new procurement of services in line with new statutory and best practice guidance on social care and 'Fair Work Practices'

Generally, entering into a contract following an open and transparent procurement procedure which complies with the relevant legislation would be unlikely to raise any state aid risks. Retendering may therefore be an option for some Local Authorities – particularly for those who were otherwise expecting to need to tender for adult social care services regardless of this commitment and depending on the assessed risk of a challenge to the other models of contract variation. However this mechanism has to be balanced against the time, expense and potential disruption (to providers and clients) that a retendering process could bring. Additionally, bearing in mind that the overarching intention of this initiative is to invest in and value the workforce, the potential impact of retendering on that workforce will need to be carefully considered before proceeding.

9. Definitions

The National Minimum Wage: is a legal minimum wage for 21-24 year olds. This means that all employers must pay all of their staff that are between 21 and 24 a minimum of £6.70 per hour.

The National Living Wage: is an enhanced legal minimum wage for over 25's. This means that all employers must pay all of their staff that are over 25 a minimum of £7.20 per hour.

Age group	Nationally defined legal minimum wages
25 and over	£7.20
21 - 24	£6.70
18 - 20	£5.30
16 – 17	£3.87
Apprentices	£3.30

The Living Wage: set by the Living Wage Foundation is currently £8.25 per hour. This is up-rated annually and a new rate will be announced in November.

The Living Wage commitment: agreed as part of the 2016/17 Local Government settlement is to pay all adult social care workers the current Living Wage rate of £8.25 per hour from October 1st 2016. There is no requirement on local authorities as part of this agreement to increase wages to the new Living Wage rate when it is announced in November.

Adult social care workers: This commitment specifically applies to care workers providing direct care and support to adults in care homes, care at home and housing support settings (as per the Scottish Social Service Sector report on Workforce Data). This covers all purchased services, including specialist support services such as those for people with physical disabilities, learning disabilities, mental health difficulties and substance misuse issues.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 7.1a

Date of Meeting : **22nd June 2016**

Title of Report : **Unaudited Accounts 2015-16**

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

The Integration Joint Board is asked to:

- **Approve** the Unaudited Annual Accounts to the period 31 March 2016 and agree to submit them to Audit Scotland for formal audit
- **Note** the accounts will be considered by the IJB Audit Committee prior to 31 August 2016
- **Agree** to consider the Audited Accounts for 2015-16 at the Integration Joint Board meeting on 28 September 2016
- **Note** the challenging timescale in future years in terms of producing accounts and the requirement to plan with the Health and Council partners to achieve this

1. EXECUTIVE SUMMARY

1.1 The Integration Joint Board are required to produce a set of annual accounts for 2015-16. There are limited transactions in the first set of accounts for the Integration Joint Board, but there is still a requirement to produce a full set of accounts.

1.2 The timescales for producing accounts for future years will be very challenging given the differing financial year-end timetables of the Health and Council partners and adequate planning will be required to ensure the accounts can be produced on time.

2. INTRODUCTION

2.1 The Integration Joint Board are required to produce a set of annual accounts for 2015-16. The unaudited accounts for 2015-16 have been produced in line with the agreed timetable and have been brought before the IJB today for approval.

2.2 Accounts require to be submitted to Audit Scotland by 30 June 2016, they also require to be considered by the Audit Committee by 31 August 2016.

3. DETAIL OF REPORT

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

3.2 Accounts are required to be prepared for the period from the date of establishment of the Integration Joint Board, which was 27 June 2015. The commencement date for delegation of functions and resources in line with the Strategic Plan commenced on 1 April 2016 therefore the 2015-16 accounts only include the Integration Joint Board operating costs, this is primarily the costs of the Chief Offier, Chief Financial Officer and Audit Fee.

3.3 The key dates and stages are noted below:

22 June 2016	Consideration of unaudited financial statements by those charged with governance
30 June 2016	Latest submission date of unaudited financial statements with complete working papers package
By 31 August 2016	Consideration of unaudited annual accounts by the Audit Committee
31 August 2016	Latest date for clearance meeting with Chief Financial Officer
28 September 2016	Consideration of audited accounts by Integration Joint Board
By 30 September 2016	Agreement of audited unsigned financial statements, and issue of Annual Audit Report

3.4 It is not anticipated that there will be any particular issues in complying with these timescales. Despite the transactions being limited for 2015-16 there is a still a requirement for the full set of accounts to be produced including the below:

- Management commentary
- Statement of responsibilities
- Annual governance statement
- Remuneration report
- Balance sheet
- Statement of income and expenditure
- Statement of accounting policies and notes to the accounts

3.5 The annual accounts for 2015-16 are prepared at a relatively high level and concentrate on matters of assurance and governance and not on financial information as a result of the limited number of transactions accounted for in 2015-16.

3.6 The unaudited annual accounts have been drafted in accordance with the Code of Practice on Accounting for Local Authorities in the United Kingdom 2015-16.

Additional guidance was issued by the Scottish Government Integrated Resources Advisory Group (IRAG) and CIPFA LASAAC and this guidance has been followed to produce the draft accounts.

3.7 The timely production of accounts in future years will be more challenging as there will be transactions in relation to service delivery and the agreement of these balances between the partners may be a challenging timescale given the differing financial year-end timetables of Health and the Council. A detailed year-end plan will be developed with both partners to agree the approach to this for the 2016-17 year-end.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

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

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

5.1.1 The Board is required to produce a set of annual accounts for 2015-16 in line with the timescales agreed in the Audit Scotland Annual Audit Plan.

5.2 Staff Governance

None

5.3 Clinical Governance

None

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

None

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

8.1 The annual accounts will be advertised and will be publicly available for inspection.

9. CONCLUSIONS

9.1 The Unaudited Annual Accounts for 2015-16 have been prepared for consideration by the Integration Joint Board for submission to the external auditors, Audit Scotland by 30 June 2016.

9.2 There are limited transactions in the 2015-16 accounts as service delivery was not delegated to the IJB until 1 April 2016. Further more detailed planning will require to be undertaken for future years to ensure the annual accounts can be produced in the required timescale.

ARGYLL AND BUTE

INTEGRATION JOINT BOARD

UNAUDITED ANNUAL ACCOUNTS TO THE PERIOD 31 MARCH 2016

ARGYLL AND BUTE INTEGRATION JOINT BOARD

ANNUAL ACCOUNTS CONTENTS

The Management Commentary outlines key messages regarding the objectives and strategy of the Integration Joint Board, the financial performance and also provides an indication of issues and risks which may impact upon the finances of the Board in the future.

1. PURPOSE AND OBJECTIVES

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

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

The Integration Joint Board and its Chief Officer have responsibility for the planning, resourcing and operational delivery of all integrated health and social care services within Argyll and Bute. The management of Integrated Services is led by the Chief Officer.

The purpose of the Integration Joint Board is to plan for and deliver high quality health and social care services to and in partnership with the communities of Argyll and Bute. The Argyll and Bute Integration Joint Board outlines in the Strategic Plan how it will effectively use allocated resources to deliver on the National Health and Wellbeing Outcomes prescribed by Scottish Ministers in regulations under section 5(1) of the Act. The Integration Joint Board is delegated resources and responsibility for service delivery from 1 April 2016.

The three year Strategic Plan for 2016-17 to 2018-19 outlines the seven areas of focus the Integration Joint Board has determined will drive forward it's work:

1. Promote healthy lifestyle choices and self-management of long term conditions.
2. Reduce the number of avoidable emergency admissions to hospital and minimise the time that people are delayed in hospital.
3. Support people to live fulfilling lives in their own homes, for as long as possible.
4. Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing.
5. Institute a continuous quality improvement management process across the functions delegated to the Partnership.
6. Support staff to continuously improve the information, support and care that they deliver.
7. Efficiently and effectively manage all resources to deliver Best Value.

2. FINANCIAL REVIEW

The 2015-16 annual accounts contain limited transactions and there is no surplus or deficit in the provision of services as the Integration Joint Board was not delegated responsibility for the delivery of the services outlined in the Integration Scheme until 1 April 2016, as such the annual accounts for 2015-16 only reflect the running costs of the Integration Joint Board from 27 June 2015, the date establishment.

Financial arrangements have been put into place in terms of the due diligence of NHS Highland and Argyll and Bute Council offers of funding and the historical budget provision together with plans for producing a balanced budget position for the Integration Joint Board for 2016-17. Financial offers of funding have been submitted by partner bodies for 2016-17 only, with estimates of funding being produced for the three year period of the Strategic Plan.

The table below outlines the Integration Joint Board estimated budget position and the resulting budget gap across the three year period of the Strategic Plan:

	2016-17 £m	**2017-18 £m**	**2018-19 £m**
Baseline Budget	249.162	264.499	272.393
Pay Cost Increases	2.447	1.793	1.808
Non Pay Inflation & Cost/Demand Pressures	12.890	6.101	5.153
Total Forecast Expenditure	264.499	272.393	279.354
Total Estimated Funding	(256.001)	(257.294)	(258.638)
Budget Gap (Cumulative)	**8.498**	**15.098**	**20.716**
Budget Gap (In-Year)	**8.498**	**6.601**	**5.617**

The Integration Joint Board has a responsibility to set a balanced budget and as such a Quality and Financial Plan has been developed to address the budget gap in 2016-17. The total budget includes the cost of Acute Hospital Services provided by NHS Greater Glasgow and Clyde as these are within the scope of the Partnership for strategic planning purposes.

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

Continuing to deliver services in the same way is no longer sustainable and changes need to be made in the way services are provided and accessed. The integration of health and social care provides a unique opportunity to change the way services are delivered, it is an opportunity to put people at the heart of the process, focusing on the outcomes they want by operating as a single health and social care team at locality level.

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

There is an expectation that as functions, strategies, services and the workforce are reviewed and integrated within Argyll and Bute that the current pattern of spend will change and there will be a shift in the balance of care from institutional to community settings.

3. OPERATIONAL REVIEW

The Integration Joint Board will be responsible for the delivery of integrated services from 1 April 2016. In the planning period in the lead up to full integration senior officers and Board members have been putting into place appropriate arrangements for governance, risk management, financial management, performance management, communications, processes and guidance to ensure the smooth handover of service delivery.

The Argyll and Bute Integration Joint Board will be required to publish an Annual Performance Report which will set out how the national health and wellbeing outcomes are being improved, this will require to be published following the first year of integration and will clearly demonstrate the progress made by the Integration Joint Board.

A Planning and Performance Management Framework has been approved by the Integration Joint Board with a focus on delivering on the health and wellbeing outcomes and improving local performance at all levels in the organisation including locality planning delivery plans, service plans and individual staff development plans. Locality Planning arrangements are in place to ensure joint strategic planning that is effectively and demonstrably informed by, and responsive to, local priorities and needs.

The Integration Joint Board through the Strategic Plan outlines the belief that together we can transform health and social care services to achieve the joint vision for the future “to lead long, healthy, independent lives”. The Strategic Plan provides a road map of the actions the Integration Joint Board require to take from 1 April 2016 to achieve this.

Maurice Corry	**Christina West**	**Caroline Whyte**
Chair	**Chief Officer**	**Chief Financial Officer**

THE INTEGRATION JOINT BOARD'S RESPONSIBILITIES:

The Integration Joint Board is required:

- To make arrangements for the proper administration of its financial affairs and to secure that it has an officer responsible for the administration of those affairs (Section 95 of the Local Government (Scotland) Act 1973). In this Integration Joint Board, that officer is the Chief Financial Officer;
- To manage its affairs to achieve economic, efficient and effective use of its resources and safeguard its assets; and
- To approve the statement of accounts at a meeting of the Integration Joint Board.

THE CHIEF FINANCIAL OFFICER RESPONSIBILITIES:

The Chief Financial Officer is responsible for the preparation of the Integration Joint Board's statement of accounts which, in terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom ("the Code of Practice"), is required to give a true and fair view of the financial position of the Integration Joint Board at the financial year end and its income and expenditure for the year then ended.

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

- Selecting suitable accounting policies and applying them consistently;
- Making judgements and estimates that are reasonable and prudent;
- Complying with legislation;
- Complying with the Local Authority Code of Practice 2015-16.

The Chief Financial Officer is also required to:

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

STATEMENT OF ACCOUNTS

The Statement of Accounts presents a true and fair view of the financial position of the Argyll and Bute Integration Joint Board as at 31 March 2016, and its income and expenditure for the year then ended.

Caroline Whyte
Chief Financial Officer
22 June 2016

SCOPE OF RESPONSIBILITY

The Integration Joint Board is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for and used economically, efficiently and effectively. The Integration Joint Board also aims to foster a culture of continuous improvement in the performance of the functions and to make arrangements to secure best value. In discharging this responsibility, the Chief Officer has put in place arrangements for governance which includes the system of internal control. The system of internal control is based on an ongoing process designed to identify, prioritise and manage the risks facing the organisation. The system aims to evaluate the nature and extent of failure to achieve the organisation's policies, aims and objectives and to manage risks efficiently, effectively and economically. As such it can therefore only provide reasonable and not absolute assurance of effectiveness.

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

GOVERNANCE FRAMEWORK

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

The Integration Joint Board via a process of delegation from the Health Board and Local Authority outlined in the Integration Scheme, and its Chief Officer has responsibility from 1 April 2016 for the planning, resourcing and operational delivery of all integrated health and social care services within Argyll and Bute.

The main features of the Partnership's system of internal control in place during 2015-16 are noted below:

- The overarching strategic vision, mission and values of the Integration Joint Board are set out in the Strategic Plan and Strategic Objectives are aligned to deliver on the National Outcomes for Adults, Older People and Children.
- Developing effective joint working with Health and Council partners to ensure delivery of the Strategic Objectives, through information sharing and clear lines of responsibility.

- Consultation on the future vision and activities of the Integration Joint Board was undertaken with its health service and local authority partners and through existing community planning networks. The Integration Joint Board will publish information about its performance regularly as part of its public performance reporting during 2016-17.
- The Integration Joint Board operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within Standing Orders, the Integration Scheme, Financial Regulations and Standing Financial Instructions; these are subject to regular review.
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Audit Scotland, Inspectorates and the Internal Audit services provided by Health and Council partners to the Integrated Joint Board's Senior Management Team and the Integration Joint Board.
- Responsibility for maintaining and operating an effective system of internal financial control rests with the Chief Financial Officer. The system of internal financial control is based on a framework of regular management information and Financial Regulations, Development and maintenance of the system is undertaken by managers within the Integration Joint Board.
- Financial due diligence was undertaken in the lead up to the Integration of services by the Internal Audit functions of the Health and Council services and by the Chief Financial Officer and will be an ongoing process during the first year of integration to ensure the resources are aligned to service delivery requirements.
- During 2015-16 in the lead up to responsibility for service delivery transferring to the Integration Joint Board the processes and procedures of Health and Council partners were adhered to, this included performance management and risk management arrangements. The Integration Joint Board approach to these from 1 April 2016 will be approved by the Board and this will include regular reporting, management and review.
- Members of the Integration Joint Board subscribe to and comply with the Standing Orders and Code of Conduct. Comprehensive arrangements are in place to ensure Board members and officers are supported by appropriate training and development.

INTERNAL AUDIT

The Integration Joint Board requires to establish adequate and proportionate internal audit arrangements for review of the arrangements of risk management, governance and control of the delegated resources. This will include nominating a Chief Internal Auditor and establishing an Audit Committee.

Resources were not delegated to Argyll and Bute Integration Board until 1st April 2016, therefore in the period 2015-16 there was no separate internal audit service in place for the Integration Joint Board. The Audit Committee members have been nominated and arrangements for the Chief Internal Auditor position are being progressed, with the first Audit Committee meeting planned for August 2016.

Internal Audit teams from the Council and Health partners have assessed the due diligence and governance arrangements in the lead up to integration of services. The outcome of these risk based audits was that there was substantial assurance that:

- There were clear governance arrangements in place to oversee and monitor implementation.
- Risk management arrangements are embedded within the integration process.
- An appropriate project management structure was in place, where progress is monitored and reported on regularly.
- There is an appropriate budget allocation process in place.

The Chief Internal Auditor, when appointed, will report to the Integration Joint Board on the development of a risk based annual audit plan, delivery of the plan and recommendations and will provide an annual internal audit report.

REVIEW OF EFFECTIVENESS

The review of the effectiveness of the governance arrangements including the system of internal financial control is informed by:

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

There are no specific control issues identified during the 2015-16 pre-integration period.

The post-integration period in the next financial year is a critical stage of the change process and the Integration Joint Board Audit Committee will have a key role in ensuring that an effective assurance process is in place to enable the Integration Joint Board to fulfil it's Strategic Objectives through the assessment of the delegated resources, the financial, legal and operational risks and post integration performance results. The Integration Joint Board Audit Committee will be provided with a post integration report within the first year to assess whether the Integration Joint Board is on course to deliver on the Strategic Plan.

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Argyll and Bute Integration Joint Board's systems of governance.

Maurice Corry
Chair
22 June 2016

Christina West
Chief Officer
22 June 2016

1. INTEGRATION JOINT BOARD

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

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

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

2. SENIOR OFFICERS

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

3. REMUNERATION POLICY

The Integration Joint Board does not pay allowances or remuneration to the voting Board members, they are remunerated by their relevant Integration Joint Board organisation, e.g. NHS Highland or Argyll and Bute Council.

In addition statutory liability for pension contributions for voting board members also rests with the relevant partner organisation, therefore there is no pension liability reflected on the Integration Joint Board balance sheet for voting Board members.

The remuneration of the senior officers is set by reference to national arrangements. The Scottish Joint Negotiating Committee (SJNC) for Local Authority Services sets the salaries for the Chief Executives of Scottish Local Authorities. The salary of the Chief Officer is based on a fixed percentage of the Argyll and Bute Council Chief Executive’s salary, receiving 80% of the amount of the Chief Executive’s salary. This equates to Chief Officers Salary Scale Point (SCP) 43 for the Chief Officer of the Integration Joint Board.

4. REMUNERATION

The Board members and senior officers received the following remuneration from the date of establishment of the Integration Joint Board on 27 June 2015:

Board Member/Senior Officer	Salary (Including Fees and Allowances) £	Taxable Expenses £	Total Remuneration 2015-16 £
Chief Officer – Christina West *(Full Year Equivalent)*	73,460 *(95,905)*	0	73,460 *(95,905)*
Chair – Maurice Corry, Argyll and Bute Council	-	-	-
Vice Chair – Robin Creelman, NHS Highland	-	-	-

5. PENSION BENEFITS

The Chief Officer is a member of the Local Government Pension Scheme (LGPS), costs for the pension scheme contributions and pension entitlements from the date of the Integration Joint Board establishment to 31 March 2016 are shown in the table below.

The pension benefits shown relate to the benefits that the individual has accrued as a consequence of all local government service and not just their current appointment.

	In-year Pension Contributions £	Accrued Pension Benefits £
Chief Officer – Christina West *(Full Year Equivalent)*	14,113 *(18,510)*	2,478

The contractual liability for employer pension contributions for the Chief Officer will rest with the employing partner, Argyll and Bute Council, therefore there is no pension liability for the Chief Officer on the Integration Joint Board Balance Sheet.

All information disclosed in the Remuneration Report will be audited by Audit Scotland.

Maurice Corry
Chair
22 June 2016

Christina West
Chief Officer
22 June 2016

STATEMENT OF INCOME AND EXPENDITURE

The statement below shows the accounting cost in-year of the running costs of the Integration Joint Board from the date of establishment of 27 June 2015 to 31 March 2016.

	Gross Expenditure £'000	Gross Income £'000	Net Expenditure £'000
Corporate and Democratic Core	104	(104)	0
Net Cost of Services	**104**	**(104)**	**0**
(Surplus)/Deficit on provision of services	**104**	**(104)**	**0**

Expenditure included is limited to the Corporate and Democratic Core costs as delegated functions and resources included in the Integration Scheme were transferred to the Integration Joint Board from 1 April 2016.

BALANCE SHEET

	Note	31 March 2016 £'000
Current Assets: Short Term Debtors	4	-
Current Liabilities: Short Term Creditors	5	-
Net Assets		**-**
Usable Reserves	6	-
Total Reserves		**-**

The balance sheet shows the value as at the balance sheet date of the assets and liabilities recognised by the Integration Joint Board. The Integration Joint Board holds no fixed assets and at 31 March 2016 there were no current assets, nor current liabilities and as a result there are no reserves.

The unaudited accounts were authorised for issue on 30 June 2016.

Caroline Whyte
Chief Financial Officer
22 June 2016

1. ACCOUNTING POLICIES

1.1. General Principles

The Statement of Accounts summarise the transactions of the Integration Joint Board for the 2015-16 financial year and it's position at the year end. The Integration Joint Board is required to prepare annual financial statements in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom 2015-16. Accounts are prepared on a going concern basis.

The financial statements are prepared under the historical cost convention as modified for the valuation of certain assets.

1.2 Accruals of income and expenditure

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

1.3 VAT Status

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

1.4 Provisions, contingent liabilities and assets

Provisions are made where an event takes place that gives the Integration Joint Board a legal or constructive obligation that probably requires settlement by the transfer of economic benefits of service potential and a reliable estimate can be made of the amount of obligation. Provisions are charged as an expense in the Income and Expenditure Statement. Contingent liabilities and assets are where an event has taken place which may result in a possible obligation or possible asset, future events are uncertain and the financial impact can not be reliably estimated therefore these are not recognised in the balance sheet and are disclosed in notes to the accounts. Where NHS Highland or Argyll and Bute Council recognise provisions, contingent liabilities or assets in relation to services included in the Integration Scheme these will be disclosed in the Integration Joint Board Annual Accounts.

1.5 Events after the reporting period

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

- Those that provide evidence of conditions that existed at the end of the reporting period – the Annual Accounts are adjusted to reflect such events.

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

Events taking place after the date of authorisation for issue are not reflected in the Annual Accounts.

1.6 Debtors and creditors

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

1.7 Reserves

The Argyll and Bute Integration Joint Board is able to hold reserves. The Integration Joint Board does not have any opening reserve balances and reserves will be created by the retention of any underspends on service delivery.

2. RELATED PARTY TRANSACTIONS

The Argyll and Bute Integration Joint Board was established on 27 June 2015 and the membership of the Integration Joint Board was formally approved at the first meeting of the Board on 18 August 2015. In the year following the establishment of the Integration Joint Board the following financial transactions were with NHS Highland and Argyll and Bute Council relating to the running costs of the Integration Joint Board:

	Income £'000	**Expenditure £'000**	**Total £'000**
NHS Highland	-	-	-
Argyll and Bute Council	(104)	104	0
Total	**(104)**	**104**	**0**

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

3. CORPORATE EXPENDITURE

	31 March 2016 £'000
Staff Costs	99
Administrative Costs:	
Audit Fees	5
Total	**104**

4. SHORT TERM DEBTORS

	31 March 2016 £'000
NHS Highland	-
Argyll and Bute Council	-
Total	**-**

5. SHORT TERM CREDITORS

	31 March 2016 £'000
NHS Highland	-
Argyll and Bute Council	-
Total	**-**

6. MOVEMENT IN RESERVES

	31 March 2016 £'000
Balance as at 1 April 2015	0
Surplus/(deficit) on provision of services	0
Balance as at 31 March 2016	**0**

7. CONTINGENT LIABILITIES

There are no identified contingent liabilities identified as at 31 March 2016 for the Integration Joint Board.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 7.1b

Date of Meeting : **22nd June 2016**

Title of Report : **Budget Monitoring – May 2016**

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

The Integration Joint Board is asked to :

- **Note** the overall Integrated Budget Monitoring report for the May 2016 period, including:
  - Integrated Budget Monitoring Summary
  - Quality and Financial Plan Progress
  - Financial Risks
  - Reserves
  - Other Project Funding
- **Note** that the May period is relatively early in the financial year and there are only relatively small year to date variances to report, at the end of May there are no budget under or overspends forecast.
- **Note** the significant level of financial risk facing Integration Services, including the delivery of the Quality and Financial Plan.

1. EXECUTIVE SUMMARY

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

- Robust budget monitoring processes are key to ensure that the expenditure incurred by the IJB partners is contained within the approved budget for 2016-17 and that overall the partnership delivers a balanced year-end outturn position.
- This report provides information on the financial position of the Integrated budget as at the end of May 2016. This is relatively early in the financial year and as such there are relatively small year to date budget variances to report and there are no year-end over or underspends projected.
- There are significant financial risks in terms of service delivery for 2016-17 and there are mitigating actions in place to reduce or minimise these, a significant risk is in relation to the delivery of the Quality and Financial Plan and this should continue to be closely monitored.

2. INTRODUCTION

2.1 This report sets out the financial position for Integrated Services as at the end of May 2016. Budget information from both Council and Health partners has been consolidated into an Integrated Budget report for the Integration Joint Board.

3. DETAIL OF REPORT

3.1 INTEGRATED BUDGET MONITORING SUMMARY

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

Year to Date Position – YTD Underspend - £0.904m

3.1.2 The main areas to note from this are:

- The overall Year to Date variance is an underspend of £0.904m. This consists of an underspend of £1.349m in Council services and an overspend of £0.445m in Health Services.
- Within Health provided services the overspend is mainly in relation to the budget profile of savings for 2016-17 which have not yet been implemented and additional costs in relation to locums.
- Within Council provided services this is mainly in relation to budget profiling which will be refined for the June monitoring period. In addition there are year-end accrual adjustments which have not yet been offset by corresponding payments.

3.1.3 Although overall there is a Year to Date underspend this should not be relied upon as an indication of the year-end position.

Forecast Outturn Position – Projected Over/Underspend - £0

3.1.4 There are no forecast outturns or projected budget over or underspends reported in the May period. At this point early in the financial year services may not ordinarily have information available on the likely year-end position, as a light-touch approach is adopted to budget monitoring at the start of the year.

3.1.5 There is an overall increase in funding of £0.143m compared to the approved budget. There is an increase in available funding from £256.001m to £256.144m, these in-year changes in funding are also noted in Appendix 1. This relates to an overall increase in Health Funding, mainly relating to in-year recurring allocations of funding from the Scottish Government partly offset by a transfer to NHS Highland for centrally provided services.

3.2 QUALITY AND FINANCIAL PLAN PROGRESS

3.2.1 Concerns have been raised about the deliverability of the Quality and Financial Plan for 2016-17. There are significant budget savings to be delivered within an accelerated timescale and it is absolutely key that these remedial plans are delivered to produce a sustainable balanced budget for the partnership.

3.2.2 Progress with the individual budget reductions outlined in the Quality and Financial Plan is detailed in Appendix 2. This notes the savings delivered to date, the key date for delivery and an overall risk assessment of the deliverability of the individual savings.

3.2.3 There are budget reductions totalling £8.498m required to produce a balanced partnership budget. Of these £1.231m are pending approval by the IJB and are subject to a separate report, therefore no progress updated has been noted for these options.

3.2.4 Progress for the remaining £7.267m of savings is summarised below:

Risk Category	Number	Budget Reduction £000	Achieved to May 2016 £000	Remaining £000
RED	5	1,450	50	1,400
AMBER	19	3,364	0	3,364
GREEN	28	2,453	747	1,706
TOTAL	**52**	**7,267**	**797**	**6,470**

3.2.5 As at the end of May 2016 recurring budget reductions of £0.797m have been achieved.

3.2.6 The risk category attached to each of the savings is a subjective assessment of the deliverability. As noted in the table above it is clear that there are a greater number of savings categorised as green in terms of delivery but this is a lower average budget reduction value, as expected the lower monetary savings are generally easier for services to deliver. At this stage the focus should be on those which have been highlighted as red risk, there are five of these and they account for £1.450m of the total savings. These are noted below:

- Prescribing
- Rural Cowal Out of Hours Service
- Re-design Community Hospital – Kintyre
- Re-design Community Hospital – Islay
- Closure of AROS

3.2.7 A proactive approach is being adopted to monitor the deliverability and progress of the high risk projects. Detailed information to understand the risks, milestones and projected savings for each of these projects is being requested by services and will be shared at a future Integration Joint Board meeting.

3.2.8 If it assessed that elements of the Quality and Financial Plan are not deliverable this would be reported through the forecast outturn position, if this results in a projected overspend for the Integrated Budget a recovery plan would be presented to the IJB for approval.

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, these are risks that there is not currently any budget provision in place to fund.

3.3.2 There are 16 financial risks with a potential financial impact of £6.6m noted at the May 2016 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
Unlikely	3	900
Possible	8	2,300
Likely	4	2,650
Almost Certain	1	750
TOTAL	**16**	**6,600**

3.3.3 There is one risk that is assessed as being almost certain in terms of likelihood, this is noted below:

- Medical Locums – continued demand across Argyll and Bute, the financial risk is quantified as being £0.750m based on the actual outturn for 2015-16.

3.3.4 Services will continue to monitor financial risks, where these materialise they will be highlighted to the Integration Joint Board through the overall projected outturn position together with a recovery plan in terms of funding any additional costs.

3.4 RESERVES

3.4.1 The Integration Joint Board does not have any opening reserve balances but there are inherited reserve balances from Council delivered services and progress with these will feature as part of the 2016-17 budget monitoring. These balances require approval from the Council at the financial year-end as part of the annual accounts approval process and this will not be given until the Council meeting on 30 June 2016. Progress with any approved balances will be reported from the June 2016 monitoring period.

3.5 OTHER PROJECT FUNDING

3.5.1 There are specific additional funding allocations to drive forward integration work including the Integrated Care Fund, Technology Enabled Care and Delayed Discharge. An Improving Care Programme Board has been put into place in terms of the governance arrangements for these funds and their role is to ensure that funds are directed to achieve the desired priorities.

3.5.2 These funds are time-limited and it is crucial they are used effectively to invest in the changes in service delivery required to deliver on the outcomes in the Strategic Plan. The funding available for 2016-17 totals £3.365m and Appendix 4 notes the allocations from these funds.

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 The monitoring of the budget is key to ensure the delivery of the financial plans for 2016-17, as at the May 2016 monitoring period significant financial risks have been identified but services are projecting to deliver services within the allocated budget.

5.2 Staff Governance

None

5.3 Clinical Governance

None

6. EQUALITY & DIVERSITY IMPLICATIONS

None

7. RISK ASSESSMENT

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

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

8.1 Where required as part of the delivery of the quality and 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 This report summarises the financial position of the Integrated Budget as at May 2016. As it is early in the financial year there are few material variances and no forecast over or underspends for the overall projected year-end outturn position. The report highlights the level of financial risk associated with delivering a year-end balanced Integrated Budget, there are significant financial risks in relation to the demands on service delivery and significant risks in relation to the delivery of the Quality and Financial Plan. These will be closely monitored and reported as part of the overall approach to budget monitoring.

APPENDICES:

Appendix 1 – Integrated Budget Monitoring Summary – May 2016
Appendix 2 – Quality and Financial Plan Progress – May 2016
Appendix 3 – Financial Risks – May 2016
Appendix 4 – Other Project Funding

INTEGRATED BUDGET MONITORING SUMMARY - MAY 2016

	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
Service Delegated Budgets:									
Adult Care	15,220	15,639	419	2.7%	123,504	123,504	0	0	0
Alcohol and Drugs Partnership	154	154	0	0.0%	1,258	1,258	0	0	0
Chief Officer	19	56	37	66.1%	2,223	2,223	0	0	0
Children and Families	2,739	2,984	245	8.2%	19,662	19,662	0	0	0
Community and Dental Services	698	684	(14)	-2.0%	4,103	4,103	0	0	0
Integrated Care Fund	68	67	(1)	-1.5%	2,090	2,090	0	0	0
Lead Nurse	197	220	23	10.5%	1,331	1,331	0	0	0
Public Health	186	188	2	1.1%	1,188	1,188	0	0	0
Strategic Planning and Performance	489	501	12	2.4%	3,240	3,240	0	0	0
	19,770	20,493	723	4%	158,599	158,599	0	0	0
Centrally Held Budgets:									
Budget Reserves	0	200	200	100.0%	2,854	2,854	0	0	0
Depreciation	432	432	0	0.0%	2,649	2,649	0	0	0
General Medical Services	2,399	2,366	(33)	-1.4%	15,003	15,003	0	0	0
Greater Glasgow & Clyde Commissioned Services	9,680	9,680	0	0.0%	58,081	58,081	0	0	0
Income - Commissioning and Central	(202)	(192)	10	-5.2%	(1,160)	(1,160)	0	0	0
Management and Corporate Services	14	16	2	12.5%	1,768	1,768	0	0	0
NCL Primary Care Services	1,511	1,511	0	0.0%	8,350	8,350	0	0	0
Other Commissioned Services	853	855	2	0.2%	5,103	5,103	0	0	0
Resource Release	1,580	1,580	0	0.0%	4,897	4,897	0	0	0
	16,267	16,448	181	1%	97,545	97,545	0	0	0
Grand Total	**36,037**	**36,941**	**904**	**2%**	**256,144**	**256,144**	**0**	**0**	**0**

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	3,221	4,570	1,349	29.5%	55,553	55,553	0	0	0
NHS Highland	32,816	32,371	(445)	-1.4%	200,591	200,591	0	0	0
Grand Total	**36,037**	**36,941**	**904**	**2%**	**256,144**	**256,144**	**0**	**0**	**0**

INTEGRATION JOINT BOARD

APPENDIX 1

FUNDING RECONCILIATION - MAY 2016

Partner	£000	£000	£000
Argyll and Bute Council:			
Opening Funding Approved		55,553	
Annual Budget at May 2016		55,553	
Movement		**0**	
Details:			
NHS Highland:			
Opening Funding Approved:			
Core NHS Funding	195,868		
Additional SG Funding	4,580		
Opening Funding Approved		200,448	
Annual Budget at May 2016		200,591	
Movement		**143**	
Details:			
Budget Carry Forwards (ICT, TEC & ADP)			716
New Medicines Funding			1,000
Other SG funding increases/decreases to non-recurring allocations			499
Transfer to Health Board for Central Services			(2,072)
			143

INTEGRATION JOINT BOARD **APPENDIX 2**

QUALITY AND FINANCIAL PLAN PROGRESS - MAY 2016

					TARGET 2016-17		Achieved May 2016	Remaining		
New Ref	Service Area	Description	Lead	Key Date	Budget Reduction £000	FTE Reduction	£000	£000	Progress Update	Risk of Delivery (RAG)
1	Prescribing	Targeted focus on safe, effective, appropriate cost effective prescribing, as well as reducing waste. Argyll and Bute Medicines Management Group re-established to take forward actions.	Fiona Thomson	Sep-16	500	0.0	50	450	Measures implemented include use of Scriptswitch, dose optimisation and change to generics. High risk area in terms of delivery of savings as there have been failures in the past in delivering savings in prescribing.	RED
2	NHS GG&C Service Level Agreement	Participate in a review of the costing and activity model to review tariff and activity levels. Take action to reduce admission rates and speed discharge up to local services and reduce outpatient follow up appointments.	Stephen Whiston	Jun-16	500	0.0	0	500	Dependant on activity and costing calculations in the next issue of the West of Scotland Cross Boundary Flow Model. This is expected to be available at the end of June 2016.	AMBER
3	Commissioned Services	Review individual placements out of the area and where possible re-negotiate tariffs/contracts.	Stephen Whiston	Sep-16	250	0.0	104	146	Saving will be achieved by existing packages coming to an end, cost pressure included to provide for new packages. Expected that this will be fully achieved.	GREEN
4	Speech & Language Therapy Services	Re-align services to focus on delivering capacity building and a universal approach in partnership with Education.	Linda Currie	Sep-16	140	3.2	125	15	Savings almost delivered in full.	GREEN
5	Rural Cowal Out of Hours Service	Carry out review of service delivery model and implement service re-design.	Allen Stevenson	Sep-16	300	2.9	0	300	Commenced medical staff review and there are options to scrutinise and develop further.	RED
6	Re-design Community Hospital - Cowal	Re-design provision of services across the Argyll and Bute area, with a focus on quality outcomes and aligning service provision to capacity and current service delivery requirements.	Allen Stevenson	Sep-16	500	6.7	0	500	Work is ongoing with service to re-design services and finalise financial delivery plans.	AMBER
7	Re-design Community Hospital - Victoria Hospital, Bute		Allen Stevenson	Sep-16	250	4.1	0	250		AMBER
8	Re-design Community Hospital - Lorn and Islands Hospital		Lorraine Paterson	Sep-16	500	11.5	0	500		AMBER
9	Re-design Community Hospital - Mid Argyll		Lorraine Paterson	Sep-16	500	22.0	0	500		GREEN
10	Re-design Community Hospital - Kintyre		Lorraine Paterson	Sep-16	250	3.8	0	250		RED
11	Re-design Community Hospital - Islay		Lorraine Paterson	Sep-16	250	5.5	0	250		RED
12	Argyll and Bute Hospital Staffing	Transfer of inpatient mental health services from Argyll and Bute Hospital to MACHICC.	Lorraine Paterson	Sep-16	300	8.4	0	300	Plans are progressing well and full achievement of saving is expected.	GREEN
13	Closure of West House	A number of support services for Argyll and Bute Hospital are provided from this building, staff would be relocated to other available accommodation.	David Ross	Dec-16	500	0.0	0	500	Work is ongoing with progressing staff and services from the building.	AMBER
14	Closure of AROS	A number of support services including HR and Finance are provided from this building, staff would be relocated to other available accommodation.	David Ross	Dec-16	150	0.0	0	150	Substantial amount of work remaining to arrange re-location of staff and services from the building.	RED
15	Kintyre Medical Group	In the longer term it is anticipated that the operation of the services will be taken on by Campbeltown Medical Practice, a transitional plan is in development to support this change.	Lorraine Paterson	Sep-16	75	2.0	0	75	Already been achieved in part by a reduction in locum costs. Negotiations ongoing to secure remainder of savings.	GREEN
16	Management & Corporate Staffing	Level of staffing review, reduced with no or limited impact on service delivery.	George Morrison	Sep-16	200	5.0	0	200	Requirement for staff turnover and decision to not fill posts required to achieve this reduction.	AMBER
17-20	Locality General Savings 1%	Efficiency savings target applied across localities.	Allen Stevenson/ Lorraine Paterson/ Louise Long	Sep-16	602	0.0	0	602	No plans in place as yet, working with Heads of Service to create plans for delivery.	AMBER
21	Review Day Hospital Services for Older People with Dementia	Re-design of traditional day services.	Lorraine Paterson	Sep-16	25		0	25	No savings delivered as yet, dependant on closure of day hospital service.	AMBER
22	IT Services	Productivity gains and telephony cost reduction.	Stephen Whiston	Sep-16	50	0.0	0	50	No progress as yet.	AMBER

QUALITY AND FINANCIAL PLAN PROGRESS - MAY 2016

					TARGET 2016-17		Achieved May 2016	Remaining		
New Ref	Service Area	Description	Lead	Key Date	Budget Reduction £000	FTE Reduction	£000	£000	Progress Update	Risk of Delivery (RAG)
23	AHP Service Redesign Helensburgh for Dietetics and Podiatry	Identify opportunities and deliver re-design within the community mental health team.	Allen Stevenson	Sep-16	42	0.0	0	42	Review ongoing.	AMBER
24	CMHT Nursing Redesign Helensburgh		Allen Stevenson	May-16	11		11	0	Achieved in full.	GREEN
25	Islay - Reduction in Patient Travel	Investigate and where possible provide appropriate services locally to reduce travel.	Lorraine Paterson	May-16	30		0	30	Review ongoing.	AMBER
26	Public Health Services Redesign		Elaine Garman	Sep-16	35		0	35	Review ongoing.	AMBER
27	Kintyre Patient Transport Redesign	Investigate and where possible provide appropriate services locally to reduce travel.	Lorraine Paterson	Sep-16	25		0	25	Review ongoing.	AMBER
28	Mid Argyll/A&B Hospital Catering Services	Relocation and Conversion to Cook/Freeze	Lorraine Paterson	Sep-16	50		0	50	Ongoing, expect to fully achieve saving.	GREEN
29	Mid Argyll Operational Teams Redesign	Re-design and restructure community teams to deliver single system approach to care delivery	Lorraine Paterson	Sep-16	20		0	20	Review ongoing.	AMBER
30	Child Health	Review of child health medical staffing levels.	Louise Long	May-16	10		10	0	Achieved	GREEN
31	Learning Disabilities	Review the provision of day services considering external provision.	Lorraine Paterson	Sep-16	25		0	25	Staffing review ongoing. Require to formalise removal of vacant posts to achieve saving on recurring basis.	AMBER
32	Clinical Governance	Review of clinical governance team workload and staffing.	Liz Higgins	Sep-16	20		0	20	Review ongoing.	AMBER
33	Infection Control	Review of infection control team workload and staffing.	Liz Higgins	Sep-16	10		0	10	Review ongoing.	AMBER
34	Child Protection Services	Review of child protection services budget.	Liz Higgins	May-16	20		20	0	Achieved	GREEN
35	Medical Physics	Review provision of medical physics services to Argyll and Bute.	Lorraine Paterson	May-16	15		15	0	Achieved through reduced expenditure on clinical equipment repair costs.	GREEN
36	Community Dental Service	Review of community dental services and staffing levels.	Euan Thomson	Sep-16	25		16	9	Expect to fully achieve through a review of staffing costs.	GREEN
37	Custodial Healthcare	Anticipated cost reduction in the provision of out of hours services in the Cowal and Helensburgh areas.	George Morrison	Aug-16	20		0	20	Service is out to tender.	GREEN
38	Review of Budget Reserves	Review of uncommitted and discretionary spend budgets held in reserve. This relates to budgets where either Scottish Government funding has been received and not yet allocated or locally established budgets relating to forecast cost increases or service developments. For these monies the funds aren't released to managers until there is a clear spending plan, where these do not come forward the budget reserves can be undercommitted.	George Morrison	Dec-16	300		83	217	Expect to fully achieve across the year. Amount to May is for the removal of inflationary uplift to resource release allocation.	GREEN
39	Older People's Services	Undertake a longer term review of Council owned care homes across Argyll and Bute during 2016-17 with a view to reducing placement costs.	Allen Stevenson/ Lorraine Paterson			tbc		0	No specific target. References 55 to 57 are options to take this work forward.	
40	Learning Disabilty Service	Undertake a longer term review of Council run Learning Disability Day Services/Resource Centres during 2016-17 to establish demand in each locality and develop options for person-centred service re-design.	Allen Stevenson/ Lorraine Paterson			tbc		0	No specific target.	
41	Social Work Administration Staffing	Removal of vacant and temporary posts, will be implemented as part of a review of the administration services across the whole partnership.	Louise Long	May-16	100	5.0	100	0	Achieved.	GREEN
42	Reduce Printing and Postage Costs	Will be delivered through increased use of electronic communication such as email	Stephen Whiston	May-16	18	0.0	18	0	Achieved.	GREEN
43	Public Dental Service	Recurring allocations are included in the Health offer of funding. There has been a confirmed reduction to the Public Dental Service allocation which represents a 5% reduction. There has been a roll back of provision in advance of this reduction and the budget is forecast to be underspent by £205k in 2015-16. The reduction can be met through non-filling of vacant posts.	Euan Thomson	Jun-16	176	tbc	175	1	Achieved.	GREEN
44	Reduction to Outcomes Framework Allocations	Recurring allocations are included in the Health offer of funding. A number of previous allocations issued separately have been rolled up into a new Outcomes Framework Allocation. This includes for example eHealth, Effective Prevention, GIRFEC, Policy Custody, Dental Services. The total funding was £2.2m in 2015-16 and the reduction represents a 5.5% reduction. A plan will be drafted for a targeted approach to a reduction from the Outcomes Framework allocations with a focus on reducing discretionary/non-recurring costs.	Liz Higgins Stephen Whiston Euan Thomson Elaine Garman	Sep-16	124		70	54	Achieved savings in relation to Maternal and Infant Nutrition and e-Health. Savings to be identified for Dental Service and Effective Prevention. Expect to fully achieve as all discretionary spend budgets not tied into recurring costs.	GREEN

QUALITY AND FINANCIAL PLAN PROGRESS - MAY 2016

					TARGET 2016-17		Achieved May 2016	Remaining		
New Ref	**Service Area**	**Description**	**Lead**	**Key Date**	**Budget Reduction £000**	**FTE Reduction**	**£000**	**£000**	**Progress Update**	**Risk of Delivery (RAG)**
45	Ardlui Respite Facility	Services at Ardlui have consistently been charged for at the intensive service cost rate. Cost reductions could be achieved by reviewing the rates paid to the supplier to ensure that the appropriate rate is paid for each child.	Louise Long	Sep-16	10	0.0	0	10	On track to be fully delivered.	**GREEN**
46	Other Residential Respite	Although an unpredictable budget, regular monitoring and control of services and costs could yield a cost saving over the year unless a high dependency case arises which uses up the funds available.	Louise Long	Sep-16	10	0.0	0	10	On track to be fully delivered.	**GREEN**
47	Adoption	Review the payments made to adoptive parents where they are continuing to receive payments equivalent to the foster care rates in order to produce cost savings.	Louise Long	Sep-16	10	0.0	0	10	On track to be fully delivered.	**GREEN**
48	Children's Houses	Review the rotas operating in the children's houses to negate the affect of absence and assist with the additional support required by several high dependency young people. One area to consider is increasing the pool of staff to avoid anyone working beyond 37 hours per week drawing overtime costs.	Louise Long	Sep-16	30	0.0	0	30	On track to be fully delivered.	**GREEN**
49	Foster Care	Review one external foster care placement and move child to Shellach View/internal foster carer in order to reduce costs.	Louise Long	Sep-16	30	0.0	0	30	On track to be fully delivered.	**GREEN**
50	Residential Placements	Arrange to transfer three existing externally placed young people into the Council's children's houses at the earliest opportunity in order to reduce costs. Additional savings may be available within this activity but may be required to support Kinship Care Payments dependant upon the uptake of the new Kinship Care Orders.	Louise Long	Sep-16	22	0.0	0	22	On track to be fully delivered.	**GREEN**
51	Supporting Young People Leaving Care	Likely cost avoided from lead time to implement Alternatives to Care project.	Louise Long	Sep-16	17	0.0	0	17	On track to be fully delivered.	**GREEN**
52	Consultation Support Forum	Likely cost avoided from lead time to implement revised service model.	Louise Long	Sep-16	5	0.0	0	5	On track to be fully delivered.	**GREEN**
53	Children Affected by Disability	Cost avoided due to clients transferring to Adult Services.	Louise Long	Sep-16	15	0.0	0	15	On track to be fully delivered.	**GREEN**
54	Homecare Review	Re-design how homecare services are provided through: integrating reablement services with assessment and care management, homecare procurement and external providers; change the delivery model away from time and task to outcome focussed; integrate external providers into the assessment and care management process; have Homecare Procurement Officers develop personal support plans with providers instead of care managers; move to purchasing/delivering services on a patch basis to reduce unproductive travel time and mileage costs; reduce the level of internal provision in West Argyll by 50% to reduce costs and release bank staff to provide more cover for absence; implement an immediate ban on overtime within internal homecare (except public holidays); increase the number of staff trained to assess moving and handling requirements to ensure appropriate levels of support are provided and implement a rigorous performance management framework around the completion of 4 week reviews and attendance management. This option is generally around changing how services are delivered to focus on outcomes instead of traditional care plans and achieving this through better planning and more joined up working between the Council and Health partners.	Allen Stevenson/ Lorraine Paterson		375	0.0		375	**NOT YET APPROVED BY IJB**	
55	Struan Lodge Service Re-design	Re-design the service provided by the teams at Struan Lodge Care Home and Struan Day Service to end residential care on the site and instead create a community support hub based in Cowal Hospital which provides reablement, drop-in, assessment and review and day/social support to older people, including people with dementia, in the Cowal area. This would include a review of the vehicles used by the new service to support the provision of a community transport service for all client groups across Cowal (for example taking patients home from hospital etc.). As staff turnover allows, divert funds to support befriender schemes in Cowal to improve services in the community, supported from the hub. The lead in time for delivering on this could be significant as the service is re-designed, however the change could be delivered in stages.	Allen Stevenson		175	14.0		175	**NOT YET APPROVED BY IJB**	

INTEGRATION JOINT BOARD **APPENDIX 2**

QUALITY AND FINANCIAL PLAN PROGRESS - MAY 2016

New Ref	Service Area	Description	Lead	Key Date	TARGET 2016-17 Budget Reduction £000	TARGET 2016-17 FTE Reduction	Achieved May 2016 £000	Remaining £000	Progress Update	Risk of Delivery (RAG)
56	Thomson Court Day Service	Close existing dementia day service and transfer balance of funding to provide befriender services in and around Rothesay. There are currently a low number of clients and alternative re-designed service provision would allow for inclusion of other clients.	Allen Stevenson		10	3.0		10	**NOT YET APPROVED BY IJB**	
57	Tigh a Rudha Care Home	Reduce registered capacity to match the level of service provision actually in use, staffing is reduced in a stepped basis based on registration requirements. Review will look at usage of Hospital beds and will ensure that there is capacity for an element of growth. (removed reference to 50%)	Lorraine Paterson		18	1.5		18	**NOT YET APPROVED BY IJB**	
58	Gortonvogie Care Home	Reduce registered capacity to match the level of service provision actually in use, staffing is reduced in a stepped basis based on registration requirements. Review will look at usage of Hospital beds and will ensure that there is capacity for an element of growth. (removed reference to 50%)	Lorraine Paterson		18	1.5		18	**NOT YET APPROVED BY IJB**	
59	Bowman Court Progressive Care Centre	Review overnight provision to share staffing resource across the progressive care centre and adjoining hospital. Increase the pool of bank staff based at the unit/work jointly with external providers to provide absence cover, eliminating unfunded overtime and mileage costs which totalled £70k during 2015/16. Review grades and tasking of existing staff group to bring them into line with agreed homecare grades from November (staff are on protected salaries until November 2016, four years on from the closure of Dunaros Care Home).	Lorraine Paterson		80	0.0		80	**NOT YET APPROVED BY IJB**	
60	Sleepover Provision	Review and remove overnight support services where it is deemed safe to do so and replace with telecare equipment and the local responder provision. Taking into account the likely increase in sleepover charges as a consequence of the European Working Time Directive, a reduction of approx. 60% will be required to deliver the saving.	Allen Stevenson/ Lorraine Paterson		150	0.0		150	**NOT YET APPROVED BY IJB**	
61	Internal Mental Health Support Team	Review the level of provision available from the community support team and the role of the internal mental health support worker to consider it if meets the requirements of the service and provides best value. Proposed saving reflects the underspend produced in 2015/16, this is expected to be recurring.	Allen Stevenson/ Lorraine Paterson	Sep-16	60	0.0		60	On track to be fully delivered.	**GREEN**
62	Assessment and Care Management Financial Assessments	Replace four para-professional LGE8 care managers with four LGE6 finance assistants and transfer responsibility for the completion of all financial assessments to the new staff group. Review of current posts including opportunities for accomodating through vacancies or natural turnover.	Allen Stevenson/ Lorraine Paterson	Sep-16	12	0.0		12	Implementation being developed.	**AMBER**
63	Assessment and Care Management Reduction	Remove 2 FTE para-professional care managers across Argyll to reflect the increased pool of staff within the partnership available to undertake assessment and care management work. This would also allow us to protect professional grade staff to ensure that there is capacity to meet the partnership's obligations in relation to adult protection. This cost reduction would capitalise on the benefit of Integration and economies of scale in terms of the staff resource, there would be training requirements but these would be addressed during implementation.	Allen Stevenson/ Lorraine Paterson		30	2.0		30	**NOT YET APPROVED BY IJB**	
64	Mid Argyll Dementia Day Service	Review service management arrangements for the Dementia Day Service in Mid Argyll and transfer responsibility to the manager at Ardfenaig. This could be achieved by temporarily redeploying the postholder to the MAKI HCPO post to cover 1 year secondment or into the Kintyre HCO post - both have been advertised.	Lorraine Paterson	Jun-16	18	1.0		18	Still to be implemented.	**AMBER**
65	Support for Carers	Review the allocation of funding to carers support groups, establish how the funding is used, identify what supports are provided, ensure resources are targeted to support vulnerable carers, establish if best value is being delivered, disinvest during 2016/17 to gather resources for use in 2017/18 to support the introduction of the Carers Act in April 2017. The proposed saving represents a 14% reduction in the funding available to carers' support groups. This would be a review of how this money is currently invested to ensure that value for money is being achieved and potentially achieving efficiencys or delivering the service at a reduced cost.	Allen Stevenson/ Lorraine Paterson		75	0.0		75	**NOT YET APPROVED BY IJB**	

QUALITY AND FINANCIAL PLAN PROGRESS - MAY 2016

					TARGET 2016-17		Achieved May 2016	Remaining		
New Ref	**Service Area**	**Description**	**Lead**	**Key Date**	**Budget Reduction £000**	**FTE Reduction**	**£000**	**£000**	**Progress Update**	**Risk of Delivery (RAG)**
66	Supported Living Services	Review existing supported living services to ensure that services are providing best value, are consistent with the partnership's priority of need eligibility criteria and that the non-residential care charging policy is being applied appropriately and consistently. The proposed saving is equivalent to approx. 1.5% of the existing annual service cost. Re-assessments would be carried out to ensure the appropriate level of service is being delivered, it is expected that this would deliver efficiencies and cost reductions.	Allen Stevenson/ Lorraine Paterson		100	0.0		100	**NOT YET APPROVED BY IJB**	
67	Learning Disability Day Services	Review internal day support provision for learning disabled clients. The proposed saving reflects the net underspend across these services in 2015/16, there is no guarantee that a review of service delivery will result in savings but there is an expectation that there will be a recurring underspend.	Allen Stevenson/ Lorraine Paterson	Jun-16	110	0.0		110	On track to be fully delivered.	**GREEN**
68	Homecare Packages	Review small number of high cost homecare packages to ensure that person centred care needs and outcomes are met but on an affordable basis through packages that provide value for money. This would involve looking at packages on a case by case basis and ensuring that processes are put in place to reduce costs whilst balancing this with meeting the need of individual clients.	Allen Stevenson/ Lorraine Paterson		200	0.0		200	**NOT YET APPROVED BY IJB**	
			Total Budget Reduction		**8,498**	**103.1**	**797**	**7,701**		

INTEGRATION JOINT BOARD **APPENDIX 3**

FINANCIAL RISKS - MAY 2016

				LIKELIHOOD		
Ref	**TITLE OF RISK**	**DESCRIPTION OF RISK**	**MITIGATIONS/ACTIONS IN PLACE**	**SCORE**	**OVERALL LIKELIHOOD**	**POTENTIAL FINANCIAL IMPACT £000**
1	Medical Locums	Need for use of locums continues in A&B Hospital, Lorn & Islands hospital and Mull GP services, and risk in other areas. Financial risk is informed by outturn for 2015-16.	Attempt to recruit to vacant posts and only use locums where unavoidable.	5	Almost Certain	750
2	Prescribing	Costs increase through national pricing agreements, new drugs are introduced, volumes dispensed increase	Part of Quality and Financial Plan to reduce this.	4	Likely	500
3	Commissioned Services	The volume of high cost care packages increases	Closer scrutiny of applications for care packages.	4	Likely	250
4	Integrated Equipment Service	Demand for the community equipment service continues to grow and budget is under pressure, this is expected to increase with the shift in the balance of care.	Efficient running of Integrated Equipment Service, prioritisation of need and procurement processes.	4	Likely	200
5	Quality and Financial Plan	Risk if savings plan is not achieved - risk represents a 20% shortfall for illustrative purposes.	Close monitoring of savings plan, reporting to SMT and IJB, recovery plans are developed.	4	Likely	1,700
6	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
7	Adult Care - Younger Adult Service Demand	Demand for services for younger adults (ie under 65s) exeeds the demand pressure already factored into the budget.	Ongoing monitoring and reporting of service demand and provision costs to IJB management team.	3	Possible	300
8	Children and Families - Kinship Care	Demand for Kinship Care Allowances exceeds the budget provision and / or the awaited Scottish Government guidance leads to an increase in allowance values or the number of people who qualify for support.	Ongoing monitoring and reporting of service demand and provision costs to IJB management team. Ensure that Argyll and Bute responds to any information requests from COSLA or the Scottish Government on the implications of any changes to guidance and / or funding allocations.	3	Possible	300

INTEGRATION JOINT BOARD **APPENDIX 3**

FINANCIAL RISKS - MAY 2016

				LIKELIHOOD		
Ref	**TITLE OF RISK**	**DESCRIPTION OF RISK**	**MITIGATIONS/ACTIONS IN PLACE**	**SCORE**	**OVERALL LIKELIHOOD**	**POTENTIAL FINANCIAL IMPACT £000**
9	Children and Families - Continuing Care	Relatively new area of support for Looked After Children introduced under the Children and Young People Act. Unclear as to the expectations / wishes of the affected young people in relation to the support they need / want over the next year.	Ongoing monitoring and reporting of service demand and provision costs to IJB management team. Ensure that Argyll and Bute responds to any information requests from COSLA or the Scottish Government in relation to funding allocations for this service area.	3	Possible	300
10	Children and Families - Children's Houses	Impact of additional staffing required to support young people with highly complex needs.	Intensive review of the needs and support requirements of the young people involved.	3	Possible	100
11	Nurse staffing costs	Controls on staffing rotas and use of bank and agency staffing are not properly maintained	Management of staff rotas and annual leave.	3	Possible	250
12	Local Healthcare Treatments	Activity levels of locally provided treatments, eg cancer care, are not contained and grow significantly	Management of volume of service provided locally.	3	Possible	200
13	Greater Glasgow & Clyde SLA	Charges from GG&C increase due to growth in activity levels, risk that GG&C revisit financial model to pass on activity changes to other Health Boards in-year.	Management of contract, monitoring of cases that are passed onto IJB on a cost basis, information flows in place with GG&C.	3	Possible	250
14	Adult Care - Living Wage Provision	The costs incurred in implementing the Scottish Living Wage for all social care workers from October 2016 exceeds the funding set aside.	Detailed costing exercise to be undertaken in consultation with suppliers. Costs implication clearly established before any new cost rates are agreed with providers.	2	Unlikely	300
15	Children and Families - Children's Houses	Service unable to access and use all of the available capacity within the three children's houses due to the potential risks to others posed by specific existing residents.	Continuous review of the support required by and risks posed by the young people involved.	2	Unlikely	500

INTEGRATION JOINT BOARD **APPENDIX 3**

FINANCIAL RISKS - MAY 2016

				LIKELIHOOD		
Ref	**TITLE OF RISK**	**DESCRIPTION OF RISK**	**MITIGATIONS/ACTIONS IN PLACE**	**SCORE**	**OVERALL LIKELIHOOD**	**POTENTIAL FINANCIAL IMPACT £000**
16	Children and Families - Child Protection	Inability to recruit suitably qualified and experienced social workers to manage and deliver child protection services.	Backfill vacant posts with agency staff where required. Adjust the hours worked by agency staff to contain costs within the budget available for the vacant post. *Agency staff may be required to provide full cover where the risks associated with partial replacement of vacant posts are too high and the Partnership is unable to meet its statutory child protection obligations.*	2	Unlikely	100
					TOTAL	**6,600**

INTEGRATION JOINT BOARD — APPENDIX 4

OTHER PROJECT FUNDING - MAY 2016

Integrated Care Fund

Project	Lead Officer	15/16 Carry Forward £'000	16/17 Allocation £'000	16/17 Budget £'000
Scottish Care Local Integration Leads	Liz Higgins		64	64
Business Transformation Officer Post (50% contribution)	Stephen Whiston		30	30
Project Manager	Stephen Whiston		36	36
Commissioning Posts x 2	Anne MacColl-Smith		96	96
Reablement Service	Linda Currie		234	234
Public Health Post	Alison McGrory		52	52
Care & Repair Team	Allen Stevenson		80	80
Oban, Lorn & Isles Locality Allocation	Lorraine Paterson	39	182	221
Mid Argyll, Kintyre & Islay Locality Allocation	Lorraine Paterson	82	201	283
Cowal & Bute Locality Allocation	Allen Stevenson	77	221	298
Helensburgh & Lomond Locality Allocation	Allen Stevenson	58	196	254
Integrated Equipment Store	Allen Stevenson		138	138
Management and Prevention of Falls	Linda Currie		41	41
Self Management Programme	Alison McGrory		14	14
Support Community Reablement & Intermediate Care	Locality Managers	40		40
Helensburgh block purchase of care at home for reablement	Linda Currie	20		20
Advanced Healthcare Monitoring System for Reablement Teams	Linda Currie	31		31
Increased Weekend Discharges	Viv Hamilton	0		0
Uncommitted Balance		41	246	287
TOTAL		**388**	**1,840**	**2,228**

Delayed Discharge

Project	Lead Officer	16/17 Allocation £'000	17/18 Allocation £'000
Helensburgh ICAT	Allen Stevenson	141	141
Islay Overnight Service (Carr Gorm)	Lorraine Paterson	45	45
Mull Overnight Service	Lorraine Paterson	45	45
Business Transformation Manager (Split 50/50 with ICF)	Stephen Whiston	29	29
Care First Enterprise License	Allen Stevenson	75	75
Uncommitted Balance		217	401
TOTAL		**552**	**736**

Technology Enabled Care

Project	Lead Officer	16/17 Allocation £'000	17/18 Allocation £'000
Home Health Monitoring		176	116
Digital Platforms / Living It Up		56	0
Telecare		181	124
Programme Management Costs		27	0
Telehealth Support Costs		21	0
Uncommitted Balance		124	0
TOTAL		**585**	**240**

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 7.1c

Date of Meeting : **22nd June 2016**

Title of Report : **Quality and Financial Plan 2016-17 – Templates for Savings**

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

The Integration Joint Board is asked to:

- **Note** the resulting additional funding gap of £1.580m as a result of the further due diligence undertaken, specifically in relation to Council delivered services
- **Approve** the updated Quality and Financial Plan in Appendix 1, following consideration of the further information provided in templates for the additional service re-design options added to the Plan
- **Note** the request submitted to the Council to re-consider the financial offer to the IJB for 2016-17 and the response received advising that there is no further funding available

1. EXECUTIVE SUMMARY

1.1 Further due diligence was carried out at the financial year-end on both the Health and Council offers of funding. The outcome of this was reported to the IJB on 18 May 2016. This noted an additional funding gap for Council delivered services of £1.580m. High level information was provided to the IJB at the same meeting on the additional options added to the Quality and Financial Plan to produce a balanced budget for 2016-17. These were noted by the IJB subject to further, more detailed information being provided on the implementation of the service re-design options, this report provides the additional information to allow the IJB to make an informed decision.

1.2 The Integration Joint Board requested at the last meeting on 18 May 2016 that the Chief Officer approach the Council to request additional funding for 2016-17, which would reduce the requirement to deliver additional savings. This communication was issued to the Chief Executive of the Council and a response has been received communicating that there is no further funding available.

2. INTRODUCTION

2.1 A report was presented to the Integration Joint Board on 18 May 2016 which outlined the further due diligence to funding offers from the Council and Health

partners and the revised funding gap to be addressed. A Quality and Financial Plan was proposed and approved, subject to further more detailed information being presented to the Board on the delivery of the options. This report as requested provides further information on the options classed as service re-design changes.

2.2 The Integration Joint Board is facing a particularly challenging financial outlook with an estimated funding gap of £20.7m across the three years of the Strategic Plan, the focus should be on delivering savings through transformational change in shifting services from acute care and institutional settings to preventative care and care in the community. The service re-design options added to the Quality and Financial Plan should be in line with the delivery of these outcomes.

3. DETAIL OF REPORT

3.1 The funding gap for the provision of Council led services increased from an estimated £0.118m to £1.698m, an increase of £1.580m as a result of the further due diligence at the financial year-end.

3.2 Services drafted plans for the delivery of budget reductions to accommodate the £1.580m shortfall, advice provided to the individual services was for plans to be brought forward which will bring their own service delivery area back into line with the available delegated budget, therefore the overall gap to be addressed for each service area for 2016-17 is below:

- Adult Services £1.431m
- Children and Families Services £0.149m

3.3 The updated Quality and Financial Plan is included as Appendix 1, with the additions reported to the IJB on 18 May 2016 being references 45 to 68. The options classed as Management savings were approved at the previous IJB meeting as these will have limited risk of impact to service delivery and can be delivered by services in the normal course of business.

3.4 Further information is provided on individual templates for the options classed as Service Re-design as these may result in a significant change in the way services are delivered and could result in an element of risk. The IJB is requested to review these options in detail and consider their approval to be taken forward to implementation. The detailed templates providing more information are included as Appendix 2.

3.5 If any or all of these options are not approved by the Integration Joint Board there will be a requirement for further options to be brought to the IJB meeting on 4 August 2016. There is a significant risk if decisions are delayed until that time in terms of the limited lead-in time impacting on the delivery of savings.

3.6 The increased budget gap is a result of the demand for Council provided services outstripping the available budget, any additional funding available would reduce this gap and reduce the requirement for additions to the Quality and Financial Plan. A formal request was sent to the Chief Executive of the Council to request that they re-consider their financial offer in light of the further due diligence on the budget. A response has been received from the Chief Executive confirming that there is no further funding available, and therefore the

IJB need to plan on the basis that the full funding gap requires to be addressed through the Quality and Financial Plan.

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

5.1 Financial Impact

5.1.1 The Board is required to set a balanced budget for 2016-17.

5.2 Staff Governance

None

5.3 Clinical Governance

None

6. EQUALITY & DIVERSITY IMPLICATIONS

6.1 Equality Impact Assessments will be carried out where required.

7. RISK ASSESSMENT

7.1 Risks have been considered in the service re-design templates.

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 be carried out as appropriate in line with the re-design of service provision.

9. CONCLUSIONS

9.1 The updated Quality and Financial Plan for 2016-17 has been brought back to the IJB for approval of the service re-design additional savings incorporated to address the anticipated increased funding gap as a result of financial due diligence at the 2015-16 year-end. The IJB are asked to consider the approval of these savings to allow for a planned balanced budget for 2016-17.

9.2 The Council response to the request for additional funding requires the Integration Joint Board to plan on the basis that the additional budget gap will require to be addressed through the Quality and Financial Plan. Additional savings will have to be delivered during 2016-17 to ensure a balanced budget position can be achieved.

APPENDICES:

Appendix 1 – Updated Quality and Financial Plan 2016-17
Appendix 2 – Service Re-design Option Templates

INTEGRATION JOINT BOARD - QUALITY AND FINANCIAL PLAN

APPENDIX 1

New Ref	Service Area	Description	Lead	2016-17 Budget Reduction £000	2016-17 FTE Reduction	Category
1	Prescribing	Targeted focus on safe, effective, appropriate cost effective prescribing, as well as reducing waste. Argyll and Bute Medicines Management Group re-established to take forward actions.	Fiona Thomson	500	0.0	
2	NHS GG&C Service Level Agreement	Participate in a review of the costing and activity model to review tariff and activity levels. Take action to reduce admission rates and speed discharge up to local services and reduce outpatient follow up appointments.	Stephen Whiston	500	0.0	
3	Commissioned Services	Review individual placements out of the area and where possible re-negotiate tariffs/contracts.	Stephen Whiston	250	0.0	
4	Speech & Language Therapy Services	Re-align services to focus on delivering capacity building and a universal approach in partnership with Education.	Linda Currie	140	3.2	
5	Rural Cowal Out of Hours Service	Carry out review of service delivery model and implement service re-design.	Allen Stevenson	300	2.9	
6-11	Re-design Community Hospitals and Lorn and the Islands Hospital	Re-design provision of services across the Argyll and Bute area, with a focus on quality outcomes and aligning service provision to capacity and current service delivery requirements.	Allen Stevenson/ Lorraine Paterson	2,250	53.6	
12	Argyll and Bute Hospital Staffing	Transfer of inpatient mental health services from Argyll and Bute Hospital to MACHICC.	Lorraine Paterson	300	8.4	
13	Closure of West House	A number of support services for Argyll and Bute Hospital are provided from this building, staff would be relocated to other available accommodation.	David Ross	500	0.0	
14	Closure of AROS	A number of support services including HR and Finance are provided from this building, staff would be relocated to other available accommodation.	David Ross	150	0.0	
15	Kintyre Medical Group	In the longer term it is anticipated that the operation of the services will be taken on by Campbeltown Medical Practice, a transitional plan is in development to support this change.	Lorraine Paterson	75	2.0	
16	Management & Corporate Staffing	Level of staffing review, reduced with no or limited impact on service delivery.	George Morrison	200	5.0	
17-20	Locality General Savings 1%	Efficiency savings target applied across localities.	Allen Stevenson/ Lorraine Paterson	602	0.0	
21	Review Day Hospital Services for Older People with Dementia	Re-design of traditional day services.	Lorraine Paterson	25		
22	IT Services	Productivity gains and telephony cost reduction.	Stephen Whiston	50	0.0	
23	AHP Service Redesign Helensburgh for Dietetics and Podiatry	Identify opportunities and deliver re-design within the community mental health team.	Allen Stevenson	42	0.0	
24	CMHT Nursing Redesign Helensburgh		Allen Stevenson	11		
25	Islay - Reduction in Patient Travel	Investigate and where possible provide appropriate services locally to reduce travel.	Lorraine Paterson	30		
26	Public Health Services Redesign		Elaine Garman	35		
27	Kintyre Patient Transport Redesign	Investigate and where possible provide appropriate services locally to reduce travel.	Lorraine Paterson	25		
28	Mid Argyll/A&B Hospital Catering Services	Relocation and Conversion to Cook/Freeze	Lorraine Paterson	50		
29	Mid Argyll Operational Teams Redesign	Re-design and restructure community teams to deliver single system approach to care delivery	Lorraine Paterson	20		
30	Child Health	Review of child health medical staffing levels.	Louise Long	10		
31	Learning Disabilities	Review the provision of day services considering external provision.	Lorraine Paterson	25		
32	Clinical Governance	Review of clinical governance team workload and staffing.	Liz Higgins	20		
33	Infection Control	Review of infection control team workload and staffing.	Liz Higgins	10		
34	Child Protection Services	Review of child protection services budget.	Liz Higgins	20		
35	Medical Physics	Review provision of medical physics services to Argyll and Bute.	Lorraine Paterson	15		
36	Community Dental Service	Review of community dental services and staffing levels.	Euan Thomson	25		
37	Custodial Healthcare	Anticipated cost reduction in the provision of out of hours services in the Cowal and Helensburgh areas.	George Morrison	20		

INTEGRATION JOINT BOARD - QUALITY AND FINANCIAL PLAN

APPENDIX 1

New Ref	Service Area	Description	Lead	2016-17 Budget Reduction £000	2016-17 FTE Reduction	Category
38	Review of Budget Reserves	Review of uncommitted and discretionary spend budgets held in reserve. This relates to budgets where either Scottish Government funding has been received and not yet allocated or locally established budgets relating to forecast cost increases or service developments. For these monies the funds aren't released to managers until there is a clear spending plan, where these do not come forward the budget reserves can be undercommitted.	George Morrison	300		
39	Older People's Services	Undertake a longer term review of Council owned care homes across Argyll and Bute during 2016-17 with a view to reducing placement costs.	Allen Stevenson/ Lorraine Paterson	tbc	tbc	
40	Learning Disabilty Service	Undertake a longer term review of Council run Learning Disability Day Services/Resource Centres during 2016-17 to establish demand in each locality and develop options for person-centred service re-design.	Allen Stevenson/ Lorraine Paterson	tbc	tbc	
41	Social Work Administration Staffing	Removal of vacant and temporary posts, will be implemented as part of a review of the administration services across the whole partnership.	Louise Long	100	5.0	
42	Reduce Printing and Postage Costs	Will be delivered through increased use of electronic communication such as email	Stephen Whiston	18	0.0	
43	Public Dental Service	Recurring allocations are included in the Health offer of funding. There has been a confirmed reduction to the Public Dental Service allocation which represents a 5% reduction. There has been a roll back of provision in advance of this reduction and the budget is forecast to be underspent by £205k in 2015-16. The reduction can be met through non-filling of vacant posts.	Euan Thomson	176	tbc	
44	Reduction to Outcomes Framework Allocations	Recurring allocations are included in the Health offer of funding. A number of previous allocations issued separately have been rolled up into a new Outcomes Framework Allocation. This includes for example eHealth, Effective Prevention, GIRFEC, Policy Custody, Dental Services. The total funding was £2.2m in 2015-16 and the reduction represents a 5.5% reduction. A plan will be drafted for a targeted approach to a reduction from the Outcomes Framework allocations with a focus on reducing discretionary/non-recurring costs.	tbc	124		
45	Ardlui Respite Facility	Services at Ardlui have consistently been charged for at the intensive service cost rate. Cost reductions could be achieved by reviewing the rates paid to the supplier to ensure that the appropriate rate is paid for each child.	Louise Long	10	0.0	Management
46	Other Residential Respite	Although an unpredictable budget, regular monitoring and control of services and costs could yield a cost saving over the year unless a high dependency case arises which uses up the funds available.	Louise Long	10	0.0	Management
47	Adoption	Review the payments made to adoptive parents where they are continuing to receive payments equivalent to the foster care rates in order to produce cost savings.	Louise Long	10	0.0	Management
48	Children's Houses	Review the rotas operating in the children's houses to negate the affect of absence and assist with the additional support required by several high dependency young people. One area to consider is increasing the pool of staff to avoid anyone working beyond 37 hours per week drawing overtime costs.	Louise Long	30	0.0	Management
49	Foster Care	Review one external foster care placement and move child to Shellach View/internal foster carer in order to reduce costs.	Louise Long	30	0.0	Management
50	Residential Placements	Arrange to transfer three existing externally placed young people into the Council's children's houses at the earliest opportunity in order to reduce costs. Additional savings may be available within this activity but may be required to support Kinship Care Payments dependant upon the uptake of the new Kinship Care Orders.	Louise Long	22	0.0	Management
51	Supporting Young People Leaving Care	Likely cost avoided from lead time to implement Alternatives to Care project.	Louise Long	17	0.0	Management
52	Consultation Support Forum	Likely cost avoided from lead time to implement revised service model.	Louise Long	5	0.0	Management
53	Children Affected by Disability	Cost avoided due to clients transferring to Adult Services.	Louise Long	15	0.0	Management

INTEGRATION JOINT BOARD - QUALITY AND FINANCIAL PLAN

APPENDIX 1

New Ref	Service Area	Description	Lead	2016-17 Budget Reduction £000	2016-17 FTE Reduction	Category
54	Homecare Review	Re-design how homecare services are provided through: integrating reablement services with assessment and care management, homecare procurement and external providers; change the delivery model away from time and task to outcome focussed; integrate external providers into the assessment and care management process; have Homecare Procurement Officers develop personal support plans with providers instead of care managers; move to purchasing/delivering services on a patch basis to reduce unproductive travel time and mileage costs; reduce the level of internal provision in West Argyll by 50% to reduce costs and release bank staff to provide more cover for absence; implement an immediate ban on overtime within internal homecare (except public holidays); increase the number of staff trained to assess moving and handling requirements to ensure appropriate levels of support are provided and implement a rigorous performance management framework around the completion of 4 week reviews and attendance management. This option is generally around changing how services are delivered to focus on outcomes instead of traditional care plans and achieving this through better planning and more joined up working between the Council and Health partners.	Allen Stevenson/ Lorraine Paterson	375	0.0	Service Re-design
55	Struan Lodge Service Re-design	Re-design the service provided by the teams at Struan Lodge Care Home and Struan Day Service to end residential care on the site and instead create a community support hub based in Cowal Hospital which provides reablement, drop-in, assessment and review and day/social support to older people, including people with dementia, in the Cowal area. This would include a review of the vehicles used by the new service to support the provision of a community transport service for all client groups across Cowal (for example taking patients home from hospital etc.). As staff turnover allows, divert funds to support befriender schemes in Cowal to improve services in the community, supported from the hub. The lead in time for delivering on this could be significant as the service is re-designed, however the change could be delivered in stages.	Allen Stevenson	175	14.0	Service Re-design
56	Thomson Court Day Service	Close existing dementia day service and transfer balance of funding to provide befriender services in and around Rothesay. There are currently a low number of clients and alternative re-designed service provision would allow for inclusion of other clients.	Allen Stevenson	10	3.0	Service Re-design
57	Tigh a Rudha Care Home	Reduce registered capacity to match the level of service provision actually in use, staffing is reduced in a stepped basis based on registration requirements. Review will look at usage of Hospital beds and will ensure that there is capacity for an element of growth. (removed reference to 50%)	Lorraine Paterson	18	1.5	Service Re-design
58	Gortonvogie Care Home	Reduce registered capacity to match the level of service provision actually in use, staffing is reduced in a stepped basis based on registration requirements. Review will look at usage of Hospital beds and will ensure that there is capacity for an element of growth. (removed reference to 50%)	Lorraine Paterson	18	1.5	Service Re-design
59	Bowman Court Progressive Care Centre	Review overnight provision to share staffing resource across the progressive care centre and adjoining hospital. Increase the pool of bank staff based at the unit/work jointly with external providers to provide absence cover, eliminating unfunded overtime and mileage costs which totalled £70k during 2015/16. Review grades and tasking of existing staff group to bring them into line with agreed homecare grades from November (staff are on protected salaries until November 2016, four years on from the closure of Dunaros Care Home).	Lorraine Paterson	80	0.0	Service Re-design

INTEGRATION JOINT BOARD - QUALITY AND FINANCIAL PLAN

APPENDIX 1

New Ref	Service Area	Description	Lead	2016-17 Budget Reduction £000	2016-17 FTE Reduction	Category
60	Sleepover Provision	Review and remove overnight support services where it is deemed safe to do so and replace with telecare equipment and the local responder provision. Taking into account the likely increase in sleepover charges as a consequence of the European Working Time Directive, a reduction of approx. 60% will be required to deliver the saving.	Allen Stevenson/ Lorraine Paterson	150	0.0	Service Re-design
61	Internal Mental Health Support Team	Review the level of provision available from the community support team and the role of the internal mental health support worker to consider it if meets the requirements of the service and provides best value. Proposed saving reflects the underspend produced in 2015/16, this is expected to be recurring.	Allen Stevenson/ Lorraine Paterson	60	0.0	Management
62	Assessment and Care Management Financial Assessments	Replace four para-professional LGE8 care managers with four LGE6 finance assistants and transfer responsibility for the completion of all financial assessments to the new staff group. Review of current posts including opportunities for accomodating through vacancies or natural turnover.	Allen Stevenson/ Lorraine Paterson	12	0.0	Management
63	Assessment and Care Management Reduction	Remove 2 FTE para-professional care managers across Argyll to reflect the increased pool of staff within the partnership available to undertake assessment and care management work. This would also allow us to protect professional grade staff to ensure that there is capacity to meet the partnership's obligations in relation to adult protection. This cost reduction would capitalise on the benefit of Integration and economies of scale in terms of the staff resource, there would be training requirements but these would be addressed during implementation.	Allen Stevenson/ Lorraine Paterson	30	2.0	Service Re-design
64	Mid Argyll Dementia Day Service	Review service management arrangements for the Dementia Day Service in Mid Argyll and transfer responsibility to the manager at Ardfenaig. This could be achieved by temporarily redeploying the postholder to the MAKI HCPO post to cover 1 year secondment or into the Kintyre HCO post - both have been advertised.	Lorraine Paterson	18	1.0	Management
65	Support for Carers	Review the allocation of funding to carers support groups, establish how the funding is used, identify what supports are provided, ensure resources are targeted to support vulnerable carers, establish if best value is being delivered, disinvest during 2016/17 to gather resources for use in 2017/18 to support the introduction of the Carers Act in April 2017. The proposed saving represents a 14% reduction in the funding available to carers' support groups. This would be a review of how this money is currently invested to ensure that value for money is being achieved and potentially achieving efficiencys or delivering the service at a reduced cost.	Allen Stevenson/ Lorraine Paterson	75	0.0	Service Re-design
66	Supported Living Services	Review existing supported living services to ensure that services are providing best value, are consistent with the partnership's priority of need eligibility criteria and that the non-residential care charging policy is being applied appropriately and consistently. The proposed saving is equivalent to approx. 1.5% of the existing annual service cost. Re-assessments would be carried out to ensure the appropriate level of service is being delivered, it is expected that this would deliver efficiencies and cost reductions.	Allen Stevenson/ Lorraine Paterson	100	0.0	Service Re-design
67	Learning Disability Day Services	Review internal day support provision for learning disabled clients. The proposed saving reflects the net underspend across these services in 2015/16, there is no guarantee that a review of service delivery will result in savings but there is an expectation that there will be a recurring underspend.	Allen Stevenson/ Lorraine Paterson	110	0.0	Management
68	Homecare Packages	Review small number of high cost homecare packages to ensure that person centred care needs and outcomes are met but on an affordable basis through packages that provide value for money. This would involve looking at packages on a case by case basis and ensuring that processes are put in place to reduce costs whilst balancing this with meeting the need of individual clients.	Allen Stevenson/ Lorraine Paterson	200	0.0	Service Re-design
			Total Budget Reduction	**8,498**	**103.1**	

Ref:	54	Service Area:	Homecare Review

Description of Savings Option:

Re-design how homecare services are provided through:

Integrated Service Management Arrangements - Integrating re-ablement services with assessment and care management and review personal support planning arrangements such that homecare procurement officers develop personal support plans with providers instead of care managers. Additionally, increase the number of staff trained to assess moving and handling requirements to ensure appropriate levels of support are provided and implement a rigorous performance management framework around the completion of 4 week reviews;

New Delivery Model - change the delivery model away from time and task to outcome focussed to increase flexibility and client choice and move to purchasing/delivering services on a patch basis to reduce unproductive travel time and mileage costs;

Broaden the mix of provision in West Argyll - reduce the level of internal provision in West Argyll by 50% to reduce costs and release bank staff to provide more cover for absence as well as increase service capacity; and

Cost control - implement an immediate ban on overtime (except public holidays) and a performance management framework around attendance management procedures within internal homecare.

2016-17		2017-18		Future Years	
£'000	FTE	£'000	FTE	£'000	FTE
375	0.0	500	0.0	500	0.0

Impact on Service Delivery:

Integrated Service Management Arrangements – increase joined up working between NHS and SW staff to improve outcomes for service users and maximise the impact of reablement services;

New Delivery Model - as evidenced in the pilot work around moving to outcomes re care at home, it is expected that service users and their families will not be aware of any decrease or negative consequences of moving to an outcomes approach. On the contrary it is anticipated this move will increase the flexibility in the way care is delivered in the person's home. A focus on outcomes will ensure a more person centred response to the service user's needs. Using a time and task approach to care at home has held the service back from spending time with service users when it's really needed;

Broaden the mix of provision in West Argyll - in the West we will move towards a

50% reduction of internal care at home provision and replace the provision with external provision and direct payments; and

Cost Control – services will be delivered more efficiently with little to no impact on service provision.

Actions Required to Deliver on Saving:

Integrated Service Management Arrangements – conduct a review of existing working arrangements and develop transition plans for each locality;

New Delivery Model - roll out of this model of care to all parts of Argyll and Bute would be implemented locality by locality based on support plan reviews;

Broaden the mix of provision in West Argyll – review the work undertaken by bank staff with a view to transferring that work to external providers and review workforce planning and recruitment arrangements to ensure they are consistent with the quality and finance objectives; and

Cost Control – work with Finance to assess the cost of delivering homecare internally and identify areas for improvement.

The 2016/17 saving will be made over a 9 month period with new arrangements being introduced from July 2016.

Impact on Service Users:

Some service users may see a change of carer/agency as a result of the above options however continuity of care will be maintained as much as possible. It is expected increased flexibility in terms of concentrating on outcomes as opposed to time and task will ensure service users feel more in control of their support.

Impact on Staff:

Commissioning staff will work with our providers to ensure best use of our current resources across external and internal care at home services. There is likely to be a reduction in the amount of work allocated to bank staff within the internal homecare services in West Argyll however opportunities for employment with external agencies are expected to increase and will compensate for some of the impact.

Risks:

There are no identified risks attached to the list of options above.

Statutory Requirements:

All our current providers are registered appropriately with the Care Inspectorate.
Third Sector/Partnerships: Commissioning staff will work with our providers to ensure the roll out of an outcomes model is implemented smoothly and to implement new working arrangements as necessary.
External Funding: *N/A*
Impact on Assets: *N/A*
Additional Investment: *N/A*
Equality Impact Assessment: An equality impact assessment is not required.

Ref:	55	Service Area:	Struan Lodge Service Re-design

Description of Savings Option:

Re-design the service provided by the teams at Struan Lodge Care Home and Struan Day Service to end residential care on the site and instead create a community support hub based in Cowal which provides reablement, drop-in and signposting, assessment and review and day/social support to adults and carers, in the Cowal area. This would include a review of the vehicles used by the new service to support the provision of a community transport service for all client groups across Cowal (for example taking patients home from hospital etc.). As staff turnover allows, divert funds to support befriender schemes in Cowal to improve services in the community, supported from the hub.

2016-17		2017-18		Future Years	
£'000	FTE	£'000	FTE	£'000	FTE
175	14.0	350	14.0	350	14.0

Impact on Service Delivery:

This re-design activity focuses on our key areas of supporting people in community settings by offering a range of supports within a hub model of care and support. The critical aspect of supporting adults to live independently within their own home for longer can be achieved through an improved co-ordinated approach to re-ablement delivered in a community setting. Improving physical health and increasing confidence are the keys to living independently. Creating a hub for a range of interventions will improve co-ordination of interventions by a wide range of professionals tailored to individual's outcomes.

The over capacity of care home places in Cowal allows us to cease providing overnight care at Struan Lodge as we re-design this service.

Actions Required to Deliver on Saving:

- Agree service specification for Cowal Hub, location, team role and remit, team configuration;
- Consult with current residents and their families at Struan Lodge;
- Consult with staff directly affected by service re-design;
- Formal consultation with Council Trade Unions;
- Assess and Plan current residents future care needs moving forward on implementation of new hub model; and
- Finalise key dates in terms of implementation plan for launch of the Cowal Hub and the cessation of 24/7 care at Struan Lodge.
- The 2016/17 saving would be delivered over a 6 month period to allow sufficient time for consultation with staff, trade unions and service users.

Impact on Service Users:

There are currently 11 residents at Struan Lodge (as at 3 June 2016) and work would be undertaken to look at their current care needs in terms of future placement requirements. This work would be completed in partnership with families and carers.

The Cowal Hub will introduce a multi-agency response to support a broad range of adults and their carers in the Cowal community.

Impact on Staff:

The FTE is highlighted in the table above. It is expected a combination of natural turnover and redundancy will be required to achieve the service re-design. If this proposal is accepted a more detailed plan will be developed that sets out a plan that covers all implications to current staff based at Struan Lodge.

Risks:

Health and safety risks- None.

The only other risk is the acceptance of current residents and IJB Members/Elected Members of no ongoing care home beds based at Struan Lodge.

Statutory Requirements:

N/A

Third Sector/Partnerships:

There continues to be adequate care home bed capacity in Cowal to absorb the cessation of overnight care home beds at the Struan Lodge site.

External Funding:

None.

Impact on Assets:

The Struan Lodge site could remain open and be used as part of the new Cowal Hub alongside the full utilisation of the neighbouring community hospital. The use of the current Council fleet of minibuses and other vehicles will be increased, reducing down time and wasted resource.

Additional Investment: There could be the need for work at the Struan Lodge site depending on the agreed final model.
Equality Impact Assessment: An equality impact assessment will be required.

Ref:	56	Service Area:	Thomson Court Day Service

Description of Savings Option:

Close existing dementia day service and transfer balance of funding to provide befriender services in and around Rothesay. There are currently a low number of clients attending the existing service (ranges from 7 to 9 service users with an average usage of 68%) and an alternative re-designed service provision would allow for inclusion of other clients and increased value for money.

2016-17		2017-18		Future Years	
£'000	FTE	£'000	FTE	£'000	FTE
10	3.0	20	3.0	20	3.0

Impact on Service Delivery:

This option will only affect a small number of older people who attend the current day service at Thomson Court (up to 9). The older people currently attending this service will be offered a further assessment to look at what support they require to meet the outcomes of increased independence and increased social contact.

Actions Required to Deliver on Saving:

Re-assess the older people currently using the day service with a view to meeting their outcomes through contact with a community based befriender service.

The 2016/17 saving would be delivered over a 6 month period to allow sufficient time for consultation with staff, trade unions and service users.

Impact on Service Users:

Moving from a small building based service to providing an alternative model of support which is community based. Feedback from service users who use befriender services suggests that service users value these services very highly and the outcomes are extremely positive.

Impact on Staff:

The FTE figures are highlighted in the box above.

Risks:

The risk to this particular re-design option is resistance from carers who may take a view that a building based service offers better input for their family member and potentially a greater level of respite given the person attends a building for a number of hours. However, a befriender based service will also provide a level of respite to carers.

Statutory Requirements:

Outcomes can be met effectively by a community based outreach service through befriending services**.**

Third Sector/Partnerships:

Local befriending services would be in an ideal position to offer this new model of intervention on Bute.

External Funding:

N/A

Impact on Assets:

Minimal. The building is currently being used for other groups of service users.

Additional Investment:

None.

Equality Impact Assessment:

An equality impact assessment will be required.

Ref:	57	Service Area:	Tigh a Rhuda Care Home

Description of Savings Option:
As part of a broader strategy examining the support requirements for Tiree, reduce the registered capacity to more closely reflect the level of service provision actually required. Indications are that this would result in a reduction of 4 beds, bringing the capacity to 8 beds. As a result, it is expected that staffing in the care home would be reduced in a stepped basis based on registration requirements. Review will look at usage of Hospital beds and community based services and will ensure that there is capacity for an element of growth.

2016-17		2017-18		Future Years	
£'000	FTE	£'000	FTE	£'000	FTE
18	1.5	35	1.5	35	1.5

Impact on Service Delivery:

As this is a case of removing vacant beds – based on an analysis of placement data - there is not expected to be any adverse impact on service provision. Planning will take account of the broader health and social care support service requirements/development on the island.

Actions Required to Deliver on Saving:
- Review and assess the number of care home placements beds which will be required on Tiree in the medium term (3-5 years);
- Liaise with staff and trade unions in relation to the service change at Tigh a Rhuda and the wider service provision on Tiree; and
- Where necessary, give staff notice of changes to their job roles, grades etc.

The above saving is based on delivery in the last 6 months of 2016/17.

Impact on Service Users:

This saving involves the removal of vacant beds therefore there is no direct impact on any service users. Consideration will be given to likely future service demand to ensure that future service users have access to appropriate care.

Impact on Staff:

Early assessments suggest that savings will be delivered through a reduction in the number of staff/support hours as resident numbers are reduced. Additionally, savings may accrue through the restructure/regrading of existing and continuing posts.

Risks:

There are not expected to be any risks associated with this saving as the local team will work to the relevant Care Commissions standards and the Partnership's Strategic Plan.

Statutory Requirements:

Staffing levels in the redesigned service will require to meet the relevant minimum staffing levels set out by the Care Commission.

Third Sector/Partnerships:

N/A

External Funding:

N/A

Impact on Assets:

The review will include the reconfiguration of the use of space within the building with a view to moving other services/the local social work team into the building – this would potentially deliver additional premises savings.

Additional Investment:

Some investment may be required to ensure that the facility meets the latest Care Commission standards on room size and en-suite etc. There may be some work required to provide network capacity for social work/admin staff moved into the building.

Equality Impact Assessment:

An equality impact assessment is not required in this case.

Ref:	58	Service Area:	Gortanvogie Care Home

Description of Savings Option:
Reduce registered capacity to match the level of service provision actually in use, staffing is reduced in a stepped basis based on registration requirements. Review will look at usage of Hospital beds and will ensure that there is capacity for an element of growth.

Reduce capacity from 16 residents to 11 (8 residential and 3 respite/step up-down)

2016-17		2017-18		Future Years	
£'000	FTE	£'000	FTE	£'000	FTE
18	1.5	35	1.5	35	1.5

Impact on Service Delivery:

We are planning to reduce the bed numbers in the hospital and part of that plan is to use an increased number of intermediate care (step up/down) beds in Gortanvogie. The number of residents in Gortanvogie Care Home has reduced since January 2016 and has been sustained for 6 months. With a reduction in beds, there would be a possibility of not being able to meet the needs for emergency placements, and intermediate care (step up/down). In addition there could be an increase in delayed discharges in Islay Hospital.

Actions Required to Deliver on Saving:

- The role of the registered manager needs to be redefined as there could be less need for administrative time and more need to be supporting staff "on the floor". At this point there has been no discussion with staff regarding potential changes.
- The SLA between Gortanvogie and the Islay Hospital for hotel services to be reviewed to ensure that it meets current/future requirements.
- Consultation with the Care Inspectorate regarding minimum safe levels of staffing.
- Benchmarking with other small units to compare staffing levels
- Discuss proposal at the I&J LPG
- Include this with the wider communication and engagement plan for Islay & Jura
- Discuss changes with union representatives

The above saving is based on delivery in the last 6 months of 2016/17.

Impact on Service Users:

- Potential for less availability of beds if capacity doesn't meet demand.
- If unable to provide step down care then people may remain in hospital longer.
- Potential for people to be placed on the Mainland away from family.

Impact on Staff:

- Reduction of 1.5 FTE care workers to be achieved through combination of natural wastage/vacancies and reduction in extra contractual hours
- Potential reduction in need for senior care worker post to be achieved by discontinuation of an existing acting up arrangement

Risks:

- Insufficient capacity if reduced demand is not sustained
- Potential increase in delayed discharges
- Potential for beds not to be available for respite and step up/down

Statutory Requirements:

Not known at this time. Require discussion with Care Inspectorate

Third Sector/Partnerships:

N/A

External Funding:

N/A

Impact on Assets:

Potential use of freed up space to relocate other SW services from Kilarrow House to progress collocation of health and social care services on 1 site. This would require capital expenditure.

Additional Investment:

As above. Relocation of some SW services could result in closure of Kilarrow House. Potential saving to be confirmed.

Equality Impact Assessment:

No - as proposal is to reduce capacity to match demand.

Ref:	59	Service Area:	Bowman Court Progressive Care Centre

Description of Savings Option:

Amend the registration for the unit so that it becomes a care at home service in its own right (currently part of the island wide homecare service) and base a dedicated team of staff at the unit. This will eliminate mileage costs and reduce overtime costs. Review overnight provision to share staffing resource across the progressive care centre and adjoining hospital and review grades and tasking of existing staff group to reflect the new integrated service configuration at the unit. The new staffing model will be designed to increase staff flexibility which in turn is expected to deliver savings in the longer term.

2016-17		2017-18		Future Years	
£'000	FTE	£'000	FTE	£'000	FTE
80	0.0	100	0.0	100	0.0

Impact on Service Delivery:

There should be no adverse impact on service delivery. As staff will be working more flexibly, there should be an improvement in the overall service provided to service users.

Actions Required to Deliver on Saving:

- Reregister the current care at home service;
- Define the required staffing structure and revaluate post grades;
- Liaise with staff and trade unions; and
- Give notice to staff of any changes to their working arrangements, terms and conditions.

Impact on Service Users:

There should be no adverse impact on the service provided to service users. It is expected that the new integrated service will deliver an improved service to service users.

Impact on Staff:

Staff are likely to be required to move to different work patterns and potentially onto different grades – this will apply mostly to staff who transferred from Dunaros Care Home in 2012 whose grade is protected until November 2016.

Risks: There are not expected to be any risks associated with this saving as the local team will work to the relevant Care Commissions standards and the Partnership's Strategic Plan.
Statutory Requirements: Staffing levels in the redesigned service will require to meet the relevant minimum staffing levels set out by the Care Commission.
Third Sector/Partnerships: N/A
External Funding: N/A
Impact on Assets: N/A
Additional Investment: N/A
Equality Impact Assessment: An equality impact assessment is not required in this case.

Ref:	60	Service Area:	Sleepover Provision

Description of Savings Option:
Review and remove overnight support services where it is deemed safe to do so and replace with telecare equipment and the local responder provision. Taking into account the likely increase in sleepover charges as a consequence of the European Working Time Directive, a reduction of approx. 60% will be required to deliver the saving.

2016-17		2017-18		Future Years	
£'000	FTE	£'000	FTE	£'000	FTE
150	0.0	200	0.0	200	0.0

Impact on Service Delivery:

This service re-design will involve working with service users and their families to replace a traditional staff in residence model (within service user's homes) to a model that maximises independence by use of telecare and overnight care support teams in localities where it is assessed as safe to move to the new model.

The move to a more cost effective model will allow the partnership to modernise the model of care and minimise the impact of a potential financial burden as a result of the working time directive.

Staff sleepover as an intervention would be limited to those very few with extremely high complex overnight care needs that could not be supported by telecare and the overnight community response teams.

Actions Required to Deliver on Saving:

Officers have completed additional work to update the full list of people currently in receipt of overnight services and this is broken down to East and West localities.

The 2016/17 saving would be delivered over a 9 month period with service users transitioning to their new support arrangements starting in July 2016.

Impact on Service Users:

The main impact for service users will be the removal of a staff member in situ overnight in their home. The model will change to the use of telecare and the overnight response team assisting during the night if/when this is required.

Impact on Staff:

Officers will work with providers to ensure that staff are, where appropriate, re-deployed to current care packages in or around their area of work.

Risks:

A reduction of 60% has been identified due to working time directive regulations. Clearly service users would now be reliant on telecare and the overnight response service if assistance was required during the night. This is a move away from having staff physically in the service users home overnight. A risk assessment would be undertaken for all service users to ensure it was safe to move to the new model and the assessment would include input from the service users family and carers.

Statutory Requirements:

N/A.

Third Sector/Partnerships:

Commissioning staff will work with providers to ensure staff are utilised effectively in relation to other packages of care.

External Funding:

N/A

Impact on Assets:

N/A

Additional Investment:

N/A

Equality Impact Assessment:

An equality impact assessment will be required.

Ref:	63	Service Area:	Assessment and Care Management Reduction

Description of Savings Option:
Remove 2 FTE para-professional care managers across Argyll to reflect the increased pool of staff within the partnership available to undertake assessment and care management work. This would also allow us to protect professional grade staff to ensure that there is capacity to meet the partnership's obligations in relation to adult protection. This cost reduction would capitalise on the benefit of Integration and economies of scale in terms of the staff resource, there would be training requirements but these would be addressed during implementation.

2016-17		2017-18		Future Years	
£'000	FTE	£'000	FTE	£'000	FTE
30	2.0	60	2.0	60	2.0

Impact on Service Delivery:

This savings proposal can only be delivered on completion of the work around our second phase roll out of our new Universal Adult Assessment (UAA).

By moving towards full implementation of the UAA we will be able to ensure the lead professional model is implemented and the additional efficiency arising from integration can be realised.

Actions Required to Deliver on Saving:

Complete our work in relation to the UAA going live in all localities. This involves ensuring Carefirst is available to a wider group of staff-including health staff working in the community and those in hospitals including admin staff – an enterprise license has been procured to support an unlimited number of users on CareFirst. Training will be provided as part of the implementation plan to utilise the full benefits of Carefirst.

The 2016/17 saving will be delivered over a 6 month period to allow for sufficient time to consult with staff and trade unions.

Impact on Service Users:

By implementing the UAA we will streamline the number of staff involved in assessment work across teams by removing the "double handling" of cases. This will ensure a more seamless assessment experience for service users and their families and should result in rapid assessment and going some way to assist the partnership to meet the new 72 hour DD target.

Impact on Staff:

The FTE involved is quoted above.

The burden of assessment work will be shared across a wider group of community staff across health and social work staff requiring additional training for staff to enable them to use CareFirst and the UAA effectively.

Risks:

No identified risk to implementation of the phase 2 UAA plan. This is a positive move towards a reduction of assessment activity and a launch of the lead professional model.

Statutory Requirements:

Duty to assess those adults/older people who may have community care needs is a statutory duty.

Third Sector/Partnerships:

N/A.

External Funding:

N/A

Impact on Assets:

N/A

Additional Investment:

An enterprise license for CareFirst which allows for an unlimited number of staff to use the system has already been procured to support this saving. The cost of this license does not impact on our ability to deliver this saving.

Equality Impact Assessment:

An equality impact assessment is not required.

Ref:	65	Service Area:	Support for Carers

Description of Savings Option:
Review the allocation of funding to carers support groups, establish how the funding is used, identify what supports are provided, ensure resources are targeted to support vulnerable carers, establish if best value is being delivered, disinvest during 2016/17 to gather resources for use in 2017/18 to support the introduction of the Carers Act in April 2017. The proposed saving represents a 14% reduction in the funding available to carers' support groups. This would be a review of how this money is currently invested to ensure that value for money is being achieved and potentially achieving efficiencies or delivering the service at a reduced cost.

2016-17		2017-18		Future Years	
£'000	FTE	£'000	FTE	£'000	FTE
75	0.0	0	0.0	0	0.0

Impact on Service Delivery:

It is intended that there will be little or no impact on carers as the intention with this saving is to ensure that funds are being appropriately prioritised and the that our investment in this area delivers value for money.

Actions Required to Deliver on Saving:

Area management teams will review how the carers funding is being allocated and used in their areas with a view to ensuring value for money is being delivered and streamlining funding where possible.

The 2016/17 saving will be delivered over the remainder of the financial year as reviews are completed.

Impact on Service Users:

Carers groups will be required to evidence how they use the funds provided to them and the benefits they deliver from the investment. Where groups are not using funding, not focussing on the Partnership's key areas of focus for carers or are unable to evidence much/any benefit, they may lose funding.

Impact on Staff:

N/A

Risks:

There may a risk that reductions in support from carers groups results in increased work for Social Work due to a potential increase in statutory interventions.

Statutory Requirements:

The implementation of the Carers (Scotland) Act 2016 from April 2017 will introduce additional responsibilities for Partnerships. The purpose of this saving option in the longer term is to provide a separate funding resource, in additional to any specific additional Scottish Government funding, to direct towards meeting these new responsibilities.

Third Sector/Partnerships:

Area management teams will work very closely with local carers groups to deliver this saving and minimise any negative impact on carers.

External Funding:

N/A

Impact on Assets:

N/A

Additional Investment:

N/A.

Equality Impact Assessment:

An equality impact assessment will not be required.

Ref:	66	Service Area:	Supported Living Services

Description of Savings Option:

Review existing supported living services to ensure that services are providing best value, are consistent with the partnership's priority of need eligibility criteria and that the non-residential care charging policy is being applied appropriately and consistently. The proposed saving is equivalent to approx. 1.5% of the existing annual service cost. Re-assessments would be carried out to ensure the appropriate level of service is being delivered, it is expected that this would deliver efficiencies and cost reductions.

2016-17		2017-18		Future Years	
£'000	FTE	£'000	FTE	£'000	FTE
100	0.0	130	0.0	130	0.0

Impact on Service Delivery:

In partnership with providers, we will review existing services to ensure that provision is consistent with the Partnership's prioritisation of need framework, which is a risk based approach to prioritising resources to those with the highest needs/at greatest risk using four bands (P1 = critical, P2 = substantial, P3 = moderate and P4 = low). Services which are classed as P3 or P4 will be removed.

Actions Required to Deliver on Saving:

Increased robust local scrutiny of potential new packages and reviews of existing packages need to be implemented across the East and West during 2016/17.

The 2016/17 saving will be delivered over the remainder of the financial year.

Impact on Service Users:

The partnership now needs to ensure we only provide enough support to ensure people are safe and that P1 and P2 services only are funded moving forward. Assessment staff will work with families and cares to ensure packages are assessed at the appropriate level-ensuring best value at all times.

Impact on Staff:

N/A

Risks: Strict adherence to our priority framework will ensure we provide support to those in greatest need at the appropriate time. Regular review will ensure packages are designed to mitigate identified areas of risk and help achieve positive outcomes.
Statutory Requirements: The statutory requirement sits within the assessment process.
Third Sector/Partnerships: *N/A*
External Funding: *N/A.*
Impact on Assets: *N/A*
Additional Investment: *N/A.*
Equality Impact Assessment: An equality impact assessment will be required.

Ref:	68	Service Area:	Homecare Packages

Description of Savings Option:

Review small number of high cost homecare packages to ensure that person centred care needs and outcomes are met but on an affordable basis through packages that provide value for money. This would involve looking at packages on a case by case basis and ensuring that processes are put in place to reduce costs whilst balancing this with meeting the needs of individual clients.

2016-17		2017-18		Future Years	
£'000	FTE	£'000	FTE	£'000	FTE
200	0.0	250	0.0	250	0.0

Impact on Service Delivery:

The partnership needs to be clearer on levels of support that offer people the choice to either accept living in a community setting or in alternative package of care, for example care home provision.

There are a number of existing high cost packages of care that now need to be reviewed for older people. New requests for packages also need to be considered to ensure best value is being achieved.

Actions Required to Deliver on Saving:

Robust reviews of existing packages need to be undertaken. New packages of care need to be scrutinised to ensure best value is being achieved.

The 2016/17 saving will be delivered over a 9 month period from July 2016.

Impact on Service Users:

To ensure best value, the full range of services will be considered in order to meet the service user's assessed outcomes.

Impact on Staff:

N/A

Risks:

None as service user's outcomes will continue to be met.

Statutory Requirements: N/A
Third Sector/Partnerships: N/A
External Funding: *N/A*
Impact on Assets: N/A
Additional Investment: N/A
Equality Impact Assessment: An equality impact assessment is not required.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 7.2

Date of Meeting : **22nd June 2016**

Title of Report : **Clinical & Care Governance**

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

The Integrated Joint Board is asked to :

Note content of report, the risks identified and the risk management plans

1. EXECUTIVE SUMMARY

Report detailing the current Clinical and Care Governance issues in respects of:

1. Violence and Aggression training in Argyll and Bute Hospital
2. HSCP Complaints
3. Professional Regulation
4. Structure of locality Clinical and Care Governance

2. INTRODUCTION

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

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

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

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

3. DETAIL OF REPORT

3.1 Violence and Aggression Restraint Training Argyll and Bute Hospital

Situation: There have been long standing issues with releasing staff at the Argyll & Bute Hospital to attend the NHS Highland mandatory 3 day Mental Health Violence and Aggression (V&A) Restraint Training.

Background: Of the 42 substantive staff, only 2 staff (who are trainers) are within date for the training and half of the staff are more than two years out of date. Previous attempts to address the situation have been unsuccessful.

Assessment: There is an urgent need for the situation to be resolved.

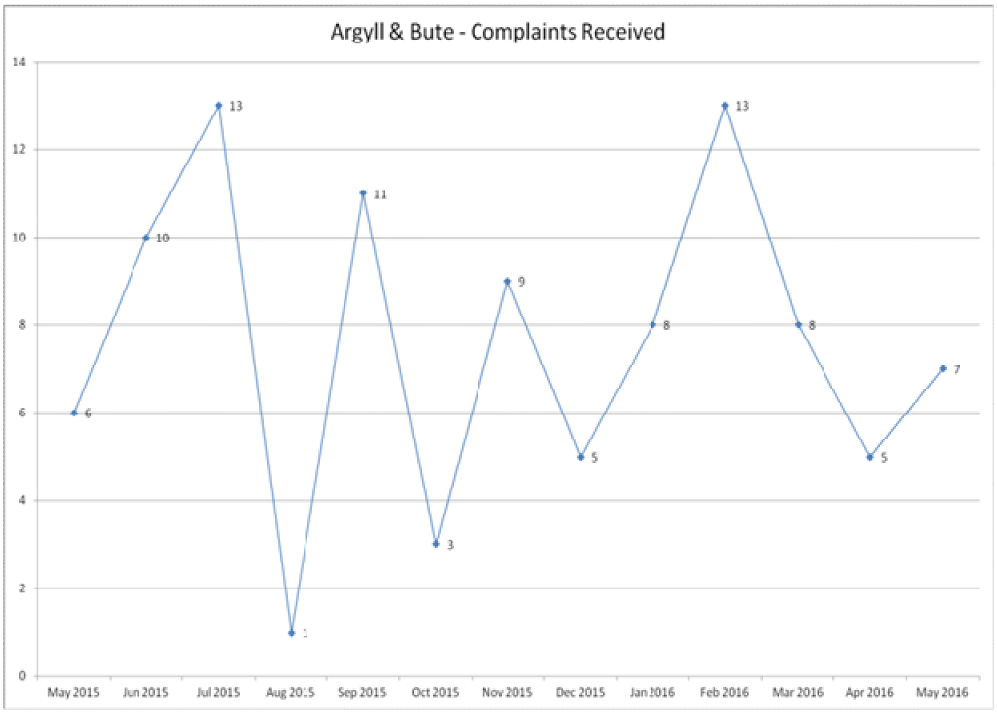
Plan: A meeting was held on 24th May to identify ways to resolve the situation.
Present at the meeting were the Locality Manager (LM), Local Area Manager (LAM), ward staff, staff side, and members of the V&A /Heath and Safety Teams.
It was a very productive meeting and a plan is being developed by the LM/LAM to ensure that all clinical staff at Argyll and Bute Hospital are up to date with their V&A Restraint training by 31 October 2016.

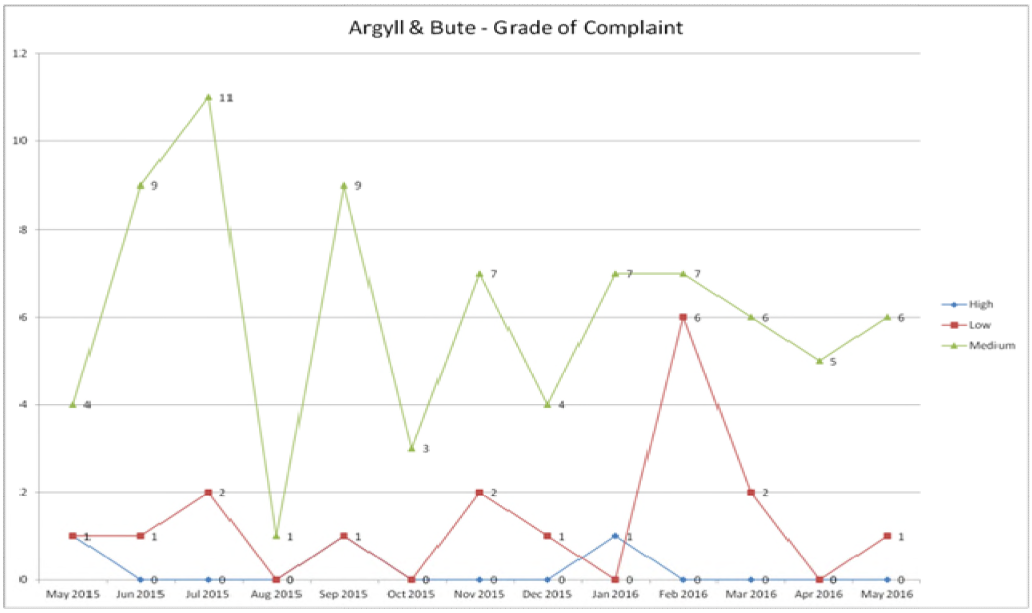
John Dreghorn, Locality Manager updated the Clinical and Care Governance Committee on the detail of the plan at the meeting on 07 June 2016.

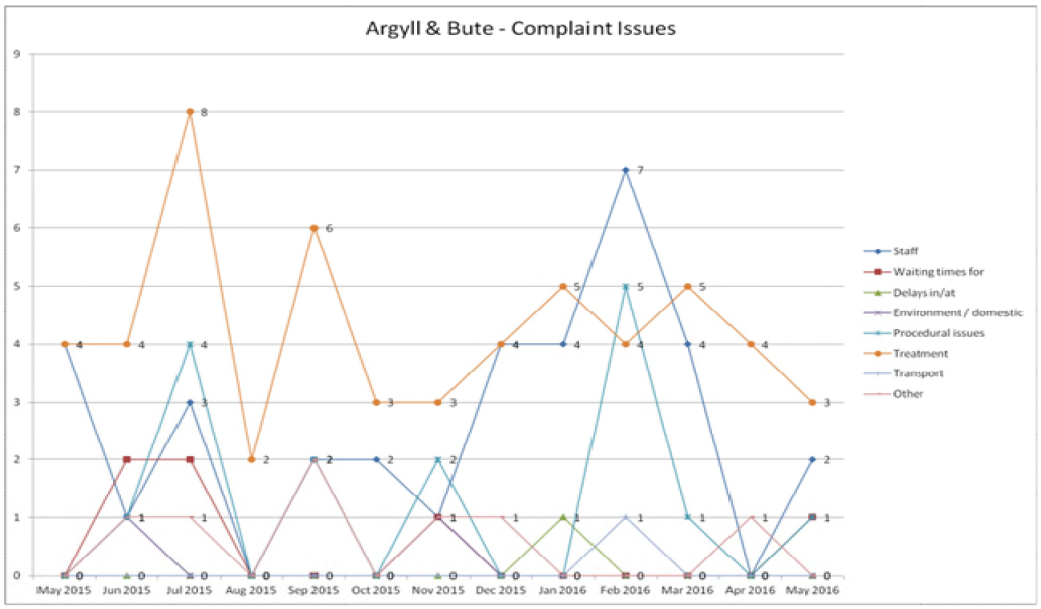
Further discussion was held at Clinical and Care Governance Committee and in order to mitigate existing risk a decision was taken to have one day training for all staff as soon as possible. A plan to be submitted to Liz Higgins, Lead Nurse regarding urgent delivery of one day training and a plan for implementation of a programme as above.

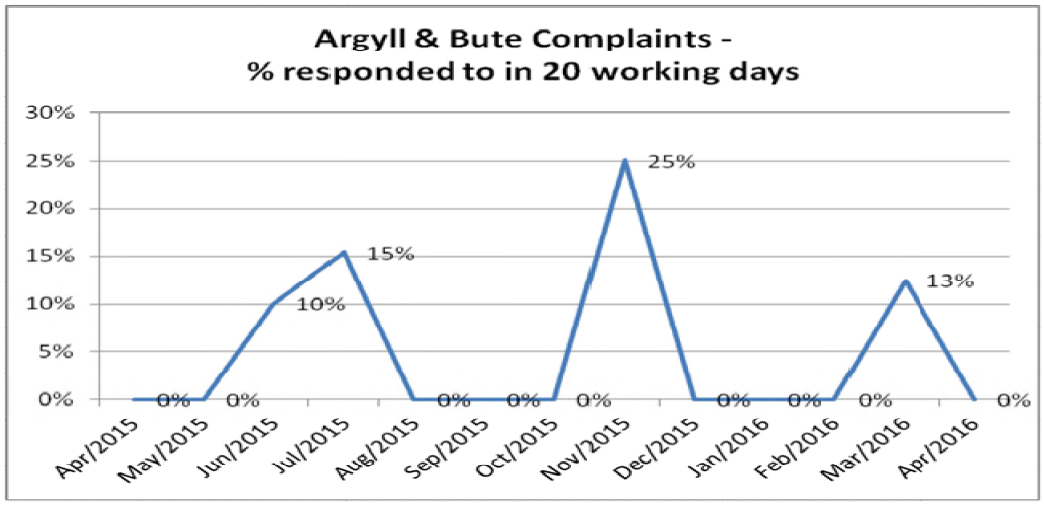
3.2 HSCP Complaints

ARGYLL AND BUTE						
	Expected Number	AMBER	RED	FEBRUARY	MARCH	APRIL
No complaints received	7	8	9 and over	11	8	5
No investigated				10	8	3
Overall - achievement against 20 days	100%	90 - 99 %	89 % and under	0%	13%	0%
Number of high risk complaints received	1	2	3 and over	0	0	0


Argyll & Bute - Complaints Received
May 2015
Jun 2015
Jul 2015
Aug 2015
Sep 2015
Oct 2015
Nov 2015
Dec 2015
Jan 2016
Feb 2016
Mar 2016
Apr 2016
May 2016


Argyll & Bute - Grade of Complaint
High
Low
Medium
May 2015
Jun 2015
Jul 2015
Aug 2015
Sep 2015
Oct 2015
Nov 2015
Dec 2015
Jan 2016
Feb 2016
Mar 2016
Apr 2016
May 2016





Performance against targets for complaints responses is extremely poor. In order to understand the current blocks and to improve our performance, an RPIW event has been planned and will take place later this year. In the meantime we continue to strive to improve our compliance with the standard

3.3 Professional Regulation

Professional Governance is the means by which the IJB ensures the quality of the health and social care professionals working within the HSCP and is supported by a Professional governance accountability framework. The framework for professional governance includes such core elements as codes of conduct, standards of practice, policies and procedures, resource utilisation and stewardship, evidence-based practice and research, use of technology, quality and performance improvement

It is a professional's responsibility to maintain their registration with their regulatory body- NMC, HPC or SSSC. NHS Highland is responsible for ensuring there is a robust registration and monitoring procedures in place across all units. Argyll & Bute Council will be informed of any lapsed registrations by the SSC.

The system to date have been very successful in preventing lapses in registration however within the last month there has been 2 breaches, 1 in Health and 1 in Social Care. The Lead Nurse, Lead AHP and Chief Social Worker will work together to ensure that robust systems are maintained/introduced across the partnership.

3.4 Structure of locality Clinical and Care Governance

The HSCP Clinical & Care Governance Committee members will work closely with localities to ensure there is a standard approach taken to moving from the current governance meetings to the refreshed Clinical & Care Governance Groups.

Adoption of a standard agenda and TOR will be essential and will include recommendations regarding the chair of locality groups being the Locality Managers who also sit on the C&CG Committee. C&CG Locality groups will encompass Health & Safety as part of their agendas

4. CONTRIBUTION TO STRATEGIC PRIORITIES

Robust governance arrangements are key in the delivery of strategic priorities

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact
Possible financial implications in ensuring staff are released for V&A training

5.2 Staff Governance
Significant staff governance concerns if issues not addressed

5.3 Clinical Governance
Significant if issues identified not addressed urgently

6. EQUALITY & DIVERSITY IMPLICATIONS

7. RISK ASSESSMENT
Risks articulated within the report.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Public involvement on C&CG committee

9. CONCLUSIONS

The issues identified within this report hold significant risk for safe care delivery within the HSCP. This risk has been recognised and risk reduction plans are in place to address the each issue.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 7.3

Date of Meeting : 22Jun16

Title of Report : Infection Prevention and Control - April-June 2016

Presented by : Liz Higgins, Lead Nurse

The Integrated Joint Board is asked to :

- Note the report content

EXECUTIVE SUMMARY

The report details :

- Infection surveillance reports from April – June 2016
- Current Staffing Issues
- Recent Developments

DETAIL OF REPORT:

Infection Surveillance

Staphylococcus aureus bacteraemia(SAB)

Staphylococcus aureus is an organism carried by about 30% of the population but can also be a source of healthcare associated infections. It can cause infection in people who have not had any recent contact with the healthcare system but is monitored as a HEAT target because *S. aureus* bacteraemia (blood infection) arising in the hospital setting (which carries a mortality of 25-30%) may be potentially preventable. It is therefore important than accurate surveillance and investigation is undertaken with any lessons learned being actioned and shared across clinical teams.

The most common form of S. aureus is meticillin sensitive (MSSA), but the more well known MRSA (meticillin resistant S.aureus) is a strain of the organism which resistant to certain antibiotics and therefore more difficult to treat.

- **During April & May 2016, there have been 2 SAB infections in Argyll & Bute – both infections occurring in the same patient. The initial infection was diagnosed on the day of admission to Rothesay Hospital (14th April). The infection recurred on 11th May, when the patient was transferred to Inverclyde Hospital. Initial investigation re the source of infection was inconclusive and a formal Root Cause Analysis meeting is scheduled for mid June. Any lessons identified will be shared throughout the HSCP via the CHIC meeting, and throughout NHSH via the ICIG meeting.**

Clostridium difficile infection (CDI)

Clostridium difficile is an organism which causes mild to severe diarrhoeal illness,and is usually related to hospital admission or community healthcare intervention. In a small number of patients it can cause very severe illness or death. Although normally related to healthcare, it can cause infection people who have had no recent contact with the healthcare system. CDI is more common in elderly females but infection can occur at any age in vulnerable individuals.

CDI is monitored as a HEAT target as a rising trend in infection rates may be indicative of altered antibiotic prescribing patterns or patient-to-patient spread within a clinical area.

- **There have been no CDI infections identified in Argyll & Bute since the last committee report.**

Lessons learned from reviews of all SAB and CDI infections and outbreaks are shared via the Cleanliness, Hygiene and Infection Control (CHIC) meeting and distributed to all teams.

Other Alert Organism Surveillance

In addition to SAB and CDI, a number of other infections are actively monitored by the Infection Control Team. These include (but are not limited to) infections caused by organisms which have the ability to cause serious disease and/or have the ability to spread rapidly in healthcare settings or in the wider community.

IPC Staffing

An experienced staff nurse currently employed in the Operating Department, Lorn & Islands, was successfully interviewed for the vacant Infection Control Nurse (ICN) post. The successful applicant has been employed on a training basis, pending the successful completion of a post-graduate infection control qualification. During this time, she will be mentored by an experienced ICN.

ICNet

The Infection Control Nurses underwent training in the application of ICnet software on 9th June and the system is now being utilised on a pilot basis in tandem with the current surveillance and record keeping systems.

We are assured by the implementation team that the institution of real time data upload from the relevant microbiology laboratories is imminent. This will facilitate full ICnet use and reduce the current reliance on person dependent surveillance.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 7.4

Date of Meeting: 22 June 2016

Title of Report: Communications and Engagement Strategy

Presented by: David Ritchie/Jane Jarvie

The Integrated Joint Board is asked to :

Give comment on and agree the draft communication and engagement strategy

Note the issue with regards to the question on resources

1. EXECUTIVE SUMMARY

1.1 Communication and engagement will be key in developing and delivering services matched to local need. Just as services will be shaped at locality level, so too will communication and engagement be driven by and in localities. Many different people will have a role to play in making communication and engagement effective, such as the locality planning groups, health and care forums, council/NHS employees and the IJB.

1.2 This draft communication and engagement strategy sets out roles and responsibilities as well as resources available for localities to draw upon in their communication and engagement work.

2. INTRODUCTION

2.1 Communication and engagement requirements will develop as service delivery progresses. The strategy is therefore a work in progress that will be developed to suit locality and area-wide needs.

2.2 As part of the road testing of the Strategy input has been sought and received from members of the former integration communication and engagement workstream and senior managers within the HSCP. The workstream membership included members of the public, Scottish Health Council, Third Sector and Independent Sector)

3. DETAIL OF REPORT

Key elements of the strategy and action plan

Approach

3.1 The need for communication and engagement activity will increase significantly given the focus on delivering this at locality level, tailored to the particular needs of different areas. Eight different locality groups will mean eight different comms and engagement locality-level plans.

3.2 The expectation is that locality planning groups will manage communication and engagement at locality level. Area-wide activity will be carried out by central communication and engagement NHS/Council staff with input as required from members of the locality planning groups.

Resources

3.3 The strategy highlights that expectations of communication and engagement must match resources available to deliver on these expectations.

3.4 The experience of the communication and engagement workstream, established to support preparation for the HSCP, underlined that those involved in this area of work have limited capacity for additional demand (for example, many more people were invited to attend the workstream than were able to attend or undertake work).

3.5 Sources of support are listed in the Strategy. It is worth noting that a number of health and social care partnerships have invested in a short-term communications and engagement officer.

3.6 A toolkit will be developed as a key source of guidance and support for localities in carrying out communication and engagement. This toolkit will include for example a model communication and engagement plan, the media protocol, information on legislative requirements we must meet in engagement and a locality engagement grab bag

3.7 Questions have been raised during the compilation of this draft strategy about finance:

- What budget is available to enable communication and engagement activities at a locality level?
- It is clear there are no new resources or funding identified to support this strategy, it relies heavily on the existing resources and using more creatively resources across the Partnership
- It is clear however, that if we are firm in our intent to 'tool up' localities then we must look to review and redesign how we use and deploy our resources going forward and identify new resources where appropriate. This will be included within the review process aligned with the strategic planning process.

Communicating with communicators

3.8 In order to be able to communicate and engage with others, those involved must themselves be informed. The flow of information, on goals to achieve and decisions made, must be clear and followed. A proposed outline is included in the strategy.

Media protocol

3.9 In order to support locality planning groups to settle into their functions, it is proposed that the Partnership communications team will initially deal with all media enquiries. The Partnership will keep this arrangement under review and

will work closely with locality planning groups to investigate what opportunities are available for them to build up their relationships, capability and capacity with local media.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

This report addresses compliance with legislative requirements and forms the basis for communication and engagement actions that will support the delivery of 'locally owned, locally planned and locally delivered' services.

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

It is important that resources match expectations. Questions have been raised during the compilation of this draft strategy:

- What budget is available to enable communication and engagement activities at a locality level?

5.2 Staff Governance

Staff require to be aware of the IJB Code of Conduct, and the national legislative standards for engagement as set out in the strategy.

5.3 Clinical Governance

There are no clinical governance issues as a result of this report.

6. EQUALITY & DIVERSITY IMPLICATIONS

National legislative standards

7. RISK ASSESSMENT

The strategy addresses the risk of non-compliance with legislative requirements for engagement.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The strategy provides information on legislative requirements and sources of support in carrying out public and user engagement.

9. CONCLUSIONS

Effective communication and engagement will depend on all involved in the Partnership in playing their part. The draft Strategy sets out a basis for progressing communication and engagement activities.

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ARGYLL AND BUTE
HEALTH AND SOCIAL CARE PARTNERSHIP

Communications and Engagement Strategy

2016 - 2019

Version 0.7

07 June 2016

Contents

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1. Foreword

The recent integration of health and social care services is about changing how we work in order to better align our services to meeting the health and social care needs of our communities in ways which are sustainable, flexible and responsive.

It is therefore essential that Argyll and Bute Health and Social Care Partnership (HSCP) communicates and engages with our local communities in an effective manner which places the views and priorities of these communities at the heart of everything we do.

This Communications and Engagement Strategy outlines the HSCP's vision to work with local communities, our staff, the Third Sector and stakeholders across Argyll and Bute to improve the health and wellbeing of individuals and their families.

This Strategy also sets out how everyone with a part to play in delivering effective communication and engagement can work together so that **Together** we can transform health and social care to achieve our joint vision for the people of Argyll & Bute **"to lead long, healthy and independent lives"**.

Christina West
Chief Officer
Argyll and Bute Health and Social Care Partnership

2. Our Purpose

This Communications and Engagement Strategy will support the delivery of the HSCP **Vision** by working within the six principles of integration, that the HSCP:

1. Is integrated from the point of view of recipients

2. Takes account of the particular needs of different recipients

3. Takes account of the particular needs of recipients in different parts of the area in which the service is being provided

4. Is planned and led locally in a way which is engaged with the community and local professionals;

5. Best anticipates needs and prevents them arising

6. Makes the best use of the available facilities, people and other resources

More information on the Vision, Mission and Values of the HSCP is available in the Argyll and Bute HSCP Strategic Plan. Copies of the Plan are available on request or can be accessed on our website at: www.tinyurl.com/jrty6a7

As part of our overall communications and engagement with the public, staff, the Third Sector and other stakeholders we will also ensure:

- We are well informed as individuals and staff
- Information and learning is well communicated and shared openly and clearly
- Information flows up, down and across all levels and geographical areas
- Additional support to make information accessible will be made available if required
- We will build services through an ongoing conversation and dialogue with individuals
- We will use various methods to have conversations with people and we will build on the good practice that already exists
- We meet the legislation and standards for engaging and communicating by actively using them and asking the public and staff to feedback
- This strategy is updated on a regular basis to reflect the fact that it is a working document

We will use engagement with public, staff and our stakeholders to find out:

- Locally what will and won't work
- Locally what will or won't be the best use of our resources

This means that we need:

- Effective communications and engagement with everyone involved playing their part (co-ownership)

- Fully informed and actively engaged public and staff working together through the Locality Planning Groups to plan and deliver health and social care services that meet local needs and deliver the Health and Wellbeing outcomes

- To recognise that there should be a partnership approach to communications and engagement

- Top develop the relevant resources and structures in place to ensure we deliver on what is outlined in this strategy

3. Communication and Engagement Principles/Objectives

Effective and robust internal and external communication and engagement will play a crucial role in supporting the HSCP to achieve its vision, aims and strategic objectives. Outlined below are some of the key principles and objectives for the HSCP.

Explaining the Partnership

- Explain the role and remit of the HSCP
- Explain clearly the aims and vision of the HSCP
- Raise the profile of the HSCP to make it an organisation that the public and staff feel belongs to them
- Build confidence that the HSCP is a responsive and effective organisation
- Proactively promote HSCP successes, achievements and activities, both internally and externally, to inspire confidence in local health and social care services

What it means to each of us

- Explain what the HSCP means to the public, service users, staff, the Third Sector and other stakeholders
- Support the improvement of health and wellbeing of people in Argyll and Bute by raising awareness of the role of the individual in achieving long, healthy and happy lives
- Support staff through change on an ongoing basis
- Ensure the HSCP utilises the wide range of skills that are available within the Third Sector, staff and local communities to assist with communications and engagement

What it means for local areas

- Ensure local needs and views help shape future health and social care services through the sharing of information and good practice. This will include ongoing engagement with service users, public and staff.

What it means for communications and engagement work

- Learn from best practice in communications and engagement methods
- Continually develop innovative and successful ways of communicating and engaging with our target audiences
- Provide feedback to the public on how their views have contributed to the decision making process through the “You Said We Did” philosophy
- Build continuous and meaningful engagement with communities, staff, service users and carers to help influence the shaping of local services
- Facilitate two way communications
- Utilise service user experience and opinion to improve quality
- Encourage the involvement and engagement of staff

4. Our Area / My Locality

The start of Argyll and Bute Health and Social Care Partnership on 1 April 2016 saw the transfer of responsibility for communication and engagement at a local level to the new 8 Locality Planning Groups. This supports and recognises the aim to empower local communities to become "Locality Planned, Owned and Delivered" health and social care services.

In common with many other services within the HSCP, communication and engagement will also need to be matched to varying requirements of the different localities.

There will therefore be two levels of activity required:

- Communication and engagement relating to health and social care services as it applies to the whole of Argyll and Bute

- Communication and engagement relating to health and social care services as it applies to specific localities

Locality Planning Groups are also expected to share good practice, learn together and continue to develop their relationship with the HSCP at an Argyll and Bute wide level.

Roles, responsibilities and support

Ensuring those who have a role in informing others will be key to making effective communication and engagement possible. The sharing of information will therefore be vital.

Given this requirement and the increasing demand for communications and engagement support from the 8 Locality Planning Groups (LPGs) the final meeting of the Communications and Engagement workstream agreed that rather than continue with the workstream approach an account manager approach would be used by the communications and engagement officers of the NHS and Council. This approach would mean that each LPG would be allocated a communications and engagement officer as their point of contact for advice and support.

The expertise of the other representatives on the communications workstream, who all possess a wide range of communication and engagement skills, would link in directly with their LPGs.

Further each locality management group is responsible for ensuring the mechanisms and administration type resource is in place to support local communications and engagement. This is normal business. There is no new or additional resource for this therefore localities must look to work creatively with partners and through initiatives to make best use of communications and engagement funding and skills

The information below sets out initial proposals on how this approach will operate and how those with an informing role will themselves be informed.

HSCP Wide communication				
Who	**Communicating what**	***Informed by***	**Supported by**	**Comments**
David Ritchie Jane Jarvie Caroline Champion	Aims and vision of the HSCP and issues that relate to all local areas Information that supports employees to make the HSCP a success for all Communication through internal and external communication channels	Feedback from and to IJB Feedback from and to Strategic Management Team Feedback from and to Locality Planning Groups Feedback from and to staff and public	Communication and Engagement Strategy Media protocol (see Appendix 1) Scottish Government guidance (see Appendix 2) £11k (non recurring)	

Locality Communication				
Who	**Communicating what**	***Informed by***	**Supported by**	**Comments**
Locality Planning Groups	Information relating specifically to their locality Carrying out local communications and engagement activities as appropriate to support progress of the delivery of services in line with the Strategic Plan	Feedback from and to IJB Feedback from and to Strategic Management Team Feedback from and to Account managers Feedback from and to staff and public	Communications and Engagement Strategy Media protocol (see Appendix 1) Communications and Engagement Toolkit (see Section 7) Locality admin support	

Key account manager contacts

Locality Planning Group	**Communications**	**Involvement / Engagement**	**Contact details**
Oban & Lorn	Jane Jarvie, Communications Manager	Caroline Champion, Public Involvement Manager	davidritchie@nhs.net 01436 655040 caroline.champion1@nhs.net 01546 605680 Jane.jarvie@argyll-bute.gov.uk 01546 604323
Mid Argyll			
Kintyre			
Islay / Jura			
Mull & the Islands	David Ritchie, Communications Manager		
Cowal			
Bute			
Helensburgh / Lomond			

Key Contacts

Scottish Health Council
The Scottish Health Council will provide advice for localities in developing understanding and putting into practice Scottish Government guidance on engaging and consulting with communities and it will also provides advice and support when required across the HSCP.
Contact: Alison McCrossan (alison.mccrossan@scottishhealthcouncil.org)

Health Care Forums
Health Care Forums are an important forum for people living in each locality to be actively involved in how local services are planned and they are an important partner in representing the community within the HSCP.
Contacts: to follow

Third Sector Interface (TSI)
The Third Sector Interface is represented on the Integration Joint Board. At a locality level a TSI rep will be aligned to each locality planning group to provide advice and support on how its third sector members and their service users can be involved in and contribute to outcomes.
Contact: Lynda Syed (lynda@argylltsi.org.uk)

Communications and Engagement Officers
Contacts: David Ritchie (NHS), Caroline Champion (NHS), Jane Jarvie (Council)

5. What We Will Communicate

Key messages for communication and engagement will develop as part of the transformation of health and social care services – subject to those with an informing role being informed. They may vary from locality to locality and they may change and develop over time.

It is also important to recognise that the HSCP needs to inform and engage and at the same time listen to the public and our staff. This is at the heart of how we build and develop our services.

Generic messages appropriate to this stage are outlined below.

General Key Messages

- Health and Wellbeing is about moving from a reactive health and social care service to an anticipatory maintaining person centred service
- We need to ensure members of the public can share 'their stories' and experiences of using local services so we can continuously improve
- We are changing how we work to ensure we can continue to provide a safe and sustainable service that people need now and into the future
- We understand the different needs of local communities and will design and plan services that reflect these needs
- We will listen to our local communities
- We will be flexible so that we can develop or change services as local needs change
- We will highlight that the HSCP has limited resources

My Local Area

- We will match services to local area need through making best use of local skills, capacity and workforce across all partners
- To do this we need the public, staff, carers, Third Sector and our other stakeholders to get involved in Locality Planning Groups and their work
- This input from our local communities will support the Locality Planning Groups and will generate debate and dialogue for the continuous improvement and innovation of services
- Support people to take more control over their Health and Wellbeing by ensuring they have the most up to date information
- By following guidance and good practice

6. Who We Will Communicate With

Our general audiences are those listed below. This is not an exhaustive list and there may be times when the HSCP communicates with one sector or all sectors depending on the issue being communicated.

- Service Users
- Carers
- Public representatives
- Health and Care Forums
- Employees
- Partner and Third Sector Organisations
- Local community groups
- Voluntary organisations
- General public
- Elected Members
- Scottish Health Council
- Staff
- IJB
- Wider community
- Other agencies such as NHS Greater Glasgow & Clyde and the Scottish Ambulance Service

7. How We Will Communicate and Engage

Continually improving services through listening to service users, carers, staff and stakeholders is a key responsibility for Locality Planning Groups. This needs to be a priority for the HSCP and LPGs and should be based on good practice and reflects the vision, aims, objectives and 6 areas of focus in the Strategic Plan.

A **Communications and Engagement Toolkit** will provide guidance and a reference tool for the HSCP and in particular for Locality Planning Groups. The Toolkit will provide a framework, direction, ideas, resources, support, facilitation and signpost to where to find people/resources for support. It will also ensure compliance with Statutory Guidance, relevant legislation and Codes of Practice.

The toolkit will be a working document that will be developed and contributed to on an ongoing basis as the need arises and will take into account the sharing of best practice (what works/what doesn't) across localities.

The initial toolkit (which will be available at the end of July) will include advice on the following:

Communication

- Succinct description for explaining integration, why it's needed and the benefits for service users
- Roles and responsibilities of the various groups within the HSCP such as the LPGs, IJB etc
- Media protocol
- How to write in 'Plain English'
- Non-jargon descriptions of phrases used in relation to integration
- FAQs that cover:
    - An explanation of the links between LPGs and others within the HSCP (i.e. information flow and links)
    - Roles and responsibilities
    - Dealing with the media – who does what, who are spokespeople, where to refer media enquiries (see media protocol in Appendix 1)
- Options for publicising and disseminating information (e.g. partners who can help with distribution)
- An introduction to carrying out engagement, including lessons learned

- Sign off process for producing information for issue
- How to produce leaflets/posters
- Social media – how and when to use it
- A guide to what and when to communicate
- Networking information i.e. partners who can help distribute information, provide support and training

Engagement

- Informing, engaging and consulting as and when appropriate
- Signposting to methods for effective engagement e.g. running a conversation café, engaging with service users e.g. young people
- Support for engagement activities e.g. facilitation, training and resources
- Sign off process for producing information for issue
- Monitoring and evaluation e.g. After Action Reviews
- Resourcing your engagement
- Locality engagement grab bag – holding all tools and information to support e.g. drop in event
- Feedback to those who have taken the time to contribute / share their views – "You Said, We Did" philosophy
- Engagement log template to evidence depth and types of engagement process conducted

8. Review and Evaluation

This strategy has 2 key roles:

- To support and develop the capacity and capability of Locality Planning Groups in delivering effective communications and engagement at a local level
- To deliver effective communications and engagement as required at HSCP wide level

It will therefore be evaluated on:

- How well it supports the Locality Planning Groups
- How well it facilitates effective communications and engagement

Evaluation of support for LPGs will be done by:

- Six monthly feedback by LPG chairs
- Review of progress against the strategy objectives detailed in Section 3

Evaluation of effectiveness of communications and engagement will be done by:

- Evaluation of engagement activities on an event by event basis
- Level of attendance, participation and involvement at meetings/events
- Surveys where appropriate
- After Action Reviews conducted by the Scottish Health Council where appropriate
- Frequency of news releases, social media interactions, patient and service user experience
- Number of staff and partners trained in and using communication methods
- Identification and alignment of communication resources from initiatives and other projects/programmes e.g. Technology Enabled Care (TEC)

9. Statutory Requirements

There are a number of Statutory Duties placed on the NHS and Councils, along with appropriate Codes of Practice. The following provides a brief description of each (see Appendix 2 for a more detailed outline).

CEL 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services

The principles of this Scottish Government guidance must be applied, proportionally, to any service change proposed by a Health Board, including any changes considered to be 'major'. The guidance:

- Sets out the relevant legislative and policy frameworks for involving the public in the delivery of services
- Provides a step – by – step guide through the process of informing, engaging and consulting the public on service change proposals
- Explains the decision making process with regard to major service change and the potential for independent scrutiny
- Clarifies the role of the Scottish Health Council

Patients Rights (Scotland) Act 2011

A key ambition for NHS Scotland is that it is person-centred and provides services that put people at the heart of service provision. The Act:

- Aims to improve patients' experience of using health services and to support them to become more involved in their health and healthcare
- Acknowledges the important role of carers
- Encourages responsible use of NHS services and resources
- Recognises that NHS staff and all providers of NHS services should be treated with dignity, have their views valued, and supported to do their jobs well

CEL 8 (2012) Guidance on Handling and Learning from Feedback, Comments, Concerns and Complaints about NHS Health Care Services

The Patient Rights (Scotland) Act 2011 introduced the right to give feedback, make comments, raise concerns and to make complaints about NHS services and it also places a responsibility on the NHS to encourage, monitor, take action and share learning from the views they receive.

It should be noted that feedback, comments and concerns are not complaints. Complaints must be handled in accordance with NHS and Argyll and Bute Council procedures.

Participation Standard

The Standard sets out what NHS Boards need to do to make sure that people have a say in how health services are developed and delivered.

While there will be no Participation Standard assessment process, NHS Boards must use their 2015- 2016 Feedback, Comments, Concerns and Complaints annual reports to demonstrate improvements in the handling of complaints and feedback and how the learning is used to make improvements.

National Standards for Community Engagement

The National Standards for Community Engagement sets out best practice guidance for engagement between communities and public agencies.

Equality Act 2010

The Act includes a key measure introducing the Public sector Equality Duty which came into force on 5th April 2011 and which is referred to as the General Equality Duty.

The General Equality Duty has three main aims. It requires public bodies to have due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic and people who do not share it

Community Empowerment (Scotland) Act 2015

The Community Empowerment (Scotland) Act provides a significant step towards communities having greater influence or control over things that matter to them. In particular, the Act emphasises the need to address disadvantage and inequality.

National Care Standards

The National Care Standards explain what you can expect from any care service used, written from the point of view of the person using the service. The National Care Standards are currently being reviewed. Further detail about the current Care Standards is provided at Appendix 1.

10. Role of the Scottish Health Council

The **Scottish Health Council (SHC)** was established by the Scottish Executive in April 2005 to ensure NHS Boards meet their Patient Focus and Public Involvement (PFPI) responsibilities, and to support them in doing so. The Scottish Health Council is a committee of Healthcare Improvement Scotland with a distinct identity.

The SHC promotes Patient Focus and Public Involvement in the NHS in Scotland. A key aspect of the role of the SHC is to support NHS Boards and monitor how they carry out their Statutory Duty[1] to involve service users and the public in the planning and delivery of NHS services.

The Scottish Health Council has several core functions:

- **Community Engagement and Improvement Support** – providing proactive and tailored support for NHS Boards
- **Participation Review** – reviewing and evaluating NHS Boards' approaches to involvement through the Participation Standard
- **Service Change** – supporting NHS Boards to meet the requirement to involve people when planning or changing local services
- **Participation Network** – a centre for the exchange of knowledge, support, development and ideas.

The SHC is also responsible for providing secretariat and support services for Independent Scrutiny Panels. These are expert panels set up by the Scottish Government to consider proposals for major changes in local NHS services in Scotland.

By ensuring that NHS Boards listen and take account of people's views, the SHC aims to achieve a "mutual NHS" where the NHS works in partnership with service users, carers and communities.

Based on an understanding of the needs of those using local services, their life circumstances and experiences, Argyll and Bute Health and Social Care Partnership must ensure that service users, carers and the public are able to influence the planning and delivery of NHS services, and monitor how well services are performing.

[1] CEL 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services

Appendix 1

Joint Media Protocol
Argyll and Bute
Health and Social Care Partnership

1. Introduction

The integration of health and social care introduces a whole new way of working for NHS Highland in Argyll and Bute and Argyll and Bute Council.

This Joint Media Protocol is designed to ensure publicity and communications activity for both organisations as the Partnership is co-ordinated, clear and consistent and provides both partners with clear guidance to follow when dealing with the media.

It includes guidance and best practice for managing both proactive and reactive media activity including news releases, media enquiries, photo opportunities and out-of-hours media activity.

It is predicated on statutory requirements that Partnership communications and media support will be provided by the existing communications teams within both host organisations (Council and NHS), based on the current set-up. However, this may be subject to change as arrangements for supporting services will be developed through a Service Level Agreement.

For the purposes of the protocol, these teams are collectively described as the Partnership communications team. In practice, this will involve each of the existing communications teams taking the lead at different times, depending on the nature of the media activity, and linking with other members of the Partnership communications team as appropriate.

2. Role of Locality Planning Groups in dealing with media

In order to support Locality Planning Groups and allow them to settle into their roles, the Partnership communications team will deal with all media enquiries. If a LPG requires media coverage, or receives media enquiries, they will contact their Account Manager to progress accordingly.

The Partnership will however keep this arrangement under review and will work closely with LPGs to investigate what opportunities are available for LPGs to build up their relationships, capability and capacity with local media.

3. Aims and objectives

The protocol establishes the level of communications support that will be provided by the Partnership communications team in dealing with the media and is designed to support and complement the overall objectives of the Partnership's approved communications strategy.

It should be noted that these cannot be achieved by communications or media activity in isolation, and will be influenced by the Partnership's engagement activity in terms of user and public involvement, as well as the operational work undertaken to deliver integrated services across Argyll and Bute.

The broad communications objectives are to deliver consistent, accurate information that supports understanding of and involvement with the development of Partnership objectives.

4. Roles and responsibilities

The media has a crucial role to play in helping ensure target audiences (defined in the communications strategy) are well informed about the Partnership, its services, priorities, values and activities.

The Partnership communications team is the key contact between the partnership and the media.

Any media contact directed elsewhere within a Partnership should be referred to the communications team immediately for appropriate action.

Integration Joint Board members who are contacted directly by the media for a comment on Partnership business and activities should contact the communications team for advice, support and guidance before responding, in line with existing protocols within the partner organisations.

5. Principles

- The Partnership communications team will work together to effectively promote the HSCP and its services in local and national media through a planned and sustained programme of activity.

- The Partnership communications team will provide a professional public relations and media management service that is consistent with legislative requirements, policy and best practice.

- The Partnership communications team will be responsible for dealing with the media, with a focus on promoting the work of the HSCP and protecting its reputation.

- Any media enquiries received by staff or members should be directed to the Partnership communications team immediately.

- Close links will be maintained between the Partnership communications team and the Partnership senior management teams and IJB to ensure they are kept up-to-date with partnership business, decisions and issues that could impact on media activity and interest.

- When speaking to the media on behalf of the Partnership, official spokespeople – whether elected members or not – must reflect the Partnership's position in relation to all issues at all times.

- Communication with the media on health and social care issues will always be open and honest, and provide information in a clear, simple and user-friendly way.

6. Proactive Media Handling

During normal office/working hours, the Partnership communications team will liaise on all proactive joint and/or cross-organisational media regarding integrated services.

Media releases

A communications schedule will be prepared for the Partnership, setting out planned communications activity – including media activity – over a rolling 6 months period.

The Partnership communications team will liaise on all aspects of communication planning for the Partnership and be clear on who is undertaking what tasks and when.

This will help ensure that media activity is planned in advance as far as possible, researched and drafted by the Partnership communications team, and circulated to appropriate partners for consideration, comments and final sign-off before issue on a scheduled date.

Spokespeople and process

Media releases will be produced in line with existing communication practices/protocols, with quotes provided as follows:

- The Chair of the IJB will be the principal spokesperson for major policy decisions relating to the Partnership and will be pictured and quoted accordingly. The Vice Chair will be quoted when the Chair is not available.

- The Chief Officer will be quoted on operational issues. If the Chief Officer is not available the spokesperson will be the most relevant senior clinician or manager (depending on topic).

- Many proactive releases may also quote the individual delivering a piece of work, even if they are not in a senior position – for example, stories about smoking cessation. In all cases, proactive or reactive, all

releases are approved by the relevant senior manager or their nominated deputy.

All media releases should be copied to board members, the senior management team and the partnership communications team for information when issued. The releases should also be posted on all relevant partner websites and social media feeds.

Photo opportunities

Photo opportunities are a good way to help enhance media interest in and coverage of a proactive news story.

The Partnership communications team will be responsible for organising photocalls and photo opportunities in conjunction with the relevant manager.

Representatives from the HSCP should be invited to attend as and when required and invites will be issued in line with existing practices within the individual organisation.

Photography support will be arranged or commissioned by the Partnership communications team.

Photography permissions/consents must be in place for anyone appearing in photographs that will be issued to the media. Where this is not feasible – for example, due to large numbers in attendance at an event – clearly visible notices must be in place to advise that photographs will be taken.

Photography used to highlight sensitive or controversial issues must have the explicit permission of those featured that it can be used for that purpose.

7. Reactive Media Handling

During normal office/working hours, the communications teams for both organisations will liaise on all reactive joint and/or cross-organisational media regarding integrated services.

Media enquiries

A response will always be provided to media enquiries about the Partnership.

Media enquiries will be answered as quickly as possible – ideally within 24 hours or within the journalist's deadline, whichever is sooner.

Partnership services are required to support the communications teams to ensure the Partnership can provide an accurate and appropriate response within the required deadline.

Responses will never say 'no comment' – where we are unable to comment, the response should say this and explain why.

Quotes must be signed off by the person they are attributed to – or an appropriate substitute, in line with standard practice – before issue. Responses should only be issued to the media outlet that logged the enquiry.

Media enquiries about the Partnership that are deemed to be political will be discussed with the lead elected member for the Partnership to determine if they would like to respond politically.

All media enquiries must be recorded and logged in line with existing practices.

Media responses will be produced in line with existing practices, with quotes/interviews generally provided as follows:

- The Chief Officer of the Partnership will be the principal spokesperson for all media enquiries.

- Where required, the spokesperson will be the most relevant senior clinician or manager (depending on topic).

8. Media Handling Out of Hours

Outwith normal office/working hours (which vary slightly for each organisation), the communications team will provide an on-call media handling service in line with current arrangements. This will be restricted to urgent or

emergency media enquiries only and should not be used for routine media handling.

To manage urgent or emergency media enquiries, the relevant communications contact will liaise with their corresponding on-call duty officers (for Health, the senior manager on call) to jointly prepare an agreed statement.

The on-call communications contact for the other partner should be kept informed of the enquiry and a copy of the final issued statement circulated to the senior management team and the communications team in each partner organisation.

When pre-planned out-of-hours media activity is taking place, the Partnership communications team will liaise to ensure appropriate staff cover is provided.

9. Events and Official Visits

For events and official visits, the Partnership communications team will liaise to ensure there is appropriate representation from partners and current protocols and practices are followed at all times.

10. Media advertising

The Partnership communications team will continue to place media advertising in line with existing practices.

The finalisation and signing-off of content and creative for any media advertising for Partnership services or activities must be agreed by all relevant partners.

11. Filming requests

Filming requests relating to Partnership services will be managed by the Partnership communications team in line with existing practices.

12. Media monitoring

The Partnership communications team will monitor media coverage relating to the Partnership and its services and will take action to address any inaccuracies in the reported information.

Monitoring of the media coverage will be used to inform future communications planning and activity for the communications schedule.

13. Partnership communications team contacts

NHS Highland
David Ritchie
Communications Manager
Office: 01436 655040
Mobile: 077764 80406
Out of hours: 01463 655040 (Raigmore Hospital switchboard, ask for duty press officer)
davidritchie@nhs.net

Argyll and Bute Council
Jane Jarvie
Corporate Communications Manager
Office: 01546 604323
Mobile: 07769 138830
Out-of-hours: 07768 556 247
jane.jarvie@argyll-bute.gov.uk

APPENDIX 2

STATUTORY GUIDANCE / LEGISLATION

CEL 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services

Scottish Government issued this guidance to assist NHS Boards in their engagement with service users, the public and stakeholders on the delivery of local healthcare services. The principles of the guidance must be applied, proportionally, to any service change proposed by a Board, including any changes considered to be 'major'.

The guidance:

- Sets out the relevant legislative and policy frameworks for involving the public in the delivery of services
- Provides a step – by – step guide through the process of informing, engaging and consulting the public in service change proposals
- Explains the decision making process with regard to major service change and the potential for independent scrutiny; and
- Clarifies the role of the Scottish Health Council

Whilst decisions regarding the provision of NHS services remain a matter for NHS Boards (with the exception of major service change), the guidance ensures a consistent and robust approach is adopted when Boards consider and propose new services or changes to existing services.

The guidance is also considered alongside associated guidance prepared by the Scottish Health Council on major service change *('Guidance on Identifying Major Service Changes'*) and the Options Appraisal process *('Involving patients, Carers and the Public in Option Appraisal for Major Services Changes'*).

It is against CEL 4 (2010) and supporting guidance on major service change that the Scottish Health Council monitors compliance. For any proposed services changes considered to be major, the Board, when submitting its final proposal to the Minister for approval, must enclose a report from the Scottish Health Council which assesses whether the Board has involved people in accordance with the expectations set out in the guidance.

Patients Rights (Scotland) Act 2011

A key ambition for NHSScotland is that it is person-centred and provides services that put people at the heart of service provision. The Patient Rights (Scotland) Act 2011 supports the Scottish Government's vision for a high

quality NHS that respects the rights of patients, their carers, and all the people who deliver NHS services.

The Act:

- Aims to improve patient's experience of using health services and to support them to become more involved in their health and healthcare
- Acknowledges the important role of carers
- Encourages responsible use of NHS services and resources
- Recognises that NHS staff and all providers of NHS services should be treated with dignity, have their views valued, and supported to do their jobs well

Providers of NHS services throughout Scotland practice the principles of good patient care every day. The Patient Rights (Scotland) Act 2011 sets out these principles in law.

The Act details what patients in Scotland have a right to expect of their health services, no matter whether they are delivered by NHS staff or on behalf of the NHS by independent contractors and their staff.

Everyone who works for NHS Scotland wants to ensure that the experience of patients is the best it can be. In turn, staff have to be supported to do their jobs to the best of their ability.

The Act also recognises that carers have an important role in supporting patients, and that their views must be taken into account when planning and providing care and treatment.

The Act does not undermine the importance of clinical judgement, effective and efficient use of the NHS and its resources, or any other rule of law.

For the first time, patients have a legal right to give feedback on their experience of healthcare and treatment, and to provide comments or raise concerns or complaints.

"Our vision is that whatever the setting, care will be provided to the highest standards of quality and safety, with the patient at the centre of all decisions about their health care." Nicola Sturgeon MSP, 2012

In line with the national NHS Complaints Procedure, NHS Boards and independent contractors must publicise their own complaints processes and encourage patients to give feedback.

All staff who have contact with patients should be trained to deal with feedback, comments, concerns and complaints. This may involve responding to feedback or signposting patients to relevant support. Employers should provide staff with the relevant training they need to enable them to respond appropriately, effectively and efficiently.

The Patient Rights (Scotland) Act 2011 introduced a new independent

Patient Advice and Support Service (PASS). The role of PASS is outlined in Section 6.

People can also share their stories about local health and care services through Patient Opinion and Care Opinion (see Section 6).

CEL 8 (2012) Guidance on Handling and Learning from Feedback, Comments, Concerns and Complaints about NHS Health Care Services

We know that the NHS in Scotland already provides excellent care but we also know that sometimes things do go wrong. The Patient Rights (Scotland) Act 2011, together with supporting Secondary Legislation[2], introduced the right to give feedback, make comments, raise concerns and to make complaints about NHS services and it also places a responsibility on the NSH to encourage, monitor, take action and share learning from the views they receive.

The Guidance supports relevant NHS bodies and their health service providers (including Primary Care Service providers) in handling feedback, comments, concerns and complaints.

The aim is to continually develop a culture that values and listens to the views of service users, carers and stakeholders to help inform and improve the development and delivery of person – centred quality health care. A culture where all staff, who can potentially be the first point of contact, value all of the views expressed whether these are good or bad in order to learn from peoples' experiences and make improvements. A culture where people feel comfortable about expressing their views of the NSH without fear of this affecting the treatment or service they receive or their relationship with the health care provider.

Important provision within the legislation includes "the requirement to demonstrate what learning and improvement has taken place as a result of feedback, comments, concerns and complaints". Service user experience is already helping to shape excellent clinical/care services and fostering high levels of clinical/care performance.

The HSCP must, however, do more to encourage people to share their "stories", make it 'safe' for them to do so. Achieving the aim of continuous improvement in the quality of care and services at the point of delivery is reliant on this service user experience as it allows the service to target and focus improvements appropriately.

Continuous service improvement through the experiences of service users and carers is a core responsibility for Locality Planning Groups (LPGs)

[2] Secondary Legislation issued under CEL 7 (2012) in relation to the handling of feedback, comments, concerns and complaints, namely the Patient Rights (Complaints Procedure and Consequential Provisions) and the Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012 (" the Complaints Directions)

(Section 5), embedding this into the day to day business of the HSCP and within a performance and accountability framework.

The legislation places a clear responsibility on the relevant NHS bodies and health care providers to record the data they receive in relation to feedback, comments, concerns and complaints.

It should be noted that feedback, comments and concerns are not complaints. Complaints must be handled in accordance with NHS and Argyll and Bute Council procedures.

Participation Standard

Better Health, Better Care: Action Plan stated that establishment of a Participation Standard would enable the collection of systematic, comparable information on participation from across the NHS in Scotland.

The Standard set out what NHS Boards need to do to make sure that people have a say, and a sense of ownership, both in their own care and in how health services are developed and delivered.

When the Participation Standard was introduced, it covered three aspects of participation which were set out in three Standard Sections:

- Standard 1 Patient Focus
- Standard 2 Involving People in Service Planning
- Standard 3 Corporate Governance

NHS Boards were required to carry out a self – assessment against the Participation Standard annually. However, in 2015, the Participation Standard assessment process was changed and focussed on Health Boards' Feedback, Comments, Concerns and Complaints annual reports for 2014-2015[3]. At the end of the last year's revised process, the Scottish Health Council reported that Health Boards had welcomed the opportunity to review approaches and highlight any gaps in their procedures for handling complaints and feedback.

As the focus was different from previous years, it was agreed that the 2014-2015 self-assessment would provide a baseline for complaints and feedback handling, offering the opportunity to demonstrate future improvement and that any levels previously attained through the Participation Standard process would not be applicable for this assessment.

In line with established NHS Participation Standard procedure, 2015 – 2016 will be an improvement year and no formal assessment is planned. NHS Boards must focus on delivering the improvements identified for them in the

[3] Participation Standard 2015 – 2016, Scottish Health Council letter to NHS Board Chief Executives dated 16th March 2016

2014-2015 assessment and reported in their individual assessments and in the Scottish Health Council's National Overview Report.

While there will be no Participation Standard assessment process, NHS Boards must use their 2015-2016 Feedback, Comments, Concerns and Complaints annual reports to demonstrate improvements in the handling of complaints and feedback and how the learning is used to make improvements.

The annual reports should follow the guidance issued by the Scottish Government in May 2014. The Scottish Health Council will carry out an analysis on NHS Boards improvement outcomes, including noting the progress made on previously identified improvements. This is not the same thing as a Participation Standard assessment.

There must be a sustained focus on feedback and complaints in the coming years, both with the development of a model complaints handling process for the NHS in Scotland, and in terms of developing an integrated approach to handling feedback and complaints in health and social care.

The Scottish Health Council will be engaging with NHS Boards and participation leads to review other standards to ensure that the opportunity for closer alignment across health and social care participation standards is fully explored. The Scottish Health Council will also examine the implications in terms of measuring the impact of Our Voice.

National Standards for Community Engagement

The National Standards for Community Engagement sets out best practice guidance for engagement between communities and public agencies. The National Standards provides a useful understanding of how to implement good practice in engaging with communities at a local level, and can be used to evaluate and measure the impact of engagement.

The Standards for Community Engagement are a good practice tool:

- developed through community and agency engagement
- tested in practice
- setting out mutual commitments between agencies and communities
- promoting equality
- celebrating diversity
- building skills and confidence
- providing indicators of best quality performance

- driving continuous improvement
- embedded at the heart of what government promotes in Scotland

The 10 National Standards for Community Engagement are :

Standard 1 The Involvement Standard

We will identify and involve the people and organisations with an interest in the focus of the engagement

Standard 2 The Support Standard

We will identify and overcome any barriers to involvement

Standard 3 The Planning Standard

We will gather evidence of the needs and available resources and use this to agree the purpose, scope and timescale of the engagement and the actions to be taken

Standard 4 The Methods Standard

We will agree the use methods of engagement that are fit for purpose

Standard 5 The Working Together Standard

We will agree and use clear procedures to enable the participants to work with one another efficiently and effectively

Standard 6 The Sharing Information Standard

We will ensure necessary information is communicated between the participants

Standard 7 The Working With Others Standard

We will work effectively with others with an interest in the engagement

Standard 8 The Improvement Standard

We will develop actively the skills, knowledge and confidence of all the participants

Standard 9 The Feedback Standard

We will feedback the results of the engagement to the wider community and agencies affected

Standard 10 The Monitoring and Evaluation Standard

We will monitor and evaluate whether the engagement meets its purposes and the national standards for community engagement

Equality Act 2010

The Equality Act 2010 replaced the previous anti-discrimination laws with a single Act. A key measure included within the Act was the introduction of the Public Sector Equality Duty which came into force on 5 April 2011 and which is referred to as the General Equality Duty.

The General Equality Duty has three aims. It requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- foster good relations between people who share a protected characteristic and people who do not share it.

The duty to have due regard to the need to eliminate discrimination also covers marriage and civil partnership. The Equality Act also gives Ministers the power to impose specific duties through regulations. The specific duties are legal requirements designed to help those public bodies covered by the specific duties meet the General Duty.

Following a government consultation, the Equality Act 2010 (Specific Duties) Regulations 2011 were laid before Parliament for approval, and came into force on 10 September 2011. The specific duties for Scotland were laid before the Scottish Parliament on 21 March 2012 and came into force on 27 May 2012.

The regulations will promote the better performance of the Equality Duty by requiring the publication of:

- equality objectives, at least every four years
- information to demonstrate their compliance with the Equality Duty, at least annually

National Care Standards

The Care Inspectorate regulates and inspects care services to make sure they meet the right standards. When the Care inspectorate checks the quality of care, it does so against the National Care Standards.

The **National Care Standards** are a set of **standards** for **care** services in Scotland. The current **National Care Standards** were created by the Scottish Government under the Regulation of **Care** (Scotland) Act 2001.

National Care Standards were developed with people who use care services and what good quality of care service should be like. The National Care

Standards explain what you can expect from any care service used, written from the point of view of the person using the service. They also help people raise concerns or complaints.

There are six main principles behind the National Care Standards:

Dignity

- Be treated with dignity and respect at all times
- Enjoy a full range of social relationships

Privacy

- Have your privacy and property respected
- Be free from unnecessary intrusion

Choice

- Make informed choices, while recognising the rights of other people to do the same
- Know about the range of choices

Safety

- Feel safe and secure in all aspects of life, including health and well – being
- Enjoy safety but not be over – protected
- Be free from exploitation and abuse

Realising Potential

- Achieve all you can
- Make full use of the resources that are available to you
- Make the most of your life

Equality & Diversity

Live an independent life, rich in purpose, meaning and personal fulfilment

- Be valued for your ethnic background, language, culture and faith
- Be treated equally and be cared for in an environment which is free from bullying, harassment and discrimination
- Be able to complain effectively without fear of victimisation

The National Care Standards are currently being reviewed.

Scottish Social Services Council (SSSC) - Code of Practice for Social Service Workers and Code of Practice for Employers of Social Service Workers

The Codes of Practice for Social Service Workers and Code of Practice for Employers of Social Service Workers describes the standards of conduct and practice within which they should work. The Codes outlines what they are for and what they mean as a social service worker, employer, service user or member of the public.

The two Codes are referenced to together as they are complimentary and mirror the joint responsibilities of employers and workers in ensuring high standards, and contribution to continuing to raise standards of social services.

The Code of Practice for Social Service Workers is a list of statements that describe the standards of professional conduct and practice required of social service workers as they go about their daily work. The purpose of the Code is to set out the conduct that is expected of social service workers and to inform service users and the public about the standards of conduct they can expect from social service workers. It forms part of the wider package of legislation, practice standards and employers' policies and procedures that social service workers must meet.

The Code of Practice for Social Service Workers includes the following *selected* statements:

Social service workers must

1. Treat each person as an individual
2. Respect and, where appropriate, promote the individual views and wishes of both service users and carers
3. Support service users' rights to control their lives and make informed choices about the services they receive
4. Communicate in an appropriate, open, accurate and straightforward way

The Code of Practice for Employers of Social Service Workers sets down the responsibilities of employers in the regulation of social service workers. It is a list of statements that describe the standards of professional conduct and practice required of social service workers as they go about their daily work. The intention is to confirm the standards required in social services and ensure that workers know what the standards of conduct employers, colleagues, service users, carers and the public expect of them.

The purpose of the Code of Practice for Employers of Social Service Employers is to set down the responsibilities of employers in regulating social service workers. The purpose of workforce regulation is to protect and promote the interests of service users and carers. Employers are responsible

for making sure that they meet the standards set out in the Code, provide high quality services and promote public trust and confidence in social services.

The Code of Practice for Employers of Social Service Employers includes the statement that social service employers must:

> Promote the Codes of Practice, making service users and carers aware of the Codes, and informing them about how to raise issues through local policies / procedures.

Both Codes are intended to reflect existing good practice and anticipates workers and employers will recognise in the Codes the shared standards to which they already aspire.

Community Empowerment (Scotland) Act 2015

The Community Empowerment (Scotland) Act provides a significant step towards communities having greater influence or control over things that matter to them. In particular, the Act emphasises the need to address disadvantage and inequality.

The Act as a whole is highly ambitious and commits government and public services to engage with, listen to and respond to communities, easing the way towards communities having greater influence over how land and buildings are managed and used. Its detailed provisions set out many opportunities for communities, offering consultation on programmes and priorities, involvement in local outcomes improvement processes, reporting on progress of various kinds and, importantly, making support available to communities.

With careful consideration of the links between the Act and supporting guidance and regulations, the principles underpinning the Public Bodies (Joint Working) (Scotland) Act 2014 and recent regulations for community learning and development[4], there is an unprecedented opportunity to position community participation more sustainable in a very wide range of local initiatives and plans.

There are three major elements of the Act that communities should be aware of:

- The strengthening of community planning to give communities more of a say in how public services are to be planned and provided
- New rights enabling communities to identify needs and issues and request action to be taken to these, and
- The extension of the community right to buy or otherwise have greater control over assets

[4] http://www.educationscotland.gov.uk/communitylearninganddevelopment/about/policy/regulations.asp

The Act formalises the role of Community Planning Partnership (CPPs). The purpose of community planning is defined by the Act as “improvement in the achievement of outcomes resulting from, or contributed to by, the provision of [public] services.” Public services are a key factor in the quality of like for many people so it is important for communities to think about how they can take advantage of the legislation and engage with public services to highlight needs and issues, participate in developing plans and proposals and, where appropriate, play a part in providing services or projects.

Community planning partners must now include the whole range of public services that engage and work with communities. Public partners include Health Boards, Health and Social Care Partnerships, Integration Joint Boards, Local Authorities, Third Sector and Independent Sector.