**MINUTE OF
ARGYLL & BUTE HEALTH & SOCIAL CARE PARTNERSHIP (HSCP)
INTEGRATION JOINT BOARD
WEDNESDAY 22 JUNE 2016
J03-07, MACHICC, LOCHGILPHEAD**

Present :

Councillor Maurice Corry	Argyll & Bute Council (Chair)
Robin Creelman	NHS Highland Non-Executive Board Member (Vice Chair)
Christina West	Chief Officer, Argyll & Bute HSCP
David Alston	Chair, NHS Highland Board
Louise Long	Chief Social Work Officer
Elaine Wilkinson	NHS Highland Non-Executive Board Member
Liz Higgins	Lead Nurse, Argyll & Bute HSCP
Elaine Garman	Public Health Specialist
Caroline Whyte	Chief Financial Officer, Argyll & Bute HSCP
Denis McGlennon	Independent Sector Representative
Glenn Heritage	Argyll & Bute Third Sector Interface
Dr Kate Pickering	General Practitioner
Dr Peter Thorpe	Secondary Care Adviser, Argyll & Bute HSCP
Linda Currie	Lead AHP, Argyll & Bute HSCP
Maggie McCowan	Public Representative
Betty Rhodick	Public Representative
Heather Grier	Unpaid Carer Representative
Dawn McDonald	Vice Chair Joint Partnership Forum, - Argyll & Bute HSCP
Councillor Mary-Jean Devon	Argyll & Bute Council
Councillor Anne Horn	Argyll & Bute Council
Councillor Elaine Robertson	Argyll & Bute Council

In Attendance :

Cleland Sneddon	Chief Executive, Argyll & Bute Council
David Ritchie	Communications Manager, Argyll & Bute HSCP
Jane Jarvie	Corporate Communications Manager Argyll and Bute Council
Allen Stevenson	Head of Adult Services (East), Argyll & Bute HSCP
David Forshaw	Principal Accountant – Integration Services, - Argyll & Bute Council
Sheena Clark	PA to Chief Officer (Minutes)

Apologies :

Dr Michael Hall	Clinical Director, Argyll & Bute HSCP
Stephen Whiston	Head of Strategic Planning & Performance - Argyll & Bute HSCP
Anne Gent	Director of Human Resources, NHS Highland
Catriona Spink	Unpaid Carer Representative

ITEM	DETAIL	ACTION
1	**WELCOME**	
	The Chair welcomed everyone to the meeting and introductions were made. The Chair congratulated Cleland Sneddon on his recent appointment as Chief Executive of Argyll & Bute Council.	
2	**APOLOGIES**	
	Apologies were noted.	
3	**DECLARATIONS OF INTEREST**	
	No declarations of interest were recorded.	
4	**MINUTE OF INTEGRATION JOINT BOARD 18-05-2016**	
	The minute was checked for accuracy and agreed subject to below amendments. Page 1 - Glenn Heritage's apologies were noted as having been submitted.	
5	**ACTION LOG/MATTERS ARISING**	
	Action Log Update : 1) Previous DMT reports on Care at Home to be shared with the IJB - the action is outstanding - follow-up by Allen Stevenson. 2) A formal letter was sent to Argyll & Bute Council from the Chief Officer requesting an additional £1.58m in revenue funding for 2016/17. Robin Creelman expressed his concern regarding this matter. He referred to an underspend and his view that the IJB should receive the additional funding requested. He enquired of the Elected Members present if they had been consulted on the recent decision by the Local Authority not to make available additional monies from the underspend. Elected members concurred that they had not been consulted on the response to the IJB's request for additional funding to address the £1.58m gap. The Chief Officer explained the Council's response to the proposal that they considered it *the responsibility of the IJB to align its spending plan with the confirmed delegated budget from the parent bodies, and could not therefore accede to the request.* Councillor Corry outlined discussions at a meeting with the Council Leader subsequent to receipt of the letter from the	**AS**

	Council.	
	3) Summary list of Performance Indicators - update to IJB meeting in August.	**SW**
	4) Review of distribution of papers - actioned. Elected members today advised of difficulties in the electronic receipt of papers and this will be reviewed to resolve the issue.	**SC**
	5) Availability of Webex – ongoing.	**CW**
	David Alston advised that NHS Highland is looking for a new member to join its Board as a non-executive member. He encouraged eligible members of the IJB to consider applying for the position and to make this opportunity known across wider networks.	
6.1	**EQUALITIES FRAMEWORK**	
	The Public Health Specialist outlined the IJB's statutory duty, under the Equality Act (2010), to integrate equality into the day-to-day running of Argyll & Bute HSCP. The Act sets out the requirement to protect specific groups of people, of all ages. A short-life working group was set up to review the actions required to progress a Mainstream Equalities Report and Equalities Outcome Framework. The paper outlined the outcome of the review. Key points noted: • Equalities training will be added to the IJB Development Plan to support members to provide strategic leadership and commitment to improving equalities across Argyll & Bute HSCP. • Governance of the Equalities Outcome Framework will be via the performance management system led by the Performance & Improvement Team. An equalities scorecard will be developed and statutory reporting will be reviewed after 1 year. It was agreed that information to the IJB will be by exception reporting only. • Robin Creelman expressed his view that there is no assurance that the Mainstream Equalities Report and Outcome Framework will be incorporated into action plans of the Locality Planning Groups and Health & Care Forum. This concern was noted and the status will be monitored. • Details of the report and framework to be included in the Communication and Engagement Strategy.	**CW** **EG** **DR/JJ**

	• Ensure inclusion of Carers (including young carers), Looked After/Foster/Kinship children and a focus on early years. The Integrated Joint Board agreed the recommendations in the report before them. • **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. • **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.	**EG** *4*
6.2	**HEALTH & SAFETY MANAGEMENT RESPONSIBILITY**	
	The Chief Officer advised that the aim of the Statement of Responsibilities and Management Arrangements is to provide a framework for managing health and safety within the partnership. It sits alongside the Health and Safety Policies of the two partner bodies and is composed of three main sections : • Statement of Intent • Organisation & Responsibilities • Health & Safety Arrangements The Statement aims to clarify the health and safety responsibilities within the Partnership by : • Setting out the Partnership's 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. It is important that staff refer to the electronic version of the document as being the up-to-date version. The Integration Joint Board :	

	• **Approved** the Statement of Responsibilities and Management Arrangements and instruct the Chief Officer to sign the document.	
6.3	**HOMECARE UPDATE / IMPLEMENTATION OF LIVING WAGE** The Head of Adult Services (East) spoke to his report and advised that there has been good progress and positive engagement with adult home care providers to ensure their understanding of the requirements to pay the Scottish Living Wage from 1 October 2016 and of Fair Work Practices. Principal Accountant, Integration Services, Argyll & Bute Council reported that work is ongoing to establish the impact of the Scottish Living Wage on Social Work Services and the impact on providers to meet a 25% share of the cost. Denis McGlennon commented that there was no national agreement by the Providers to a 25% contribution to the uplift. Elaine Wilkinson highlighted the financial risk to the IJB of the independent care sector meeting the cost of the 25% uplift, which cannot currently be quantified but is expected to be substantial. The Chief Officer advised that COSLA are aware of the issue and continue to pursue. The Public Health Specialist stated that the IJB should note that low income has the biggest impact on health within communities and should acknowledge the positive effect of the uplift in the living wage on low wage earners. Vice-Chair of Joint Partnership Forum reported that the removal of NHS Agenda for Change Band 1 posts and a move to Band 2 posts has been agreed nationally. Job descriptions will be reviewed and adjusted to reflect the change in grading. Work with Staffside and HR will be progressed. A follow-up report will be brought to the IJB detailing the results of the financial analysis that is currently taking place on the adult care providers' submissions. The Integrated Joint Board agreed 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.	**AS/ AMac-Smith**

7.1a	**FINANCE** **– UNAUDITED ACCOUNTS 2015-16**	
	The Chief Financial Officer reported that the unaudited accounts, drafted in accordance with the Code of Practice on Accounting for Local Authorities, require to be submitted to Audit Scotland by end June 2016 and to be considered by the Audit Committee by 31 August 2016. Thereafter they will be considered at the Integration Joint Board Meeting on 28 September 2016. The annual accounts 2015/16 are prepared at a relatively high level, concentrating 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. The timescale for producing accounts in future years will be challenging due to the differing financial year-end timetables of the Health and Council partners, requiring adequate planning to ensure accounts are produced timeously. The Integration Joint Board agreed 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 IJB 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.	6
7.1b	**- FINANCIAL MONITORING 2016-17**	
	The Chief Financial Officer provided a summary update on the report which sets out the financial position for Integrated Services as at end May 2016. The main areas to note are : **-** The overall year-to-date variance is an underspend of £0.904m, which should not be viewed as the year-end position. 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.

There are no forecast outturns or projected budget over or underspends reported in the May period.

There is an overall increase in funding of £0.143m compared to the approved budget. This relates to an overall increase in Health funding, mainly due to in-year recurring allocations of funding from the Scottish Government partly offset by a transfer to NHS Highland for centrally provided services.

There are concerns regarding the deliverability of the Quality & Financial Plan for 2016-17 and remedial plans need to be delivered to produce a sustainable balanced budget within an accelerated timescale.

CWh

£1.231m budget reductions are pending approval by the IJB. Progress for the remaining £7.267m was summarised in the report. There will be an assessment of the high risk areas in terms of the amount achieved and an analysis of the risks of deliverability. If a reported overspend is projected a recovery plan will be presented to the Integration Joint Board for approval.

The Integration Joint Board do 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.

Elaine Wilkinson emphasised the importance of not losing sight of the £6.6m of additional risks and suggested that a financial recovery plan should be commenced and details provided to the IJB in August.

CWh

Review of appendices - points clarified :

- New Medicines Funding – this was confirmed as additional monies.
- Prescribing Waste – the Lead Pharmacist is leading on various workstreams to reduce waste.
- Procurement - Drugs off-patent – accounted for nationally, not locally.
- Review of Rural Cowal Out of Hours Service and implementation of redesign – Head of Adult Services (East) advised that the focus is currently on the Cowal Community Hospital redesign but recognised the challenges within the OoH service and acknowledged this as a priority area to progress. The Chief Officer commented that this is indicative of the challenges facing the Heads of Service in progressing the individual service redesign projects. Key milestones will form part of a future

	report to the IJB. There is agreement that Public consultation and feedback is an essential criteria during all redesign work.
	- Locum costs – are constantly under review. Planning for a sustainable service going forward forms part of the redesign work underway in Lorn & Islands Hospital and Mull. David Alston provided assurance that discussions are in line with the National Clinical Strategy for Scotland. Peter Thorpe advised that high locum costs are not local to Argyll & Bute and are recognised as being a national problem.
	
	The Integration Joint Board was asked to :
	
	• **Note** the overall Integrated Budget Monitoring Report for May 2016 period, including :
	  - Integrated Budget Monitoring Summary
	  - Quality & 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.
	
	The IJB noted the above.
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7.1c	**- QUALITY & FINANCIAL PLAN 2016-17 – TEMPLATES FOR SAVINGS**	
	The Chief Financial Officer presented the paper. As requested at the last meeting, the report provides further, more detailed information on the implementation of the service redesign options to produce a balanced budget for 2016-17. Robin Creelman sought clarity on whether or not the full Council was aware of the decision of no additional funding being given to the IJB to address the identified funding gap of £1.58m. He requested that the IJB Elected Members discuss this shortfall in funding and the decision to reject the IJB's request for additional funding with the full Council. The IJB reviewed the detail of each of the templates as listed : <u>Ref 54 – Homecare Review</u> – Councillor Devon referred to the decision in 2012 by Argyll & Bute Council to keep homecare internal on the small islands. Principal Accountant, Integration Services, Argyll & Bute Council advised that the review is not particularly of the small islands, but is being considered in blocks in order to offer additional work to providers to ensure the viability of island work.	

	Discussions regarding the provision of homecare on Mull are at an early stage. Elizabeth Rhodick enquired if the re-enablement approach will impact on AHP input, resulting in a cost to the IJB. The Lead AHP responded that re-enablement should be part of core business for all care staff with no additional cost to the IJB. Elaine Wilkinson highlighted the need for IT systems to be effective in providing an understanding for the release of capacity in all areas and the opportunities for utilisation of staff. Client needs and any potential risks were highlighted by Heather Grier as requiring a continuing awareness. *The IJB approved progressing the Homecare Review and the actions required to deliver on the savings.* Ref 55 – Struan Lodge Service Redesign – members of the IJB expressed their concern about the implications of the review on the current service provision, the future of Struan Lodge and the timescale for delivering the proposed savings in-year. In addition the impact on the staff based in Struan Lodge required clarification. Some time ago Struan Lodge Action Group accepted the need for a more sustainable model of care going forward and had identified this in a recovery plan. Robin Creelman expressed the view that this demonstrated a willingness to engage and move forward. He also suggested that this redesign should be regarded as major service change, with the resulting engagement requirements. Allen Stevenson summarised the detail of the template and the intention to create a community support hub based in Cowal to deliver a range of co-ordinated interventions to suit individual client needs and to support families and carers. If taken forward, the implications for current staff based in Struan Lodge will be assessed and a plan developed. He asked the IJB to be mindful that the proposals from the Heads of Service submitted to today's meeting are required to address the identified funding gap of £1.58m The concerns previously raised by the Cowal Community in relation to the closure of Struan Lodge were acknowledged, this service redesign seeks to continue to utilise Struan Lodge as a community hub. The Chief Officer stated that as part of all redesign work, the HSCP will engage and consult fully with communities and work with the Locality Planning Groups in progressing proposals for service redesign.	**AS**

In progressing any service redesign that fits with the strategic priorities, Councillor Corry assured the IJB that the HSCP would adhere to correct procedures of consultative and community engagement, complying with the requirements of consultation on major service change.

The Lead Nurse suggested that information on all service redesign work should be articulated in HSCP public documents to inform all communities in Argyll & Bute.

The requirement for an Equality Impact Assessment has been noted in the template for Struan Lodge redesign and will be provided at a future meeting.

Robin Creelman advised that he was supportive of the Struan Lodge Redesign plans but not the timescale.

The IJB acknowledged that savings may not be achieved in-year but approved the Struan Lodge redesign and the actions required to deliver the savings which will include consultation.

Ref 56 – Thomson Court Day Service – *The IJB approved progressing the proposal as detailed in the template.*

Ref 57 – Tigh a Rhuda Care Home – *The IJB approved progressing the proposal as detailed in the template*

Ref 58 – Gortnavogie Care Home – *The IJB approved progressing the proposal as detailed in the template.*

Ref 59 – Bowman Court Progressive Care Centre – the earlier comments by Councillor Devon will be noted as part of the proposal.

The IJB approved progressing the proposal as detailed in the template.

Ref 60 – Sleepover Provision – a risk assessment will be carried out for all services users, to include input from families and carers, prior to implementation of the new model.

The IJB approved progressing the proposal as detailed in the template.

Ref 63 – Assessment & Care Management Reduction – it was noted that the savings proposal can only be delivered on completion of the work around the 2nd phase roll out of the new Universal Adult Assessment.

The IJB approved progressing the proposal as detailed in the template.

Ref – 65 – Support for Carers – *The IJB approved progressing the proposal as detailed in the template*

Ref 66 – Supported Living Services – Councillor Robertson commented that preventative work is essential for non-residential care.

The IJB approved progressing the proposal as detailed in the template

Ref 68 – Homecare Packages - *The IJB approved progressing the proposal as detailed in the template.*

The Integration Joint Board was 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 & Financial Plan in Appendix 1, following consideration of the further information provided in templates for the additional service redesign options added to the Plan.
- **Note** the request submitted to the council to reconsider the financial offer to the IJB for 2016/17 and the response received advising that there is a no further funding available.

Robin Creelman stated that there was a lack of clarity around whether or not the Full Council were aware of the decision taken and the letter from the Council, advising the Chief Officer that there will be no increase to the 2016-17 budget offer previously made to the Integration Joint Board.

Councillor Corry referenced today's discussions and Robin Creelman's comments and concerns regarding the Council's decision making process in relation to the IJB budget, and asked the IJB if they were approving the updated Quality and Financial Plan.

The Integration Joint Board intimated their approval of the Quality & Finance Plan and Heads of Service to progress service redesign proposals as detailed in the templates, acknowledging the requirement for an Equality Impact Assessment for a number of the redesign projects.

Following approval of the updated Quality & Finance Plan, incorporating the additional funding gap of £1.580m, Councillor Corry asked the IJB if they therefore accepted the Council's offer of the delegated budget. Noting several IJB members' concerns regarding accepting the delegated budget without further discussion, the IJB accepted the delegated budget subject to ongoing due diligence in relation to Council delivered services and the identification of

	recurring cost and demand pressures requiring ongoing discussion with Council partners. Mr Creelman intimated his support for the Board decision but had reservations around the process for agreeing to accept the delegated budget. Councillors Devon, Horn & Robertson left the meeting.	
7.1d	**AUDIT COMMITTEE – APPOINTMENT OF CHIEF INTERNAL AUDITOR**	
	The late paper distributed to the meeting outlined the recent process for the appointment of the Chief Internal Auditor. The Chief Financial Officer asked the IJB to approve the appointment of Scott- Moncrieff as the providers of internal audit services to the IJB. Scott-Moncrieff are already working with the Scottish Government and other IJBs. Their approach offers a significant degree of flexibility which will be beneficial as the Audit Committee develops. The appointment will be for a 3 year term, in line with the strategic plan. The IJB was asked to : • **Note** that communication was issued to the respective Council and Health Board internal audit providers to invite them to express an interest in providing the internal audit service to the Integration Joint Board. • **Approve** the appointment of Scott-Moncrieff, the current providers of NHS Highland internal audit services as the providers of internal audit services to the IJB. • **Instruct** the Chief Financial Officer to communicate the decision to both parties and engage with Scott-Moncrieff and the Audit Committee Chair to make the appropriate arrangements for the first Audit Committee meeting in August. *The above was agreed.*	
7.2	**CLINICAL & CARE GOVERNANCE**	
	The Lead Nurse provided a summary of the report, detailing the current Clinical and Care Governance issues and the actions being taken in respect of : - Violence and aggression training in Argyll & Bute hospital - Health & Social Care Partnership (HSCP) Complaints - Professional regulation - 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. The C&CG locality groups will adopt a standard agenda and terms of reference. It will be recommended that the Chair of the locality groups will be the Locality Managers who are also on the CC&G Committee. The Lead Nurse asked the IJB to give feedback on the information provided in the report and to advise of any other issues they wish to be reported to future meetings. The Chief Officer advised the IJB on mental health issues within Argyll & Bute Hospital which are urgently being addressed. The Integration Joint Board was asked to : **Note** the content of the report, the risks identified and the risk management plans. *The IJB noted the above.*	
7.3	**INFECTION PREVENTION & CONTROL REPORT**	
	The Lead Nurse provided a summary of the report. *Staphylococcus aureus* bacteraemia (SAB) – 2 SAB infections were reported in Argyll & Bute during April & May 2016, both infections occurring in the same patient. Initial investigation regarding the source of infection was inconclusive and a formal Root Cause Analysis meeting is scheduled. Any lessons identified will be shared throughout the HSCP. *Clostridium difficile* infection (CDI) – there have been no CDI infections identified in Argyll & Bute since the last reporting period. Infection Prevention Control (IPC) Staffing – there were no external applicants for the post. An experienced staff nurse currently employed in the Operating Department, Lorn & Islands, was successfully interviewed for the vacant Infection Control Nurse (ICN) post and 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 – is progressing and the system is now being utilised on a pilot basis in tandem with the current surveillance and record keeping systems. The implementation team have advised that the institution of real time data upload from the relevant microbiology laboratories is imminent, which will facilitate full ICnet use and reduce the current reliance on person dependent surveillance. *The Integrated Joint Board noted the content of the report.*	

	Dr Kate Pickering left the meeting.		
7.4	**STAFF GOVERNANCE**		
	The Chief Officer provided a verbal update.		*14*
	A Joint Partnership Forum Development Day took place in May. Discussions included :		
	- Terms of Reference and Role and Remit of the group. - Effective communications - What worked well / what did not work well within current arrangements for both Council and Health		
	The day was productive, providing an opportunity to progress working in partnership. Minutes of future meetings will be issued to the IJB meetings.		
7.5	**COMMUNICATIONS & ENGAGEMENT STRATEGY**		
	The Communications Manager, Health and Corporate Communications Manager, Council gave a summary, advising that the Strategy will be a working document through the 3 year period of the Strategic Plan to support the delivery of the HSCP Vision.		
	Effective communications and engagement is required to ensure a partnership approach to informing and engaging actively with the public and staff.		
	Relevant resources and structures will be developed to support the delivery of the strategy.		
	The Integrated Joint Board was asked to :		
	Give comment on and agree the draft communication and engagement strategy.		
	Note the issue with regards to the question on resources.		
	The IJB : - *will review the Strategy and provide additional comments to further develop the Strategy.* - *noted the marketing and budget resource issue.*		
8	**AOCB**		
	<u>Argyll & Bute Council Area Committees</u> – in response to requests for reports from the IJB, a paper will be brought to the next IJB for discussion regarding communication and clarity of role of the IJB and Area Committees.		**CW/SW**
	<u>COSLA</u> – Councillor Corry & Robin Creelman are attending the IJBs Chairs and Vice-Chairs Development Day on 27 June 2016.		

Date and time of next meeting:

Thursday 4 August 2016 at 1.30pm, Council Chambers, Kilmory, Lochgilphead

DRAFT

ACTION LOG – INTEGRATION JOINT BOARD 22-06-16

		ACTION	LEAD	TIMESCALE	STATUS
1		Previous DMT reports on Care at Home to be shared with the IJB	A Stevenson to progress	August 16	Complete
2		Summary list of 23 performance indicators to be produced	S Whiston	August 16	Complete
3		Issue re. Electronic circulation of papers to Elected Members to be reviewed.	S Clark	August 16	Complete
4		IT support to be looked at regarding Webex use for IJB meetings.	C West	August 16	Ongoing
5		Equalities training to be added to the IJB Development Plan	C West	August 16	Complete
6		Equalities Outcome Framework to be included in Comms & Engagement Strategy	D Ritchie / J Jarvie	August 16	Ongoing
7		Implementation of Living Wage by Homecare Providers - Update	A Stevenson	September 16	
8		Report on Financial Recover Plan to IJB	C Whyte	August 16	Complete
9		Progress service redesign proposals as detailed in the templates.	Heads of Service	Ongoing	
10		Equality Impact Assessments as noted.	Heads of Service	Ongoing	
11		Paper confirming clarity role of IJB and Area Committees	C West/ S Whiston	August 16	Complete

Argyll & Bute Health & Social Care Partnership

Integration Joint Board   Agenda item : 5

Date of Meeting :   **4 August 2016**

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

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

The Integration Joint Board is asked to :

- **Note** the overall Integrated Budget Monitoring report for the June 2016 period, including:
  - Integrated Budget Monitoring Summary
  - Quality and Financial Plan Progress
  - Financial Recovery Plan
  - Financial Risks
  - Reserves
  - Other Project Funding
- **Note** that as at the June period there is a projected year-end overspend of £1.5m primarily in relation to the deliverability of the Quality and Financial Plan.
- **Approve** the financial recovery plan to ensure the delivery of a balanced integrated budget for the 2016-17 financial year.

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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 June 2016. The projected year-end outturn position is an overspend of £1.5m and the Integration Joint Board requires to take action to ensure the spend is brought back into line with the available budget. A financial recovery plan has been proposed by the Strategic Management Team to address this position.
- 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, these risks should continue to be closely monitored together with the delivery of the Quality and Financial Plan and financial recovery plan.

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2. INTRODUCTION

2.1 This report sets out the financial position for Integrated Services as at the end of June 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 Overspend - £0.095m

3.1.2 The main areas to note from this are:

- The overall Year to Date variance is an overspend of £0.095m. This consists of an underspend of £0.369m in Council delivered services and an overspend of £0.464m in Health delivered 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, the year to date position is in line with the forecast outturn position noted below.
- Within Council provided services the year to date underspend is mainly in relation to delays in receipt and processing of supplier payments and increased income from charging. This year to date underspend position is not necessarily an indication of the likely year-end outturn position.

3.1.3 Although there is a relatively small year to date overspend of £0.095m this should not be relied upon as an indication of the likely year-end outturn position. Council and Health partners use different financial systems and treatments for the monthly profiling of budgets and recording of actual costs which results in financial information relating to the year to date position for the integrated budget not being a reliable indicator of the year-end position.

Forecast Outturn Position – Projected Overspend - £1.5m

3.1.4 The year-end forecast outturn position for the June period is a projected overspend of £1.5m. This position is in relation to Health delivered services, the main areas are noted below:

- Adult Care – projected overspend £2.6m – mainly due to an expected shortfall in the delivery of savings as part of the Quality and Financial Plan, further detail is included in section 3.2. In addition there are budget overspends in relation to locum cover for vacancies and sickness absence. The combined overspend on locums is £0.4m to the June period.
- Budget Reserves – projected underspend £1.0m – represents the uncommitted element of budget reserves which can be utilised to offset the overall projected outturn position. This projected outturn

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position is based on an assessment of the likely outturn informed by financial performance in previous years.

3.1.5   Council delivered services are reporting a break-even position at the June period, however this will be kept under review.

3.1.6   There is an overall increase in funding of £0.133m compared to the approved budget.   There is an increase in available funding from £256.001m to £256.134m, these in-year changes in funding are also noted in Appendix 1. This relates to an overall increase in Health Funding, mainly relating to 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   The Integration Joint Board have highlighted a risk around 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.   These savings have all been previously approved by the Integration Joint Board for implementation.

3.2.4   Progress on the delivery of savings is summarised below:

Risk Category	Number	Budget Reduction £000	Achieved to June 2016 £000	Remaining £000
RED	8	2,250	93	2,157
AMBER	24	3,712	18	3,694
GREEN	31	2,536	1,347	1,189
TOTAL	**63**	**8,498**	**1,458**	**7,040**

3.2.5   As at the end of June 2016 recurring budget reductions of £1.458m have been achieved, this compares to a total of £0.797m at the May 2016 reporting period. This demonstrates progress, but this is primarily with the savings that are classified as green in terms of deliverability.

3.2.6   Additional savings in social care services were approved by the Integration Joint Board on 22 June 2016.   These additional savings were agreed with the understanding that the appropriate period of consultation and engagement required for implementation would be carried out and that this would be a priority over delivering financial savings.   Management are developing plans for service re-design to progress these, the timeline for delivery of savings is not yet confirmed.

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3.2.7   The risk category attached to each of the savings is an assessment of the deliverability.   At this stage the focus should be on those which have been highlighted as red risk, there are eight of these and they account for £2.250m of the total savings.   These are noted below:

- Prescribing
- Rural Cowal Out of Hours Service
- Re-design of community pathways and community hospital services to shift the balance of care as a result of reduced length of stay, reduced delayed discharges and reduced emergency admissions – Cowal, Bute, Kintyre and Islay
- Closure of AROS
- IT and Telephony Re-provision

3.2.8   A project management approach is being adopted to monitor the deliverability and progress of the high risk projects.   The timeframe for delivery of savings has slipped due to additional complexity.

3.2.9   There is a reported forecast overspend of £1.5m as at the June 2016 period, this is primarily in relation to the expected shortfall in the delivery of the Quality and Financial Plan.   The estimate is that £2.275m of the savings will not be deliverable in 2016-17, services are working to address that position and underspends in other service areas have been forecast to reduce this expected year-end overspend position.

3.3   FINANCIAL RECOVERY PLAN

3.3.1   The June forecast outturn position for the integrated budget is a projected year-end overspend of £1.5m.   As noted above this is primarily in relation to an anticipated shortfall in the delivery of savings agreed as part of the Quality and Financial Plan, partly offset by underspends in other service areas.

3.3.2   The Integration Joint Board has a responsibility to ensure a balanced year-end budget position and there will be financial consequences for the partner bodies and the IJB if this not delivered.   Therefore a recovery plan requires to be put into place to ensure that services are delivered within the available budget.

3.3.3   A financial recovery plan is being finalised by the Strategic Management Team.   The plan includes management actions to bring the projected spend back into line with budget.   These actions do not have any policy implications, will have limited impact on the day to day delivery of services and can be delivered in the normal course of business.   The initial areas identified include:

- Review of the payment to Greater Glasgow and Clyde – initial analysis of the most recent iteration of the financial model indicates that the saving in relation to this included in the Quality and Financial Plan is achievable. There may be a further opportunity to reduce the payment by negotiation.
- Review spending plans against non-recurring funding allocations with a view to removing uncommitted elements of any non-recurring resource allocations. Depending on the nature of the funding there be a requirement to re-instate funding in 2017-18.
- Further efficiencies and cost reduction through vacancy management, management of sickness absence and standardisation of procurement processes.

- Drive forward the re-design of community pathways and community hospital services to shift the balance of care as a result of reduced length of stay, reduced delayed discharges and reduced emergency admissions.
- Review of future commitments on non-pay non-essential expenditure budgets, for example furniture replacement.
- Restricting new investment to core service delivery.

3.3.4 The Strategic Management Team assessment at this time is that these actions should bring the forecast expenditure back into line with the allocated budget.

3.4 FINANCIAL RISKS

3.4.1 An assessment of financial risks together with the likelihood and impact and the potential financial consequences for the Integrated Budget is included as Appendix 3. This only includes financial related risks and highlights areas where there are potential cost or demand pressures facing service delivery.

3.4.2 There are 15 financial risks with a potential financial impact of £4.8m noted at the June 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
Almost Certain	0	0
Likely	4	1,375
Possible	8	2,550
Unlikely	3	900
TOTAL	**15**	**4,825**

3.5 RESERVES

3.5.1 The Integration Joint Board does not have any opening reserve balances but there are inherited reserve balances from Council delivered services. These balances for 2016-17 total £0.4m. The balances are mainly in relation to unspent grant monies carried forward or funds the Council has earmarked from the general fund for service development. The funds are committed for specific projects previously approved by the Council, this includes funding for:

- Self Directed Support
- Sensory Impairment
- Autism Strategy
- Care at Home – Fairer Work Practices
- Integrated Care Fund
- Early Intervention (Early Years Change Fund)
- Criminal Justice Transformation

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3.6 OTHER PROJECT FUNDING

3.6.1 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.

3.6.2 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 June 2016 monitoring period significant financial risks have been identified and services are forecasting a year-end overspend of £1.5m. A recovery plan requires to be put into place to ensure this can be brought back into line with the delegated 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 June 2016. The forecast year-end outturn position is a projected overspend of £1.5m, a financial recovery plan requires to be put into place to ensure the delivery of a year-end balanced budget.

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

APPENDICES:

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

INTEGRATED BUDGET MONITORING SUMMARY - JUNE 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	26,467	25,768	(699)	-2.7%	124,768	127,368	(2,600)	0	(2,600)
Alcohol and Drugs Partnership	239	239	0	0.0%	1,258	1,258	0	0	0
Chief Officer	216	98	(118)	-120.4%	2,223	2,223	0	0	0
Children and Families	4,172	4,630	458	9.9%	19,757	19,657	100	0	100
Community and Dental Services	1,040	1,026	(14)	-1.4%	4,103	4,103	0	0	0
Integrated Care Fund	161	161	0	0.0%	2,090	2,090	0	0	0
Lead Nurse	299	342	43	12.6%	1,331	1,261	70	0	70
Public Health	316	320	4	1.3%	1,188	1,175	13	0	13
Strategic Planning and Performance	736	747	11	1.5%	3,240	3,222	18	0	18
	33,646	33,331	(315)	-1%	159,958	162,357	(2,399)	0	(2,399)
Centrally Held Budgets:									
Budget Reserves	0	250	250	100.0%	2,758	1,758	1,000	0	1,000
Depreciation	648	648	0	0.0%	2,649	2,649	0	0	0
General Medical Services	3,740	3,711	(29)	-0.8%	15,003	15,003	0	0	0
Greater Glasgow & Clyde Commissioned Services	14,520	14,520	0	0.0%	58,081	58,081	0	0	0
Income - Commissioning and Central	(324)	(303)	21	-6.9%	(1,160)	(1,160)	0	0	0
Management and Corporate Services	222	195	(27)	-13.8%	1,743	1,784	(41)	0	(41)
NCL Primary Care Services	2,190	2,190	0	0.0%	8,350	8,350	0	0	0
Other Commissioned Services	959	964	5	0.5%	3,855	3,915	(60)	0	(60)
Resource Release	2,369	2,369	0	0.0%	4,897	4,897	0	0	0
	24,324	24,544	220	1%	96,176	95,277	899	0	(101)
Grand Total	**57,970**	**57,875**	**(95)**	**0%**	**256,134**	**257,634**	**(1,500)**	**0**	**(2,500)**

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	8,441	8,810	369	4.2%	55,553	55,553	0	0	0
NHS Highland	49,529	49,065	(464)	-0.9%	200,581	202,081	(1,500)	0	(1,500)
Grand Total	**57,970**	**57,875**	**(95)**	**0%**	**256,134**	**257,634**	**(1,500)**	**0**	**(1,500)**

FUNDING RECONCILIATION - JUNE 2016

Partner	£000	£000	£000
Argyll and Bute Council:			
Opening Funding Approved		55,553	
Annual Budget at June 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 June 2016		200,581	
Movement		**133**	
Details:			
Budget Carry Forwards (ICT, TEC & ADP)			716
New Medicines Funding			1,000
Other SG funding increases/decreases			489
Transfer to Health Board for Central Services			(2,072)
			133

QUALITY AND FINANCIAL PLAN PROGRESS - JUNE 2016

New Ref	Service Area	Description	Lead	Key Date	TARGET 2016-17 Budget Reduction £000	TARGET 2016-17 FTE Reduction	Achieved June 2016 £000	Remaining £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	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	Initial analysis suggests that this target may be possible.	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	192	58	On track to be fully delivered.	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	On track to be fully delivered.	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. It is expected that there may be resistance from medical staff and rural communities.	RED
6	Re-design Community Hospital - Cowal		Allen Stevenson	Sep-16	500	6.7	0	500		RED
7	Re-design Community Hospital - Victoria Hospital, Bute		Allen Stevenson	Sep-16	250	4.1	0	250		RED
8	Re-design - Lorn and Islands Hospital		Lorraine Paterson	Sep-16	500	11.5	0	500		AMBER
9	Re-design Community Hospital - Mid Argyll	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. By shifting the balance of care as a result of reduced length of stay, reduced Delayed Discharges and reduced energy admissions.	Lorraine Paterson	Sep-16	500	22.0	300	200	Pathway re-design and bed modelling in progress.	GREEN
10	Re-design Community Hospital - Kintyre		Lorraine Paterson	Sep-16	250	3.8	18	232		RED
11	Re-design Community Hospital - Islay		Lorraine Paterson	Sep-16	250	5.5	25	225		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	70	230	On track to be fully delivered.	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	In progress.	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	High risk as 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	13	62	On track to be fully delivered.	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	In progress.	AMBER
17-20	Locality General Savings 1%	Efficiency savings target applied across localities.	Allen Stevenson/ Lorraine Paterson/ Louise Long	Sep-16	602	0.0	18	584	In progress.	AMBER
21	Review Day Hospital Services for Older People with Dementia	Re-design of traditional day services.	Lorraine Paterson	Sep-16	25		0	25	In progress.	AMBER

QUALITY AND FINANCIAL PLAN PROGRESS - JUNE 2016

					TARGET 2016-17		Achieved June 2016	Remaining		
New Ref	Service Area	Description	Lead	Key Date	Budget Reduction £000	FTE Reduction	£000	£000	Progress Update	Risk of Delivery (RAG)
22	IT Services - Telephony re-provision	Productivity gains and telephony cost reduction.	Stephen Whiston	Sep-16	50	0.0	0	50	Business case being developed for longer term savings in telephones and IT, unlikely that any savings will be delivered this financial year.	RED
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	In progress.	AMBER
24	CMHT Nursing Redesign Helensburgh		Allen Stevenson	May-16	11		11	0	Achieved.	GREEN
25	Islay - Reduction in Patient Travel	Investigate and where possible provide appropriate services locally to reduce travel.	Lorraine Paterson	May-16	30		30	0	Achieved.	GREEN
26	Public Health Services Redesign		Elaine Garman	Sep-16	35		35	0	Achieved.	GREEN
27	Kintyre Patient Transport Redesign	Investigate and where possible provide appropriate services locally to reduce travel.	Lorraine Paterson	Sep-16	25		0	25	In progress.	AMBER
28	Mid Argyll/A&B Hospital Catering Services	Relocation and Conversion to Cook/Freeze	Lorraine Paterson	Sep-16	50		50	0	Achieved.	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	In progress.	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	In progress.	AMBER
32	Clinical Governance	Review of clinical governance team workload and staffing.	Liz Higgins	Sep-16	20		0	20	In progress.	AMBER
33	Infection Control	Review of infection control team workload and staffing.	Liz Higgins	Sep-16	10		0	10	In progress.	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.	GREEN
36	Community Dental Service	Review of community dental services and staffing levels.	Euan Thomson	Sep-16	25		0	25	On track to be fully delivered.	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	On track to be fully delivered.	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	On track to be fully delivered.	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

APPENDIX 2

QUALITY AND FINANCIAL PLAN PROGRESS - JUNE 2016

						TARGET 2016-17		Achieved June 2016	Remaining		
New Ref	Service Area	Description		Lead	Key Date	Budget Reduction £000	FTE Reduction	£000	£000	Progress Update	Risk of Delivery (RAG)
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		100	24	On track to be fully delivered.	GREEN
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	Comprehensive re-design to incorporate: - Integrating reablement services for assessment and care management - homecare procurement and external providers - change delivery model from time and task to outcome focussed - integrate external providers into assessment and care management process - delivering services on a patch basis to reduce unproductive time		Allen Stevenson/ Lorraine Paterson		375	0.0	0	375	In progress.	AMBER
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 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.		Allen Stevenson		175	14.0	0	175	In progress.	AMBER
56	Thomson Court Day Service	Review model of dementia day service provision including the balance of funding to provide befriender services in and around Rothesay.		Allen Stevenson		10	3.0	0	10	In progress.	AMBER

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QUALITY AND FINANCIAL PLAN PROGRESS - JUNE 2016

New Ref	Service Area	Description	Lead	Key Date	TARGET 2016-17		Achieved June 2016	Remaining	Progress Update	Risk of Delivery (RAG)
					Budget Reduction £000	FTE Reduction	£000	£000		
57	Tigh a Rudha Care Home	Realign capacity to match the level of service provision required, 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.	Lorraine Paterson		18	1.5	0	18	In progress.	**AMBER**
58	Gortonvogie Care Home	Realign capacity to match the level of service provision required, 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.	Lorraine Paterson		18	1.5	0	18	On track to be fully delivered.	**GREEN**
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. Review grades and tasking of existing staff group to bring them into line with agreed homecare grades.	Lorraine Paterson		80	0.0	0	80	In progress.	**AMBER**
60	Sleepover Provision	Review overnight support services where it is deemed safe to do so and replace with telecare equipment and the local responder provision.	Allen Stevenson/ Lorraine Paterson		150	0.0	0	150	In progress.	**AMBER**
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	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	0	12	In progress.	**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	0	30	In progress.	**AMBER**
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	0	18	In progress.	**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. 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.	Allen Stevenson/ Lorraine Paterson		75	0.0	0	75	In progress.	**AMBER**
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. 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	0	100	In progress.	**AMBER**
67	Learning Disability Day Services	Review internal day support provision for learning disabled clients.	Allen Stevenson/ Lorraine Paterson	Jun-16	110	0.0	0	110	On track to be fully delivered.	**GREEN**

30

QUALITY AND FINANCIAL PLAN PROGRESS - JUNE 2016

New Ref	Service Area	Description	Lead	Key Date	TARGET 2016-17		Achieved June 2016	Remaining	Progress Update	Risk of Delivery (RAG)
					Budget Reduction £000	FTE Reduction	£000	£000		
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 ensure best value whilst balancing this with meeting the need of individual clients.	Allen Stevenson/ Lorraine Paterson		200	0.0	0	200	In progress.	**AMBER**
		Total Budget Reduction			**8,498**	**103.1**	**1,458**	**7,040**		

FINANCIAL RISKS - JUNE 2016

Ref	TITLE OF RISK	DESCRIPTION OF RISK	MITIGATIONS/ACTIONS IN PLACE	LIKELIHOOD		POTENTIAL FINANCIAL IMPACT £000
				SCORE	OVERALL LIKELIHOOD	
1	Prescribing	Costs increase through national pricing agreements, new drugs are introduced, volumes dispensed increase.	Closer working with prescribers to ensure formulary compliance and Best Value.	4	Likely	500
2	Quality and Financial Plan	Risk if savings plan is not achieved - risk represents a 5% shortfall for illustrative purposes. Residual risk mainly in relation to social care services.	Close monitoring of savings plan, reporting to SMT and IJB, recovery plans are developed. Expenditure controls put in place and a project management approach to delivering savings.	4	Likely	425
3	Commissioned Services	The volume of high cost care packages increases	Closer scrutiny of applications for care packages.	4	Likely	250
4	Integrated Equipment Service	Demand for the community equipment service continues to grow and budget is under pressure, this is expected to increase with the shift in the balance of care.	Efficient running of Integrated Equipment Service, prioritisation of need and procurement processes.	4	Likely	200
5	Adult Care - Older People Service Demand	Demand for services for older people (ie over 65s) exceeds the demand pressure already factored into the budget.	Ongoing monitoring and reporting of service demand and provision costs to IJB management team.	3	Possible	600
6	Medical Locums	Need for use of locums continues in A&B Hospital, Lorn & Islands hospital and Mull GP services, and risk in other areas.	Pursue new models of service provision with NHS Glasgow and Greater Clyde and the local teams.	3	Possible	500
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 - 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
9	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.	3	Possible	300

FINANCIAL RISKS - JUNE 2016

Ref	TITLE OF RISK	DESCRIPTION OF RISK	MITIGATIONS/ACTIONS IN PLACE	SCORE	LIKELIHOOD OVERALL LIKELIHOOD	POTENTIAL FINANCIAL IMPACT £000
10	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
11	Local Healthcare Treatments	Activity levels of locally provided treatments, eg urology, are not contained and grow significantly	Management of volume of service provided locally and re-design of pathways.	3	Possible	200
12	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
13	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
14	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.	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.	2	Unlikely	300
15	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	4,825

OTHER PROJECT FUNDING - JUNE 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
X-PERT training programme for type 2 diabetes	Lorraine Paterson		9	9
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		117	116
Digital Platforms / Living It Up		50	0
Telecare		180	124
Programme Management Costs		66	0
Telehealth Support Costs		21	0
Uncommitted Balance		151	0
TOTAL		**585**	**240**

Argyll & Bute Health & Social Care Partnership

Integration Joint Board   Agenda item: 6

Date of Meeting: 4 August 2016

Title of Report: Developing Self Management

Presented by: Elaine Garman

The Integrated Joint Board is asked to :

- Recognise the importance of the work to promote and deliver self management and social prescribing for people with long term health conditions as an integral part of improving health and wellbeing outcomes for people.

- Provide leadership to accelerate the transformational change needed to achieve effective self management in health and care service delivery through support for such interventions and introducing challenge where such an approach may be utilised.

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1.   EXECUTIVE SUMMARY

The purpose of this paper is to highlight to the Integrated Joint Board on activity to date, indicate the strategic direction and seek leadership support for moving forward. It is an important aspect of care and support that helps to address the inequalities agenda. Work in this area is still in its infancy and only begins to tackle the culture of dependency that has grown over past decades particularly within health care. As we introduce interventions we must ensure that we use improvement methodology, capture outcomes and revisit schemes if they are not generating the desired outcomes.

2.   INTRODUCTION

Much work has been done over the last three years that contribute to the Health and Social Care Partnership's (HSCP) outcomes to shift the model of care to a person centred service. This is where patients are regarded as people with an equal stake in their health and managers of their own health and wellbeing with staff working in ways that echo our values of compassion, respect, equality and fairness.

The purpose of this paper is to highlight to the Integrated Joint Board on activity to date, indicate the strategic direction and seek leadership support for moving forward.

3. DETAIL OF REPORT

> Our joint vision for the future is for people in Argyll and Bute
> **"to lead long, healthy, independent lives"**

A fundamental transformational change is required in facilitating the shift of our services and resources to prioritising anticipatory care, prevention of problems and maintenance of health and wellbeing. This means spending less money on acute care, disinvesting and transferring this money to prevention and anticipatory care services in the community.

Increasing numbers of people have two or more long term conditions, this is known as multi-morbidity. Fewer than 2% of the population account for use of 50% of resources. Reducing acute unplanned admissions by better managing these conditions has the potential to save significant resources. At the same time people's quality of life will be greatly enhanced.

The Scottish Government vision for self management is clearly stated in *"Gaun Yersel Self Management Strategy for Long Term Conditions in Scotland (2008)"* and *"Many Conditions, One Life Action Plan to Improve Care and Support for People Living with Multiple Conditions in Scotland (2014)".* *http://www.jitscotland.org.uk/wp-content/uploads/2014/11/Multiple-Conditions-20pp-new.pdf*
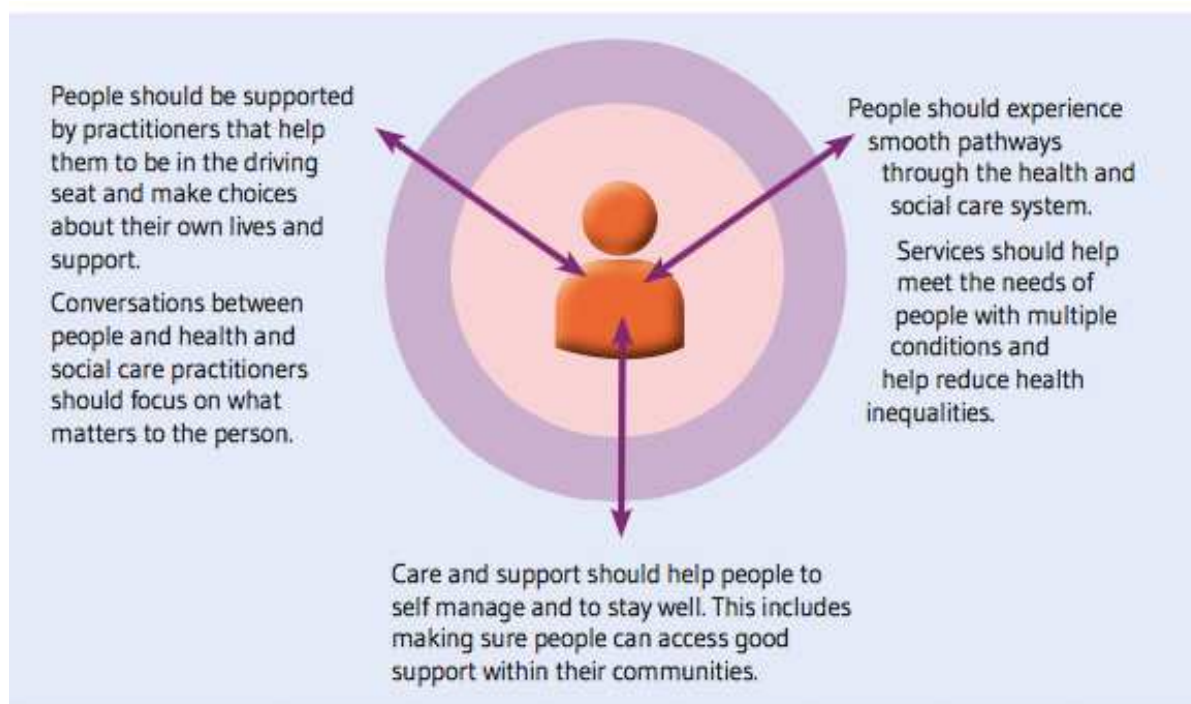
3.1   Primary Care
Social problems cause and exacerbate physical health problems and can often precipitate GP appointments, examples include loneliness, debt, relationship problems and caring responsibilities.

The Royal College of General Practitioners recognises the need for community support for people with social problems and states:

"There is widespread agreement that care and support planning — led by teams of professionals working with patients and their carers in the community — is effective in helping people to take more control over their health and to stay well. [..] However, these teams need practical support and training in order to scale up the use of care and support planning across Scotland, and there is a need in particular for training (across disciplines) in this area to be developed and promoted. Further support for general practice to develop strong and effective links with the Health and Social Care Alliance Scotland (the ALLIANCE), for example through the placement of Community Links Practitioners in appropriate practices, is crucial in developing integration of the services which will facilitate self management."

Royal College of Practitioners (2015). A Blueprint for Scottish General Practice p7
http://www.rcgp.org.uk/rcgp-near-you/~/media/Files/RCGP-Faculties-and-Devolved-Nations/Scotland/RCGP-Scotland/Blueprint-2015/RCGP-Scotland-Scottish-Blueprint-for-general-practice.ashx

3.2   Transformational Change required

There are a number of key elements to bring about these transformational changes:

- Staff have a better understanding of long-term conditions and multi-morbidity
- Staff fully understand the social model of health and ask about social circumstances during consultations and interactions e.g. loneliness, debt, housing, employment etc.
- Update clinical pathways to respond to multi-morbidities
- Practical support from staff for self management becomes the norm
- More engaged and confident staff that use a person centred approach
- More anticipatory and preventative care planning
- Increased integration and partnership working
- Increased use of technology e.g. Technology Enabled Care (TEC)
- Increased support for people to make healthy lifestyle choices
- More signposting and referral to community resources and services
- Easy ways of finding and referring to these community resources and services
- Health and social care services having a vested interest in the sustainability of community resources and services

To achieve this there are currently three broad areas of work.

Firstly there is a range of initiatives relating to training, educational and awareness raising opportunities for both staff and people. They are valuable contributions that require support to enhance referral pathways, embed self management principles and person centred approaches (see Appendix 1). This activity is often small scale and local. There is a requirement to make more use of *Plan, Do, Study, Act* improvement methodology to enable demonstration of outcome, up-scaling and equity of provision across Argyll and Bute.

There is a difficulty of measuring impact of these projects on health and wellbeing outcomes. Qualitative data such as case studies is easy to collate and may lend itself to a logic modelling approach i.e. if you do something, what can you expect to happen based on evidence and research. This needs to be included in the Performance Management Framework.

The second area of work is *Caring Connections Coaching* (see Appendix 2). This bespoke programme recruited managers and staff who were passionate about person centred care and wanted to influence and be part of the changes required for improvement which aim to improve the nine national Health & Wellbeing Outcomes. Using the trained coaches there may be opportunities to promote, support, inspire and coach their colleagues to embed self-

management. It is clear from the assessment of the programme that those attending have benefited greatly in terms of building confidence and self esteem, working with peers on a common purpose and achieved change and improvements through the application of the learning on the course. Coaches have reported that they continue to try to influence our culture within their respective areas and that person centred care is about much more than having a plan but rather more about starting with ourselves and being mindful of our own attitudes and behaviours thus improving our services.

The third approach is to encourage the use of social prescribing which links people to non-medical sources of support (see Appendix 3). The Public Health Department have commissioned Carr Gomm for a period of 2 years from end of February 2016. The value of the contract is £30k per annum. The effectiveness of this contract will be reviewed as part of the evaluation of the work.

4.   CONTRIBUTION TO STRATEGIC PRIORITIES

All the initiatives referred to in this paper directly or indirectly contribute to the transformational change required to meet our vision of delivering health and care in Argyll and Bute as set out in the HSCP Strategy 2016-19.

5.   GOVERNANCE IMPLICATIONS

5.1   Financial Impact

Promoting self management provides opportunities to generate efficiencies. Much of the delivery will be from existing staff but there may be a requirement to review how staff time is invested and further prioritise the prevention agenda. There are opportunities to utilise specific funds such as Technology Enhanced care (TEC) and Integrated Care Fund (ICF).

5.2   Staff Governance

The Quality Objectives will be cascaded throughout the organisation and in particular, used by the Executive and Senior Manager Cohort to form both individual and Team Objectives. The Highland Partnership Forum will also discuss a wider cascade to staff and integrating of the Quality Objectives into wider team and individual objectives.

5.3   Clinical Governance

As the implications for practice are better understood there may be aspects which impact on this area. In the meantime the focus will be on ensuring as much focus as possible on gathering performance data which helps to determine the effect on outcomes.

6.   EQUALITY & DIVERSITY IMPLICATIONS

This paper describes a number of approaches and contains many different schemes and initiatives. It is not one policy although it is a strategic direction. Much of that direction is aimed at those who experience the most inequalities. It is evidence-informed rather than based on large systematic pharmaceutical trials which inevitably have a more rigorous evidence base. The programmes being tried do not attract large scale research but are aimed at those who often, though not exclusively, expereince huge disadvantage. Ethically we do need to try other ways to narrow that gap and advocate activities which can

complement clinical interventions and our health and social care practice i.e. how we provide care and treatment.

7.   RISK ASSESSMENT

There are risks to the sustainability of health and social care services as we navigate demographic, economic, technological and social changes. Self-management can help to mitigate these risks.

Specific risks to developing the self management agenda include:

- Insufficient level of self management activity to address the culture of dependency
- Lack of capacity in communities to provide activities
- Failure to disinvest to re-invest in prevention
- Misunderstanding of philosophy of self management

8.   PUBLIC & USER INVOLVEMENT & ENGAGEMENT

This paper focuses on our organisational response to self management. It is acknowledged that work on the cultural shift required across the whole population is also needed. Some of the programmes pick up on this but we need to take every opportunity to reinforce this message of support for people to prevent and manage their own health and health and social conditions.

9.   CONCLUSIONS

The self management agenda is Scottish Government policy direction. In the past three years the HSCP has been pursuing this through its own local policies and initiatives. However with regard to the culture it is trying to address it is only at the start of the process with regard to both staff and the population we serve. This paper sets out the range of activities which have been introduced to support this agenda. We recognise the size of this task and through the interventions we must ensure that we use improvement methodology, capture outcomes and revisit schemes if they are not generating the desired outcomes. The IJB can provide leadership and support by advocating such approaches thus optimising the impact of efforts to implement this agenda.

Appendix I   Current Activity in Argyll and Bute

Initiative	Details	Target Group	Actions to be considered
Technology Enhanced Care (TEC)	Supporting people and the workforce with the use of technology to remain independent for as long as possible	People with long term conditions	Promote and support use of TEC
Motivational Interviewing Blended learning	Supporting people to make a positive health behaviour change, using principles of respect, collaboration and non judgemental support	HSCP and 3rd sector staff and volunteers	Release staff to take part, use as part of L&D Plans Promote training calendar
Re-ablement/ enablement training	Rehabilitation of people following a medical setback (i.e. fall, accident, illness, surgical intervention etc.) This includes falls prevention training and other physical activity strength and balance programmes	Staff in health and social care/ Carers/3rd and independent sector	Release staff to take part Use as part of L&D Plans Consider mandatory training status for certain staff groups
Caring Connections Coaching	*"We are into building everyday kindness, love and compassion in our services and communities. Encouraging positive change through connection and conversation."* (See Appendix II for full details)	Staff	Engage with Caring Connections Coaches in Locality Planning Groups Enable staff to engage in coaching conversations
"Living Well" with a long term condition Peer led Self Management Programmes	5 week peer led self management training for people who live with a long term condition (LTC) Tai chi for Health programme Setting up and supporting self management peer support groups (SLA with Arthritis Care Scotland)	People with a LTCs Also useful for staff to understand self management	Collaborate and core fund this programme Promote and signpost to Living Well programme as part of anticipatory care plans
Condition specific self management programmes	Condition specific self management programmes, usually led by health professional, i.e. Diabetes, MS, COPD, CHD/Stroke, etc.	People with specific conditions and their carers	Promote, signpost and refer to disease specific self management programmes, include in anticipatory care plans
Pain Toolkit Training (PTK) Activating Self Management	6 month pilot project to activate self management for people who live with persistent pain using the Pain Toolkit (PTK) either as a brief intervention or taking part in a half day peer led workshop in local areas. 34 Physio's/AHPs and 11 volunteer coaches trained, presented to Academic programme Group for MH, supported by Scottish Government	People with persistent pain	GP's and staff encouraged to use PTK at any of 3 levels: 1. Brief Intervention PTK session 2. Organise or referral to peer led workshops 3. Signposting to Website/App

Initiative	Details	Target Group	Actions to be considered
Mindfulness Training	8 week Programme to enhance self awareness and self acceptance	Staff (Cowal & Bute)	Widen availability of Mindfulness training to other areas
Asset Mapping	Directory of local opportunities and programmes for people to get involved with and support from. National database ALISS and searchable on Living it Up	Community, Staff, Partners	Signposting and referral to community based programmes or support
Living it UP	National interactive information website for healthy living as we age	Health staff/ People with long term conditions	Promote use of web based self management information
Social Prescribing	2-year project to develop social prescribing routes. Appendix III	GPs Other prescribers Staff Community members Third sector	Engage and increase knowledge base to be able to refer and signpost
Community Resilience programmes	Work commissioned to TSI to increase skills, confidence, activity and social connections (sustained following RCOP investment)	Community, 3rd sector	Refer and signpost as part of anticipatory care plans
Branching Out	12 week outdoor programme involving OT/MH workers and BO leaders for people with mental health problems. (Led by Argyll & the Isles Countryside Trust – AICT)	MH Staff and their clients	Referrals through MH Teams
Self Directed Support SDS	Self–Directed Support allows people to be in charge of their support so they can live the life they choose. (Delivered by Carr Gomm)	People who need care assistance	Referrals through integrated teams

Appendix II

Caring Connection Coaches in Argyll and Bute

"We are into building everyday kindness, love and compassion in our services and communities. Encouraging positive change through connection and conversation."

Thirty people completed the eight week Caring Connections Coaches programme. During the programme participants identified a change project as a learning experience that would support integration and person centredness.

The eight weeks offered development that provided the tools and models to go from ideas and words to action, to enable a culture for ongoing development using the new knowledge to create the best services and care possible.

Caring Connections coaches will:
- Have intentional conversations about putting the person at the centre of services
- Be open to hearing stories, respectful listening and moving things forward.
- Be open to opportunities to use the coaching skills to enable change.
- Role modelling new ways of working.
- Support the conversation cafés.
- Enable transformational change in health and wellbeing for people/communities
- Ask what matters to people and communities
- Support making the coaching and wellbeing approach integral to their work
- Support and approach of "doing with, not doing to"
- Ensure the approach of "Nothing about us without us"

A Caring Connections Network has been established that is available to support colleagues in any and all of the above.

Further information is available here:

Caring Connections
Report July 2016

Scottish Government's nine Health & Wellbeing Outcomes:

- Healthier Living
- Independent Living
- Positive Experiences & Outcomes
- Maintained & Improved Quality of Life
- Reduced Health Inequalities
- Carers are Supported
- People are Safe
- Engaged Workforce
- Effective Resource Use

8

Appendix III – Social Prescribing in Argyll and Bute

BACKGROUND

It is widely understood that social, economic and environmental factors have a significant influence on the health and wellbeing of people in Scotland. Social prescribing aims to strengthen access to socio-economic solutions to health problems, linking people (often, but not exclusively, via primary care) with non-medical sources of support within the community. These might include opportunities for arts and creativity, physical activity, learning and volunteering, befriending and self-help, as well as practical support for stressors such as, benefits, housing, debt, employment, legal advice, relationship breakdown or parenting.

There are many examples of community projects that can complement mainstream health services. Nevertheless, there are a number of steps which need to be taken to establish social prescribing as a more widely available option, these include:
- Increasing public awareness and understanding of self-management and the social prescribing model of care;
- Greater support for the existence and sustainability of voluntary and community groups i.e. health and care services have a stake in their co-production;
- Knowledge of what services are present in our communities and how to access them;
- A better understanding amongst prescribers of the benefits of social prescribing and a willingness to refer their patients to these services.

There are a number of examples of good practice in social prescribing across Argyll and Bute but it would be fair to say it is the exception rather than the norm in health and social care provision.

CURRENT ACTIVITY

The Public Health department has commissioned a service from Carr Comm to promote social prescribing across Argyll and Bute. The contract runs from February 2016 till February 2018 with a value of £30k per annum. The objectives of the contract are as follows:
- Improve health outcomes for people experiencing poor health due to socio-economic factors. This will be achieved by providing opportunities for social support, physical activity and productive and enjoyable pursuits, thus promoting people's ability to self manage health conditions and/or have improved health.
- Provide a wider recognition of the influence of social, economic and cultural factors on health outcomes.
- Identify areas of good practice for Social Prescribing in Argyll and Bute.
- Work with prescribers to develop a pathway they will use to enable their patients to be referred to community support.

Outputs to date include:
- Pursuing pilot activity in Mid Argyll, including presentations to Health and Wellbeing Network and Locality Planning Group
- Engagement with GPs in Mid Argyll and with lead GPs for localities
- Engagement with community groups

- Identification of social prescribing examples of good practice

Background to the social prescribing rationale can be found here:

http://www.healthscotland.com/uploads/documents/26652-Social%20prescribing%20guidance%20paper-April2016.pdf

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 7

Date of Meeting :   **4 August 2016**

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

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

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.

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1.   EXECUTIVE SUMMARY

Report detailing:

1. Violence and Aggression (Restraint) training in Argyll and Bute Hospital (update)
2. HSCP Complaints
3. Structure of locality Clinical and Care Governance (update)

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 (Update from previous report)

A plan is now in place to ensure that all A&B Hospital Ward staff will be up to date with restraint training by the 31 October 2016. A programme of training has been drawn up; trainers have been identified to deliver each of the scheduled courses; all staff are booked on a scheduled course (with the exception of a member of staff who will be on maternity leave).

3.2   Argyll and Bute Complaints

3.2.1   Health Complaints

Table 1: Health Complaints March – May 2016

HSCP Health Complaints	Expected Number	AMBER	RED	MARCH	APRIL	MAY
No complaints received	7	8	9 and over	8	3	8
No investigated				8	2	8
Overall - achievement against 20 days	100%	90 - 99 %	89 % and under	13%	0%	0%
Number of high risk complaints received	1	2	3 and over	0	0	0

Figure 1: Number of Health Complaints Received May 2015 – May 2016

Argyll & Bute - Complaints Received

2
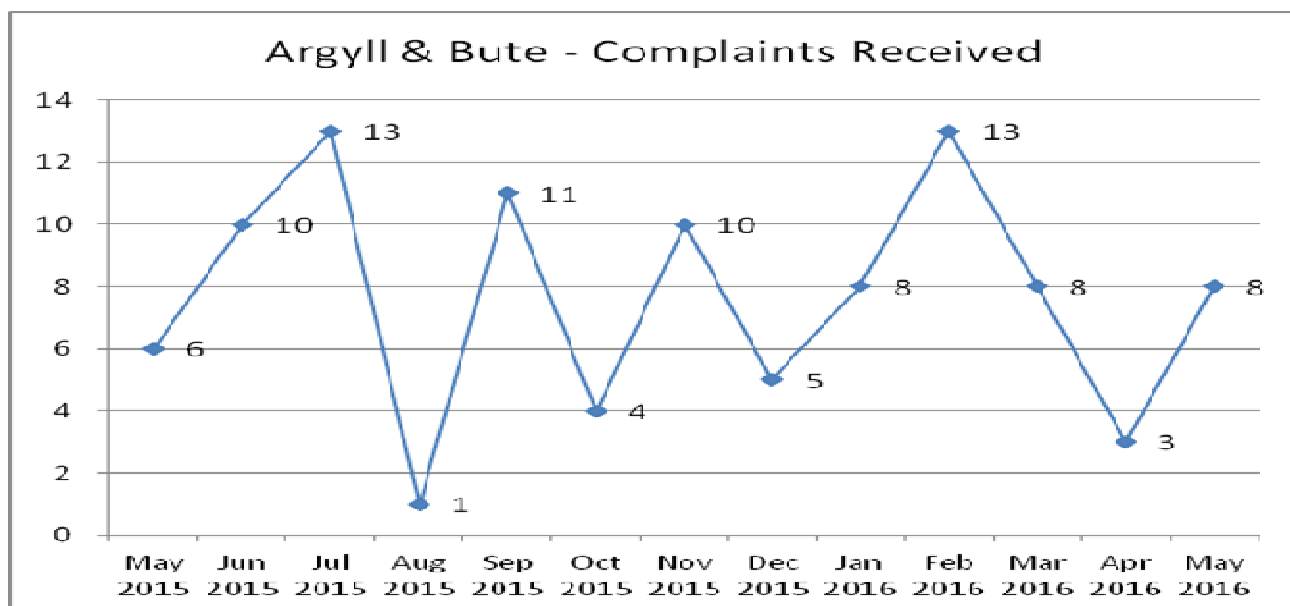
Figure 2: Grade of Health Complaints May 2015- May 2016
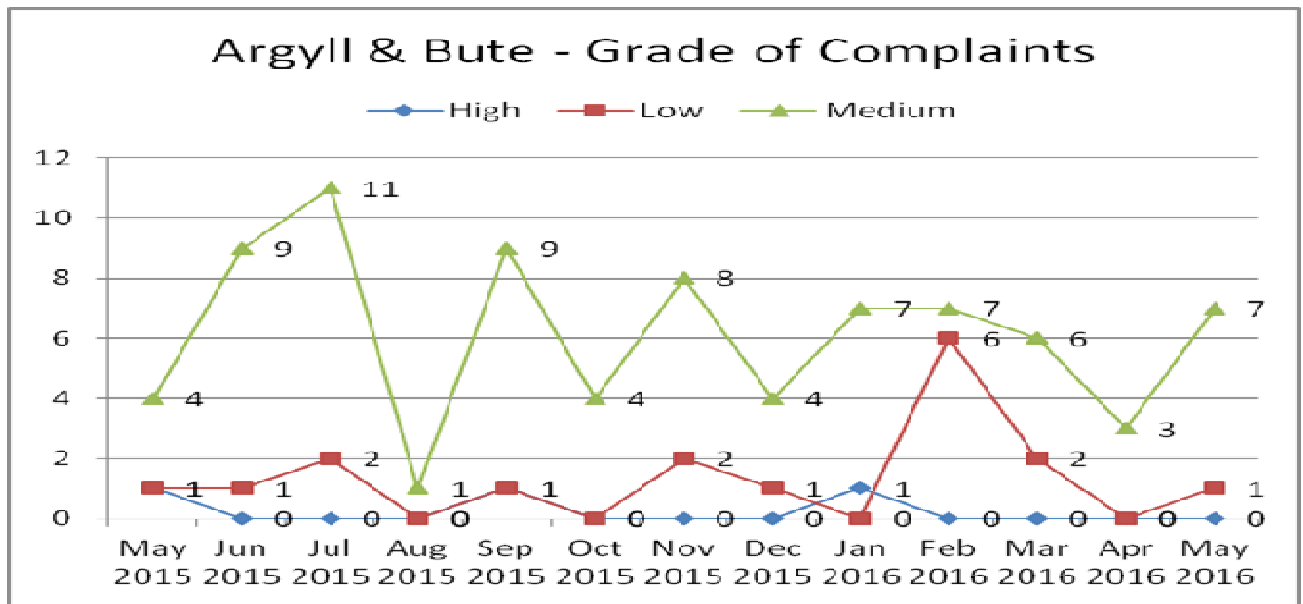
Figure 3: Health Complaint Issues May 2015 – May 2016

3
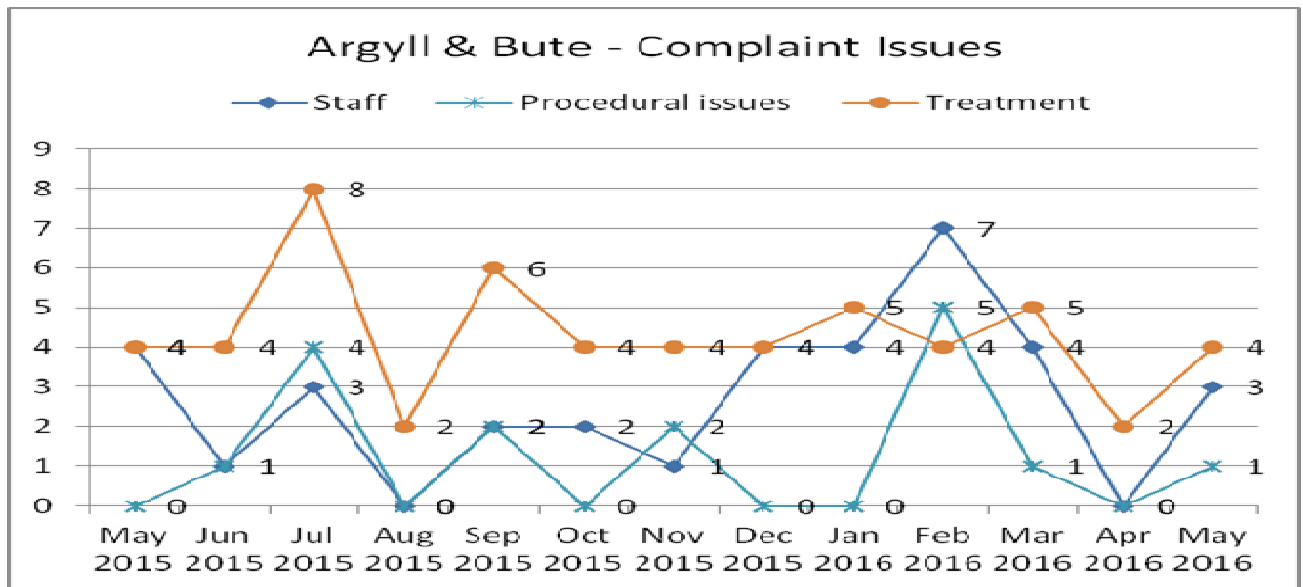
Figure 4: Health Complaints Achievement of 20 Working Day Response Target May 2015 – May 2016
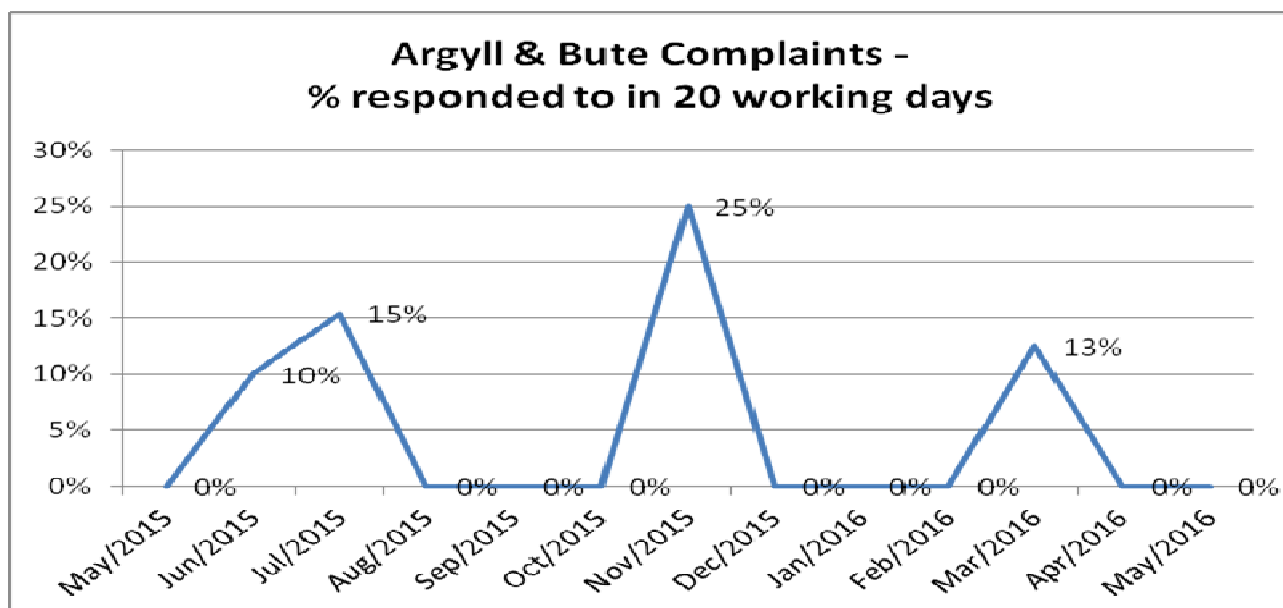
Performance against targets for responses to health complaints is extremely poor. In order to understand the current blocks and to improve performance, an RPIW event has been planned and will take place later this year. In the meantime efforts are being made to improve compliance with the standard.

3.2.2 HSCP Complaints

Table 2: HSCP Complaints April 2016

April 2016 Summary of complaint	Service/ Locality	Health	Social Work Stage 2	Health and Social Work
Care Package / Care arrangements	Adult Services MAKI		√	
Care Arrangements	Adult Services OLI		√	
Breach of confidentiality by member of staff	Adult Services OLI	√		
Clinical treatment and care of brother /delays	Adult Services OLI	√		
Staff attitude/ care and treatment and hospital discharge arrangements	Adult Services H&L			√
Total	**5**	**2**	**2**	**1**

4

Table 3: HSCP Complaints May 2016

Summary of complaint	Service/ Locality	Health	Social Work Stage 2	Health and Social Work
Waiting time for a moving and handling assessment	Adult Services MAKI	√		
Clinical care provided by GP Practice	Adult Services MAKI	√		
Attitude and behaviour of Nurse	Adult Services MAKI	√		
Underpayment of patient travel expenses	Adult Services MAKI	√		
Concern about the changes to the system of patient appointments for podiatry	Adult Services OLI	√		
Clinical Care and treatment	Adult Services OLI	√		
Failure by GP to provide prescription as promised and failure to apologise	Adult Services OLI	√		
Home care	Adult Services OLI		√	
Complaint relating to Foster Placement	Children and Families MAKI		√	
Complaint about pre and post natal care	Children and Families MAKI	√		
Professional and Procedural Aspects of Social Work	Children and Families OLI		√	
Totals	**11**	**8**	**3**	**0**

There is a similar 20 working day target in place for responses to Social Work Complaints. A HSCP combined Health and Social Work complaints report is being developed. Future reports will include monitoring information about response times in relation to both health and social work complaints.

A meeting is scheduled for 29 July to review the systems in place for health and social work complaints following the introduction of the HSCP single point of referral for complaints on 01 April 2016. The purpose of the meeting is to ensure that the new systems are working effectively.

3.3   Structure of locality Clinical and Care Governance (Update since last report)

Work is ongoing with localities to develop a standard approach to refresh current governance meetings to transition to Clinical & Care Governance Groups.

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

There are no equality and diversity implications.

7   RISK ASSESSMENT
Risks articulated within the report.

8.   PUBLIC & USER INVOLVEMENT & ENGAGEMENT

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

Public/ User representatives will be involved in the RPIW for health complaints.

9.   CONCLUSIONS

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

Argyll & Bute Health & Social Care Partnership

Integration Joint Board   **Agenda item : 8**

Date of Meeting :   **4 August 2016**

Title of Report :   **INFECTION PREVENTION AND CONTROL - Jun-Aug 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 – July 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 in whom it is normally harmless. It can however be a cause of infection in some situations, and bacteraemia (blood infection) caused by the organism carries a mortality of 25-30%. *S. aureus* bacteraemia (SAB) is subject to a HEAT target because some SAB infections arising in a hospital setting are considered 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.

- There is one SAB to report in Lorn & Islands Hospital since the last (June) bulletin. The infection was community acquired and the patient subsequently

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died following transfer to Intensive Care in GGCHB. The infection was not considered to be preventable and there were no learning points identified.

- There have been a total of 3 SABs (2 patients) in Argyll & Bute in this reporting year.

Clostridium difficile infection (CDI)

Clostridium difficile is an organism which is capable of causing mild to severe diarrhoeal illness, 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.

- Since the last report, 1 patient was admitted to Islay hospital with CDI symptoms following antibiotic treatment in the community. The patient recovered well and no learning points were identified.
- There have been no other CDI infections in Argyll & Bute in this reporting year.

Any learning points identified 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 hospital and community 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. Patients admitted to hospital in NHS Highland from outwith the NHSH area are routinely screened for a number of antibiotic resistant organisms, in order that these are identified early and spread minimised.

IPC Staffing

Our new trainee Infection Control Nurse has commenced in post and has been accepted for post-graduate study with UHI. She is currently undertaking initial orientation throughout the HSCP and is being mentored by an experienced ICN.

ICNet

The ICNet software is now being used for all clinical record keeping by the Infection Control Team. This has greatly improved communication within the team, allowing each ICN to view the records of all current patients throughout the NHSH and facilitating cross cover at weekends and periods of leave.

Unfortunately we are still awaiting the automatic data upload from microbiology laboratories, so the risk of missed alert reports remains while this development is

outstanding. The NHSH Infection Control Manager is in communication with the team in NHSGGC and updates regularly.

National HAI and Antimicrobial Prescribing Prevalence Survey 2016

Health Protection Scotland (HPS), in collaboration with the European Communicable Disease Centre (ECDC) are hosting a national survey similar to that conducted in 2011. This year's data collection will be considerably more detailed and including information on staffing, bed occupancy, hand hygiene facilities and infection control staffing, in addition to detailed data on infection prevalence and antimicrobial prescribing.

Data collection will be undertaken by Infection Control Nurses and Pharmacists in randomly chosen hospitals throughout NHSH. Sites identified for this area are Lorn & Islands and Mid Argyll Community Hospital. Some of the data collection team have already undergone training by HPS staff, with further dates identified over the next few weeks. Each hospital requires to be surveyed on a single day and data will be submitted to HPS by 9th December. Once data is analysed, a national report will be published by March 2017, with each hospital receiving a more detailed analysis of local data.

Argyll & Bute Health & Social Care Partnership

Integration Joint Board   Agenda item : 9

Date of Meeting :   **4 August 2016**

Title of Report :   **HSCP Risk Management Strategy & Guidance**

Presented by :   **Christina West**

The Integration Joint Board is asked to:

- Approve the Risk Management Strategy which has the approval of Argyll and Bute Council and NHS Highland.

- Note the associated guidance.

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1.   EXECUTIVE SUMMARY

It is a requirement of the Scheme of Integration that the Partner Bodies develop a shared risk management strategy that will identify, assess and prioritise risks related to the delivery of services under integration functions. The aim of the Risk Management Strategy is to provide the IJB with an agreed risk monitoring framework and arrangements for reporting risks and risk information to the relevant parties.

2.   INTRODUCTION

This report provides members of the IJB with details of the proposed Risk Management Strategy and the background as to why it is necessary.

3.   DETAIL OF REPORT

Both NHS Highland and Argyll & Bute Council have existing Risk Management Policies. These outline how risk is managed in the respective organisation, neither outline the risk management arrangements for the Partnership.

Section 13 of the Scheme of Integration sets out requirements for the joint management of risk within the Partnership. The main requirements are as follows:

- The Parties will develop a shared risk management strategy that will identify, assess and prioritise risks related to the delivery of services under integration functions.

- The strategy will identify and describe processes for mitigating those risks and set out and agree the reporting standard, which will include:

  - · Risk Management Process
  - · Escalation of Risks
  - · Risk Register and Action Plans
  - · Risk Tolerance
  - · Training

- The Parties will develop an integrated risk register that will set out the key risks for Argyll and Bute Integration Joint Board.

The HSCP Risk Management Strategy and the associated guidance sets out a clear framework for the management of risk within the HSCP and provides a mechanism for maintaining a joint risk register. It also details risk governance arrangements and outlines how risks are communicated within the Partnership and are reported to the IJB and the Partner Bodies.

4. CONTRIBUTION TO STRATEGIC PRIORITIES

By providing a clear framework for managing risk, 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 Strategy. Financial implications may arise if the Strategy is not implemented and risk is not managed effectively across the Partnership.

5.2 Staff Governance

The Strategy outlines how risk is reported to the IJB and the Clinical and Care Governance Committee, both of which have staffside representation from both partner bodies.

5.3 Clinical Governance

Risk management is an integral part of clinical governance and it is essential that risks are identified and managed in order to ensure the safety of our staff and patients and to ensure that our governance arrangements are effective.

6.   EQUALITY & DIVERSITY IMPLICATIONS

None.

7.   RISK ASSESSMENT

There would be a significant risk of the HSCP failing to achieve its strategic objectives and meet its statutory obligations if risk management systems are not built into the management arrangements in the Partnership.

8.   PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Public representatives are members of the HSCP Clinical and Care Governance Committee where the Draft Statement was tabled for discussion and feedback.

9.   CONCLUSIONS

The Strategy seeks to ensure that risk management arrangements are in place for the Health and Social Care Partnership which provide a sound foundation for identifying and managing risk.

3

Argyll & Bute Health & Social Care Partnership

Risk Management Strategy

1. Introduction

The Integration Joint Board (IJB) recognises that the planning and delivery of health and social care services involves having to manage risk. The IJB is responsible for the operational oversight of Integrated Services, and through the Chief Officer is responsible for the operational management of these services. Caring for people, managing staff, facilities and finances are all, by their nature, activities that involve risk. These risks are present on a day-to-day basis throughout the organization, they cannot be avoided but they can be managed to an acceptable level. This Risk Management Strategy describes the risk management arrangements for Argyll & Bute Health & Social Care Partnership, and forms part of the wider framework for corporate governance and internal control.

Argyll & Bute Health & Social Care Partnership Integration Joint Board is responsible for the strategic planning and reporting of a range of health and social care services delegated by NHS Highland Health Board and Argyll & Bute Council (described within the Integration Scheme (March 2015)). The Council and the Health Board discharge the operational delivery of those delegated services through the partnership arrangement referred to as *Argyll & Bute Health & Social Care Partnership*. The Integration Joint Board is responsible for the operational oversight of the Partnership.

The Integration Scheme requires:

- *The Parties will develop a shared risk management strategy that will identify, assess and prioritise risks related to the delivery of services under integration functions, particularly any which are likely to affect Argyll and Bute Integration Joint Board's delivery of the Strategic Plan.*

- *The Chief Officer will ensure the maintenance of an up to date integrated risk register in respect of all functions delegated to Argyll and Bute Integration Joint Board.*

2. Vision

The main purpose of Integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and require support from both health and social care.

In order to achieve this the IJB has set out a number of Strategic Objectives, as outlined in the Strategic Plan 2016/17 – 2018/19, which are designed to deliver the National Outcomes for Adults, Older People and Children.

The risk management vision is to support the aims of integration, the IJB's Strategic Objectives, and the key values with appropriate and effective risk management practice. Good risk management practice will be embraced by

the IJB and throughout the Health & Social Care Partnership as an enabler of success, by meeting the following objectives:

- promote awareness of risk and define responsibility for managing risk within the IJB, and throughout the management structure of the Partnership;
- establish communication and sharing of risk information through all areas of the IJB;
- initiate measures to reduce the IJB's exposure to risk and potential loss;
- ensure risk management is part of the organisation's governance and operational management and should be integrated into all processes and activities
- establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.
- Establishing integrated risk registers.

This strategy takes a holistic approach to risk management and the scope applies to all risks, whether relating to the provision of care, our buildings, staff safety and wellbeing, financial risks and opportunities or threats.

These risks will be split into two broad categories:

Strategic risks represent the most significant risks that impact on the IJB's ability to deliver on its strategic objectives.

Operational risks are those risks that impact on, or arise from, the activities of an individual service area or team operating within the scope of the IJB's activities. These tend to be more front-line in nature and the management of these risks, would typically be led by local managers and team leads. However, sometimes operational risk may impact across a number of areas or be interconnected with other risks and, because of this, require more strategic leadership, at this point they would then be escalated to the strategic risks register as strategic risks.

The measure of success for this vision will be how well the IJB has been able to use its allocated resources to effectively deliver its Strategic Plan.

3. Risk Management Process & Framework

The following framework provides the foundation and arrangements to embed risk throughout the organisation at all levels. The framework ensures that information about risk is taken from the risk management process and is adequately reported and used as a basis for decision making and accountability at all levels.

The framework has been designed by understanding the needs of the organisation and the context within which it is established. This incudes the

aims of integration, our Strategic Objectives, our regulatory framework and the relationship with the Council and the Board.

The Risk Management Process follows BS/ISO 31000:2009 Risk Management – Principles amd Guidelines and the associated Code of Practice in BS/ISO 31100.

3.1 Responsibility, Accountability, Assurance and Governance

3.1.1 Responsibility & Accountability

3.1.1.1 Integration Joint board

Members of the Integration Joint Board are responsible for:
- oversight of the IJB's risk management arrangements;
- receipt and review of reports on strategic risks which could impact on the Board's Strategic Objectives and delivery of the Strategic Plan. The majority of risks will be reported through the Strategic Risk Register, also the Chief Officer will ensure that key risks from the Operational Risk Registers that require to be brought to the IJB's attention are reported;
- ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities/ policies and the like

3.1.1.2. Chief Officer

The Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officer will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB. The Chief Officer will ensure the maintenance of an up to date integrated risk register in respect of all functions delegated to Argyll and Bute Integration Joint Board.

3.1.1.3 Chief Financial Officer

The Chief Financial Officer will be responsible for promoting arrangements to identify and manage key financial risks, risk mitigation and insurance.

3.1.1.4 Senior Management Team

Members of the Senior Management Team are responsible (either collectively, or by nominating a specific member of the team) for:

- supporting the Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities;
- arranging professional risk management support, guidance and training from partner bodies;
- receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the IJB; and,
- ensuring that the risk management processes as outlined in (*Argyll & Bute HSCP Risk Management Process - Guidance for Managers*) are actively promoted across their teams and within their areas of responsibility.
- Maintaining a risk register for their service.

3.1.1.5 Individual Risk Owners

It is the responsibility of each risk owner to ensure that:
- risks assigned to them are analysed in keeping with the agreed risk matrix;
- data on which risk evaluations are based are robust and reliable so far as possible;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- risk is reviewed not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk;
- controls that are in place to manage the risk are proportionate to the context and level of risk.

3.1.1.6 All persons working under the direction of the IJB

Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to:

- understand the risks that relate to their roles and activities;
- understand how their actions relate to their own, their patient's, their services user's/ client's and public safety;
- understand their accountability for particular risks and how they can manage them;
- understand the importance of flagging up incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and,
- understand that good risk management is a key part of the IJB's culture.

3.1.1.7 Partner Bodies

It is the responsibility of relevant specialists from the partner bodies, (such as, clinical and non clinical risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

3.1.2 Assurance and Governance

The IJB provides assurance to both the Health Board and the Council on the key risks relating to planning, development and provision of health and social care services in Argyll and Bute.

The IJB has delegated certain aspects of risk governance to the Clinical and Care Governance Committee and the Audit Committee. Each committee has a responsibility for providing assurance to the Board in respect of the areas detailed below.

3.1.2.1.Audit Committee

The Audit Committee, through internal audit, external audit and other assurance sources will provide independent objective assurance to the IJB on the extent to which the risk management arrangements are in place and are effective.

3.1.2.2 Clinical and Care Governance Committee

The Clinical and Care Governance Committee provides assurance to the IJB that all key risks in clinical care and patient safety are identified and managed effectively. This requires the committee to use the Strategic Risk Register to consider risks that may require further scrutiny (for example, risks evaluated as very high) and seek assurance from individual risk owners regarding the management of these risks, including the adequacy of existing control measures and progress against any actions required for improvement.

3.2 Integration into organisational processes

Risk management should not be a stand-alone function, but should be integrated into day to day management processes.

Each Head of Service will establish a risk register in line with this strategy. Each Head of Service will also identify key staff who will assume responsibility

for risk within their area, and ensure that roles and responsibilities are clearly understood and adhered to.

The IJB expects staff to identify and report risk in line with this strategy, as appropriate. Line Managers are responsible for ensuring that staff are enabled to identify learning needs and supported to participate in appropriate risk management related activities.

The Strategic Risk Register will be reported to the IJB six monthly, demonstrating the changes in the risk profile of the Partnership. Key risks will be considered on an ongoing basis.

3.3 External communications and reporting

The IJB will ensure that the Strategic Risk Register will be reported annually to the NHS Highland Board and Argyll & Bute Council, or whenever requested. Also individual risks will be escalated/reported as necessary

3.4 Monitoring, review and continuous improvement

The Audit Committee is responsible for reviewing the effectiveness of the risk management approach.

The Audit Committee may commission internal audit to review the risk management approach to provide assurance to the Board that the risk management system in place is robust and in line with this strategy (is effective in implementing this policy.)

The Health & Social Care Partnership operates in a dynamic and challenging environment. Therefore a suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made.

The Chief Officer will jointly prepare an annual Strategic Risk Register that will identify, assess and prioritise risks related to the preparation and delivery of the Strategic Plan; and identify and describe processes for mitigating those risks.

The Chief Officer will formally review the risk register on a six monthly basis. The Chief Officer is responsible for drawing to the attention of the Audit Committee, the IJB, Council and Health Board any substantive developments in-year that lead to a substantial change to the strategic risk register in-year.

The Chief Officer will review these risk management arrangements on an annual basis and drive continuous improvement in risk management across the Health & Social Care Partnership.

3.5 Resourcing the Risk Management Strategy

The Partner Bodies will ensure that the IJB and its Audit Committee are provided with the necessary technical and corporate support to implement this strategy and develop, maintain and scrutinise risk registers.

Much of the work on developing and leading the ongoing implementation of the risk Management framework will be undertaken as part of routine activity within the Health & Social Care Partnership.

Wherever possible the IJB will ensure that any related risk management training and education costs will be kept to a minimum, with the majority of risk-related courses/ training being delivered through resources already available to the IJB (the partner body risk managers/ risk management specialists).

Where risks impact specifically on either the Council or Health Board and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that organisation.

Financial decisions in respect of these risk management arrangements will rest with the Chief Officer and the Chief Financial Officer.

3.6 Training and development

To implement effectively this policy and strategy, it is essential for staff to have the competence and capacity for managing risk and handling risk judgements. The IJB will ensure that managers are provided with relevant training to ensure they have the abilities to manage risk. Training will be provided in:

- The risk management process
- Risk assessment
- Incident management
- Incident investigation and analysis
- Risk Register process

The Senior Management Team will regularly review risk management training and development needs and source the relevant training and development opportunities required from the Council and Health Board.

Wherever possible the Chief Financial Officer will ensure that any locally identified risk management training and education costs will be kept to a minimum.

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3.7 Process

The risk management process is an integral part of how we manage risk, how we embed risk management in our culture and practices and integrate it with our business processes. Further details and guidance can be found in the following document

Argyll & Bute HSCP Risk Management Process - Guidance for Managers.

Argyll & Bute Health & Social Care Partnership

Risk Management Process

Guidance for Managers

Introduction

The purpose of this guidance is to outline the risk management process used in the Partnership and to provide guidance on the key aspects of populating and maintaining risk registers. Aspects of escalating risk from one risk register to another are also dealt with.

What is Risk Management?

The HSCP faces internal and external factors and influences that make it uncertain whether and when we will achieve our operational and strategic objectives. The effect this uncertainty has on our objectives is 'risk'.

Risk management is therefore a means of identifying, evaluating and controlling the uncertainties that could affect (either positively or negatively) the achievement of corporate objectives. It is crucial for the successful achievement of the Strategic Objectives and delivery of our operational plans.

All of our activities involve risk. It is important that we proactively manage risk to an acceptable level by embedding processes focussed on assessment and prevention, rather than reaction and remedy. Following a comprehensive, effective risk management approach throughout the organisation will help us achieve strategic and operational objectives, improve service delivery, increase efficiency, support and inform decision making, help provide a safe and secure environment and encourage a culture of quality improvement.

The Risk Management Strategy applies to all employees of the Partnership and will require active input from managers at all levels to ensure that risk management is a fundamental part of our total approach to quality, and corporate and clinical governance. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.

The Benefits of Risk Management

The approach to the management of risk outlined in this guidance reflects British Standard (BS ISO 31000:2009) Risk management – principles and guidelines.

When implemented and maintained in accordance with this approach, the management of risk enables an organisation to:

- increase the likelihood of achieving objectives
- encourage proactive management

- be aware of the need to identify and treat risk throughout the organisation
- improve the identification of opportunities and threats
- comply with relevant legal and regulatory requirements
- improve mandatory and voluntary reporting
- improve governance
- improve stakeholder confidence and trust
- establish a reliable basis for decision making and planning
- improve controls
- effectively allocate and use resources for risk treatment
- improve levels of morale
- improve operational effectiveness and efficiency
- enhance health and safety performance, as well as environmental protection
- improve loss prevention and incident management
- minimise losses
- improve organisational learning, and
- improve organisational resilience.

Approach

Figure 1

3
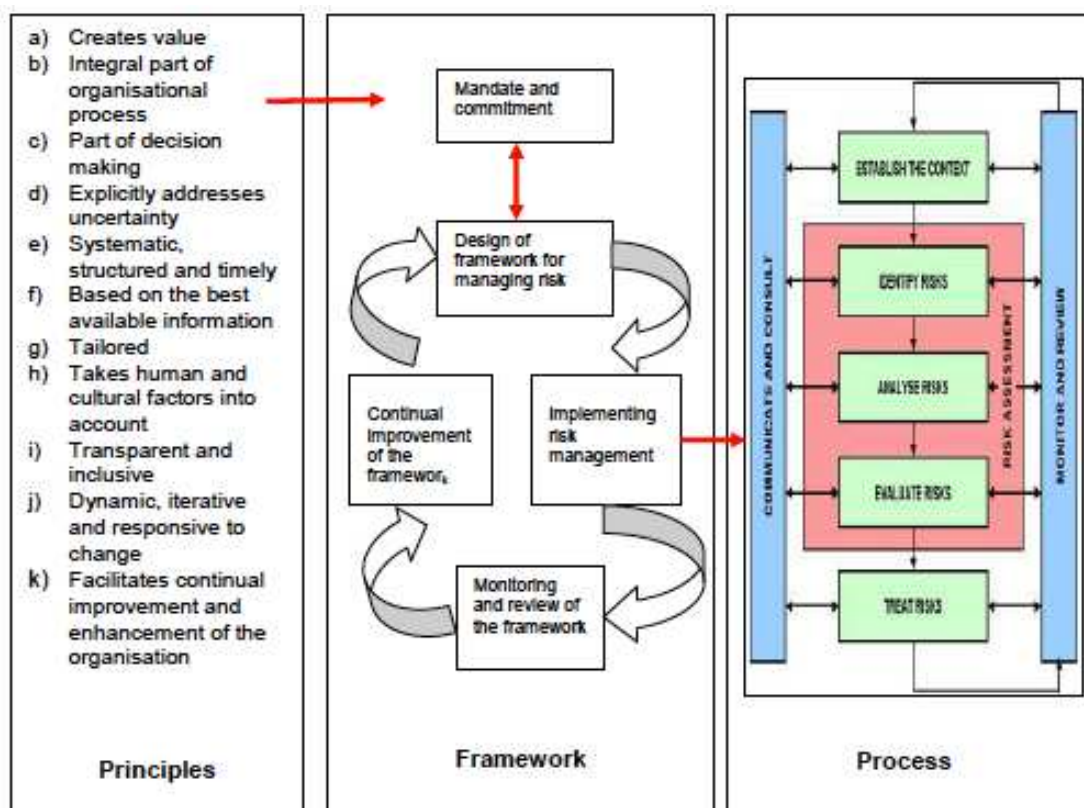
Risk Management Principles

This guidance adopts the following principles for understanding and managing risk.

Risk management:

- creates and protects value.
- is an integral part of all organisational processes.
- is part of decision-making.
- explicitly addresses uncertainty.
- is systematic, structured and timely.
- is based on the best available information.
- is tailored.
- takes human and cultural factors into account.
- is transparent and inclusive.
- is dynamic, iterative and responsive to change.
- facilitates continual improvement of the organisation.

Risk Management Process

The risk management process is comprised of four steps which are represented diagrammatically below.

Figure 2
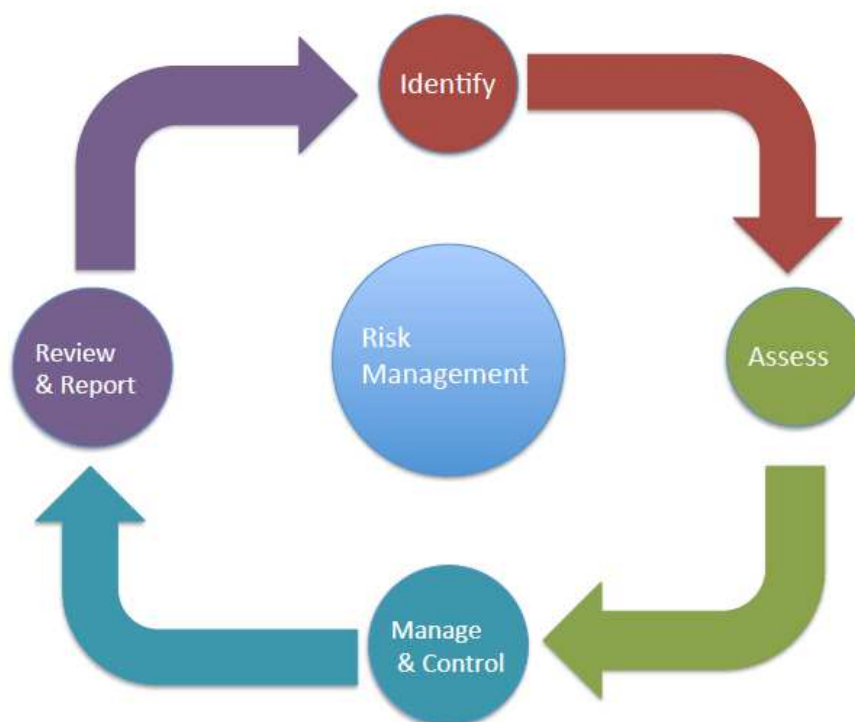
Step 1 – Identifying risks: the means by which threats and opportunities are identified and described in a way which is consistent and understandable.

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Step 2 – Assessing risk: estimating the levels of likelihood and impact of the risks and assessing the level of each risk.

Step 3 – Managing & Controlling: developing and implementing control measures to mitigate the level of risk, this is often in the form of an action plan.

Step 4 – Reviewing & Reporting: ensuring that we monitor the implementation and review our controls to ensure that risks are being managed appropriately. Ensuring that risks are communicated throughout the organization by providing reports on our risks and risk profile, this will mainly be through risk registers.

Recording Risks

Maintaining accurate and up to date risk registers is critical to effective risk management. The Partnership will maintain the following risk registers:

- **Strategic risk register**. This covers the most significant risks that impact on the delivery of strategic objectives. Usually arising from external factors e.g. demography; legislation; funding
- **Operational risk registers**. These cover risks that impact on delivery of the service's delivery plan. Operational risk registers will be established for each service, as set out in Appendix 1. Usually arising from failed factors e.g. systems; processes; people; security; environment
- **Project risk registers**. These cover risks that impact on the successful delivery of specific projects.

The risk registers will be maintained on spreadsheets held on-line using Smartsheet.

What is a Risk Register?

A risk register:

- Is a log of risks of all kinds that threaten an organisation's success in achieving its aims and objectives.
- Is a dynamic document which is populated through the organisations risk assessment process.
- Provides a means for collating information about risks, that helps in the analysis of risks and decisions about the appropriate means of controlling these risks.
- Is a management tool that enables an organisation to understand its risk profile.

Step 1 – Identifying Risks

Which risks do we Record?

We record three main types of risks:

strategic risks linked to Strategic Objectives and the delivery of the Strategic Plan, these are recorded on the Strategic Risk Register
operational risks which have a Partnership-wide impact on the provision of safe, effective patient / client care. If an operational risk is assessed as being High or Very High then it may be escalated from the services risk register on account of its significance for the organisation and the requirement for the organisation to be involved in the management of the risk, in this case the risk should be linked to a Strategic Objective. e.g. operational risks need to be reported to the senior management team when operational risks are graded high or very high / to consider whether it a) impacts on the strategic objectives or b) corporate support / or resource is required to control the risk.
project risks should be recorded on a risk register specific to the project, these should be treated in the same way as operational risks above.

Where do we find out about risks?

It is essential that the risk identification process is both wide-ranging and comprehensive, it is very important that we avoid bias and distortion by failing to analyse risks in adequate breadth and depth. We need to ensure that risk identification and assessment is undertaken at all levels of the organisation and across all areas or work. To enable us to do this we should look at both reactive and proactive sources of information on risk and we should ensure that we take into account internal and external sources of this information.

Identifying risks is the first step in building the overall view of risk (risk profile) across the whole of the organisation. Risks can be identified from a number of sources, including:

- planning and performance management processes
- review of significant changes in service
- internal and external audit
- changes to guidance / guidelines, laws or regulations
- horizon scanning
- incident reporting
- complaints management
- health and safety reviews
- business cases and project plans
- training needs analysis
- recruitment / retention / absence data.

As well as using the information sources above to help indentify risks it can often be useful to also look at the type of outcome that would result if the risk is realised. Common outcomes include:

- Incidents which impact on the patients experience
- Injuries to staff, patients and members of the public
- Complaints and claims
- Staffing issues and lack of appropriate competence
- Financial loss
- Adverse publicity, loss of reputation

Risk description

Defining a risk should include a description of what the risk is, the possible cause and the impact on objectives. This will allow the risk to be more easily understood and more effectively managed. A useful model for helping to define a risk is:

there is a risk of 'x' because of 'y' resulting in 'z' where:

x is the risk event
y is the cause of the risk (maybe a current issue)
z is the impact on objectives.

Step 2 – Assessing Risks

In order to separate those risks that are unacceptable from those that are tolerable, it is essential that risks are evaluated in a consistent manner. Risk is analysed by combining estimates of the consequence of the risk being realised and the likelihood of this happening, this is done in the context of any existing control measures. To enable the consistent evaluation of risk the severity of outcome and likelihood descriptors and matrices that are used in the adverse event reporting and risk assessment procedures will be used when compiling the risk register, these are detailed below. (Tables 1 - 3)

Current mitigation

When we manage risk we will mitigate either the likelihood or impact of risk, should it occur, by implementing a range of strategies, policies, projects and internal control processes. It is impossible to fully mitigate against all risks. Therefore, before we can consider whether further action is required to address a particular risk, we must first assess what mitigation (control) is already in place.

The risk register template requires the current mitigation for each risk to be defined. This need only be at a high level, but should provide enough information to inform the reader of the key mitigations that are currently in place.

Risk Scoring

Risks are scored at different stages of the risk management process. For simplicity, this process will focus on current risk exposure, i.e. the net or residual level of risk that the organisation currently faces, based on the extent to which we are currently controlling and managing each risk by considering the current mitigation measures.
.

Assessment of Likelihood

The likelihood of an event occurring should be assessed using the table below (1 to 5). When assessing likelihood you should take account of the controls that are already in place to mitigate likelihood of a risk occurring, e.g. strategies, policies, procedures.

Table 1

Score	Description	Chance of Occurrence
1	**Rare**	Can't believe this event would happen again – will only happen in exceptional circumstances
2	**Unlikely**	Not expected to happen again, but definite potential exists
3	**Possible**	Has happened before on occasions – reasonable chance of re-occurring
4	**Likely**	Strong possibility that this could happen again
5	**Almost Certain**	This is expected to frequently happen again – more likely to re-occur than not

Assessment of Severity

Assessment of severity should include consideration of the potential consequence of the incident as well as the actual consequence. Examples of impact are provided in the Table below. It is important to remember that there can be more than one type of impact arising from a risk e.g. injury, could result in unsatisfactory patient experience and potential claim and adverse publicity and therefore multiple impacts may need to be considered in assessing the overall severity, the impact with the highest severity should be used to assess the risk.

Table 2

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Score	1	2	3	4	5
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience / clinical outcome: long term effects – expect recovery - >1wk.	Unsatisfactory patient experience / clinical outcome: continued ongoing long term effects.
Injury (physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required	Agency reportable, e.g. Police (violent and aggressive acts) Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints/ Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints.	Multiple claims or single major claim. Complex justified complaint.
Staffing and Competence	Short term low staffing level temporarily reduces service quality (< than 1 day). Short term low staffing level (> 1 day), where	Ongoing low staffing level reduces service quality. **Minor error** due to ineffective training/implementation of training.	Late delivery of key objective / service due to lack of staff. **Moderate error** due to ineffective training/imp	Uncertain delivery of key objective / service due to lack of staff. **Major error** due to ineffective training/implementation of	Non-delivery of key objective / service due to lack of staff. Loss of key staff. **Critical error** due to

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	there is no disruption to patient care.		lementation of training. Ongoing problems with staffing levels.	of training.	ineffective training/imp lementation of training.
Financial (including damage/ loss/ fraud)	Negligible organisatio nal/persona l financial loss (< £1k) (**NB**. Please adjust for context)	Minor organisatio nal/persona l financial loss (£1-10k).	Significant organisatio nal/persona l financial loss (£10-100k).	Major organisatio nal/persona l financial loss (£100k - £1m).	Severe organisatio nal/persona l financial loss (>£1m).
Adverse Publicity / Reputation	Rumours, no media coverage Little effect on staff morale	Local media coverage – short term. Some public embarrass ment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisatio n	National media / adverse publicity, less than 3 days. Public confidence in the organisatio n undermined Use of services affected	National / Internationa l media / adverse publicity, more than 3 days. MSP / MP concern (Questions in Parliament) . Court Enforceme nt Public Enquiry/FAI

Calculating the risk score

Each identified risk should be assessed and scored for likelihood and impact/severity to determine the overall risk rating.

Table 3

LIKELIHOOD	CONSEQUENCES / IMPACT				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Extreme 5
Almost Certain 5	*MEDIUM 5*	**HIGH 10**	**HIGH 15**	**VERY HIGH 20**	**VERY HIGH 25**
Likely 4	**MEDIUM 4**	**MEDIUM 8**	**HIGH 12**	**HIGH 16**	**VERY HIGH 20**
Possible 3	**LOW 3**	**MEDIUM 6**	**MEDIUM 9**	**HIGH 12**	**HIGH 15**
Unlikely 2	**LOW 2**	**LOW 4**	**MEDIUM 6**	**MEDIUM 8**	**HIGH 10**
Rare 1	**LOW 1**	**LOW 2**	**LOW 3**	**MEDIUM 4**	**MEDIUM 5**

Tolerable risk

After we have graded a risk using the above descriptors and matrix we need to decide if the risk is tolerable or whether it will be necessary for the organisation to take action to reduce the level of risk by taking further action e.g. transfer, terminate or control the risk. In reaching this decision it is necessary to balance the cost of reducing the risk with the benefit of doing so, we must ensure that we manage risk to a level that is reasonable. It is important to remember that we cannot eliminate all risks and that our duty is to eliminate risk where it is reasonable to do so, and where this is not reasonable, we must reduce the risk to a level, which is as low as reasonably practicable (ALARP).

Step 3 – Managing & Controlling Risks

Risk control involves selecting one or more options for modifying risks, and implementing those options. The controls can be unique or modify existing controls.

Risk control is a cyclical process of:

- assessing the effect of a control measure on the level of risk;
- deciding whether residual risk levels are tolerable;
- if not tolerable, deciding on new controls; and
- assessing the effectiveness of that control

Risk control options are not necessarily mutually exclusive or appropriate in all circumstances. The options can include the following:

- avoiding the risk by deciding not to start or continue with the activity that gives rise to the risk;
- taking or increasing the risk in order to pursue an opportunity;
- removing the risk source;
- changing the likelihood;
- changing the consequences;
- sharing the risk with another party or parties (including contracts and risk financing); and
- retaining the risk by informed decision.

Action required

The action required section of the risk register is where the further actions to be taken/adopted to manage/treat the risk within the agreed risk appetite are recorded. The narrative within this section should include e.g.:

- the actions to be taken
- the timescale for implementation and
- any resource/budget requirements.
- reporting and monitoring requirements; and
- timing and schedule.

This section should be regularly updated to provide details of progress against the planned actions. This section should clearly state which actions have been taken to arrive at the current assessment and which actions are still to be implemented.   For complex risks it may be desirable to create an action plan, this can be attached to the row in Smartsheet corresponding to the risk.

Step 4 – Reviewing & Reporting Risks

The management of risk should be continuously reviewed to monitor whether or not the organisational risk profile is changing, to gain assurance that risk management is effective and to identify when further action is necessary to deliver assurance on the effectiveness of control.

In practice, this will involve the risk registers being discussed at all levels from the IJB to team meetings, to ensure that:

- planned, corrective actions/mitigation are implemented timeously
- current level of risk is reviewed on a continuous basis
- identification of any new or emerging risks
- current risk scores are reduced and/or maintained in line with agreed appetite and tolerances.

The role of the IJB is crucial. As well as periodically considering the strategic risk register and selected individual risks its content, it will also seek regular assurances from the Senior Management Team that operational risk registers have been reviewed and are up to date.

Evaluating progress

The monitoring and review of risk will include an evaluation of the progress made in implementing the agreed actions to address gaps in control, or to take advantage of opportunities that have been identified.

Escalating risk

Risks should be managed at the lowest competent level, so long as this is appropriate. Each risk owner is responsible for the prompt identification of risks that should be escalated to the next level of the risk register for consideration.

Examples of scenarios where risks should be considered for escalation include, but are not limited to:

- Risks that may have a wider strategic impact, i.e. it is beyond the scope of the area in which it was originally identified;
- Risks which can no longer be managed effectively within the resources and authority of the risk owner; or
- Risks which have a significant risk score that may breach the tolerance for the particular type of risk, as defined by the IJB.

The Senior Management Team will be responsible for assessing the strategic impact of the risk and determining whether it should be included in the strategic risk register, and therefore reported to the CQPS/IJB.   This process is explained in the diagram below.

Escalation of risks by using risk registers at different levels

Figure 3
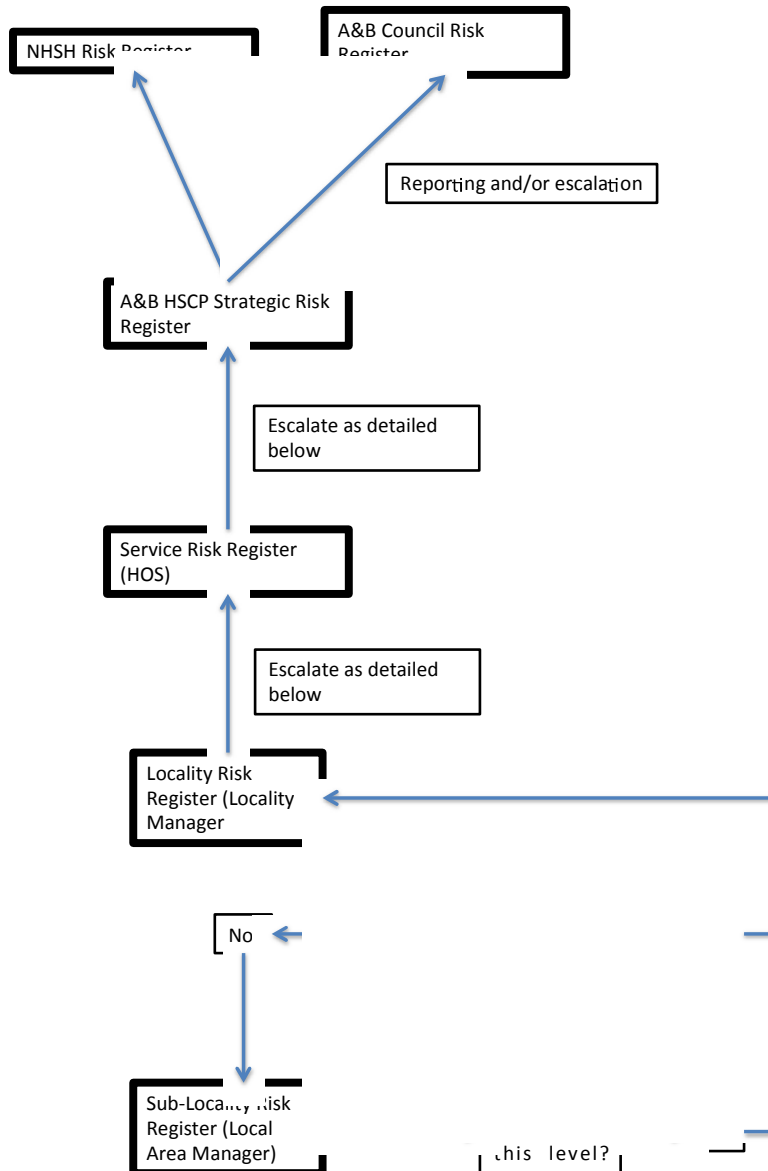
Reporting progress

A report will be provided to the Clinical Quality & Patient Safety Committee to update on overall progress in managing risk. The report will include, but not be limited to, the following:

- Updates on key/significant risks and risk exposures
- A narrative explaining any key movements and trends
- Details of any new or emerging risks for consideration
- Reporting on the progress of agreed actions on an exceptions basis

- An assessment of any risks that should be formally highlighted to the Board and/or a specific governance committee(s).

Appendix 1 - Risk Register Structure

1. Partnership and Head of Service Level
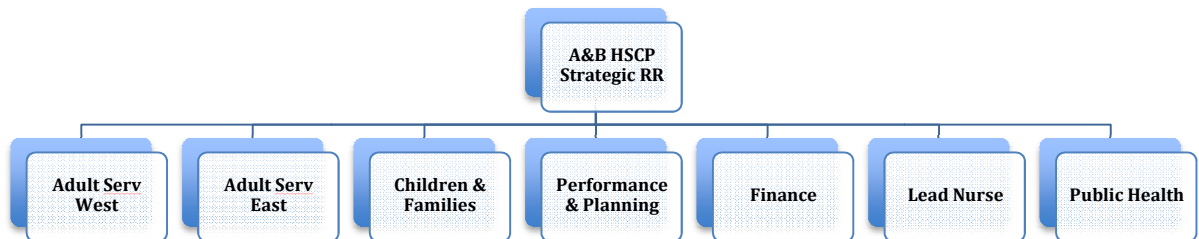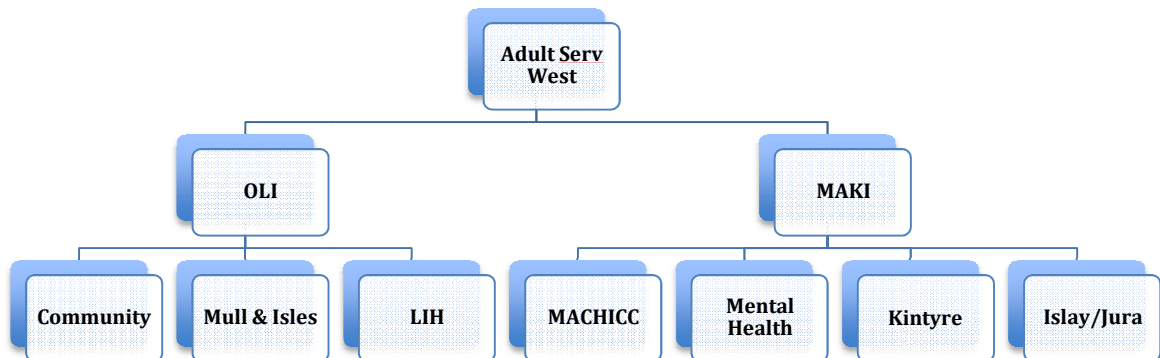
```
                            A&B HSCP
                            Strategic RR
   ┌──────┬──────┬──────┬──────┬──────┬──────┐
Adult Serv  Adult Serv  Children &  Performance  Finance  Lead Nurse  Public Health
  West        East      Families    & Planning
```

2. Adult Services West

```
                        Adult Serv
                          West
              ┌─────────────┴─────────────┐
             OLI                        MAKI
        ┌─────┼─────┐          ┌─────┬─────┬─────┐
  Community  Mull &  LIH    MACHICC  Mental  Kintyre  Islay/Jura
            Isles                    Health
```

3. Adult Services East

```
                    Adult Serv
                      East
              ┌──────────┴──────────┐
        Cowal & Bute         Helensburgh
                             & Lomond
        ┌──────┴──────┐            │
      Cowal         Bute      Helensburgh
                              & Lomond
```

4. Children, Families & Criminal Justice

```
                    ┌─────────────────┐
                    │   Children,     │
                    │   Families &    │
                    │ Criminal Justice│
                    └────────┬────────┘
   ┌──────────┬──────────────┼──────────────┬──────────────┐
┌──────┐  ┌────────────┐ ┌──────┐      ┌──────┐    ┌───────────────┐
│Bute &│  │Helensburgh │ │ MAKI │      │ OLI  │    │Criminal Justice│
│Cowal │  │ & Lomond   │ └──────┘      └──────┘    └───────────────┘
└───┬──┘  └─────┬──────┘
┌──────┐    ┌─────────────┐
│CAMHS │    │Paediatric AHPs│
└──────┘    └─────────────┘
```

5. Performance & Planning

```
              ┌──────────────┐
              │ Performance  │
              │ & Planning   │
              └──────┬───────┘
          ┌──────────┴──────────┐
      ┌─────────┐         ┌───────────┐
      │ e-Health│         │  Human    │
      └─────────┘         │ Resources │
                          └───────────┘
```

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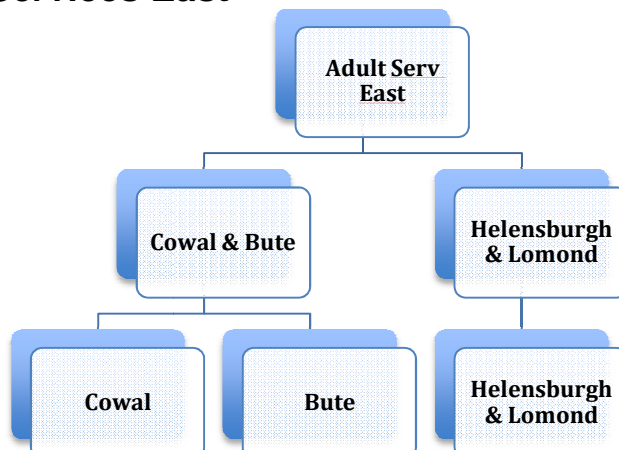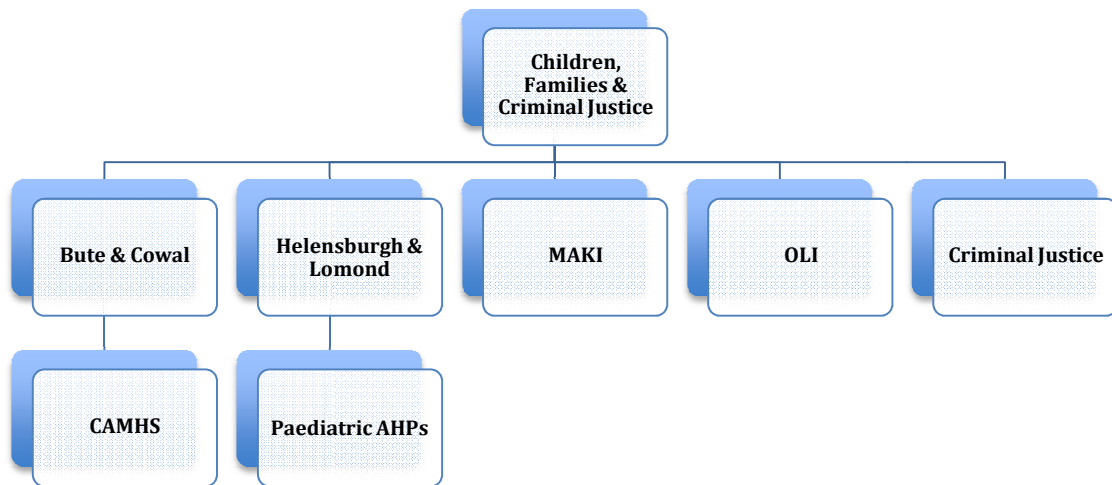
Appendix 2 - Risk Register Completion Notes

Consider what you are already doing to manage the risk. For each risk list the controls that you already have in place.

Details of any further action that is needed must be listed in this column along with information about who will be taking the action and by when. It may be necessary to create a more detailed action plan, if so, it should be referenced here.

Carry out a new risk rating taking into account the new control measures that have been detailed in the action plan.

HR Risk Register

NHS Highland

Risk Ref	Date Added	Description of Risk & Source	Lead Risk Owner/ Committee	Current Control Measures	Risk Likelihood	Risk Severity	Risk Rating	Proposed New Controls (Actions inc Timescales)	Target Risk Likelihood	Target Risk Severity	Target Risk Rating	Target Date	Accept Risk/ Transfer?	Date Reviewed
1		Risks should be described as: There is a risk of x because of y resulting in z												
2	Human Resources		Owner - Gay											
3														

All the identified risks must be listed in this column. The description of the risk is usually expressed in terms of the loss/failure that may result.

Insert the risk owner here, each risk should be assigned to a named individual. The appropriate committee or group which is responsible for monitoring the risk should also be noted.

The risk rating should be calculated by selecting the likelihood of an incident occurring and the likely resulting severity from the tables in the guidance. The risk rating can be ascertained from the risk matrix. The risk rating will help you decide if any further action is necessary. Remember to prioritise and deal with those risks that of highest first.

You should indicate if you consider that you have reduced the level of risk as far as is reasonably practicable and you are prepared to accept the risk.

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Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 10

Date of Meeting :   **4 August 2016**

Title of Report: **Argyll & Bute HSCP- Performance Report - National Health and Wellbeing Outcome indicators**

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

The Integration Joint Board is asked to:

- Note the progress in producing the HSCP performance report from the pyramid performance system as at Q4 2016 and June 2016
- Note the areas identified which will require an exception report
- Note the lead officers responsible for production of the report

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1.   Background

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

Currently there are 9 key National Health and Wellbeing Outcomes (NHWBO) and 23 sub-indicators which form the basis of the reporting requirement for the HSCP; this was presented to the IJB in May 2016.

The first quarterly report on the HSCP performance will be presented to the IJB at its next meeting, coinciding with validation and release of information for 2016/17. As agreed by the IJB this will be in the form of an exception report against the indicators and the intention is to provide this detailed exception report for the first 2 National Health and Well Being outcome indicators and any other areas the IJB request. The next meeting will present outcome indicators 3 and 4 and so on.

The information captured in this report provides an IJB with a snapshot of the HSCP performance against all indicators as at March 2016.

The pyramid reporting system allows managers to assess performance in their locality/area on a weekly basis supporting the move towards timeous/real time performance management against the NHWBO and the HSCP objectives.

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2   Pyramid Reports

The performance report utilises the pyramid reporting system hosted by the council. The majority of the data for the 23 sub-indicators has been finalised ahead of schedule by the performance team. The team is now moving onto populating the pyramid report with the currently available data and this will be completed by mid August.

The performance team is also in the process of agreeing and finalising the exception reporting process and content on pyramid with the accountable officer for that indicator. This also includes ensuring all relevant managers have access to pyramid, training in its use and clarity about the exception performance reporting format and management action process.

The Integrated Joint Board will receive a formal performance exception report at each meeting commencing in September; this will be taken from a live snapshot of the current overall HSCP performance from pyramid.

This report will focus on two National Health and Well Being Outcome indicators, specifically on those measures which are below target performance. The senior manager/officer designated as responsible for that service performance will include on the exception report the action taken to address any underperformance and timeline for rectification.

3   HSCP Performance against the NHWB outcomes as at 31st March (FQ4 15/16)

Table 1 below provides members with the summary performance of the HSCP on all the NHWBO indicators. Members will note the overall performance is flagged red as only 67 indicators are on track, 28 indicators are not on track.

Table 1- Health & Wellbeing Outcome Indicators Performance for FQ4 15/16

Within the individual NHWBO two are assessed as red:

- Outcome 6 - Unpaid Carers are supported
- Outcome 8 - Health and Social Care workers are supported

The detail of their performance is captured in the table overleaf

Outcome	Performance element	Status	Trend	Target FQ4 15/16	Actual FQ4 15/16	Owner
6	% of carers who feel supported to continue in their caring role (Quarterly Conversions)	●	⇓	44.0 %	41.0 %	Lorraine Paterson
8	Adult Care Attendance	●	⇓	3.7 Days	4.8 Days	Allen Stevenson
8	Adult Care % of PRDs completed (HR2 - PRDs A&B Council)	●	⇑	90%	82%	Allen Stevenson
8	Children and Families % of PRDs completed (HR2 - PRDs A&B Council)	●	⇑	90 %	85 %	Louise Long
8	% of NHS sickness absence (Partner and Public Data 2014 - Health and Social Care)	●	⇑	4.00%	5.30%	Stephen Whiston
8	% of NHS staff with a completed & recorded KSF/PDP review (Partner and Public Data 2014 - Health and Social Care)	●	⇑	80.0%	31.0%	Stephen Whiston

Appendix 1 provides a sample of the draft exception report for member's reference. As indicated above this will be fully populated at its next meeting.

4 Governance Implications

4.1 Contribution to IJB Objectives

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

4.2 Financial

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

4.3 Staff Governance

A number of indicators under outcome 8 are pertinent for staff governance purposes

4.4 Planning for Fairness:

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

4.5   Risk

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

4.6   Clinical and Care Governance

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

4.7   Public Engagement and Communication

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

Appendix 1 – Exception Report examples

Management Exception Reporting	
Performance Indicator: Outcome 6 % of carers who feel supported to continue in their caring role	**Responsible Manager:** Lorraine Paterson
Target: 44 Actual: 41	Date of Report: FQ4 15/16
Description of Exception	
(Consideration should be given when describing the nature of the exception with regards to previous trends, reasons for exception, external /internal influences on performance, previous action taken to address performance, actions current in place to improve performance) The data used within this measure is taken from the biennial health and care experience survey: "I feel supported to continue caring". As such the data is only available every two years and there is an expectation that the HSCP will use additional local data to augment the national. Against the target of 44% current yearly performance notes a reduction in from the previous biennial period, 13/14 and 14/15 of (45%) to (41%) for 15/16. 	
Actions Identified to Address Exception and Improve Performance	
(Consideration should be given when describing actions to address performance with regards what requires to be done, who is going to do it and how will this improve performance)	
Actions Identified to Address Current /Future Barriers	
(Consideration should be given when describing barriers with regards to, how are the barriers going to be managed, who will take this work forward)	
Additional Support Requirements Identified	
Improvement Forecast Date:	**Review Date:**

Management Exception Reporting

| Performance Indicator: Outcome 8 Children and Families % of PRDs completed	Responsible Manager: Louise Long
Target: 90% Actual: 85%	Date of Report: FQ4 15/16

Description of Exception

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

Trend analysis for individual team performance notes: Operations- 81%, Criminal Justice- 87%, Resources- 90% and Heads of Service -82%. In relation to overall performance across FQ14/15 and FQ15/16 the Resources and Criminal Justice Team show the most consistency in achieving the 90% target.
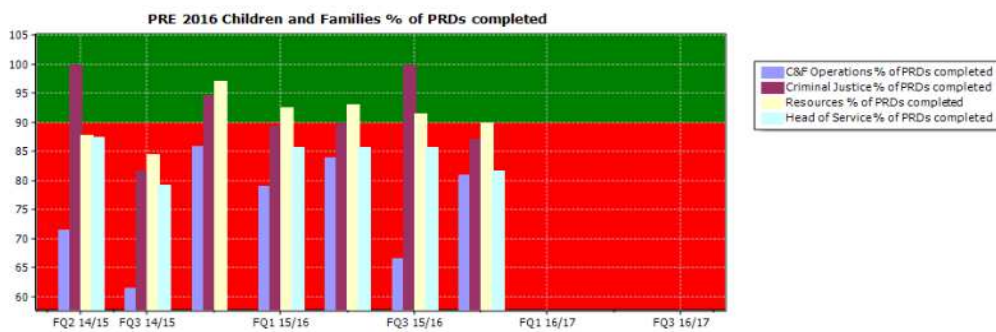
PRE 2016 Children and Families % of PRDs completed

Actions Identified to Address Exception and Improve Performance

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

Actions Identified to Address Current /Future Barriers

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

Additional Support Requirements Identified

Improvement Forecast Date:	Review Date:

Management Exception Reporting

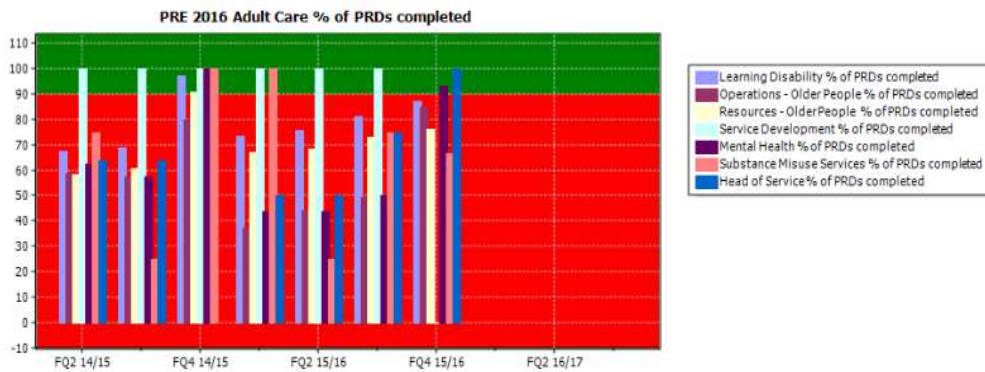| Performance Indicator: Outcome 8 Adult Care Attendance	Responsible Manager: Allen Stevenson
Target: 3.7% Actual: 4.8%	Date of Report: FQ4 15/16

Description of Exception

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

Non-office based staff note (4.20 days lost) against a target of (3.73 days lost) for office based staff the performance notes (5.06 days lost) against the target of (3.73 days lost).

Key area breakdown for non-office based staff against target notes MAKI (6.74), B&C (3.27), H&L (1.0) and OLI (2.0). In relation to office-based staff against target MAKI (5.17),OLI (5.97), H&L (2.48) and B&C (4.94). With regards to the East /West performance, East is better performing overall across non-office and office performance.

	FQ4 15/16	Target	Average days lost		
Community Services Attendance excl. teachers	LGEs	3.12 Days	3.41 Days	R	⬇

	FQ4 15/16	Target	Average days lost		
Adult Care Attendance [pre-April 2016]		3.73 Days	4.85 Days	R	⬇
Non-office based		3.73 Days	4.20 Days	R	⬇
Office based		3.73 Days	5.06 Days	R	⬇

Area data / Non-office based	FTE No of employees	Target	Average days lost		
B&C	28	3.73 Days	3.27 Days	G	⬆
H&L	1	3.73 Days	1.00 Days	G	⬆
MAKI	45	3.73 Days	6.74 Days	R	⬇
OL&I	39	3.73 Days	2.00 Days	G	⬆

Area data / Office based	FTE No of employees	Target	Average days lost		
B&C	95	3.73 Days	4.94 Days	R	⬇
H&L	34	3.73 Days	2.48 Days	G	⬇
MAKI	113	3.73 Days	5.17 Days	R	⬆
OL&I	95	3.73 Days	5.97 Days	R	⬇

Actions Identified to Address Exception and Improve Performance

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

Actions Identified to Address Current /Future Barriers

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

Additional Support Requirements Identified

Improvement Forecast Date:	Review Date:

Management Exception Reporting

Performance Indicator: Outcome 8	Responsible Manager:
Adult Care % of PRDs completed	Allen Stevenson

Target: 90%	Actual: 82%	Date of Report: FQ4 15/16

Description of Exception

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

A breakdown of performance across the teams within Adult Care notes against the target, Learning Disability Service- 87%, Operations -85%, Resources- 76%, Mental Health- 93%, Substance Misuse-67% and heads of Service -100%

Local manager reporting notes: "It looks likely we will achieve a completion rate of 82% Q4. Work will now continue to make sure the remaining PDR are completed during May. One area in the West has a number of managers off sick and it has been difficult due to capacity to have these PRD completed. Efforts will be made to ensure we exceed the 90% target."

PRE 2016 Adult Care % of PRDs completed

Actions Identified to Address Exception and Improve Performance

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

Actions Identified to Address Current /Future Barriers

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

Additional Support Requirements Identified

Improvement Forecast Date:	Review Date:

Management Exception Reporting

| Performance Indicator: **Outcome 8**	Responsible Manager:
% of NHS sickness absence	Stephen Whiston
Target: 4 Actual: 5.3	Date of Report: FQ4 15/16

Description of Exception

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

Data is derived from Payroll and is only as complete as entered into payroll, timesheets, sick notes etc. Essentially the calculation is made using nationally agreed formula by dividing the number of contracted hours recorded as sick by the total number of contracted hours available, represented as a percentage.

The data below would tend to support the assumption that sickness absence tends to be seasonally dependent (less in summer and more in winter); Aug 2015 noted a sickness absence rate of (4.35) against a rate of (5.67) for December 2015. The trend from Jan 2016 onwards notes a leveling off with March (5.30) and still above the target.
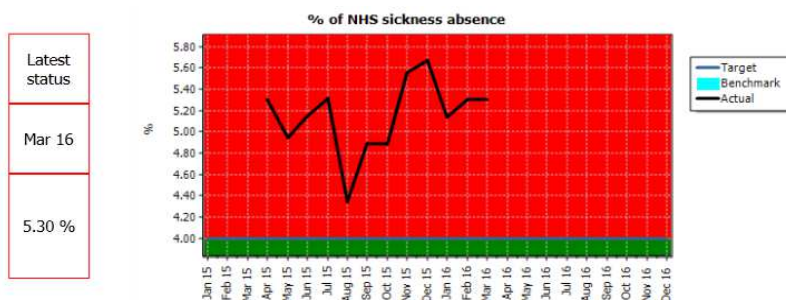
Actions Identified to Address Exception and Improve Performance

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

Actions Identified to Address Current /Future Barriers

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

Additional Support Requirements Identified

Improvement Forecast Date:	Review Date:

Management Exception Reporting

| **Performance Indicator: Outcome 8** % of NHS staff with a completed & recorded KSF/PDP review	**Responsible Manager:** Stephen Whiston
Target: 80 **Actual:** 36.9	**Date of Report:** FQ4 15/16

Description of Exception

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

There are data quality issues in that Knowledge & Skills Framework database is not accurate, staff changes are not necessarily up to date. All indications are that fewer KSF/PDP are being completed and it also worth noting that the target relates to posts only not staff, some staff are appointed to more than one post – each post requires a KSF/PDP

Performance trends notes a gradual and ongoing increase in performance from April 2015 (2.68%) to March 2016 (30.96%), although, overall the performance remains substantially below the proposed target.
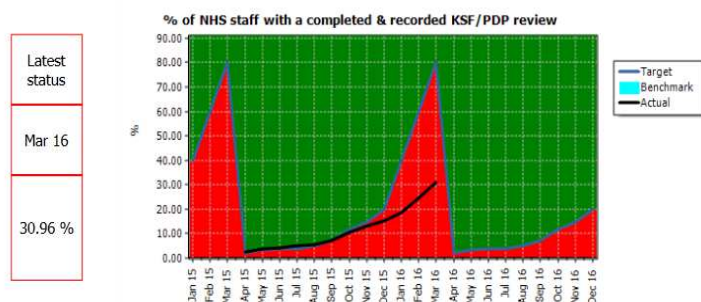
% of NHS staff with a completed & recorded KSF/PDP review

Latest status

Mar 16

30.96 %

Actions Identified to Address Exception and Improve Performance

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

Actions Identified to Address Current /Future Barriers

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

Additional Support Requirements Identified

Improvement Forecast Date:	**Review Date:**

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Agenda item : 11

Date of Meeting :   **4 August 2016**

Title of Report :   **Argyll & Bute HSCP - Communication and Clarity of Role of the IJB and Area Committees**

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

The IJB is asked to:

- Note the statutory relationship of the IJB to Argyll and Bute Council and NHS Highland and their relevant committees
- Note the agreed performance reporting process to its host bodies and stakeholders
- Note the role of HSCP Locality Managers and Area Managers who will be attending the area committees

1   Background

The Public Bodies (Joint Working) (Scotland) Act 2014 provides a framework for the effective integration of adult health and social care services. The Integration Joint Board in Argyll and Bute (IJB) was established in statute and is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of those functions through the directions issued by it under section 25 of the Act. The Integration Joint Board has also an operational role as set out within its integration scheme.

The IJB has a distinct legal personality and the autonomy to manage itself to achieve the objectives and outcomes as captured in its strategic plan. There is no role for NHS Highland or the Argyll and Bute Council to sanction or veto decisions of the IJB.

The IJB will create such Committees that it requires to assist it with the planning and delivery of delegated services. The IJB is a statutory partner in the Community Planning Partnership (Appendix 1).

2   Introduction

In undertaking its role the IJB has agreed with its host bodies the performance reporting process to be adopted, this was presented and approved by the IJB in May 2016.

The Integrated Joint Board will receive an exception report on a 6 weekly basis; this will be taken from a live snapshot of the current overall HSCP performance; focussing on those measures showing as below target performance. The officer/management leads designated as responsible for the service performance will identify and progress action to address any underperformance identified.

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Alongside the exception reporting to the IJB the Performance and improvement Team will use the exception report to formulate a Quarterly performance briefing paper which will be used to communicate performance across the HSCP and to key stakeholders including its host bodies.

The table below **(Table 1)** notes the groups and briefing frequency:

Group	Briefing Frequency
Local Authority – PR Committee	Quarterly
NHS Board	Quarterly
Community Planning Partnership *	Quarterly
Area- Community Planning Partnerships*	Quarterly

*Note * Reports relating to Single outcome agreement*

Currently there are 9 key Health and Wellbeing Outcomes and 23 sub-indicators which form the basis of these reports.

The Scottish Government have provided a reporting template to be used within the development of the HSCP's Annual Report due in 2017 (Appendix 2) and with this there is also an expectation that the HSCP will add in their own performance measures to support the 23 core indicators. Once the Annual Report has been approved by the IJB it will be shared with the key stakeholders including its host bodies.

3 Relationship with Area Committee

The IJB has no formal or statutory relationship with the Council's area committees as they have no responsibility for the strategic planning of services, resources and functions delegated to the IJB as detailed in section 1.

The IJB however, recognises that as with other partners/stakeholders/public it is important to have an ongoing dialogue and communication on service issues and changes that affect communities.

The area committee role is recognised as important in this regard and the IJB has therefore made arrangements for the HSCP Locality Manager/Local Area Manager to attend the committee to provide updates and information on the provision of health and social care services in the local area. This will include the performance reports as detailed in section 2 as well as service developments and redesigns etc.

4 Relationship with Community Planning Partnership

The IJB is a statutory partner in the Community Planning Partnership and as such supports/is responsible for the delivery of the relevant SOA targets. The HSCP is supporting/participating in the review of the CPP arrangements and participate in the revised arrangements accordingly

5   Governance Implications

5.1   Contribution to IJB Objectives

Confirms and clarifies that this is the statutory responsibility of the IJB alone.

5.2   Financial

Not applicable.

5.3   Staff Governance

Not applicable.

5.4   Planning for Fairness:

Not applicable.

5.5   Risk

Not applicable.

5.6   Clinical and Care Governance

Not applicable.

5.7   Public Engagement and Communication

In line with its communication and engagement strategy this aligns with the IJB's intent to establish robust and transparent communication processes with its communities and stakeholders.

Appendix 1 Argyll and Bute HSCP Governance.

System Governance Schematic
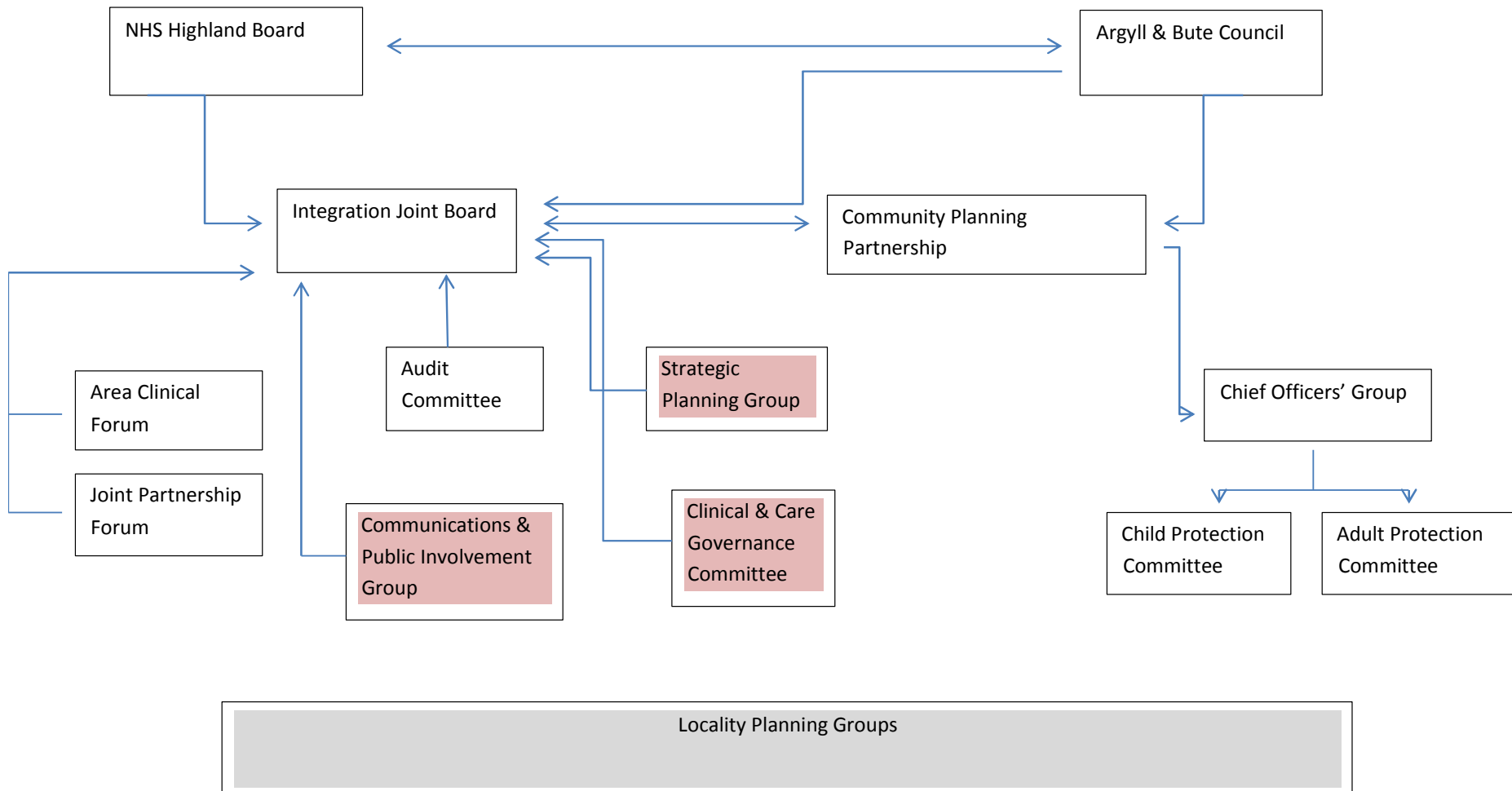
Source – Argyll and Bute Integration Scheme 31/03/15 Annex3

Appendix 1 – Annual Report for 2016/17

The HSCP Annual Report has to be developed in line with the Performance Report regulations:

"Data should be included for both the year which the report covers, and the 5 preceding years, or for all previous reporting years, if this is less than 5 years. This requirement only relates to **reporting years**, the first of which will be 2016/17. For example, the first years report will only need to cover 2016/17, the 2017/18 report will cover 2017/18 and 2016/17, and so on".

The production of the HSCP Annual Report therefore remains central to the development of the IJB performance scorecard, the key areas within the report as detailed in the guidance (http://www.gov.scot/Publications/2016/03/4544/downloads) are:

- **Report Layout** - It is for HSCP to decide the layout of their own performance reports. The Scottish Government will not restrict how this reporting should take place, nor provide a standardised template for the report

- **Performance in Relation to the National Health and Wellbeing Outcomes-** Performance must be assessed in the context of the arrangements set out in a Partnerships" strategic commissioning plan and financial statement, and how the expenditure allocated in the financial statement have achieved, or contributed to achieving, the health and wellbeing outcomes. It should also cover how significant decisions made by the Partnership over the course of the reporting year have contributed to progress towards the outcomes.

- **Finance**- the report must include not only the total amount spent by the HSCP in the course of the year, but also the total amount and proportion of spend in the reporting year broken down by the various services to which the money was allocated. It should also identify whether there has been an under or overspend against the planned spending for the year and, if this is the case, an assessment as to why this occurred.

- **Reporting on Localities**-The Performance Report Regulations require that each performance report includes a description of the arrangements made in relation to consulting and involving localities, an assessment of how these arrangements have contributed to the provision of services and the proportion of the Partnerships total budget that was spent in relation to each locality.

- **Inspection of Services**- the report must ensure that recommendations from inspections are included with regards to performance reporting and improvement activity undertaken

The IJB may also wish to include in its report further information on service changes/developments but that is at its behest and will be considered accordingly.

REALISTIC MEDICINE

Report by Dr Rod Harvey, Board Medical Director

> **The Board is asked to:**
>
> - **Note** the contents of this briefing paper on the Chief Medical Officer's 2015 report and the National Clinical Strategy for Scotland
> - **Endorse** a proposal to seek further advice on the implications of these documents and their implementation from the Area Clinical Forum.

1   Background and Summary

The National Health Service in Scotland has been extremely successful through the provision of universal, accessible, comprehensive healthcare, free at the point of need. Along with lifestyle and public health initiatives this has contributed to substantial and sustained falls in mortality rates from the leading causes of premature death; cancer, heart disease and stroke, and a consequent and welcome increase in life expectancy.

These benefits however have resulted in a larger number of older people in society, many of whom now live with one or more long term conditions such as diabetes, hypertension, dementia or mobility problems. This poses new challenges in the context of how best to manage such co-morbidities and their associated care needs in a holistic person centred fashion, and how to recognise the need for, and to provide, appropriate end of life care in the context of the ultimate inevitability of death.

The Chief Medical Officer for Scotland, Dr Catherine Calderwood published her annual report for 2014-15 earlier this year entitled *Realistic Medicine.* The report addresses many of these issues in a refreshing and head on fashion. The same theme has been picked up in the subsequent publication of the *National Clinical Strategy for Scotland* which sets out a framework for the development of health services over the next 15 years, and which followed an extensive consultation exercise. This paper summarises the main themes of both documents and proposes a route to achieve clinical engagement in the practical implementation of their principles within NHS Highland.

2   Realistic Medicine and the National Clinical Strategy

Medicine, underpinned by scientific research, has over the past few decades made dramatic strides in our understanding of the molecular and genetic basis of disease, and has developed a wide range of spectacularly successful therapeutic interventions for conditions which hitherto would have been untreatable or had a very poor prognosis with available therapy. These range from technical innovations such as robotic and minimally invasive surgery to novel immunoregulatory drugs for cancers and chronic debilitating diseases such as multiple sclerosis.

The challenge now is that not only are many of these interventions expensive in the context of finite resources, but there is also a risk of providing inappropriate care simply because we can, without paying proper regard to what might be best for the patient or what they would really want if given the chance to make a realistic informed decision.

At the same time there is an obvious desire for those that can truly benefit from such innovative treatments to be able to gain timely and effective access.

A good example of this dilemma was cited by Atul Gawande in his 2015 Reith Lectures and associated book "Being Mortal" where a study of patients with advanced metastatic lung cancer showed better overall survival in patients additionally treated with early symptom control goal focused palliative care as opposed to conventional chemotherapy alone – see graphic below
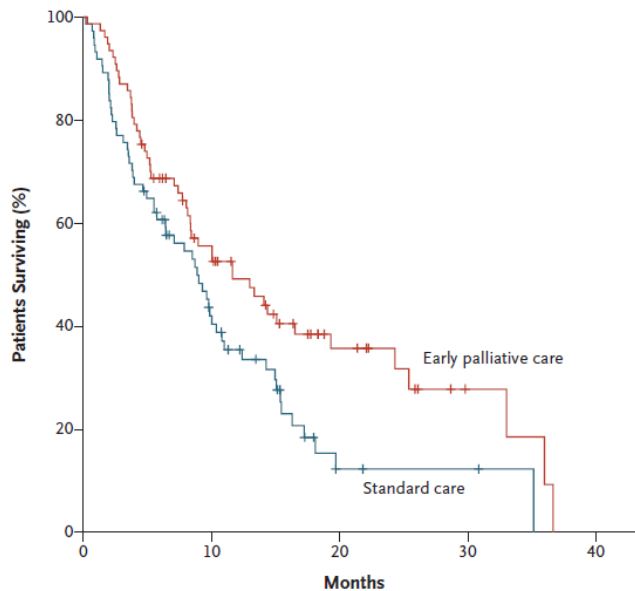
From Temel et al, N Engl J Med 2010;363:733-42

Both the CMO report and Clinical strategy stress the need to truly involve individuals in decision making about their own care, and for clinicians to be honest with themselves over the limitations of what they can offer in order to avoid the risk of engendering false hope.

This will require a paradigm shift in the way medicine as a profession assesses benefit. We need to move away from a linear model of extrapolating evidence based single disease modality trial outcome data to individuals who may not match the characteristics of those in the original trial, to one which looks at what represents true value from the patient's perspective.

In order to achieve this professional care providers must be willing, and have regulatory and societal permission to deviate legitimately from what may previously have been regarded as strict dogmatic guidance on best practice.

This approach to realism requires engagement not only of our clinicians but also of their patients as true partners in decision making. To achieve this they must be able to answer the hard questions that are all too easily avoided; *"What do you understand about your illness at the moment?"*, *"What matters most to you thinking about the future?"* and *"What would good look like?"*

Only then as health care professionals and carers can we formulate and agree a management plan that actually acknowledges and addresses the patient's overall needs.

The National Clinical Strategy expands on this theme and recognises the truth that even if we wanted to continue with a traditional strong emphasis on a disease based medical model of reactive care, it would not be possible to sustain it given the constraints on the availability of medical staff both in hospitals and primary care in particular, the expanding population with perceived care needs and the extensive range of available interventions.

The Clinical Strategy is clear that the focus going forward must be to provide an emphasis on holistic primary and community based health and social care wherever possible, looking at the overall needs of the person rather than the clinical management in parallel silos of their separate individual conditions.

2

There is a need to avoid waste in the form of inadvertent harm caused, for example, by inappropriate multiple drug therapy, inconsistency in the delivery of care or simply by providing interventions that do not add value for the patient. The strategy emphasises the need for a preventative approach aiming to maintain people as independently as possible in the community for as long as possible with quality of life experience being the principle outcome measure and goal.

Neither the CMO report nor the Clinical Strategy should be regarded as nihilistic. Both emphasise a proportionate response to healthcare based on an individual's overall needs, doing only what is needed and avoiding harm. There is an acknowledgement that as healthcare is not a risk free environment good outcomes cannot always be guaranteed, and that appropriately managing and accepting some risk can in fact contribute to beneficial outcomes such as the avoidance of hospital admission or earlier hospital discharge.

Both documents also recognise the need for higher tech medicine where appropriate and to maximise capacity and sharing of expertise through the use of modern information technology in a networked health service. The Clinical Strategy emphasises the need to coalesce some services in a small number of centres of expertise in order to achieve the best outcomes and to maintain resilience.

The role of medical staff as clinical leaders in promoting excellence in care is acknowledged, particularly where they are engaged actively in improvement processes.

Their potential in this role can only be fully realised if roles traditionally occupied by medical staff are opened up more widely to other health professionals on the basis of looking at what needs to be provided and which staff groups have the requisite skills as opposed to a traditional craft based medical approach. This will be particularly important within primary care both for the provision of out of hours emergency care and also to allow general practitioners time to effectively coordinate as well as provide care.

This paper can only give a flavour of the themes within both documents which align closely with the Care Strategy previously published by the Board.

It is recommended that the Board should seek further advice from the Area Clinical Forum on the implications of both the *CMO Report* and the *National Clinical Strategy* for health and social care provision within NHS Highland and how best their recommendations might be implemented.

Dr Roderick Harvey
Board Medical director

19th May 2016